

Sunday, 9 April 2006

**To The American People:**

**Re: 3 April 2006 Letter To Congress By Organizations Advocating Continued Mercury Poisoning**

This reviewer always finds it odd that those advocating the continued *mercury poisoning* of humans almost always begin by mischaracterizing Thimerosal.

In this case, the letter writers begin with the deceptive phrase “... **thimerosal, an ethylmercury-based preservative.**”

Actually, Thimerosal is a proper trade name for the mercury-based chemical compound, sodium ethylmercurithiosalicylate<sup>1</sup> and, as any “proper noun,” it should be capitalized according to the rules of American grammar.

Factually, sodium ethylmercurithiosalicylate (commonly called Thimerosal, Merthiolate, and, in the UK, Thiomersal), 49.55% mercury (by weight):

- a. Is a highly toxic mercury-containing poison, *as the skull and crossbones on its label clearly warns*, and.
- b. Has been proven to be:
  1. A human mercury poison to skin and brain tissues at levels below 0.02 parts per million (0.02 µg per g [mL]).<sup>2</sup>
  2. A slow-acting bioaccumulative (through its metabolically generated “inorganic mercury” end products) systemic human systems’ mercury poison. [**Note:** Thimerosal-derived inorganic mercury, like the other ethylmercury compounds (ethylmercury hydroxide and ethylmercury chloride) seems to preferentially accumulate in the brain and other “fatty” tissues.<sup>3</sup>]
  3. An immune systems’ mercury poison at levels of 0.03 parts per million that triggers abnormal immune-systems responses including persistent immune and autoimmune dysfunction.<sup>4</sup>
  4. A teratogen (mutagen, cancer-causing agent) with proven severe teratogenic effects at single doses at or near the 1-ppm level (in fertilized eggs),<sup>5</sup> and

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<sup>1</sup> The Merck Manual 1996; 12th Ed.: 1590. Budavari S, et al. (Eds), Merck & Co., Whitehouse Station, NJ.

<sup>2</sup> Engley FB. Mercurials as disinfectants – Evaluation of antimicrobial action and comparative toxicity for skin tissue cells. Soap and Chemical Specialties Dec. 1956:199,201,203,205,223-225.

<sup>3</sup> Burbacher TM, Shen DD, Liberato N, Grant KS, Cernichiari E, Clarkson T. Comparison of blood and brain mercury levels in infant monkeys exposed to methylmercury or vaccines containing Thimerosal. Environ Health Perspect 2005; 113: 1015-1021.

<sup>4</sup> Goth SR, Chu RA, Gregg JP, Cherednichenko G, Pessah IN. Uncoupling of ATP-mediated calcium signaling and dysregulated IL-6 secretion in dendritic cells by nanomolar Thimerosal. Environ Health Perspect 114 (48 pages) online 21 March 2006 at <http://www.ehponline.org>

<sup>5</sup> Digar A. Sensharma GC, Samal SN. Lethality and teratogenicity of organic mercury (Thimerosal) on the chick embryo. J Anat Soc India 1987; 36(3): 153-159.

repeated low-ppm doses (in rats; where not only were the rats' offspring malformed but the offspring of those whose mothers were Thimerosal-poisoned also gave birth to affected pups).<sup>6</sup>

5. An irritant and anaphylaxis-causing agent in some who are administered vaccines containing Thimerosal.<sup>7,8</sup>
- c. Is found in most Thimerosal-preserved vaccines at a nominal level of 100 ppm (a level nominally 5,000 times higher than the level shown to exhibit short-term toxicity to living cells and tissues).<sup>2,9</sup>
- d. In aqueous environments, like the vaccine formulations to which it is added, it rapidly hydrolyzes into ethylmercury hydroxide and sodium thiosalicylate.<sup>10</sup>
- e. According to the patent filings by the Eli Lilly scientist who initially isolated and characterized Thimerosal, *when dissolved in water*, its toxicity to animal tissue rapidly increases – indicating that the ethylmercury hydroxide (Thimerosal's hydrolysis product) is more toxic than Thimerosal.<sup>11</sup>
- f. From the 1930s onwards, toxicity studies have repeatedly shown that Thimerosal is more than 5 to 50 times as toxic to mammalian cells, including human cells, as it is to bacterial cells.<sup>9,12</sup>
- g. Similarly, injected Thimerosal-containing vaccine formulations have been shown to cause significantly more adverse reactions in animal studies than the “same” formulation without the Thimerosal.<sup>13</sup>

In addition, at a nominal 100-ppm level in vaccines, Thimerosal is *not* an effective preservative.<sup>2,9,14</sup>

Moreover, *unlike some other preservative systems*, Thimerosal's preservative efficacy declines over time as the ethylmercury hydroxide formed slowly reacts with some of the organic compounds in the vaccines' disease-related components.<sup>9,15</sup>

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<sup>6</sup> Goncharuk GA. Experimental investigation of the effect of organomercury pesticides on generative functions and on progeny. *Hyg. Sanit – USSR* 1971; 36(1): 40-43 (English translation).

