

Lyme Patients Angered Over New Vaccine

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After eight years of research and advocacy, I have no reservation in publicly stating that I am infected with an infectious, Level II, debilitating, genetically modified biowarfare laboratory pathogen named *Borrelia burgdorferi*. This infection is transmitted through ticks, mosquitoes, mites and other vectors and is currently being studied in biowarfare laboratories across the United States. The infection is commonly known as Lyme disease. I have suffered tremendously since being infected by the bite of a tick in Arizona in 1998, and I continue to suffer despite ongoing, intermittent antibiotic and antiviral treatment, both pharmaceutical and herbal. Ongoing treatment has not cured me, but helps me function with less pain and disability.

I have residual neurologic damage from immune system suppression, immune system overdrive (autoimmune) and from the pathogens causing damage in connective tissues and brain, nerve, and muscle cells for fifteen years. If you were very ill from being infected with such a pathogen, and the government health agencies and affiliated organizations orchestrated a denial of diagnosis and treatment for that infection in favor of promoting the development and approval of a financially-lucrative vaccine, what would you do when they used their clout in the media to force you into a coffin, to close the lid and to nail it shut while you were still alive?

Would you stay silent? Would you lie still and accept that those authorities know what is best for you in both your life and death?

I choose to push open the coffin lid. I choose to scream loudly and expose the executioners for their medical crimes against humanity. That is why I have written this article and

recorded an online video-petition at www.leaparizona.com, in an effort to have these authorities held legally accountable for their despicable deeds.

This article is my response to Stanley Plotkin's opinion published in The New York Times on September 18, 2013 entitled Bring Back the Lyme Vaccine.

Who is Stanley Plotkin? Stanley Plotkin is listed as a "public figure" on Facebook. In 2009, Stanley Plotkin was a member of the Ad Hoc International Lyme Disease Group, which included two Centers for Disease Control (CDC) and Prevention Division of Vector Borne Disease employees, Barbara Johnson and Paul Mead. Some consider Plotkin an expert on vaccines.

In his New York Times opinion, Plotkin relays the story of successful treatment of his son's life-threatening experience with cardiac manifestations of Lyme disease. Plotkin's son was indeed fortunate, as few physicians would be able to recognize and/or be willing to acknowledge the cardiac manifestations of *Borrelia burgdorferi* infection (Lyme disease). More often than not, even the most basic symptoms of Lyme infection are ignored by the majority of physicians. All but a handful of infectious disease physicians refuse to diagnose Lyme infection, demonstrating inability in rendering clinical judgment. The glaring truth regarding late-stage Lyme infection is that the majority of infectious disease physicians audaciously refuse to diagnose or treat a long-term, complicated, embedded *Borrelia burgdorferi* infection. This is due to their membership allegiance to policies implemented by the Infectious Diseases Society of America (IDSA), whose members obviously fail to read the research related to persistent Lyme infection and choose to allow the IDSA to do their thinking for them.

An underground knowledge exists among physicians that warns that those doctors who do treat late-stage Lyme infection expose themselves to med-

ical board prosecution for doing so. It has been proposed by some that such prosecutions have been initiated and supported by key players associated with the CDC's Division of Vector Borne Diseases (DVBD), certain CDC research grant recipients, and certain Infectious Diseases Society of America (IDSA) Lyme treatment guideline authors.

In fact, I have a copy of a fax obtained through a Freedom of Information Act request that shows that in the early 1990's, CDC DVBD's David Dennis discussed the prosecution of Dr. Joseph Natole, a Michigan Lyme-treating physician, with Mary Grace Stobierski of the Michigan State Health Department. This communication between CDC and the Michigan State Health Department made reference to their discussion of Dr. Natole prior to the filing of the legal complaint against him for treating Lyme disease. I am curious about the details regarding the role that CDC's DVBD employees play in initiating such prosecution of Lyme-treating physicians. Per the agency name, it is charged with controlling and preventing disease; however, exactly how is "control" defined when it comes to Lyme-treating physicians who treat patients outside of vaccine agenda parameters defined by CDC and IDSA?

Baxter Healthcare Corporation needs to conduct Stage III and IV clinical trials for its new Lyme vaccine in the United States. Phase I and II trials have already been completed in Europe. With Baxter's Lyme vaccine clinical trials on the horizon in the U.S., the timing of CDC's August 2013 press release revealing an increase in cases of Lyme disease becomes suspect, as CDC has had knowledge of these high numbers of cases since the 1990's. The numbers apparently are under-reported tenfold. That means that the previously-referenced 30,000 annual cases are actually 300,000. Although for years, the Lyme community has been shouting from the rooftops on this issue, CDC has ignored the patients.



The important inquiry of CDC is why its Division of Vector Borne Diseases has suppressed these Lyme disease epidemiologic statistics for more than twenty years. Could it be that CDC has released the true incidence publicly to instill fear of the epidemic as part of vaccine marketing strategy? I wonder whether this is a CDC initiative or is CDC working for Baxter?

