Waking Up the Nation,
One Reader at a Time...

PUBLIC HEALTH ALERT

The Lyme Disease Epidemic: CDC Tuskegee Experiment, Phase II

Experiment Covertly Continued by the CDC Through the Biowarfare Research Establishment

by Jerry Leonard

"Never would I have deemed it possible that a group of medical people would work so vigorously and with such malice against a group of desperately ill people. But, here it is."
-Lyme victim/activist (personally requested anonymity, for fear of reprisal)

Lyme disease is the most common tick-borne disease in the Northern Hemisphere. In addition to crippling arthritis, it can cause severe and disabling neuro-cognitive disorders that are difficult -- if not impossible -- to cure.

I know first-hand of Lyme disease because I caught it in 2006 and still have not been able to eradicate the effects. This is true in spite of long-term antibiotics administration from an expert (I was one of the lucky ones) within several months of the bite.

Like I once did, you may think Lyme disease is something that you catch from a tick while taking a walk in the woods and that it can be readily cured with antibiotics.

That is the spin of U.S. authorities. But they're lying to us. They are also systematically putting doctors (like mine) out of business for successfully treating Lyme patients (like me) with long-term antibiotics.

What's going on here?

"Who could imagine the government, all the way up to the Surgeon General of the United States, deliberately allowing a group of its citizens to die from a terrible disease for the sake of an ill-conceived experiment?"

--Commentary on the Tuskegee Experiment

Lyme disease is caused by one of the most complex bacteria known to man, called Borrelia burgdorferi. The bacteria is named after a biowarfare researcher named Willy Burgdorfer, who first identified the causative Lyme organism in 1981 in Ixodid ticks sent to him from the East Coast while he was working in a National Institutes of Health (NIH) biowarfare lab in Montana (Rocky Mountain Labs). Burgdorfer readily recognized the borrelia bacteria infecting the Ixodid ticks because he himself had already been injecting Ixodid ticks with various strains of borrelia throughout the 1950s, and publishing his production-infection methods.

The Ixodid ticks sent to Burgdorfer's biowarfare lab had been collected from the area surrounding an East Coast biowarfare lab that conducted outdoor tick experiments 20 miles from Lyme, Connecticut-the epicenter of the Lyme Epidemic. These ticks were sent to Burgdorfer by Jorge Benach, a member of the Centers for Disease Control and Prevention's (CDC) elite biowarfare defense unit, known as the Epidemic Intelligence Service (EIS).

The bacterium that causes Lyme disease (which is notoriously difficult to grow in cell cultures) was first propagated in cell cultures in Burgdorfer's biowarfare lab by Alan Barbour, also a member of the CDC's biodefense unit. Barbour was able to rapidly propagate the extremely difficult-to-cultivate Lyme borrelia in cell cultures because, prior to the breakout of Lyme disease, he had been busy culturing borrelia organisms. He subsequently wrote articles summarizing strange-sounding human experiments with borrelia strains that were propagated in mice, prior to injection back into humans.

Barbour went on to create so-called mutant strains of Borrelia burgdorferi, and was eventually rewarded with the directorship of a biowarfare lab at the University of California, Irvine. Barbour has also published articles identifying segments within the DNA of the Borrelia burgdorferi bacteria found outside of the Plum Island biowarfare lab near Lyme, Connecticut. Strangely enough, these bacteria have telomeric "sequence similarities" to a biowarfare virus (African Swine Fever Virus) being investigated and genetically engineered inside Plum Island labs, the proximate location of the ticks Benach had sent to Burgdorfer's biowar lab.

"It's possible to see the mod-

ern history of Lyme as a string of events with an EIS member at every crucial node."

-Elena Cook, "Lyme Is a Biowarfare Issue"

Borrelia organisms were of interest to the military because of their ability to cause both mentally and physically disabling infections that were capable of relapsing, even after treatment with antibiotics. This was due to the organism's ability to not only rapidly evolve in a manner that frustrated antibiotics administration, but also to rapidly disseminate throughout every organ in the body. Another form of self-protection is the organism's ability to form biofilms and protective "cysts" when confronted with a hostile environment, only to reconvert from dormancy to active infection once a friendly environment was again encountered (for example, when any administered antibiotics were gone). This protective dormancy capability, which is shared by anthrax (a biowarfare agent also studied by Barbour before Lyme broke out), would be highly useful for real-world biowarfare exercises.

In addition to weapons that could kill quickly, the Pentagon was interested in weapons that could incapacitate - like Rift Valley fever. As Michael Carroll relates in his book Lab 257:

"Pentagon scientists briefed President Dwight D. Eisenhower on using Rift Valley fever *as a nonlethal biological weapon that would 'incapacitate' the enemy, rather than kill him. Used correctly, it could deter and demoralize the enemy and, at the same time, spare buildings and infrastructure from incendiary bombs.* The president approved funding in this new area of weaponry, calling it a 'splendid idea.' Research on incapacitating germ agents began." [emphasis added]

The staggering benefits of Lyme disease as such an incapacitating infection were summarized by Mark Sanborne, author of the report "The Mystery of Plum Island":

"Lyme's ability to evade detection on routine medical tests, its myriad presentations which can baffle doctors by mimicking 100 different diseases, its amazing abilities to evade the immune system and antibiotic treatment, would make it an attractive choice to bioweaponeers looking for an incapacitating agent. Lyme's abilities as 'the great imitator' might mean that an attack could be misinterpreted as simply a rise in the incidence of different, naturally occurring diseases such as autism, MS, lupus and chronic fatigue syndrome (M.E.). Borrelia's inherent ability to swap outer surface proteins, which may also vary widely from strain to strain, would make the production of an effective vaccine extremely difficult. ... Finally, the delay before the appearance of the most incapacitating symptoms would allow plenty of time for an attacker to move away from the scene, as well as preventing people in a contaminated zone from realizing they had been infected and seeking treatment."

