

Case Study in the Public Health Menace of Tuberculosis (TB) Testing

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Abstract

The Tuberculosis Control Program (TCP) in Hawaii illustrates medical malfeasance and gross negligence of laws governing public health practices enacted to protect persons, civil liberties, and religious freedoms. This case illuminates the commonly accepted, albeit contraindicated, practice of testing low-to-no-risk persons for tuberculosis (TB) using invasive methods. Intelligence and evidence strongly condemns this medical malpractice since TB testing generates large percentages of false positives among victims commonly persuaded to further intoxicate themselves “prophylactically” with dangerous chemotherapeutics. Due to the absence of risk-to-benefit studies, lacking scientific support for TB testing of persons known to be at low-to-no-risk, the use of fraudulent persuasion tactics, neglect of medical contraindications for TB skin testing (TST) and long term use of chemotoxic drugs rifampin and isoniazid, this case documents institutionalized fraud coupled with gross criminal negligence as prime correlates and antecedents of the profitable contrivance of TB testing, politically masquerading as legitimate public health practice.

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1. Introduction

The Constant Gardner is a fictional feature film that details a lethal fraud ongoing in Africa under the guise of TB control [1]. Drug industrialists here, allied with British government officials, control Black populations using costly and risky “prophylactic” drugs, isoniazid and rifampin [2-4]. These are prescribed for ill-informed persons, mostly children. Masses of people, naturally and immunologically competent to resist TB infection inexpensively, are fraudulently induced to comply with an institutionalized “standard of care,” thus placed at risk only profiting pharmaceutical industrialists and political prostitutes.

Evolving from fiction to fact, in the United States, the Centers for Disease Control and Prevention (CDC) answers to the Central Intelligence Agency (CIA) overseeing all major anti-TB/AIDS-related programs allegedly in the interest of National Security [5]. In 1998, links between the CIA and leading drug companies were revealed. Evidence showed the CIA’s biological weapons testing programs often employed the world’s leading drug makers.(6) Peer reviewed science exposed this likeliest source of initial HIV infections (and AIDS’s origin) in Black Africans and Gay Americans [7]. The earliest hepatitis B vaccines, and lymphotropic retroviruses and vaccines, were all developed under U.S. military contracts using African chimpanzees supplied by the leading biological weapons and cancer industry virus supplier, Litton Bionetics. Bionetics’s links to the CIA, the cancer industry, and the Merck pharmaceutical company’s vaccine division, were meticulously investigated and documented [6,7].

The Constant Gardner’s plot, therefore, that white-collar criminals in powerful positions politically/institutionally sanction genocide using injectable agents, including poisons, to sicken and pharmaceutically-enslave people may best explain local matters of TB control [8].

In Hawaii, facts about the TCP’s policies and procedures are stranger than fiction.(8) Many public service providers and

every school child, food handler, emergency responder, and healthcare worker is compelled here, by health officers, to submit to the tuberculosis skin test (TST) without proper informed consent, little-to-no risk communication, no injury data collection, no quantifiable scientific assessment proving this practice’s net worth or detriment, and no provision of abundant alternatives to the century-old practice of “TB tine-testing.” [8,9]

Moreover, in Hawaii and elsewhere in the United States of America, religious objectors are chastised and marginalized for (allegedly) risking the public’s health. U.S. constitutionally guaranteed freedoms of religious expression in rebuking blood intoxications are denied. All of this is bureaucratically administered and defended using arbitrary and capricious reasoning and officials’ circuitous buck-passing between health directors and their attorneys general. Ultimately, these attorneys defend this organized crime without performing an “inquiry reasonable” into the merits of religious objections, state laws, and the tragic sham of this genocidal manipulation of the population [8,9].

In essence, Hawaii is a model for other states. Its TB testing program is a most successful fraud. Health officials, acting as seasoned institutionally-sanctioned bioterrorists, convince hundreds of thousands of frightened victims annually to suffer collateral damage from the deployment of an anti-TB arsenal of chemotoxic drugs—isoniazid and rifampin [2-4].