In conjunction with this suppression of Lyme statistics, a CDC-coordinated effort among state health departments has assisted in the suppression of cases for many years. This state health department denial of Lyme infection in most of the United States has resulted in the denial of diagnosis and treatment nationwide. Lyme Education Awareness Program (L.E.A.P.), with help from the Arizona Governor's Health Policy Advisor, was able to reverse this situation in April of 2013, when the Arizona Department of Health Services agreed to post on its website accurate language, exactly as I wrote it, regarding Lyme disease in Arizona. CDC's global influence regarding its suppression of Lyme disease statistics has

also impacted patients in Canada, Europe, Asia, Australia and elsewhere, which has caused hundreds of thousands to lose their health, careers, life savings, homes and even experience family breakups in a desperate effort to obtain recognition of the illness, diagnosis and treatment. Also on a global scale, patients disabled from the disease are forced into the position of having to appeal (to no avail) insurance company denials of payment for antibiotic treatment. This insurance denial of benefits for treatment is based upon the Infectious Diseases Society of America's (IDSA) Lyme treatment guidelines, which are promoted as the CDC gospel of Lyme disease. The IDSA treatment guidelines and its impact upon insurance denial of benefits, along with the fear induced by the prosecution of Lyme-treating physicians, are devious methods being utilized to ensure that the natural course and history of the disease is allowed to proliferate in the population. This is, of course, the definition of epidemiology - the study of the natural history and progression of disease. However, at which point does studying

LYME DISEASE

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Lyme Patients Should Never Donate Blood or Organs

Cannabis Oil and Lyme Disease



by Shelley White

The beginning of my journey with Lyme disease is similar to most. My ending, however, is playing out quite differently than most. I found a tick behind my ear at the age of fourteen, and had various health problems for seven years before I was finally diagnosed with Lyme disease, Lupus, Mycoplasma, Bartonella, and Babesia. After two years my Lupus, Mycoplasma, Bartonella and Babesia are entirely eradicated. As far as my Lyme disease goes, I now have zero symptoms. My remaining ones are a result of withdrawals from the prescriptions I so naively started taking when I was initially diagnosed. How am I already returning to a healthy lifestyle only two years after forgetting to read, write, walk and talk? Well, a wealth of credit is owed to the Buhner protocol. I would not be where I am today without it. Still, I had one last giant "hump" in healing to get over after a year on the protocol. So I took a shot in the

dark which, for me, turned out to be the path to light. I decided to make my own cannabis oil and began taking it every waking hour. I now owe my life to this fascinating herb and am hopeful some of you will find strength and encouragement through this information.

For a year and a half I had over ten seizures a day. I tried every treatment I could find, exhausting outlets in both conventional and holistic medicine. Desperately searching for answers, I stumbled across what turned out to be one of the most profound facts I have ever learned. Marijuana contains one of the most potent anti-convulsants in the world. Controversy over the subject was meaningless at that point, as the herb offered a possible solution to one of my most debilitating symptoms. As it turned out, smoking marijuana not only controlled my seizures, it completely cured them. With that in mind, I moved forward with my research. If it could do for seizures what no other plant or prescription could

do, what could it do for Lyme? What I found was nothing short of fascinating, and essentially lifesaving.

Cannabis has over 700 healing components which, to the best of my knowledge, is more than any other plant known to mankind. Since my Lyme disease had reacted to and benefited from literally every herb I had taken, I figured it would without a doubt react to cannabis as well. Indeed, it did. Smoking marijuana had sometimes made me feel sick in the past, and I realized this could possibly be because it caused a Herxheimer reaction from bacteria die off each time. Experimenting what thankfully turned out to be an anything but crazy theory, I smoked an exceptionally large amount one night and suffered from a massive Herxheimer reaction. The next day, when it subsided, I felt I had regained a little chunk of my brain back. Since smoking the herb out of a regular pipe also means inhaling a lot of toxins, I began using a vaporizer to

get more cannaboids. My rate of improvement significantly sped up when I did this. Naturally, this motivated me to take treatment one step further and find out what the results of taking cannabis oil would do for me. After only a month of taking it I was able to return to work and school, and began to drive and have a social life again. Now, I am finally planning to move out and be independent for the first time in years. Basically, I am returning to a lifestyle that I was once unsure I would ever see again thanks to the immense healing power of cannabis oil.

Understandably, some will negate this article due to preconceived notions regarding cannabis, ones we were all conditioned to believe from a young age. Even I once held strong beliefs that cannabis was harmful to my health, but I could not be more thankful that I was proven otherwise. For me, the tangible proof stemming from first-hand experience will always trump the mere words of others. *pha*

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.

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the effects of disease in the population become medical negligence, due to coordinated denial of diagnosis and treatment?

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 CDC's duty is to protect public health. It is vested with the authority to control and prevent disease for the benefit of the public, whom the agency is obligated to serve. I submit that when it comes to Lyme disease, chronic fatigue, autism and other conditions with an infectious/metal toxicity etiology, CDC has breached its obligation to the public. When the breach of public duty involves Lyme disease,

the breach occurs through actions of its Division of Vector Borne Diseases. The fact that CDC's DVBD has suppressed the epidemiologic statistics for Lyme disease for twenty plus years is a major breach of public duty. Lyme disease advocates expect CDC's Director, Thomas Frieden, to stop this immediately, as it appears that it is an outlandish monopolization of disease for profit. In addition, an independent government investigation into the conduct of CDC DVBD employees needs to be initiated immediately.