Incapacitating bacteria are now infecting people in the U.S. en masse, causing a major epidemic of chronic illness. An estimated 20,000 to 200,000 people get Lyme disease every year alone. And even the higher number may understate the number of cases due to the non-specific nature of many of the symptoms of Lyme disease and the poor accuracy of the available tests.

"The more we do to you, the less you seem to believe we are doing it."
- Joseph Mengele

Just as sinister as the disease itself, from the earliest days victims have been systematically denied accurate diagnosis and helpful treatment with antibiotics by various individuals who all too often have connections to the biowarfare community. This large-scale treatment-denial effort has largely been implemented by a group of doctors of the so-called “Steere camp philosophy” of Lyme disease. This group is named after Allen Steere, who headed the initial investigation into the cause of Lyme disease while at Yale University, shortly after graduating from the CDC's elite biowarfare defense group, the EIS. Yale itself is an influential defense contractor that has worked hand-in-glove with the nearby Plum Island biowarfare lab.

There is a strange and telling history behind the raging controversy over providing Lyme victims with antibiotics. Steere's group at Yale at first claimed that antibiotics were useless against the bacterium, in spite of the evidence presented to him by doctors who were making significant progress treating some symptoms of Lyme disease with them.

However, when it could no longer be denied that disease symptoms could respond to treatment with appropriate antibiotics (as other doctors around him had shown), Steere's group inexplicably declared that antibiotics were extremely effective against the disease -so effective that several days or weeks of antibiotics were all that was needed to kill a cyst-forming organism that could quickly spread through the bloodstream to every organ in the body, including the brain, where blood flow is low. The initial, strident denial of the effectiveness of antibiotics at all, and the subsequent claims of the near-miraculous effectiveness of short-term antibiotics have a common theme: Both are rationales for denying treatment with the long-term antibiotic regimens that are often required to bring Lyme victims back to some semblance of a normal life.

Steere-camp doctors cynically invented a syndrome called "post-Lyme syndrome" to allow them to write off patients who remained ill after short-term care rather than admit an ongoing infection their simplistic treatment had failed to kill.

The Steere-camp researchers' denial of the Lyme bacterium's ability to persist, despite aggressive antibiotic treatment, has created a catastrophically destructive rift in the medical community that has caused hundreds of thousands of patients to suffer and many doctors to lose their practices.

In recent months, articles have been published in various journals revealing that treatment guidelines by the Infectious Diseases Society of America (IDSA), despite pompous posturing to the contrary, are based mostly on nothing but opinion, and can

be more fatal than treatments administered outside of the guidelines.

Attorney Richard Wolfram has documented the growing influence of treatment guidelines over doctors who treat Lyme disease. Quoting Wolfram:

"Physicians who offer longer term treatment approaches run the risk of losing hospital privileges, being denied malpractice insurance or having to pay higher rates for this insurance, being terminated from insurance networks, and facing professional misconduct actions."

The Attorney General of Connecticut investigated specifically the IDSA's treatment guidelines for Lyme disease and found the process by which they were drafted to be riddled with conflicts of interest and biased selection criteria -something Lyme victims have known for years.

In spite of their obvious flaws and deadly impact, the IDSA's treatment guidelines have been drafted and implemented with the help of the CDC and its biowarfare unit, the Epidemic Intelligence Service. They have been very effective at preventing desperately ill patients from getting antibiotic therapy by providing a tobacco-science rationale for insurance companies to deny expensive treatment coverage and for allowing state medical boards to put doctors who treat against the guidelines out of business. (These medical boards are relying on false tick infection-rate data by state epidemiologists, which are, in turn, dominated by EIS graduates.)

This behavior has resulted in a tragic state for Lyme sufferers. Quoting Richard Wolfram, again:

"...in the case of long-term treatment of Lyme disease, complainants estimate fewer than 150 physicians in the United States are willing to endure the pressures from the IDSA and from insurance companies (by their refusal to cover long-term antibiotic treatment). This number is down considerably from previous levels."

The CDC's extensive and destructive involvement in preventing patients who fall victim to the Lyme bacterium from getting treatment brings to mind the CDC's other effort to prevent patients getting treatment from a bacterial infection-the infamous Tuskegee Experiment. It was this experiment in which unwitting black men were systematically denied treatment for syphilis infections over a period of decades, so that the "natural course" of the disease could be monitored through the patients' deaths and post-mortem examinations.

"Who could imagine the government, all the way up to the Surgeon General of the United States, deliberately allowing a group of its citizens to die from a terrible disease for the sake of an ill-conceived experiment?"

--Commentary on the Tuskegee Experiment

In addition to the similarities in treatment denial (the current phase of the experiment being a more sophisticated and global program using the medical system as a whole through enforcement of fraudulent treatment guidelines), the similarities between the spirochete that causes syphilis and the spirochete that causes Lyme disease (borrelia organisms are a type of spirochete) reinforce this association. As Lyme "expert" Allen Steere summarized: "Lyme disease is like syphilis in its multisystem involvement, occurrence in stages, and mimicry of other diseases."

"... the Lyme disease spirochete, Borrelia burgdorferi, is amazingly similar to the spirochete, Treponema pallidum, that causes syphilis."