<sup>7</sup> Whiteley P., Rogers J., Shattock P. Clinical features associated with autism: observations of symptoms outside the diagnostic boundaries of autistic spectrum disorders. *Autism* 1998; 2(4): 415-422.

<sup>8</sup> O'Neill J. L. *Through the Eyes of Aliens*. Jessica Kingsley Publishers Ltd., 1999.

<sup>9</sup> Morton HE, North LL, Engley FD. The bacteriostatic and bactericidal actions of some mercurial compounds on hemolytic Streptococci – In vivo and in vitro studies *JAMA* 1948; 136(1): 37-41.

<sup>10</sup> Kharasch, U.S. patents **1,672,615** (1928) and **1,862,896** (1932).

<sup>11</sup> Kharasch, U.S. patent **1,862,615** (1932)

<sup>12</sup> Salle AJ, Lazarus AS. Pacific Coast Section. 7809 C. A comparison of the resistance of bacterial and embryonic tissues to germicidal substances. I. Merthiolate. *Proc Soc Exp Biol and Med* 1935; **32**(5): 665-667.

<sup>13</sup> Nelson EA, Gottshall RY. Enhanced toxicity for mice of Pertussis vaccines when preserved with Merthiolate. *Applied Microbiology* 1967; 15(3): 590-593.

<sup>14</sup> Stetler HC, Garbe PL, Dwyer DM, Facklam RR, Orenstein WA, West GR, Dudley KJ, Bloch AB. Outbreaks of group A Streptococcal abscesses following Diphtheria-Tetanus toxoid-Pertussis vaccination. *Pediatrics* February 1985; 75: 299-303.

<sup>15</sup> Engley FB. Evaluation of mercurial compounds as antiseptics. *Annals of the New York Acad Sci* 1950; 53: 197-206.

Since babies painted with small amounts of 1,000-ppm Merthiolate solutions have been severely poisoned and have died (in 10 of the 13 cases reported in a 1970s study),<sup>16</sup> it should be obvious that there is no 10-fold safety margin for Thimerosal at the 100-ppm level in vaccine formulations.

Based on its demonstrated toxicity, Russia (in the 1980s), the Scandinavian countries (in the 1990s) and the UK (in mid 2004) have moved to eliminate or ban Thimerosal from being used as a preservative in the childhood vaccines that are recommended for all children.

Having addressed the reality that Thimerosal is a highly toxic bioaccumulative systemic poison, immunogen, auto-immunogen and teratogen, this reviewer will now review the unsupported claims made in the April 3, 2006 letter to Congress submitted by groups who, based on their statements, support the continued unnecessary mercury poisoning of fetuses (by injecting the fetuses' mothers with Thimerosal-containing vaccines during pregnancy), newborns, babies, toddlers, pre-schoolers, children in school, adolescents, young adults, adults, and the elderly.

To facilitate the review, each of the letters points is quoted in its original "Times New Roman" font.

Then, the review comments are added in an indented format in a "**Nimrod**" font.

As with his previous reviews, this reviewer is open to any peer-reviewed-published experimental-evidence-supported challenge to his views.

If such is submitted, this reviewer will carefully evaluate it and, when appropriate, revise his views to reflect the facts that the body of scientifically sound experimental evidence supports.

Respectfully,

A handwritten signature in black ink that reads "Paul G. King". The signature is written in a cursive, somewhat stylized font.

Paul G. King, PhD, MS, BA  
Founder, **F.A.M.E. Systems**

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<sup>16</sup> Fagan DG, Pritchard JS, Clarkson TW, M. R. Greenwood MR, Organ mercury levels in infants with omphaloceles treated with organic mercurial antiseptic. *Archives of Disease in Childhood* 1977; 52: 962-964.

## An Open Letter To Organizations Advocating Continued Mercury Poisoning

These “organizations”<sup>17</sup> begin their memo, “Subject: Opposition to Efforts to Restrict Access to Vaccines,” by stating:

“Our organizations respectfully wish to state our opposition to all legislative efforts at the federal and state levels to restrict access to vaccines containing thimerosal, an ethylmercury-based preservative.”

This reviewer notes that these groups are advocating the continued *mercury poisoning* of the American people and the people of other countries under the guise of opposing “all legislative efforts at the federal and state levels to restrict access to vaccines containing thimerosal” — a known, highly toxic mercury poison to humans at levels below 20 nanograms per gram or milliliter (< 0.02 ppm).

Having addressed the major toxicity issues associated with Thimerosal in the cover letter to this review, this reviewer sees no need to repeat them here.

Whenever asked about the use of mercury in medicine and dentistry, this reviewer answers that he is a scientist who advocates for the removal of all mercury from medicine and dentistry, based on the proven toxicity of mercury (which is more toxic than lead) unless:

1. A given usage has been proven to be non-toxic to humans at a level at least 10-times higher than the maximum proposed dosing level (or, for dentistry, exposure level) by appropriate scientifically sound toxicity studies (sub-acute long-term chronic, and reproductive) using the compound of interest in the formulation in which it is to be used, and
2. No other compound or combination of compounds can be used for that particular function.