2. Case Study

On September 1, 2006, this author’s daughter was expelled from High School in Hawaii, and effectively quarantined at home, by order of State health officials for failing to receive a TB skin test. This action violated state and federal laws pertaining to the family’s legal filing of religious exemption paperwork [9]. Despite this filing, and two medical physicians’ certifications that this 14-year old varsity athlete was “TB-free,” school and health officials insisted this low-to-no-risk student be TB skin tested with Mantoux Tubersol.(10) No other options

were allowed including chest x-raying, sputum testing, bioenergetic assaying, and blood analysis using the new QuantiFERON®-TB Gold test [9,11].

According to law, this medical malpractice is both a civil tort and criminal injustice. As in most states, Hawaii's Revised Statutes requires the administration of informed consent including the provision of alternatives to recommended treatment [12]. Religious exemptions to TB testing are covered, or obviously implied, in several state statutes.(13-17) For example, §302A-(1154) is titled "Immunizations upon entering school; tuberculosis clearance;" whereafter §302A-(1156) provides religious exemptions for these programs. Likewise, HRS §321-11 [22] provides for religious exemption to medical examinations and immunizations such that "{n}o child shall be subjected to medical examination ... or immunization, whose parent or guardian objects in writing thereto on grounds that the requirements are not in accordance with the religious tenets of an established church of which the parent or guardian is a member or adherent..." [13-17]

It is noteworthy that these actions also violate constitutional freedoms and fundamental rights including the "right to control our destiny, to nurture the integrity of our people and culture and to preserve the quality of life that we desire" according to the Preamble to the Hawaiian constitution and other articles of law violated by this medical malfeasance [13-17].

Contrary to these laws and their written legislative intent, officials argue arbitrarily and capriciously that TB skin testing: a) is not a medical examination (despite this test's primary use in examining the blood for immune response to TB); b) not an "immunization" despite the precise definition of "immunization" as an administrative process is virtually identical to the administrative process of TB skin testing. There is also peer reviewed science proving long term cellular *and* humoral immunity changes result from injection/intoxication with Tubersol.(18); and c) is only required due to extraordinary circumstances, namely, the alleged compelling risk of TB outbreak—an alleged urgency that is said to justify mass testing of low-to-no risk persons.

A review of the scientific literature reveals the existence of an extensive and growing database unequivocally proving that antibodies are produced in response to TB skin testing with Mantoux Tubersol (active ingredient Purified Protein Derivative or PPD). These antibodies circulate systemically, albeit in insufficient quantities to cause a positive test result without cell mediated delayed hypersensitivity. That means circulating antibodies are produced in sufficient quantities by TB skin testing to satisfy the legal definition of "immunization," though not "vaccination." [19]

Ultimately, these and other truths in this case were effectively stone-walled when legal challenges were defeated due to technicalities without hearing the merits of the complaint. Numerous appeals to state and federal attorneys general to conduct reasonable inquiries into the State's laws and their legislative intent were patently rejected. Reasonable consideration of the health risks posed by false positives and prophylactic drug toxicology was arrogantly neglected by the defendants and their taxpayer funded lawyers [8].

3. Discussion

This case demonstrates the exercise of institutionalized fraud, medical malfeasance, and organized crime involving officials and attorneys general representing Hawaii's TCP. Their defenses are irrationally justified and dogmatically enforced. They neglect reasonable inquiries into the merits of objections. They demonstrate arbitrary and capricious disregard of state and federal laws, existing science, consumer protections, civil rights, and constitutionally guaranteed freedoms.

At the heart of this matter lies the health department's exclusive prerogative to deceive the public. They feel justified declaring a non-existent "TB outbreak" a clear and present danger. Allied agencies (e.g., departments of education) simply yield to health officials who rhetorically respond to reasoned analysis evasively through their attorneys. These co-conspirators perpetuate and promote the fraud of TB testing as a remedial strategy for TB control despite this practice's illegitimacy, lacking scientific determination of merit, missing risk assessment data, and contradicting national standards of care.

