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## Wisconsin Lyme Doctor Under Fire During Governor-Proclaimed "Lyme Disease Awareness Month"

by PJ Langhoff

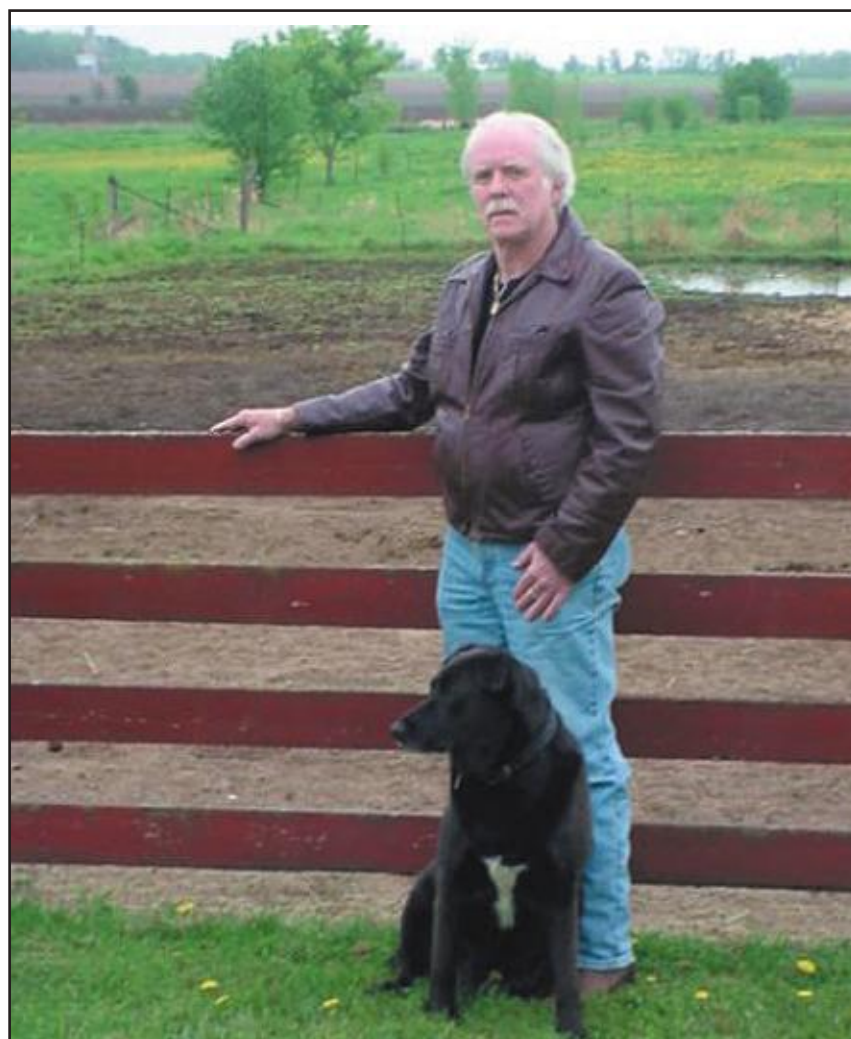
**Three Lakes, WI** - He drives an old pickup truck, wears cowboy boots and would rather spend time in his cabin in the woods than in the public eye. When he drives through town, everyone who is anyone waves to the man, a well-known, good-hearted "old-school" country doctor. When a Lyme patient could not afford the cost of a certified service animal, the physician went to great lengths to facilitate the certification for the patient's dog "Jetta" after the animal underwent appropriate training.

Physician Gregory Hoffmann has dedicated his entire life to serving patients in northern Wisconsin in general practice, for pain management, and for the last several years, for the treatment of Lyme disease. His fees would make any mainstream physician blush, often providing services pro bono, and even meeting out-of-state patients at a motel when they were too sick to travel further.

Recently, despite current personal problems with the state, this dedicated doctor drove several hours over the weekend on a holiday to personally visit one of his patients

following her abdominal surgery, for no other reason than because that is the kind of doctor he is. Like his Father and Grandfather before him, who were both physicians, this doctor derives his satisfaction from being able to help cure ill patients, many of whom have been turned away by traditional clinics, especially for Lyme disease, and many who have precious little more than "thanks" to offer him. His patients are not only local, but those who make a pilgrimage from other states in order to receive the type of compassionate, individualized care in this evolving area of medicine, that is often missing from larger practices.

As a reward for a lifetime of low fees and dedicated service, the "thanks" he is receiving of late is coming from a different arena. "Country doc" Hoffmann, is in the process of being investigated by the Wisconsin Department of Regulation and Licensing (and ultimately) the Wisconsin Medical Examining Board for alleged complaints that seem a pretext for attacking Dr. Hoffmann's treatment of patients with Lyme disease. The investigation is all the more confounding when you



consider that just weeks ago, Wisconsin Governor Jim Doyle signed a proclamation declaring the month of May, "Lyme Disease Awareness Month" for the state. The prosecuting attorney in the case against Hoffmann is Arthur Thexton, known for prosecuting "alternative" medicine practitioners. The pretext involves Hoffmann's decision to deny a

former patient a prescription for controlled substances upon concluding that the patient was abusing narcotics. Apparently the former patient, through an attorney, contacted Thexton saying, "We're going to get him." Either unaware or in spite of this motivation, Thexton decided to try and make a case out of the alleged "Lyme Doc"...cont'd on pg 13

## Walk For those Who Can't, Run for Research

### Minnesota Group Holds 5K Run for Lyme Disease Awareness

by Marina Andrews  
LymeBlog News

**Lexington, KY**- Last fall one tiny Lyme disease-suffering person, Jill Kuschel, told the Minnesota Lyme Action Group, "I want to have a 5K race and walk to raise money for Lyme disease. I know nothing about holding a 5K but I can call this lady who heads one every year. What do you think?"

On Saturday, May 5th, only seven months later, Jill watched hundreds of walkers and runners fill the 3.2 mile course in Forest Lake, Minnesota, proving her little idea was worth all the effort that went into the Minnesota Lyme Action Group's first "Walk--for someone who can't/Run for Research".

Jill shouldered much of the organizing work for the Lyme-Walk fundraiser to benefit the Minnesota Insect-Borne Disease Education Council even though five other women volunteered to be on the event's planning committee.

Like Jill, four of the five other planners suffer from Lyme disease. At times, the Lyme-caused limitations of committee members made planning the Lyme-Walk feel



Marina Andrews & Lyme-Walk organizers in Forest Lake, Minnesota purchased bulk copies of Public Health Alert for walkers, runners, and anyone who attended the May 5th event. One organizer said, "We liked the potpourri boxes of back issues. Every article of every issue is still current in Lyme disease. People were thrilled to have so much information given to them for free."

like a walk in the dark. Not one of the Jill's five volunteers had ever organized a fundraiser.

I was one of those volunteers but I was completely in

the dark on how to raise money.

"Tap the people you know in the area for donations," the committee told me. Okay. I could do that. If

I had to embarrass myself with my unpolished donation-seeking performance, I'd at least know the people I'd be standing in front of, blushing and stammering.

First stop, my insurance man. He wrote out a check on the spot! Next stop, the gal who used to cut my hair twenty years ago, she owned her own salon now, which looked prosperous. She remembered me and offered a duffel bag full of hair care products. Another success! What about the veterinarian who'd cared for my animals for more than twenty years? He wrote out a check too.

Feeling pretty good about myself and my fund-raising capabilities, I wondered what more I could do. With the phrase "walk for someone who can't" stuck in my head I thought of friends like Tory in Madison, Wisconsin whose chronic Lyme disease keeps her in a wheelchair she may never leave. Was there a way to show the world, or at least people in Forest Lake, Minnesota, that thousands of people like Tory endure profound crippling effects of Lyme disease?

For many home-bound "Run"...cont'd on pg 12

## You Don't Look Sick!



by Dawn Irons

I can't tell you the number of times I have heard the well meaning sentiment, "You don't look sick!" It used to frustrate me. Now, I have learned to look on the bright side...you know, when you look out the window and realize it is only a tornado, not an F-5 hurricane like Katrina that is beating down your door! I am learning to find joy in the fact that it is only a tornado. The fact that I don't look sick comforts me greatly! Imagine if I looked like what my body was physically feeling. On second thought, don't... that's not uplifting when I really think about the pain. I shall simply rejoice in the fact I don't look as bad as I feel!

As I write this article, I have a very heavy heart. In the last month, two Lyme patients in our DFW Metroplex passed away. Much like AIDS, you will not see "Lyme disease" as the cause of death on their death certificates. Lyme and AIDS both systematically destroy one's immune system to the point that body's defense system is so suppressed that the common cold can bring the final

blow of death. And when that happens, it is the wimpy opportunistic infection that gets to take the credit for the cause of death. Every time the official cause of death is listed as "organ failure", or "pneumonia", or some other symptom rather than the overall condition such as AIDS or Lyme disease, we lose the ability to really put a face on the disease and raise public awareness that these conditions are ruthless killers.

It is all the more maddening that Lyme disease is so very treatable if caught early. The war that is raging on the issue of "standard of care" is disheartening when people are dying for lack of proper diagnosis and treatment of the disease. The leading "standard of care" is being investigated by the Connecticut Attorney General's office for violations of anti-trust laws -meaning they are being investigated for trying to monopolize one way to treat the disease; effectively shutting out any competitive theory as being a viable option as they laugh all the way to the bank with fat wallets....but I digress!

When I first met my friend Gay, we sat in a coffee shop in Fort Worth and spoke about both of our recent Lyme diagnoses. She shared how she had been battling health issues

for years. She told me of how she had been misdiagnosed with Multiple Sclerosis, and had also been diagnosed with ALS. As she continued getting worse, they also discovered the borrelia spirochetes in her system and she was given a Lyme diagnosis. She was an amazing person, full of spunk, faith and hope.

When I first started the PHA newspaper, Gay was one of my first financial supporters to help get the premier issue off the ground. To look at Gay, and her infectious smile, you would never know she was as gravely ill as she was. She didn't LOOK sick! She had the radiance and glow of Miss America! It was only her limp and walking cane that clued you in that there was something not quite right. She looked wonderful!

I saw her at one of the support group meetings and she had mentioned that her walking was getting more and more difficult. Later she had emailed me that she had been resigned to a wheel chair...all the while she never looked sick. Looks are deceiving.

I never saw Gay again. I remember the last time I saw her. She was sharing with me how much she loved her husband and children. She shared

how her children's friends would call her mom...and there were always extra kids around the house. She absolutely loved being the neighborhood "Mom". She told me how she loved her Christian family at the Cowboy Church. She was so very much alive! One would never know by looking at her that she was so very, very sick.

Maybe next time we encounter someone, like ourselves, who is battling a chronic illness, we can give them a word of encouragement that only someone who has walked in their shoes can truly understand. Next time, I see my friend Donna, who also suffers from Lyme, I think I will give her a big hug and tell her, "Your beauty disguises the battle I know you fight daily. I know the pain you struggle with, though others cannot see. I am encouraged to see you keep fighting. It blesses me to know someone so strong and courageous as you."

I just know in my heart that it would mean so much more to her than one more person telling her, "Well, you LOOK good!" ...and then dismiss the daily battle as if there is no real battle at all. Yes, looks are deceiving. *pha*

## Letters to the Editor

Dear Editor,

PHA subscribers may know an experienced LLMD, Dr. J. Gregory Hoffmann, is under investigation by the Wisconsin Department of Regulation & Licensing (DRL). The initial investigation began after Dr. Hoffman refused to prescribe an opiate prescription to a former patient. Subsequently, the individual filed a complaint with the DRL after consulting an attorney. Incredibly, the DRL is siding with the complainant!

The complaint appears to have turned into an investigation of Dr. Hoffman's "treatment methods." No one in the Lyme community believes the investigation to be anything but a direct attack against the ILADS-based Lyme disease treatment methods employed by Dr. Hoffmann. He has decided to challenge the treatment stipulations endorsed by the state because he knows his patients would never receive adequate treatment under the conditions the state wants to impose.

We're in awe of Dr. Hoffmann's courage and compassion. His multitude of patients and the nation-wide Lyme community will be with him every step of the process. We wish to thank everyone for the enormous outpouring of support. Doc is literally speechless by the enormity of your care for his plight.

We are not going to sit idly by and watch one of the nation's finest LLMDs be railroaded out of his practice. In the twenty-four hours after Doc's plight was made public, the Wisconsin Department of Regulation & Licensing was swamped with correspondence on Doc's behalf. The lead inves-

tigator said he was inundated with calls, faxes, and e-mails. You bet he was! What did this guy think? That people would go shuffling off in a corner and die without access to adequate medical care? Over two hundred Lyme-related groups were notified of the investigation of Dr. Hoffman and the information was posted on seventy-five Internet bulletin boards. We cannot thank you enough for your assistance and overwhelming support.

This is just the beginning. We're getting organized. Folks are working tirelessly on this matter. Elected officials and others in key governmental positions will hear our voices resonate. Resonate they will, down the halls of state houses, governor's mansions, stodgy and antiquated medical societies, medical board backrooms and news bureaus.

They will learn as you have: Dr. Hoffmann takes all comers. No child is ever denied. Those without the ability to pay are treated the same as those who can. And those who are wheelchair bound, have major organ dysfunction, debilitating pain, severe heart damage, and mental deficiencies from borrelia infection come with the hope of regaining their lives. Scores of people have come to Doc's small-scale practice in the serene woodlands of northern Wisconsin. Medical outcasts, the forgotten, the disavowed, make their pilgrimage with broken bodies and mainstream medically-induced broken spirits for what they believe is their last chance at salvation. Some patients have been so racked with the pain of Lyme disease that they can't make the journey in its entirety. It matters not,

Doc fires up his pickup and drives down to meet them in whatever roadside motel they have sought out as a place of solace.

PJ Langhoff enticed Governor Doyle to proclaim May as "Lyme Disease Awareness Month" in Wisconsin. To celebrate, the state of Wisconsin wants to discard its most Lyme-knowledgeable physician and cast Lyme-infected patients to the wind.

No. Not one more.

Sincerely, Mike Nickel  
WI Lyme Groups  
mkn2414@charter.net

Dear Editor,

My sister Whitney has been really close to me until she got Lyme disease. We were best friends! When she got her disease I was very scared. One day she was lying on the floor screaming and we rushed to the hospital. I was crying more than I ever did in my life. I felt that she was no longer alive because she would be sleeping nonstop. When she was awake she would cry her heart out because she would be in such pain, and I would be very scared! She would call for my mom when she was sleeping and one time we missed the phone call. Whitney was crying for me and my mom. We would try to get her to come upstairs but her legs hurt too much. She would walk a little and then she would fall and start to make a soft cry. When we got her to the top of the stairs she would start to faint or black out. We would make many trips to different places trying to find a good doctor that would treat her, but all of them said that she was

going out of her mind. When I heard the first doctor say that, I felt like someone stabbed me in my stomach. I knew she was not going crazy but I still had a feeling that it wouldn't be long until she would die. I would think about it every night and start to cry even if I was at a friend's house. I don't really talk about it much so they don't know how worried I was. But now, ever since she saw Dr. Hoffmann her life has really improved! She has been going back to school and been my best friend again like she used to! Really think about this ...and think how it would be like being really happy. Then once you turn six you see your best friend screaming in pain. Every thing has been hard for my sister for so many years. You can't even imagine how hard it was for my sister to go through her life in pain... nothing but pain! Now she has a life and hope. Please don't let them take it from her! If Whitney is happy, then I am happy!

Respectfully,  
Rebekah Frank  
10 Years Old  
Lindstrom, MN

*[Rebekah, I am very proud of you for having the courage to speak out on behalf of your sister. I am very committed to standing along side of you and helping those who cannot speak for themselves. Together we bring awareness of Lyme disease to many people. Thank you for being so brave and courageous. I believe Whitney will get well with the medical expertise of doctors such as Dr. Hoffmann who go the distance and treat this disease until the symptoms are in remission! Dawn]*

## Public Health Alert

The PHA is committed to researching and investigating Lyme Disease and other chronic illnesses in the United States. We have joined our forces with local and nation wide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gherig's Disease (ALS), Lupus, Chronic Fatigue, Fibromyalgia, Heart Disease, Cancer and various other illnesses of unknown origins.

PHA seeks to bring information and awareness about these illnesses to the public attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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# Seven Decades Elapsed Between Infection and Diagnosis:

## Harriet Bishop's Story

by Susan Williams

Harriet Bishop was just six years old, living in a tent all summer in northern Arizona's cool pine forests with her father and brothers, when she was first bitten. "I remember my parents were very upset upon seeing a 'bull's-eye' rash on my back," she recalls. "My older brother even remarked that he could use me for target practice! It turns out that the tick had worse repercussions than an arrow might have had." The year was 1934, a virtual Dark Ages in terms of tick-borne diseases.

That winter, the little girl was terribly ill with nausea, vomiting, digestive disruption, and pain. "After that, I was a weak child and couldn't keep up with my peers in any sports. From that time on, I had painful symptoms throughout my lifetime, and I just managed it, thinking everyone had these problems," she admitted. It would not be until the year 2005; 71 years later that Harriet would be properly diagnosed.

In spite of her illness, this mother of five has had an adventurous life.

In the 1940s, she worked various summer jobs in Rocky Mountain National Park, and Big Bear Lake, California. "I removed numerous ticks from my body during that time," Harriet remembers. "In 1954, I was bitten probably a hundred times all over my body while spending a night in a communal hut half way up the side of Mt. Fuji in Japan where we lived."