*As the US FDA has repeatedly admitted*, the studies required to satisfy Point 1 have never been conducted for Thimerosal although Federal law (21 CFR Sec. 610.15(a)) has required these studies since 1968 (*for all compounds used as preservatives*).

Moreover, there is no requirement that Thimerosal must be used as the preservative in any vaccine formulation.

Factually, there are other compounds or compound combinations that have been approved for use as preservatives in other vaccines, *including 2-phenoxyethanol (which is the preservative and/or in-process sterilizing agent used in severally recently licensed vaccines)*.

Thus, the use of Thimerosal as a vaccine preservative also does *not* meet this reviewer’s Point 2 criterion.

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<sup>17</sup> Ambulatory Pediatric Association, American Academy of Family Physicians, American Academy of Physician Assistants, American College of Allergy, Asthma, and Immunology, American College of Preventive Medicine, American Liver Foundation, American Medical Directors Association, American Pharmacists Association, Association of Immunization Program Managers, Council of State and Territorial Epidemiologists, Every Child by Two, Hepatitis B Foundation, Hepatitis Foundation, International Immunization Action Coalition, Infectious Diseases Society of America, National Coalition on Adult Immunization, National Foundation for Infectious Diseases, Parents of Kids with Infectious Diseases, Pediatric Infectious Diseases Society, Society for Adolescent Medicine, Society of Teachers of Family Medicine, and Vaccine Education Center at the Children’s Hospital of Philadelphia

Therefore, there is:

- ❖ **No scientific or healthcare justification for anyone to support the continued use of Thimerosal as a preservative in vaccines and**
- ❖ **No regulatory justification for permitting a lower level of Thimerosal to be present in a vaccine unless it can be proven to satisfy this reviewer's Point 1 because 21 U.S.C. Sec. 351(a)(2)(B) also requires this proof of safety.**

Finally, repeatedly injecting 25,000 to 50,000 nanograms of an unnecessary highly toxic mercury compound, like Thimerosal, that bioaccumulates to some degree in those repeatedly injected with a Thimerosal-preserved vaccine is contrary to common sense.

Unnecessarily *mercury poisoning* the American people and their children while claiming to be “protecting their health” is a blatant contradiction!

After their introductory mischaracterization of Thimerosal, the letter written by these advocates for the continued mercury poisoning of humans begin by stating:

“If enacted, we believe such legislation has the potential to do the following:

1. Perpetuate **false and misleading information that vaccines are not safe**. Parents may see the banning of thimerosal as an admission that vaccine safety oversight is inadequate. The issue of thimerosal's ill effects on the neurologic development of infants is based on studies of methylmercury and not the ethylmercury that is in the preservative thimerosal used in some vaccines. According to the U.S. Environmental Protection Agency, nearly all **methylmercury** exposures in the U.S. occur through eating fish and shellfish. The mercury that is contained in the preservative thimerosal is known as **ethylmercury**. There has been considerable research on this issue since the 1999 precautionary statement of the U.S. Public Health Service (USPHS) and the American Academy of Pediatrics (AAP) and there is **no documented scientific evidence** that ethylmercury in the form of thimerosal in the doses administered in vaccines causes any risk to health.”

With respect to the writers' concern that banning Thimerosal from vaccines will: “Perpetuate false and misleading information that vaccines are not safe,”

this reviewer notes that Congressional “MERCURY IN MEDICINE—TAKING UNNECESSARY RISKS” report of the House Subcommittee on Human Rights and Wellness, Committee on Government Reform issued by Representative Dan Burton (May 21, 2003 Congressional Record, pages E1011 – E1030) clearly established that Thimerosal-preserved vaccines are *not safe*.

Therefore, *unless these writers' wish to provide documented evidence to Congress that rebuts this three-year in-depth study of the issues*, Congress has clearly established that *all* Thimerosal-preserved vaccines are *not safe*.

With respect to the statement,

“Parents may see the banning of thimerosal as an admission that vaccine safety oversight is inadequate,”

this reviewer notes that the cited Congressional “MERCURY IN MEDICINE—TAKING UNNECESSARY RISKS” report also found that vaccine *safety* oversight was grossly inadequate in 2003.

Moreover, the post-2003 actions of those who are supposed to oversee “vaccine safety” in the United States have done nothing to change that finding.

If anything, *as the American people are beginning to see*, “vaccine safety oversight” is less adequate today than it was in 2003.

Thus, rather than seeing the federal banning of Thimerosal “as an admission that vaccine safety oversight is inadequate,” today’s parents would see a federal law banning the use of Thimerosal in medicine as an act by Congress that protects the health of the American public from a danger that the House established in 2003.

The American people would welcome such action instead of the ones that have continued to protect the interests of those in the healthcare establishment who are continuing to profit from the *status quo* at the expense of the American people.

Moreover, the failure of Congress to enact a true Thimerosal ban will only serve to reinforce the people’s perception that the Congress no longer serves the American people’s interests.