The American Academy of Pediatrics (AAP) and the CDC have advanced warnings that TB skin testing of low-to-no risk persons is contraindicated [20-22]. Yet this objection is also evaded in Hawaii for the same specious reasons aforementioned.

Under Hawaii law, health officials are required to publicly account for declared quarantines [17]. They must provide compelling data and analysis supporting their curtailing of civil rights, and dishonoring of religious freedoms during a threatened or proclaimed outbreak [17]. Instead, as this case demonstrates, officials neglect: (a) to collect, analyze, and report risk data (including prophylactic drug side effects from rifampin and/or isoniazid); (b) to communicate testing risks to the public including increased toxicity among persons with chemical sensitivities and eczema, (c) related morbidity and mortality among false-positive TB testers; (d) administering proper informed consent including the free-will selection of treatment alternatives; and (e) legally guaranteed civil rights and religious freedoms.

To defend these public health malpractices, like white-collar bioterrorists, officials use fear and the media to spread hysteria and the perception of urgency or immanency of a TB outbreak or epidemic. This alone is said to generally justify their malfeasance [8].

It makes no difference that TB case rates in Hawaii, and elsewhere in the U.S., have been virtually stagnant since the aforementioned statutes were enacted. There is no imminent danger of epidemic, or serious outbreak of TB, that would justify the department's home quarantine of school children throughout Hawaii. There is not now, nor has there ever been, any substantial threat of TB "in excess of normal expectancy." Thus, health officials falsely claim dire circumstances, fraudulently induce the public's risk-taking of TB tests encouraging the toxic consumption of "prophylactic" drugs.

TB rates in Hawaii, as in California, Maryland, Texas and Washington D.C., vary normally between 7 to 15 cases per 100,000 or approximately 0.7 hundredth to 1.5 hundredth of 1% [23]. Contrary to propaganda programs waged heavily in the state as shown in the persuasion graphic in Figure 1, Hawaii is not among the top seven states heralding the most TB cases.

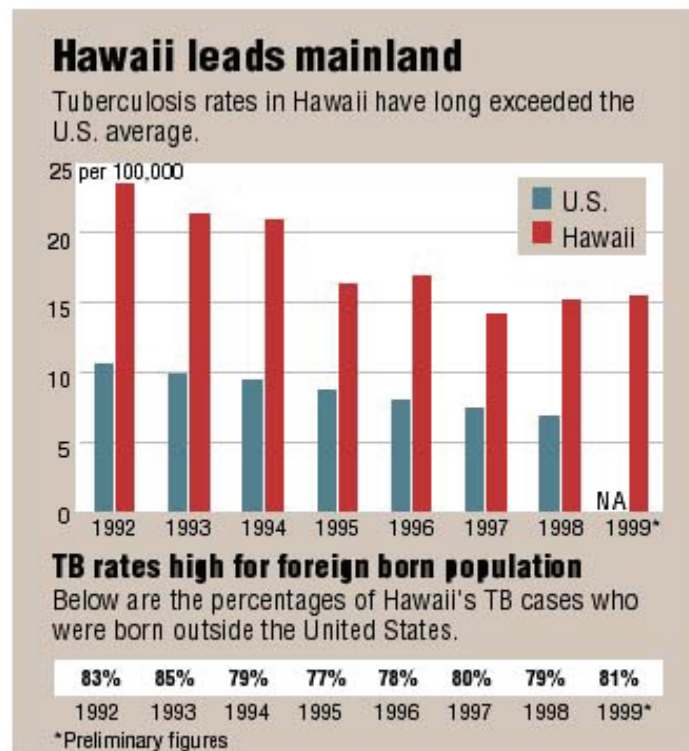
These include California, Florida, Georgia, Illinois, New Jersey, New York, and Texas that reported more than 500 cases each for 2006. Combined, these seven states accounted for 60% (8,259) of all TB cases. Yet, Hawaii's TCP promotes itself as most challenged by a case rate far ahead of the national average. Such promotions are featured in press releases, information sheets, pamphlets, newspapers and Internet proclamations. These are reproduced throughout the State by individual health units, school boards, principals of schools, physicians, and other healthcare providers. This propaganda method induces Hawaiians to believe they suffer extraordinary high TB risks that require skin testing as a remedial action, even though there is no evidence what-so-ever this testing of low-to-no-risk persons serves the public's health.