In 1956, she moved into a house in Panama City, Florida, where she experienced overpowering spells of nausea and vertigo, and uterine bleeding that required surgical intervention. "That house was later discovered to be completely infested with ticks. They were so tiny as to be nearly invisible but, once noted, they were seen to all. They were crawling up the interior plastered wall, thousands of them all at once!"

In the early 1960's, Harriet and her family lived in Germany. "We hiked the Black Forest, kicking through ankle-deep leaves in the fall. Only a few ticks," she jokes.

By 1968, she had moved onto a ranch in south Texas. "We raised dogs of several breeds as well as the cattle and horses common to Texas ranches. So many deer roamed that three orphaned deer became our pets and ran with our dogs.... ticks were everywhere and on every one of us." Although Harriet does not remember seeing a rash at this time, her hands began to develop strange lesions that would

not heal.

In 1986, another move took Harriet to Vancouver, British Columbia. She participated in swimming teams, ice skating groups, cross-country ski groups, and hiking groups. "In 1990, after a hike in a bog that turned into a scramble through a thorny glacial meadow, I noted scratches all over my body from the barbs that



went through my Levis. On my right upper thigh the next week there was one last remaining lesion that didn't heal. It was reddened around it, and had a little thing in it that I thought was a thorn tip. I couldn't get it out with tweezers because it was embedded so deeply. There is only a tiny scar there now. There was another on my right heel and another on my left ankle that now are hardened nodules. I believe all three were sick ticks."

In July 1991, after a period of stress from the illness and death of her mother, Harriet began experiencing severe insomnia. "My heart pounded, my body and brain were on overdrive, too exhausted for natural sleep and too exhausted to do any physical work without a great deal of

help. I now know that feeling was caused by exhausted adrenals and, though I have had treatment for it, it still returns in times of great stress."

Then came the severe widespread pain and stiffness that the doctor could not treat. Puzzled, he put her on bed rest. Harriet's search led her to twenty-six different doctors of various specialties. "Some were nice and tried their best, to no avail, but most 'blamed the victim'," she noted.

As an example, she recounts the story of her visit to a rheumatologist who dismissed her from the office, telling her to come back when her hands were well. "She refused to see me for joint pain and muscle

spasms even though her respected mentor had referred me to her. I became indignant, and told her I couldn't find anyone who could help?? Who would she suggest!"

The doctor gave Harriet the name of an infectious disease specialist. "This doctor condescended only to look at me standing up in the waiting room and, in the presence of all

the other patients, tell me rudely I was in the wrong kind of office! Once again, I asked where I should go."

From there, Harriet was referred to a well-known dermatologist. "For nearly a year this arrogant guy refused to listen to any input from me, but I gave him lots of time to prove to myself that I was not just 'doctor'hopping.' He refused to believe and couldn't see that the steroid creams were making it all worse, causing an overgrowth that buried the infection far below, insuring the accelerated pain and deepening symptoms. On our final office visit, which I came to call 'confrontations,' he said that I was causing it myself and I needed a psychiatrist! This time I didn't bother to ask for a referral," she notes dryly.

At one point, she had an opportunity to consult a neuropsychopharmacologist who had written books on fibromyalgia and chronic fatigue syndrome. "I was treated in his office all day for a solid week, twice within six months. During these all-day sessions he tried different doses of varying drugs to try to find what helped, and to try to determine what was wrong." Some of the IV's that he administered did help relieve her pain, as did some trigger point injections that were also effective in relieving muscle spasms.

"At the end of our sessions, he said he did not know what was wrong with my hands, but he declared the problem was not 'all in my mind' nor was it within my brain, except insofar as the immune function had failed to prevent my body from fighting off this infection. As we parted for the last time, he gently shook my white-gloved hand and said that I needed a better dermatologist!

I never did find one."

Meanwhile, Harriet's husband, who holds a Masters degree of Public Health, and is intensely interested in epidemiology, was encouraging her to make slides of the things that she extracted from her fingers. She describes, "My local general practitioner tried everything he knew, and even used his own microscope to examine the

"My course of action seemed clear: put myself in the hands of the LLMD and comply fully. I resolved to do whatever it took, for however long it took."

When asked about her progress, Harriet responds with an energy and vibrancy that belie her 78 years. "It is two years later now, and I no longer have constant nausea, frequent debilitating dizzy spells, and exhausting fatigue. But best of all, my fingers are healing. They are 85% better." Subsequent Western Blots of Harriet's blood are now negative for Babesia, Bartonella, and Ehrlichiosis.

"Now I can race my grandchildren in our kayaks on the Guadalupe River," she smiles.

Harriet credits several therapies to helping her on her journey towards wellness. "The antibiotics to get at the Lyme spirochetes and the blood cell parasites, and the antiparasitics for the inevitable infestations of the worms we all seem to have. Also, an over-the-counter (OTC) topical ointment with painkilling ingredients also helped with softening the skin; Mary Kay Extra Emollient Night Cream; and Ayurvedic topical oils from Shankara.com. Daily very deep breathing to maximize oxygen in the tissues; yoga to induce a deeper, more healing level of sleep and lessen muscle spasms; and deep sleep, however you can get it. And I simply must put in a plug here for a product that allegedly increases the body's supply of glutathione by 300%! It is the Skin Care Patch by LifeWave, a nanotechnology company. And yes, it did get worse before it got better; so don't get discouraged

when the condition seems to worsen. You will be on the right track. Persistence is key."

Harriet has put her persistence and knowledge to use, serving on the Board of Directors of the newly formed Texas Lyme Disease Association since September 2006.

"If Lyme disease can be prevented in children, or even diagnosed and treated sooner, they will have more opportunities throughout their lifetimes for healthful activities and a better chance to reach their full potential," she asserts. "I think it is the responsibility of those of us who have 'been there' to do all we can to spread the knowledge we have gained through our experiences in order to attain that goal for our youth." *pha*

In March 2005, Harriet's daughter happened to see a television clip featuring a Lyme-Literate Medical Doctor (LLMD) and microscope slides that looked just like Harriet's. "The narrative startled me with the statement that most patients with Morgellons also had Lyme disease!" she exclaimed. With the blessing of her local general practitioner, Harriet made an appointment with the LLMD.

By May 2005, Harriet had tested positive for Lyme disease, Babesiosis, Bartonella, Ehrlichiosis (now called Anaplasmosis), and Mycoplasma, and was also diagnosed with Morgellons.

**"If Lyme disease can be prevented in children, or even diagnosed and treated sooner, they will have more opportunities throughout their lifetimes for healthful activities and a better chance to reach their full potential,"**

**"I think it is the responsibility of those of us who have 'been there' to do all we can to spread the knowledge we have gained through our experiences in order to attain that goal for our youth."**

## The Teen View

### Say "Cheese"



Say Cheese

There is a new drug being targeted at youth called "Cheese". It is affecting kids as young as elementary and middle school. It's a brown powder and is considered to lead to other street drugs, like heroine and cocaine. It has made a name with high school kids across the country. It is made by combining Tylenol PM with heroine. Considered cheap and affordable for most kids, some use it at school for one sniff to get a high, while others are found sniffing it from empty ballpoint pen casings. According to Wikipedia, "Cheese may contain a 2% to 8% heroin purity level; an 8% purity level is, in some cases, enough to start an addiction in a user of Cheese. The powder is snorted instead of being injected. One tenth of a gram, which is one "hit", costs only \$2 on the black market. One quarter gram costs \$5," so it is easy to see how they are targeting kids and getting them hooked due to the low cost of the drug.

It is so highly addictive that the withdrawal symptoms start to appear as early as six hours after use. Because it is so cheap, parents now have to seek drug rehab for their kids. One Dallas treatment center said its normal age range for drug rehab clients was 15-17 years old. Now that Cheese is on the street, they say they are getting kids admitting themselves into treatment, along with parental requests for treatment in children as young as 11-13 years old. It has already claimed the life of a 15-year-old middle school student, and 18 others as well.

Dallas Independent School District (DISD) has already had over 75 cases of Cheese on school campus that have been caught. This does not include the ones they don't catch, or the ones that kids do when they are at home or at parties. Many kids have died on their first try, without being addicted or ever having used Cheese. This new street drug is a killer and they are targeting the children and the youth.

The problem is becoming wide spread across the country. It surfaced on the streets in 2005. It initially started in Dallas but has now moved on to the rest of the country. Authorities say that the heroine is being smuggled over the border and falling into the hands of teenagers. They buy the tar-heroine off the street, lace it with Tylenol PM, and then sell it at school.

It's not a far leap from being addicted to Cheese to being addicted to heroine, since Cheese is up to 8% heroine. It has been labeled "Starter Heroine" by police. The symptoms of Cheese usage are euphoria, disorientation, "Say Cheese"...cont'd pg 12

## More Letters to the Editor

Dear Editor,

My name is Whitney, I was born on August 6, 1991. I was breach because I flipped upside down, but this was only the start of my problems. When I was around two years old my parents divorced and we moved to a small apartment where just my mother and I lived until she met my step-father. Around this age I started getting constant symptoms that were minor at the time, but didn't feel minor.

The symptoms included leg pain, stomach pain and jaw pain. I would visit the doctor many times a month, but it never seemed to help. By the time I was six I couldn't do much without getting an infection or illness of some kind. This was also straining the family of money and I guess everything...

By the time I was 8 my symptoms were still bothering me, but doctors couldn't find any good answers. This was just the beginning of the pain.

I was blacking out and fainting. I was also losing weight rapidly from starving. I could not eat for my stomach pains were too bad. I went in to an ENT where they found a tumor in my head which was pushing on my right eye and they found a cyst in my sinus cavity. They removed both.

A few months later I couldn't handle the pain anymore, so my mom and I started searching harder for answers. Doctors said it was all in my head and that I wanted attention... and I believed them. No doctor believed me. No teacher believed me. I had no hope, so I didn't believe myself either. Every day I would go to the bathroom and faint all by myself. When I got back to class I would be punished for being late. I couldn't lie down or ride in a car because of head pain. My whole head felt like

it was blowing up and it was like waves of water hitting my head over and over.

My stomach was getting worse. I couldn't eat anything without my stomach blowing up like a balloon. It was horrible. I now had over 70 symptoms and slept 99% of the time. I was pail and anemic. People thought I was dying. I finally went to a family doctor and

Then I ended up thinking I was crazy again, but my family doctor said it wasn't true. After talking to my friends with Lyme disease, they told me about a great doctor in Wisconsin. His name is Dr. Hoffmann.

I asked my family doctor about it and I started going to Dr. Hoffmann. While this was going on I had another cyst

ever seen and the only explanation for it was Lyme disease. About 6 months later I had hip surgery and another cyst removed, and then another... and the only explanation was Lyme disease.

Dr. Hoffmann is saving my life! I hadn't been able to watch T.V., listen to my radio, go under water, or even ride in a car because my ears were so sensitive, and I couldn't walk up my stairs from my bedroom. I would faint every time. I would call crying to my mom to help me up the stairs and she would help. I also had a wheel chair. I stopped walking almost completely. My mom or sister had to help me wash myself because I would faint if I got too fatigued. I always saw spots and I was used to it. I stopped eating and I wanted to die.

Now with Doctor Hoffmann's help and treatment I can ride my bike. I'm back at school. I can walk up the stairs and even around the block!!! I don't faint anymore and I'm off heart meds.

I love hanging out with my friends and my family now. I feel like I might have a chance to live. But if Doctor Hoffmann loses his practice, then I will give up... and I won't go back to what I was! HELP ME AND HELP OTHER LYME SUFFERERS! Don't let us die!

Well I've said a lot. I'm tired... so if I wrote real badly you know why. I'm still getting treated and my doctor is sure that I will be better the longer I'm on the treatment for Lyme. I have improved a lot since we started the treatments and my doctor (Dr. Hoffmann) is all I have. He was the only one who stuck by me.

Whitney Busby  
15 years old  
Lindstrom, MN



Whitney Busby, 15, credits Dr. Hoffmann with saving her life

told her my symptoms after I had seen all the specialists. She knew the answer. She had told me she knew a girl with some of my symptoms and that she would test me. Two weeks after being tested I got the results back and they were positive for Lyme! Now I had to find the right doctor. I started going to a specialist in Duluth for 6 months, but I didn't feel any better so they gave up on me.

removed and started focusing on my stomach pains. They were unbearable. I was in the ER almost every day and they said I was too young for gallbladder problems so my mom and I decided to let me scream... and stop going to the ER because they didn't do anything anyways.

Finally, after a year, they found out my gallbladder was so bad it was about to burst. It was the worst they had

## The PHA is Recruiting Teen Age Writers

# ISSUES

Chronic Illness  
Nutrition  
Depression  
Peer Pressure  
Drug Abuse  
Date Rape

Loss & Grief  
Eating Disorders  
Cutting  
Self Injury  
Suicide  
Learning disabilities

Heath & Fitness  
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- \* Cancer

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# L.E.A.P. Arizona Lights Torch at the CDC in Atlanta to Ask Recognition of ILADS Guidelines

by Tina J. Garcia, President  
L.E.A.P. Arizona

It was a spur of the moment decision to drive to Atlanta, Georgia. My husband, Jose, asked me if I could make up my mind in 30 minutes! Whoa! Some friends were moving to Atlanta and needed us to carry their musical instruments for them in our van; their moving truck was packed full.

The thought of packing, wrapping up details at home and in the office, and then driving for 30 hours across the country was a dreadful thought for me at the time. My husband really wanted to go, though, and because our friends offered to pay for the gas and open their home to us northeast of Atlanta, I mustered all the strength and courage within me and agreed to go. Jose was really glad that I was willing to go with him, and it made me happy for him to feel that way. This made it much easier for me to live with my impulsive decision.

I frantically finished many last-minute details for the non-profit I founded, L.E.A.P. Arizona, Lyme Education Awareness Program. It was April 28th and May was Lyme Disease Awareness Month in Arizona. I had newsletters to prepare for mailing, files and information to gather to take with me to work on while in Georgia and instructions for the volunteer who would take care of the day-to-day responsibili-

ties while I was away. I got around to packing my suitcase and was ready to go by one o'clock a.m. I collapsed onto my bed, closed my weary eyes and drifted off into very deep, perpetual thought. Sleep never came for me. Instead, I had an idea flash into my mind that struck me like a bolt of lightning!

I was going to Atlanta! Home of the CDC, Centers for Disease Control and Prevention! I have been writing to them for two years demanding that the ILADS (International Lyme and Associated Diseases Society) Treatment Guidelines for

Lyme disease be posted on their website for physicians and patients! I could make this trip worthwhile for patients! I could light a torch in honor of Lyme patients and Drs. Jones and Jemsek, who are being prosecuted by their state medical boards! I could light it in front of the CDC! I could call the return trip to Arizona the

2007 Lyme Disease Patient/Physician Benefit Road Trip! I could ask every Lyme patient to contribute a small amount to help fellow patients and these two doctors who need our support! If the patients

L.E.A.P.'s website that explained the purpose of the road trip and provided a way for EVERYONE to donate! Believe me, I was really excited! We left the next morning, Sunday, and by golly we made



it all the way to Atlanta by Tuesday afternoon. It was a really rough trip for us--the van was packed full, the dog sat in my lap the entire trip and we had less than 10 hours of sleep by the time we arrived! Not a good start for a Lyme patient, so

I spent the next two days recuperating from the ordeal.

Our visit with our friends was really great, and we were able to visit with a few other Lyme advocates who live in neighboring states. This was so awesome for me to meet the people that I communicate with online and over the phone. These are really dedicated

advocates who give so much of themselves to further our cause. It was an honor to meet them, and I will always cherish that time spent with them!

I ordered the Lyme torch to be delivered to our friend's home and had the press release prepared for distribution. My Lyme infection has settled in my spine, and I have had muscle spasms for a couple of months. It was Saturday, May 12th, and I felt the spasm coming on while I went shopping for food for Jose's birthday party that night. The party was great fun until I turned around and felt my nerve tweak like a plucked guitar string. The next morning I could barely stand from the severe sciatica that ran through my buttock and down my leg. The pain was so intense that I had to breathe as though I was in labor! By Sunday night, everyone was urging me to go to the emergency room. I couldn't stay up all night, though, because I had made the commitment to be at the CDC to light the torch for Lyme patients and Drs. Jones and Jemsek the next morning. So, I decided not to visit the hospital.

Although it was difficult, we left in the morning, Monday May 14th, and drove to the CDC in Atlanta. The CDC is a fortress, so we parked across the street from the gated entrance and got our signs ready to hold up for the passersby. I could barely stand

*"Road Trip...cont'd pg 18"*

## Analysis: US May be Funding Germ Warfare Research

by Sherwood Ross

MIAMI, FL -- Some 113 universities, government hospitals, and corporate laboratories that often engage in research having the potential to be used for germ warfare, have refused to publicly disclose their operations as required by US Federal law, a nonprofit watchdog agency has charged.

Instead of shutting down their operations, the Bethesda, MD-based National Institute of Health (NIH), the government agency tasked with overseeing these laboratories, allows them to continue to operate, a peculiar stance for an entity describing itself as "the steward of medical and behavioral research for the [American] nation."