This failure could contribute to the wholesale replacement of the current House incumbents as well as the wholesale replacement of that third of the Senate that is standing for election this year.

Next, the writers state,

“The issue of thimerosal’s ill effects on the neurologic development of infants is based on studies of methylmercury and not the ethylmercury that is in the preservative thimerosal used in some vaccines.”

This reviewer first notes that the writers’ statement is factually false.

In support of this reviewer’s assertion, this reviewer suggests that every member of Congress should have his or her staff read the following studies:

- ❖ Studies by H.R. Morton and F.B. Engly (human cells and tissues) in the 1940s and 1950s;
- ❖ Studies by D.G. Fagan (infants treated with Thimerosal (10 of 13 died) and G.A. Goncharuk (2-generation rat reproductive teratogenicity study) in the 1970s;
- ❖ A study by D. Asima (chicken egg teratogenicity) in the 1980s, and
- ❖ The recent studies (2000 – 2006) by groups headed by Drs. D.S. Baskin, T. M. Burbacher, R.C. Depth, S.R. Goth, S. Havarinasab, M. Hornig, M.L. Humphrey, S.J. James, C.C.S. Leong, S. Makini, L. Mutkus, D.K. Parran, T. Ueha-Ishibashi, M. Waly, and G.A. Westphal,

which *all* show the mercury poisoning effects of Thimerosal (ethylmercury hydroxide) including the mercury poisoning of “the neurologic development of infants.”

Moreover, when the writers next state:

“There has been considerable research on this issue since the 1999 precautionary statement of the U.S. Public Health Service (USPHS) and the American Academy of Pediatrics (AAP) and there is **no documented scientific evidence** that ethylmercury in the form of thimerosal in the doses administered in vaccines causes any risk to health,”

this reviewer finds that they are making another provably false statement (see, for example, the 2004 developing-mouse study of Hornig *et al.* <sup>18</sup>).

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<sup>18</sup> Hornig M, Chian D, Lipkin WI. IMMEDIATE COMMUNICATION. Neurotoxic effects of postnatal Thimerosal are mouse strain dependent. *Molecular Psychiatry* Jun 8, 2004; 1-13.

**The writers also fail to state that there are *no* experimental studies, which have proven (*as required by law* [21 CFR Sec. 610(15)(a) and/or 21 U.S.C. Sec. 351(a)(2)(B)] that Thimerosal or ethylmercury hydroxide “in the doses administered in vaccines” does *not* cause “any risk to health”.**

- “2. Potentially result in **on-going vaccine shortages** or inability to deliver care as healthcare providers are forced to seek vaccine formulations that are either free of thimerosal or contain only reduced quantities both of which would be in short supply. As an example, only 10% of a projected total of 80 million doses of injectable influenza vaccine will be available for the 2005-06 vaccination season in a thimerosal-free formulation. Other vaccines, such as vaccine used to prevent Japanese encephalitis in travelers to certain Asian countries, are not available in reduced thimerosal or thimerosal-free formulations.”

**The writers begin here by raising two “fears,”**

**“Potentially result in on-going vaccine shortages”**

**and**

**“inability to deliver care as healthcare providers are forced to seek vaccine formulations that are either free of thimerosal or contain only reduced quantities both of which would be in short supply”**

**that are, in reality, insubstantial “paper tigers.”**

**First, the writers ignore the reality that the State laws that have been enacted include a provision for an exemption in the case of an emergency.**

**This reviewer is certain that a similar “emergency” exemption would be incorporated into any enacted Federal legislation, though, *given the current claimed capability of the US vaccine industry*, no exception should be necessary for Thimerosal-preserved vaccines.**

**Thus, neither of the writers’ “fears” is a realistic possibility.**

**Second, the writers’**

**“As an example, only 10% of a projected total of 80 million doses of injectable influenza vaccine will be available for the 2005-06 vaccination season in a thimerosal-free formulation,”**

**ignores reality.**

**The principle “American” influenza-vaccine manufacturer (Aventis Pasteur, now a part of sanofi-aventis) is on record as stating the reason that they didn’t even make more than about 6 million doses of their “no Thimerosal” vaccine “for the 2005-06 vaccination season” (*which is effectively over*) is that the demand for this influenza vaccine did *not* even meet their low-end marketing estimate.**

**Representatives of sanofi-aventis are on record as saying they could, in a short period of time, produce any amount of their “no Thimerosal” vaccine (which uses 2-phenoxyethanol as their in-process sterilizing agent) that the “market” demanded.**

**Thus, were the administration of all Thimerosal-preserved vaccines banned as of July 1, 2007, sanofi-aventis has essentially said that it would be able to meet all of the US requirements by July 1, 2008.**

**Currently, sanofi-aventis has two strong competitors (GlaxoSmithKline and, soon, Novartis) for the influenza vaccine market.**

In addition, there are other smaller companies that could/would jump in if sanofi-aventis was unable to provide what was required.