For obvious reasons, no publicity is given to the rate of persons harmed by the TCP's actions. Health officials denied this author, and others involved in this case's litigation, access to such injury data, including the many children testing falsely positive and sustaining injury from prescribed TB antibiotics and chest X-rays known to be a cancer risk.

Plainly, the HTCP's promotions that this test is "harmless" are fraudulent.(25)

Figure 1. Persuasion graphic showing the manipulation of data to raise public fears that a TB outbreak is threatening.

(Source: Hawaii Star Bulletin, Tues. Jan. 4, 2000; <http://starbulletin.com/2000/01/04/news/story1.html>)



Source: Department of Health

Star-Bulletin

Comparative analysis of national data shows Hawaii's TB rate is lower than other states that routinely honor religious exemption filings, such as the District of Columbia. Even with their annual TB rates approaching 15/100,000, America's capitol follows the AAP and CDC guidelines for TST. Screening

questionnaires are routinely administered in D.C. to identify risk factors for TB. These guidelines discourage "routine TST of children without risk factors for tuberculosis (TB)." [22]

The word "factors" being plural, suggests more than one risk factor is required to compel the individual to undergo testing. Yet, only one risk factor, such as contact with a healthy parent who has traveled overseas, is arbitrarily set by officials to compel compliance.

Local officials claim living in Hawaii alone poses a TB risk given the state's higher than normal influx of immigrants from the Philippines where case rates approach 60/100,000. Given this elevated risk, according to CDC and AAP publications, it would be wise to target this population of immigrants for TB testing at the same time medical examinations are required for immigration. The TCP makes no mention of this option and simply promotes its reliance on its ongoing campaign to test every school child in the state [20].

Based on the dangerous precedent set by Hawaii's health officials, public health directors nationally are increasingly arguing that TST and immunization are sufficiently different as to disregard religious exemption laws such as Hawaii's §302A-1154. Investigators should carefully consider legal wording, as with this law titled "Immunization upon entering school; tuberculosis clearance." Notice the semi-colon (conjunction) implying "immunization" and "tuberculosis clearance" shall be considered a single legal entity. Although officials argue that "immunization" and TST are two distinct medical treatments, both involve similar physical and immunological processes that are abhorrent to religious persons who seek to protect their blood and genetic integrity. More important legally, both are defined in states' administrative rule books as administrative processes, not medical treatments.

Table 1 presents data provided by the TCP from 2005-2006. Using this data, a conservative projection can be easily made predicting the approximate number of school children placed at risk for chronic diseases of the liver, blood, and/or nervous system as a direct result of local health officials' malfeasance. To be conservative, rather than 30-to-50 percent false positives officially acknowledged from testing similar populations of low-to-no-risk children, a mere 10 percent was used in predicting the estimated number of false positives.(20,21) Rather than nearly 25 percent of isoniazid or rifampin consumers subject to long term illnesses following only 3 months of chemotherapy, this analysis simply assumed 15 percent recognizing the unreported/unknown numbers of non-compliers with the TCP's policy that all positive-testers be drugged for a recklessly irresponsible period of 9-months.(2,3)

Table 1. Data from HTCP from 2005-2006

Description	Number
Public school students in Hawaii	179,234
Private school students in Hawaii	30,000
Total (k-12) enrollments	209,000
Est. false positives (conservative 10%)	20,000
Est. Severe side effects cases (conservative 15%)	3,000
Total TB cases (all ages) identified in Hawaii	112
Total TB cases identified in students	6
Risk-to-benefit ratio	3000 to 6

According to the State's statistics, approximately 50,000 students were tested by government agents to identify merely 6 active cases of TB in 2005. Conservatively projecting from these numbers, 3000 children would be expected to test falsely positive and become pharmaceutically injured within 2 months of taking the prescribed chemotoxic drugs [2-4] that TCP officials prescribe for 9 months.

