United States Senate
WASHINGTON, DC 20510-4704

October 1, 2004

Dr. Julie L. Gerberding, M.D., M.P.H.
Director
Center for Disease Control and Prevention
1600 Clifton Road, N.E.
Atlanta, Georgia 30333

Dear Dr. Gerberding:

Enclosed, please find a letter from one of my constituents, Dr. Brian Hooker. Dr. Hooker believes a link exists between thimerosal and autism and that CDC is involved in covering up research detailing this connection. Please respond to Dr. Hooker's concerns at your earliest convenience and forward a copy of your response to my Washington, DC office.

Thank you in advance for your assistance. I look forward to hearing from you in the near future.

Sincerely,

Patty Murray
United States Senator

PMjdj
August 13, 2004

Dr. Julie Gerberding, Director
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333

Subject: The 8/23/04 IOM Meeting on NIP Data Sharing

Dear Julie,

Please listen to the transcript from the Autism One meeting this last May (on the attached hyperlink at http://www.erworld.com/iom.wma). Please listen to it in its entirety. I want answers about the information that Wakefield saw in the closed door IOM VSR transcripts NOW! Other researchers have come forward and echoed that the NIP directed the IOM VSR not to find causation between either thimerosal exposure and autism nor the MMR vaccine and autism prior to the respective IOM meetings. I want answers about this as well NOW!

Please respond to this letter personally within 3 business days.

Actively pursuing the truth,

Brian Hooker, Ph.D., P.E.
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The Honorable Patty Murray  
United States Senate  
Washington, D.C. 20510-4704

Dear Senator Murray:

Thank you for your letter on behalf of your constituent, Dr. Brian Hooker, who believes that the Centers for Disease Control and Prevention (CDC) has been “covering-up” research on the issue of the theoretical link between thimerosal-containing vaccines and autism. I assure you that CDC takes this issue seriously and is actively involved in detecting and investigating vaccine safety concerns. The agency supports vaccine safety research and continues to devote a great deal of time to vaccine safety and autism issues.

Earlier this year, I appointed Ms. Lorine Spencer as CDC’s Community Outreach Liaison to serve as a point of contact for our nation’s citizens who had questions specifically in the area of vaccine safety and autism. This decision was made in an effort to provide the public an opportunity to ask questions about this important and sensitive public health issue. Our goal is to provide citizens with a more personal, timely response and assure them that CDC scientists continue to focus on the critical vaccine safety research issues as well as the causes and treatments of autism.

Ms. Spencer has spent a great deal of time communicating with Dr. Hooker, sometimes on a daily basis, on various issues around vaccine safety and autism. She responded to Dr. Hooker via the enclosed e-mail correspondence regarding his specific comment on the Institute of Medicine (IOM) transcript as outlined in his letter dated August 13, 2004.

In June 2004, CDC convened a Blue Ribbon panel meeting that involved participation from a diverse group of individuals, including several parents of children diagnosed with autism. The meeting participants were asked to focus on a set of objectives regarding CDC’s vaccine safety monitoring and research activities. Following the meeting, a summary report was prepared. In an effort to obtain public input on these important issues, the objectives were posted on CDC’s website from August 13 to October 12.

During the past several years, CDC has conducted several studies specifically on the theoretical link between autism and thimerosal-containing vaccines. Additionally, a number of studies on this issue have been conducted by other federal public health agencies and scientists worldwide. Currently, the scientific evidence does not support the theory that thimerosal-containing vaccines
cause autism. The IOM recently issued a report which concluded that the body of epidemiological evidence did not support the theory that thimerosal-containing vaccines cause autism. Yet, given this current state of scientific evidence, CDC has several additional studies now underway researching these issues.

Through our commitment to autism, CDC has taken steps to ensure that we hear from parents of children diagnosed with autism. As you know, the Interagency Autism Coordinating Committee (IACC) was established by Congress through the Children’s Health Act of 2000 which mandated that the IACC coordinate autism research and other efforts within the Department of Health and Human Services. As a member of the IACC, CDC helped develop a 10-year autism research agenda that was presented at the November 2003 Autism Summit.

