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Wednesday, March 7, 2012

An Open Letter to:
Members of the INC of the UNEP
The World Health Organization
The Global Alliance for Vaccines and Immunization
PATH

To All Considering the Presence of Mercury in Medicine:

To protect the global immunization program and to safeguard public confidence in vaccines, we urgently advocate that Thimerosal (49% mercury by weight), which is a known human carcinogen, mutagen, reproductive toxin, teratogen and immune-system disruptor at levels below 1 part-per million, be banned from all human pharmaceuticals, especially from all vaccines, by the global legally-binding instrument currently being written by the Intergovernmental Negotiating Committee (INC) of the United Nation's Environment Programme (UNEP).

Industry has failed to offer toxicological proof of safety to the standard "sufficiently nontoxic ...", which is the standard required by law [21 CFR 610.15(a)]. Instead, the US Food and Drug Administration (FDA) continues to assert that there is 'no evidence of harm' and that the 'benefits outweigh the risks'.¹ This proffer does not comply with, and is not an acceptable substitute for, the legal requirement.

Eight decades of peer-reviewed toxicity literature attest to the harm Thimerosal causes, especially to the most vulnerable among us: the unborn, the newborn and developing child. The distributors' own safety data sheets for this highly toxic, bioaccumulative toxicant indisputably demonstrate this fact (see, for example, the detailed 2004 Material Safety Data Sheet (MSDS) issued by Sigma-Aldrich as "SIGMA - T5125"²).

The addition of organic mercury compounds to vaccines and the normal neurological development of children are mutually exclusive: either one protects the use of this toxicant in the manufacture of vaccines and other drugs, or one stops the medicinal use of Thimerosal and other mercury compounds to protect the normal development of our unborn, new born, and developing children. The manufacturers and governments cannot do both, as these objectives are diametrically opposed.

Just as children with impaired mercury-detoxification capability disproportionately suffer the disabilities caused by Thimerosal, developing nations with impaired sanitation, water, hygiene, nutrition and/or housing capabilities are disproportionately inflicted with stocks of mercury-containing vaccines. Two standards of vaccine safety, one of predominately mercury-free vaccines for the developed 'Western' countries and another of unreduced mercury-containing vaccines for the developing nations, disclose the injustice that characterizes this most iatrogenic of toxic exposures. In an era when cost-effective, much less toxic, non-bioaccumulative, and more effective alternatives are available and in-use as in-process sanitizers and preservatives, there is no conscionable justification for the continuing presence of Thimerosal in human pharmaceuticals.

We reject the notion offered by those who defend mercury in medicine that vaccine safety is static, and that even though a safer global vaccine supply can be achieved by the removal of mercury from the

¹ See, for example, <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228#saf>.

² See, for example, <http://www.conncoll.edu/offices/envhealth/MSDS/neuroscience/thimerosal.pdf>.

manufacturing process, this inconvenience is somehow an undue burden especially when compared to sparing many children around the world from premature death or a lifetime of disability. Among the milestones that are now being considered by the UNEP's INC, none is as historic as the banning of mercury from medicine. For mere pennies a dose, vaccines can be made much safer, the immunization program can be protected, and children and their parents can be spared incalculable suffering.

For your consideration, we offer the follow points:

- Because injected vaccines bypass the major body detoxification mechanisms for all forms of mercury in the dermas and the mucosa and because of its more toxic organic mercury nature, Thimerosal in vaccines should not be exempted in this treaty but rather banned *first and foremost*. Its unique chemical structure and route of administration render injected Thimerosal-containing vaccines a delivery system for a designer-toxicant capable of inflicting exquisite systemic and neurological harm in those who are most susceptible to mercury intoxication by injected organic mercury compounds.
- In the scheme of cost, removal of Thimerosal, even assuming a worst case scenario, is one of the most cost-effective interventions to lessen harm to the environment and human health that this UN Treaty can accomplish. Such a safety improvement will positively impact the health and development of tens of millions children worldwide each year. Moreover, such an improvement to vaccine safety will pay for itself many times over by obviating the potential costs of medical care for the lifetime of the millions of additional neurologically injured children.
- Currently, vaccines produced without the use of Thimerosal are causing lower incidences of children's neurodevelopmental disorders.
- Parents, who have clinical documentation which proves that their children were intoxicated by Thimerosal from vaccines, are participating in this INC negotiation as NGO representatives.
- The United Methodist Church has taken a position on this matter (see the following pages for the text of the resolution) because it views this as a moral issue—not a technical or a legal one.

