

EDITORIAL ON: SUB-ACUTE MERCURY (HG) POISONING BY MEDICINE

The Rise of Diseases 'Caused' by Sub-acute Hg Poisoning via Medicine

Recently, much has been said about the rise of autoimmune, mitochondrial and other diseases in adults whose children, siblings, nieces and nephews, second cousins and/or grandchildren have one or more related diagnoses and/or have been diagnosed with an autism spectrum or related “neurodevelopmental” disorder. Though part of the reason for these “coincidental” familial occurrences is a genetic component, the reality is that many of the “genetic” patterns of chronic disease that are being noticed in our family trees apparently have their origins in the sub-acute mercury poisoning of us all by “medicinal” mercury compounds.

Sodium ethylmercury thiosalicylate (with common English trade names of Merthiolate, Thimerosal and Thiomerol [UK]) has been being used to sub-acutely mercury-poison most all of us since the 1930s. Before that, Calomel, mercurous chloride was the sub-acute mercury poison of choice from the late 1800s to the late 1920s. As Thimerosal is today, previously Calomel was called a “special” form of mercury and, *without proof of safety and effectiveness*, marketed in medicines for children as if it were safe and effective — principally, as teething powders and worming preparations. That we, our parents and/or our grandparents were, *if exposed*, adversely affected by such mercury exposures is no surprise to anyone who has studied the knowing sub-acute mercury poisoning occurring in several English-speaking nations (the USA, United Kingdom and, the last to ban these medicines, Australia) since the late 1800s.

In 1890s – 1940, this mercury poisoning of our young by mercury in medicine was principally effected via Calomel-laced teething powders (containing up to 25 % Calomel [85% mercury by weight]) and, to a lesser extent, human worming preparations and other mercury-containing medicines sold without any proof of safety. At its “peak”, sub-acute Calomel-mercury poisoning resulted in about 1-in-500 children having a “pink disease” diagnosis (predominately in the children from the higher socioeconomic strata) in the U.S. and probably “caused” the U.S. epidemic of “stomach cancer” in the 1950s – 1970s that disappeared in the late 1970s.

Since the 1930s in the USA, this sub-acute mercury poisoning has been increasingly effected via first Merthiolate (marketed mostly as a 0.1% by weight alcohol solution of Thimerosal) and Mercurochrome (disodium 2,7'-dibromo, 4-(hydroxi-mercuri)fluorescein [$C_{20}H_{10}Br_2HgO_6Na_2$] with a formula weight of 752.44 g/mole

[25.8% mercury by weight]); also known as Merbromin, Mercuranine, Fluorchrome, Gallochrome, Gynochrome, Mercurocol and Mercurophage) antiseptics as well as by vaginal contraceptive gels containing 0.1% Thimerosal, which were legally marketed from the 1930s until about 2001 in the USA¹.

In addition, Thimerosal, used as an antiseptic and in-process biological sterilizing agent as well as a “preservative” in serums and vaccines (1935 – 2009, and ongoing) became the principal mass-population sub-acute mercury poisoning vehicle of choice, as its use increased and the Calomel-containing products were withdrawn from the market. When the FDA finally banned the use of mercury compounds in some over-the-counter (O-T-C) medicines (antiseptics and vaginal contraceptives) in 1998, the principal vehicles of choice for *mass mercury exposure* were reduced to Thimerosal-preserved serums and vaccines.

In the area of serums, the use of Thimerosal in serum products mostly stopped in the mid-to-late 1990s. Furthermore, the last serum product, RhoGAM®, was taken off market in the USA in 2001. However, because there was no recall of the marketed Thimerosal-preserved RhoGAM, some doses of Thimerosal-preserved RhoGAM were available into 2002, and possibly 2003. The serious concerns about the toxicity of Thimerosal at the 0.01% level that sparked the discontinuation of Thimerosal-preserved BayRho and RhoGAM also sparked an “all parties” commitment in 1999 to “remove” the Thimerosal-preserved formulations from the vaccines given to children and, implicitly, pregnant women.