--Stephen F. Porcella; Journal of Clinical Investigation. March 15, 2001.

One hypothesis is that the CDC has used the Steere-camp philosophy to continue a new type of Tuskegee Experiment under the cover of biological warfare research through its secretive EIS branch, using deliberately ineffective treatment guidelines put out by the IDSA instead of geographical isolation to prevent victims from getting effective antibiotic treatment. (Curiously, the Lyme Epidemic and associated treatment-denial rationales began ramping up just as the first phase of the Tuskegee Experiment was being ramped down.)

"Our practice is restricted by higher authorities, like the CDC."
--Dr. Muddasar Chaudry, on treating Lyme patients

Consistent with this hypothesis is the fact that the authors of the justifiably maligned treatment guidelines are disproportionately populated by biowarfare researchers. Notably, the lead author of the IDSA Lyme disease treatment guidelines, Dr. Gary Wormser, also lectures as a biowarfare expert.

Also of interest is the degree to which "science" has been twisted to support the Steere-camp positions that have been institutionalized in the IDSA guidelines. Over the years, this group has invented a non-existent Lyme virus and a non-existent species of Ixodid tick to justify the denial of antibiotics to unfortunate Lyme victims. (They receive millions of dollars of government grants to search for an elusive auto-immune mechanism which would explain chronic Lyme disease symptoms, independent of a well-documented, ongoing infection.)

Just as the Phase I Tuskegee Experiment was conducted under the pretext of developing treatments and vaccines, this Phase II Lyme Epidemic is being conducted under the same pretext.

In other words, vaccine politics. Use the public as guinea pigs to test treatments for a created disease that one day might be used against real or declared enemies - or perhaps be used by a real enemy against us. Since Steere's defense-contractor employer ultimately developed and licensed the first vaccine against the disease (Phase III vaccine trials were personally led by Steere, and his lab did all the testing during the trials), and Steere created the ideology that was useful for developing this vaccine (it allowed him and his employer to map out the immune response to the disease in untreated controls who were denied antibiotics under one guise or another, in what Steere referred to as a "natu-

ral experiment" in one publication), vaccine politics go a long way toward explaining the disaster currently befalling the public.

"As of 2007, not a single U.S. government researcher had been prosecuted for human experimentation, and many of the victims of U.S. government experiments have not received compensation, or in many cases, acknowledgment of what was done to them."

-Wikipedia.org (Unethical human experimentation in the United States)

Vaccine politics has a flip side: funneling profits to the pharmaceutical industry. Indeed, in addition to using the epidemic as a vaccine development vehicle, the CDC/Steere-camp philosophy can be seen as a marketing methodology to make Lyme vaccines cost-effective. A paper published in 1999 by CDC authors summarized how the cost-effectiveness of the vaccine could be improved (increasing "the cost per case averted") by increasing the probability of contracting Lyme disease:

"Since few communities have average annual incidences of Lyme disease >0.005, economic benefits will be greatest when vaccination is used on the basis of individual risk, specifically, in persons whose probability of contracting Lyme disease is >0.01."

Increasing the probability of persons contracting Lyme disease and decreasing the probability that they will be accurately diagnosed and effectively treated are not only parameters in the cost-benefit model presented in this shocking CDC paper. They appear to be the central explanatory principle behind the disastrous policies of the Steere-camp of Lyme disease.

Letting the epidemic rage out of control creates an ever-increasing market for the next vaccine. Perhaps these trials will also be overseen by a CDC biowarfare expert.

So here we are. Benefiting on one end is the biowarfare establishment. Waiting to cash in on the other end is the pharma industry (which covertly runs the biowarfare industry). Stuck in the middle is an unwitting - and untreated - public that stands to gain nothing at all.

I don't buy being yet another guinea pig for the health and military establishment. And neither should you.

It's time the pharmaceuticals companies and the CDC were held accountable for experimenting on the public. An investigation is certainly due. But who should conduct the investigation?

As ***The Lancet*** recently reported, in the wake of the latest revelations on the nature of the syphilis experimentation in the U.S. and Guatemala, 'President Obama asked the Presidential Commission for the Study of Bioethical Issues to undertake a "thorough review of human subjects' protection to determine if Federal regulations and international standards adequately guard the health and well being of participants in scientific studies supported by the Federal government."'

President Obama had to form an independent Presidential Commission to investigate the latest Phase I Tuskegee revelations because the government-sanctioned watchdog agency - the Institute of Medicine -- was too involved in the research to investigate itself!

Such an independent investigation on human experimentation with the Lyme disease spirochete is certainly warranted. Why? Because the very essence of the establishment itself-the CDC and the biowarfare community-is conducting this newest version of unethical research.

Since the CDC and NIH are obviously involved in coordinating the experimentation in Phase II of the Tuskegee Experiment, through upholding the treatment guidelines (or more appropriately: "treatment-denial guidelines"), we need to insist on an independent investigation into Lyme disease treatment-denial.

"If this were fiction, the study's investigators would have been the archetypal mad scientists. But the study was conducted by no less prestigious a group than the United States Public Health Service and funded by the National Institutes of Health (NIH), as part of a program to test the effectiveness of penicillin for disease prevention.'"
--Nellie Bristol, Commentary on Tuskegee Experimentation

As a result of the use of treatment guidelines to deny treatment, America's most egregious example of medical malpractice through treatment-denial is now an everyday reality, conducted on a grand scale, and run with the complicity of the CDC and other public agencies, which are exploiting the public instead of protecting them.

While government spokesmen deny the possibility of ongoing Tuskegee experimentation, the reality is quite different.