From California to New Jersey and from Boston to San Antonio, often in the heart of inhabited areas, biological warfare labs, lavishly financed since 2001 by the Bush administration with their share of about \$20 billion, are literally crawling with deadly germs, including diseases such as Spanish flu, Bubonic plague, Anthrax, Tularemia, and Rift Valley Fever. Reportedly, security is lax in some of the laboratories and safety procedures inadequate to protect the public from exposure to deadly pathogens.

Under US law, recipients of Federal funds for biotech research must comply with NIH-issued guidelines. These include making available to the public the minutes of the labs' Institutional Bio-safety Committees (IBC) meetings, describing their operations and plans. In a number of instances, these IBCs have never bothered to hold a meeting. In other cases, the minutes they have released are devoid of any substance.

In other words, the operations of such laboratories are in many cases being kept secret, reports Austin, TX, watchdog, Sunshine Project (Sunshine), a nonprofit body that attempts to protect the public from the risks of biotechnology experiments. The 1972 Biological Weapons Convention (BWC), to which the US is a signatory, prohibits research on offensive biological weapons. While lab research continues to be performed in secret, however, weapons designed for offensive use could ostensibly be concealed. An example of such a coverup may be seen in the 1930s when the Japanese military masked its secret germ warfare scheme as a water purification project.

As the US government-funded labs engage in "dual-use research," (pathogen studies having both offensive and

defensive applications), Sunshine's Edward Hammond reports he has "encountered grave problems with the system." Such troubling issues include "risky experiments approved with dubious safety precautions ... inadequate IBC review, dysfunctional and otherwise noncompliant committees, and other types of bio-safety problems."

Francis Boyle, an international legal expert at the University of Illinois, Champaign, puts it more bluntly. He called the in-house university committees "a joke and a fraud" that provide "no protection to anyone." Boyle, who drafted the Biological Weapons Anti-Terrorism Act of 1989 enacted by Congress, states the Pentagon "is now gearing up to fight and 'win' biological warfare" pursuant to two national strategy directives pushed through by George W. Bush and adopted "without public knowledge and review" in 2002.

Hammond lodged a complaint two months ago with Dr. Amy Patterson, director of the NIH Office of Biotechnology Activities, accusing 113 institutions of "non-compliance with the NIH guidelines," and more specifically, of refusing to honor requests for IBC meeting minutes.

"Honoring these requests is not only mandatory under the NIH guidelines that you are charged with enforcing [but] transparency is also a moral duty of institutions that conduct research ... and select [biological] agent work that could endanger the public," wrote Hammond to Patterson. He also pointed out to the NIH Biotechnology Activities director that: "Failing prompt compliance by these institutions we note that your office must do its duty under NIH Guidelines and terminate funding."

In the meantime, Patterson apparently had troubles of her own obtaining information from labs on the Federal payroll. She issued a "reminder" December 6, 2004, to universities engaged in research stating: "compliance with the NIH guidelines is critical to the safe conduct of research and to the fulfillment of an institutional commitment to the protection of staff, the environment, and public health."

It bears remembering that since 9/11, biotech houses, military laboratories, and State and private universities across America, as well as others situated in Canada, Australia, and South Africa, have collectively lapped up record sums in Federal research and development dollars.

Just how broad is this international biotech research enterprise? Sunshine reports that at the San Antonio, TX, Southwest Foundation for Biomedical Research (SFBR) alone, there are 6,000 caged chimpanzees, baboons, and other primates, whose mere upkeep costs US taxpayers \$6 million annually. Authorities also state that SFBR genetically engineers monkeys and harbors some of the world's most dangerous viruses such as those causing Ebola and Lassa fevers.

According to The Washington Post December 25, 2006, another institution benefiting from the US biotech research drive is the Battelle National Biodefense Institute (BNBI) of Columbus, OH, which has just received a five-year \$250 million award from the Department of Homeland Security (DHS) to run the new bio-defense analysis center under construction at Fort Detrick, MD. Earlier in the year, July 30, The Post had reported that much of what transpires at BNBI may never be publicly disclosed as the Bush administration "intends to operate the facility largely in secret." Battelle also does not maintain an effective IBC, Sunshine charges.

"Some of the research falls within what many arms-  
*"Germ Warfare" cont'd pg 17*

## Diving Deep for a Cure: Part II



by Laura Zeller

In Part I of "Deep Diving for a Cure" I discussed the basics of the use of Hyperbaric Oxygen therapy (HBOT) for Lyme disease treatment. To summarize, the basic principle is that by exposing the entire body to 100% pure oxygen, under pressure, the Lyme disease bacteria (*Borrelia burgdorferi*) will be destroyed. HBOT offers a strong alternative to traditional antibiotic therapy, as well as a powerful adjunctive therapy. HBOT has shown promise as a powerful treatment option for those afflicted with Lyme disease, especially when combined with antibiotics. In my experience, monoplace (single person) chambers gave me the best results during my Lyme treatment.

I recently had the opportunity to discuss the use of hyperbaric oxygen treatment in Lyme disease with Julia Sudylo, R.N. Julia is a Certified Hyperbaric Technician (CHT), who owns, and operates a HBOT clinic in Basking Ridge, New Jersey. The following is a question and answer with Julia which will describe the basics of monoplace HBOT.

### How can hyperbaric oxygen help Lyme disease patients?

Hyperbaric oxygen increases circulation to the body and that includes the brain. Oxygen crosses the blood brain barrier. This is why simultaneous use of antibiotics with HBOT is highly recommended. The increases of pressure and oxygen allow the antibiotics to penetrate deep into the body tissues where spirochetes like to hide. The 100% pure oxygen, administered at 2.4 ATA has been shown in studies (see references below) to directly kill *Borrelia burgdorferi*.

### How does HBO kill the Lyme bacteria?

*Borrelia burgdorferi* (Bb) is a bacterium that does

not survive under increased oxygen. Just as a fish would not survive out of water, these bacteria cannot survive in an increased oxygen environment. Lyme bacteria are microaerophilic, which means that they are debilitated in high oxygen environments. The spirochete that causes Lyme prefers an environment with decreased circulation because of the lack of tissue oxygenation in those areas of the body. According to a study by Dr. Charles Pavia, spirochetes were shown to die in the presence of hyperbaric oxygen both in vitro and in vivo. As the oxygen penetrates deep into the blood plasma and tissues, it stimulates the formation of new blood vessels, increases circulation to existing blood vessels, and helps those with decreased circulation heal. Most importantly for Lyme disease treatment is the potential for HBO to increase the effectiveness of antibiotics. As documented by Dr. Glen Burkland in a "Retrospective Review of Lyme Patients who received Hyperbaric Oxygen," *Borrelia burgdorferi* cannot survive in an oxygen-rich environment, because it is a facultative anaerobe. HBOT increases the amount of oxygen in the body, which in turn causes spiro-

chetes to die. When combined with HBOT, the effectiveness of antibiotics to kill the Lyme organism is increased as the medication is pushed deep into the body, attacking the spirochetes.

### What is a typical treatment protocol?

Treatment protocols vary depending on the condition of the patient. They range from 1.5 ATA for brain injury to 2.4 ATA for Lyme disease. This does not account for Decompression Sickness (DCS) where you would require a repetitive dive sequence. Therapeutic sessions are typically 40 sessions long. However, in the Lombard/Burkland study, it was observed that more permanent results were achieved with up to 60 to 80 sessions. Individual results vary. Typically, Lyme patients begin a protocol of 30-60 initial treatments, followed by 10 treatments every 4-6 weeks for as long as it takes for symptoms to abate. Each patient's LLMD will prescribe an individual protocol specifying the length of treatment. Each patient responds differently. Some patients dive once daily, while others prefer the

more aggressive approach of 2 dives per day. You must have a doctors prescription for HBOT. William Fife, Ph. D., a Hyperbaric Medicine specialist at Texas A&M University, helped establish the Lyme disease protocols for HBO.

### Is HBOT covered by insurance?

Currently, the insurance industry has only been friendly to a limited amount of indications. Reimbursement is limited to the 13 approved conditions by the Undersea Hyperbaric Medical Society (UHMS). Lyme is not one of the diseases that is approved, and although it has shown to be a significant benefit to Lyme patients, it is still labeled as investigational.

### What are some preparations for HBO therapy?

A completed physical is indicated, including a chest x-ray. Before any session, it is advisable to consume a healthy meal, free of any carbonated drinks. For those with a history of upper respiratory infections, it is advisable to take a decongestant the evening before

*"Diving Deep"...cont'd pg 14*

## What's New In Research?

### An interview with Dr. Brian Fallon, Columbia University

by Sue Vogan

#### Is the new Lyme & Diseases Research Center at Columbia University for research only or will victims of Lyme disease be able to receive treatment there?

It's only going to be for research. In the context of treatment, we will be doing treatment-trials, so patients will be involved.

#### Ft. Detrick and Plum Island are/were doing tick-borne disease research. How will the new center be different?

I can't speak to as what other places are doing, but I can say that the facility at Columbia has brought together a number of outstanding scientists - some of whom are among the best in the world in their area of expertise. For example, just to look at tick co-infections we have brought in Dr. Ian Lipkin, one of the world experts on the identification of foreign pathogens. Using this biotechnology that he's developed for rapid assessment of unknown pathogens, (by) applying that technology and his scientific brilliance to study what else might be inside ticks, we might be able to find what else may be inside spinal fluid in some of our patients.

#### How will the new center be funded?

It's partly funded by Columbia, partly by the donors, partly by New York State. The ongoing research that we do is going to be funded in an ongoing way by the donors for pilot studies and by Federal grants

we are awarded from promising results from pilot studies.

#### How many people/researchers will be employed at the new center and how were they selected?

Hiring someone full-time takes an enormous amount of money, as you can imagine. Bringing in an outside scientist, to recruit someone to the university, takes approximately \$6 million alone. Rather than use the \$3 million that we have for that purpose, we decided to make access of the physicians who are already employed here (Columbia University). We won't be paying the salaries of the senior researchers, but rather paying the salaries of more junior researchers.

#### You'll be at a Lyme disease symposium in West Haven, Connecticut on May 19, 2007. What can we expect to hear from you?

I am interested in summarizing what's been learned by the studies of chronic Lyme disease to this point, including

my own studies, indicating where we should go in the future. What are the promising leads that came from this research, what questions remain, what problems emerged, how studies should be designed in a better way so as to elicit the true test of hypothesis that you want to test.

#### The Lyme disease community is anxiously awaiting the results from your last research project - when will the results be published?

I hope very soon. I can't give you a date, but I think we are getting closer to that point.

#### Is there anything in particular holding the publication up?

Whenever you're the CM of a paper that has findings that are somewhat different from the rest of the medical literature, the reviewers justifiably want to be cautious and careful about exactly what was done in the study, so they ask lots of questions. It's not unusu-

al when you have a study that is complex and has results somewhat different from the mainstream.

#### You have a research project that you're currently working on - "hypochondria."

*(Dr. Fallon chuckles ever so slightly - perhaps because I did my homework before the interview)*

Yes, that's right.

#### Do you see many hypochondriacs or is it prevalent with chronic disease?

I don't see a lot of hypochondria within the Lyme patients. My interest in hypochondria stems from an earlier portion of my life when I was studying obsessive-compulsive disorders. Whenever you're doing research, you have to keep the grants coming from wherever you can get them, so because I also have a major expertise in hypochondriasis, this study was a logical one to do on the treatment of hypochondria. One of the advantages of a Lyme center is

that once the endowment or the funding gets big enough or we get more grants in, we can focus more on Lyme disease than other things that you need to be focusing on in order to keep the salary of the employees and other things you have going.

#### In your opinion, is long-term antibiotic treatment effective for Lyme disease patients?

In my opinion, long-term treatment can be helpful. "Effective" is a complicated word because it implies a number of things. It can be helpful to improve symptoms. Unfortunately for a number of patients, that improvement may not be sustained. So, even though they're helpful, they're not necessarily always a curative.

#### How did you first become interested in Lyme disease?

I live in Connecticut and a lot of people around here get Lyme disease. Polly

*"Research"...con't pg 16*

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# Why Doesn't My Doctor Know This?



by Kent Holtorf, MD

A question that is often raised by patients is "Why doesn't my doctor know all of this?" The reason is that the overwhelming majority (all but a few percent) of physicians (endocrinologists, internists, family practitioners, rheumatologists, etc.) do not read medical journals. When asked, most doctors will claim that they routinely read medical journals, but this has been shown not to be the case.

The reason is multi-factorial, but it comes down to the fact that the doctors do not have the time. They are too busy running their practices. The overwhelming majority of physicians rely on what they learned in medical school and on pharmaceutical sales representatives to keep them "up-to-date" on new drug information. Obviously, the studies brought to physicians for "educational purposes" are highly filtered to support their product.

There has been significant concern by health care organizations and experts that physicians are failing to learn of new information presented in medical journals and lack the ability to translate that information into treatments for their patients. The concern is essentially that doctors erroneously rely on what they have previously been taught and don't change treatment philosophies as new information becomes available. This is especially true for endocrinological conditions, where physicians are very resistant to changing old concepts of diagnosis and treatment despite overwhelming evidence to the contrary, because it is not what they were taught in medical school and residency.

This concern is particularly clear in an article published in the New England Journal of Medicine entitled "Clinical Research to Clinical Practice - Lost in Translation."<sup>1</sup> The article was written by Claude Lenfant, MD, Director of the National Heart, Lung and Blood Institute, and is well supported. He states there is great concern that doctors continue to rely on what they learned 20 years before and are uninformed about scientific findings. The article states that medical researchers, public officials, and political leaders are increasingly concerned about physicians' inability to translate research findings in their medical practice to benefit

their patients, and states that very few physicians learn about new discoveries [via] scientific conferences and medical journals and translate this knowledge into enhanced treatments for their patients.

He states that a review of past medical discoveries reveals how excruciatingly slow the medical establishment is to adopt novel concepts. Even simple methods to improve medical quality are often met with fierce resistance. The article states, "Given the ever-growing sophistication of our scientific knowledge and the additional new discoveries that are likely in the future, many of us harbor an uneasy, but quite realistic, suspicion that this gap between what we know about diseases and what we do to prevent and treat them will become even wider. And it is not just recent research results that are not finding their way into clinical practice; there is plenty of evidence that 'old' research outcomes have been lost in translation as well."

Dr. Lenfant discusses the fact that the proper practice of medicine involves "the combination of medical knowledge, intuition and judgment" and that physicians' knowledge is lacking because they don't keep up with the medical literature. He states that there is often a difference of opinion among physicians and reviewing entities, but that judgment and knowledge of the research pertaining to the patient's condition is central to the responsible practice of medicine. He states, "Enormous amounts of new

knowledge are barreling down the information highway, but they are not arriving at the doorsteps of our patients."

These thoughts are echoed by physicians who have researched this issue as well, such as William Shankle, MD, Professor, University of California, Irvine. He states, "Most doctors are practicing 10 to 20 years behind the available medical literature and continue to practice what they learned in medical school... There is a breakdown in the transfer of information from the research to the overwhelming majority of practicing physicians. Doctors do not seek to implement new treatments that are supported in the literature or change treatments that are not."<sup>2</sup>

The Dean of Stanford University School of Medicine understands that there is a problem of doctors not seeking out and translating new information to benefit their patients. He states that in the absence of translational medicine, "the delivery of medical care would

remain stagnant and uninformed by the tremendous progress taking place in biomedical science."<sup>3</sup>

This concern has also received significant publicity in the mainstream media. In an article published in a 2003 Wall Street Journal article entitled "Too Many Patients Never Reap the Benefits of Great Research," Sidney Smith, MD, former President of the

research because it is not what they have been taught or what they practice, and refuse to admit that what they have been doing or thinking for many years is not the best medicine. He writes, "A large part of the problem is the real resistance of physicians... many of these independent-minded souls don't like being told that science knows best, and the way they've always done things is

Journal of the American Medical Informatics Association reviewed by The National Institute of Medicine reports that there is an unacceptable lag between the discovery of new treatment modalities and their acceptance into routine care. They state, "The lag between the discovery of more effective forms of treatment and their incorporation into routine patient care averages 17 years."<sup>7,8</sup>

In response to this unacceptable lag, an amendment to the Business and Professions Code, relating to healing arts, was passed. This amendment, CA Assembly Bill 592; An act to amend Section 2234.1 of the Business and Professions Code, relating to healing arts, states, "Since the National Institute of Medicine has reported that it can take up to 17 years for a new best practice to reach the average physician and surgeon, it is prudent to give attention to new developments not only in general medical care but in the actual treatment of specific diseases, particularly those that are not yet broadly recognized [such as the concept of tissue hypothyroidism, Chronic Fatigue Syndrome, and Fibromyalgia]..."<sup>9</sup>

The Principals of Medical Ethics adopted by the American Medical Association in 1980 states, "A physician shall continue to study, apply, *"Why"...cont'd on pg 13*

**"The concern is essentially that doctors erroneously rely on what they have previously been taught and don't change treatment philosophies as new information becomes available. This is especially true for endocrinological conditions, where physicians are very resistant to changing old concepts of diagnosis and treatment despite overwhelming evidence to the contrary, because it is not what they were taught in medical school and residency."**

American Heart Association, is very critical of physicians for not seeking out available information and applying that information to their patients. He states that doctors feel the best medicine is what they've been doing and thinking for years - because that is what they've been doing. They discount new

rent literature, believing proper care is what they learned in medical school or residency and not basing their treatments on the most current research. They found the longer a physician is in practice, the more inappropriate and substandard the care.<sup>6</sup>

A study published in the

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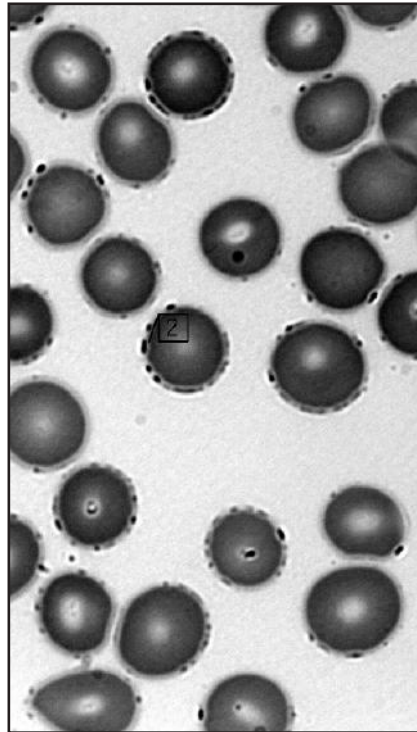
# Personality and Character Flaws Caused by Infections and Inflammation:

## Lyme, Bartonella, Babesia, Biotoxins, Indoor Mold and Inflammation Routinely Alter Mood and Relationships



by Dr. James Schaller, MD

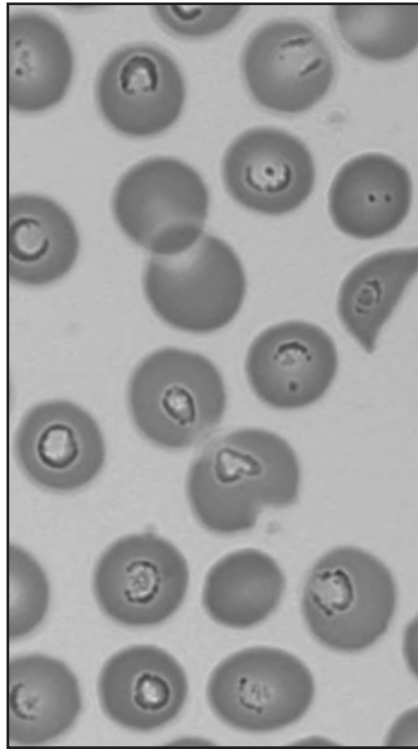
All of these behaviors, mood problems and cognitive troubles listed above were found in seven patients whose blood imagery is below. None of the physicians who treated them diagnosed their Bartonella and Babesia-perhaps because these are newly appreciated emerging infections are best visualized with a new specialized blood stain.



