The Power of Truth Spoken by Joseph G. Jemsek, M.D. ~Part 1

In 1998, Dr. Jemsek began treating human immunodeficiency virus/acquired immune deficiency syndrome (AIDS) patients in early 1983, when he believed he had diagnosed the first case in North Carolina. By 2006, Dr. Jemsek had cared for more than two thousand HIV/AIDS patients.

Dr. Joseph G. Jemsek, M.D.

In 1998, showing gratitude for service to the HIV/AIDS community, North Carolina Governor James Hunt presented Dr. Jemsek with the Governor’s Award, a Certificate of Appreciation. In 2003, Dr. Jemsek formed a non-profit that provided case management and education financial assistance to HIV/AIDS patients to help them with the cost of their treatment. Governor David "Jemsek...cont’d pg 6

The 3rd annual conference on Lyme Disease, Autism and Chronic Infections

The 2008 conference was touted, “10 years ahead of its time”. Doctors also expressed the need for this conference so that they can network and learn from each other what is working and what is not working for these ill patients. For the 2009 conference LIA Foundation has teamed up with a local Arizona organization called CHOICE. CHOICE is the voice of Arizona’s patients and doctors, an organization born in Arizona in 2007 to ensure that a wide array of choices is available in medical care. From Roadblocks To Recovery includes some of the most sought-after physicians and speakers on these topics.

Look at our esteemed speaker list below…

Anja Uman, MD
Implications of Potential Biofilm Production in Autism Spectrum Disorder Patients and with Chronic Infections.

Ann Corson, MD
Pediatric Tick Borne Disease Presentation and Management - Physicians Training

David Berg, MD
Blood Flow in Lyme, Autism Spectrum Disorder and Other Conditions

Donna Jackson ‘Kakazva
The Autoimmune Epidemic: What You Need to Know

Elizabeth Hesse Sheehan, DC
Integrative Approaches to Autism and Lyme Utilizing Energetic Testing, LED, Quantum Neurology and Plant Stem Cells

Gary Gordon, MD, DO, LCDC
FLIGHT Program for Your

Health: F=food sensitivities, I=Infections, G=Genetics, H=Heavy Metals and Hormones, T=toxins

George Gonzalez, DC, QN
Achieving Immediate Neurological Change With Quantum Neurology Rehabilitation

Heidi Nyer, MS, LPC, LCDC
Shares how the "Tackled Roadblocks To Recovery" her Children from Autism and Lyme disease

Jamie Suarez, MS, LMT
Healing the Family and Marital Unit - Coping with Autism

Jeff Wulffman, MD
The Paradise Paradigm: The Complex Web of Lyme Borreliosis and Chronic Infections

Jeffrey Smith
The Health Dangers of Genetically Modified Foods You’re Eating

Get Your FREE Dr. Burrelcano’s Lyme Protocol at: www.PublicHealthAlert.org
observed in a study looking at twice daily blood draws over 3 days for both Lyme patients and well patients. The level can increase or decrease as much as 50% within the same day. So the CD57 level can be a useful marker for some patients but it is not always reliable and consistent.

Enter C3a and C4a, the new kid on the block in the world of Lyme diagnosis and treatment. The “C” in C3a and C4a stands for complement. Complement proteins work with antibodies to destroy pathogens. They activate immune system through control of inflammation, phagocytosis (ingestion of white blood cells) and cell death by lysis (breaking of the cell membrane). There are about 30 of these complement proteins that can serve as early markers in the diagnosis of acute Lyme disease.

Because CD57+ NK cells are not always reliable markers for chronic Lyme, there is an ongoing search for new biomarkers to aid in the diagnosis of chronic, disseminated Lyme disease and to follow treatment progress. Dr. Stricker and I recently published a study in the Scandinavian Journal of Immunology comparing C3a and C4a levels of chronic Lyme patients to those of healthy controls. We found that patients with elevated CD57 levels had elevated C3a and C4a levels.

In our study, only the systemic lupus patients had elevated levels of C3a. Other published studies have associated elevated C3a with autoimmunity as well. Therefore, the C3a may prove to be a useful marker in differentiating ongoing symptoms due to an autoimmune process versus an ongoing infectious process.

For purposes of our C3a/C4a study, Dr. Stricker divided the chronic Lyme patients into two groups: 1) those with neuropsychiatric symptoms and classic Lyme disease and 2) those with neurological symptoms. The neurological group had no statistically significant reduction in the C3a levels. Examples: elevated C3a levels were significantly elevated in the MS group, but only slight- (and not statistically significantly) elevated in the neurologic group. C4a levels were also elevated in the AIDS and systemic lupus groups, but not in the healthy controls. In Lyme patients with elevated C4a, the levels decreased in those who responded well to antibiotic treatment. Those patients who did not improve on antibiotics (more often than not, the severe neurological group) had no statistically significant reduction in the C4a levels, either.