Recently, CDC held a series of meetings to get broader public input on the autism research agenda, particularly the portions dealing with CDC’s autism activities. The four meetings were held at the University of Miami in Miami, Florida; the M.I.N.D. Institute in Sacramento, California; the convention center and RCA Dome in Indianapolis, Indiana, in conjunction with the Autism Society of America meeting; and the Mount Sinai School of Medicine in New York, New York. We were pleased to have the parents and other members of the community provide their comments at these sessions. CDC will summarize these findings at the next IACC meeting.

I appreciate your interest in this important public health issue, and I hope this information is helpful.

Sincerely,

Julie Louise Gerberding, M.D., M.P.H.
Director

Enclosure
Good Morning Brian:

I am sending you the entire charge to the IOM. The last part of the charge in bold below refers to the last IOM report. To my knowledge, this is the charge that was given to the IOM. I have no information of any other communication regarding the charge to the IOM.

The committee is charged with examining up to three immunization safety hypotheses each year during the three-year study period (2001–2003). These hypotheses are selected by the Interagency Vaccine Group (IAVG), whose members represent several units of the Department of Health and Human Services: the CDC’s National Vaccine Program Office, National Immunization Program, and National Center for Infectious Diseases; the NIH’s National Institute of Allergy and Infectious Diseases; the Food and Drug Administration; the Health Resources and Services Administration’s National Vaccine Injury Compensation Program; and the Centers for Medicare & Medicaid Services. The IAVG includes representation from the Department of Defense and the Agency for International Development as well. The committee has issued seven previous reports on vaccine safety issues over the three-year study period (2001–2003). This eighth and final report from the committee examines the hypothesis that vaccines, specifically the measles-mumps-rubella (MMR) vaccine and thimerosal-containing vaccines, cause autism.

In its first two reports that were published in 2001, the committee examined the hypothesized causal association between the MMR vaccine and autism and thimerosal-containing vaccines and neurodevelopmental disorders, respectively. The IAVG asked the committee to revisit the hypothesized causal association between vaccines and autism in its final report in order to update its conclusions and recommendations based on the significant number of studies that have been undertaken in the last three years.

For each topic, the Immunization Safety Review Committee reviews relevant literature and submissions by interested parties, holds an open
scientific meeting, and directly follows the open meeting with a one- to two-day closed meeting to formulate its conclusions and recommendations. The committee's findings are released to the public in a brief consensus report 60 to 90 days after its meeting. The committee is charged with assessing both the scientific evidence regarding the hypotheses under review and the significance of the issues for society.

Best,

Lorine Spencer, RN, BSN, MBA, CRRN
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11/15/2004
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March 4, 2004

Dr. Julie Gerberding, Director
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333

Subject: The 5/18/04 IOM Report on Autism and Vaccinations

Dear Dr. Gerberding:

I was most troubled by the 5/18/04 IOM Report on Autism and Vaccinations. The report was funded directly by the National Immunization Program within the CDC and was expedited at your request (based on your 2/11/04 letter to me).

The report is based on 5 flawed studies only one of which was based on data from the U.S. This study came directly from the CDC (Verstraeten et al. 2003, Pediatrics). Even putting the gross errors and misconduct surrounding the study (see my earlier confidential letter to Sen. Patty Murray [attached], that was inadvertently leaked to the CDC by a Murray staffer), there appears to be an extreme conflict-of-interest in the IOM committee’s recommendations. In other words, the CDC funded the IOM to write a report saying that the CDC study was correct. Do you see the problem here?

Confounding this issue is a letter to Pediatrics in which Dr. Verstraeten himself admits that the study was inconclusive and more research was needed. Evidently the IOM committee (directly funded by the NIP/CDC) did not agree with Dr. Verstraeten even about his own results. Also, Dr. Frank DeStefano, a co-author of the Verstraeten et al. 2003 study, admitted indeed that cohorts too young to receive an autism diagnosis (down to 1 month of age) were erroneously considered within the study, which would serve to dilute any causal relationship between autism and thimerosal exposure (Neil Munro, National Journal, January, 2004).

This institutional misconduct and self-serving IOM report all lead to two unintended effects:
1. Confidence in the U.S. vaccination programs, mandated through the CDC, erodes to an all-time low as the CDC/NIH/IOM/FDA appear to be dismissive of both causal data between thimerosal and autism (among other neurodevelopmental disorders) and parental concerns around vaccine safety.