*Extensive Small Bartonella Bacteria Attached to the Outside of Red Blood Cells- Note box pointing to the Bartonella..*

(From S. Fry Laboratories)

An infectious disease physician told me my patients had too many positive results for Lyme, while his laboratory Lyme Western Blot results are almost always negative, including in patients with extensive tick bites and repeated bulls eye rashes. He is fully certain that his lab is reliable. I would not trust them to identify a stone.



*Extensive Babesia Parasites Inside Red Blood Cells-Ring and Crescent Forms .*

(From S. Fry Laboratories)

They missed the infections in the two images above and did not report the Babesia or Bartonella on a manual blood smear, and they also missed these two infections and Lyme in tests for antibodies against each of these infections.

As I reflected on this physician's extreme rigidity, unreasonableness and routine false negative results in patients with obvious Lyme disease, I realized something was cognitively wrong with him. Upon reflection, I realized when I talked with him for over thirty minutes that I observed many personality, character and neurological flaws; then I realized I had many patients with similar flaws. Many of my patients had very subtle, pathological personality signs, not merely obvious bulls-eye rashes. So I began testing for all major tick-borne infections whenever I noticed any small personality abnormalities, cognitive changes or emotional troubles-things commonly missed by relatives, friends and physicians, and which were called "character troubles."

I believe the most common symptoms of Bartonella, Babesia, Lyme, indoor mold

and biotoxins are small emotional and personality changes. If we look at the evolution of Lyme and Bartonella, we see that the symptoms regarded as central, are not found in most patients. For example, Lyme disease was initially seen as almost entirely a rheumatology and joint disease. Yet today we now know that a large percentage of patients have no arthritis.

In contrast, I would propose that 90% of Lyme patients will at some time show psychological, psychiatric or cognitive neurological findings. I feel that my preliminary work on my Bartonella textbook shows that this infection has a massive variety of psychiatric and neurological signs and symptoms, and these are far in excess of simplistic views of Bartonella as a short "cold" with transient enlarged lymph nodes which is fully gone in a few weeks.

I have found that Bartonella causes virtually every psychiatric illness, personality illness, and mood and cognitive disorder. The patient cases below are routinely found with "recovered" Bartonella and Lyme patients.

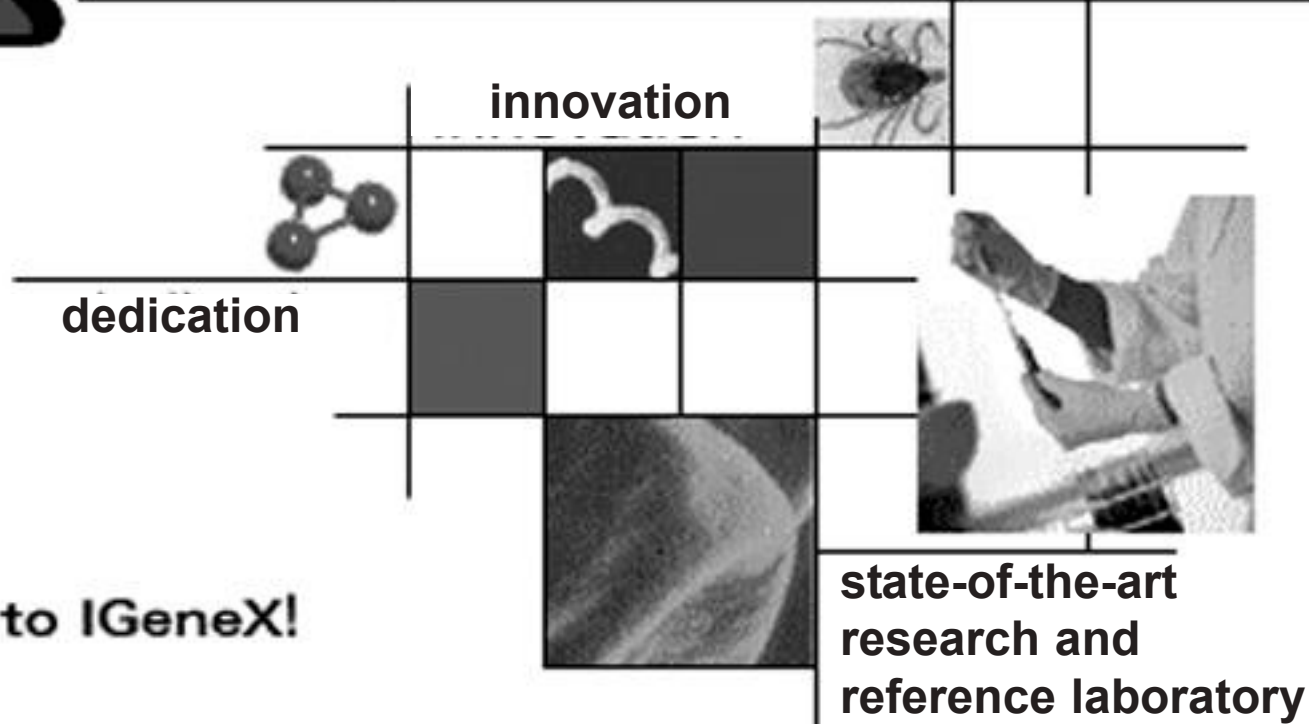
Infectious disease physician  
"Personality & Infection" pg 9

Do you see any of these in yourself or others in your life?

- \* Moody and irritable
- \* Rigidity
- \* Impulsivity
- \* Poor insight
- \* New distractibility
- \* Trouble finishing a task
- \* Acting unwisely with money, drinking, drugs, sex or speech content
- \* Decreased speech speed and smoothness
- \* Decreased coordination
- \* Stress with transitions or change
- \* Routine lateness
- \* Empathic deficits
- \* Social group-think perception deficits
- \* Poor boundary awareness



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“Personality & Infection”...cont'd from pg 8

cians have a very poor ability to notice highly subtle psychiatric and cognitive changes, and so do not notice residual inflammation brain pathology. Infectious disease physicians and General Physicians are able to diagnose enlarged lymph nodes and fevers, but are unable to notice subtle character, psychiatric and cognitive changes. Many physicians are seeing emerging infections and emerging biotoxin issues, but they are often so subtle that they are seen as being a part of a person's character defects, and not medical or psychiatric in any way.

Psychiatric character changes and small cognitive neurological illness is much more common in Lyme, Bartonella, Babesia or indoor mold exposure-more than any other sicknesses in the illnesses we have mentioned above.

So, for example, if you feel that arthritis or joint symptoms are the most common symptoms of tick or flea infections, I would suggest that you are wrong. Individuals with these infections have findings far more common in the large neuropsychiatric area as compared to the percentage having joint disease. And these people with psychiatric and characterological impairment are more likely to be rejected by their spouse, children, parents, siblings, friends and work associates.

These neuropsychiatrically ill individuals are often rejected and alienated by loved ones because their brain illness is incorrectly considered "character impairment." The brain infection and brain-inflamed illness is seen incorrectly as "who they are." Sometimes patients do better with joint disease because they are seen as a poor, suffering patient with arthritis. However, if the infections and biotoxins cause significant brain inflammation areas, these patients are seen not as having a neurological or psychiatric disease, but as being "bad." They are seen as nasty, selfish, self-centered, distant, restless, lazy, moody, rigid, impulsive, clueless, distractible, unhelpful, abusive, uncaring, pushy and impulsive.

I believe millions of people with "personality and emotional problems" are actually clear victims of newly emerging infections caused by common ticks, fleas, contact with flea feces and dust mites. Character disordered people or individuals with eccentric aggression can have these problems, caused by Lyme disease, nine human Bartonella species, thirteen human Babesia species, and flea and dust mite feces contact. Some are also character disordered by the biotoxins from indoor mold, Lyme disease or Bartonella-not the bacteria or spore, but the outer surface toxin.

Below are samples of the causes of brain inflammation or brain infection which clearly alter a person's personality. When the brain is inflamed or infected, a person's behavior is seriously changed in very specific ways-from starting fist fights to mild restlessness. Since I see this every

day, I believe it is critical we stop calling the medical illnesses, which alter brain function in very stealthy ways, as "flaws in character", or as "immorality."

Many infections and many types of inflammation alter behavior. In patients with Bartonella, Babesia, Biotoxins, Lyme, indoor mold exposure, or inflammation, approximately 97% have clear personality problems that are considered character and personality flaws by their friends, relatives and co-workers. This often leads to abuse of the patient, and rejection and isolation of these neurological and psychiatrically impaired individuals. These infectious, biotoxin and inflammation diseases are so severe that at least 20% require schizophrenic and antidepressant medications at profoundly extreme treatment levels. Another 40% are quickly biochemically overwhelmed by

extremely low slivers of the smallest doses, because their brain is so sensitive and inflamed. They have a brain on fire, which is severely inflamed-which has nothing to do with character, morality or their true personality.

It is critical we stop calling these medical illnesses "flaws in character." They are clearly due to altered brain function by very stealthy infections and profound inflammation.

Tick and flea infections and indoor mold all affect the front part of the brain. We call this the "frontal lobe." Think of it as the top of a pyramid. If a "brick" is out of place below the top of the structure, the top of the pyramid will be "off." Similarly, if brain tissue is irritated, inflamed or infected below the frontal lobe, it will alter a person's personality.

So why should you care? Again, the brain is probably the most sensitive organ in terms of irregularities. If you deprive it of glucose or oxygen for minutes you are dead, but many muscles can last hours. Therefore, I believe the brain is the most sensitive organ to Lyme, Babesia, Bartonella and mold biotoxins.

**Common Frontal Brain Signs**

**"Flaky" & "Spacey"**

Kim is called "flaky" because she is regularly distracted. She was not that way until she moved to Long Island at the age of twenty-four. She has two kids who are now in school, and while she is busy, even when on a vacation for the weekend with girlfriends, she is distracted. Her basement was found to have three species of toxic mold.

**"Clueless" About Self Health**

Ed is a respected engineer with a home near deer walkways and occasionally mice. The neighbor's horse gets two shots a year for "Lyme." A

man a few blocks away died of an aneurysm two years ago. Ed's daughter has an unusual arm tingling problem. When I mentioned he might consider being tested by a progressive lab like IGeneX for Lyme, he saw no need. He gets "regular yearly exams and lab work, takes nutrients, and exercises."

A year later a child down the street had a seizure and was diagnosed with Lyme. Ed's dog was also diagnosed with Lyme in a routine screening test. He still sees no need for his own testing. He feels "fine." Why would a very smart man, who prepares for everything in his business, be unable to connect his many risks of Lyme disease and get a \$190 test? He has insight impairment.

Mark is a physician who has read hundreds of pages on chronic untreated Lyme and the biotoxins Lyme leaves after it is

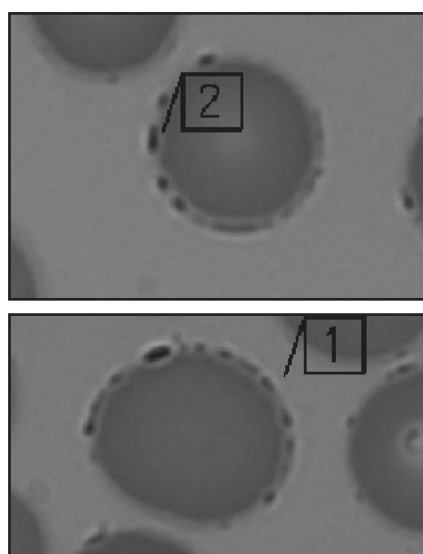
dead. He knows he has had the illness at least twenty years. He does a couple months of antibiotics and then stops talking to his physician. He also stops taking cholestyramine to bind up his Lyme toxins. Without thinking, he drifts

into a state of non-reflection and non-treatment. Why? His ability to evaluate himself, or look at himself, is impaired. Mark also is positive for Bartonella based on a patent-pending blood smear showing Bartonella attached to the outside of his red blood cells.

He would only do this test after I agreed to pay for his lab. His blood looks similar to this sample below.

**Decreased Productivity**

Linda has been running her household and a part-time job for five years. In the last two years, very slowly, she has been finding her "to do" list harder. She has new trouble completing a complex task, i.e., carrying it from "a" to "z." She has Babesia and Lyme. The Babesia testing took a long time to have done because it was low on her "to-do" list. Her blood looks approximately like this sample. Obviously she has decreased productivity which is outside her awareness due to



Number 1 and 2 are Pointing to Samples of Bartonella Attached to the Outer Surface of Red Blood Cells. (Bartonella Slide courtesy of Fry Clinical Laboratory)

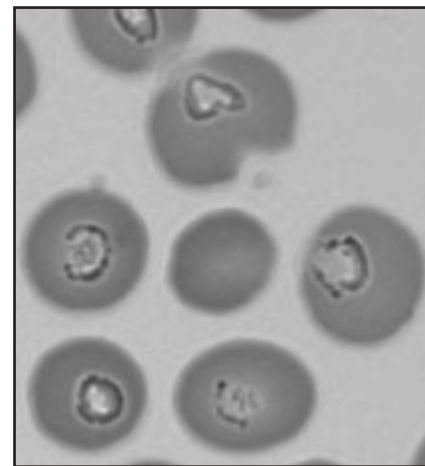
Babesia. All the cells that

appear to have a nucleus are actually showing parasitic Babesia inside the cells. (Babesia Slide compliments of Dr. S. Fry)

**Impulsivity**

Michelle has been arguing with her husband a lot this year. She spends so much money on clothes, crafts, furniture, and antiques that he says it seems she wants him to work to death. She feels guilty at times, and does not know why she spends as she does.

Her brother "acts out" with drinking and marijuana. He has wanted to cut back on both, but finds it very challenging. He has tried NA and AA, but finds it hard to attend in a



Babesia inside red blood cells

sustained manner.

Tom struggles with anger and since his visit to his friend's home in Harrisburg, PA on a hunting trip in the surrounding counties; he finds he "goes off" on his wife in a way that scares her. She is fairly stunned that his drive has turned into greater work intensity and hostility at modest frustrations. He curses, yells and throws things. "He never did this before," she reports. His tests came back positive for Lyme and Bartonella.

Lynn loves her husband. He works hard, and she knows he is trying to find them a better life. She is frustrated with her life and yet is unable to explain why. She has traditional morals, but ends up sleeping with the local pharmacist. She asks, "What was I thinking?" She reported having a bulls-eye rash when she was nineteen, and being treated only two weeks with a low dose antibiotic.

**Rigidity to New Ideas, Changes, Demands on Time**

Anthony is a bright man, and he has "always been open to new ideas." Recently, he has had worsening pain in his knees and shoulder. He used to play different sports, which caused some injury to these joints. When he mentioned that they were originally from New Jersey, I mentioned Lyme, which has enzymes to dissolve cartilage and can affect bones. He rolled his eyes when I mentioned this, and yet tried to not let me see. I mentioned to him that Lyme could make any area of body weakness worse. (He kept forgetting this point in our conversations. I guess his joints are somehow affecting his memory?) He mentioned he had been to see Dr. Robins and the prestigious Dr. Smith, and if "I had Lyme I am sure they would have checked for it."