The fact that CDC is

now releasing these increased case statistics, at the same time Baxter needs to conduct Lyme disease vaccine clinical trials, points to a calculated marketing promotion of the vaccine and the clinical trials needed for FDA approval. Stanley Plotkin was quoted by Journalist Beth Daley, in her July 14, 2013 article in The Boston Globe entitled Researchers Strive for Vaccine Against Tick-borne Diseases.

"My advice to Baxter is to be proactive' with the public, said Stanley Plotkin, emeritus professor of pediatrics at the University of

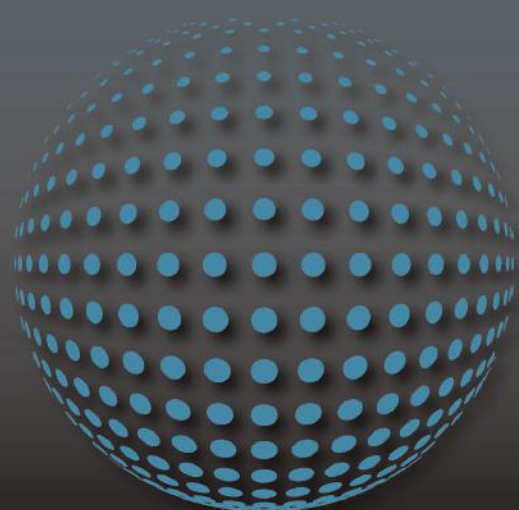
Pennsylvania and a vaccine expert. 'Go to meetings and explain what is being done.'"

In addition, this same vaccine marketing strategy is outlined in an Oxford Journal Clinical Infectious Diseases medical article published in 2011 entitled Vaccines Against Lyme Disease: What Happened and What Lessons Can We Learn? by Gregory A. Poland of Mayo Vaccine Research Group. The article was sponsored by Baxter Laboratories, Centers for Disease Control Fort Collins, CO, (DVBD) and Stanley Plotkin.

Gregory Poland of

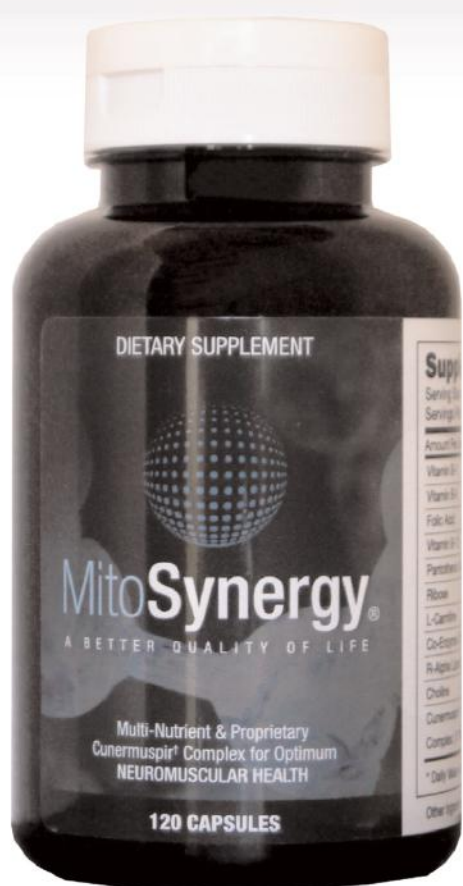
Mayo Clinic and FDA Lymerix vaccine approval fame outlines in his article the need to use traditional and social media to promote the vaccine to overcome objections from the public. The article states that this must be accomplished to avoid similar adverse public opinion, which was exhibited against the previously-approved Lyme vaccine, Lymerix. Lymerix was not only pulled from the market due to adverse public opinion, but due to numerous lawsuits filed that claimed the vaccine caused Lyme arthritis in many of the vac

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LAUGHTER IS THE BEST MEDICINE

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cine recipients.

This list references several articles published in medical journals outlining Lyme vaccine marketing strategy. The list is like a Who's Who of the Lyme Vaccine Cartel, including Ben Beard and Paul Mead of CDC's Division of Vector Borne Diseases, Stanley Plotkin and Allen Steere, one of the original Cartel members. Steere worked for the 7th branch of the military, the Epidemic Intelligence Service, while investigating the original outbreak of the disease in Lyme, Connecticut back in the 1970's.

What astonishes me most about these vaccine marketing articles published in medical journals is the primary focus of the Lyme Vaccine Cartel members. Their focus is more upon swaying public opinion in favor of a Lyme vaccine in lieu of focusing on the safety and efficacy of the vaccine candidate. Can we conclude what was learned by the Lyme Vaccine Cartel through their study of the failure of the past Lyme vaccine? Of course. The Cartel has learned how to more effectively market the vaccine to overcome negative public opinion. Their articles referencing the fact that Lymerix caused Lyme arthritis in a subset of recipients due to a particular genetic marker (which was known by the FDA prior to its approval of Lymerix) gloss over future safety issues of Lyme vaccines. The Cartel members mitigate the seriousness of the Lymerix failure in such articles and describe the lawsuits as frivolous and unsubstantiated.

Obviously, this published marketing strategy is currently being implemented through the media, such as Stanley Plotkin's opinion published in the New York Times. This will no doubt keep occurring in other media venues as well, because Lyme Vaccine Cartel members are quite adept at using their clout to manipulate the media to obtain free vaccine marketing and advertising in the form of interviews, opinions and letters to editors.

