

In This Issue



Mary Budinger
Genetic Modifications:
Trading Profits
for Health
p. 1



Tina Garcia
PHA Writer
Testifies Before
IDSA
Guidelines
Review Panel
p. 2



Linnette R. Mullin
Brother Jim
p. 4



Lisa Copen
7 Highly
Effective
Habits of
Happy People
with Illness
p. 4



Jennifer Allton
Taking Back
My Life
p. 9



Virginia Sherr
Lyme & Panic
Disease
p. 10



Dr. Robert Bransfield
Lyme,
Depression &
Suicide
p.10

Help Needed!!!

The Public Health Alert may be delayed in our next month's issue as the editor will be having brain surgery for Pseudotumor Cerebri.

Please consider a financial donation to the PHA to help the distribution process go smoothly while Dawn is recovering from surgery. There will be added expenses as she hires temporary help for the next issue to help with the mail outs.

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Genetic Modification - Trading Profits for Health

by *Mary Budinger*

Genetically modified (GM) food puts humanity at a crossroads. Man-made, genetically engineered organisms are being released to the environment on a massive scale, an event unprecedented in the history of earth.

Genetic engineering combines genes from totally unrelated species in combinations not possible using conventional breeding methods. Genes from an animal, say, a fish, can be put into a plant, a strawberry for instance. In fact, this is an actual example of an attempt to "improve" strawberry plants. The fish gene is supposed to make the strawberries more resistant to frost by causing the strawberry plant to produce a form of antifreeze which the fish normally produces to endure cold ocean conditions.

But it is more than interchanging species. Many GM foods are designed to produce pesticides. We, in turn, eat those genetically added pesticides and take them into our bodies. Pesticides are an adaptation of WWII arsenic, hydrogen cyanide and other things that had been used to kill humans. The general idea was that if a lot would kill a person, then we only need a little to kill a bug.

Done Without Debate

This technological upheaval happened virtually without public debate. The U.S. government has been an enthusiastic promoter, rather than cautious regulator, of this radically new technology.

The biotech industry claims that the FDA has thoroughly evaluated GM foods and found them safe. "This is untrue," said Jeffrey Smith, America's foremost advocate for the safety of crops. "Internal FDA documents, made public from a lawsuit, reveal that agency scientists warned that GM foods might create toxins, allergies, nutritional problems, and new diseases that might be difficult to identify. Although they urged their superiors to require long-term tests on each GM variety prior to approval, the political appointees at the agency ignored the scientists. The White House had ordered the FDA to promote biotechnology and the agency responded by recruiting Michael Taylor,

Monsanto's former attorney, to head up the formation of GMO policy. That policy, which is in effect today, declares that no safety studies on GMOs are required. It is up to Monsanto and the other biotech companies to determine if their foods are safe. Mr. Taylor, by the way, later became Monsanto's vice president."

Official U.S. government policy claims that the foods are no different and, most importantly, do not require safety testing. "So Monsanto, the makers of DDT and Agent Orange, are in charge of telling us whether this is safe," Smith said. "A manufacturer can introduce a GM food without even informing the government or consumers. Never before have we deployed a contaminated gene pool technology with such flimsy evidence. We are gambling with the health of generations."

The First Clear Warning Bell

During the summer and autumn of 1989, an outbreak of a mysterious disease swept across the U.S. Thousands of people fell seriously ill with a rare blood and muscle disorder. Doctors and hospital staffs were baffled.

The disease was characterized by an overproduction of white blood cells and severe and often debilitating muscle pain. One patient said, "The pain was so intense in my body that it would hurt too bad to lay on the mattress when I went to bed. My legs became as big as a telephone pole. They split and water oozed from them. No amount of medicine they gave me calmed the pain."

Eventually, physicians discovered the culprit was the food supplement L-tryptophan made by a Japanese manufacturer, Showa Denko. It turned out that in 1984, the company had begun using a genetically engineered *Bacillus* species.

In the aftermath, press releases blamed a change in the manufacturing's filtration process. However, the company destroyed all evidence that could have been used to determine the scientific cause of the problem. They also destroyed the genetically engineered bacterial stocks, along with any potentially surviving specks that investigators might have recovered from the walls or equipment. In the U.S., the FDA was subsequently accused



Jeffrey Smith, author of "Seeds of Deception" and Executive Director of the Institute for Responsible Technology, spoke at the Lyme-Induced Autism conference in Scottsdale, AZ, in June.

of not alerting the public sooner for fear of casting a bad light on genetic engineering.

It appears genetic engineering caused a metabolic disturbance in the tryptophan-producing bacteria, resulting in the production of a deadly poison. Somewhere between 37 and 100 people died, depending upon who is counting, and some 5,000 - 10,000 persons became ill, many permanently disabled.

L-tryptophan has been produced by a large number of other companies using natural bacteria (not genetically engineered) without any similar complication. Because the GM version actually created a potent poison, and because so many people got sick around the same time with dramatic symptoms, the culprit was discovered. But what if other GM products poison more slowly over time, and the sickness manifests in different ways in different people?

Medical Experts Speak Out

In May this year, the American Academy of Environmental Medicine (AAEM) called on physicians to educate their patients, the medical community, and the public to avoid GM foods when possible and provide educational materials concerning GM foods and health risks. They called for a moratorium

on GM foods, long-term independent studies, and labeling. AAEM's position paper stated, "Several animal studies indicate serious health risks associated with GM food," including infertility, immune problems, accelerated aging, insulin regulation, and changes in major organs and the gastrointestinal system. They conclude, "There is more than a casual association between GM foods and adverse health effects. There is causation," as defined by recognized scientific criteria. "The strength of association and consistency between GM foods and disease is confirmed in several animal studies."

More and more doctors are already prescribing GM-free diets. Dr. Amy Dean, a Michigan internal medicine specialist, and board member of AAEM says, "I strongly recommend patients eat strictly non-genetically modified foods." Ohio allergist Dr. John Boyles says, "I used to test for soy allergies all the time, but now that soy is genetically engineered, it is so dangerous that I tell people never to eat it."

Dr. Jennifer Armstrong, President of AAEM, says, "Physicians are probably seeing the effects in their patients, but need to know how to ask the right questions." World renowned biologist Pushpa M. Bhargava goes one step further. "GMO Food" ...cont'd pg 3

Download Dr. Burrascano's Lyme Protocol FREE at:
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PHA Writer Testifies at the IDSA Guideline Review Panel Hearings

The Ronald Reagan Building and International Trade Center in beautiful Washington, DC was the site for an historic medical hearing held on Thursday, July 30, 2009 hosted (through legal agreement) by the Infectious Diseases Society of America (IDSA). The IDSA, along with Connecticut Attorney General Richard Blumenthal and an independent ethics ombudsman, selected the Review Panel, which consisted of nine physicians and researchers. The Panel convened to hear testimony from sixteen physicians and researchers and two patient advocates on the subject of *Borrelia burgdorferi* infection, commonly known as Lyme disease.

This unprecedented hearing was the result of an antitrust investigation initiated at the end of 2006 by Connecticut Attorney General Richard Blumenthal. The investigation looked into the process used by the Infectious Diseases Society of America in the formulation of their 2006 Practice Guidelines for Lyme disease.

The nine-member Review Panel was selected to review evidence submitted to them for and against revision of the 2006 guidelines entitled "The Clinical Assessment, Treatment, and Prevention of Lyme Disease, Human Granulocytic Anaplasmosis, and Babesiosis: Clinical Practice Guidelines by the Infectious Diseases Society of America." The Review Panel was also charged with hearing evidence and testimony at the Hearing.

Attorney General Blumenthal has stated on several occasions that his investigation looked at the process whereby the guidelines were formulated and was not carried out to make any determination regarding medicine or science. An agreement was signed on April 30, 2008 between the Attorney General and the IDSA, and the July 30th Hearing was a condition of that agreement. <http://www.ct.gov/ag/lib/ag/health/idsaagreement.pdf>

In a May 1, 2008 Press Release from the AG, Mr. Blumenthal stated the following with regard to his investigation:

"The IDSA guidelines have sweeping and significant impacts on Lyme disease med-



Thanks go to Gregg and Monte Skall of the National Capital Lyme and Tick-Borne Disease Association and their dedicated Board and patient members, who worked tirelessly the week of the hearing, preparing Washington, DC and the surrounding area for the media. They tied thousands of lime green ribbons all around the area, up and down Wisconsin Avenue in Washington, in front of the IHH and all the radio and television news offices.

ical care. They are commonly applied by insurance companies in restricting coverage for long-term antibiotic treatment or other medical care and also strongly influence physician treatment decisions."

