

ANONYMOUS

Witness Name:

GRO-B

Statement No.

WITN3733022

Exhibits: WITN3733023 - WITN3733025

Dated :

4 September 2023

### INFECTED BLOOD INQUIRY

---

### THIRD WRITTEN STATEMENT OF

GRO-B

---

I provide this third supplemental witness statement in addition to my previous statements.

1. This statement centres primarily around a 2003 document I found entitled '*Mercury In Medicine – Taking Unnecessary Risks*'. The description on the cover page states that this is '*A Report Prepared by the Staff of the Subcommittee on Human Rights and Wellness Committee on Government Reform United States House of Representatives – (This Report Is the Result of a Three Year Investigation Initiated in the Committee on Government Reform)*'. This is an American document, but it has international implications. In order to assist the Inquiry further, I present this evidence as **Exhibit WITN3733023**.

## ANONYMOUS

2. This document describes in detail how the American health regulatory agencies were aware of the dangers of mercury in medicines, but were slow to take action to protect the public. Congress were sufficiently concerned about the health risks posed by mercury in medicines and in 1997 instructed the FDA to 'evaluate the human exposure to mercury through food and drugs'. Following up on this instruction, the FDA discovered that babies and children were being exposed to levels of ethyl mercury in Thimerosal (a preservative in vaccines) which exceeded the Environmental Protection Agency's (EPA) limit for another form of mercury, methyl mercury, the type of mercury which is usually found in fish.
3. On page 9, item 17 of this report it states *'To date, studies conducted or funded by the CDC that purportedly dispute any correlation between autism and vaccine injury have been of poor design, under-powered and fatally flawed. The CDC's rush to support and promote such research is reflective of a philosophical conflict in looking fairly at emerging theories and clinical data related to adverse reactions from vaccinations.'*
4. I have mentioned this because the UK's Joint Committee Vaccination and Immunisation (JCVI) referred to information from the USA in their minutes, namely minutes dated 21<sup>st</sup> January 2000, *'Thiomersal in Vaccines – A Joint Statement of the American Academy of Pediatrics and the Public Health Service MMWR Vol. 48 No. 26'* (JCVI(00)18); minutes dated 19<sup>th</sup> October 2000, *'Assessment of neurologic and renal impairment associated with Thiomersal-containing vaccines – Report by CDC'* (JCVI(00)51) and *'Joint Statement of the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AA), The Advisory Committee on Immunization Practices (ACIP) and the United States Public Health Services'* (JCVI(00)52). These documents have clearly played a part in influencing the recommendations made by the UK's JCVI at that time. All JCVI minutes can be found on the National Archives website.

## ANONYMOUS

5. This report also makes several references to Dr Thomas Verstraeten's 1999 study which showed a statistically significant connection between Thimerosal in vaccines and neurological injury in infants and toddlers. The drug companies who produce hepatitis B vaccines then moved swiftly to remove Thimerosal from these products. Merck, who produces 'Recombivax' were first to do this in 1999 followed in May 2000 by SmithKlineBeecham (now GlaxoSmithKline) who produces 'Engerix B'.
6. The findings of Dr Verstraeten's study were so significant that a meeting of 51 paediatricians, doctors, vaccine developers, health regulatory and pharmaceutical company representatives was held on 7<sup>th</sup> and 8<sup>th</sup> June 2000 for discussion. The meeting was held at the Simpsonwood Retreat near Atlanta, Georgia. On day one, the findings of the study were discussed. On day two it was decided that the data needed to be 'handled' so that it did not fall out of the control of their group. On page 191 of the transcript, one doctor commented "...This will be a resource to our very busy plaintiff attorneys in this country when this information becomes available". Another doctor said that he did not want his new born grandson to get a Thimerosal-containing vaccine until they knew what was going on.
7. I have read the entire transcript of this meeting and viewed the supplemental copy of Phase I of Dr Verstraeten's study. There are several shocking revelations within these documents. I could hardly believe what I was reading. A clear signal for neurodevelopmental issues such as speech and language delay and ADHD was seen in children who had been exposed to Thimerosal, particularly in those who had a cumulative exposure. A signal for autism was also discovered, but was largely ignored because the sample size of children diagnosed with autism was too small, largely due to the fact that many of the children were too young to be diagnosed at the time. Dr Verstraeten eventually went to work for a drug company. His study was eventually published in 2003 after the data had been 'reanalysed' several times to obscure the original findings. The original study was never published, but a copy of it and the Simpsonwood transcript has been obtained via FOIA request by a group called SafeMinds and published as a matter of public interest on their website, safeminds.org, which is where I found these documents.