Thus, it is obvious that the writers' "influenza vaccine" example is a proverbial "red herring"

In addition, their example ignores the reality that *not* even all of the 6 million doses (of the 8 million that sanofi-aventis claimed it was "able" to produce) were purchased.

As Americans all know, *absent a demand or a government requirement*, there is no impetus to make more of a safer product.

Further, the reality is that, *because it costs more*, the major purchasers (*e.g., the State and Federal "healthcare" providers*) cared less about protecting the health of the American babies receiving the influenza vaccine than they did about the cost of this vaccine.

If the Federal government were to enact legislation barring any vaccine that is licensed for annual administration from being "Thimerosal Preserved" after 1 July 2007 and any vaccine containing any Thimerosal or other added mercury compound after 1 July 2008, then, the vaccine makers who are supplying these vaccines would rapidly switch their manufacturing processes to ones that use no mercury-containing compounds or lose the market to one of their competitors who did.

Third, with respect to the writers',

"Other vaccines, such as vaccine used to prevent Japanese encephalitis in travelers to certain Asian countries, are not available in reduced thimerosal or thimerosal-free formulations,"

**this reviewer notes that only those traveling in Asia need this vaccine and that a Japanese manufacturer produces it.**

If the use of Thimerosal were to be phased out, then, initially the Japanese-encephalitis vaccine (currently, JE-VAX) could be given an exemption and a Federal request for a proposal (RFP) sent to all of the recognized vaccine makers asking them to submit a proposal for providing a "no Thimerosal" vaccine to the US market with the assurance that the winning firm would be guaranteed that the US government (*the major buyer if JE-VAX for its military vaccination program*) would buy sufficient doses from them each year to justify the costs of licensing a "no Thimerosal" Japanese-encephalitis vaccine.

Thus, for the reasons stated, the writers' point 2 is a non-issue, which should *not* be given any consideration beyond that needed to address it in any legislation stopping the use of mercury in medicine.

3. Limit the nation's **ability to quickly administer influenza vaccine** in the U.S. when a pandemic strikes. Vaccine containing no thimerosal or reduced quantities can be packaged only in single-dose units, and we are far short of the capacity necessary to fill enough single-dose units to quickly respond to a nation in need of immediate protection against influenza at the pandemic level (*e.g., Avian flu*). The only way we can more quickly build our vaccine delivery capacity is to fill multidose vials and these vials must contain a thimerosal-containing preservative."

**Here, the writers begin with a false premise.**

**That false premise is that Thimerosal is the only compound that can be used as a preservative in a vaccine formulation.**

**Factually, if multi-dose vials are required then, as sanofi-aventis has shown in its current “no Thimerosal” influenza-vaccine formulation, 2-phenoxyethanol<sup>19</sup> (or another formulation-compatible non-mercury preservative) could be used as that preservative.**

**Since the writers’ point 3 is based on a false premise about the nature of the preservative required, Congress should simply ignore the writers’ misguided statements here.**

“4. Lead to **increased costs** for vaccines. Where alternative vaccines containing no thimerosal or only reduced quantities are available, they can be as much as 25-30% higher in cost, due to production losses and to single dose packaging. These additional costs will directly impact Medicare, the federal Vaccines for Children Program, state-administered Medicaid programs, as well as private health insurance costs.”

**While this reviewer must agree that the manufacturers charge more for “no Thimerosal” vaccines than for their “Thimerosal-preserved” or “Reduced Thimerosal” counterparts, this reviewer notes that the increased annual treatment (education and medical) costs for each identified Thimerosal-mercury-poisoned child can easily exceed \$US 100,000.00 annually.**

**In addition, the estimated lifetime costs for maintaining just one untreated severely damaged Thimerosal-mercury-poisoned child exceed \$US 3 million and there are currently at least a million of these children.**

**In 2006 dollars, the total estimated direct lifetime costs for maintaining these million children could easily exceed \$US 3 trillion dollars.**

**Furthermore, estimated total costs (education and treatment) for all who have suffered some clinical level of mercury poisoning currently exceed \$US 30 trillion dollars.**

**If switching to “No Thimerosal” vaccines saved just 50,000 of the 4-million-plus children born each year in the US from being clinically Thimerosal-mercury poisoned, then the annual cost savings could exceed \$US 5 billion annually – much more than any 25% to 30% increase in vaccine costs.**

**Moreover, if another preservative were used, and the vaccine filled into multi-dose vials, the cost increases would be much less than the 25% to 30% figure cited by the writers.**

**Thus, if these writers want to continue to ignore vaccine safety issues and focus on costs, then the costs to the American people from the continuing use of “Thimerosal Preserved” vaccines far exceed the costs of changing to “No Thimerosal” and/or “Reduced Thimerosal” vaccines.**

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<sup>19</sup> Currently, GlaxoSmithKline has U.S. licenses for the following 2-phenoxyethanol-preserved childhood vaccines: a) DTaP (Infanrix®; Diphtheria, Tetanus and acellular Pertussis), b) Hepatitis A (Havrix®), and c) Hepatitis A/Hepatitis B (Twinrix®). In addition, Aventis Pasteur, now a subsidiary of sanofi-aventis, has U.S. licenses for the following 2-phenoxyethanol and formaldehyde-preserved vaccines: a) IPV (IPOL®; inactivated Polio) and b) DTaP (Daptacel®). [Source: US FDA’s Center for Biologics Evaluation and Research (CBER) table on “Preservatives Used in U.S. Licensed Vaccines.”]