"Insurance companies have denied coverage for long-term antibiotic treatment relying on these guidelines as justification. The guidelines are also widely cited for conclusions that chronic Lyme disease is nonexistent."

"This agreement vindicates my investigation -- finding undisclosed financial interests and forcing a reassessment of IDSA guidelines," Blumenthal said. "My office uncovered undisclosed financial interests held by several of the most powerful IDSA panelists. The IDSA's guideline panel improperly ignored or minimized consideration of alternative medical opinion and evidence regarding chronic Lyme disease, potentially raising serious questions about whether the recommendations reflected all relevant science."

Blumenthal added, "The IDSA's 2006 Lyme disease guideline panel undercut its credibility by allowing individuals with financial interests -- in drug companies, Lyme disease diagnostic tests, patents and consulting arrangements with insurance companies -- to exclude divergent medical evidence and opinion. In today's healthcare system, clinical practice guidelines have tremendous

influence on the marketing of medical services and products, insurance reimbursements and treatment decisions. As a result, medical societies that publish such guidelines have a legal and moral duty to use exacting safeguards and scientific standards."

<http://www.ct.gov/ag/cwp/view.asp?a=2795&q=414284>

Throughout Blumenthal's investigation, spokespersons from the IDSA have criticized him for what they consider to be interference in medicine and science. This accusation is unfounded, as the AG did not investigate the medicine and science. What he did in his antitrust investigation was look into the process whereby the IDSA Guidelines were formulated, the IDSA's adherence to their own Conflicts of Interest Policy, how the 2006 Guidelines Committee was selected and exclusion by the Guidelines Committee of those with opposing views. The 2006 Guidelines Committee exhibited bias through exclusion of a worldwide body of scientific research, a result of which may be proven to serve their numerous financial interests. Those financial conflicts are outlined in the AG's May 1, 2008 press release.

Most recently, Anne Gershon, current President of the IDSA, responded to AG Blumenthal's article in *The Day*, by saying in her opinion that, "IDSA's signing the agreement

was not, as he alleges, an admission of guilt, **but an effort to end a fruitless investigation that was costing our organization** (and presumably Connecticut taxpayers) **thousands of dollars.**" (Emphasis added).

What Gershon revealed here is that it's all about the money! Lyme patients have known for years that the CDC and IDSA agenda is all about the money. And that does not mean the money being made from treating sick and dying patients with long term antibiotics. It means the money being made by the small group of CDC and IDSA physicians and so-called researchers who authored the IDSA guidelines currently under scrutiny by the independent review panel. Their money is made through consistent and numerous research grants from NIH and CDC, patents for diagnostic test kits, vaccine development, clinical trials and royalties on biotechnology related to *Borrelia burgdorferi*.

<http://www.jemsekspecialty.com/shownews.php?id=21>

<http://www.theday.com/re.aspx?re=05e8c026-d09d-4061-bc47-bd33c45f0130>

As I stated in my testimony to the review panel, "The denial of chronic Lyme infection in the IDSA Guidelines

"Garcia Testifies" ...cont'd pg 7

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 nationwide support group leaders. These groups include the chronic illnesses of Multiple Sclerosis, Lou Gehrig'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's attention. We seek to make sure that anyone struggling with these diseases has proper support emotionally, physically, spiritually and medically.

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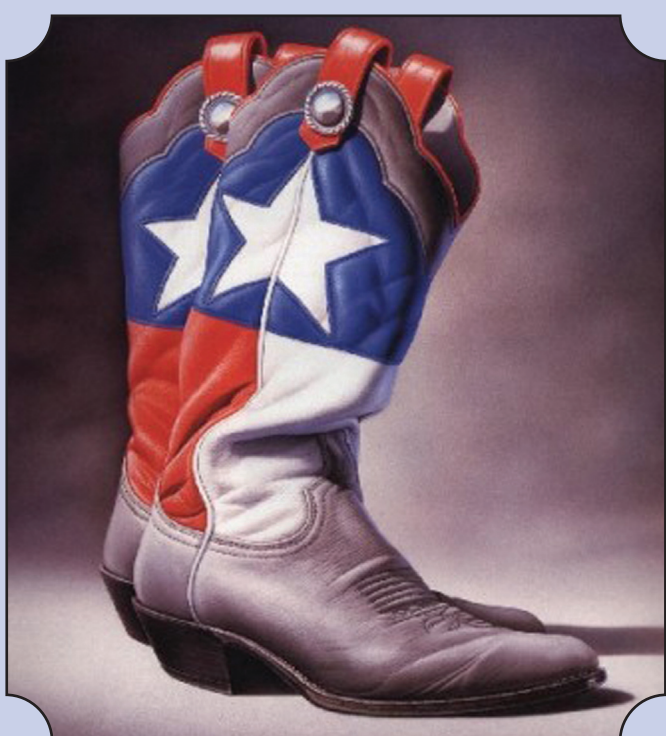
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“GMO Food” ... cont'd from pg 1

After reviewing more than 600 scientific journals, he concludes that genetically modified organisms (GMOs) are a major contributor to the sharply deteriorating health of Americans.

Dr. Garry Gordon, co-founder of the American College for Advancement in Medicine (ACAM), agrees. He sounded a warning bell at the Lyme-Induced Autism conference last June in Scottsdale, Arizona. "GM corn may put a pesticide in the gut that replicates," he said. "GM foods modify your intestinal flora which sets the stage for tumors and other problems. No probiotic will overcome it."

Biologist David Schubert of the Salk Institute warns that "children are the most likely to be adversely effected by toxins and other dietary problems" related to GM foods. He says without adequate studies, the children become "experimental animals."

Famed Canadian geneticist David Suzuki stated, "The experiments simply haven't been done and we now have become the guinea pigs. Anyone that says, 'Oh, we know that this is perfectly safe,' I say is either unbelievably stupid or deliberately lying."

Human problems may be hidden for years. "No one is monitoring," Smith pointed out.

Foods Designed to Produce Toxins

GM corn and cotton are engineered to produce their own built-in pesticide in every cell. When bugs bite the plant, the poison splits open their stomach and kills them. Biotech companies claim that the pesticide, called Bt - produced from soil bacteria *Bacillus thuringiensis* - has a history of safe use, since organic farmers and others use Bt bacteria spray for natural insect control. Genetic engineers insert Bt genes into corn and cotton, so the plants do the killing.

"The Bt-toxin produced in GM plants, however, is thousands of times more concentrated than natural Bt spray," Smith explained. "It is designed to be more toxic, has properties of an allergen, and unlike the spray, cannot be washed off the plant."

The only published human feeding study revealed what may be the most dangerous problem from GM foods. The gene inserted into GM soy transfers into the DNA of bacteria living inside our intestines and continues to function. This means that long after we stop eating GM foods, we may still have potentially harmful GM proteins produced continuously inside of us. In other words, eating a corn chip produced from Bt corn might transform our intestinal bacteria into living pesticide factories, possibly for the rest of our lives.

"We think Bt is damaging the walls of our intestines, breaking apart the integrity of our gut, creating leaky gut," Smith continued. "I don't think it is a coincidence that lot of kids with autism have tremendous gut problems. When a gene transfers to gut bacteria, does it offer a survival advan-

If you want to avoid genetically modified organisms, then avoid processed foods. "I would guess 90 percent of the processed food has GMOs," Smith said. He created a "GMO Defensive Shopping List:"

What crops are most often GM?	Examples of products commonly containing genetically modified organisms:
SOY (91%)*	Chocolates use soy lecithin; breads use soy flour; shakes use soy protein concentrate; baby formulas use soy milk.
CORN (80%)*	High fructose corn syrup is found in sodas, cereals, cookies, candy, salad dressings, spaghetti sauces, and 1,000 other products. Baked goods use cornstarch; vegetable oils use corn oil. Breads use corn flour.
CANOLA (80-85%)*	Fried products use canola oil. Baked goods use canola oil. Many "health" products use canola oil.
COTTON (87%)*	Chips use cottonseed oil. Fried snacks use cottonseed oil.

