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Association of American Physicians and Surgeons, Inc.
A Voice for Private Physicians Since 1943
Omnia pro aegrotis

TO: Cook County Board of Commissioners March 10, 2004

Dear Committee members,

The Vaccine Adverse Events Reporting System (VAERS) shows that the hepatitis B vaccine damages far more individuals than there are persons who exhibit the hepatitis B syndrome. Evidence obtained from the American Association of Physicians and Surgeons (AAPS) and other physicians (Appendix 1), vaccine-monitoring agencies such as the National Vaccine Information Center (NVIC-Appendix 2), the CDC and World Health Organization (Appendix 3), the Illinois Vaccine Awareness Coalition (IVAC-Appendix 4), the vaccine manufacturers Merck and GallaxoSmithKline (Appendix 5), and evidence from the peer reviewed scientific literature (Appendix 6), all show that the risk of groups such as infants and children acquiring liver hepatitis associated with hepatitis B is nearly 0%. In all comprehensive statistical surveys available, the actual incidence of the hepatitis B syndrome in the US has remained constant at about 2-4 cases/100,000 individuals despite widespread mandated and aggressive vaccination programs in all but 4 states (see 2003 CDC MMWR report Appendix 3).

The data also show that the hepatitis B syndrome, when it does occur in non-vaccinated individuals, spontaneously resolves in almost 100% of those who become seropositive for the "hepatitis B antigens." By contrast, 100 victims of the hep B vaccine, experience serious, life-threatening, and life-long adverse effects for every 1 person the vaccine is claimed to protect (according to the Merck package inserts, the figure is 10.4% experience adverse reactions-Appendix 5). Some of the severe adverse effects include autism, Stevens-Johnson Syndrome, arthritis (both transient and permanent), Guillain-Barre Syndrome, myelitis including transverse myelitis, seizure, febrile seizure, peripheral neuropathy including Bell's palsy, diabetes mellitus, pancreatitis, encephalitis, multiple sclerosis, thrombocytopenia, systemic lupus erythematosus, lupus-like syndrome, vasculitis, optic neuritis, radiculopathy, Lesser vaccine effects include vomiting, abdominal pains, vertigo, dizziness, pruritis, angioedema, urticaria, lymphadenopathy, insomnia, dysuria, hypotension, herpes zoster, migraine, severe muscle pain and weakness, hypesthesia, alopecia, petechiae, increased sedimentation rate, tinnitus, conjunctivitis, visual disturbances, syncope, tachycardia, keratitis, irritability (see the Merck and GallaxoSmithKline package inserts, Appendix 5).

The practical and economic impact of the effects of this mandated hepatitis B vaccine policy is devastating to infants, families, and to the nation, because the nature and frequency of the vaccine damage is typically so debilitating. The damage experienced during the French mandatory hepatitis B program prompted France to discontinue its hepatitis B program several years ago, and a class action lawsuit compensated some 15, 000 families that had been devastated from hepatitis B vaccine injury (see Appendix 14). It also should be added that the antigenicity (the presence of

the hepatitis antibodies among the vaccinated) does not persist beyond about 5 years (see Appendix 10 regarding the Egyptian study), yet infection with hepatitis B confers immunity and antigenicity for life in those who are unvaccinated and experience the full-blown hepatitis B syndrome that spontaneously resolves in almost all cases (see 2003 CDC MMWR report Appendix 3).