Further, since:

- ❖ When Congress passed the National Vaccine Injury Program act in the late 1980s, it ordered (42 U.S.C. Sec. 300aa-27) the Secretary of Health and Human Services to do all that he can to reduce the risk of adverse reactions in childhood vaccines and
- ❖ Studies have repeatedly established that “no Thimerosal” vaccine formulations produce significantly less and less severe adverse reactions to the vaccine than the same formulation with Thimerosal added (or injected immediately before or immediately after the “no Thimerosal” vaccine formulation),

both improved safety (discussed in the introductory remarks and with point 1), and reduced risk of adverse reactions should trump cost. [Note: Based on the applicable US laws, the Secretary of HHS, the US FDA, and the makers of Thimerosal-containing vaccines have been, and are, clearly derelict in discharging their statutory duties.]

Thus, both increased vaccine safety and compliance with the law are more important than the direct costs for a given vaccine when it comes to their manufacture, distribution and administration.

Finally, the “damage-related” costs from Thimerosal-preserved vaccines clearly outweigh the increased makers pricing for the production of “no Thimerosal” vaccines even if the more expensive single-dose packaging option is exclusively used.

Based on the preceding realities, the writers’ costs issue not only fails to protect the health and safety of American babies and address *all* costs, but also argues for the continued flouting of the law by Federal officials and the vaccine makers.

- “5. Add **more complexity** to our present vaccine delivery system. With new vaccines being introduced, changes in vaccination scheduling, and all of the other complexities of vaccination delivery, it is already difficult for providers to stay current with the ever-changing nature of immunization. Adding a requirement that providers can only use vaccines with no or reduced amounts of thimerosal would add more complexity.”

**This reviewer finds the writers seem to have gotten it backwards here.**

If “providers can only use vaccines with no or reduced amounts of thimerosal,” **there would be less complexity than there is today.**

Using the writers own “flu” vaccine example, today US providers may have to juggle five types of vaccines for influenza (“Thimerosal Preserved” [AP {now sanofi-aventis} &C {Chiron}], “Reduced Thimerosal” [GSK {GlaxoSmithKline}], “Trace Thimerosal” [C], “No Thimerosal Inactivated” [AP], and “No Thimerosal Live [MedImmune {M}]).

If by next flu season, “Thimerosal Preserved” vaccines were banned, then the choices would be narrowed to “Reduced Thimerosal” [GSK], “Trace Thimerosal” [N], “No Thimerosal Inactivated” [AP], and “No Thimerosal Live [M].

If by the 2008 flu season, Thimerosal were totally banned, then all the providers would have to juggle is “No Thimerosal Inactivated” and “No Thimerosal Live [M], leaving the providers to choose from up to three providers, AP, GSK, and Novartis (N; who is currently buying C) for the former.

**Thus, moving to remove Thimerosal from vaccines will, as the example shows, clearly reduce, not increase, the providers' complexity issues.**

6. Profoundly **affect global immunization programs**, as do many U.S. vaccine policy decisions. Vaccines sold in the international market require multi-dose packaging because it reduces manufacturing costs significantly, a vital consideration for nations with fewer resources than the U.S. Multidose vials also conserve space in refrigerated containers (vaccines often require refrigeration when shipped to remote areas). If the U.S. adopts a policy restricting access to vaccines, it could adversely affect the health and well-being of children all over the world in ways that you would not intend. The negative political consequences of the U.S. using vaccines “allegedly safer” than those it supports for other countries are very worrisome.

**While this reviewer agrees with the writers' premise that banning Thimerosal will: “Profoundly affect global immunization programs, as do many U.S. vaccine policy decisions,” this reviewer finds that, *if nothing else*, the precautionary principle dictates that Thimerosal should be banned from all vaccines.**

**In addition, there is a large and growing body of evidence that Thimerosal mercury poisons all who are injected with it to some degree.**

**While a large percentage of those injected with Thimerosal-preserved vaccines initially exhibit no clinical symptoms, some may subsequently suffer from increased risks for immune-system-dysfunction-related diseases such as asthma, food allergies, diabetes, MS, GB, etc.**

**In those who exhibit symptoms in any bodily system that may be Thimerosal-mercury-poisoning-related, some:**

- a. Are sub-acutely mercury poisoned to the degree that they begin to exhibit one or more of the symptoms of mercury poisoning,
- b. Have their immune systems poisoned to the point that live virus vaccines produce much more severe adverse reactions than the normal adverse effects of the disease itself.
- c. Are sub-acutely poisoned to the extent that they exhibit the set of symptoms that are used to diagnose neurodevelopmental disorders as well as the other-systems symptoms seen in the more severely affected of these – the ones associated with those diagnosed with autism.
- d. Exhibit a mixture of the outcomes seen in the “b” and “c” groups
- e. Are profoundly poisoned from *in utero* Thimerosal-mercury exposure which may be a co-factor in the accompanying genetic mutations (like fragile x and Rhetts) that seem to have a mercury-related component,
- f. Exhibit a mixture of the outcomes seen in the “b,” “c,” and “e” groups, or
- g. Die from being chronically sub-acutely mercury poisoned.