2. The CDC unwittingly practices eugenics by disregarding the population of autistic children who are indeed genotypically different than non-autistic children, based on inability to excrete toxic metals such as thimerosal (peer-reviewed publication in press). If the CDC would have waited for forth-coming data on genotypic differences between autistic and neurotypical children or had ordered genotyping experiments through NIP researchers and scientists outside of the CDC, this catastrophe would be avoided. Indeed if the IOM would not have dismissed compelling causal data (Waly et al. 2004, Mol. Psych., Hornig et al. 2004, Mol. Psych., etc., etc., etc), this catastrophe would also have been avoided.

Dr. Gerberding, I am asking for the opportunity to speak with you directly by phone conference concerning these issues. I appreciate deeply the contact I have with the CDC through Lorine Spencer, but she can serve only as a messenger for my concerns. The current IOM report, the CDC’s mishandling of causation data, the denial of VSD access to independent researchers looking at causal data between thimerosal and autism and the links between the NIP and the IOM (with potential links to the WHO that is currently running advocacy campaigns FOR thimerosal in vaccinations) all lead to further erosion of confidence of the American public in our childcare system. The unintended effect is that children suffer from both infectious disease (due to lack of vaccination) as well as neurodevelopmental maladies (via vaccine adverse reaction).

Given the advances of science based on genomic sequencing as well as ongoing efforts in elucidating the human proteome, I have some ideas of how this problem can be undone, from the perspective both as a scientist and a parent.

Please carefully consider my request. The children in the U.S. will surely benefit from the CDC embracing and addressing this catastrophe, rather than trying to sweep it under the rug.

I look forward to your response.

Most Respectfully,

[Image]

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Cc: Hon. Richard “Doc” Hastings, Member of Congress
    Sen. Patty Murray
    Sen. Maria Cantwell

Brian S. Hooker, Ph.D., P.E., 503 South Young Place, Kennewick, WA 99336
brian@dream-big.us
Mr. Cliff Shoemaker, Esq.
Hon. David Weldon, Member of Congress
Dr. Kathleen Stratton, IOM
Ms. Susanne Stoiber, IOM
Dr. Harvey Fineberg, IOM
Sen. Judd Gregg
Hon. Joe Barton, Member of Congress
From: Pope, Kristin
To: Cook, Sandra
Cc:
BCC:
Date: 3/17/2004 2:00:26 PM
Subject: CDC responses to Brian Hooker

Message: Hi Sandi,

Do you know if the response we drafted to Brian Hooker's research questions was ever sent? He has asked again for a response. This was folder #25934 - but the response was sent to Cantwell and Murray and addressed the IOM. The formal request he submitted was dated 12/10/03 and went to Noel Frame via email - it lists the 4 research suggestions...let me know if we need to discuss! This was (is) confusing.

-----Original Message-----
From: Katz, Sharon
Sent: Wednesday, March 17, 2004 1:55 PM
To: Chu, Susan
Cc: Pope, Kristin
Subject: RE: Concerning P3Rs on Pediatrics Journal Website

I wonder if this is one of the incoming letters that we've responded to. Kristin, would you check? Otherwise, I don't think we need to respond to this. Sharon

-----Original Message-----
From: Chu, Susan
Sent: Wednesday, March 17, 2004 1:18 PM
To: Katz, Sharon
Cc: Pope, Kristin
Subject: FW: Concerning P3Rs on Pediatrics Journal Website

Now what? Sigh!...

-----Original Message-----
From: brian@dream-big.us [mailto:brian@dream-big.us]
Sent: Wednesday, March 17, 2004 11:04 AM
To: Chu, Susan
Cc: Destefano, Frank; cliff.shoemaker@attorneyaccess.net
Subject: FW: Concerning P3Rs on Pediatrics Journal Website

Dear Dr. Chu
Sorry for the confusion. My main address at home is brian@dream-big.us. I was not contacting the CDC in an official capacity. My mailboxes are configured for a joint queue. I'll adjust this to avoid confusion in the future.

Could Dr. DeStefano and Dr. Thompson please address my earlier comments (10/17/03) regarding the ongoing studies on the connection between mercury and autism?