NIH Director Francis Collins has recently stated: "I want to emphasise that today, the regulations that govern research funded by the United States government, whether conducted domestically or internationally, would absolutely prohibit this type of study."

Continuing, she stated "Today, researchers must fully explain the risks associated with their study to all research participants, and participants must indicate their informed consent."

Unfortunately, it doesn't work that way. As long as you create treatment guidelines to justify your experimentation, and as long as you have the money and influence to enforce them and build a fraudulent science base to create a manufactured scientific consensus to justify them-which the pharmaceuticals industry has, you can conduct experiments on an international basis with complete immunity.

This is what is happening. The Tuskegee Experiment has been institutionalized.

As a result, the newest version of the Tuskegee Experiment is not only far more widespread than Phase I, but it also is far more insidious, because it takes place through the creation and enforcement of ghost-written treatment guidelines that are rapidly becoming the standard way by which "Big Pharma" legislates profits through the medical

system and the government.

I believe 80 years of Tuskegee experimentation is enough! We need to investigate the Lyme treatment-denial scenario. But we also need to investigate the mechanisms used to carry it out.

There are millions of sick Lyme patients in desperate need of antibiotics that their doctors can't give them because of the CDC's policies regarding pharma's treatment guidelines.

But there is more at stake. The methodology used to run this state-sanctioned experiment in treatment-denial for Lyme patients could be used in the "non-treatment" of other diseases-potentially creating billions of future victims.

We desperately need to understand how treatment guidelines are being created and enforced by the pharmaceuticals industry with the complicity of public health agencies, to the detriment of public health. We also need laws to protect us so that this insidious, covert experimentation is never perpetrated on the American public again.

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[Editor's Note: Due to the extensive documentation in this article, there was not enough space to print the 7 pages, single spaced, 10 point font references. Please go to the PHA website for the text version of this article which will include the full documentation and citations for the research in this article.]

Citations & Resources:

1. In one of Burgdorfer's early papers, he published the results of his efforts for mass-feeding diseases to ticks. As he put it: "A technique for the artificial feeding of Ixodid ticks for studies on the transmission of infectious agents is described."... By the use of this technique, Burgdorfer noted, "known concentrations of culture suspensions of microorganisms can be fed to ticks, thus providing the basis for obtaining accurate data on the development of pathogens in tick tissues. This technique, furthermore, is of great value in studies of the transmission of disease agents.... ticks can be infected within a few hours and after a brief incubation, transmission experiments can be carried out by placing the ticks upon laboratory animals to complete their engorgement." Burgdorfer, W., Artificial feeding of Ixodid ticks for studies on the transmission of disease agents. J Infect Dis. May-June 1957;100(3):212-4.

2. Burgdorfer forced a relapsing fever borrelia known as B. Latchevi, found naturally in an argasid tick species known as O. tartakovskyi, to infect a species of tick known as O. moubata, which had been transported to the Rocky Mountain Lab from the Belgian Congo. Burgdorfer fed the Moubata ticks on mice that had been infected with the borrelia by the borrelia's natural host O. tartakovskyi. Serial passage of the borrelia was carried out by injecting other mice with the blood of the tick-infected mice. Attempts were then made to infect other lab animals by allowing the newly infected tick species under study, O. moubata, to feed on infected mice and then healthy mice and rabbits. It was found that the Moubata tick could be readily infected through diseased animals, but could not pass the infection on to the healthy animals by feeding on them.

Burgdorfer, W., Davis G.E., "Experimental infection of the African relapsing fever tick, Ornithodoros moubata (Murray), with Borrelia latychevi (Sofiev)," J Parasitol. 1954 Aug;40(4):456-60.

3. This was the Plum Island Animal Disease Center-a biowarfare lab set up by Nazi biowarfare researcher Erich Traub in the 1950s. It is now under the control of Homeland Security.

4. Although Burgdorfer had been in contact with EIS agent Allen Steere (credited with discovering the tick-vector of Lyme disease) from the early stage of his investigation in 1977, it was through his work with another EIS agent, Jorge Benach, that the borrelia organism was isolated in Ixodid ticks. Benach had sent Ixodid ticks he had collected on Shelter Island (off the coast of New York) to Burgdorfer so that he could look for rickettsia organisms that he suspected were causing outbreaks of Rocky Mountain Spotted Fever on the island. Instead, Burgdorfer found the borrelia-type organism he had worked on years before at this same lab. Dr. Jonathan A. Edlow, Bull's-Eye: Unraveling the Mystery of Lyme Disease, pp. 130-132.

5. "However, by 'lucky coincidence,' another scientist had recently joined the lab where he worked and had apparently been involved in an amazing breakthrough in this area. So naturally Burgdorfer handed the infected ticks over to him. That scientist was Dr. Alan Barbour, an officer, like Steere and Snydman, of the Epidemic Intelligence Service, with a background in work on anthrax, one of the most terrifying biowarfare agents known." Elena Cook, "Lyme is a Biowarfare Issue," http://www.elenacook.org/bwsept06.html

6. "When using borreliae for pyrotherapy of neurosyphilis, the authors of this report recommended that no more than 30 to 40 passages in mice be made before inoculation of the strain back into humans." Alan G. Barbour and Stanley F. Hayes, "Biology of Borrelia Species, MICROBIOLOGICAL REVIEWS," December 1986, p. 381-400.

7. A Sadziene, D D Thomas, V G Bundoc, S C Holt and A G Barbour, "A flagellaless mutant of Borrelia burgdorferi. Structural, molecular, and in vitro functional characterization," J Clin Invest. 1991;88(1):82-92. doi:10.1172/JCI115308.