In fact, CDC has been involved in its own vaccine

promotion campaign in an effort to persuade the Lyme patient community to support the new vaccine. Over the past several years, CDC's Ben Beard, Chief of Bacterial Diseases Branch in the Division of Vector Borne Diseases in Ft. Collins, Colorado, has traveled the country meeting with the Lyme Disease Association, the California Lyme Disease Association (CALDA), and a separate group called the National Capital Lyme Disease Association.

In June 2013, CDC "extended an olive branch" to the patient community by inviting ten U.S. Lyme disease advocates to visit the Division of Vector Borne Diseases facility in Fort Collins. After touring the biolab, CDC wined and dined the advocates by hosting a personal dinner function at Ben Beard's home. The advocates who attended were: Peter Wild of the Lyme Research Alliance (formerly Time for Lyme), Dr. Elizabeth Maloney of the Minnesota Lyme Association and Partnership for Healing and Health, Monte Skall of the National Capital Lyme Disease Association, Linda Lobes of the Michigan Lyme Disease Association, Pat Smith of the Lyme Disease Association, Phyllis Mervine of LymeDisease.org (formerly CALDA), Kathy White of the Lyme Association of Greater Kansas City, Liz Schmitz of the Georgia Lyme Disease Association, Jill Auerbach of Hudson Valley Lyme Disease Association/STOP Ticks and Debra McGregor of the Texas Lyme Disease Association. Phyllis Mervine and Kathy White attended the meeting via telephone.

Other independent Lyme disease advocates refuse to be seduced by or misled by CDC's vaccine marketing ploys. It is my position that CDC is well aware of the problems faced by the community, as CDC has created those problems. The time - thirty years - for friendly discussion is over; we are now making demands. We question CDC's motives in holding the Fort Collins meeting. In addition, I find it puzzling that the meeting has

remained shrouded in secrecy and the independent advocates' requests to the ten advocate attendees for details about that meeting have been ignored by all but four. The independent advocates are still waiting for the attendees to answer questions about the details of that meeting.

I am not impressed with the silence, because it represents a lack of responsibility. I would like to stress to the advocate attendees the importance of sharing with the community their personal perspectives of the CDC Ft. Collins meeting. If an advocate holds discussions with CDC, a government agency, regarding issues that impact the entire community, patients and physicians alike, the advocate has a duty to provide information to the community regarding what transpired at that meeting. I am asking for each attendee's personal account, because I value each person's perspective.

What positive changes came out of the June 2013 CDC Ft. Collins meeting? "Nothing significant," according to a personal conversation I had with Monte Skall of the National Capital Lyme Disease Association. I have questions for those in control at CDC's Division of Vector Borne Diseases -- Why have you breached your duty to the public, whom you are obligated to serve, by withholding the epidemiologic statistics for more than twenty years? This occurred while CDC, working with the Infectious Diseases Society of America, has actively promoted through the media and the IDSA published treatment guidelines the concept that "Lyme disease is easy to diagnose and easy to cure."

If Lyme is such a mild, easy-to-cure infection - cured with one short course of antibiotic - why the need for a vaccine?

For many years CDC and IDSA have orchestrated and conducted a misinformation campaign to deceive the public, breaching their duty to protect public health. Now, as part of this vaccine marketing campaign, CDC and its Lyme Vaccine Cartel

members have hit the streets running to warn the public of the true incidence and seriousness of the disease, at a critical time when recruits are needed in the U.S. to enroll in Baxter's Lyme vaccine clinical trials. This is appalling!

In addition to the Lyme vaccine, the use of *Borrelia burgdorferi* as an adjuvant in Chlamydia trachomatis and nasal flu vaccines is being researched. A prominent microbiologist informed me that side effects from such a vaccine using *Borrelia burgdorferi* as an adjuvant could include autoimmune disease. Can you imagine being ill for the rest of your life with an overactive immune system trying to clear the DNA of this intracellular pathogen? Aside from the possible ill side effects of vaccines, is the documented persistence of the bacteria post antibiotic treatment, which even the New York Times referred to in a recent article about the passing of Lyme researcher, Stephen Malawista, which was published in the Times on the same day Stanley's Plotkin's opinion piece was served at the Lyme Vaccine Cartel media buffet table. The Times wrote, "...bacteria can persist in the body, causing harm and illness months or even years after treatment has ended."

Yet, the individuals involved with the development of the vaccine have dubiously named post antibiotic treatment failure as "Post Lyme Syndrome." In fact, the CDC granted \$300,000 to Lyme Vaccine Cartel member Gary Wormser of New York Medical College in an outrageous attempt to justify the inhumane medical neglect and suffering of patients with persistent Lyme infection by having Wormser (not known for his objectivity when it comes to Lyme disease) "scientifically prove" the existence of what they call "Post Lyme Syndrome." Additionally, there is evidence in hand of CDC's failure to exercise competitive bidding for research grant funding. Add to that the fact that CDC DVBD Lyme patent holder, Barbara Johnson, was involved in

relaying encouraging messages in 2002 to Gary Wormser with regard to his request for funding, shows the cozy relationship between CDC's DVBD employees and their colleague members of the Lyme Vaccine Cartel. "You should get the funds fairly soon," wrote Johnson in an email to Wormser.