I am not part of an advocacy group - I am a parent with a child with autism and am merely looking for satisfactory answers. Unfortunately, I have received none to date from the CDC.

All My Best!

Brian

Brian Hooker, Ph.D., P.E.
Brian S. Hooker, Ph.D., P.E.
503 S. Young Place
Kennewick, Washington 99336

Dear Dr. Hooker:

Thank you for your recent letter regarding vaccine safety issues and your concerns about the research conducted at the Centers for Disease Control and Prevention (CDC) on the theoretical link between thimerosal and autism. CDC takes this issue very seriously and is actively involved in detecting and investigating vaccine safety concerns and supporting a wide range of research to address vaccine safety questions.

Your letter specifically questions the results of the recently published study, Safety of Thimerosal-Containing Vaccines: A Two-Phased Study of Computerized Health Maintenance Organization Databases (Verstraeten, et. al.; Pediatrics. Nov 2003; 112(5):1039-48). I would like to provide you with some background since there has been tremendous public confusion about this particular study.

The study was started in the fall of 1999 and involved two phases. The Vaccine Safety Datalink (VSD) was used to screen for possible associations between exposure to thimerosal-containing vaccines and a variety of renal, neurologic, and developmental problems. In the first phase of this study, CDC used data from two VSD Health Maintenance Organizations (HMOs) with automated outpatient data (where more subtle effects of mercury toxicity might be seen). While no statistically significant association was found with autism, CDC and VSD researchers found statistically significant associations between thimerosal and neurodevelopmental disorders, such as language and speech delays, Attention Deficit Hyperactivity Disorder (ADHD), stuttering, and tics. However, the associations were weak and were not consistent between the two HMOs. Furthermore, reviews of these preliminary observations by expert consultants, first from within CDC and then from outside CDC, led to a number of suggestions and additional analyses.

In the second phase of the investigation, CDC investigators examined data from a third HMO with similar available automated vaccination and outpatient database records to see if these findings could be replicated. Analyses of these data using the same methods as the first study did not confirm results seen in the first phase. Subsequently, later analyses were conducted that included larger numbers of children who were followed for a longer period of time. A statistically significant relationship between autism and thimerosal was not found in either the preliminary study or the later, larger analysis. Due to the methodological limitations of the screening analysis using automated data and the inconsistencies among the HMOs, the results required further examination. The preliminary findings were presented publicly on several occasions and the final manuscript was published in November 2003.
It is important to understand that the results presented in February 2000 were always considered to be a preliminary analysis of the data. As mentioned, experts from within and outside of CDC had important suggestions and recommendations to improve the analysis. This meant that some children who had originally been excluded from the study were now included in the analysis. In addition, between the time of the initial February preliminary analyses and the final presentations to the Advisory Committee on Immunization Practices and the Institute of Medicine (IOM), the children in the study were older. Since many of these conditions are only identified as children become older, more children with autism were included in the analysis. If an association between autism and thimerosal existed, by analyzing the population at a later date, we improved the chances of finding such an association. The preliminary study included more than 75,000 children (67 with autism) who were followed up no further than December 1997, whereas the study that was presented to the IOM included more than 130,000 children (169 with autism) followed up until May 1998.

Vaccine safety research studies include as many people as possible in order to detect rare vaccine side effects and to reduce the chance of fluctuations that often occur when studies are done with smaller groups. CDC continues to fund additional definitive studies on the possible effects of thimerosal on neurologic dysfunction (including autism). These complex studies entail bringing in children with various prior levels of exposure to thimerosal in vaccines for standardized series of neurodevelopment assessments, with those doing the testing, blinded as to the thimerosal exposure in the children they are testing.

I assure you that CDC remains committed to conducting scientifically sound vaccine safety research to assure that vaccines, once approved, are continually monitored for safety.

Sincerely,

Julie Louise Gerberding, M.D., M.P.H.
Director

cc:
The Honorable Doc Hastings
The Honorable Patty Murray
The Honorable Maria Cantwell
Department of Justice (DOJ)
Brian S. Hooker, Ph.D., P.E.
503 S. Young Place
Kennewick, Washington 99336

Dear Dr. Hooker:

Thank you for sharing your suggestions with the Centers for Disease Control and Prevention (CDC) regarding vaccine safety research. Your recommendations and comments have been forwarded to the researcher for consideration.