**Finally, *since removing Thimerosal will not only improve the safety of vaccines for American children but also for children in developing countries*, it is the right thing to do.**

**The writers':**

“Vaccines sold in the international market require multi-dose packaging because it reduces manufacturing costs significantly, a vital consideration for nations with fewer resources than the

U.S. Multidose vials also conserve space in refrigerated containers (vaccines often require refrigeration when shipped to remote areas),”

statements have, *as this reviewer has discussed previously*, nothing *per se* to do with banning “Thimerosal Preserved” vaccines.

The reality is that banning Thimerosal does *not* preclude the use of another compound as a preservative in comparable vaccine formulations from being used in those formulations that currently use Thimerosal as a preservative.

Moreover, any Federal ban would have to ban “Thimerosal Preserved” vaccines from being purchased, distributed, and administered using US-supplied funding.

While this reviewer admires the “heart-strings plucking” of the writers’

“If the U.S. adopts a policy restricting access to vaccines, it could adversely affect the health and well-being of children all over the world in ways that you would not intend,”

this reviewer first notes that the writers’ scenario is *not* the only possible outcome of the Federal banning of the use of Thimerosal as a preservative in biological products.

Done properly, where:

- ❖ US dollars are prohibited from being used to dump Thimerosal-preserved vaccines on developing countries,
- ❖ *All* in-date US licensed Thimerosal-preserved vaccines are recalled and properly destroyed, and
- ❖ The alternative preservative technology is freely shared among all vaccine makers with only a nominal royalty not to exceed the current royalty for the technology that uses Thimerosal as the preservative,

the “health and well-being of children all over the world” will be improved because they will cease to be *mercury poisoned* by the Thimerosal in their vaccines.

Furthermore, *if the Thimerosal banning legislation is done properly*, the *mercury-poisoning harm* done by continuing to ship Thimerosal Preserved vaccines into developing countries *will be stopped*.

In addition, the writers’

“The negative political consequences of the U.S. using vaccines “allegedly safer” than those it supports for other countries are very worrisome.”

eloquently describes today’s current state of affairs.

Currently, safer (Reduced-, Trace-, and No- Thimerosal) vaccines are being used in the US while the US hypocritically supports the WHO’s ongoing use of similar Thimerosal-preserved vaccines in the developing world.

Moreover, the World does now see State after State (*currently, collectively home to about 1/3<sup>rd</sup> of the US population*) in the United States enact laws banning the use of Thimerosal-preserved vaccines in pregnant women and children under 3 or 8 years of age (depending on the State) while the WHO is still injecting the developing countries’ children with Thimerosal-preserved vaccines.

Moreover, *rather than worrying about the consequences in other countries*, the members of Congress should be concerned about what the American people will do when Congress again fails to protect American children from being *mercury poisoned*.

Do you really think that the American people will vote to re-elect Congressman who continue to permit the ongoing *mercury poisoning* of American children 3 years after the House report clearly established that Thimerosal (49.55% mercury by weight):

- ❖ Has, *based on the CDC's 2004 Autism A.L.A.R.M.*, clinically *mercury poisoned* more than 1 in 6 of the American children born between 1987 and 2003, and
- ❖ *Because Reduced-Thimerosal and Thimerosal-preserved childhood vaccines and the Thimerosal-preserved flu vaccine are still being given to American children*, these vaccines continue to clinically *mercury poison* a lesser number of American children each year.

Thus, each member of Congress has a clear choice:

- a. Ban Thimerosal-preserved vaccines and reduce the number of Thimerosal-mercury-poisoned children and adults  
Or
- b. Allow the ongoing mercury poisoning of Americans by Thimerosal-preserved vaccines to continue.

May the American people remember the actions or inactions of each member of Congress whenever they go to the polls!

“Vaccine manufacturers have revised their manufacturing processes to allow production of most vaccines in either a reduced thimerosal or thimerosal-free formulation. This was done as a precaution to address theoretical concerns noted in the USPHS/AAP joint request of July, 1999 and **not** because any evidence suggested that thimerosal was harmful.”

**This reviewer finds that the writers' first statement reflects the current situation for vaccines licensed in the US.**

However, the reality is that, in several other developed countries, all vaccines recommended for childhood immunizations are Thimerosal-free.

Thus, *instead of being a leader in providing the safest vaccines to our children*, we are a laggard in safening our childhood vaccines by removing Thimerosal even though, by law (42 U.S.C. Sec 300aa-27), we should have started doing this no later than 1989.