Gary Wormser has been consulting with Baxter on the development of their Lyme vaccine since he was concurrently working as Committee Chairperson for the IDSA Lyme treatment guidelines.

Wormser is listed in the Potential Conflicts of Interest section of the IDSA Lyme Practice Guidelines: "G.P.W. [Gary P. Wormser] has received consulting fees from Baxter and research support from Immunetics, and he is a founder of Diaspex, a company that does not offer products or services. R.J.D. [Raymond J. Dattwyler] has served as a speaker for Pfizer and is part owner of Biopeptides, a biotech company that develops vaccines and laboratory diagnostics, including products for *Borrelia burgdorferi*. J.J.H. [John J. Halperin] has served as an expert witness on behalf of Lymerix (GlaxoSmithKline). A.C.S. [Allen C. Steere] has received consulting fees from Baxter. P.J.K. [Peter J. Krause] has a patent pending with a university on a babesiosis diagnostic procedure that is not yet on the market."

IDSA authors also sought input on their Lyme treatment guidelines from CDC Lyme Vaccine Cartel members, Barbara Johnson and Paul Mead. Then, Carol Baker was selected to chair the IDSA Lyme Guidelines Review Panel, charged with providing an "unbiased" review of the IDSA treatment guidelines, as a result of former Attorney General Richard Blumenthal's antitrust investigation of the IDSA. The IDSA Review Panel hearing was held in Washington, DC on July 30, 2009. Following the hearing, in October of 2009, while Baker was concurrently overseeing the "unbiased"

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review of the IDSA Lyme treatment guidelines (written to accommodate the Lyme vaccine agenda), CDC appointed Baker to chair its Advisory Committee on Immunization Practices. There you have it! The Cartel supports its members in many ways, ensuring that the control of the parameters of the disease in favor of vaccine development and approval remain in the hands of the few - through publishing treatment guidelines, granting funds for research, publishing medical journal and media articles, and dissemination of carefully-designed, unrealistic disease parameters to clinicians, which prevent diagnosis and treatment of the disease in the actual clinical setting.

The IDSA Lyme treatment guidelines favor vaccine approval at the expense of patients unable to obtain diagnosis and long-term treatment. You see, it would take years to conduct clinical trials after inoculating the clinical trial participants with the vaccine. If long-term, chronic, persistent infection was acknowledged as the real condition it is, those conducting the vaccine clinical trials would have to wait years to see whether chronic symptoms developed in those participating in the vaccine clinical trials. That would not be convenient in obtaining FDA approval of the vaccine. Should vaccine

recipients develop the persistent form of the infectious disease years later, it will not be attributed to Lyme disease infection or the Lyme vaccine. If a person contracts the infection from a vector bite, the symptoms will be denied as being a Lyme infection, because the individual received the vaccine. The Cartel wins whether the vaccine works or not. How convenient! Therefore, stating in the IDSA treatment guidelines that the infection is cured with a simple course of antibiotic therapy easily eliminates that stumbling block to vaccine approval. That is done while Lyme Vaccine Cartel members deny the true nature of the disease in patients already infected, yet promote the concept of serious illness in the minds of the public who are possible vaccine consumers. Conflict of interest? Fraudulent science? When abandoned patients, desperately fighting for their lives, strongly complain about the inhumane denial of medical care orchestrated by those vested with authority to protect public health, Phillip Baker, former National Institutes of Health (NIH) Lyme Program Director and Executive Director of the Lyme Vaccine Cartel's public propaganda organization, the American Lyme Disease Foundation, accuse patients who have complained to him, perhaps even obscenely, as "Lyme

Loonies." Baxter needs to recruit human guinea pigs for their U.S. vaccine clinical trials. The Lyme Vaccine Cartel members have published in medical journals the strategy needed to succeed with this recruitment. The strategy is to meet with advocates, wine and dine them, attend their meetings and use the media to sway public opinion in favor of their vaccine agenda. To accomplish the human clinical trials, the participants will need to be tested to make sure they are not already infected with *Borrelia burgdorferi*, the Lyme disease bacterium. Testing is the most problematic issue when it comes to diagnosing Lyme disease. Therefore, how can this be accomplished when there is no accurate laboratory test available to determine who is infected and who is not? Allen Steere, lead investigator of the Lymerix clinical trials, chose not to use the ELISA screening test that is currently mandated for patients by the CDC. Steere claimed it was too insensitive to be used in the vaccine clinical trials. They instead used the Western blot test. If the ELISA screening test is too insensitive to be used in vaccine clinical trials, why is it still included in the CDC's two-tier testing - ELISA first, then Western blot - for patients in the clinical setting? This results in false negatives. False negatives =

no diagnosis and no treatment. Say, "Tuskegee Study Revisited," but on a much wider scale, with the perpetrators covering their tracks through widespread implementation of the IDSA treatment guidelines!