It should be reemphasized that the 6 active TB cases identified were most likely to have undergone medical examinations for respiratory infection(s) in keeping with school admission policies at which time they would have been diagnosed anyway.

4. Conclusions

This case study involves the TCP of Hawaii illustrating medical malfeasance and gross negligence of state and federal laws as well as standards of care enacted to protect the public's health, civil liberties, and religious freedoms. The TCP routinely tests low-to-no-risk persons for TB, generates masses of false positives, each victim encouraged to intoxicate themselves further for nine (9) months with dangerous drugs, isoniazid or rifampin [2-4]. Intelligence and evidence strongly condemns this medical malpractice since 25% of healthy adults taking these drugs for only two months sustain serious injuries generating liver, blood, and/or nervous system pathologies. Due to the absence of risk-to-benefit studies, and lacking scientific support for testing low-to-no-risk persons, this case documents institutionalized fraud as well as gross criminal negligence. (24) Steps should be taken in every state to expose such malfeasance, and assure this profitable contrivance of TST masquerading as legitimate public health practice ceases.

Acknowledgements

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References

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- [7] Horowitz LG. Polio, Hepatitis B and AIDS: An integrative theory on a possible vaccine induced pandemic. *J Med Hypothesis* 2001 May; 56(5): 553–694.
- [8] A series of articles on this subject has been posted at: http://www.drln horowitz.com/news/tuberculosis_articles_list.html
- [9] Legal Memorandum in Support of Complaint Filed Against State of Hawaii's Dept. of Health and Dept. of Education for Torts Arising from the School Dismissal of Alena N. Horowitz for Failing to Take the TB Skin Test Due to Religious Objections. Filed on September 15, 2006 by Attorney Gary C. Zamber on behalf of plaintiffs. Filing available online at http://www.drlnhorowitz.com/news/tuberculosis_articles/memorandum_on_motion.html
- [10] The most commonly used Mantoux skin test is Tubersol[®] manufactured by Aventis Pasteur. The package insert claims that Tubersol is prepared using the Connaught Tuberculin (CT68) cell line and is a cell-free purified protein fraction obtained from a human strain of Mycobacterium tuberculosis grown on a protein-free synthetic medium, and inactivated. Tubersol is a sterile isotonic solution of Tuberculin in phosphate buffered saline containing Tween 80 as a stabilizer, and 0.28 percent phenol added as a preservative. According to Connaught Laboratories, Tubersol "should not be administered to known tuberculin positive reactors because of the severity of reactions (e.g., vesiculation, ulceration, or necrosis) that may occur at the test site in highly sensitive persons; to patients with severe blistering tuberculin reactions in the past; to patients with extensive burns or excema or to persons with documented active TB or documented treatment (active or passive) in the past. . . Strongly positive reactions may result in scarring at the test site. Immediate erythematous or other reactions may occur at the injection site. The reason(s) for these occurrences are presently unknown. There have been rare systemic allergic reactions reported that were manifested by immediate skin rash or generalized rash within 24 hours. Two of the reported cases had concurrent symptoms of upper respiratory stridor. . . . No cause and effect was able to be established with a specific component of skin test. (<http://www.vaccinationnews.com/DailyNews/July2002/TBTest27.htm>)
- [11] Mazurek GH, Jereb J, LoBue P, Iademarco MF, Metchock B, Vernon, A. Guidelines for Using the QuantiFERON[®]-TB Gold Test for Detecting Mycobacterium tuberculosis Infection, United States. *MMWR: Recommendations and Reports*. Dec 16, 2005 / 54(RR15);49–55.
- [12] Hawaii Revised Statute on informed consent is $\text{H}\text{\AA}$ §671-3.
- [13] Article I, Bill of Rights, Section 2, that provides rights of individuals, including liberty interests;
- [14] Article I, Bill of Rights, Section 4 provides for freedom of religion;
- [15] Article I, Bill of Rights, Section 5 provides for due process and equal protection of the laws and states in relevant part that "[n]o person shall be deprived of . . . liberty . . . without due process of law, nor be denied the equal protection of the laws, nor be denied the enjoyment of the person's civil rights or be discriminated against in the exercise thereof because of . . . religion . . . or ancestry;" and
- [16] Article I, Bill of Rights, Section 7, provides "[t]he right of the people to be secure in their persons . . . against unreasonable searches . . . and invasions of privacy . . ." The mandated malpractice of indiscriminately TB testing persons without risk of active TB transmission is akin to conducting invasive medical examinations and bodily invasions without a license and in the process overstep legislative authority to perform aggravated assault with a (potentially) deadly weapon without liability, scientific integrity, and judicial accountability.
- [17] HRS $\text{H}\text{\AA}$ §321-1(c) covers public health officials' requirement to issue weekly updates regarding alleged outbreaks, otherwise rescind all related quarantines. HRS $\text{H}\text{\AA}$ §321-1(d) compels the health department director to make public the specific "evidence of a health hazard within seventy-two hours of the action taken [i.e., quarantine] or rescind the action. The director shall make public the findings" which caused the quarantine including the specific statistics legitimizing cause of action. $\text{H}\text{\AA}$ §321-1(g) states: "The department, during the prevalence of any severe pestilence or epidemic, shall publish a weekly report of the public health." In this case, since this "weekly report" was never published by the Department of Health, this evidences that there never was any severe TB epidemic, and never any legitimate justification for the quarantine. Thus, all forced quarantines for lacking TB tests have been fraudulently rendered. The only other excuse would be gross criminal negligence as per the misdemeanor of evading this requirement of law as cited therein.

