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Weldon Calls IOM Conclusions Premature and Hastily Drawn

Rep. Dave Weldon, M.D. (FL) Issued The Following Statement

Today's report is premature, perhaps perilously reliant on epidemiology, based on preliminary incomplete information, and may ultimately be repudiated. This report will not deter me from my commitment to seeing that this is fully investigated, nor will it put to rest the concerns of parents who believe their children were harmed by mercury-containing vaccines or the MMR vaccine.

Unfortunately, this report will lead many clinicians to believe that thimerosal is safe and there is no problem with the MMR; however, it will do nothing to allay the concerns of thousands of parents of autistic children. It will only drag the IOM under the cloud of controversy that has currently engulfed CDC. This concern is what lead me earlier this year to request that Dr. Julie Gerberding delay this meeting and report.

In 2001 the IOM stated that it is "unclear whether ethylmercury [from vaccines] passes readily through the blood-brain barrier…" The IOM recommended several biological and clinical studies to answer this question and whether this mercury could cause developmental problems. These studies were in large part never done. Yet IOM chose to ignore the need for this research and instead has focused its analysis on the data available today, most of which is statistical, but there is much more research that needs to be done before it can definitively be said that thimerosal does not contribute to NDDs. Even today, the IOM cannot tell you with any degree of certainty what happens to ethylmercury once injected into an infant. Does it go to the brain? Does is cause developmental problems?

The IOM's scope of investigation was severely narrowed for this review. In 2001 the IOM considered thimerosal's relationship with nuerodevelopmental disorders as a whole, but here they only consider Autism. This raises suspicions that this IOM exercise might be more about drawing pre-designed conclusions aimed at restoring public confidence in vaccines rather than conducting a complete and thorough inquiry into whether or not thimerosal might cause neurodevelopmental disorders. Dr. Thomas Verstraeten, the author of one of the studies upon which the IOM relies, recently stated in an April 2004 letter to *Pediatrics*: "The bottom line is and has always been the same: an association between thimerosal and neurological outcomes could neither be confirmed nor refuted, and therefore, more study is required." It was after this study was published that the IOM scope was narrowed.

Unfortunately, the epidemiology studies that the IOM bases its findings on are not immune from conflicts or controversy. Many of the authors have conflicts of interest including funding from vaccine manufactures, employment by manufacturers, or conflicts in that they implemented vaccine policies that are now being investigated. Furthermore, the studies were designed to examine entire populations and would miss subgroups of genetically susceptible populations. Much like the infamous 1989 study by The National Institute of Child and Human Development (NICHD) which missed the link between folic acid deficiencies and neural tube defects, the epidemiology studies reviewed by the IOM in drawing today's findings, could easily have missed a link between thimerosal and NDDs. The IOM report is based on studies examining populations in the United Kingdom, Denmark, Sweden and the United States – all of whom have different vaccines, vaccine policies, and mercury exposures. Study results are only as reliable as the design of such studies. Relying on these studies to draw conclusions is shaky ground.

The IOM is not immune to error and has been forced to reverse itself before, most recently reversing a long-standing finding that chronic lymphocytic leukemia (CLL) was not due to Agent Orange exposures. A similar reversal is a very real possibility here.

With regard to the MMR vaccine, the IOM review of this matter is totally premature; the NIH is only now attempting to duplicate the work of Dr. Andrew Wakefield. Half of Dr. Wakefield's work has been demonstrated to be correct. Attempting to draw "conclusions" at this time is counterproductive. Statistical studies of this matter are of little benefit, only a clinical pathological study will lay this issue to rest.

Lastly, I am also troubled by the lack of liability or accountability by these decision-makers should they be proved wrong. I want more than just a "sorry" from them should their conclusions be found erroneous a few years down the road. Too many lives are at stake.

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