I asked him since when were surgeons, who are routinely sued and fighting to make a

profit, able to find the "free time" to read about cutting-edge tick illness disease material? The unwillingness to even consider my comments a possibility shows frontal rigidity. He refused testing.

Mark has been having some chest tightness and depression for many years. He was hospitalized twenty-three years ago for a very high fever. He was given antibiotics for an "unidentified infection" and after twelve days was released. Yet he had residual fatigue, depression and anxiety. He has seen over thirty different physicians in six states, trying to find a cause for his emotional trouble. When his labs came back he was positive for Lyme, Ehrlichia and Bartonella.

Ticks, especially poppy-seed sized ticks, carry these three common infections. He also showed high body inflammation (a high MMP-9 and a low VIP), and HLA genes that showed he was very mold susceptible to mold biotoxins. He said over ten times, over and over again in the months that followed, "I just cannot believe my respected doctors all missed this diagnosis." He was treated with four different antibiotics; then Actos to cool down his inflammation genes, and cholestyramine to remove the Lyme and indoor mold biotoxins. He is better every few weeks and is improved 80%. He is off three of his psychiatric medications and the other two are markedly more effective. He was agitated and suicidal when I first met him, now he is only merely occasionally bored. He finally understands he was ill and it was impacting his brain.

**Narcissism/Profound Self-Centered Thinking**

Alice complains routinely. She hijacks conversations to talk about herself. When you talk with her you sense she is not connecting-you could just as easily be a chair. She was diagnosed with Lyme by IGeneX, had a number of signs and symptoms of Lyme, and had a SPECT scan consistent with Lyme. On a heavy metal challenge she showed elevated arsenic and lead. A home water test by Doctor's Data found both metals elevated in the well water. After treatment, she slowly had a personality shift. Her ability to care and connect is clearly improved. She believes both the infections and metals undermined her brain function and altered her personality.

**Processing Trauma**

Pam's husband cheated on her during their early years of marriage. She is married over 30 years and talks about it like it was yesterday. I have no evidence that he has violated his vows since those early years when he was an alcoholic. They have had eight years of therapy, but the pain of the betrayal has not been "metabolized." Both are IGeneX positive for Lyme and she is also positive for Bartonella. She had a bulls-eye Lyme rash in the 80's and two

"Personality"...cont'd pg 15

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JAMES SCHALLER, M.D.

# SUBOXONE

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Having had access to the final drafts and being acknowledged for some technical assistance in finalizing the text, I have no hesitation in recommending this book to anybody interested in obtaining a concise guide to Suboxone. Suboxone (Buprenorphine+Naloxone) is THE major advance in the treatment of opiate/ pain medication dependence/addiction in the last 30 years, and this book is an excellent explanation of the what, why, when and how it should be used. This book is useful to anyone who is interested in using Suboxone as a consumer, or prescribing physician, or learning about the details of this drug's use. If you have a heroin, opiate or pain pill problem, or know someone who has, buy this book to get an informed and concise reference to the most promising treatment for opiate dependence, a highly disabling, dangerous, and potentially fatal illness. This book could save your life.

Michael F. Sheehan MD, Board Certified Addiction Psychiatrist



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Foreword by  
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New Lyme disease treatments are desperately needed. This book provides them. In the book you will learn about the following 10 cutting-edge conventional and alternative Lyme treatments.

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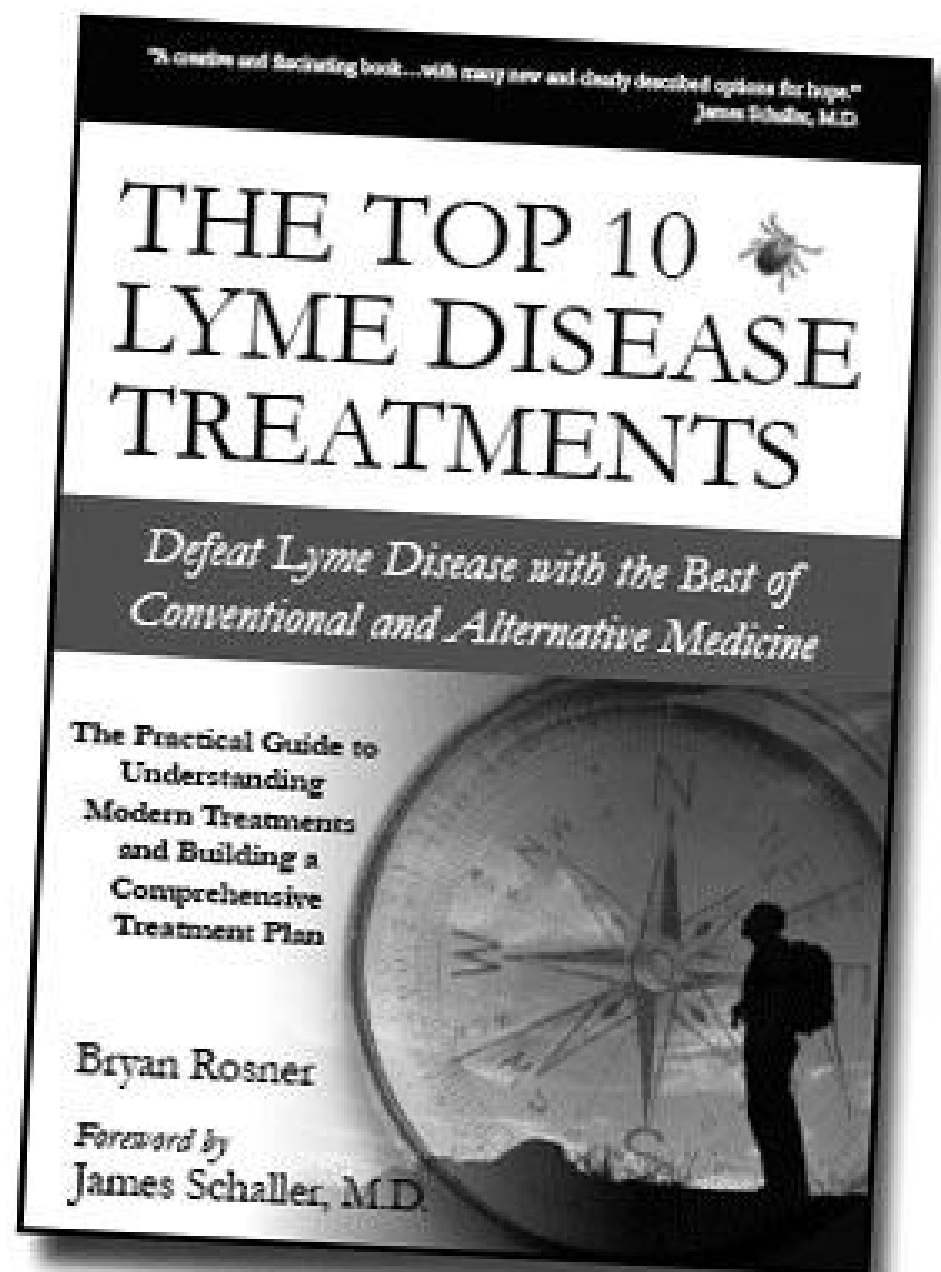
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alsassoc@alsphiladelphia.org

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lymediseaseassociation.org/  
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Larry Levy  
Larry@valuepro.netbox.com

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Lyme Education Awareness  
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Jim Schmidt (334) 358-3206  
jschm47974@aol.com

**Arkansas**

Mary Alice Beer  
(501) 884-3502  
abeer@artelco.com

**National Support:**

truthaboutlymedisease.com/forum  
Dana Floyd, director

**Lyme Disease Support Groups cont'd**

**Kansas**

913-438-LYME  
Lymefight@aol.com

**Montana**

bepickthorn@earthlink.com

**North Carolina**

Stephanie Tyndall  
sdyndall@yahoo.com  
Lenoir County Hospital,  
Kinston, NC

**New Mexico**

Veronica Medina  
(505)459-9858  
vrmedina@comcast.net

**Oklahoma**

Janet Segraves 405-359-9401  
Janet@LDSG.org  
www.LDSG.org

**Portland, Oregon**

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**Greater Austin Area Lyme Council.**

Teresa Jones  
tmomintexas2@yahoo.com

**Houston**

Contact: Teresa Lucher  
lucher@sbcglobal.net

**Washington State**

Alexis Benkowski  
WA-Lyme-owner@yahoogroups.com

**WI / IL / MN Regional areas**

Contact PJ Langhoff  
(920) 349-3855  
www.Sewill.org

www.LymeLeague.com (Intl)

**Lyme Coalition of N. Wisconsin**

Pat Jackson (715) 356-3364  
www.pattyknack.com  
pattyknack@charter.net

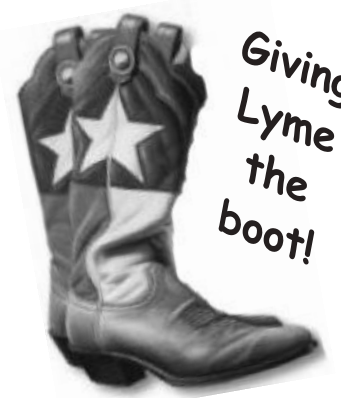


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## CALLING ALL TEXAS LYME PATIENTS AND CAREGIVERS!

STAND UP FOR LYME (SUFL) invites you to join our email list to receive news of advocacy activities and events promoting awareness of and solutions to issues faced by Texas patients.

To join the list, go to www.standupforlyme.org and click the "Contact Us" link in the left hand side menu bar. Then have a look around the site to learn more about Lyme in Texas and the nation.

SUFL has been busy cultivating important state legislative supporters to develop a strategy which will lead to protection of our Lyme Specialists, and our work continues.

We are planning important future events for all to participate in. Please join the SUFL list for news and coming announcements with all the details!

Working together we can make Texas a leadership state for quality care of those suffering from Lyme and associated vector-borne diseases.

Join us!

The STAND UP FOR LYME Team

www.standupforlyme.org

## "Book Review" ..cont'd from pg 15

the whole human race. The information it contains is key to the survival of our species.

We desperately need to return to a simpler way of life which includes families and communities producing their own foods. Of course in the cities this is not entirely possible, but we need to begin somewhere.

Support your local farmers and encourage them to produce their food in the most natural way possible. This will be a major step in taking back the control and safety of our food supply.

We must begin now to avoid the restrictive laws (under the guise of protection) which are traveling towards us,

down the road, at an ever increasing speed. pha

For more information, please visit the Price Pottenger Nutrition Foundation at www.ppnf.org

## Ticktoons



by Terri Reiser

## “Run”... cont'd from pg 1

Lyme disease sufferers their connection to the world runs through the wires of their computers. Could I worm into the homes of these people through Internet connections to interest them in the Forest Lake event? Because Lyme disease sucks away brain cells and financial resources I needed something easy and free to involve Lyme-suffering cyberspace friends.

In a Lyme Net ([www.lymenet.org](http://www.lymenet.org)) message I asked for "paper participants." I asked people affected by ...Lyme disease--"[who] can't walk to the mailbox let alone come to Minnesota to walk or run in an event"--to send in their names. I promised each name sent to me would be written in a Lyme-green paper circle along with the county and state of each paper participant. Name circles would be physically carried on the Forest Lake trail by people walking and running in the event.

Names trickled in. My posting directions were poor, another step in the dark. I reconsidered my original message. My thoughts of the Lyme-Walk's paper participants centered on people visibly crippled

by Lyme disease but I realized the illness cripples in other ways.

I enlarged the circle of Lyme by writing a reply to my own posting: "You don't have to be in a wheelchair or walk with a cane. Maybe you can't drive a car any more, or you can't return to the job you had before Lyme, or you were sick in bed with Lyme but you're better now. You count too!"

Names filled my email. I wrote back to every sender.

Later, in response to the email plea for more names sent by a friend who strayed from my original message, people sent in names of family members who didn't have Lyme disease but were affected by the sickness of one family member.

They let me know they would be walking or running in Minnesota for their loved one if they could. Another consideration. The circle of Lyme disease expanded outward.

disease heartache left tears on my computer keyboard. People wrote of whole families infected with *Borrelia burdorferi*--the Lyme-disease carrying bacteria, of job loss, lost family connections

and friends, of financial devastation, and misdiagnoses. One Wisconsin woman, Mary Jean, had been misdiagnosed with Multiple Sclerosis for twenty-five years before she learned she has late-stage Lyme disease. I took her name for myself. Her husband also has Lyme disease. I took his name too.

As I pinned and stapled paper participants to t-shirts, jackets, and the numbers runners and walkers were wearing during Saturday's event, I explained, "For many people

with Lyme disease, knowing you are carrying them with you along this trail is the biggest and happiest thing that might happen to them in months."

My words scored bull's-eyes. People grew serious and thoughtful. They didn't know what to say as they took on the names but somehow the message of the paper circles spread throughout the crowd. A stampede of people rushed forward asking for names to carry.

Later, as I walked the trail myself, I saw runners and walkers looking at the circles of paper, acknowledging at least for a moment the pain of a person suffering from Lyme disease.

When the walkers and runners were gone and it was time to tear down tents and pack away tables and chairs, Jill's husband held out a bouquet to me: "Thank you for doing that with the names. It made this more than what was here; it was a spiritual event."

To view more MN Lyme-Walk photos visit [www.minnesotalymeactiongroup.com](http://www.minnesotalymeactiongroup.com) *pha*



5K race participants wearing the names of Lyme patients who were too sick to run for themselves. Names of Lyme victims came in from all over the country and were worn on the shirts of the race participants.

Lyme disease support group leaders began collecting names for me. I fell behind in my email responses and struggled to write every name in a new paper circle.

When names poured in from thirty-two states, Canadian provinces, and England, the circle of Lyme

has been for many, many years. Still very few people do anything to stop the problem. Some officials deny that Cheese is a growing trend, and there isn't much information available to kids about why it's dangerous, or how they could die on their first use of the drug. One Dallas news station reported that some drug pushers are adding Nestle's Strawberry drink mix into the Cheese in order to lure a younger crowd with "strawberry flavored Cheese".

Cheese is not an original drug mix, though. Last year there was a scare with Pepto Bismol mixed with liquid ecstasy, which was called "Pickles", and supposedly there's a new drug about to hit the streets, a mixture of flour, methamphetamines, and oatmeal, called

"Sesame Seed Bun".

So my word of advice to my teen audience and their family is to be cautious and aware. This is a deadly drug. Don't do it. It will kill you. You may never have a second chance. Your first use of Cheese just may be your last use and your last breath. *pha*

### Community Help Lines

**Greater Dallas Council on Alcohol and Drug Abuse**  
214/522-8600

Information and referral help line; clearinghouse for drug information, resource materials, prevention, education. M-F, 8-5

**Contact Counseling and Crisis Line** 972/233-2233. Telephone counseling; crisis prevention and

intervention; general information and referral; TEEN CONTACT line for adolescents. 24 hrs.

### Adolescent Treatment

Free assessments; low or no cost for those who qualify:

**Phoenix House**  
214-999-1044 x3157  
Residential/outpatient, 13-17, male/female

**Dallas Challenge/Phoenix Project** 214/942-5166.  
Outpatient, 13-17, male/female

**Nexus Recovery Center**  
214/321-0156  
Residential/outpatient, 13-17, female

**Holmes Street**  
214/421-7580. Residential/outpatient, 13-17, male

## “Say Cheese”...cont'd from pg 4

lethargy, sleepiness and hunger. With something this cheap and easy to get, it's no wonder kids as young as 11 are getting hooked on it.

It is a growing problem. Arrests for possession of the drug have jumped up 80% this year alone, and the drug has caused a 600% jump in heroine addiction. So far, the dealers' handiwork - a powder known to be snorted in school bathrooms or in the backs of classrooms - has resulted in about 200 criminal cases against students from Marsh and Cary middle schools and W.T. White, North Dallas and Thomas Jefferson high schools in Texas.

"There's nothing new about marketing drugs to kids," experts say.

Years ago, a similar product was called "Chiva," a mixture of heroin and brown sugar. "Like cheese, Chiva was particularly popular in largely Hispanic communities," recalled Phil Jordan, the former head of the Dallas Drug Enforcement Administration office.

"In the end, cheese is nothing more than heroin, and heroin is heroin, is heroin," he said. "Drug pushers are no different than advertisers. They're constantly looking for new ways to market their poison, and so now they call it Cheese. But it's the same old garbage, different name and deadlier," as Jordan reported in the Dallas Morning News.

Heroine is being thrown at kids in different ways and

has been for many, many years. Still very few people do anything to stop the problem. Some officials deny that Cheese is a growing trend, and there isn't much information available to kids about why it's dangerous, or how they could die on their first use of the drug. One Dallas news station reported that some drug pushers are adding Nestle's Strawberry drink mix into the Cheese in order to lure a younger crowd with "strawberry flavored Cheese".