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- [19] Affidavit of Leonard G. Horowitz filed in the Circuit Court of the Third Circuit, State of Hawaii, in ALENA N. HOROWITZ, a minor child; LEONARD G. HOROWITZ, Guardian Ad Litem for the minor child, Plaintiffs vs. STATE OF HAWAII, DEPARTMENT OF HEALTH, et al., Defendants. Copy of pilot literature review citing six scientific publications supporting these statements is available on request from the author.
- [20] The medical scientific standard for TST as issued by the CDC in June, 2000, states: “Decision to Tuberculin Test Is [a] Decision to Treat . . . Targeted tuberculin testing programs should be designed for one purpose: to identify persons at high risk for TB who would benefit by treatment of LTBI [latent TB infection]. Following that principle, targeted tuberculin testing programs should be conducted among groups at risk for recent infection with *M. tuberculosis* and those who, regardless of duration of infection, are at increased risk for progression to active TB. With the exception of initial testing of persons at low risk whose future activity will place them at increased risk of exposure (e.g., employment in a setting where TB transmission may occur), screening of low-risk persons is discouraged because it diverts resources from activities of higher priority. In addition, a substantial proportion of tuberculin-test-positive persons from low-risk populations may have false-positive skin tests.” (Source: ATS/CDC Statement Committee on Latent Tuberculosis Infection Membership List. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. June 2000, p. 18. Previously available online at <http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/rr4906a1.htm>)
- [21] CDC. *Ibid*, pg. 12. Here it states the general U.S. population in June, 2000 had an estimated *M. Tuberculosis* infection rate of 5%–10%, much like it remains today. “Children entering school in many areas of the country have a 0.1%–1% prevalence of infection. Even if the test has a specificity approaching 99%, testing of persons in such low-prevalence groups would result in most positive tests being false-positive tests.”
- [22] The AAP-endorsed risk-assessment questionnaire used to screen children for possible TST states > 1 risk factor should be present. See: Reznik M., Ozuah PO. Tuberculin skin testing in children. *Emerg infec Dis* [serial on the Internet] 2006 May 5; 12(5).
- [23] Pratt R, Robison V, Navin T, Hlavsa M, Pevzner E. Trends in tuberculosis incidence. United States, 2006 *MMWR*, March 23, 2007.
- [24] Black’s Law Dictionary defines “fraud” as “2. A misrepresentation made recklessly without belief in its truth to induce another person to act.” Given this, and the preceding scientific and commercial facts, the behavior of HTCP officials who authorized the circulation of this material, is arguably, if not definitively, fraudulent.
- [25] Webster’s Dictionary defines the term “imminent” as “ready to take place,” or “hanging over one’s head.” The same dictionary defines “epidemic” as “1.: affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time. 2. a: excessively prevalent. . . b.: contagious <contagious laughter>.” The online resource MedicineNet.com defines “epidemic” as “The occurrence of more cases of a disease than would be expected in a community or region during a given time period. A sudden severe outbreak of a disease such as SARS.” “Outbreak” is defined in Webster’s Dictionary as: “1. a: a sudden or violent increase in activity or currency <the outbreak of war> b: a sudden rise in the incidence of a disease <an outbreak of measles> c: a sudden increase in numbers of a harmful organisms, esp. an insect within a particular area <an outbreak of locusts>” It is noteworthy that the Administrative Rule book for Hawaii’s Department of Health defines “outbreak” and “epidemic” precisely the same way. That is: “The occurrence in a community or region of an illness clearly in excess of normal expectancy, as determined by the department.”