Today's Realities Regarding Diseases 'Caused' by Sub-acute Hg Poisoning via Medicine

Had the 1999 pledge been honored, children, pregnant women, and the general population should have had near-zero risk of Thimerosal exposure from Thimerosal-preserved vaccines by 2005. However, contrary to government’s “commitment” to “remove” Thimerosal-preserved vaccines from the market, the Secretary of Health and Human Services (HHS) and the agencies that report to the Secretary, principally the CDC and FDA, instead have acted to “offset” the decreases in *maximum* mercury exposure to pregnant women (from the withdrawal of the Thimerosal-preserved Rho(D) serums) and developing children (from the withdrawal of the Thimerosal-preserved DTaP, Hep B and Hib vaccines) that were beginning to occur late in 2001.

¹ In 1998, the FDA banned the use of Thimerosal and other mercury compounds in over-the-counter (O-T-C) antiseptics (and vaginal contraceptives), where the nominal Thimerosal level was 0.1%. The FDA banned this use because, in a 1982 report, it had been determined that these were neither safe for use in humans nor effective antiseptics (and vaginal contraceptives). However, the released products were not recalled and some companies (e.g., the manufacturer of “Butt Balm”) ignored the ban until at least 2005.

In 2002, the CDC began recommending² that pregnant women, who would be in their second and third trimesters during the flu season and children 6 – 23 months of age in the flu season should be given an influenza vaccine shot, “when feasible”, without stating that that vaccine could not be Thimerosal-preserved.

The CDC made these recommendations in spite of:

- a. Studies, published in 1977, showing that injecting pregnant women with flu shots during pregnancy significantly increased the risk that their children would be born with a serious birth defect (the identified serious risks, and their stated relative risks [RR], were cleft palate [7.1]³, and microcephaly [2.9] and pyloric stenosis [2.0]⁴),
- b. A knowing lack of proof of Thimerosal’s safety to the required standard:
“Any preservative used shall be sufficiently nontoxic so that the amount present in the recommended dose of the product will not be toxic to the recipient, ...” [As set forth for preserved biological drug products in 21 CFR § 610.15(a).]

by the makers⁵ of the Thimerosal-preserved influenza vaccine formulations that were approved for pregnant women and/or developing children, and

- c. An FDA-recognized 1971 chronic toxicity assessment⁶:
 - i. In which each of four, 50:50 male:female, test groups of adult rats were twice weekly injected with a sub-acute level (1, 0.3, 0.1, or 0.03 mg/kg) of Thimerosal dissolved in sterile saline for a year along with a similar “Vehicle Control” group that was injected with just sterile saline, all the rats were monitored for up to an additional year, and the survivors were sacrificed and unsophisticatedly autopsied, and
 - ii. Which reported a significant excess adverse health effect (gross bronchopneumonia) in all the test groups (as compared to the controls) that was dose dependent.

Further, the FDA has abetted the CDC’s actions by not only continuing to illegally approve⁷ the existing Thimerosal-preserved influenza vaccines but also illegally approving new suppliers of Thimerosal-preserved influenza vaccines.

² Bridges CB, Fukuda K, Uyeki TM, Cox NJ, Singleton JA. Prevention and Control of Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR* 2002 Apr 12; 51(RR03): 1-31.

³ Heinonen OP, Slone D, Shapiro S. **Birth Defects and Drugs in Pregnancy**. Littleton, Massachusetts: Publishing Sciences Group, Inc., 1977, **Appendix 4**, page 474.

⁴ *ibid*, **Appendix 5**, page 488.

⁵ As required by both statute (21 U.S.C. § 351(a)(2)(B)) and regulations (21 CFR Part 211 & 21 CFR §601.2(a)).

⁶ Mason MM, Cate CC, Baker J. Toxicology and Carcinogenesis of Various Chemicals Used in the Preparation of vaccines. *Clinical Toxicology*, 1971; 4(2): 185-204.