The “cryptic argument,” that every person on the planet must be vaccinated because the hepatitis B “virus” can hide in cells in “chronic carriers” for decades without causing clinically detectable disease ignores the fact that in seropositive individuals without liver disease, the presence of the hepatitis antigens may represent non-specific markers of immunological stress, or merely represent a normal genetic polymorphism, as was originally thought by Blumberg. For example he termed the antigen, Au, for Australian antigen, because the Au antigen was found in the blood of a healthy Australian aboriginal gentleman, and the protein in this blood sample reacted with the proteins in the blood of a hemophiliac patient. Blumberg and Alter, the first to identify the hepatitis B antigen in their survey of genetic polymorphisms in blood samples, also reported that leukemia patients (not liver cancer patients), patients with Down's syndrome, and hemophiliacs frequently tested positive for the hepatitis B antigen, yet did not develop liver hepatitis (Blumberg B. PNAS, Vol. 94 pp 7121 -7125, 1997- Appendix 7). Therefore, the presence of the Au antigen did (does) not predict who would (will) develop clinically detectable hepatitis, and is not a specific marker for the development of liver cancer. Yet the genetic polymorphic “cause,” or physiological stress “cause” of hepatitis as a form of autoimmune dysfunction has been ignored. Instead, a viral cause for hepatitis was advanced. Blumberg and his colleagues reasoned that hepatitis might be caused by a virus because something smaller than bacteria that was associated with inducing transfusion hepatitis could pass through filter pores too small for bacteria to pass. Yet not only viruses, but foreign and antigenic proteins also can pass through these filters, and it is well established in the medical literature that foreign proteins can profoundly disturb the immune system and specific organs and organ systems. Although some agencies such as the World Health Organization and others claim that about 40-60 percent of liver cancer is attributable to hepatitis B, how do we explain the fact that about 1/3 of Down's patients also express the Au antigen, and 1 in 10 leukemia patients express the antigens, according to Blumberg, yet Down's syndrome isn't due to a virus-its due to chromosomal non-disjunction during the formation of the embryo (see Appendix 7). Regardless of what “causes” the rare hepatitis B syndrome, or the markers of hepatitis B in 1/3 of Down's syndrome children, and in 1 in 10 leukemia patients, abundant evidence accumulated by the VAERS and the CDC shows that the hepatitis B vaccine is strongly associated with an unacceptable frequency of debilitating life-long illnesses.

Despite widespread mandated hepatitis B vaccines for more than a decade, and claims that it can prevent hepatocellular carcinoma, no evidence whatsoever exists linking hepatitis B causally with hepatocellular carcinoma, as no animal models have ever exhibited this carcinoma after experimental infections, and no liver cell culture of normal human or animal liver cells has ever been induced to change into cancerous cells after adding the “hepatitis B agent” to them (see Appendix 8). Moreover, despite widespread mandated hepatitis B vaccination, liver cancer rates have increased in the US from 4 cases/ 100,000, in 1992, to 5.5 cases / 100,000, since at the end of 1999, and leukemia rates have slightly decreased, according to the NCI and CDC’s official records (Appendix 9). One should rightly ask if a decade even qualifies as long enough to make such claims about a vaccine that prevents liver cancer, or which is associated with 10% of leukemia cases decades later. Moreover, the seminal “Taiwan Study” and “Korean Study” used by the vaccine manufacturers and by others to support their epidemiological arguments regarding the ability of the hepatitis B vaccine to prevent primary liver cancers in adults and children, present

data that are completely meaningless (Appendix 9). First of all, as epidemiological studies, they cannot be used to claim a causal connection between the expression of a protein in a person's blood, and the development or non-development of a cancer decades after infection. In addition, the "Korean Study" claims to have used serological testing methods that, by the Author's own admission, are not even standard, or regarded as accurate (e.g. radio-immune assays were NOT used to determine serological status of the cohort populations in the Adult study from Korea, and the statistical incidence of liver cancer in the Taiwan Children's study does not constitute anything that is statistically significant, or even plausible). It is even stated in the INTRODUCTION of the Taiwan study, that no causality can be arrived at with regards to hepatitis B and liver cancer. In this regard, the hepatitis B antigens may be only non-specific markers for some cancers, as Blumberg showed. The claim that the hepatitis B infection causes liver cancer decades later in life, is like claiming that that cracks in New York sidewalks cause higher infant mortality in the hot summer, because both infant mortality and sidewalk cracks are more frequent during hot months.

