Resolution 1A

Protecting Humanity from Mercury-containing Drugs

2012 The U.S. Health Freedom Congress
Schaumburg, IL, June 14, 2012
Submitted by CoMeD

Whereas, Thimerosal (synonyms include: Thiomersal, Merthiolate, Timerasol) is a severely toxic organic mercury compound[1] (approximately 49.6 percent mercury by weight) that has been added to some vaccines and other pharmaceutical products since the 1930s[2]; and

Whereas, numerous peer-reviewed scientific/medical studies published over many decades, since the 1930s, have recommended stopping or restricting the use of Thimerosal in medicinal products and have demonstrated its significant toxicity[3]; and

Whereas, the Food and Drug Administration (FDA) recommended, in 1982, that Thimerosal be banned from topical over-the-counter antiseptic and contraceptive 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 2001[4]; and

Whereas, Thimerosal (mercury) still remains in some vaccines (including certain vaccines and the inactivated-influenza vaccine) and many other pharmaceutical products in the US, and the mercury content of several types of vaccines manufactured for use in developing nations has not been reduced[5], 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[6] that Thimerosal is a developmental toxin, meaning that it can cause birth defects, low birth weight, biological dysfunctions, and/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 fetus (The State of California has banned administration of Thimerosal-preserved vaccines to young children and pregnant women[7]); 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

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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 vaccines and other drugs[8]; and

Whereas, two standards of drug safety: one of predominately mercury-free stocks, especially of vaccines, for the developed 'Western' countries, and another of predominately mercury-containing stocks, especially of vaccines, for the developing nations, disclose the injustice that characterizes this most iatrogenic of toxic exposures,

Therefore, be it resolved, that members of the 2012 Health Freedom Congress 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 and the Intergovernmental Negotiating Committee of the United Nations Environment Programme which is seeking to create a global legally binding instrument on mercury 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 addition of any mercury compound to the formulation of any and all human pharmaceutical drug products, including vaccines.

And be it further resolved, that, until the use of all forms of mercury (elemental, inorganic and organic) are banned from medicine, the medical missions, hospitals, clinics, pharmacies and other facilities are strongly encouraged to stock and dispense only those vaccines and other drugs that contain no added mercury. Acknowledging the difficulties in some contexts, we strongly urge that organizations (e.g., the Global Alliance for Vaccines and Immunizations, United Nations Children's Fund (UNICEF), Rotary International, the Bill and Melinda Gates Foundation, who are responsible for any phase of any human vaccination program effort to prevent disease, join with 2012 Health Freedom Congress in the educating the public about, and advocating for, mercury-free human pharmaceuticals.

1. Pfab R, Muckter H, Roider G, Zilker T. Clinical course of severe poisoning with thiomersal. ***J Toxicol Clin Toxicol.***; **34**(4):453-460. Axton JH. Six cases of poisoning after a parenteral organic mercurial compound (Merthiolate). ***Postgrad Med J.*** 1972 Jul; **48**(561): 417-421. Mercury poisoning in child treated with aqueous merthiolate. ***Md State Med J***. 1983 Jul; 32. 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): 962-964. Rohyans J, Walson PD, Wood GA, MacDonald WA. Mercury toxicity following merthiolate ear irrigations. ***J Pediatr.*** 1984 Feb; **104**(2): 311-313. 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):216-218. James SJ, Slikker W 3rd, Melnyk S, New E, Pohribna M, Jernigan S. Thimerosal neurotoxicity is associated with glutathione depletion: protection with glutathione precursors. ***Neurotoxicol***. 2005 Jan; **26**(1): 1-8. Hornig M, Chian D, WI. Neurotoxic effects of postnatal thimerosal are mouse strain dependent. ***Mol Psychiatry***. 2004 Sep; **9**(9): 33-45. 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**: 777-780.

2. Ball LK, Ball R, Pratt RD. An assessment of thimerosal use in childhood vaccines. ***Pediatrics***. 2001 May; **107**(5): 1147-1154.

3. Ellis FA. The sensitizing factor in merthiolate. ***J Allergy*** 1947; **18**: 212-213. 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): 590-593. 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):962-964. 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. ***Toxicol***. 1979 Mar-Apr; **12**(3): 325-333. 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 indented 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*** 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): 229-233. 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

   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 thimerosal: why so necessary, why so long coming ***Drugs***. 2001; **61**(5): 565-572. 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."

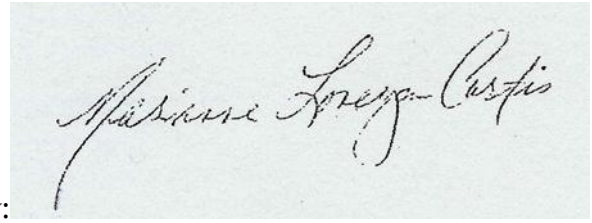
   Schumm WR, Reppert EJ, Jurich AP, Bollman SR, Webb FJ, Castelo CS, Steve JC, Sanders D, Bonjour GN, Crow JR, Fink CJ, Lash JF, Brown BF, Hall CA, Owens BL, Krehbiel M, Deng LY, Kaufman M. Self-reported changes in subjective health and anthrax vaccination as reported by over 900 Persian Gulf War era veterans. ***Psychol Rep***. 2002 Apr; **90**(2): 639-653. 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."

   Yeter D, Deth R. ITPKC susceptibility in Kawasaki syndrome as a sensitizing factor for autoimmunity and coronary arterial wall relaxation induced by thimerosal's effects on calcium signaling via IP3. ***Autoimmunity Rev***. 2012; doi: 10.1016/j.autrev.2012.03.006 Accepted 22 march 2012. In 2012, Yeter and Deth stated: "The entirely unnecessary, ongoing iatrogenic use of mercurials in medicine should be completely abandoned, particularly the continued use of thimerosal in medical biologicals including immunizations such as the flu vaccine and others which are still administered to both children and pregnant women."

4. Subcommittee on Human Rights and Wellness, Government Reform Committee. "Mercury in Medicine – Taking Unnecessary Risks" Report. Washington, DC: Congressional Record, May 21, 2003: E1011-E10130.

5. 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."
6. 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.
7. 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, given to the Legislature and interested parties regarding any exemptions and requests for exemptions.
8. 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."

Support Adoption Date: June 14, _____2012

Signature By: 

Marianne Lonergan Curtis
President of the Board
National Health Freedom Coalition (NHFC)
Host of 2012 US Health Freedom Congress

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Resolution 1A: Protecting Humanity from Mercury-containing Drugs

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