8. From an article on the Pacific-Southwest Regional Center of Excellence for Biodefense and Emerging Infectious Diseases Research, in Homeland Security News, quoting Dr. Barbour: "The center's main objective, he said, is to provide the science for creating a defense against emerging diseases, like dengue fever, and potential bioterrorism agents, like the botulism toxin." UCI awarded $45 million for infectious disease research, Published May 13, 2009. http://homelandsecuri-

tynewswire.com/uci-awarded-45-million-infectious-disease-research

9. "When the borrelia telomeres were compared with telomeric sequences of other linear double-stranded DNA replicons, sequence similarities were noted with poxviruses and particularly with the iridovirus agent of African swine fever. The latter virus and a borrelia sp. share the same tick vector. These findings suggest that the novel linear plasmids of borrelia originated through a horizontal genetic transfer across kingdoms." J Hinnebusch and A G Barbour, J Bacteriol. November 1991; 173(22): 7233-7239.

10. See photo caption: "Microbiologist Zhiqiang Lu uses a DNA sequencer to examine genetically engineered African swine fever viruses." Plum Island Animal Disease Center home page: http://www.ars.usda.gov/plum/accomplishments.htm

11. This virus has also been identified as one used in real-world biological warfare exercises against Cuba. "CIA Link to Cuban, Pig Virus Reported," San Francisco Chronicle, Jan. 10, 1977, http://www.maebrussell.com/Health/CIA%20Pig%20Virus.html

12. The Lyme bacterium can change into a treatment resistant cystic form when confronted with antibiotics:

"It has been demonstrated recently that cells of Borrelia burgdorferi sensu lato, the etiological agent of Lyme disease, transform from mobile spirochetes into nonmotile cystic forms in the presence of certain unfavourable conditions, and that cystic forms are able to reconvert to vegetative spirochetes in vitro and in vivo. The purpose of this study was to investigate the kinetics of conversion of borreliae to cysts in different stress conditions such as starvation media or the presence of different antibiotics."

Murgia R, Piazzetta C, Cinco M. Cystic forms of Borrelia burgdorferi sensu lato: induction, development, and the role of RpoS., Wien Klin Wochenschr. July 31, 2002;114(13-14):574-9.

13. "Epidemiologic and Laboratory Investigations of Bovine Anthrax in Two Utah Counties in 1975," Alan Barbour, et al, Public Health Reports, March-April 1977, Vol. 92, No. 2. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1431977/pdf/pubhealthrep00149-0082.pdf

14. The ability to make borrelia infections look like natural outbreaks vectored by ticks would also make them useful candidates for mental and physical disabling agents that could be used without detection in real-world biowar applications.

15. Mark Sanborne, "The Mystery of Plum Island: Nazis, Ticks and Weapons of Mass Infection" http://www.ww4report.com/node/%201898

16. Part of this denial stems from the refusal to acknowledge the cyst formation mechanism of the Lyme disease borrelia, which allows it to relapse following short course of antibiotics.

17. The New York Times summarized: "in the realm of Lyme disease, few are as influential as Dr. Steere." David France, "Scientist at Work: Allen C. Steere; Lyme Expert Developed Big Picture Of Tiny Tick," May 4, 1999.

18. Steere, at the time a recent graduate of the EIS working at Yale, co-opted the early investigation into Lyme disease by Polly Murray, a local Lyme victim/activist.

19. Although Steere has bungled the Lyme investigation from beginning to end, powerful interests inside and outside the government have continuously rewarded him for his efforts.

20. "We remain skeptical that antibiotic therapy helps..." Allen Steere, et. al., Annals of Internal Medicine, June 1977.

21. According to a naval doctor who was effectively treating Lyme victims with antibiotics at a time when Steere et. al. were denying their effectiveness:
"Allen [Steere] at that time was very adamant about antibiotics having absolutely no role in the disease. We left with some feelings of animosity at that point. And the academic people made us feel like we obviously didn't know what we were doing. And we knew from our observations that we did."
Other doctors have made similar statements:
"As a physician trained in an academic institution, I find the defensiveness, denial and refusal of Dr. Steere and his colleagues to recognize what is, rather than what fits their disease paradigm, both frightening and destructive." Deborah Amdur, M.D., letter to the New York Times.

22. This belief system has put the Steere camp at odds with doctors in the field who have learned how to treat the disease. The rift was summarized by the New York Times: "...Their chief discord is over the possibility that Lyme disease, in some patients, develops into a chronic disease requiring massive doses of antibiotics over long periods of time, as some doctors believe. Dr. Steere thinks not. Instead, he argues that persisting symptoms may be owing to something he calls ''post-Lyme syndrome,'' undefined neurological damage and immune-system malfunctions resulting from the initial infections. A year-old National Institutes of Health study to try to resolve the dispute is continuing."

23. Dr. Joseph Burrascano summarized the quality of Steere's care for his Lyme patients/experimental subjects: "Patients come to us after Steere and his colleagues deem them treated and cured, and we are able to demonstrate clearly, through biopsies and cultures and DNA probes, that they were still infected." "Stalking Dr. Steere," the New York Times.