Appendix I. Facts about TB skin testing

Specifically, when a tuberculin test is administered, antigens from *M. tuberculosis* are introduced into the skin, with some seeping subdermally into the bloodstream. (Subdermal injections of Tuberculin Purified Protein Derivative, Mantoux Tubersol, produced by Connaught laboratories, is considered extremely risky.) This intra-dermal inoculation with subsequent systemic intoxication is done to trigger a cellular response locally to the germ’s antigens.

In addition to *M. tuberculosis* proteins, other extraneous particles including foreign RNA and DNA from the culture medium may be administered during the test. In addition, the Mantoux® skin testing product contains petrochemical stabilizers and sterilizers, as with all vaccines. These include two certified chemical toxins and suspected carcinogens phenol and polyoxyethylenesorbitan monooleate (otherwise known as Tween 80 or polysorbate 80).

Recent studies confirm this century-old test prompts long term humoral alterations as well as cellular immunity.(18,19) This explains why tested persons are at greater risk for false positive readings in subsequent tests in the years following their initial TST.

This systemic immunological response from this local, allegedly “harmless,” inoculation jeopardizes the reliability of new TB testing methods. The Quantaferon Gold test, for instance, is contraindicated in persons who previously received the BCG vaccine, and should be similarly suspected and avoided among persons who have undergone TST. Its greater sensitivity than the TST would naturally produce even more false positives in previously tested persons. (11)

Further evidencing official malfeasance, and unethical misdirection of the TCP, is HRS §671-3, the state’s informed consent law. Allegedly, false and misleading claims are discouraged by the governing board of medical examiners in the State. Yet, they overlook the easily recognized fraud in the State’s published TB literature. To describe the TST, TCP officials falsely claim, “A small amount of harmless fluid will be put just under the skin on your arm.” According to the manufacturer’s literature, allergy to any component of (Mantoux) Tubersol might be expected, along with the risk of “anaphylactic reaction.” Thus, the product cannot be ethically presented as “harmless.” (25)

In fact, the manufacturer of Tubersol discourages its use in persons from many groups including those with eczema. Approximately 15% of the world’s population is exematous. This widespread contraindication is given little-to-no attention by Hawaii health officials and their ill-informed TST staff.