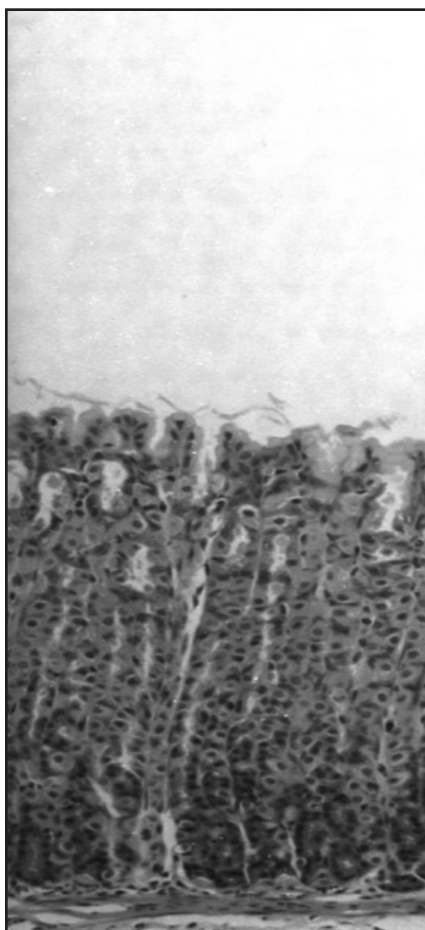
* Percentage of GM cotton, corn, and soy in the US and GM canola grown in Canada.

tage? That means if it helps bacteria survive, it will be readily transferred to other bacteria and you end up with a big colonization. If you screw up the gut system, you have production of vitamins and immune system function on the ropes."

Smith said GM foods may also account for the rise in developmental disorders. "You allow toxicity to enter into the bloodstream and that opens up the ability to poison the brain."

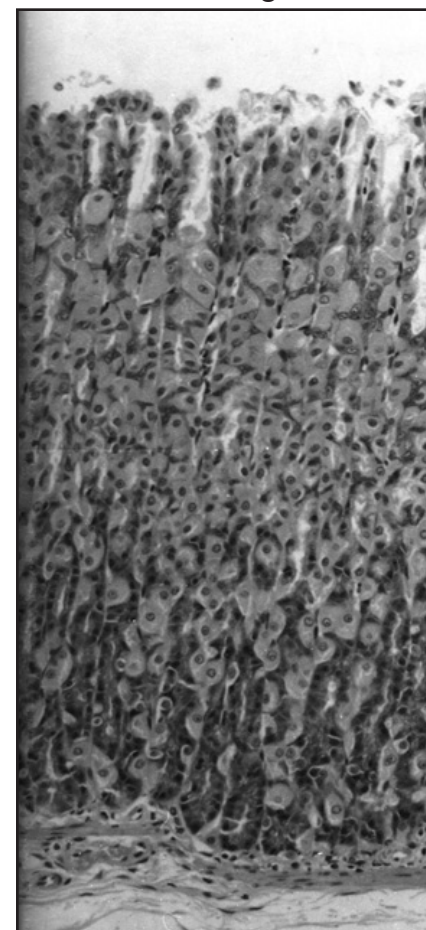
GM Crops

In 1996, the first GM crops came to market: soy, corn and canola. All were used for



yellow crook neck squash. These crops look just like their non-GM counterparts. Newly added to the list in 2008 are GM sugar beets and white corn. There are also GM tomatoes and potatoes no longer on the market, but whose genes and seeds, to some degree, continue to persist "out there." In similar fashion, the list actually includes more than 100 different experimental GM crops, field trialed at more than 50,000 sites in the U.S. since 1986.

Although the government is supposed to make sure that these trials won't contaminate the surrounding environ-



ments will inadvertently persist in the environment." Novel products such as seedless watermelons, pear/apple combos, and tangelos are products of natural breeding and are not genetically engineered.

There is no GM popcorn on the market, nor is there GM blue corn. But you are not necessarily wasting money buying organic blue corn chips and organic popcorn. "The blue corn may be mixed with other corn," Smith said. "Also, the oils may be GMO. In all cases, organic adds other advantages besides non-GMO status."



From studies on feeding GM foods to rats: Left - Normal stomach lining of rats fed non-GM potatoes. Middle - precancerous cell growth in stomach lining of rats fed GM potatoes. Right: The larger rat, 19 days old, was not fed GM food; the smaller rat, 20 days old, was fed GM soy.

vegetable oil. In 2006, 252 million acres of transgenic crops were planted in 22 countries by farmers. The majority of these crops were herbicide- and insect-resistant soybeans, corn, cotton, and canola. Most GM food crops are fed to animals. Three minor GM crops are Hawaiian papaya, and a small amount of zucchini, and

ment, a 2005 report by the USDA Office of Inspector General harshly condemned the USDA's abominable oversight. "Current regulations, policies, and procedures," said the report, "do not go far enough to ensure the safe introduction of agricultural biotechnology." The agency's weaknesses "increase the risk that regulated genetically engineered organ-

Consumer Resistance

The U.S. government's office of Biological and Environmental Research says: "Technologies for genetically modifying foods offer dramatic promise for meeting some of the 21st Century's greatest challenges. Understanding plant and animal genomes will allow us to create stronger, more dis-

ease-resistant plants and animals - reducing the costs of agriculture and providing consumers with more nutritious, pesticide-free foods." But increasingly, people aren't buying these government assurances.

The number of hectares of GM crops fell last year in Europe. Most of Europe's largest supermarket chains, along with several major food companies such as Unilever and Heinz, have all banned GM products. When McDonalds and Burger King refused to buy GM potatoes years ago, GM potatoes were withdrawn from the market. Japanese companies also largely avoid GM foods due to consumer resistance. StarLink™ corn, genetically modified with a pesticide, turned into a public relations disaster, underscoring mankind's inability to control Nature. StarLink was approved by the EPA in 1998 for use only in animal feed because of uncertainty whether it could cause allergic reactions in humans. This *Bacillus thuringiensis* variety was grown on less than 1 percent of the total U.S. corn acreage in 2000, most concentrated in Iowa. Everyone was promised that StarLink would be kept completely separate throughout the grain chain. But that didn't happen. In the US, all corn, including GM corn, is comingled after harvest. Also, GM crops can cross pollinate with non-GM crops. StarLink spread throughout the country. In 2000, environmental groups found traces of StarLink's genetic material in Taco Bell brand taco shells and other products. StarLink's accidental contamination of the nation's corn supply triggered a massive recall and disrupted the U.S. corn market. According to Iowa's State Agriculture Secretary, neither the manufacturer nor government officials policed StarLink. The public saw that GM crops could not be contained.

"The food companies gain no advantage from having or not having GM foods," Smith explained. "So if consumers do not want them, they won't sell them. It is a matter of public education, and the media has been much more active in reporting about genetic modification in Europe than in the United States. Monsanto actually tracked reporters as favorable or unfavorable and rewarded and threatened them. Threatening letters from Monsanto's attorney caused Fox to cancel a news series on their GM bovine growth hormone, and Monsanto's PR organization bragged in memos about getting a New York Times reporter taken off her assignment of covering the hormone as well."

Labeling of GM Foods

In the United States, nine out of ten consumers have said they want GM foods labeled. "Obama and Biden promised they would label GM foods," Smith said. "But so far, it is looking more like business as usual. I was disappointed Tom Vilsack was appointed as "GMO Food" ...cont'd pg 5

Brother Jim



by Linnette R. Mullin

...in the midst of his illness and perhaps because of it, he left the handprint of God on my heart.

A very impressionable child, I couldn't help but wonder about him. Without fail, every time the church doors were open, there he would be...sitting in the second pew from the front on the left-hand side of the sanctuary with Frieda - his ever faithful, loving wife.

Oh, I knew who he was. He was my first pastor and we called him "Brother Jim." But he wasn't the strong, robust man he had been - the same tall, confident man who once wrestled a rifle out of a drunken man's hands during a worship service. No. He was an invalid.

The sight of him evoked a myriad of emotions in me...feelings that would be transformed drastically over the years. It started out with fear and trepidation. Growing up in the most rural county of Missouri, I didn't see a lot of people in wheelchairs. He was an anomaly.