We offer this information as allies in the effort to safeguard global immunization programs and improve vaccine manufacturing. We support every effort to make safe vaccines, those without added mercury, equally available to all persons around the globe.

We also applaud the work of the INC in its pursuit to protect the environment and human health from the insidious harm caused by mercury, in all its forms.

These two purposes are not antagonists but allies. By winning one, we further the other. We have come to a point in history and scientific knowledge, where the presence of any added mercury compound in any vaccine or other drug, can no longer be tolerated, not for the most vulnerable among us, nor for the least among us, nor for any among us.

We urge you to assist us in making safe mercury-free vaccines available to all persons around the world.

Respectfully submitted,



The Rev. Lisa K. Sykes, President,
CoMeD, Inc., The Coalition for
Mercury-free Drugs



Harriett Jane Olson, Deputy General Secretary of
the Women's Division of the General Board of
Global Ministries of the United Methodist Church

A Global Resolution of the United Methodist Church:

3206. Protecting Children from Mercury-Containing Drugs

Theological Foundation: Mark 10:13-16 says, “People were bringing little children to him in order that he might touch them; and the disciples spoke sternly to them. But when Jesus saw this, he was indignant and said to them, ‘Let the little children come to me; do not stop them; for it is to such as these that the kingdom of God belongs. Truly I tell you, whoever does not receive the kingdom of God as a little child will never enter it.’ And he took them up in his arms, laid his hands on them, and blessed them.”

Policy Base: The United Methodist Social Principles, ¶ 162J (“Alcohol and Other Drugs”), ¶ 162T (“Right to Health Care”)

WHEREAS, as demonstrated in the Social Principles, The United Methodist Church affirms¹:

“... wise policies relating to the availability of potentially beneficial or potentially damaging prescription and over-the-counter drugs; we urge that complete information about their use and misuse be readily available to both doctor and patient”; and

WHEREAS, Thimerosal (synonyms include: Thiomerol, Merthiolate, Thimerasol) is a severely toxic, antiquated, organic mercury compound² (approximately 50 percent mercury by weight) that has been added to some vaccines and pharmaceutical products since the 1930s³; and

WHEREAS, numerous peer-reviewed scientific/medical studies published over many decades, at least since the 1930s, have recommended removing or restricting the use of Thimerosal in medicinal products and have demonstrated its significant toxicity⁴; and

WHEREAS, the Food and Drug Administration (FDA) recommended, in 1982, that Thimerosal be banned from topical over-the-counter products, and the American Academy of Pediatrics (AAP) and United States Public Health Service called for its removal from all vaccines in July of 1999, as did the Institute of Medicine of the United States National Academy of Sciences in 2001⁵; and

WHEREAS, Thimerosal (mercury) still remains in some vaccines (including childhood vaccines and the flu shot) and many other pharmaceutical products in the US, and the mercury content of vaccines manufactured for use in developing nations has not been reduced,⁶ and in both cases, remains well in excess of Federal Safety Guidelines; and

WHEREAS, the Environmental Protection Agency of the State of California officially declared that Thimerosal is a developmental toxin, meaning that it can cause birth defects, low birth weight, biological dysfunctions, or psychological or behavior deficits that become manifest as the child grows, and that maternal exposure during pregnancy can disrupt the development or even cause the death of the fetus⁷ (The State of California has banned administration of Thimerosal-containing vaccines to children and pregnant women⁸); and

WHEREAS, the public is given limited opportunity of informed consent in regard to these known risks of mercury exposure incurred through mandated injections and from many other pharmaceutical products, both prescription and over-the-counter, including topical antiseptic solutions and antiseptic ointments for treating cuts, nasal sprays, eye solutions, vaginal spermicides, diaper rash treatments, and perhaps most importantly, as a preservative in vaccines and other injectable biological products, including immune globulin preparations; and

WHEREAS, while vaccines are promoted for the prevention of diseases, it is also important to guard against any unintentional harm through their administration. It is a violation of human life to inject poison into any being, especially a pregnant woman or a newborn baby; and

WHEREAS, there are some presently marketed vaccines and pharmaceutical products that use safe, effective, and economical methods to eliminate the need for Thimerosal (mercury) preservatives, thereby increasing the safety of vaccines⁹;

Therefore, be it resolved, that The United Methodist Church support all efforts to protect the public, especially children, from mercury-containing drugs by calling on the World Health Organization, international and national health officials/agencies, including the US Secretary of Health and Human Services, the US Food and Drug Administration and the US Centers for Disease Control and Prevention to:

- immediately prioritize mercury-free stocks of vaccines and other pharmaceutical products for pregnant women, newborn infants and children;
- provide “the opportunity of informed consent” and promote product education to individuals about mercury exposure through their pharmaceutical products or vaccines, detailing the known risks of toxicity and Federal Safety Guidelines for exposure to mercury; and
- ban the presence of any mercury compound in pharmaceutical products or vaccines, prescribed or over-the-counter.