Individuals employed by the Centers for Disease Control and Prevention have been working hand in glove with a medical society, the Infectious Diseases Society of America and its Lyme treatment guideline authors, to control the parameters of Lyme disease, a virulent, persistent infection that causes debilitating cognitive dysfunction, excruciating musculoskeletal pain, crushing chronic fatigue, cardiac damage, facial paralysis, MS, Parkinson's and Alzheimer's, just to name a few. There are actually more than 300 different illnesses and conditions found in the medical literature that can manifest as a result of *Borrelia burgdorferi* infection. This coordinated effort to obstruct the diagnosis and treatment of patients enables Cartel members to reap the financial benefits from employment, grant funds and patent and vaccine profits. This is accomplished through carefully-designed disease parameters cleverly established by CDC's Lyme Vaccine Cartel.

I referenced the vaccine agenda in my testimony presented to the IDSA Lyme Disease Review Panel at the IDSA treatment guidelines antitrust investigation hearing in Washington, DC on July 30, 2009. Here is an excerpt from my testimony: "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. The denial of chronic Lyme infection in the IDSA Guidelines 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.

Chronic Lyme disease is a debilitating and torturous infection. Patients are bedridden, using walkers and wheelchairs, suffering relentless excruciating pain and inhumane denial of medical care. This is a shameful travesty that should shock our collective conscience and spur compassionate change.

Extensive revision of the Guidelines is necessary, and focus must be redirected toward neglected patients. After all, for whom are the Guidelines supposed to be written? Let's make it for the patients this time!"

The reason the IDSA Practice Guidelines for Lyme Disease are promoted by CDC is not because they represent the best available science. Disgracefully, the IDSA treatment guidelines will not be changed; nor will the National Institutes of Health (NIH) or the CDC initiate the comprehensive development of an adequate treatment protocol. Doing so would be a stumbling block to the vaccine agenda. They simply cannot admit the existence of persistent infection, because it will interfere with FDA vaccine approval!

Hundreds of thousands of patients globally suffering daily, month after month and year after year, are being sacrificed on the altar for the Deity of Vaccine. The CDC / IDSA mantra of denying persistent infection despite antibiotic therapy, has destroyed countless lives - mine included - and is a significant aspect of the strategy implemented by CDC and IDSA to ensure vaccine approval.

I encourage all patients, family members, friends and other interested parties who object to this inhumane vaccine strategy to sign the Petition on the home page of our website at www.leaparizona.com. *pha*

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by Amy Scher

I am known for reminding clients (and myself too!): "Be careful what you tell yourself, because you're always listening." Our self-talk makes such a gigantic difference in our perceptions and experiences. And that makes such a difference in our stress levels. And of course, our stress levels have a direct impact on our immune system.

I've been watching my vocabulary more and more lately and have decided these 5 words always leave me swimming in energy I don't want to align with. I know for certain changing your language can change your energy and your health and life too (I'm living proof). That's why I wanted to share my "ditch list" with you.

Are you willing to ditch

them too?

1. Busy

Definition: Having a great deal to do.

Busyness is an addiction. Our society prides itself on being busy - it means we're doing, making things happen, being "useful." But really, there is so much more to being grounded, in the flow, and present. "Busy" is an overused word that comes with some sort of honor. It becomes an excuse and we use it to prioritize. "I'm too busy to..." implies you don't have a choice. Non-truth. I choose from today to never be "too busy" for the things that matter. Bye bye "busy." I'll let some other sucker claim you.

2. Overwhelm

Definition: Bury or drown

beneath a huge mass. To overpower or crush.

Yeah, this one just isn't pretty. I'm dropping the "over" and sticking with "whelmed." Nothing can crush me and telling me body all day that I'm "overwhelmed" isn't a good message to send it. I'd never even think of saying "you're being crushed" over and over. From now on I'll bewhelmed with an awesome full list of things to participate in and whelmed with gratitude.

3. Anxiety

Definition: A feeling of unease, typically about an imminent event or something with an uncertain outcome.

I don't buy this one. The word "anxiety" doesn't say exactly how you feel. I believe there's some buried

energy and using the general word of "anxiety" can let us off the hook of figuring out what's really there. It's repressed "something" in my opinion. I rarely have this one these days (although I am human), but when I do, I'm calling myself to the challenge of figuring out "what" is sitting beneath it just waiting to be acknowledged.

4. Chronic

Definition: Persisting for a long time or constantly recurring.

I'm all about beliefs and this is one I don't wish to carry anymore. I've learned if a belief doesn't work for you, you can "unsubscribe" so to speak. Chronic is something you are experiencing for a long period of time. And naming it "chronic" isn't in any way

aligning with the belief that it will pass sooner rather than later, right?

5. Should

Definition: Used to indicate obligation, duty, or correctness, typically when criticizing someone's actions.

Should implies a mistake. It implies something was done wrong and there is someone to blame. From now on, I'm using "could" instead. I "could have" done this or that. Although I'm not sure I see the need to go there either. It's easier to be easy on myself when I'm not telling myself my action was wrong, but rather simply looking at what the other side of the coin could have shown me. Either way, it'll all be good!

Getting to Know You...

by Linnette R Mullin

"Getting to know you. Getting to know all about you. Getting to like you. Getting to hope you like me..." ~ from "The King and I"

Do you ever struggle with the God question? If God is real, why...? If God is good, why...? If God really loved me, why...? As Lyme victims, we struggle with the why's of it all. At least, I know I do. And I want honest answers to these questions.