CDC develops its vaccine safety research agenda in collaboration with other federal agencies and partners. As a scientist, you are aware of the rigorous reviews, such as the Institutional Review Board (IRB) review process, that research protocols (including the vaccine safety protocols) must undergo. This oftentimes includes additional review by the IRB's of partner organizations. Upon completion of the research, the study goes through further peer review prior to publication.

I also wanted to share with you that I have established a Community Outreach Liaison position within the Office of the Director and Ms. Lorine Spencer, RN, will be serving in this role. One of Ms. Spencer's focus areas will be to ensure that vaccine safety and autism concerns are given high priority at CDC. In addition, Ms. Spencer will ensure that parents, parents’ groups, and others have a visible point of contact at the agency. Any future questions or suggestions that you may be directed to Ms. Spencer and she will facilitate any responses or follow-up actions for you.

We do appreciate your continued interest and input on this important public health issue.

Sincerely,

[Signature]

Julie Louise Gerberding, M.D., M.P.H.
Director

cc:
Ms. Noel Frame
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December 8, 2003

Dr. Julie Gerberding, Director
Centers for Disease Control and Prevention
1600 Clifton Rd.
Atlanta, GA 30333

Subject: War Crimes in Your Fight Against Infectious Disease

Dear Dr. Gerberding:

I am writing in regard to the recent CDC publication (Verstraeten et al., 2003) concerning the lack of correlation between thimerosal in childhood vaccinations and neurological disorders.

My son, Steven (pictured above) was diagnosed with Autism and Sensory Integration Dysfunction in August of 1999. Many, if not most of his childhood vaccinations contained the preservative, thimerosal. As a consequence, Steven’s mercury levels were measured (at 30 months of age) as 34 times the acceptable limit based on hair analysis. Other analyses, including those of blood, urine and stool samples, confirmed acute mercury toxicity, presumably related to Steven’s developmental disorders.

As a research scientist and a concerned parent, I have been involved in reviewing public domain and private reports investigating linkages between thimerosal in vaccinations and childhood neurological disorders, most notably, the confidential reports of Verstraeten et al. of the CDC, written February 2000. In addition, I reviewed the second and third versions of the Verstraeten et al. publication presented at the IOM Committee in 2001 and the Journal Pediatrics in 2003, respectively. These reports along with the full transcript of the Simpsonwood Meeting (summer of 2001) minutes belie attempts by the scientists at the CDC to intentionally dilute the results of the successive studies via inclusion of erroneous, poorly organized data (i.e., the Harvard Pilgrim HMO database) and the stratification of cohorts in a rather meaningless fashion. Underlying all three studies are poor statistical method and the use of the Cox Proportionate Model which does not apply to chronic neurological disorders but rather infectious disease itself.
In addition, in conversations I have had with CDC scientists, I have been mislead on numerous occasions about the status of Verstraeten et al. and other studies. I have also submitted my own recommendations on the structure of new planned studies, all of which have been summarily dismissed or ignored by your staff.

Dr. Gerberding, this personally causes my own family and especially my son significant harm given the fact that the Special Master in the National Vaccine Injury Compensation Program (NVICP) will be reviewing the erroneous results peddled by the CDC to provide judgment in light of my son's and many other vaccine-injured children's cases. The risk of the CDC telling the truth regarding thimerosal is actually very low to the CDC itself as thimerosal has putatively been removed from all childhood vaccinations. The only risk I see is offending large pharmaceutical stakeholders in the CDC's work (largely those folks involved in the Simpsonwood cover-up), but honestly, my son is well worth that risk!