24. The controversy over treating Lyme disease has polarized into two main camps of treatment guidelines. These are the ILADS (composed of chronic Lyme-treating physicians) and IDSA (the Steere-camp of chronic Lyme denialists) treatment guidelines. An overview of the two camps was provided by Dr. Raphael Stricker, a member of the ILADS group:

"Lyme disease is one of the most controversial illnesses in the history of medicine. Over the past decade, two opposing camps have emerged in the controversy over this tick-

borne illness. One camp is represented by the Infectious Diseases Society of America (IDSA), which maintains that Lyme disease is a rare illness localized to well-defined areas of the world. According to the IDSA, the disease is 'hard to catch and easy to cure' because the infection is rarely encountered, easily diagnosed in its early stage by means of accurate commercial laboratory tests and effectively treated with a short course of antibiotics over 2-4 weeks. Chronic infection with the Lyme spirochete, Borrelia burgdorferi, is rare or nonexistent.

"The opposing camp is represented by the International Lyme and Associated Diseases Society (ILADS), which argues that Lyme disease is not rare and, because its spread is facilitated by rodents, deer and birds, it can be found in an unpredictable distribution around the world accompanied by other tick-borne coinfections that may complicate the clinical picture. According to the ILADS, tick bites often go unnoticed and commercial laboratory testing for Lyme disease is inaccurate. Consequently, the disease is often not recognized and may persist in a large number of patients, requiring prolonged antibiotic therapy to eradicate persistent infection with the evasive Lyme spirochete."

Raphael B Stricker, Lorraine Johnson. "Lyme disease: a turning point," Expert Review of Anti-infective Therapy 5:5, 759-762, Online publication date: Oct. 1,2007.

25. The New York Times paraphrased Joseph Burrascano (a doctor who was persecuted for speaking the truth about Lyme disease "experts" to Congress) in summarizing how the Steere-camp of Lyme disease has attempted to silence their competition (largely from behind the scenes): "They were trying to resolve a medical dispute that had raged for years by simply annihilating doctors on the other side."

26. "More than half of the current recommendations of the IDSA are based on level III evidence (opinion) only. …Until more data from well-designed controlled clinical trials become available, physicians should remain cautious when using current guidelines as the sole source guiding patient care decisions. "Analysis of Overall Level of Evidence Behind Infectious Diseases Society of America Practice Guidelines," Dong Heun Lee, M.D.; Ole Vielemeyer, M.D. Arch Intern Med. 2011;171(1):18-22.

27. The study found that following "treatment guidelines for patients with nosocomial pneumonia appeared to be associated with an increased mortality risk." compared to treating patients according to the doctors' best judgment. "Compliance With Guideline Linked To Pneumonia Deaths," MedPage Today, Jan. 20, 2011.

28. "…in the case of long-term treatment of Lyme disease, complainants estimate fewer than 150 physicians in the United States are willing to endure the pressures from the IDSA and from insurance companies (by their refusal to cover long-term antibiotic treatment). This number is down considerably from previous levels.

"It has become significantly more difficult for patients to obtain services of physicians willing to treat Lyme disease long-term-many patients have to bear the costs of traveling long distances for treatment and then pay for their non-insured treatment."

Richard Wolfram, Connecticut Attorney General Investigation and Settlement: Highlights Possible Applicability of Antitrust Standard Setting Law to the Development of Clinical Practice Guideline, http://lyme.kaiserpapers.org/pdfs/lymeantitrust.pdf

29. Blumenthal summarized the results of his investigation into the process behind the drafting of the Lyme treatment guidelines: "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."

30. Conflicts of interest with respect to the authors of Treatment Guidelines is nothing new. The New York Times summarized the results of one survey on this subject:

"The survey, in this week's issue of The Journal of the American Medical Association, sought the opinions of 192 medical experts who participated in writing 44 sets of practice guidelines covering treatment for asthma, coronary artery disease, depression, diabetes, high cholesterol, pneumonia and other ailments. Of the 100 who responded, roughly 9 out of 10 had some type of financial relationship with a drug manufacturer, including research financing and speaking, travel or consulting fees. About 6 out of 10 had financial ties to companies whose drugs were either considered or recommended in the guidelines they wrote. Eleven of the 44 practice guidelines were underwritten by pharmaceutical companies and carried declarations stating so. But of the 44 guidelines, just one reported a potential conflict of interest."
Sheryl Gay Stolberg "Study Says Clinical Guides Often Hide Ties of Doctors," the New York Times, Feb. 6, 2002.

31. The IDSA guidelines rely heavily on a study conducted by Mark Klempner, et al. Klempner is a CDC/EIS biodefense officer. The study he authored was designed to investigate the effectiveness of "long-term" antibiotics. However, the study was halted before long-term treatments were even administered. In spite of this, or because of it, it is considered the gold-standard study to prove that long-term antibiotics are ineffective. Such is the pitiful level of science-based medicine claimed by the so-called Lyme

disease experts.
"After a planned interim analysis, the … monitoring board recommended that the studies be discontinued because data from the … patients indicated that it was highly unlikely that a significant difference in treatment efficacy between the groups would be observed…" Mark Klempner, et al, "Two Controlled Trials of Antibiotic Treatment In Patients With Persistent Symptoms and A History of Lyme Disease," NEJM, July 12, 2001.

32. Klempner also now directs a biowarfare lab at Boston University. According to one report "Dr. Mark S. Klempner serves as the Director of the National Emerging Infectious Diseases Laboratories." According to an article in Boston.com: '''This laboratory is going to develop diagnostic tests, drugs, and treatments for some of the most important public-health emerging diseases," said Dr. Mark Klempner, director of the BU lab.' "Biosafety lab in South End gets final OK, Stephen Smith," Globe Staff, Feb. 3, 2006.