God has placed me in a state where there is little Lyme and no Lyme literate doctors. Yet, he also placed me in a Church that preach-

es about the whole character of God. I've spent a lot of time in tears as I've learned more about him. Trying to put all the pieces of his character together can be like working a jigsaw puzzle. I want to understand. I need to understand. I'm tired of living in survival mode with an attitude of acceptance under duress. I want to "count it all joy" when I face the trials God brings into my life (James 1:2-4), but how can I when I can barely raise my head above water to gasp for air?

John Calvin once said, "You must submit to supreme suffering in order to discover the completion of joy." I want complete joy, don't you? But supreme suf-

fering? No, thank you. I don't like pain. I don't like suffering. Yet I do suffer and there is no end in sight to this suffering. So, what am I to do?

I've been in this church for three years, now. My pastor who just retired spent his time and energy helping us get to know Jesus. I tend to be so internally focused that I forget to focus on God and others and so I don't know him well enough. I think I do, but most of my thoughts about him tend to be based on what I see, hear, and experience rather than on truth. Thankfully, God gave us the Bible - his written word, so we might get to know him and understand him.

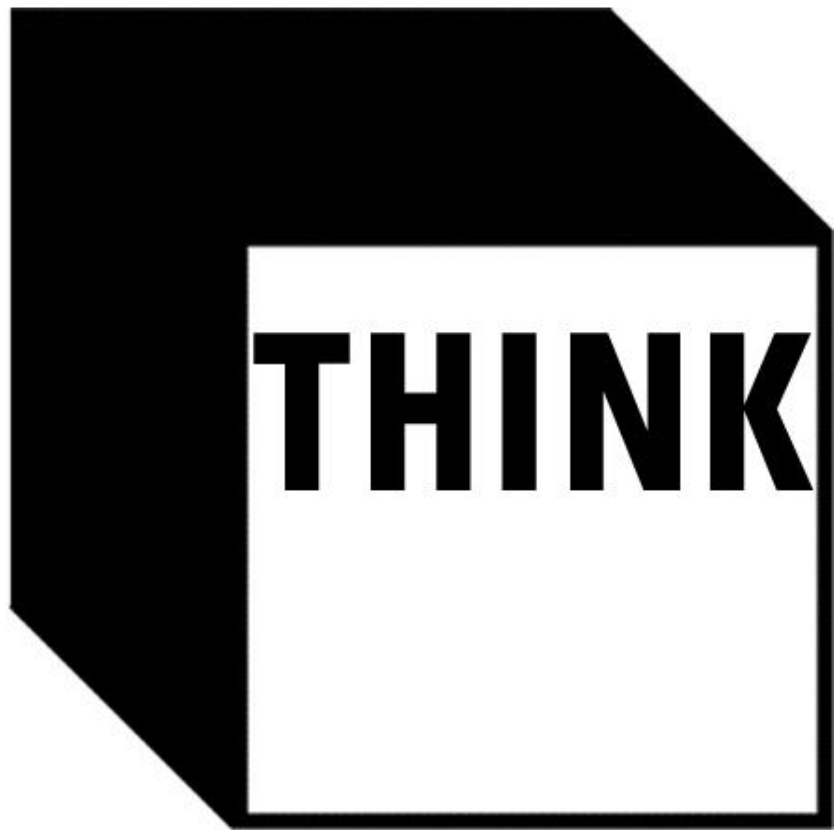
I still don't have all the answers to my why questions, but I do know God loves me and that I can trust him with my suffering, pain, and loss. I also know he has a purpose for it all. I may never completely understand it in this life, but I know he loves me and I can trust him to do what's best for me. I also know that the more I get to know him, the more peace purpose I find in my illness.

What about you? Do you struggle with the why questions? Do you know Jesus? Are you familiar with his sufferings? Do you have the assurance of God's love to strengthen you and help see you through each trying moment? Do you want to get

to know all about God?

Isaiah 26:3-4 says, "You keep him in perfect peace whose mind is stayed on you, because he trusts in you. Trust in the LORD forever, for the LORD GOD is an everlasting rock." ~ ESV Let's get to know him... get to know all about him!

Linnette R Mullin is the author of life-changing romance. Her debut novel, *Finding Beth*, releases late 2013. Linnette is also the founder and director of Palmetto Christian Writer's Network - PCWN, and an advocate for chronic Lyme sufferers everywhere. You may learn more about Linnette at www.LinnetteMullin.com.



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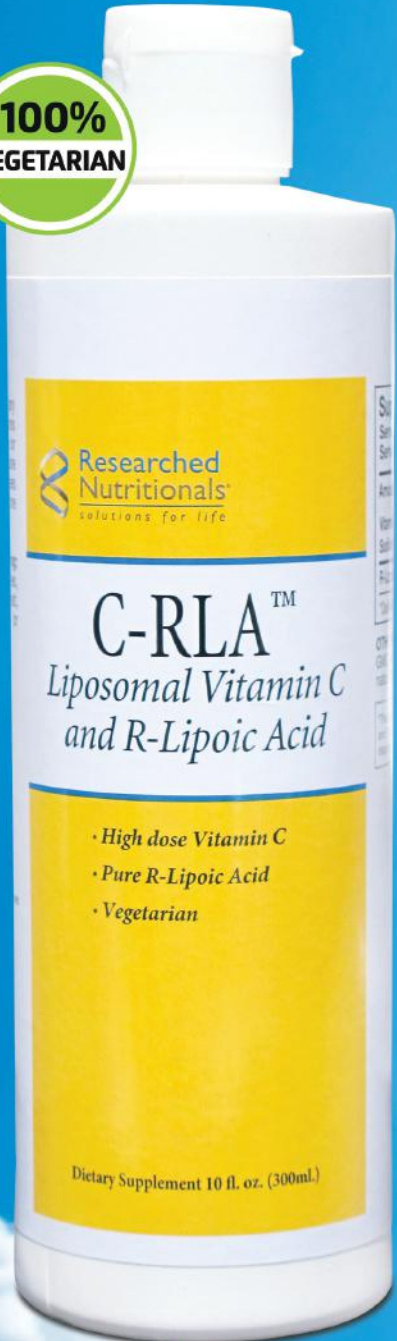
Danella Carpenter: Lyme Disease