And there he sat Sunday after Sunday - quiet, shoulders slumped, hair gray and thinning, eyes downcast. Though never one to start a conversa-

tion, his face would light with a smile when someone stopped to speak with him. As soon as they walked away, the smile would evaporate. Observing this, I decided that maybe he wasn't so fearsome after all. Maybe he was just lonely. Maybe he didn't want to be a bother to anyone. Maybe... There were so many maybes.

Occasionally, when I worked up the nerve, I would approach him to say "hi" and chat for a moment. The smile he gave reached his eyes, telling me he was glad for my company. He would even tease me sometimes, his brown eyes twinkling. However, he never failed to exhort and encourage me in the Lord. He never wasted an opportunity to share his faith with anyone who would take the time to listen - even a child like me. It reminded me of Jesus when he gathered the little children in His arms and blessed them. I could picture Brother Jim doing this very same thing if only he had the strength. In fact, I always walked away feeling as though I had been blessed - even as I grew into my teen years.

I often wondered what his life must be like and my heart ached for him. Once a strong man and leader of the church, he now sat in quiet anonymity. What must it be like to go from being such a healthy, robust man one day to a near vegetable the next? What must it be like for his sweet wife and their children? How would I feel if it were my dad? Their youngest child being my age, the gravity of their situation always touched me deeply.

Now, dealing with chronic illness in my own life, I feel as though I know some of the things he must have struggled with: depression, guilt, frustration, anger, bitterness,

humiliation, fear, helplessness, and so on. I imagine his family battled with many of those same things, but from a different perspective.

These are the kind of things that often tear families apart. I can't tell you how Brother Jim dealt with them, but I believe he would agree that in order to get a grasp on them, we must first build a strong foundation to stand upon. This brings to mind an old hymn I often sang growing up...still do from time to time. It says:

My hope is built on nothing less than Jesus' blood and righteousness.

I dare not trust the sweetest frame, but wholly trust in Jesus' Iame.

When darkness seems to hide His face, I rest on His unchanging grace.

In every high and stormy gale, my anchor holds within the veil.

His oath, His covenant, His blood support me in the whelming flood.

When all around my soul gives way, He then is all my Hope and Stay.

When He shall come with trumpet sound, oh may I then in Him be found.

Dressed in His righteousness alone, faultless to stand before the throne.

On Christ the solid Rock I stand, all other ground is sinking sand; All other ground is sinking sand.

(Words by Edward Mote 1834; Music, Solid Rock, by William

B Bradbury 1863.)

We must understand this above all else in order to address the issues we face in our individual struggles. Christ is our solid rock! He is the one who keeps us from sinking. All our hope must be placed in Him.

C. S. Lewis said: "God cannot give us a happiness and peace apart from Himself, because it is not there. There is no such thing."

He also said: "I believe in Christianity as I believe that the sun has risen: not only because I see it, but because by it I see everything else."

How true! What we believe about God dictates how we view ourselves, our illness, our loved ones, even our enemies.

Again, C. S. Lewis said: "Courage is not simply one of the virtues, but the form of every virtue at the testing point."

Chronic illness and handicaps of all sorts, whether our own or our loved ones, test our mettle. What kind of stuff are we made of? What is our staying power?

There are so many things I learned from Brother Jim. He taught me that in the midst of a pain-filled life, God can and will use me. I don't have to be a Billy Graham or an Elizabeth Elliot to impact the world I touch.

He also taught me the importance of studying God's word for myself by the frequency with which he quoted 2 Timothy 2:15. Even today, I can hear the urgency in his voice ringing in my heart as he said, "Study...to show thyself...approved of God...a workman...that needeth not be ashamed...rightly dividing...the Word of truth." (KJV) It was by studying the scriptures

that I came to know the God who made me, Jesus Christ who saved me, the Holy Spirit who comforts and strengthens me. He truly is my rock and my refuge...a very present help in times of trouble! GOD IS my staying power.

When I think of Brother Jim, I am filled with gratitude and love for him. For, in the midst of his illness and perhaps because of it, he left the handprint of God on my heart.

pha

About the Author:

Linnette R Mullin is a freelance writer and author. She has written articles for publications such as In Touch Magazine with Charles Stanley and The Write Connection for Heart of America Christian Writer's Network (HACWN). She is currently writing an on-line novel entitled "Finding Beth."

An active member of HACWN, she was chosen "Cheerleader of the Year" for 2008 and won "Non-fiction Article of the Year" at their annual conference for "God's Healing Promise" - to be published in 2009 by the on-line magazine, Now What?

Linnette ministers through her on-line support group for chronically ill people and their loved ones called "LymeLife: Living with Chronic Illness." You may visit her at www.LinnetteMullin.com or contact her at Linnette.PublicHealthAlert@yahoo.com.

Linnette resides with her husband, John, and their four awesome boys. Linnette and her sons are currently being treated for Lyme disease.

7 Highly Effective Habits of Happy People With Illness



by Lisa Copen

Everyone handles the troubles in their lives in assortment of ways. While some people put on a happy face and intentionally decide they will use their illness as an opportunity, others will drive home from the physician's office anxious about how much longer they will be able to drive because of the seriousness of the pain. They'll lie down on the couch and not leave the house for years. Why do some people thrive even though they have a chronic illness while others simply go into survival mode, even using the illness as an excuse for everything that goes wrong in their life?

So what do happy chronically ill people have in common?

Here are a few things I've discovered:

[1] They maintain hope. We've found through research that people who have hope actually recover from surgery faster than those who have less hope. Hope is fundamental and a basic step in finding contentment despite our situation. The 2006 theme of National Invisible Chronic Illness Awareness Week was "My illness is invisible but my hope shines through." This is an attitude we should all have.

[2] They carry on and keep going no matter what with a persevering attitude. Living with constant chronic pain is very tiring! Emotionally, physically, and spiritually, chronic pain can quickly deplete our strength and spirit. Our good health is one of the main things our society counts on to help us reach our dreams, even referring to the saying, "At least you have your health!" But when you live with unending chronic pain and still are able to find happiness, part of the reason is because--though you adapt your dreams--you still have them. At

times, these new purposes can be more exhausting than the original ones, but passion can produce a lot of adrenaline.

[3] They are good advocates of their own health. Paul J. Donoghue and Mary E. Siegel, authors of "Sick and Tired of Feeling Sick and Tired," write "Getting this help in a consistently satisfying manner is as essential as it is challenging. You will need perseverance, courage and skill. You will need to understand your needs and be committed to getting them" (p. 160). People who take part in the decision making process on the topic of their care and treatment, and who actively hunt for doctors who will partner with them, are more happy than those who feel out of control. For example, if it's one's desire to have children, it's important to have a medical team that will understand this desire and provide good treatment even if they don't agree with your decision, rather than reprimand you by giving you poor care.

[4] People who are happy don't claim the victim role; in fact, they tend to ask, "Why not me?" rather than "Why me?" To fashion this attitude may take effort if it doesn't

come naturally. But a lot of these people get involved in different organizations that serve people. And when one is around others who live with illness, cancer, or who have left abusive homes, they quickly understand that this world is not a perfect place. When things are going pretty well in their lives, they recognize it as a blessing, not a right.

[5] They understand who they are and so aren't overly sensitive, taking other's comments too personally. If one has a strong faith, this can make everything much simpler because one understands that her value and worth as a person doesn't count on what she can accomplish with her physical strength. She learns what she is accountable for (like an attitude) and not (like an infection that keeps returning). This can help keep away unnecessary guilt for things out of her power.

[6] They communicate competently. Being able to talk with others, explain your feelings, learning to listen effectively, and watching your words carefully, can help you avoid a lot of troubles. Misunderstandings, hurt feelings, and arguments can affect

your whole life and your body's capacity to cope with an illness. One must learn to manage bitterness and focus on healthy relationships. Happy people with illness are good at understanding when to talk about their illness and how much to share about their personal lives.