And be it further resolved, that, until mercury is banned from medicine, the medical missions, hospitals, clinics and ministries of The United Methodist Church strongly encourage use of mercury-free vaccines over mercury-containing ones. Acknowledging the difficulties in some contexts, we strongly urge that other organizations who are responsible for immunization efforts to prevent disease such as the Global Alliance for Vaccines and Immunizations, United Nations Children’s Fund (UNICEF), Rotary International, the Bill and Melinda Gates Foundation, as well as any other organization from which vaccines are purchased, join The United Methodist Church in the educating the public about and advocating for mercury-free drugs and vaccines.

1. The Book of Discipline of The United Methodist Church, 2004 , ¶ 162J, p. 108.
2. Pfab R, Muckter H, Roider G, Zilker T. Clinical course of severe poisoning with thiomersal. *J Toxicol Clin Toxicol.* 1996;34(4):453-60. Axton JH. Six cases of poisoning after a parenteral organic mercurial compound (Merthiolate). *Postgrad Med J.* 1972 Jul;48(561):417-21. Mercury poisoning in child treated with aqueous merthiolate. *Md State Med J.* 1983 Jul;32(7):523. Fagan DG, Pritchard JS, Clarkson TW, Greenwood MR. Organ mercury levels in infants with omphaloceles treated with organic mercurial antiseptic. *Arch Dis Child.* 1977 Dec;52(12):962-4. Rohyans J, Walson PD, Wood GA, MacDonald WA. Mercury toxicity following merthiolate ear irrigations. *J Pediatr.* 1984 Feb;104(2):311-3. Nascimento LO, Lorenzi Filho G, Rocha Ados S. Lethal mercury poisoning due to ingestion of merthiolate. *Rev Hosp Clin Fac Med Sao Paulo.* 1990 Sep-Oct;45(5):216-8. James SJ, Slikker W 3rd, Melnyk S, New E, Pogribna M, Jernigan S. Thimerosal neurotoxicity is associated with glutathione depletion: protection with glutathione precursors. *Neurotoxicology.* 2005 Jan;26(1):1-8. Hornig M, Chian D, Lipkin WI. Neurotoxic effects of postnatal thimerosal are mouse strain dependent. *Mol Psychiatry.* 2004 Sep;9(9):833-45. Ohno H, Doi R, Kashima Y, Murae S, Kizaki T, Hitomi Y, Nakano N, Harada M. Wide use of merthiolate may cause mercury poisoning in Mexico. *Bull Environ Contam Toxicol* 2004;73:777-80.
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4. Ellis FA. The sensitizing factor in merthiolate. *J Allergy* 1947;18:212-13. Ellis published in 1947, “. . . it may be dangerous to inject a serum containing merthiolate into a patient sensitive to merthiolate.” Nelson EA, Gottshall RY. Enhanced toxicity for mice of pertussis vaccines when preserved with Merthiolate. *Appl Microbiol.* 1967 May;15(3):590-3. Nelson and Gottshall published in 1967, “Pertussis vaccines preserved with 0.01% Merthiolate are more toxic for mice than unpreserved vaccines prepared from the same parent concentrate and containing the same number of organisms . . . An increase in mortality was observed when Merthiolate was injected separately, before or after an unpreserved suspension of pertussis vaccine.” Fagan DG, Pritchard JS, Clarkson TW, Greenwood MR. Organ mercury levels in infants with omphaloceles treated with organic mercurial antiseptic. *Arch Dis Child.* 1977 Dec;52(12):962-4. Fagan et al. published in 1977, “Organic mercurial antiseptics should be heavily restricted or withdrawn from hospital use, as the fact that mercury readily penetrates intact membranes and is highly toxic seems to have been forgotten. Equally effective and far less toxic broad-spectrum antifungal and antibacterial...antiseptics are currently available.” Heyworth MF, Truelove SC. Problems associated with the use of merthiolate as a preservative in anti-lymphocytic globulin. *Toxicology.* 1979 Mar-Apr;12(3):325-33. Heyworth and Truelove published in 1979, “For many years, merthiolate has been known to have anti-microbial activity. When it was first introduced as an anti-microbial preservative, little information about the fundamental biological effects of organic mercury compounds was available. We would like to suggest that merthiolate should now be regarded as an inappropriate preservative for anti-lymphocytic globulin preparations and other materials which are intended for administration to human subjects.” Forstrom L, Hannuksela M, Kousa M, Lehmuskallio E. Merthiolate hypersensitivity and vaccination. *Contact Dermatitis.