Thus, not only was the 1999 pledge not honored, but governmental agencies, including but not limited to the Department of Health and Human Services, the National Institutes of Health, CDC and FDA), “independent” medical bodies (e.g., the Institute of Medicine), certain researchers and others have also *knowingly* acted in a manner that has:

- a. **Increased the maximum Thimerosal exposure** that a developing child may receive,
- b. *Contrary to the statutory mandate to safen all childhood vaccines and decrease adverse vaccine reactions in children, as set forth in 42 USC § 300aa-27(a)(2), **neither safened childhood vaccines nor reduced adverse vaccine reactions from the influenza vaccines**, since removing Thimerosal is known to reduce adverse reactions, and*
- c. **Attempted to cover up the evidence of harm** through cleverly worded statements, selective evidence reviews, and epidemiological and other published studies intentionally designed not to find any link between sub-acute mercury poisoning by medicine and the increases in the childhood diseases, disorders, and syndromes that now plague our children today.

Since 2002, the *maximum* total dose of Thimerosal-preserved vaccines that may be given to pregnant women and developing children under the CDC’s recommended routine vaccination programs has been increasing from the 1999-program nominal *maximum* dose of 287.5 – 300 micrograms (μg) of Hg to the 2008-program nominal *maximum* dose of 462.5 μg of Hg⁸.

⁷ See 21 CFR § 601.4(a) which only permits the FDA to legally license a vaccine when the submitted Biological License Application (BLA) proves that the submitter has, among other things, met all legal requirements for safety (see 21 CFR § 601.2) – including, for preserved vaccines, the “sufficiently nontoxic ...” requirements set forth in 21 CFR § 610.15(a) – vaccine manufacturers’ requirements that the manufacturers of Thimerosal-preserved vaccines admit they have not met!

⁸ Since 2001, the number of types of vaccines that can be Thimerosal-preserved has decreased significantly and only one type of vaccines that are still preserved with Thimerosal (49.6% Hg by weight), the inactivated-influenza vaccines, is listed in the primary vaccines recommended by the CDC for any childhood vaccination program. However, the combined effect of the changes in vaccines and vaccine recommendations has resulted in a *significant increase in the maximum dose of Hg* to which a developing child may be exposed. This increase is the reality because, government vaccination recommendations ((by the CDC) and continued illegal approvals of Thimerosal-preserved vaccines (by the FDA) of the current and new sources of Thimerosal-preserved influenza vaccines have combined to increase the *maximum vaccine dose of mercury* to which a child may be routinely exposed from vaccination by the age of 18 years:

- a. **From:** nominally, 300 μg of Hg for a developing child (from viability to 18 years of age) vaccinated according to the 1999 CDC routine vaccination schedule (which did not recommend annually vaccinating pregnant women or children from 6 months of age and older for influenza) with the 1999 Thimerosal-preserved vaccine formulations (where, the DTaP, Hep B and Hib vaccines recommended for routine use were all Thimerosal-preserved);
- b. **To:** nominally, 462.5 μg (human influenza only) to 570.5 μg (human influenza plus DT and Td, if allergic to pertussis component) of Hg under the CDC’s 2008 recommended routine vaccination schedule for pregnant women and developing children (from conception to 18 years of age).

In 2009, there is an additional potential increase in Hg exposure from injected Thimerosal because the indications are that the U.S. government is moving to mandate a “swine flu” vaccination program that apparently will:

- a. Recommend that pregnant women and young children be inoculated first,
- b. Recommend these two groups be given two (2) doses of a “swine flu” vaccine separated by about 30 days,
- c. Continue to recommend pregnant women and children be inoculated with the “approved” annual human influenza vaccines which will again include mostly Thimerosal-preserved doses, and
- d. Permit the “swine flu” vaccines to be Thimerosal-preserved.

If:

- a. The preceding “swine flu” program is deployed for only one year, and
- b. 0.5-mL vaccine doses are administered to pregnant women and either 0.25-mL or 0.5-mL doses are given to the children,

then: the *maximum* that pregnant women may receive will triple (from 25 to 75 μg of Hg). In addition, the maximum Hg dose the children may receive, presuming two, 0.25-mL doses for the youngest children and two, 0.5-mL doses for the older children, will increase by 25 μg , 37.5 μg , or 50 μg .