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An International Leader in All Aspects of Tick-Borne Infections

Traditional and Progressive Care

A Prolific Full-Time Researcher, Clinician and Inventor with 25 Books and 27 Peer-Reviewed Journal Articles

These books are available from Amazon.com or as E-books from Dr. Schaller's website.

Just Released! Coming Soon...

Are You Tired of Being Sick?
Are You Frustrated with Ineffective Treatment?
Do You Feel Like Something Is Being Missed?
Do you have crippling fatigue, migraines or excess weight?
Beginning a support group shouldn't be a task you take on that overwhelms you. But if you aren't prepared, many obstacles can come up that can threaten the environment of your group. Follow along with this simple checklist so you will save a great deal of time and heartache in the future, and instead be able to enjoy your group.

1. Group's purpose. Spend a few minutes writing a 1-2 sentence mission statement to help you clarify your goals.

2. Group description. What is exactly the problem people are dealing with and how do you intend to try to help fix it through your support group?

3. Personal motives. Take some time to ask yourself: Why do I feel I am one who should lead this group?" Make sure you really want to do it, and are not just saying yes because you feel guilty saying no, or because you are seeking personal gain.

4. Approval. Does your group need to receive approval from another source before you can proceed? For example, have you received permission from a higher authority?

5. Group's life expectancy. What do you see as the life of your group? Do you hope it will meet indefinitely, or fade away, growing and changing as members define or determine it? Or would you rather ask that people commit to the group for a certain amount of time, like four months, and then recommit if they still want to attend?

6. Frequency of meetings. How often do you want to meet? weekly, bi-monthly, monthly? Consider the schedules of the participants. Would you want someone to see seventy percent show up once per month or thirty percent twice per month?

7. Group outline. How will the time be filled? Is it to task you take on that produces something? Does the group have a leader or facilitator?

8. Location. Where will your group meet? Will it be in your home? in a church, or in some other suitable setting?

9. Time. Will the time be filled? Is it to task you take on that produces something? Does the group have a leader or facilitator?

10. Frequency of meetings. How often do you want to meet? weekly, bi-monthly, monthly? Consider the schedules of the participants. Would you want someone to see seventy percent show up once per month or thirty percent twice per month?

11. Guests. Can family members or friends come to the meetings? If the answer is yes, is it okay with other members? Is it all right on occasion only, or on a regular basis?

12. Projects. Do people wish to be involved in outside activities for the well-being of others? For example, do your group members want to deliver gift baskets to people who are homebound or provide a Christmas party for a low-income neighborhood?

13. Policies. Have you written some policies that everyone will be treated with respect, and how will people handle conflicts that arise?

14. Frequency of meetings. How often do you want to meet? weekly, bi-monthly, monthly? Consider the schedules of the participants. Would you want someone to see seventy percent show up once per month or thirty percent twice per month?

15. Guests. Can family members or friends come to the meetings? If the answer is yes, is it okay with other members? Is it all right on occasion only, or on a regular basis?

16. Promotion. What are your plans for letting people know about your group? If your group is formed under an organization, what forms of advertising are acceptable? For example, a classified in the local paper? An announcement in the calendar section of the paper? Flyers? Is there anything not allowed that you should be aware of and does the promotional material need approval?

17. Media exposure. Can you write a press release, or have you identified ways of getting your meetings and purpose public? Are there people in your group who have the media in your group?

18. Completeness. Is there anything else you would like to add to this list of things to consider before you set up your group?
Call me cynical but not clueless. The bird's eye view I have had for the past 27 years at the National Vaccine Information Center has taught me one thing: the global alliance between Big Pharma and Big Public Health is a prescription for disaster that could extend far beyond a bout with the flu.

The international drama playing out right now before our eyes demonstrates how citizens around the world can be easily manipulated by doctors and politicians engaging in fear mongering in the name of disease control to forward agendas that have more to do with ideology, power and corporate profits than health.

When the U.S. Director of Homeland Security is the government official doing the talking rather than the U.S. Director of the Centers for Disease Control, put a copy of the U.S. Constitution in your pocket and take a look at federal and state legislation passed since September 11, 2001 to understand which civil rights you don't have anymore when government health officials declare a “public health emergency.”

But before we take a look at the threat to civil liberties that pandemic fear mongering poses, let’s take a look at how creation of a global human vaccine industry works. It is a blueprint for Successful Marketing 101 (or perhaps it is all just a coincidence).

In 2006, the World Health Organization (WHO) initiated an international call for all nations to do whatever it takes to increase public appetite and demand for annual influenza shots as the main strategy to prepare for an influenza pandemic. In April 2007, the WHO used money donated by the U.S. Department of Health and Human Services (DHHS) to fund the creation of influenza vaccine manufacturing plants in Mexico and other countries one week after the FDA had issued Sanofi Pasteur a “No License” for their experimental bird flu vaccine (H5N1) vaccine. Sanofi Pasteur is one of many drug companies the U.S. government has given millions of dollars to for the creation of bird flu vaccines.