* 1980 Jun;6(4):241-5. Forstrom et al. published in 1980, “. . . reactions can be expected in such a high percentage of merthiolate-sensitive persons that merthiolate in vaccines should be replaced by another antibacterial agent.” Kravchenko AT, Dzagurov SG, Chervonskaia GP. Evaluation of the toxic action of prophylactic and therapeutic preparations on cell cultures. III. The detection of toxic properties in medical biological preparations by the degree of cell damage in the L132 continuous cell line. *Zh Mikrobiol Epidemiol Immunobiol.* 1983 Mar;(3):87-92. Kravchenko et al. published in 1983, “Thus thimerosal, commonly used as preservative, has been found not only to render its primary toxic effect, but also capable of changing the properties of cells. This fact suggests that the use of thimerosal for the preservation of medical biological preparations, especially those intended for children, is inadmissible.” Cox NH, Forsyth A. Thiomersal allergy and vaccination reactions. *Contact Dermatitis.* 1988 Apr;18(4):229-33. Cox and Forsyth published in 1988, “However, individual cases of severe reactions to thiomersal demonstrate a need for vaccines with an alternative preservative.” Seal D, Ficker L, Wright P, Andrews V. The case against thiomersal. *Lancet.* 1991 Aug 3;338(8762):315-6. Seal et al. published in 1991, “Thimerosal is a weak antibacterial agent that is rapidly broken down to products, including ethylmercury residues, which are neurotoxic. Its role as a preservative in vaccines has been questioned, and the pharmaceutical industry itself considers its use as historical.” Van’t Veen AJ. Vaccines without thiomersal: why so necessary, why so long coming. *Drugs.* 2001;61(5):565-72. Van’t Veen published in 2001, “The very low thiomersal concentrations in pharmacological and biological products are relatively non-toxic, but probably not in utero and during the first 6 months of life. The developing brain of the fetus is most susceptible to thiomersal and, therefore, women of childbearing age, in particular, should not receive thiomersal-containing products.” Schumm WR, Reppert EJ, Jurich AP, Bollman SR, Webb FJ, Castelo CS, Stever JC, Sanders D, Bonjour GN, Crow JR, Fink CJ, Lash JF, Brown BF, Hall CA, Owens BL, Krehbiel M, Deng LY, Kaufman M. Self-reported changes in subjective health and anthrax vaccination as reported by over 900 Persian Gulf War era veterans. *Psychol Rep.* 2002 Apr;90(2):639-53. Schumm et al. published in 2002, “We also recommend that safer alternatives to thimerosal (a mercury sodium salt, 50% mercury) be used to preserve all vaccines.”
5. Subcommittee on Human Rights and Wellness, Government Reform Committee. *Mercury in Medicine Report.* Washington, DC: Congressional Record, May 21, 2003:E1011-30.
6. http://www.rollingstone.com/politics/story/7395411/deadly_immunity/ “Even more alarming, the government continues to ship vaccines preserved with thimerosal to developing countries—some of which are now experiencing a sudden explosion in autism rates.”
7. California Environmental Protection Agency – Office of Environmental Health Hazard Assessment. Response to the petition of Bayer Corporation for clarification of the Proposition 65 listing of “Mercury and Mercury Compounds” as chemicals known to cause reproductive toxicity. February 2004.
8. California Legislation – Bill AB2943. CHAPTER 837. An act to add Article 9 (commencing with Section 124172) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, relating to vaccinations. Approved by Governor September 28, 2004. Filed with Secretary of State September 28, 2004. This bill, with certain exemptions, would prohibit, on and after July 1, 2006, a person who is knowingly pregnant or who is under 3 years of age from being vaccinated with a mercury-containing vaccine or injected with a mercury-containing product that contains more than a specified amount of mercury. The bill would require notice to be given to the Legislature and interested parties regarding any exemptions and requests for exemptions.
9. www.fda.gov/CBER/vaccine/thimerosal.htm “While the use of mercury-containing preservatives has declined in recent years with the development of new products formulated with alternative or no preservatives, thimerosal has been used in some immune globulin preparations, anti-venins, skin test antigens, and ophthalmic and nasal products, in addition to certain vaccines.”

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See Social Principles, ¶ 162C and V.