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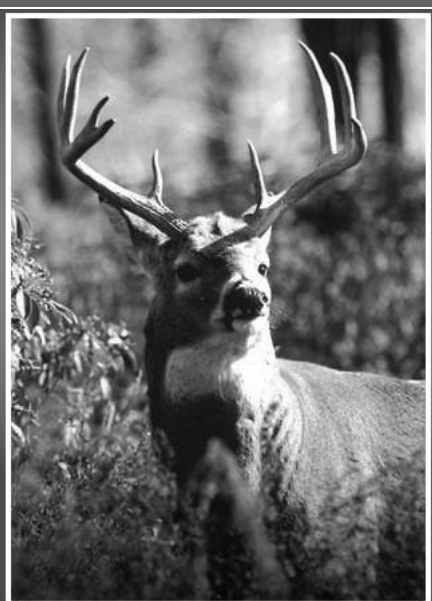
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214/321-0156  
Residential/outpatient, 13-17, female

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## “Why” ...cont'd from pg 7

and advance scientific knowledge, make relevant information available to patients, colleagues, and the public."10

This has unfortunately been replaced with an apathetical goal to merely provide so-called adequate care. The current reimbursement system in America fosters this thinking, as the worst physicians are financially rewarded by insurance companies. The best physicians are continually fighting to provide cutting edge treatments and superior care that the insurance companies deem not medically necessary. Even the best physicians eventually get worn down and are forced to capitulate to the current substandard care.

This was clearly demonstrated in a study published in the March 2006 edition of The New England Journal of Medicine,

entitled "Who is at Greater Risk for Receiving Poor-Quality Health Care?" This study found that the majority of individuals received substandard, poor-quality care. There was no significant difference between different income levels, or between individuals who have insurance and those who do not. It used to be the case that only those in low socioeconomic classes without insurance received poor-quality care. Insurance company restrictions of treatments and diagnostic procedures have caused the same poor care afforded to those of low socioeconomic status without insurance to become the new standard-of-care.11

Most physicians will satisfy their required amount of continuing medical education (CME) by going to a conference a year, usually at a highly desirable location that has skiing, golf, boating, etc. A physician is rarely monitored as to

whether he or she actually showed up for the lectures. One must also understand that the majority of conferences [organized] by medical societies are sponsored by pharmaceutical companies. These payments are called 'unrestricted grants', in that the society has free rein to do what it wants with the money and can thus claim there is no influence on lecture content by the pharmaceutical company. The problem is that if the society wants to continue getting these unrestricted grants from the particular company, they had better provide content that is of benefit to the pharmaceutical

company that paid for the grant.

Consequently, ground breaking research that goes against the status quo and does not support the drug industry receives little attention. The doctor must actively search

for these studies, which only a few percent are willing to do on a consistent basis.

There is clear evidence and concern that published research is clearly tainted by whomever is the financial sponsor of the study.

A study published in the Journal of Psychiatry (and later discussed in the May 2006 edition of Forbes magazine) states that the most important determinant of the outcome of the study is who paid for it.

An analysis in the Archives of Internal Medicine reviewed 56 studies of painkillers - and not once was the sponsor's drug deemed inferior. In addition to reading the conclusion of the study, a physician must read the entire study and review the data with a critical eye, which is rarely done. *pha*

Most physicians will satisfy their required amount of continuing medical education (CME) by going to a conference a year, usually at a highly desirable location that has skiing, golf, boating, etc. A physician is rarely monitored as to whether he or she actually showed up for the lectures.

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## “Lyme Doc” ...con't from pg 1

tion. Thexton began his investigation by demanding Hofmann's patient records, including the personal medical files of many of his Lyme patients. Thexton stated during a phone call to Hoffmann, "It has come to my attention you have very many Lyme patients," alerting Hoffmann to the likely motivation behind the case. "This case is really about treating Lyme patients, not the fact that I wouldn't give a patient narcotics," says Hoffmann.

Hoffmann is one of a growing number of "Lyme-literate" physicians in the country, who do not follow the Infectious Disease Society of America's (IDSA) recently published "guidelines," drafted by fourteen IDSA members, in a process which is currently under investigation by Connecticut Attorney General Richard Blumenthal's office for possible anti-trust violations.

Hoffmann instead follows evidence-based guidelines published by the International Lyme and Associated Diseases Society (ILADS), a group of Lyme-treating physicians with diverse backgrounds, whose guidelines, (both researched and clinically-proven as beneficial), have saved the lives of countless Lyme patients abandoned by the IDSA's treatment philosophy, especially the viewpoint that "chronic" Lyme disease does not exist, and that long-term treatments are unnecessary. Lyme patients who have been sick for years disagree with the IDSA philosophy, and seek out physicians more knowledgeable than most and who are not afraid to treat what are often a blend of complex, systemic infections -a combination of Lyme disease and "co-infections", other infectious diseases making treatment and recovery much more difficult.

Thexton's office appears to be rushing the Hoffmann case, delivering the doctor a demand to respond by Tuesday, May 15th-just 6 days after Hoffmann received notice of the investigation. Before any real fact finding in the case, (much less a hearing scheduled), Thexton already presented Hoffmann with a "Final Decision and Order" containing "Findings of Fact" that Thexton drafted. Hoffmann feels the stipulations offered by Thexton are more an effort to scare him into settling and have nothing to do with the sound practice of medicine. For example, Thexton states Hoffmann would be ordered to pay nearly \$4,000.00 in "fees" for Thexton's investigation of allegations which are not clearly defined. The idea of prosecuting a physician for failing to prescribe narcotics to a patient who was evaluated and concluded as drug-seeking, and then to demand patient records and be disciplined for those practices, or for treating a select group of patients is "astounding," relayed by Hoffmann in a recent interview. "This investigation was about one issue, but now seems to be targeting my Lyme patients," said Hoffmann.

Word of the investigation traveled quickly as sympathetic patients contacted Lyme advocacy groups and key officials, overwhelming Thexton's office with their concerns. The prosecutor responded to this activity in a letter dated May 11, addressed to Hoffmann. "I have been barraged by communications, almost entirely

from lay people outside Wisconsin, which allege that you are being investigated because you treat Lyme disease, and are going to lose your license because of this," said Thexton's letter. "I wish to make clear that this is not the reason for this investigation. This investigation was opened because of your prescribing of controlled substances. It had nothing to do with Lyme disease," wrote Thexton, contrary to Hoffmann's statements. The issue of course, is not what caused the investigation to be opened, but what is motivating Thexton to continue the case, given Thexton's own words to Dr. Hoffmann about Lyme disease treatment and treatment methods which follow a "respectable school of medical thought."

Hoffmann's patients are speculating as to what that "respectable school of medical thought" might be, as Thexton has previously been connected to "Quackbuster" Stephen Barrett, and Robert Baratz through DLR cases against Wisconsin Physicians Eleazor Kadile (Green Bay), Richard (Rick) Vander Heyden DDS (Green Bay) and Stuart Suster, MD (Milwaukee). Stephen Barrett operates the web site, Quackwatch.com, where Infectious Disease Society of America (IDSA) associate Edward McSweegan posts a Lyme disease web page criticizing [ILADS] Lyme treatment guidelines. Hoffmann follows ILADS treatment recommendations, which are contrary to the IDSA treatment guidelines under investigation.

"The allegations of this investigation have no basis, and if these proceedings are allowed to continue, this will be the end of the private practice physician, and probably Lyme physicians," Hoffmann said when referencing the apparent trend by Thexton to attack small-town physicians like Hoffmann who have very limited means of mounting a legal defense. Hoffmann's clinic is the last privately-owned and operated clinic in northern Wisconsin, and he is one of only a handful of "Lyme-literate" physicians in the state.

A legal defense fund has been established to help fight the allegations lobbied against Dr. Hoffmann, who has tremendous support rallying behind him from patients, especially from the Lyme community. "What is the point of having a proclamation raising awareness of Lyme disease if the only purpose it serves is to spotlight the removal of our treating physicians by someone in the Governor's office," said a concerned Wisconsin Lyme patient, "why doesn't Thexton leave the good physicians alone, and take to task those who are failing to diagnose Lyme patients in the first place." Perhaps the Governor's proclamation has served to raise more than just awareness about Lyme disease-it is underscoring to patients the importance of fighting to keep the relatively few Lyme-treating physicians we have who oppose guidelines that seem to define the disease out of existence.

Please visit [www.Sewill.org](http://www.Sewill.org) for information on contributing to Dr. Hoffmann's legal defense fund, for information on who to contact in support of Dr. Hoffmann, and to purchase fundraising apparel to benefit his defense fund.. *pha*

## “Diving Deep”...cont'd from pg 6

going to bed and in some cases before your session. Make a list of all the medications that you are taking, and make sure that you give them to the technician before your sessions. There are several absolute rules which patients must follow during HBOT. Smoking is not compatible with HBOT. Once HBOT has been prescribed, patients should stop the use of tobacco in any form until therapy is complete. This "no smoking" rule applies to cigarettes, pipe tobacco, and cigars, as well as chewing tobacco and snuff. If a person just cannot stop the use of tobacco, HBOT will not be effective. Cosmetics such as hair spray, nail polish, perfume, or shaving lotion containing petroleum, alcohol or oil base are not allowed while in the

ed. Most side effects are mild and reversible, although severe consequences can occur in rare cases. There are risks associated with HBOT, similar to some diving disorders. Pressure changes can cause a "squeeze" or barotrauma in the tissues surrounding trapped air inside the body, such as the lungs, behind the eardrum, inside para-nasal sinuses, or even trapped underneath dental fillings. This is why a complete physical is essential to minimize these risks.

Middle ear barotrauma is the most common side effect of HBOT. It is prevented in most patients by teaching the auto-inflation maneuver or by use of tympanotomy tubes for those who cannot auto-inflate. However, this rarely is a prob-

well defined for continuous exposures in normal people. Pulmonary symptoms are not produced by daily exposures to oxygen at 2.0 or 2.4 ATA for 2.0 or 1.5 hours respectively. The incidence of oxygen convulsions when using similar exposures is about 1 per 10,000 patient therapies. Even when oxygen convulsions do occur, there are no residual effects if mechanical trauma can be avoided.

Although rare, one of the risks of HBOT is oxygen toxicity which is treatable by removing the oxygen.

It is common to take a five minute "air break" to avoid oxygen toxicity and breathing compressed air through a special mask inside the chamber. Pulmonary barotrauma during

restricts this. It is contraindicated to bring any item into a monoplace chamber where you will be surrounded by a pure oxygen environment. Most hyperbaric facilities have some form of entertainment such as movies or CD's that can be used. TVs are viewed through the glass chamber with special speakers inside the chamber.

### Can you get the bends like SCUBA divers do?

Air embolism is a rare but possible occurrence. That is why it is essential to have a trained hyperbaric technician offering you this therapy. You wouldn't go to someone untrained to take an x-ray would you?

Some commonly used medications may potentiate side effects from HBOT. They must be limited or substituted with another drug. These include: high doses of aspirin and prednisone (or similar cortisone type drugs), and morphine, or alcohol within 8 hours of treatment. Some of the drugs that are contraindicated with HBOT are Doxorubicin (Adriamycin), Bleomycin, Cis-platinum, Disulfiram (Antabuse), and Insulin. HBOT can lower blood sugar, and so hypoglycemic patients require blood monitoring and proper diet. Emphysema with CO2 Retention (COPD) is contraindicated. Pregnant women are not advised to undergo HBOT unless it is an emergency situation. Patients with

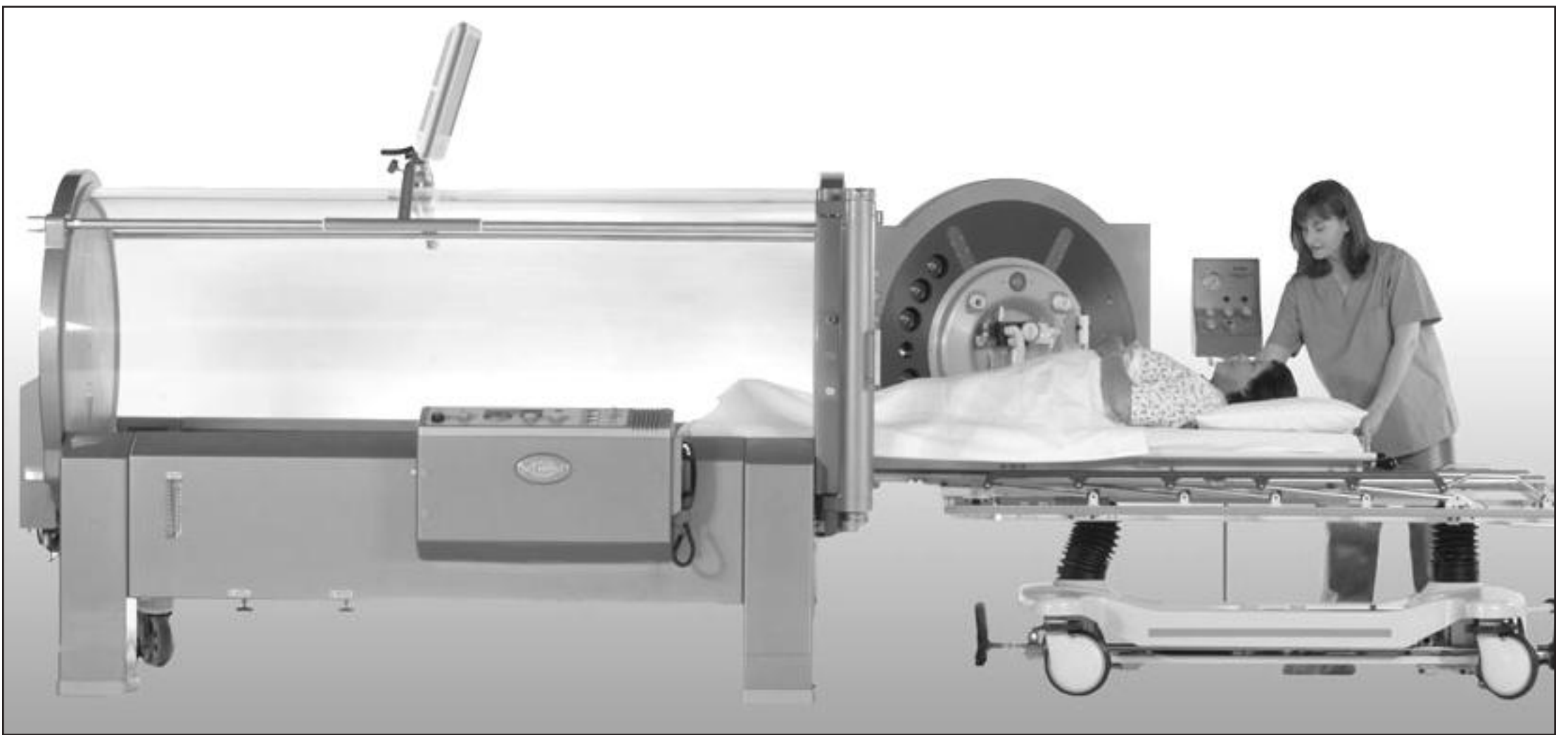


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hyperbaric chamber. However, those products may be reapplied after each treatment. It is important to discuss all skin care products with the HBOT technician so they may assure safety. All patients are provided with 100% cotton scrubs to wear during treatment. No articles containing nylon or polyester can be worn in the chamber. Watches and other jewelry, dentures, contact lenses and other prosthetic devices will also need to be removed before treatment. No titanium glasses, heating patches or dressings that have not been approved by the technician are permitted during treatment. No battery operated items are ever allowed in the chamber. All medical records, prescription drugs, over the counter drugs, vitamins, and herbs are carefully reviewed for any contraindications. Additional tests may be ordered such as a chest x-ray, pulmonary function testing, examination of ear drums, prescriptions for sinus issues, etc. All patients should be examined by their physician, and all patients will attend an orientation session with a Certified Hyperbaric Technician (CHT) or RN in the chamber.

### What are the risks of a HBO dive?

Hyperbaric therapy is generally safe and well tolerat-

ed. Sinus squeeze is seen less frequently than middle ear barotrauma. The nurse on duty will examine patients and contact your doctor if necessary. Prescriptions for antihistamines, decongestants, and/or nasal spray should be given by your doctor. Temporarily, the treatment could be postponed. However, with slow compression and decompression, usually there are no problems.

Vision changes (myopia or nearsightedness) caused by swelling of the lens, this is more a temporary side-effect than a complication and usually resolves in two to four weeks following completion of HBOT.

Myopia is a reversible complication of repeated exposure to HBOT. Even when progressive, myopia does occur during a series of HBOT therapies, after treatment the visual acuity changes reverse completely. Acceleration of growth in existing cataracts is a complication of chronic long-term exposure at pressures over 2 ATA. Published reports as well as extensive clinical experience indicate that new cataracts do not develop with in the series of 30 to 50 therapies that are commonly used in the USA.

Pulmonary and neurological manifestations of oxygen poisoning are often cited as major concerns with HBOT. Oxygen tolerance limits that avoid these manifestations are

decompression may rarely occur. Patients with airway obstruction have an increased risk for pulmonary barotrauma during decompression. Patients must be cautioned against breath holding during decompression. All patients should attend a private orientation session accompanied by a CHT or a R.N.

### What happens if you feel claustrophobic?

Reassurance, emotional support and entertainment go a long way in preventing confinement anxiety. In some cases, a mild sedative may be required. If you still have anxiety during the treatment, your technician can safely and gradually bring you up from pressure depth. Each chamber is equipped with a telephone system, so your technician can hear you and talk to you while you are undergoing treatment. There is always a technician by your side monitoring you.