Complicating this issue is the fact that both vaccine manufacturers and thimerosal manufacturer Eli Lilly have been shown to be criminally negligent in their reluctance to remove thimerosal as a vaccine biostatic agent. Not only are there numerous articles demonstrating the inefficacy of thimerosal as a biostatic in vaccines, dating back to the 1970's (Reference: Roepke et al. 1974 Am J Vet Res 35:115, Mori et al. 1984 J Lab Clin Med 103:223, Darbord et al. 1987 Appl Environ Microbiol 53:593, Dubois et al.1995 J Pharm Pharmacol 7:193), internal documents from Eli Lilly, Co. have shown that the manufacturer clearly knew of the dangers of thimerosal to human tissues by 1971 (Smith, Head of Biological Regulatory Requirements Division, Eli Lilly, Bates No. Th-13-19), twenty-seven years prior to my son receiving his first thimerosal laced vaccination. Thus, the civil cases filed on behalf of vaccine-injured children and specifically, my son, will elucidate criminal negligence on behalf of those knowingly involved in maintaining thimerosal as a toxic additive to vaccinations.

I urge you to personally launch a broad investigation over the misconduct and poor science proliferated by your institution." With your current lack of action, you are causing irreparable harm to my son, Steven R. F. Hooker, who has been unfortunately chalking-up as collateral damage in the War on Infectious Disease. I would urge you personally to review the Book of Matthew 18:6 and consider your own responsibility to all the children of the U.S. including my own son.

Please contact me directly concerning this letter and the quandary my family is faced with. Thank you very much in advance for your assistance.

Most respectfully,

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Cc: Hon. Richard "Doc" Hastings, Member of Congress
    Sen. Patty Murray
    Sen. Maria Cantwell
    Dr. William Thompson
For Noel Frame

Hi Noel,

Thanks for your very gracious phone call. Below are the points that arose from my Oct. 17, 2003 phone conversation with Dr. Bill Thompson and Dr. Frank DiStefano from the CDC. I still have yet to receive a reply specifically to these points. I appreciate your assistance in this matter.

Brian

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1. Thimerosal exposure through vaccines is only a part of the picture of mercury exposure. In order to effectively account for all exposure, one would need to look at thimerosal usage in pitocin during labor and delivery, thimerosal in shampoos used for Rh-disease (administered maternally both at 28 weeks gestation and 2-4 weeks postpartum), any other source of thimerosal-containing pharmaceutical product administered maternally or directly to the patient, any amalgams received by the mother during pregnancy (fresh amalgams can shed as much as 10 ug/day per amalgam), any amalgams received by the patient, and tuna and other fish consumption both by the mother during pregnancy and by the patient (tuna QC specs are generally 1 ug Hg/g as per conversations I have had with Starkist customer service representatives), among others.

2. Alternatively to #1, a series of chelation challenges (DMSA preferably) followed by 6-hour urine catch would give a good indication of overall patient mercury

h c e c e b b e c e b
burden. This would need to account for previous chelation or detoxification interventions that would serve to lower the mercury burden prior to testing. Also, only one chelation challenge will not generally reflect current mercury burden; it usually takes two or more to start “smoking down” cellular Hg.

3. The behavioral scales you mentioned will not reflect physiologically the state of the patient from a Hg-damage perspective. Unfortunately, as the biochemistry of autism is far from being completely understood, there is a whole cluster of toxic insults including other metals that would cause neurological damage consistent with autism. Thus, using behavioral or IQ scales, instead of measuring Hg damage, one would be measuring the extent of autism. This is rather pedestrian and will yield erroneous conclusions. I would suggest that IN ADDITION TO behavioral scales, levels of methylation and sulfation as reflected in blood levels of methionine and cysteine be measured. According to the work of Jill James (U Arkansas Medical Sciences), these levels should correlate with mercury exposure. In addition, mutations in the apoB, adenosine deaminase and methionine gene should be assessed.

4. Unfortunately, the limited number of cohorts planned (approximately 320 and 1000 for the autism and total studies, respectively) will take you down the same road as Verstraeten, i.e., insufficient populations to develop conclusions with any statistical significance. Within these populations, you will undoubtly divide cohorts based on chimerical content and perhaps also based on age. If you'd like, I can send you through the statistics, but my quick back-of-envelope calculations show that 95% confidence intervals will most likely eclipse the "occurrence" levels you see with each population, rendering each study inconclusive.

5. 3 year-olds should not be included in this study as many have not received diagnoses of autism or developmental delay.

I have several ideas for more effective studies based on the biochemistry of heavy metals toxicity. I know that you have already passed IRB review, but I believe that you are headed down the wrong road. If you would be willing to entertain further suggestions from me, I would be happy to share the experimental design further with you.