## ANONYMOUS

8. My son was not born with any neurodevelopmental problems at all. He was vaccinated against hepatitis B when he was 2 years old. By the time he was 4 years old I was told that he needed to have regular speech therapy due to speech and language delay. He had a poor sleep pattern and the headmaster at his nursery/infant school asked me if my son was autistic. I had no idea what he meant at the time and he explained it to me. When I asked about this in outpatient clinic I was told that it [autism] was "just another label" and I shouldn't worry about it.
9. My son also became hyperactive. He has severe haemophilia so this was a huge problem. We were in A&E almost every week. He had a crash helmet made to protect his head because he appeared to have no sense of danger.
10. The doctors at the QMC hospital appeared dismissive of my concerns about my son's development. He was eventually referred to the Child Development Centre at Nottingham City Hospital for assessment, but only after I had repeatedly told the doctors at QMC that something was wrong and now his school teachers and headmaster were convinced that he was autistic. The assessment at City Hospital began in January 1992, when my son was aged 5 years.
11. The report produced at the end of this assessment acknowledged his speech and language delay and that he was already having speech therapy. His social and cognitive impairments, repetitive, inconsistent and 'odd' behaviours were also acknowledged, but not one of the specialists who assessed his conditions were willing to diagnose autistic spectrum disorder (ASD). We had to wait another 22 years for the 'official' ASD diagnosis. By then he was 27 years old.
12. I can now see that my son had cumulative exposures to Thimerosal. He, like most other babies his age at that time, had his 3 routine DTP vaccines starting at age 4 months. Each of these would have contained 25 micrograms of Thimerosal at that time. After receiving all of these he would have been injected with a total of 75 micrograms of Thimerosal, but he appeared to be fine – other than being admitted to hospital for a hip bleed at 6 months old and several visits to A&E for cryoprecipitate due to a left ankle bleed that would not settle.

## ANONYMOUS

13. However, unlike all non-haemophiliac children his age at that time, his exposure to Thimerosal did not stop there. He was then given his first course of 3 Engerix B Recombinant Hepatitis B vaccines. Each paediatric dose of Engerix B contained 12.5 micrograms Thimerosal which would have been added to the Thimerosal in his previous DTP vaccines because ethyl mercury leaves the blood, but does not leave the body, making his total exposure **112.5** micrograms before the age of 3. After his third dose of Engerix B he fell asleep for 3 days because he had brain inflammation and had to be admitted to hospital. All the symptoms he had at that time namely somnolence, anorexia, upper respiratory tract illnesses, malaise, nausea/vomiting and fever are all listed as adverse effects in the package insert for this product, but nobody ever mentioned this to me.
14. I did not go into any detail about this in my first statement because although I remember taking my son to hospital for this in 1989, none of the medical staff there appeared to be concerned in any way. I was simply told that he would be admitted purely for observation. Nobody explained anything to me about what was really happening to him, so I simply followed their lead and assumed that there was nothing to be overly concerned about. However, after my recent research, I can now see that there actually was something to be very concerned about.
15. The only reason Engerix B was given to my son at that time was because he is a haemophiliac who may have been at risk of infection via contaminated blood products. Nobody ever told me that attempting to protect my little boy from hepatitis B infection could or would leave him with permanent brain damage. No other child in the UK his age at that time would have received this product unless they also had haemophilia because it had never been on the UK child immunisation schedule.
16. By the time the manufacturer had removed Thimerosal from Engerix B in 2000, my son had already received 8 doses. The damage had been done. Evidence in his medical records suggests that he was also given a 9<sup>h</sup> dose in 2005. At this point he had been on recombinant Factor VIII for 7 years so this last dose should not have been necessary. To my knowledge, recombinant Factor VIII was created to eradicate the risk of blood-borne infections from contaminated blood products.

## ANONYMOUS

17. In Exhibit WITN3733021 accompanying my second statement, Dr Dolan stated in this March 2005 letter *'I also like to remind you that the transfer of all patients with haemophilia A and B to treatment with recombinant products will be complete in April of this year'*. I am not entirely sure, but I am fairly confident that this would have been a similar situation all over the country. If recombinant clotting factor products have been used successfully by haemophilia patients for the last 18 years or so, they would now be at no more risk of becoming infected with hepatitis than the general non-haemophiliac population because their treatment is no longer contaminated with these viruses. Therefore, there is no real need for any recommendation that haemophiliacs should be vaccinated against hepatitis unless they are still using plasma derived products or they are at risk from a previous hepatitis B infection becoming active again.
18. I have mentioned this because the UK's current vaccine schedule, under the heading 'Additional vaccines for individuals with underlying medical conditions' is still recommending that haemophiliacs should be vaccinated against both hepatitis A and hepatitis B. I do not understand this. Where is the current threat of hepatitis B infection to justify this recommendation?
19. My late younger brother had recovered from hepatitis B infection two years before he was vaccinated against it. He then received booster doses. He later developed autoimmune disease. My son was vaccinated against hepatitis B then deliberately challenged with the hepatitis B virus. He developed terrible autoimmune symptoms as a result. My son's lupus anticoagulant test results were negative and I had never been informed that he had any other autoimmune disease, so I thought this was unlikely to be purely genetic. This led me to believe that the virus and /or vaccine have a connection to autoimmunity. My research has confirmed my suspicion because I have found a number of study papers which link the hepatitis B vaccine to autoimmune diseases such as lupus erythematosus and rheumatoid arthritis. It is possible that Dr Dolan was aware of this when he was testing my son for lupus anticoagulant in the early 1990s without informing me. The same test was done on my late brother around the same time.