As scientists and physicians, or as concerned citizens, we should no longer allow this dangerous state-mandated vaccine program to proceed, while it continues to cause hundreds of vaccine damaged persons for every one person the vaccine supposedly protects. By so doing, we are irresponsibly risking the health of a generation of infants and children, without providing parents with information about the adverse vaccine reactions, because of propaganda that suggests that by vaccinating them, we will insure that they will not contract hepatitis B or liver cancer if they grow up to become needle-using drug addicts, persons with multiple sex partners, prisoners, mental health patients, or health care workers exposed to human blood.

This kind of fear mongering and propaganda not only ignores evidence showing that these possibilities are without foundation (see Appendix 6), but functions to stifle legitimate questions about the biology of the hepatitis B syndrome, or legitimate questions concerning the benefits and consequences of vaccination that should have been addressed before this (or any) vaccine was mandated.

1. Why is such alarm regarding hepatitis B sweeping across the planet now as a sexually transmitted syndrome, when jaundice (and assumed hepatitis) has been recorded in the medical literature since the time of the Ancient Greeks?
2. Because it is claimed that hepatitis B can only be spread through venereal contact or through exposure to infected fluids, are humans more promiscuous now than they were during the Eleusinian Orgies and Roman Bacchanals chronicled by the ancient poets?
3. What evidence is there to substantiate that 350, 000,000 people in the world are "carriers," and that 1,000,000 people in the US are carriers?
4. In this regard, why are the projected figures for hepatitis B given, when data recording the actual incidence of hepatitis B have been available for 20 or more years?
5. If the hepatitis B antigens are specific for the hepatitis B syndrome, and if these antigens don't simply represent markers for certain physiological stress responses such as cancer or long term alcohol or drug use, or if the presence of the hepatitis B antigens don't merely represent the different incidence and expression of certain Human genetic polymorphisms (differences in the

kinds of molecules found in the blood of different peoples, as was originally thought by Blumberg), then why did Blumberg and his collaborators find the hepatitis B antigens present in a vast majority of healthy people who never develop hepatitis, or in patients experiencing other non-liver related illnesses or genetic disorders?

6. Do leukemia and hepatocellular carcinoma share something in common, or is the antigen merely expressed in both diseases in persons whose immunology is altered by cancer or alcoholism, or altered for some other reason?

7. If a hepatitis B (or C) virus could cause liver cancer decades after infection, then why does the microscopic percentage of those who exhibit the hepatitis B antigens and who develop chronic clinically detectable liver disease, require carcinogenic co-factors "such as fungal aflatoxins" (or "a lifetime abuse of alcohol or drug consumption") to develop cancer (see Appendix 7)?

8. Why can't the hepatitis B virus (and C virus) be isolated according to standard isolation techniques, even after a Roman effort and after decades of trying?

9. What substance(s), then, were actually isolated from sick persons, and used by Merck as antigenic material to make hepatitis B the first "molecularly derived recombinant" vaccine?"

10. Why doesn't the isolate induce liver disease in chimpanzees, mice, or other organisms? Why doesn't it induce either liver cancer or leukemia in animals? Why have there been no instances reported where "the hepatitis B virus" generated a pathological effect in animal models or in liver cells infected in vitro that even remotely resembles the hepatitis B syndrome's hallmarks in those tiny fraction of seropositive individuals who exhibit morbidity consistent with the hepatitis B syndrome?

11. If the recombinant vaccine is molecularly specific against a hepatitis B virus and if the vaccine confers long-term immunity, then why does the vaccine 'wear off' after only several years? By contrast, when the real hepatitis B syndrome resolves in the vast majority of persons in nearly 100% of all cases who develop jaundice and demonstrable liver pathology, then why does this mild and transient syndrome provide lifetime immunity, and produce detectable antibody titres of the hepatitis B antibodies for at least 50 years (Black FL, Jacobson DL. Hepatitis A antibody in an isolated Amerindian tribe fifty years after exposure. *J Med Virol* 1986 May;19(1):19-21) ? If these data are correct and acknowledged even by the vaccine manufacturers, then what is the logic behind vaccinating newborns when their immune and digestive systems are developing and fragile, and when their often hypothesized membership into in IV injecting, multiple sex partner, or blood product exposure risk group might occur a decade or more after the antibodies generated by the vaccine can no longer be detected?