This lab initially met with resistance because the campus has had a history of belatedly reported accidents with biowarfare viruses, such as when three researchers became infected with a dangerous virus (Tularemia) they were working on. "Scientists' Exposure Casts Doubt on Boston Lab Plan," Jonathan Finer, Washington Post, Jan. 22, 2005.

33. Steere's philosophy on Lyme disease treatment, now institutionalized through the IDSA guidelines, has been very favorable to the insurance industry. Steere was a consultant to the insurance industry and has advocated treatment policies which are favorable to it. As related in the New York Times: "Writing in The Journal of the American Medical Association in 1993, Dr. Steere said the disease was overdiagnosed and overtreated -- a statement that utterly balkanized groups of sufferers, scientists and clinicians into squabbling factions.
...Meanwhile, as a result of Dr. Steere's influence, insurance companies have sometimes refused to pay for continuing treatments for Lyme. This, in turn, has provoked patients to heckle and even picket Dr. Steere."

34. In 1993, the New York Times estimated that the cost of long-term antibiotics was $100,000 per year (it is probably much higher currently): "Although some doctors prescribe long-term, high-dose intravenous antibiotics, most do not. And many insurers refuse to pay for these long courses, which cost over $100,000 annually, citing scientists who do not believe that extended therapy is necessary. Politicians at both the state and federal levels, including the Labor and Human Resources Committee, are holding hearings in part to address patients' complaints that the practice is unfair." Elisabeth Rosenthal, "Lyme Disease: Does It Really Linger?," the New York Times, Aug. 24, 1993.

35. In 2001, the New York Times reported how state medical boards were being used to put doctors who disagreed with the Steere ideology out of business. "[In] a final attempt to control standards of treatment and rein in the Lyme lobby, state medical boards have started to investigate doctors across the country for prescribing months and even years of antibiotics." "Stalking Dr. Steere," the New York Times.

36. Dr. Kenneth Liegner, an MD treating a large number of Lyme patients in Armonk, New York, summarized the plight of Lyme physicians:
"Physicians who have cared for persons with chronic Lyme disease have faced harassment at a minimum and for some, their careers have been ruined. Researchers who have seriously dedicated themselves to the scientific study of chronic Lyme disease in humans and/or animals have often found themselves attacked or marginalized. To persist in their researches would have resulted in virtual career suicide and some have been forced, by exigencies of survival, to leave the field."

37. "In 2000, 43 percent of state and territorial epidemiologists were EIS graduates." Stephen B. Thacker, Andrew L. Dannenberg and Douglas H. Hamilton, "Epidemic Intelligence Service of the CDC: 50 Years of Training and Service in Applied Epidemiology," American Journal of Epidemiolog,y Accepted Aug. 8, 2001.

38. The rationale behind the Tuskegee Experiment was explained in one early medical journal article: "...Such individuals seemed to offer an unusual opportunity to study the untreated syphilitic patients from the beginning of the disease to the death of the infected person. An opportunity was also offered to compare the syphilitic process uninfluenced by modern treatment, with the results attained when treatment had been given." Vonderlehr RA, Clark T, Wegner OC et al : Untreated syphilis in the male Negro. Ven Dis Inform 17: 260-265, 1936

39. These U.S. experiments in treatment denial were only part of the story. The U.S. government also deliberately infected patients in Guatemala with syphilis. The Lancet editorialized on these revelations: 'If this were fiction, the study's investigators would have been the archetypal mad scientists. But the study was conducted by no less prestigious a group than the United States Public Health Service and funded by the National Institutes of Health (NIH), as part of a programme to test the effectiveness of penicillin for disease prevention.' "US reviews human trial participant protections," The Lancet, Volume 376, Issue 9757, Pages 1975 - 1976, Dec. 11, 2010, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62247-7/fulltext

40. In this case, the treatment being denied was for a weaponized spirochete, which was the subject of tick and human research sponsored by the U.S. government, prior to the outbreak just outside Plum Island biowarfare lab where outdoor tick experiments were conducted.

41. "In fact a high proportion of Steere camp Lyme experts are involved with the EIS. Given that the EIS is a small, elite force ... it seems incredible that so many of America's top Infectious Disease experts would devote their careers to what they themselves claim is a 'hard-to-catch, easily-cured' disease." Elena Cook: "History of Lyme Disease as a Biowarfare Weapon,"

http://ftrsupplemental.blogspot.com/2007/02/history-of-lyme-disease-as-bioweapon.html

42. Miguel Perez-Lizano summarized the IDSA position on Lyme disease treatment with short courses of antibiotics: According to the IDSA Lyme guideline authors, regardless of how long one has had the infection, how entrenched it is in immune protected sites, or how disabling it is, a short course of antibiotics will eradicate the disease from the body. This has never been proven. Numerous scientific studies have shown IDSA's claims to be false. … according to IDSA, after a few weeks of antibiotic treatment a person is cured of Lyme disease. Then, suddenly, ongoing symptoms are due to some other unidentified problem which can be managed with ongoing drug treatment. IDSA Lyme guideline authors have known financial ties with pharmaceutical companies, making perfect financial sense for this false claim of cure. It is only the undeserved clout of the CDC and IDSA and the gullibility of the media that give this incredible information any credibility."

43. Steere's ever-changing "non-treatment" philosophy has been institutionalized by the so-called Treatment Guidelines put out by the IDSA. which recommend only short term antibiotic therapy for a disease renowned for requiring long-term and sophisticated treatment regimens.

44. Dr. Colin Ross, who obtained thousands of pages of declassified documents on unethical government experimentation on its citizens, stated that the Tuskegee Experiment established that:

"a large network of doctors and organizations are willing to participate in, fund and condone grossly unethical medical experimentation into the 1970s."