[7] They genuinely care about other people. No one wants to get a chronic illness to receive that "education in life" but people who are happy allow their experiences to be a gift of knowledge. They can share struggles and successes with others. They are able to use their experiences as a way to help a friend or become a mentor. To truly find happiness, we must look outside of ourselves and reach out to other people. Author J.K. Rowling once said, "It is our choices that show what we truly are, far more than our abilities." This is such an applicable quote for those who live with chronic pain every day.

pha

Lisa Copen is the founder of Rest Ministries which serves the chronically ill through Christian resources and other programs and support group materials.

www.restministries.org

“GMO Food” ...cont'd from pg 3

Secretary of Agriculture over the objections of millions of people. I live in Iowa where Vilsack was governor. He had given Monsanto an award, and was himself declared the biotech governor of the year. His allegiance to GMOs has continued as Secretary of Agriculture."

President Obama subsequently appointed former Monsanto lobbyist Michael Taylor as a senior advisor to the FDA's Commissioner on food safety. And, as of this writing, Dennis Wolff is in line for Under-Secretary of Agriculture for Food Safety. Wolff spear-headed anti-consumer legislation in Pennsylvania that would have taken away the rights of consumers to know whether their milk and dairy products were contaminated with Monsanto's (now Eli Lilly's) genetically engineered Bovine Growth Hormone (rBGH).

The Organic Consumers Association is circulating a petition asking that Taylor and Wolff be denied positions of power over American's food safety. Read more at http://salsa.democracynaction.org/o/642/campaign.jsp?campaign_KEY=27042

Consumers Have the Power

A June 27, 2008 letter from David Mackay, CEO of Kellogg's, to Ronnie Cummins, National Director of the Organic Consumers Association, reveals just how sensitive the market is to consumer demand: "Consumer preference is the critical factor Kellogg uses in determining the products being provided in each market, and those preferences are not the same in every country ... Public acceptance of biotechnology in Europe is lower than in the United States. As a result, all Kellogg products sold in Europe are free of any ingredients derived from biotech sources."

Schools throughout the UK and parts of Europe banned GM food years ago. "In the U.S., the emergence of the 'healthy school lunch' movement provides a ready platform to promote GM-free school meals," Smith said. "Parents and schools are already seeking to change kids' diets in response to the obesity and diabetes epidemics, the proliferation of ADD/ADHD, and the

increased understanding of the impact of food on behavior."

Smith said that whenever he speaks, he sees a roomful of people willing to change their eating habits when they learn about the dangers of genetic modification. "It is so easy to present the dangers of how it was approved, that FDA ignored the concerns of scientists," he said. "People see that GM foods were driven by industry influence and political collusion, not sound science, and those who say it is safe have no credibility. Now the fact that an American medical association has come out with it - that is major news around the world."

An Educated Consumer

If you want to avoid genetically modified organisms, then avoid processed foods. "I would guess 90 percent of the processed food has GMOs," Smith said. He created a "GMO Defensive Shopping List:"

"I avoid processed foods with the above oils, or with soy and corn derivatives," Smith said. A full list of these derivatives is found in his Institute's Non-GMO Shopping Guide. They include, for example, soy flour, soy protein, soy lecithin, textured vegetable protein, corn meal, corn syrup, dextrose, maltodextrin, fructose, citric acid, and lactic acid.

Meats, dairy products, farmed fish, and eggs are usually from animals fed GM products. To avoid that, you must buy "organic" and "wild caught." Additionally, dairy products can come from cows injected with GM bovine growth hormone called rbGH or rbST. Honey and bee pollen may contain GMOs if the beehives are near GM crops.

There are many additives, enzymes, flavorings, and processing agents used in foods which are produced by GM bacteria, yeast, or fungi. To avoid them, either buy organic or stick to non-processed foods - make your own salad dressings and sauces.

Many people began to avoid aspartame years ago after learning that it is linked to health problems ranging from seizures to cancer. Aspartame (marketed as NutraSweet® and Equal®) is also a GM product, found in over 6,000 items,

including soft drinks, gum, candy desserts, mixes, yogurt, tabletop sweeteners, and some pharmaceuticals such as vitamins and sugar-free cough drops.

Restaurants are tricky environments since most do not cook meals from scratch. Most use packaged, processed mixes and sauces which likely have GM ingredients. Restaurants commonly use vegetable oil made from GM soy, corn, cottonseed, or canola. A safer alternative is to ask if they can cook your meal with a non-GM oil, such as olive, sunflower, or safflower. You can bring your own salad dressing.

"But GM Will Feed the World"

The argument made by the biotech industry is that if genetic engineering of farm crops is not allowed to proceed, the poor people of the world will starve. "In fact there is more than enough food produced by conventional agriculture to feed all of the world's people," said Smith. "We have not yet solved the problems of food distribution, poverty, and government inadequacies. Genetic engineering may actually lead to more hunger in poor countries by driving resources away from more appropriate technologies and by promoting monocultures, which displace the more diverse and nutritious multicropped fields in developing nations. GM makes farmers dependent on corporations that demand annual payment for seed, chemicals, and fertilizers. In addition, while studies show that the average GM crop reduces yield, organic agriculture used in the developing world can increase yield one or two fold."

Numerous studies have concluded that organic farming can, indeed, feed the world. India is a tragic example of the promise and subsequent failure of GM cotton. GM salesmen and government officials had promised India's farmers that the GM seeds would yield better crops, free from parasites and insects. In return for allowing western companies access, India was granted International Monetary Fund loans, helping to launch an economic revolution in the cities. But GM breeds of cotton were not pest-proof in the fields;

they have been devastated by bollworms, a parasite. The farmers also discovered these seeds required double the amount of water and cost at least twice as much. Depending upon the rainfall, GM crops withered and died, leaving farmers with crippling debts and no means of paying them off.

According to the National Crime Records Bureau of India, 182,936 Indian farmers committed suicide between 1997-2007. It estimates 46 Indian farmers kill themselves every day - that is, roughly one suicide every 30 minutes.

The UK's Prince Charles infuriated bio-tech leaders and some politicians by condemning "the truly appalling and tragic rate of small farmer suicides in India, stemming from the failure of many GM crop varieties." He stated that the issue of GM had become a 'global moral question' and the time had come to end its unstoppable march.

And yet, India's Agriculture Ministry recently announced that GM versions of tomato, brinjal (eggplant), and cauliflower would be introduced within three years. India so far has allowed only GM cotton. Cotton seed oil is used for human consumption and cotton plants are used for animal consumption. In July, public demonstrations urged the Prime Minister not to introduce more GM food into the country, saying it is a biological and health hazard.

The biotech industry hopes to introduce 'terminator technology', meaning that the seeds produced by the plants are sterile, so farmers cannot save and reuse their own seeds.

Historic Turning Point

We are at a turning point in history. Consumer resistance is mounting that we should no longer allow the virtually unrestricted release of genetically engineered organisms to the environment.

The United States is the cradle of GM - or biotech - crop development. In 2006, countries that grew 97% of the global transgenic crops were the United States (53%), Argentina (17%), Brazil (11%), Canada (6%), India (4%), China (3%), Paraguay (2%) and South Africa (1%).



Prince Charles set up the charitable *Bhumi Vardaan Foundation* to address the plight of suicide farmers in India by promoting organic crops.

Yet, GM plantings make up a mere 2.4% of global agricultural crop land. "This is winnable," Smith said. "GM rice, wheat, tomatoes, and potatoes have all been rejected as unacceptable in the global marketplace. GM papaya cultivation in Hawaii has been declining over several years. None of the GM crops on the market are modified for increased yield potential. In fact, studies show GM crops reduce average yield. The GM industry has not marketed a single GM crop with enhanced nutrition, drought-tolerance, salt-tolerance or any of the other 'beneficial' traits long-promised by the industry." Smith says when he speaks to religious groups, they agree it should not be on the market. "The World Council of Churches is not in favor of GMOs, and the Catholic Church declared it a sin, yet no one has mobilized the purchasing power of the group. If Oprah Winfrey ever speaks out against GM food, this whole thing will be over in a day in America." *pha*

Mary Budinger is an Emmy award winning journalist in Phoenix, AZ, who writes for *Complementary and Alternative Medicine*.