If, after the first year:

- a. There is a second year of “swine flu” vaccination, and
- b. Only one dose of “swine flu” vaccine is given to those previously inoculated,

then: the maximum dose of Hg a developing child may receive will again increase by either 12.5 μg or 25 μg .

In the worst case scenario, the child born after his or her mother was fully vaccinated (with two Thimerosal-preserved “swine flu” and one Thimerosal-preserved trivalent inactivated-influenza vaccine [TIV]) in 2009 at the beginning of the “flu season” and then vaccinated at the end of the “flu season” in 2010 (with two, 0.25-mL Thimerosal-preserved “swine flu” and two, 0.25-mL Thimerosal-preserved TIV) may be exposed to an additional 150 μg of Thimerosal-derived mercury by the time he or she is 7 months of age!

Thus, the *maximum* dose of Thimerosal-derived Hg just from Thimerosal-preserved “influenza” vaccines may increase to 612.5 μg of Hg (about 2 times the

maximum dose from all vaccines routinely recommended for “children” under the CDC’s 1999 program)⁹.

Thus, the preceding U.S. realities have clearly established that, *contrary to the continuing misrepresentations in the major media, pro-vaccine published articles, and statements by government, academic, research, healthcare, and other officials and “experts”, the maximum dose of Thimerosal-derived mercury to which a developing child may routinely exposed has actually been increasing since 2002.*

In addition, *even if the “swine flu” program were not mandated*, as long as:

- a. The CDC’s current vaccination recommendations are not changed and
- b. Any doses of Thimerosal-preserved influenza vaccines can be administered to pregnant women and developing children,

a child born in 2002 to a mother who received a Thimerosal-preserved flu shot during her pregnancy and who is vaccinated each year with Thimerosal-preserved TIVs according to the CDC’s 2002 schedule, will have been exposed to 462.5 µg of mercury (Hg) by 18 years of age.

Thus, this 2002 child will receive about 1.5 times the level of Hg as compared to a similar child born in some country, which:

- Follows the CDC’s 1999 recommendations and
- Only uses the Thimerosal-preserved DTaP, Hib and Hep B vaccine formulations that are the same as those in use in the USA in 1999 (where the total nominal Hg dose would not exceed 300 µg and, given the flexibility in the CDC’s Hep B advice, might be 287.5 µg).

Faced with the realities that:

- a. **The *maximum* Thimerosal exposure that a U.S. child may receive is still increasing,**
- b. **The incidence of regressive neurodevelopmental disorders is still increasing,** and
- c. **The incidence of a wide range of other diseases, disorders, and syndromes in which sub-acute mercury poisoning has been shown to be a causative factor is similarly increasing,**

⁹ When it comes to toxicity, the *specific dose* (*dose per kg* of body weight) is more important than just the dose. With this being the case, tripling the *maximum* dose Hg that a pregnant woman may receive from Thimerosal-preserved influenza vaccines (from 25 µg to 75 µg) is obviously a much more serious threat to the developing child, who may weigh less than a kilogram (i.e., a *maximum specific dose* > 75 µg/kg), than doubling the Hg dose in a child under 3 years of age (from 25 µg to 50 µg) because the 6-months-old child will certainly weigh more than 2 kg (4.4 pounds) and have a *maximum specific dose exposure* of < 25 µg/kg or, for the older child who probably weighs more than 10 kg (22 pounds) doubling the dose from 50 µg to 100 µg (i.e., a *maximum specific dose* of < 10 µg/kg).

it is clear that:

1. The Establishment is knowingly lying about the “decrease” in mercury exposure from Thimerosal-preserved vaccines, and
2. The *maximum* injected-mercury exposure (from Thimerosal in vaccines) that our developing children may receive has been increasing since 2002,
3. If Thimerosal-preserved “swine flu” vaccines are allowed to be given to pregnant women and developing children, the mercury poisoning effects will only further increase,
4. The increase in the rates of many of the other diseases, disorders, and syndromes in which sub-acute mercury poisoning has been shown to be a causative factor implicates the increase in the maximum dose of Thimerosal as a causative factor, and
5. In 2009, based on all of the preceding realities and the ever-increasing volume of studies demonstrating that Thimerosal is a causal factor in the harms seen and/or the sub-acute mercury poisoning that has been proven in many of the children who have these developmental diseases, disorders and syndromes, **Thimerosal-preserved TIVs are unequivocally linked to the risk of neurodevelopmental harm and the other harms found in some of our children and ourselves.**