12. Why have some studies shown an increase in the hepatitis B syndrome in vaccinated populations (see Appendix 10)?

13. Why is the hepatitis B vaccine still mandated after a congressional hearing that put its safety in question, and why aren't are parents given any information at all about the possible adverse effects of the hepatitis B vaccine that are listed on the manufacturer's package inserts? Is vaccine policy written according to politics rather than prudence (see Appendix 11)?

We strongly recommend that the following specific documents regarding the risks and benefits of the hepatitis B vaccine be provided to parents who opt to have their children vaccinated. These documents should be given to any persons who are subjected to the hepatitis B vaccine for any reason, especially if they are infirm and have pre-existing immunological or other conditions (see Appendix 12).

Please find the following appendices attached to this letter:

1. The statement of the Association of American Physicians and Surgeons (AAPS) regarding the hepatitis B vaccine to the Subcommittee on Criminal Justice, Drug Policy, and Human Resources of the Committee on Government Reform U.S. House of Representatives that called for an immediate halt to mandatory vaccination, and which urged an immediate investigation in 1999 into reports regarding the vaccine's danger to child health. Yazbak's testimony before the Massachusetts House of representatives Committee on Education, Arts, and Humanities. Dr. Philip Incao's testimony before Ohio House of Representatives.
2. The 1999 statement of the National Vaccine Information Center (NVIC) regarding hepatitis B vaccination and adverse events.
3. The CDC's 2003 MMWR, showing the devastation of the hepatitis B vaccine alone and in combination with other vaccines. The World Health Organization's report regarding the current distribution of hepatitis B in the world, and the CDC's MMWR report showing projected versus actual recorded cases of hepatitis B.
4. The Illinois Vaccine Awareness Coalition (IVAC's) data regarding hepatitis frequency versus reported frequency of vaccine damage in Illinois, claiming that the 5 deaths attributed to the vaccine in children under 1 from 1990-1998, versus 1 case of hepatitis B from 1992 to 1998 in that same age group. Ohio's experiences with the hepatitis B vaccine, and their Congressional vote against informed consent.
5. Merck's package insert showing the frequency of vaccine damage at a rate of 10.4%, and GallaxoSmithKline's package insert showing the types of adverse reactions due to their vaccine.
6. Survey of the peer-reviewed scientific literature regarding the dangers of the hepatitis B vaccine.
7. Baruch S. Blumberg's 1997 Proceedings of the National Academy of Science paper (Vol 94 pp 7121 -7125) recounting the story of how the virus wasn't isolated, and how a viral cause of the hepatitis B syndrome was advanced despite evidence that it wasn't an infectious illness. The "Beyond Discovery" story of the discovery of hepatitis B virus written with the assistance of Drs. Baruch Blumberg, Maurice Hilleman, and William Rutter.
8. Documents indicating the failure to produce the hepatitis syndrome in chimp or mouse models, or demonstrate cytopathic effects consistent with the hepatitis B syndrome.
9. Changes in cancer incidence in the US according to NCI official records. Copies of the seminal Taiwan and Korean epidemiological studies erroneously claiming that the hepatitis vaccine

reduced the incidence of hepatocellular carcinoma in both adults and children.

10. 2002 observational study of vaccine efficacy 14 years after trial of hepatitis B vaccination in Gambian children showing that children vaccinated in infancy are at increased risk of hepatitis B virus infection in the late teens. Study from Egypt showing short-term loss of anti-HB antibodies after immunization.

11. Transcript of the 1999 Congressional hearings questioning the safety of the vaccine. Documents showing that vaccine safety organizations are supported and biased through pharmaceutical grants and incentives.

12. A random sampling of VAERS reports to alert parents to the adverse effects of the vaccine if policy continues to deny them informed consent, so that they can discontinue the booster series if their infants develop characteristic vaccine reactions. The rules regarding religious or medical exemption from the hepatitis B vaccine.

13. Story about France suspending the mandate on the hepatitis B vaccine.

14. The Communicable Disease Prevention Act.

We thank you for your attention in this serious public health threat.

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