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By Les Roberts


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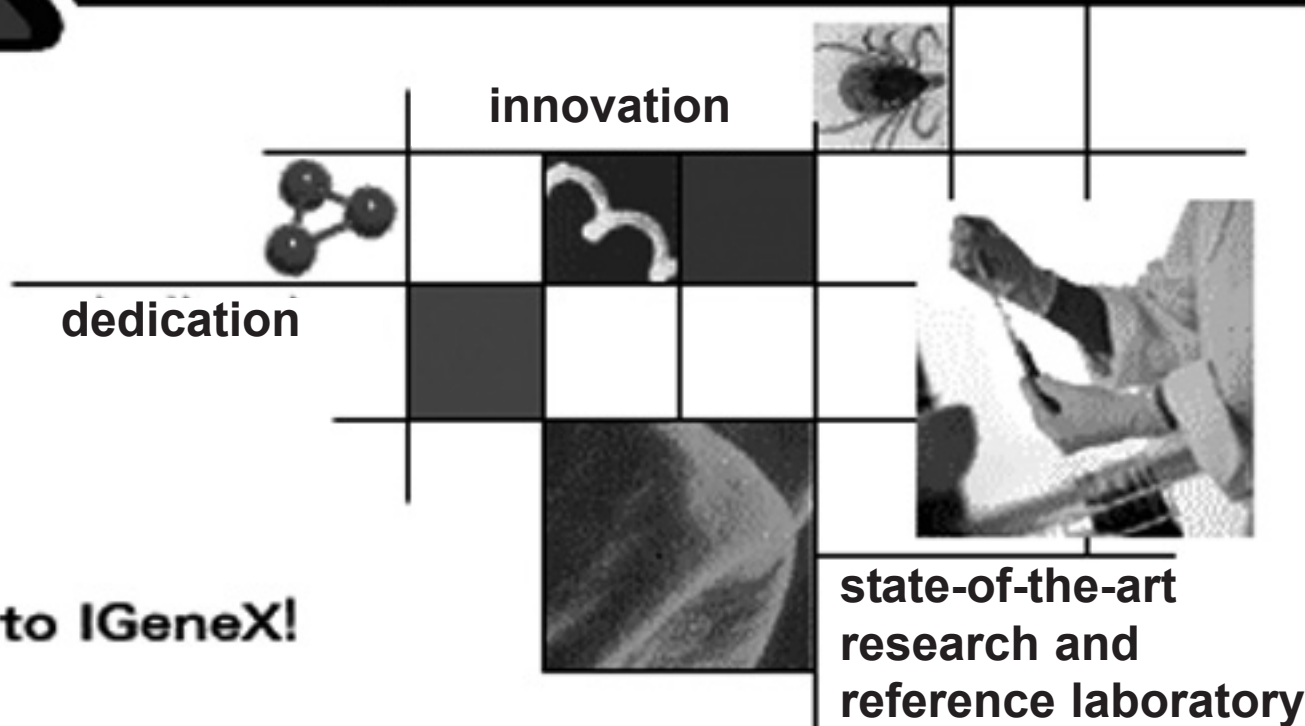
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“Garcia Testifies” ... cont’d from pg 2

causes patients to question Lyme vaccine development.” Acknowledging chronic Lyme infection would extend the time needed for vaccine clinical trials and approval. Stating that chronic Lyme infection doesn't exist and sweeping suffering patients under the carpet is one way to avoid this problem.

Why the focus on a vaccine instead of expanded treatment protocols, studies of congenital, blood transfusion and sexual transmission and correction of the vaccine-friendly Dearborn two-tiered testing criteria?

The horrible truth -- is the secret that is being kept from the public, a secret that the worldwide Lyme community already knows, because we're living it -- that Lyme disease is a very serious and complex infection, and a lot of money is being made through the manipulation of this disease, through research funds, patents for test kits and vaccine development resulting in the medical neglect of thousands, if not millions, of suffering people."

What is also interesting is *The Day's* Editor's note at the end of Gershon's opinion: "Editor's note: The writer, a physician, is president of the Infectious Diseases Society of America."

Let me add an addendum to that note from the *Journal of Infectious Diseases*, 2008:

"Potential conflicts of interest: A.A.G. lectures and consults on varicella zoster virus vaccines for Merck and GlaxoSmithKline when invited, receives research support from Merck, and has a contractual relationship with Merck through the Varicella Zoster Virus Identification Program. S.L.K. is a member of the Merck Vaccine Advisory Board."

Gershon also stated in her opinion: "We hope the review will put to rest the tired old allegations and put the focus where it belongs: **making sure that people with Lyme disease get treatment that is**

safe, effective, and supported by sound medical evidence." (Emphasis added).

Please, Anne, let's get real. In reality, the only treatment afforded Lyme patients, through use of the IDSA Guidelines, is NO TREATMENT! Give up the old Lyme party line; it's not working anymore. The top is broken; it's no longer spinning, Anne. You came on the scene late, and all you can do now is pick up the pieces and place them in the scrapbook. You're Annie-Come-Lately and you need to look around the room. The party is over, the guests have departed and Elvis has left the building!

Back to the Hearing

After reading many comments in news articles made by the IDSA Guideline authors and spokespersons, along with their revealing appearances in the film *Under Our Skin*, I was quite surprised by their presence when I saw them mingling prior to the hearing. I had expected an intimidating and commanding presence, as they so often portray in the statements they make about their self-appointed status as Lyme disease experts. However, what I noticed were diminished countenances, and my next comment may come as a surprise to those who are familiar with my stance against the "Lyme Medical Cartel." I must tell you that their appearances and presentations actually brought me to unexpected moments of pity as their true colors were displayed at the podium. There certainly was no commanding presence shown by these individuals, who, despite their expressions of concern and sympathy, have nothing to offer the Lyme patient community.

They have offered us no alternatives as far as treatment is concerned. Their standard response is that those suffering from chronic Bb infection, which they know has been documented in the literature, is that we are suffering from some-

thing else entirely. This is what I refer to as an "erroneous diagnosis from afar." This is an unfounded diagnosis made by a small group of troublemakers on a large group of patients, whom they have never examined and whose medical records they have never reviewed.

The time has come for these troubled souls to sit in the corner away from the rest of the class. They have pursued their agenda long enough, disrupting the flow of pertinent and factual medical information being disseminated in medical schools throughout the world. This is a serious offense and one that deserves serious punishment. As far as I'm concerned these bad little schoolboys and schoolgirls should be expelled and denied re-admittance until they agree to follow medical and scientific rules.

One final note on the CDC and IDSA Guideline authors – this is one of the most important statements I made to the Panel and to the world in my presentation at the Hearing: "So, despite the recommendations in their Guidelines to the contrary, the most influential Guideline authors have published that Bb is not eradicated after a short course of antibiotics and that chronic Lyme infection persists post treatment.

On behalf of suffering patients, I would ask that the CDC and IDSA Guideline authors and their other spokespersons stop making fraudulent public statements that chronic Lyme infection does not exist, due to the fact that the IDSA Guideline authors themselves proved years ago, that Bb is a persistent chronic infection."

I was impressed with the body of research and case histories presented that portrayed the actual scientific and clinical scenario encountered by physicians and patients. Although I am obviously biased on behalf of patients and Lyme-treating physicians, the slides prepared by the ILADS presenters obviously contained more research than those from the

IDSA.

It felt good to know that we had the actual science to support our position, whereas the majority of statements from the IDSA presenters were not supported by research. It was apparent that the IDSA presenters tossed about statements that had no supporting documentation whatsoever. For instance, Gary Wormser referred to a study that demonstrated a "pre-infection emotional state" of which he failed to provide us with a reference to the alleged study.

The members of the review panel, on the other hand, were very cordial and professional, and it was apparent to me that they were fitting together the pieces of the Lyme disease puzzle to be able to draw conclusions about the most-unusual circumstances surrounding diagnosis and treatment of this disease. After presenting information to them and having been approached by several of the panel members afterwards, I have the utmost respect for this group of physicians and researchers and remain optimistic that the panel will seriously consider fairly all perspectives, especially those of the patients.

Lime Green Ribbons Everywhere

Thanks go to Gregg and Monte Skall of the National Capital Lyme and Tick-Borne Disease Association and their dedicated Board and patient members, who worked tirelessly the week of the Hearing, preparing Washington, DC and the surrounding area for the media. They tied thousands of lime green ribbons all around the area, up and down Wisconsin Avenue in Washington, in front of the NIH and all the radio and television news offices.