### Can you bring books, food, or CD's in the chamber with you?

Many centers will allow you to bring items into a multiple chamber. However, the Undersea and Hyperbaric Medical Society (UHMS) that governs hyperbaric medicine

### Will you herx from HBOT?

Most Lyme patients do experience some form of a Jarisch-Herxheimer reaction during HBOT. It has been noted anecdotally that a few divers have had "reactions" seemingly out of nowhere and later went on to test positive for Lyme. I can not tell you what the mechanism of action is however. It appears to be a herx brought on by the pressure. Also, some people respond to the oxygen immediately. Others do not herx for several days afterward. It is not unusual in either case. You should start to see herx reactions within the first ten sessions. Some herx immediately and it is not uncommon to herx while in the chamber. You should see gains by forty sessions and in order to maintain those you should do a maintenance session at least once every 4-6 weeks. A Herxheimer reaction occurs when the Lyme bacteria are killed off quickly, and the body suddenly has to deal with a tremendous amount of toxins. The higher the amount of toxins, the stronger the herxheimer reaction will be. The Herxheimer reaction can be used as a clue to help clinically diagnose the presence of *Borrelia Burgdorferi*.

### Are there any contraindications?

high fevers should postpone HBOT until the cause is found, and the patient is stable. An absolute contraindication to hyperbaric oxygen therapy is untreated pneumothorax.

Hopefully this question and answer will help any of you who are interested in doing HBOT treatment. It made a tremendous difference in my health, and made my Lyme disease protocol more effective. Although HBOT can be expensive and time consuming, it helped me make tremendous strides in getting my health back. I never experienced any side effects during my 200 treatments. In my opinion, HBOT is a safe and suitable option for anyone suffering from chronic Lyme disease. Please feel free to contact Julia Sudylo R.N., CHT on the web at <http://www.juliashbot.com/>

For more information on HBOT and Lyme disease, please see the following references.

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<http://hbot4u.com/lyme.html>  
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# A Book Review of *Nutrition and Physical Degeneration*

By Weston A. Price, D.D.S.

by Marjorie Tietjen



The foods we choose to eat, and the manner in which we prepare them, directly determines our health and the health of our children and grandchildren. Today it seems dietary advice shifts with the wind. Fad diets and even advice from our supposed experts in the field of nutrition, is often based on monetary gain. As a result we are often in a state of confusion, perplexed as to which recommendations to follow. No sooner do we become certain that "this is the right diet", then the opposite will be presented to us as fact. Everything is contradictory.

I have often wondered why animals in the wild, know just what to eat to keep themselves healthy and strong, yet modern humans seem to have no clue. Having basically severed our partnership with nature, we have lost our God-given intuitive knowledge.

I am going to share with you some common sense ideas from the book *Nutrition and Physical Degeneration* by

Weston Price.

Dr. Weston Price, who was a dentist, traveled around the world in the 1920s and 30s comparing the diets of remote indigenous groups to those who lived in the more civilized areas. Because Dr. Price was a dentist, he focused much of his attention on facial and jaw structure. However, he also observed disease susceptibility in both groups. He took hundreds of photos which compare the dental arches, dental decay and facial formations of those eating their pure native diets to those who had been introduced to the refined foods, such as white rice, white flour, refined sugar and pasteurized milk. The differences were dramatic and sometimes horrifying.

In recent years we have been conditioned to believe that meat and other animal products are fatty and unhealthy and that this is what causes heart attacks. Weston Price shares with us, from first hand observation and research, that as long as the animals are fed their natural diets, then they will confer their immunity from disease to us. People often wonder if humans benefit from including at least some animal products in their diets. Here is an interesting quote from page 142, "Several of the tribes neighboring Ethiopia are agriculturists and grow corn, beans, millet, sweet potatoes, bananas, Kafir corn, and other grains, as their chief articles of food. Physically they are not as well built as either the tribes using

dairy products liberally or those using fish from the fresh water lakes and streams. They have been dominated because they possess less courage and resourcefulness."

The book speaks of eating meats raw, at times, and especially the organ meats, to preserve their enzymes and other unidentified factors. Another controversial example of consuming raw foods would be using uncooked and unhomogenized milk for drinking and cheese making. I would have to agree that drinking unpasteurized milk from factory raised cows would be a dangerous prospect. The animals are kept in very close quarters, fed grain instead of their natural diet of fresh grass and are given antibiotics and injected with hormones. Because they are being fed a food which is historically foreign to their bodies, their immune systems suffer and they acquire diseases easily.

Again...they pass on their state of health to us. Cows which are allowed to graze in the fields and fed either no grain or a minimum of grain, are mostly healthy and free from disease. Unheated milk from certified farms rarely causes problems.

Homogenization breaks up the fat particles in the milk to a very fine size. It is suspected that this process makes it possible for the fat particles to go through the artery walls, which wouldn't naturally occur. Homogenization is primarily

for convenience purposes so it could easily be done away with. Why do humans keep thinking we can improve on nature?

Many indigenous rural groups would not allow girls to marry until they received a diet consisting of special strengthening foods. Six months of increased nutrition was usually the minimum. These people, without degrees in chemistry, nutrition or biology, were instinctively aware of what foods pregnant women needed to produce sturdy, well formed offspring. Such foods as salmon eggs and organ meats were considered to be highly desirable.

The author noticed that there were no doctors or dentists in the outlying areas where people consumed food that was locally available and unprocessed. There was also no need for jails because there were no criminals. Price includes photos of criminals which show the typical underdevelopment of their facial structure, which also correlated with their diets.

It's simple.....those who lived in the remote areas away from processed food, were the happiest and the healthiest.

Dr. Price presented a very interesting observation. Not only did those who ate the modernized diets have malformed dental arches (not enough room for their teeth) but their chins were receding, their noses pinched, with sinuses affected and other abnormalities. It made sense to me that

this is one reason we have so many mouth breathers and people with sinus problems. The shape of the whole skull is often determined by maternal nutrition and I would like to present a specific case from Price's book.

Dr. Price paid particular attention to a sixteen year old boy who had Down's Syndrome (or what they termed mongolism) and had been born to an older mother who was sickly at the time of his conception. Down's Syndrome often occurs in children of mothers who are over 40 or to mothers experiencing reproductive exhaustion. Dr. Weston Price felt that perhaps the crowding of the pituitary gland caused by constrictive jaw structure, contributed to the underdeveloped sexual organs and mental capacities.

Through surgery Dr. Price widened the boy's maxillary arch, which resulted in improvement of the mongoloid features and a definite increase in mental abilities. The boy wore an appliance in his mouth to keep the bones in place but when it subsequently became dislodged, he reverted and many of his previous abnormal characteristics returned.

I have only touched upon some of the valuable information in this book of over 500 pages and with 154 photos and illustrations. This monumental work is a must read for anyone who is concerned about their own health, the health of their families and the future of *"Book Review"...cont'd pg 19*

## "Personality & Infection" ...cont'd from pg 9

years ago. After full treatment for the Bartonella and the Lyme, she is finding it easier to think of her marriage as having a fresh start. She is no longer stuck on problems from many years ago.

### Excess Irritability

Tom has slowly become more hostile over the last fifteen years. He scares his wife with his temper. She reports at times that he "shorts out." He is unsettled if faced with more than one topic or activity at a time. Occasionally, modest sounds, sunlight or people talking all at once anger him. Often their children speak simultaneously-it seems to cut him with an invisible knife. So he yells at them.

He is very hostile at the end of a work week, and seems thin-skinned, with little emotional reserve for the weekend. He improved for four months with a new generation antidepressant and an anxiety medication, but dose increases did not regain his improvement. He was PCR Bartonella positive on his fourth urine test at Medical Diagnostic Laboratory and had a positive Western Blot with IGeneX. After treatment, his wife and older daughter report that he is 75-80% improved in his mood. He opted to stay on both his antidepressant and anxiety medications, but at 50% of the initial required dose.

### Eccentric Personalities

Doug is called "unusual" by his loved ones, and is despised by many people in his company. He is hard to understand. He is clearly self-centered, but something else is present. He assumes others in the company and community would do him ill. He does not seem to care for anyone but his wife and kids. He is smart, but some of his activities are fairly bizarre. He takes credit for projects obviously designed by others. He hides behind corners to listen to other employees. He feels he has wisdom on medical matters that he has not even studied. His four daughters are all Lyme positive. He refuses any testing.

### Road Runner

Ellen was always a vibrant person, but in the last four years she seems wired and unusually intense. Her personality is like a fire hose, and she is uncomfortable unless she is moving and doing. She has no depressive restlessness or anxiety. She is most comfortable doing fifteen things at once, and living frenetically. She is Lyme positive along with another member of her household. She has been called, "hypomaniac" and "an overwhelming personality," but she has no insight into this

increased eccentric energy, and avoids antibiotic treatment or other respected Lyme treatments.

### Forgetful

Barbara jokes about her memory and about her "age." She is only forty-six. Her mother has a better memory! While memory is related to many parts of the brain, the frontal lobes are also included. She is Lyme and Babesia positive.

### Organization Extremes

Tony is a computer tech who has always liked some order. Yet two years ago after a fishing trip to upper New York State, his housemate and friends noticed he gradually became more unsettled with a slight "disorder." Changes that bother him more include a plate left out, a bill paid too close to the due date, unexpected modest changes to his budget, and car cleanliness. He was found to be positive for Lyme, Bartonella and Erhlichia.

Marianne's home has slowly become very sloppy and disorganized. She lives alone, since no one has wanted to live in such a messy home. In past years she has managed different businesses, and so clearly this is a lost ability. She is Lyme and Babesia positive, in addition to having regular exposure to outdoor water with toxic

algae. After treatment with antibiotics, Actos and cholestyramine, and another short-term anti-inflammation agent, along with removal from her water exposure, she eventually could manage her home, bills and life better.

### Regressed Feelings & Thoughts

\*Kimberly has slowly been feeling a need to be closer to her family and especially her mother for reasons she does not understand. She finds a deeper need for affection, "being heard" and time alone with her mother. Nothing in her life circumstances seems sufficient to explain this change. She feels her feelings towards her family and mother are now "clingy." She is Lyme positive.

Kevin used to be moderately open-minded, but now he seems to think in caricatures. People are smart or stupid, good or bad, mature or childish, black or white. People are for him or against him, supportive or drags. He is Lyme and Erhlichia positive, in addition to having exposure to indoor toxic mold in his second home in the mountains.

### Dead Creativity

Lisa has a good sense of humor and likes to design flower beds. She also is an exceptional dog breeder. Over the past years she has become

less spontaneous. She might think of a quip, but by the time she gets it out, the timing is past. She occasionally plants a few plants, but she has gone from annuals to perennials-she doubts she will have the drive to do even those next year. She has asked her niece to handle the breeding strategy, and tells herself this is because of her niece's experience. But her niece does not have these gifts. Lisa is Lyme and Babesia positive.

This list is not complete. Yet hopefully it will help you to see areas of residual character trouble can have a medical foundation. Further, it is hoped this list will help your family, parents, siblings, adult children and close friends expand their discernment of mold toxin exposure, or tick and flea-borne infections. This material is written so that people will notice neurological and psychiatric signs and to "see themselves." Since the brain is the most sensitive organ, it is often the first place to show signs or symptoms of these illnesses. Earlier diagnosis means a better outcome for you if you are infected, and your loved ones who are infected. *pha*

*Dr. Schaller has authored 20 medical books. He is currently preparing the most up to date textbook on Bartonella, which he feels is the top vector infection in the world—possibly more common than Lyme.*

## “Research” ...cont'd from pg 6

Murray, a mother in Old Lyme Connecticut who identified Lyme arthritis in kids in her area called my wife and I up, my wife is a psychiatrist, and said that someone should do research on the psychiatric aspects of Lyme disease. That's how it got started.

### In your opinion, why hasn't there been more progress with diagnoses and treatment of Lyme disease?

Treatment studies are hard to do and very expensive. The NIH (National Institute of Health) committed funds for three major studies. I think that more studies will be funded down the road, but the enormous work it takes to do such a study is daunting - especially if you are using criteria that are extremely rigid. It makes it hard to find patients. The study that we did was unbelievably time consuming and took massive amounts of energy. Honestly, I don't know if I would want to commit that amount of non-stop, 7-day a week work to a study again. So, any study I design in the future will be easier.

If you would, please comment

### on the current testing available for Lyme disease.

The current testing is helpful but not definitive - you can have false positives and negatives.

### What is your opinion of the ILADS versus the IDSA's guidelines issue?

Both sets of guidelines have limitations. The IDSA guidelines do an excellent job of summarizing acute and early-disseminated Lyme disease. In the chronic Lyme disease domain, they don't summarize the current literature very clearly or very well. So I don't think the guidelines are that helpful for chronic Lyme disease.

ILADS, their main focus is on chronic Lyme disease and so they have a different treatment approach that involves longer courses of antibiotics. They did a nice job of summarizing what's known about chronic Lyme disease in their guidelines. But, the problem with their guidelines is that there is really no clear endpoint of treatment, except for antibiotics until two months after all symptoms are resolved. That

could imply that a person with relapsing, remitting symptoms should be on antibiotics until all of those stop and that sort of ignores the reasonable possibility that a number of patients have post infection problems that aren't related to active infection.

### Is Lyme disease, in your opinion, sexually transmitted?

Not that I know of.

### Do you think the new center may consider doing a research study on the possibility of sexually transmitted Lyme disease?

It wouldn't be that hard to do a study on that. It's not going to be one of our primary aims because if it were sexually transmitted, how would it be sexually transmitted? From blood (most time there's not blood involved in sexual intercourse), presumably by seaman (which is something someone suggested in the past), so that could be studied. I just don't think it's the case, so it's not going to be high on my list of priorities.

### Does DNA or genetic makeup

### determine the severity of Lyme disease in a person?

That's a very important question. I think that gets to the heart of one of the areas that are important in studying Lyme disease, which is what's going on in the genetic profile of these patients who have developed chronic, persistent symptoms.

Why is it some patients get a much more protracted and difficult course and others have a much better response? Maybe their own immune system fights it off even without antibiotics. Clearly this very ability of the host response to the pathogen, and that has to be determined by the person's genetic profile, and we have on our advisory board (Dr.) Claire Fraser, the scientist who mapped out the Borrelia Genome, one of the top people in the world on Borrelia genetics. We have (Dr.) Robert Winchester who is one of the world experts on autoimmunity and major histocompatibility complexes, genetic profiles that may predispose to chronic diseases. He actually did some of the early work on Lyme arthritis. So we have some top-notch people who I am going to ask

to take a look at that question.

### Do you have anything else you would like to add?

I think that the establishment of a center like this is basically a tribute to what patients, families, and concerned friends can do when they put their minds to it. It was a lot of work and it required years and years of fund raising, but they've done it. There's more work to be done and more fund raising that needs to be done, but certainly the drive and intelligence and the creativity of those people has been magnificent and it's a very hopeful sign for research in general that the public can play a major role in helping to shape research.

*Brian A. Fallon, M.D., MPH, is the director of the Lyme & Tick-Borne Diseases Research Center at Columbia University. He is a graduate of Harvard College, obtained his medical degree from the University College of Physicians and Surgeons, and holds a master's degree in health epidemiology from Columbia University.*

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“Germ Warfare Research”...cont’d from pg 5

control experts say is a legal gray zone, skirting the edges of an international treaty outlawing the production of even small amounts of biological weapons," The Post reported. The newspaper added that: "The administration dismisses these concerns, however, insisting that the [biotech research] ... is purely defensive and thus fully legal. It has rejected calls for oversight by independent observers outside the [Homeland Security] Department's network of government scientists and contractors."

The Washington Post quoted University of Maryland weapons-expert Milton Leitenberg as stating: "If we saw others doing this kind of research, we would view it as an infringement of the bio-weapons treaty. You can't go around the world yelling about Iranian and North Korean programs - about which we know very little - when we've got all this going on."

The Post also reported the new Fort Detrick bio-defense analysis center would encompass almost 14,861 gross square meters (160,000 square feet) of working area and accommodate a staff of about 120. The Post noted, "Fort Detrick's history as the incubator of germ warfare research casts a long shadow over the new lab. When the fort held the Pentagon's very highly classified and long-abandoned biological warfare program, it was a magnet for antiwar protests in the Vietnam War era."

In such labs, scientists can create new strains of disease for which those attacked would have no ready defense. Bio-weapons, once loosed, are notoriously difficult to control, and could ignite epidemics to waste and terrify civilian populations. Hammond believes there are about 400 bio-weapon agents labs across the US, some of which encounter unexpected difficulty when trying to comply with the law.

Newark, NJ Public Health Research Institute (PHRI) president David Perlin, told Sunshine the FBI had asked PHRI to enter into an agreement with them so as "not [to] publicly disclose which specific select agent pathogens ...or strains are stored at our facility."

Those who tend to dismiss NIH's laxity about enforcing its own regulations have only to recall the Anthrax attacks on Congress and the media, October, 2001. The deadly strain then released is believed to have come from a US germ warfare lab at Fort Detrick, although there is no certainty as the FBI has never discovered who was behind the attacks. Since then, the vast proliferation of such labs by the Bush government has educated many new employees - in some cases undergraduate students - in germ warfare operations. As a grim corollary of such research, four employees at Fort Detrick are known to have died after performing biotech lab work.

Lack of transparency is

cause for concern if only because of the history of secret Central Intelligence Agency (CIA) and Pentagon experiments in germ warfare that used the American people as guinea pigs. In his book *Rogue State: A Guide to the World's Only Superpower*, Common Courage Press reporter William Blum noted that both agencies "conducted tests [over two decades] in the open air in the United States, exposing millions of Americans to large clouds of possibly dangerous bacteria and chemical particles."