Moreover, by:

- ❖ **Recommending that all children 6 months to 5 years of age be vaccinated with the “flu” vaccine without mandating that that vaccine must be a “Reduced Thimerosal” or “No Thimerosal” flu vaccine and**
- ❖ **Using a false justification (to protect the elderly from the spread of flu by the children with no proof that children spread the flu [and the evidence is that working adults and not the children spread the flu],**

the CDC is effectively ensuring that some pregnant women, their fetuses, and young children will continue to be unnecessarily mercury poisoned by being given Thimerosal-preserved flu shots.

Hopefully, the members of Congress will see the cupidity of the CDC's actions for what they are and take action to:

- ❖ **Immediately ban the general use of Thimerosal-preserved vaccines,**

- ❖ Prohibit, *without exception*, the inoculation of any person with a Thimerosal-preserved “flu” vaccine,
- ❖ Instruct the Department of Justice to investigate all of those, in the CDC or any other Federal agency, who have participated in any aspect of the misrepresentation of the toxicity of Thimerosal, and
- ❖ Pass the “Mercury-free Drugs Act” submitted to members of Congress in 2005.

**This reviewer finds that the writers’ second statement,**

“This was done as a precaution to address theoretical concerns noted in the USPHS/AAP joint request of July, 1999 and **not** because any evidence suggested that thimerosal was harmful,”

**is *not* supported by the factual reality: a) revealed in documents uncovered in various court cases and b) substantiated by a body of published peer-reviewed scientific studies starting in the 1930s and continuing to the present day.**

The concerns are *not* theoretical and have been supported by more than 75 years of an ever-increasing body of unrefuted peer-reviewed scientific evidence.

Reports uncovered in recent court cases have established:

- a. In 1971, Eli Lilly found that 1-ppm Thimerosal was toxic to humans
- b. In 1991, Merck not only was concerned about the mercury toxicity of 100-ppm Thimerosal (the level in most Thimerosal-preserved vaccines) but also shared its concerns with the US FDA.

**Thus, the writers’ statement here is clearly at odds with factual reality.**

“One fact we know for certain: in the U.S., 10.5 million cases of vaccine-preventable disease and 33,000 deaths are prevented each year by vaccinations.”

Since this reviewer has been unable to find any population studies to verify either of the writers’ assertions, this reviewer concludes that the writers have obtained these numbers from some model but have no proof of the validity of either of these unsubstantiated claims.

Thus, the “one fact” that this reviewer knows for certain is that there is no substantiating proof that the numbers are *not* deliberate overestimates of the effectiveness of vaccines.

This is the case because vaccine apologists, *such as the organizations writing here obviously are*, have an established history of greatly exaggerating the effectiveness of vaccines.

Moreover, this reviewer notes, *and hopes that each member of Congress does also*, this statement is *not* germane to the issue of Thimerosal in vaccines.

This is the case because:

- a. Many of the vaccines that have the most “proof” of preventing the diseases have never been “Thimerosal Preserved” vaccines, and
- b. Other compounds exist that can be used when a preservative is required.

“We therefore urge the members of the U.S. House of Representatives and the U.S. Senate to trust in the conclusions of the scientific community, including the Institute of Medicine, that the scientific evidence does not identify any connection between vaccines and autism.”

**Unlike the writers, this reviewer urges** “the members of the U.S. House of Representatives and the U.S. Senate to trust in the” **applicable peer-reviewed toxicity and toxicological research published by the independent scientific community.**

*Since the CDC’s instructions improperly influenced the IOM’s findings and some of the IOM committee’s members had apparent conflicts of interest, the IOM’s findings cannot be trusted.*

*Thus, if you look at the unrefuted toxicity and toxicological findings of the independent researchers who have studied the poisonous effects of Thimerosal, ethylmercury hydroxide, and inorganic mercury, you should find that these compounds are highly toxic, bioaccumulating, systemic poisons, and/or are immunogens, auto-immunogens and teratogens at levels below 0.02 ppm (20 nanograms per g of tissue) in human skin and neural tissues, and human cell systems.*

**Based on the preceding realities, the American people and the members of Congress should agree:**

- a. Thimerosal should *not* be used in any vaccine manufacturing process and
- b. Thimerosal-containing vaccines and other drugs should be banned.

“Please oppose all such legislative proposals and help us further our work in protecting our nation’s children and adults against vaccine-preventable diseases.”

**This reviewer disagrees here with the writers of this missive.**

**Each of you should remember that a vote against banning Thimerosal-preserved vaccines is a vote to continue mercury poisoning American fetuses, neonates, babies, children, adolescents, adults, and the elderly!**

**Though these groups *cannot* see it, injecting Thimerosal-containing drugs of any kind *mercury poisons all* – including each of you and, *as Rep. Dan Burton knows all too well*, your loved ones – *to some degree*.**

**IF:** *The members of Congress want the American people to vote for them,*

**THEN:** *The members of Congress had better vote to protect the health and safety of the American people! – not, as they have, for the Establishment’s interests.*