Thanks to their efforts, the media did take notice and interviewed members of the International Lyme and Associated Diseases Society (ILADS) and several local physicians and patients, some

of whom traveled from out of state.

I witnessed the dedication of the volunteer board members and patients, who gave so much of themselves in time and energy to pull off this last-minute project. I extend my heartfelt gratitude to National Capital Lyme (www.natcaplyme.org) for all they have done for the Lyme patient community. The people who run this organization, and those who contribute as members, are some of the finest people I have ever met.

I was hoping to be interviewed by the television media, but it didn't happen. If I had been able to speak to the media, I would have thanked the physicians and patients who provided the means whereby I could travel to DC to speak on their behalf at the hearing. My heart is overflowing with gratitude and love for all of you, especially the mothers of children with Lyme, and I want you to know how much it meant to me to be able to tell our story - your story - and what a wonderful opportunity it was to relay the suffering and address the pertinent issues that are preventing us from obtaining adequate diagnosis and treatment of Bb infection.

To all the physicians and patients - this was a cherished memory in my life, one that I will carry with me forever. Thank you for your moral and financial support. Please think carefully about what you can do to reach out to help other Lyme patients. There are so many who need our help, and as I said in my presentation, many patients have asked for assistance. Please find it in your hearts to set aside a small amount each month, even a \$10 monthly pledge to L.E.A.P. will do a lot, if all patients and physicians contribute. We must work together and help each other, because we're the only ones we can depend upon.

Thank you. *pha*
Tina J. Garcia, Founder, Lyme Education Awareness Program
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Taking Back My Life



by Jennifer Allton

I could feel it on the inside. Every muscle and every bone in my body ached. I couldn't see straight and was dizzy. It was at the moment of diagnosis that I stopped living a normal life and began living my Lyme life. It was as if I had cloned one day and was reliving that day repeatedly. I took my medications and ate a little before heading to work. My drive often had me by the edge of the road vomiting violently. I continued the drive to work and took more medications despite feeling miserable. Refusing to quit my job though I felt overwhelmed, I came home collapsing every afternoon. After taking medications and eating, I would plummet into bed. My slumber would often be disrupted by a night of vomiting and diarrhea. It wasn't pretty, but it was my life.

Every moment of every day was filled with antibiotics and vitamins. I had to take precautions if I did go out for dinner and one friend said I took more supplements than her 90-year-old grandmother. So I essentially stopped eating out with my friends due to embarrassment and illness.

Exercising caused me extreme pain physically and emotionally. I discovered that my brain wasn't cooperating with my legs. My brain and body were failing me and I would have to stop ten minutes into the step aerobics routine.

My body fell right into the Lyme rabbit hole. Since every case of Lyme is different, it is hard to understand the Lyme jail cell. Most people couldn't even begin to understand my body's own personal imprisonment and my Lyme buddies' experiences were different than my own. After one year of treatment, my life was becoming more restrictive. The limits of antibiotics were suffocating. Take these pills two hours away from this one. You have to eat with this one, but you cannot eat with that one. You can take these two pills together, but you can only have dairy two hours away from them. Make sure you don't lie down at least 2 hours after this one and no matter what, do not go out in the sun or you'll get burned. This

one will make you vomit and this one will give you diarrhea. Oh and be careful with this one because it can cause severe dizziness, tendon ruptures and embarrassing flatulence! The treatment was almost worse than the disease.

I spent 12 years in a different kind of prison prior to

offered a unique key that pardoned me from my antibiotic penitentiary in May 2008 in the form of an antimicrobial treatment. This would allow me to eat dairy whenever I pleased, to take naps without acid reflux and even go outside. Spending time outside with the ticks wasn't in my plans.

These antimicrobial treatments were infused via IV. Spending three months in my own personal IV prison, it would take at least three or four jabs to get an IV started. Slowly, my new routine became regimented. It required me to drink a ton of water prior to arriving at the medical center. We placed a heating pad on my arm while waiting for the nurses to start my IV upon arrival. Instead of a regular tourniquet, we used a blood pressure cuff to get my veins to pop.

Then, it happened. My nurse couldn't get an IV started. She tried each arm in many different places and even got my doctor to try. Finally, I was given a reprieve of needle sticks when my doctor ordered a PICC line to be inserted. Though it gave me a new set of problems, it was much better than the alternative. Most of the time, I forgot I even had it in my arm. It was finally pulled in February and since then I have been only on a limited treatment plan. None of those plans have included alternative

IV's.

It was in January when I took my life back. I began working on living the life instead of living the Lyme life. I started exercising again and working full days without exhaustion. There is hope for all of you living the Lyme life. Yes, I still am in treatment and I am not at 100 percent, but my days are so much better than they were a year ago and even six months ago. One of these days, I hope I won't consider myself a Lyme patient, but a Lyme Conqueror. I hope the same for all of you.

This is why I began two blogs. One blog is my own personal experience with Lyme disease. Some of my posts are filled to the brim with "adventures," some are upbeat and happy while others show my vulnerability. My second blog has been set up strictly for praying for others with Lyme disease. This blog features different Lyme disease patients and there have been 29 that I have written biographies about since the blog's inception in March. I hope you will visit both.

If you desire to find out about my Lyme Life visit: <http://jmgarnet76.blogspot.com>

If you desire to find out about Praying for Lymies, visit: <http://prayingforlymies.blogspot.com>

pha

It was in January when I took my life back. I began working on living the life instead of living the Lyme life.

my Lyme diagnosis. I didn't know what was wrong with me. Thinking that knowing the disease would be better than not knowing, I sought the help of many health professionals. I was beginning to think differently after over one year of Lyme treatment. I often thought that death would be a better alternative than living the Lyme life. I began hallucinating streaks of pastel colors. This was frightening. My Integrative Lyme Doctor

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Lyme and Panic Disease



by Virginia Sherr, M.D.

People in panic are no strangers to my psychiatric office. For 42 years, I have helped people cope with intense feelings of fear: People gripped by the terror of a racing heart, feelings of impending doom, a sweaty brow, and no discernible contributing physical illness. Many of these patients have developed a fear of the fear itself, and a panic attack occurs whenever they are reminded of their previous terrifying attacks.

More and more lately, I am seeing the same symptoms in adult people, young and old, who demonstrate an important additional factor. Although they have been examined by one medical specialist after another, there never really have been any good medical explanations for a host of other odd or even commonplace physical problems they have. For example,

some of these problems have shown up in a local physical education teacher. He experienced a sense of disorganization, surges of heat and/or chills, on/off rashes, extreme muscle pains, spells of utter fatigue, a pounding of the heart on slight exertion, ringing of the ears, blurring of vision, bizarre neurological pains, transient joint pains which sometimes included a swollen joint, TMJ, forgetfulness, exquisite sensitivity to sound, to touch, or to medications, restless leg syndrome - especially at bedtime, dramatic weight changes, muscle weakness, sleep attacks, and muscle twitching, especially one eyelid and a finger.

Other people notice that they have an area of numbness, for example, of the hands. They may complain that they can no longer play the piano well because their hands feel heavy and they are clumsy. Some have severe neurologic pains which often mimic sciatica and other problems. There is usually a history of repeated serious attacks of sinusitis, bronchitis, migraine-like headaches, sleep attacks, and/or pneumonia.

A sub-group of these panicky people have problems which appear to be largely gastrointestinal. Stomach pains, nausea, or even Crohn's disease rule their lives. Nearly every one of unsuspected Lyme sufferers comes to me believing their symptoms are the result of stress, hypochondriasis, or per-

sonal weakness. Generally, they are bewildered by the devastating power of their panic episodes to bring them to their knees. They also are bewildered and angered by the attitude of their physicians, who seem to feel helpless to understand the meaning of the symptoms once the usual lab tests come back negative.

In addition, many of these folks are sullen, irritable, and feisty. At the smallest provocation, they can go on a verbal attack. At times, they lash out with a stream of unedited hostility which comes straight from their subconscious minds. They justify this at the time, but sometime later it may seem to them, as it seems to others, like an extraordinarily strange over-reaction. Their startled companions may make a quick exit. Friends begin to distance themselves as these emotional outbursts become daunting. The patient becomes emotionally more isolated, depressed, and frightened. The sense of alarm intensifies, and they live in dread of their misery, their helplessness to control this or their panic spells. Sometimes suicide seems like a positive option to them. Not a few take to street drugs or alcohol or both in an effort to self-medicate. Many feel forced to stay in the safety of their homes, lose their jobs, and their relationships.