Thus, one can trace the rise to all of these virtually unknown (in the 1940s) diseases, syndromes, and conditions to near-epidemic (> 1 in 5000), epidemic (> 1 in 500), or, in some instances, super-epidemic (> 50; e.g., asthma [>1 in 10]) levels to the cumulative effects of increasing injected-mercury exposure. Because the risks of sub-acute mercury poisoning have been concealed, even the right to give informed consent to accept these risks was denied to those who have suffered and are suffering from these exposures. Therefore, these increases bear witness to the increasing multi-generational sub-acute mercury poisoning of an increasing percentage of the population with an ever increasing level of ever more insidiously toxic:

- Compounds (from Calomel [an inorganic mercury compound of moderate toxicity and limited water solubility] to Thimerosal [an organic mercury compound invented¹⁰ to be highly toxic that is also teratogenic, mutagenic, carcinogenic, immune-system disruptive and is metabolized into mercury species that are bioaccumulatively toxic¹¹]) and

¹⁰ a. Kharasch, MS. 1928. *Alkyl Mercuric Sulphur Compound and Process for Producing it*. US Patent 1,672,615.

b. Kharasch, MS. 1932. *Stabilized Bactericide and Process of Stabilizing it*. US Patent 1,862,896.

c. Kharasch, MS. 1935. *Stabilized Organo-Meruri-Sulphur Compounds*. US Patent 2,012,820.

¹¹ Sugita M. The biological half-time of heavy metals. The existence of a third, “slowest” component. *Int Arch Occup Environ Health* 1978; 41(1): 25-40.

- Modes of administration (from first oral [e.g., Calomel] to topical [e.g., Thimerosal and Mercurochrome in antiseptics] then to injected [Thimerosal in vaccines and serums]).

As was shown in a multi-generational toxicity study that was published in 1971¹², the in-utero poisoning of developing animals produces genetic effects that are expressed in those females who survive their in-utero poisoning long enough to reproduce their own young. Thus, none should be surprised at any of today's realities – including “spontaneous” genetic mutations and increasingly bizarre sequence repeat and multiple-copy “spontaneous” mutations.

Is Sub-acute Hg Poisoning via Medicine Today's Only Causal Factor?

Is sub-acute mercury poisoning by Thimerosal-preserved vaccines the *only causal factor*? No, it is not the *only causal factor* for these harms.

However, it is the *causal factor* that the Establishment has:

- ❖ Refused to eliminate,
- ❖ Increased while lying to us that it has been reduced or removed, and
- ❖ Indicated it will yet again significantly increase via its proposed “swine flu” vaccines.

Take Action: Stop Sub-acute Hg Poisoning via Vaccines Today!

Hopefully, after reading this editorial and confirming the factual information provided, **many of you will understand, rise up with one voice, and forcefully demand that:**

- All use of Thimerosal or any other mercury-based compound in medicine be immediately stopped,
- At a minimum, all vaccine doses that contain any level of Thimerosal or other added mercury compound be immediately identified, recalled and properly destroyed, and
- All use of Thimerosal or other mercury compound in the manufacture of drug products be irrevocably banned!

¹² Goncharuk GA. Experimental investigation of the effect of organomercury pesticides on generative functions and on progeny. *Hyg Sanit.* 1971; 36: 40-43.

Concluding Remarks

Should any reader find significant factual errors in either of this editorial, then please e-mail the author your proposed corrections to the editorial along with e-mail attachments that contain copies of the published documents that provide the proof needed to substantiate your claims.

Then, *as has been the case in the past*, after verifying your claims, the confirmed factual errors will be appropriately corrected and a corrected document posted.

Also, if you find spelling or punctuation errors, please also send them in so that this document can be appropriately updated and posted as a “revised editorial”.

Respectfully,

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