Curiously, the 1970s are precisely when the Lyme Epidemic, also caused by a spirochete, began to take off. And the spread of the epidemic was artificially increased by "a large network of doctors and organizations" conducting what I, and others, would classify as grossly "unethical medical experimentation."

As a result of his investigation, Dr. Collin Ross stated:

"There is no evidence to suggest that the government or the medical profession had any intention of closing the study as of 1972."

I would propose also that the Tuskegee Experiment was never closed. As the small-scale experiment was being wound down, a new phase, Tuskegee Phase II, was being ramped up.

45. One of his biowarfare presentations is entitled: "How Germs Become Weapons-Recognizing Agents - Treating Patients."

46. The fact that the organism was difficult to detect in the blood and difficult to grow in cultures (even after it was identified) allowed Steere and his colleagues to continue to pursue his erroneous hypothesis that the disease was caused by a virus. Holding to the virus theory provided a justification for discrediting the use of antibiotics since they don't affect viral infections. This act in itself wasted years in the development and dissemination of effective treatment protocols. As Jonathan Edlow summarized:

"If the cause were clearly known to be a virus, then antibiotics available in the late 1970s would have been ineffective. If on the other hand the causative agent were shown to be a bacterium, then the imperative to treat would be greater." [emphasis added] Bull's-Eye, p. 117.

47. The name of this invented tick species was Ixodes dammini. Jonathan Edlow summarized the impact of this invented tick species on Lyme diagnosis:
"This change in nomenclature was not without its effect for it meant that doctors could not 'legitimately' make a diagnosis of Lyme disease in states where the vector was not found. If I. Dammini (only prevalent in the Northeast) were a separate species from I. Scapularis (whose northern-most range is the middle Atlantic states) then doctors would not be able to diagnose Lyme disease in the southern states." Bull's-Eye, p. 117.

48. The Steere camp maintains a similar position today, insisting that the Ixodes species is the only one capable of spreading Lyme disease in the U.S. Victims of Lyme disease in the southeast, spread by the Lone Star tick, are paying the price for this position.

49. As the employees of the vaccine licensee revealed in one paper: "All of the testing was performed by one central laboratory (that of Dr. Allen Steere), and the challenge was to provide the investigator with the results within 48 hours." Specific Issues in the Design and Implementation of an Efficacy Trial for a Lyme Disease Vaccine, François Meurice , Dennis Parenti, Darrick Fu and David S. Krause, Clinical Infectious Disease, Vol. 25, Supplement 1. Basic and Clinical Approaches to Lyme Disease: A Lyme Disease Foundation Symposium (Jul., 1997), pp. S71-S75. http://www.jstor.org/pss/4460130

50. Allen Steere explained how beneficial monitoring the blood from "untreated patients" was in mapping out the immune response to Lyme disease throughout the various phases of the disease. (He did not explain his role in developing the ideology which allowed so many patients to go untreated with the "antibiotic therapy" his group at Yale trivialized for years.):

"In two previous studies, we used a unique set of … serum samples from untreated patients monitored throughout the course of Lyme disease in the late 1970s prior to the use of antibiotic therapy for this illness. Only with this set of serum samples is it possible to determine how the antibody responses to B. burgdorferi develop and change during the various stages of the illness."

51. As Steere (who played an active part in ensuring that effective antibiotic therapies did not reach the public) admitted in 1994:

"We studied persons residing in an endemic coastal area of Massachusetts who were previously infected with B. burgdorferi in the early 1980s. They contracted Lyme disease

while the clinical syndromes and optimal antibiot*i*c therapies were still evolving, which offered a "natural experiment" for the identification of risk factors for Lyme disease sequelae. We ascertained the prevalence of persistent symptoms in unselected patients with a history of Lyme disease; ascertained their rheumatologic, neurologic, and health status outcomes; and identified potential risk factors for these long-term sequelae." Allen C. Steere, et. al., The Long-Term ***Clinical Outcomes*** of Lyme Disease: A Population-based Retrospective Cohort Study, Ann Intern Med. 1994;121:560-567; http://www.annals.org/content/121/8/560.full.pdf+html

52.http://en.wikipedia.org/wiki/Unethical_human_experimentation_in_the_United_States

53. Martin I. Meltzer, David T. Dennis, and Kathleen A. Orloski (Centers for Disease Control and Prevention, Atlanta), "The Cost Effectiveness of Vaccinating against Lyme Disease," Emerging Infectious Diseases, Vol. 5, No. 3, May-June 1999.

54. "U.S. reviews human trial participant protections," The Lancet, Volume 376, Issue 9757, Pages 1975 - 1976, Dec. 11, 2010, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62247-7/fulltext

55. Unfortunately the Institute of Medicine had to recuse itself from conducting the investigation because it was so intimately involved with the targeted research:

"In a sign of just how thoroughly enmeshed in medical establishment approval the Guatemala study was, the IoM had to decline the assignment, citing 'overlapping appointments' in the 1940s between individuals on an IoM subcommittee and the NIH Study Section on Syphilis. The fact-finding task has now been transferred to the bioethics committee."
"U.S. reviews human trial participant protections," The Lancet, Volume 376, Issue 9757, Pages 1975 - 1976, Dec. 11, 2010, http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62247-7/fulltext

56. The Lancet (Dec. 11, 2010)

57. Ghost-writing and enforcing treatment guidelines allow the pharmaceuticals corporations to treat infections in the most profitable manner possible. For example, to under-treat it so they can sell billions of dollars in symptom treatments and develop vaccines that will never work.

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