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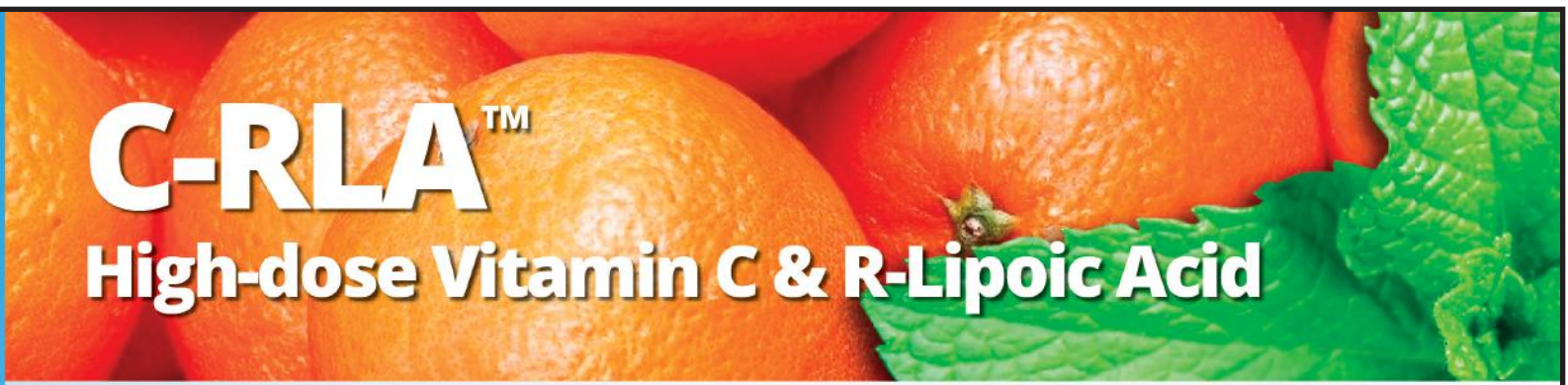


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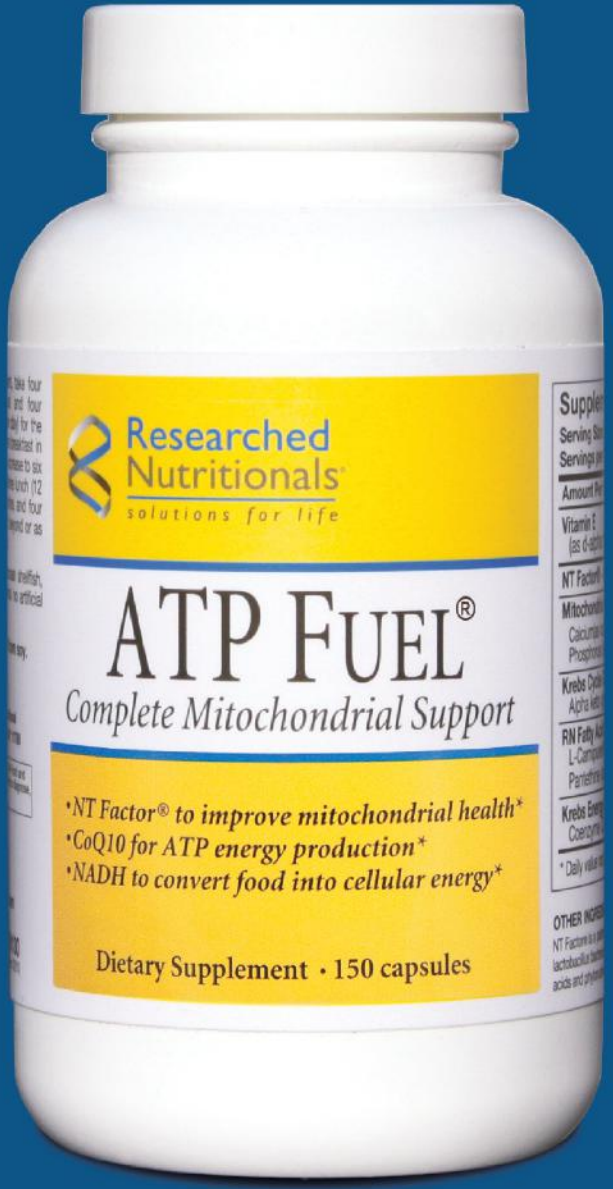
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