## ANONYMOUS

20. Even with Thimerosal no longer in Engerix B, the paediatric dose still contains 250 micrograms aluminium hydroxide as an adjuvant. The adult dose contains 500 micrograms. This toxin was added to the formulation for one reason – to cause inflammation sufficient to trigger an immune response. Without it the vaccine would not work at all. It has been deemed a 'one size fits all' solution for the prevention of hepatitis B infection, but some people have ended up in worse circumstances for having taken it. Also, many medical professionals have not been taught to recognise vaccine injury. They have simply been told that it's a good thing, shown how to administer it and financially incentivised to give it to as many patients as possible.
21. In the case of haemophiliacs who could not generate sufficient immune response after receiving the initial 3-dose course, their immunity would have either been non-existent or would have waned more quickly than immunocompetent recipients. As immunity waned, it would have been deemed necessary to give booster shots which may have boosted immunity, but it would also have added more toxic aluminium. Like the ethyl mercury in Thimerosal, aluminium deposits remain in the body. The more doses given, the worse the outcome for the patient. Unless I find documentation showing the benefits of having toxic metals lodged in internal organs, I will continue to believe that these products are detrimental to health.
22. Hepatitis B vaccine was initially targeted at needle-sharing recreational intravenous drug users and individuals who had multiple sexual partners as hepatitis B was considered to be a sexually transmitted disease. When news of the contaminated blood scandal emerged, haemophiliacs were added to this target population. Now that many haemophiliacs have passed away and the remaining patients have been successfully using recombinant clotting factor products for well over a decade, uptake of hepatitis B vaccines among this group will have decreased.

## ANONYMOUS

23. I find it interesting that as of spring 2018 (the same year this inquiry began), vaccination against hepatitis B has suddenly appeared on the UK's routine child immunisation schedule. There is no justification to routinely give this to all babies so it is not given as a single monovalent product. Instead, the drug company has very cleverly added it as a component in a hexavalent product with five other pathogens, aimed at babies 2 to 4 months old who do not need it unless they were born to a HBsAg positive mother. This product, Infanrix Hexa, is produced by the same drug company who produces Engerix B - GlaxoSmithKline. I suppose they needed a new target market for their hepatitis B pathogen now that the 'haemophilia market' is no longer viable.

24. Hepatitis B is not listed as a disease covered by the VDPS, possibly because of the original reason for creating this vaccine. I assume it would have been considered a 'lifestyle choice' to put one's self at risk by injecting recreational drugs or sleeping around. I have found no route of redress for those who have been damaged by hepatitis B vaccination through no fault of their own, such as patients who have been given this product as protection from the risk of infection through contaminated blood products. My son was never infected. Therefore he is not eligible for assistance from any of the schemes which had been set up for infected patients. I had to leave my job to take care of him full time, even while he was at school I had to supervise him. We just had to get on with life as best we could until I was no longer able to cope and he had to go into a care home when he was 18 years old. It was totally heartbreaking to let him go, but I felt that I had no other option.



## ANONYMOUS

25. Now that haemophilia patients are using recombinant clotting factor, I can see no reason for the JCVI's current recommendations for haemophiliacs. However, if there is some continuing increased risk of infection that I am not aware of, then I would strongly suggest that the JCVI needs to review its current reason for continuing to recommend vaccination against blood-borne viruses for all haemophiliacs and whilst doing so, they would need to make sure that they have an understanding of the immunological problems they may have, the risk of vaccine failure, early waning immunity and the risk of developing autoimmune disease among this group of patients. Also, they would need to gather as much information as possible about immune system functioning in haemophiliacs in order to accurately assess the risk of neurological damage due to vaccination in haemophiliac children under the age of 3 years, especially if any of these children have already suffered with aseptic meningitis, encephalitis or any encephalopathy within 3 weeks of any previous vaccinations because their blood-brain barrier will already have been breached and far more susceptible to further damage. Unfortunately, I had to discover all this the hard way.

26. In addition to the Mercury In Medicine report, I present as evidence **Exhibit WITN3733024** – a copy of a document titled 'Summary Basis for Approval' for Engerix B. On page 2 of this document I have highlighted the aluminium and Thimerosal content at the time of application for approval. On the last page it would have been interesting to also see the efficacy results of the only clinical study with haemophiliacs for this product, but the results have not been recorded in this document. Perhaps the study had not been completed by the time this document was submitted to the FDA. It does not have a date of submission, but I am assuming that it was submitted some time after 28<sup>th</sup> July 1988 because on page 7 it states that manufacture, safety and efficacy were discussed on that date at the Vaccines and Related Biological Products Advisory Committee meeting.

ANONYMOUS

27. I also present as evidence **Exhibit WITN3733025** – a copy of the current Selective immunisation programmes and Additional vaccines for individuals with underlying medical conditions. Immediately under the first heading is the option for new mothers who are HBsAg positive to vaccinate their newborn baby with either Engerix B or HBvaxPRO. Towards the bottom of the page is the recommendation for haemophiliacs to receive hepatitis A and hepatitis B vaccines.

**Statement of Truth**

I believe that the facts stated in this witness statement are true.

Signed :

GRO-B

Dated :

4 September 2023