From 1949-69, the US Army tested the spread of dangerous chemical and bacterial organisms at over 239 US populated areas including San Francisco, New York, and Chicago with no warnings to the public or regard for the health consequences, Blum wrote. The Pentagon even sprayed navy warships to test the impact of germ warfare on US sailors.

And even deadlier cocktails were secretly provided to Iraqi dictator Saddam Hussein for his war of aggression against Iran. Washington denied supplying such bio-weapons but as Robert Fisk reported December 31 of last year in the British paper *The Independent*, "prior to 1985 and afterwards, US companies had sent government-approved shipments of biological agents to Iraq," including Anthrax.

Fisk gives the following eye-witness account of what he had seen then on a military hospital train carrying stricken men from the front back to Tehran: "I found hundreds of Iranian soldiers coughing blood and mucus from their lungs - the very carriages stank so much of gas that I had to open the windows- and their arms and faces were covered with boils." Fisk adds that, "Later, new bubbles of skin appeared on top of [that Iranian soldiers'] original boils. Many were fearfully burnt. These same gases were later used on the Kurds of Halabja."

Thus, the Reagan administration, which escalated germ warfare research and allowed the sale of the pathogens to Saddam, took its place in the dark annals of military history along with Italy under Benito Mussolini, whose aviators dumped mustard gas on the Ethiopians, and Japan under Emperor Hirohito, whose Imperial Army's germ warfare attacks killed thousands of Chinese civilians.

Because of their comparative cheapness to manufac-

ture, biological weapons have been dubbed "the poor man's nuclear bomb." Yet their potential may be even deadlier. Jeremy Rifkin, author of *The*

"fully intended to get back into the research, development, and testing of illegal and criminal offensive bio-warfare programs." And Elisa Harris, former arms control official under US President Bill Clinton, told *The New York Times* in 2003: "[The administration's actions] will raise concerns in other capitals in part because the United States has fought tooth and nail to prevent the international community from strengthening the germ treaty."

Returning to Hammond, Sunshine's operative said there has yet to be any official NIH response to his letter of last November, adding he doubted if, "I will ever get one."

The NIH was also asked to respond to the charges contained in this article but has so far declined to do so.

the Idaho National Laboratory; Lawrence Livermore National Laboratory; the Oak Ridge National Laboratory; Plum Island Animal Disease Center of the US DHS; the US Department of Agriculture; the Walter Reed Army Institute of Research and Navy Medical Research Center.

**Independent entities contravening NIH biotech disclosure requirements**

AERAS Global TB Vaccine Foundation; Battelle, the CBR Institute for Biomedical Research, Inc.; the Children's Hospital Oakland Research Institute; the Children's National Medical Center; the Cincinnati Children's Hospital Medical Center; the Columbus Children's Research Institute; the Hadassah Medical Organization; the Lovelace Respiratory Research Institute; the Memorial Sloan-Kettering Cancer Center; the Mystic Aquarium & Institute for Exploration; the Scripps Clinic.

**Universities contravening NIH biotech disclosure requirements**

Alabama A&M; Albany Medical College; Ball State; Brigham Young; Bucknell; Central Michigan; Drexel College of Medicine; Hackensack University Medical Center; Hunter College; Indiana State University; Purdue University; Loma Linda; Missouri State; New York Medical College; Queens College of City University of New York; Rider; Rockefeller University; Rosalind Franklin University of Medicine and Science; South Dakota State University; St. John's University; State University of New York at Binghamton; Brockport; Buffalo; Towson; Robert Wood Johnson Medical School; University Medical Center of Southern Nevada; Arizona; California at San Francisco; Maryland; Massachusetts; Miami; Mississippi; Puerto Rico; Rhode Island; Southern Mississippi; Texas at Arlington and San Antonio; Tulsa; Utah State; Wake Forest; Washington University in St. Louis; Western Kentucky; Wilkes.

**Federally-funded foreign universities contravening NIH disclosure requirements**

University of Sydney; Australia; University of British Columbia; University of Witwatersrand; Johannesburg; South Africa;

These listings cover almost all of the contravening entities reported by the Sunshine Project to the NIH.

Sherwood Ross is an American reporter and columnist. You can reach him at: sherwoodr1@yahoo.com.

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**Those who tend to dismiss NIH's laxity about enforcing its own regulations have only to recall the Anthrax attacks on Congress and the media in October, 2001.**

**The deadly strain then released is believed to have come from a US germ warfare lab at Fort Detrick, although there is no certainty as the FBI has never discovered who was behind the attacks.**

Biotech Century, noted a government study in 1993 found "the release of [only] 91 kilograms [just over 200 pounds] of Anthrax spores from a plane over Washington DC could kill as many as three million people."

The secret operations of the labs' would be less ominous if the Bush administration hadn't led the fight to demolish the international inspection system. Oakland, CA Western States Legal Foundation executive director Jackie Cabasso warned that in 2001, "the US single-handedly blew apart an international system for inspections of these kinds of [biological] laboratories, a system that would have made great strides toward ensuring that bio-defense labs

**Pharmaceutical houses contravening NIH biotech disclosure requirements**

Abbott Laboratories of Abbott Park and Worcester; Agencourt Bioscience Corp.; Antibody Science, Inc.; BASF Plant Science; Bristol-Myers Squibb and its Pharmaceutical Research Institute of Connecticut; Centocor, Inc.; Chiron; Discovery Genomics Inc.; DuPont Central Research and Development; Embrex, Inc.; Genentech, Inc.; Genzyme Corp. of Cambridge and Framingham, MA; GlaxoSmithKline, Merck & Co., Inc. and its Rahway, NJ research site; Integral Molecular; Introgen Therapeutics; L2 Diagnostics LLC; Merck & Co. Inc.; West Point; Merck Research Laboratories, Rahway, NJ; Meridian Bioscience Inc.; Monsanto Co. Mystic, CA research; New Link Genetics; NovaFlora, Inc.; NovoBiotic Pharmaceuticals; OSI Pharmaceuticals; Pfizer Inc. and Pfizer Pharmaceuticals of St. Louis; Roche Bioscience; Schering-Plough Research Institute; SelectX

Pharmaceuticals; Serono Research Institution; Third Wave Technologies; Vaxin, Inc.

**Federal entities contravening NIH biotech disclosure requirements**

The Center for Disease Control; the Walter Reed Army Medical Center, VA; hospitals in Stratton, VA; the Jerry Pettis Memorial hospital; the VA Pittsburgh Healthcare System;

aren't abused for offensive purposes." She went on to add that "having thumbed our nose at the world, the US is now massively expanding its bio-defense program, mostly in secretive facilities."

According to Boyle, author of *Biowarfare and Terrorism*, President Bush "sabotaged the Verification Protocol for the BWC" when it was on the verge of conclusion and success. He also said the US

**“From 1949-1969, the US Army tested the spread of dangerous chemical and bacterial organisms at over 239 US populated areas including San Francisco, New York, and Chicago with no warnings to the public or regard for the health consequences”**

## PHA Remembers Those Who Fought a Valiant Fight



### Gay Butler Midlothian, Texas

**Delicia Gay Pevytoe-Butler** of Midlothian, Tx went to be with her heavenly Father on Wednesday, May 2, 2007, at the age of 48. Gay fought a good battle to defeat Lyme disease and ALS, also known as Lou Gehrig's disease.

The funeral was held at the Cowboy Church of Ellis County and burial at Little Bethel Memorial Park in Duncanville.

Gay was born July 27, 1958, in Dallas, the beloved daughter of Leroy and Frances Pevytoe. She was an "Oak Cliff" girl, graduating from Sunset High School in 1976.

Gay's heart was broken when she lost her sweet girl, Maggie, but Maggie is now in her arms once again.

Survivors include her husband of 16 years, Wes Butler; her son, Jordan Hansen, who was her pride and joy; stepson, Brady Butler and his wife, Kelley; sister, Kelly McCaskill and her husband, Pat, and nephews Sam and Matt McCaskill and Nicholas Vela; brother, Jeff Pevytoe and his wife, Liz, and nieces; grandmother, Lillie May Farmer; mother- and father-in-law, Pat and Jo Beth Butler; sister-in-law, Brenda and Darrel Hobbs and Debbie and David Simonton; brother-in-law, James Butler; many aunts, uncles, cousins, nieces and nephews; and her beloved pets, Babs, Annie and her donkeys, Jennie, Jesus, Applejack and Rowdy.

Gay was a member of the DFW Lyme disease support group. She began attending the meetings in November 2005 after receiving her Lyme diagnosis.

### Karen J. Rose Dallas, Texas

On April 18, 2007, LymeInfo.net email list moderator Rose passed away unexpectedly at the age of 59. Rose had been a chronic Lyme patient and advocate for many years. She was a beautiful, compassionate, loving and supportive person. Rose was also a beautiful singer, and she enjoyed karaoke very much.



Karen J. "Rose" Rose served as LymeInfo moderator from 2002-2007. She had been previously known around the Lyme community for her postings on various Lyme email groups. All who knew her knew she was very warm, kind and dedicated. In joining LymeInfo, she was eager to make sure that the information needs of all Lyme patients were met. We all learned so much as a result of her energy and commitment. Rose was a good friend and will be missed dearly.

Rose had written, "For those of you who don't already know me, let me offer a little background explanation. I had never heard of Lyme disease until my 'official' diagnosis, and subsequent disability, in April 1995. However, my confusing, complex, and well-documented medical history strongly indicates that my Lyme infection

occurred in 1958. My husband, James Martin was diagnosed a year later, and is also disabled from chronic, late-stage Lyme. His medical history also points to early-childhood infection.

"Since our dual-diagnoses, James and I have dedicated the majority of our time and energy to Lyme research, education, and advocacy, and have been involved with a number of online Lyme support groups. We've also met a lot of wonderful people along the way...too many people whose lives have been devastated by Lyme."

Rose was a woman of strong faith who was loved by so many. She left behind her husband James and beloved children Marc, Shelli and Amy.



### Jimmy Duarte Nantucket, Mass.

He was a true inspira-

tion to countless young and budding island musicians, serving both as an artistic mentor and an example of the joys of performing. A warm and generous man beloved by all who knew him, James "Jimmy" Duarte's signature nod and sincere smile will be missed by those mourning his passing. Mr. Duarte died peacefully at home on Saturday morning, May 5, 2007 at the age of 70.

"He loved this town. He was a real Nantucketer through and through," said his wife of 46 years, Jean Duarte, who explained that her husband experienced heart problems in the last few years that had developed from Lyme disease.

"He loved music and he loved sports - anything with kids - the kids and music. I have never heard him say he didn't like someone. That's just the way he was. I was lucky I found someone like that."

James A. Duarte was born on Nantucket to James L. Duarte, a Cape Verdean, and Minnie (Correia) Duarte, an island native. His talent blossomed in his youth, and Mr. Duarte began playing the guitar and singing at age 14. An accomplished songwriter and versatile musician who mastered styles from blues to rock and jazz, he shared his creativity freely with many teens wanting to hone their abilities and begin their own bands.

(Reprinted from the Nantucket Independant News Obituaries).

pha

## "Road Trip"...cont'd from pg 5

due to the excruciating pain, so my husband did most of the walking and held up the posters most of the time. I had to sit on the stairs to light the torch, but we did it!!

Then we began the Road Trip to Arizona. It was very difficult for both of us. I couldn't help Jose drive because of the pain in my back and leg. He drove for hours and hours without falling asleep and helped me in and out of the van at the rest areas! We drove for three days from Atlanta through Alabama, Mississippi, Tennessee, Arkansas, Oklahoma, Texas, New Mexico and Arizona. We arrived home to Mesa on Wednesday, May 16th at 5:30 p.m. The trip turned out to be 1,870 miles and we kept the torch lit the entire way!

Even though the Road Trip was difficult for us, Jose and I appreciate the opportunity we had to visit our friends and Lyme advocates and turn our trip into an important benefit fundraiser to help Lyme patients and physicians. Our lives have changed drastically over the past five years since I became ill with chronic Lyme disease. Jose has had other health problems for many years. We are thankful that God has provided this opportunity to us to be able to serve others through our afflictions. We believe that the trials we experience in this life need to be utilized to benefit God's children. We pray that the 2007 Lyme Disease Patient/Physician Benefit Road Trip will inspire



other people to give of their time and means to help Lyme patients and physicians.

We are very, very grateful to the patients and advocates who have donated to L.E.A.P. Seventy percent of all Road Trip Pledges received will be disbursed for treatment of patients who have applied for financial assistance. Fifteen percent will be donated to Dr. Jones and fifteen percent will be donated to Dr. Jemsek for their legal defense.

We will continue to accept donations for the 2007 Lyme Disease Patient/Physician Benefit Road Trip for the remainder of this year. If you are reading this article, please find it in your heart to give a little. We need every person to donate at least half a penny per mile, or \$9.00. If you are able to donate more, please do so. Treatment is so costly. Please reach out to those suffering with Lyme disease. Each small donation will really add up, and we will be able to significantly help a few patients pay for their much-needed treatment. Financial assistance is not limited to patients in Arizona; L.E.A.P. provides assistance to patients across the United States.

L.E.A.P. Arizona is a 501(c)3 non-profit, public charity. Your donations are tax-deductible. To donate through PayPal, visit the homepage of our website at [www.leaparizona.com](http://www.leaparizona.com). To donate by mail, send donations to L.E.A.P. Arizona, P.O. Box 2654, Mesa, Arizona 85214-2654. pha



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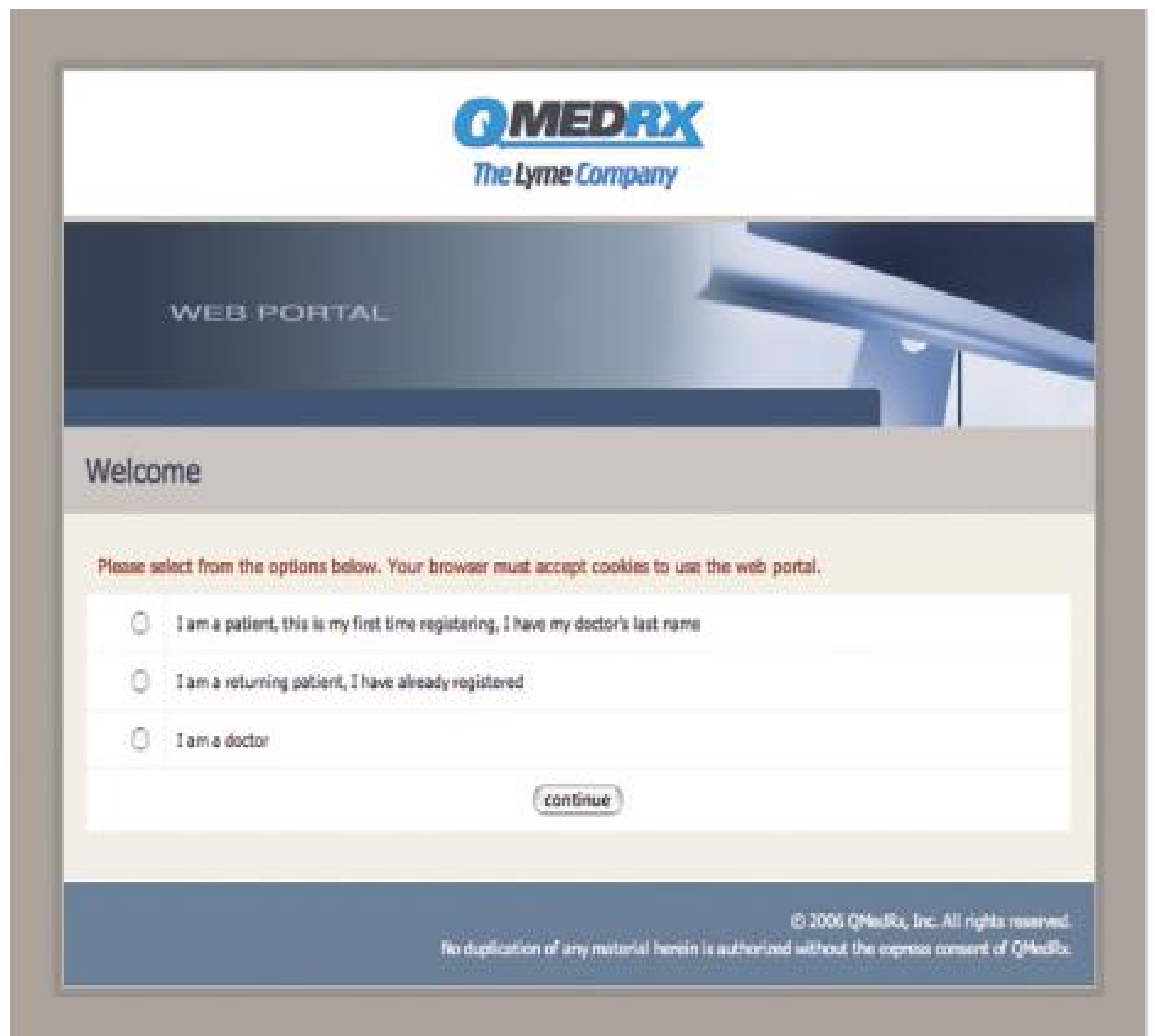
The Red Cross does not screen the blood supply for Lyme Disease.

**A general rule of thumb if you have ever had Lyme Disease:**

Never donate blood or blood products again.  
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