

## Hypothesis

# **Thimerosal in mandated vaccinations is the major etiological agent in the recent increase in autism and Attention Deficit/Hyperactive Disorder**

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### **Abstract**

The recent epidemic of autism spectrum disorders (ASD) seems to confound the federal agencies responsible for the USA vaccine program. A recent Institute of Medicine report dismissed all biological research that strongly implied that the vaccine preservative thimerosal may be the likely causation factor. They also dismissed the epidemiological studies done using an American data base and based most of their opinion on studies from Denmark and England, studies the IOM described as “well designed”. The Danish studies presented results implying that thimerosal in vaccines actually reduced the occurrence of ASD, a highly questionable possibility. The IOM ignored the relative rates of autism in Denmark versus the USA, about 4-5 versus 60 per 10,000, respectively, and the fact that Denmark children are exposed to less mercury and only after they are much older than the USA children. This suggests that early and excessive thimerosal might be causal. Also, the exposure to mercury from vaccines greatly surpassed the EPA safe level. This safe level was determined by studies on young children ingesting fish. However, the injection of thimerosal bypasses the heavy metal protection provided by the intestines and is a much more toxic delivery route. Even though the IOM was presented with confirmed research that autistics represented a genetically susceptible subpopulation that could not effectively excrete mercury they still put more weight on studies showing the half-life of blood mercury from vaccines in “normal” children where the authors made the unsubstantiated claim that infants cleared thimerosal to quickly for it to be toxic. A simple analysis of maximum fecal excretion of mercury by these children proves this claim unlikely for normals, let alone autistics who seem to retain mercury longer. The IOM also refused to consider two separate facts, that testosterone is specifically elevated in the amniotic fluid of mothers who give birth to autistic children and that testosterone, in contrast to estradiol, enhanced the toxicity of thimerosal to neurons in culture. This could explain the high ration of male to females in ASD. The IOM dismissal of all research supporting the thimerosal/ASD hypothesis, and the lack of supplying another reasonable hypothesis is an incredibly unscientific approach that the American medical and scientific community should not accept.

*Keywords:* Thimerosal, etiological agent, autism, attention deficit/hyperactive disorder