There are many Lyme disease cognitive symptoms

that cause rushes of panicky feelings. The most typical is what I call "Lyme urgency." This is a psychological feeling which is related to a need to drive oneself to attend to tasks, combined with a feeling of concern if one doesn't act on every task at the moment that one thinks about it. What results is less overt panic at the time and more chaos in the long run. The distraction that one experiences from this compulsion leads to unfinished tasks and then exhaustion as one works longer and later to fix the chaos from all the interruptions. This, in turn, connects the panic to depression in many people.

Other symptoms of tick-borne diseases are so scary that the resulting panicky feelings are even easier to understand: sudden severe pain, unexplained sudden drops in blood pressure, memory loss, a sense of going crazy, sudden sleep attacks while driving, etc., the sure sense that something is terribly wrong despite the fact that everyone is reassuring you that "your laboratory numbers are good" and "you look good." These are examples of what I refer to as a "normal sense of panic." The lack of being believed by others whom one ordinarily could trust leads to a sense of abandonment and fear.

With the exception of a rare few souls, the vast majority of such panic sufferers are greatly relieved to learn that they are not crazy - something

which is universally feared by panicky people. Sobered by the knowledge of infection, they are yet delighted to know that the cause of much of this is tick-borne disease, such as Lyme disease, and that the infections are treatable. The diagnosis is made clinically. Usually, but not always, it is verified by blood and urine testing via a sensitive laboratory. I personally recommend IGeneX Reference Laboratory of Palo Alto, CA.

It is difficult to eradicate disseminated tick diseases. But, for example, the use of the proper oral macrolide antibiotic treatment in high, but appropriate, doses for the duration of the physical symptoms affords some real relief from the panicky feelings. Until that stabilization occurs, however, anti-anxiety medication or antidepressant drugs or both can be used to provide freedom from this paralyzing dread. Sometimes treatment even has to continue beyond the antibiotics' duration.

The diagnosis of Lyme disease or other tick-carrier disease in the panic-ridden person means that the patient has a multisystem infection. The causative germ's effect causes a strong feeling in the patient that something is terribly wrong. If it is Lyme or another tick-carried disease, they have been right all along. pha

Lyme, Depression, and Suicide

by Robert C. Bransfield, MD

In the late 1970's, I treated a depressed patient who appeared to have more than just depression. Her weight increased from 120 to 360 pounds, she was suicidal, had papilledema, arthritis, cognitive impairments, and anxiety. This patient became disabled, went bankrupt, and had marital problems. Like many whose symptoms could not be explained, she was referred to a psychiatrist. However, I was never comfortable labeling her condition as just another depression. At the time, I did not consider her illness could be connected to other diagnostic entities, such as neuroborreliosis, erythema migrans disease, erythema chronicum migrans, Bannworth's syndrome, Garin-Bujadoux syndrome, Montauk knee, or an arthritis outbreak in Connecticut. With time, the connection between *Borrelia burgdorferi* infections and mental illnesses such as depression became increasingly apparent.

In my database, depression is the most common psychiatric syndrome associated with late stage Lyme disease. Although depression is common in any chronic illness, it is more prevalent with Lyme patients than in most other chronic illnesses. There appears to be multiple causes, including a number of psychological and physical factors.

From a psychological standpoint, many Lyme patients are psychologically overwhelmed by the large multitude of symptoms associated with this disease. Most medical conditions primarily affect only

one part of the body, or only one organ system. As a result, patients singularly afflicted can do activities which allow them to take a vacation from their disease. In contrast, multi-system diseases such as Lyme, depression, chronic Lyme disease can penetrate into multiple aspects of a person's life. It is difficult to escape for periodic recovery. In many cases, this results in a vicious cycle of disappointment, grief, chronic stress, and demoralization.

It should be noted that depression is not only caused by psychological factors. Physical dysfunction can directly cause depression. Endocrine disorders such as hypothyroidism, which cause depression, are sometimes associated with Lyme disease and further strengthen the link between Lyme disease and depression.

The most complex link is the association between Lyme disease and central nervous system functioning. Lyme encephalopathy results in the dysfunction of a number of different mental functions. This in turn results in cognitive, emotional, vegetative, and/or neurological pathology. Although all Lyme disease patients demonstrate many similar symptoms, no two patients present with the exact same symptom profile.

Other mental syndromes associated with late stage Lyme disease, such as attention deficit disorder, panic disorder, obsessive-compulsive disorder, etc., may also contribute to the development of depression. Dysfunction of other specific pathways may more directly cause depression. The link between encephalopathy and depression has been more thor-

oughly studied in other illnesses, such as stroke. The neural injury from a stroke causes neural dysfunction that causes depression. Injury to specific brain regions has different statistical correlation with the development of depression. Once depression or other psychiatric syndromes occur with Lyme disease, treating them effectively improves other Lyme disease symptoms as well and prevents the development of more severe consequences, such as suicide.

Suicidal tendencies are common in neuropsychiatric Lyme patients. There have been a number of completed suicides in Lyme disease patients and one published account of a combined homicide/suicide. Suicide accounts for a significant number of the fatalities associated with Lyme disease. In my database, suicidal tendencies occur in approximately 1/3 of Lyme encephalopathy patients. Homicidal tendencies are less common, and occurred in about 15% of these patients. Most of the Lyme patients displaying homicidal tendencies also showed suicidal tendencies. In contrast, the incident of suicidal tendencies is comparatively lower in individuals suffering from other chronic illnesses, such as cancer, cardiac disease, and diabetes.

To better understand the link between Lyme disease and suicide, let's first look at an overview of suicide. Chronic suicide risk is particularly associated with an inability to appreciate the pleasure of life (anhedonia). People tolerate pain without becoming suicidal, but an inability to appreciate the pleasure of life highly cor-

relates with chronic suicidal risk. Of course, there are many other factors that also contribute to chronic risk. For example, one study demonstrated that 50% of patients with low levels of a serotonin metabolite (5HIAA) in the cerebrospinal fluid committed suicide within two years. Apart from factors which contribute to chronic suicidal risk, there are also factors which trigger an actual attempt, i.e.; a recent loss, acute intoxication, unemployment, recent rejection, or failure. There is much impairment from Lyme disease which increases suicidal risk factors. However, suicidal tendencies associated with Lyme disease follow a somewhat different pattern than is seen in other suicidal patients. In Lyme patients, suicide is difficult to predict. Attempts are sometimes associated with intrusive, aggressive, horrific images. Some attempts are very determined and serious. Although a few attempts may be planned in advance, most are of an impulsive nature. Both suicidal and homicidal tendencies can be part of a Jarisch-Herxheimer reaction.

I cannot emphasize enough the behavioral significance of the Jarisch-Herxheimer reaction. As part of this reaction, I have seen and heard numerous patients describe becoming suddenly aggressive without warning. I can appreciate skepticism regarding this statement. How can this be explained? Like many other symptoms seen in Lyme disease, it challenges our medical capabilities. In view of this observation, I advise that antibiotic doses be increased very gradually when suicidal or

homicidal tendencies are part of the illness.

Although I have discussed the significance of depression and suicide associated with Lyme disease, I would like to say treatment does help. Combined treatment which addresses both the mental and somatic components of the illness significantly improves the overall prognosis. This is supported by clinical observation and laboratory research showing antidepressant treatment improves immunocompetence. It has been demonstrated in vitro that antidepressants which act on the serotonin 1A receptor (most antidepressants) increase natural killer cell activity. In addition, there are undoubtedly other indirect effects on the immune system through other neural or neuroendocrine and autonomic pathways. To state this more concisely - antidepressants can result in antibiotic effects, and antibiotics can have antidepressant effects.

Most depression and suicidal tendencies often respond to treatment. Suicide is a permanent response to a temporary problem. Many people who survive very serious attempts go on to lead productive and gratifying lives. Suffering can be reduced. The joy of life can be restored. Needless death can be prevented. Don't give up hope. There are answers, solutions, and assistance. There is life after Lyme.

Dr. Bransfield hosts the website *Microbes & Mental Illness* at www.microbesandmentalillness.com

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