On February 19, 2009, the FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) discussed whether to give approval for the testing of experimental bird flu vaccine on U.S. citizens. VRBPAC consumer member, also NVIC’s Director of Patient Safety Vicky Debolt-Patt, warned that testing of an experimental pandemic flu bird flu on infants in the absence of a real epidemic and without assurances that unapproved novel oil based adjuvants (quadrivalent A/California/07/2009 MF59) are safe, could pose unacceptable risks in terms of inducing severe immune dysfunction.

On February 27, 2009 it was confirmed that an influenza vaccine maker, Baxter International, had released a mixture of seasonal influenza viruses mixed with unlabeled live bird flu viruses to facilities in Czechoslovakia, Germany, and Slovenia. Baxter, which is waiting for a license to manufacture bird flu vaccine, explained it was an “accident” and that no harm was done.

On April 23, 2009, the world heard the first news reports about a mysterious pig (H1N1) and human hybrid influenza virus that was making people sick near a Mexican pig farm. By April 30, the WHO had issued a Phase 5 “Alert” warning that the world was facing an imminent influenza pandemic. Baxter, Johnson, Roche, Biowin, and Vical are among the drug companies likely to benefit from the world pandemic panic.

In all the chaos that has Americans running to drug stores to buy face masks, flushing schools to wipe desks down with rubbing alcohol and avoiding public transportation after it is action being taken behind the scenes by politicians and government health officials to prepare the way for implementation of future quarantine and creation of an influenza vaccine monopoly with experimental vaccines and drugs that have by-passed normal FDA regulations demonstrating purity and potential of pharmaceutical products. A “public health emergency” has become an excuse to extend far beyond a bout with the flu.

The creation of this pharmaceutical company stockholder alliance is one of many simultaneous erosion of liberties that have taken place since September 11, 2001. In time defined by September 11, shock, fear, anger and deep sadness, Congress passed quickly and without the passed the Homeland Security Act while DC officials formulated model state legislation (Model State Emergency Powers Act) that gave government health officials to grease the skids and create more experimental flu vaccines and drugs and more effective ways to quarantine or force their mass use whenever a “public health emergency” is declared in the future.

Are you grabbing your face mask, stocking up on food and Tamiflu, locking your doors and keeping your TV tuned to the news to find out just how bad the “swine flu pandemic” really is going to get? While Americans are being scared to death, few are noticing how much of their tax money politicians are giving to drug companies and government health officials to grease the skids to create more experimental flu vaccines and drugs and more effective ways to quarantine or force their mass use whenever a “public health emergency” is declared in the future.
You've villified around the world for your policies, so please consider this. I'm proud to be a member of this organization, but you need to listen to the people who actually appeared that they came after me, because I was spoiling their party, and I think we'll learn much more about the ruthlessness of their actions over time.

However, I had no idea that these people and others like them were working so hard and advancing their agenda. And there is a sickening sense of their ability to research and advance their agenda.

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by Harriet L. Bishop

The Second Annual Morgellon's Disease Medical Conference held Saturday, April 4 drew doctors, researchers and patients from 19 states and Mexico, ranging in age from 4 months to 80 years! The Westsaks Baptist Church at 2900 W. Slaughter Lane in Austin was the venue for this medical conference which announced results of recent research that shed some light on this mysterious illness that affects systems throughout the entire body, often but not necesssarily presenting with unhealing skin lesions. Persons affected are generally those who have had contact with dirty water, as in hurricaines and flooding. Evidence was also presented suggesting that Morgellon's may be another of the tick-borne diseases, as over 40 different bacteria and parasites have been known to be transmissible by the bite of a single tick. Infected deer ticks are widespread throughout North America. The common plant bacteria Agrobacterium tumefaciens which causes gall disease in plants is implicated because DNA has been found in skin lesions of some patients, but the results remain inconsistent, sug- gesting that more research is needed. It is believed that this is the first time a plant bacterium has been found to cross from the plant kingdom to animal kingdom to infect human beings. Featured speakers were experts in the field who had come from both US coasts as well as the heartland to present their findings. The disease appears to be more prevalent in states with seacoasts, such as California, Texas and Florida although cases are found in other states as well. Lyme disease is believed to be a precursor to co-infection with Morgellon's disease, as 97% of Morgellon's patients also test positive for Lyme disease. The most effective treatment at this time for this little known illness is to treat for the underlying Lyme disease, a process that may involve taking various antibi- otics in combination for a peri- od of years. Body systems are protected from adverse effects of prolonged antibiotic treat- ment by careful administration of milk thistle (silymarin), sev- eral types of specific probiotics, monthly lab work and frequent examination by the medical professional.

The Charles E. Holman Foundation, based in Texas, is committed to public education and research of Morgellon’s disease. Principal Investigator Randy Wymore, Ph.D. conducts research at Oklahoma State University Health Science Center. On the Charles E. Holman Foundation website www.themono.org more than 20,000 households currently report being affected by Morgellon’s disease, which remains a medical mystery. Stay tuned!

Top 10 Tips to Prevent Chronic Lyme Disease

By International Lyme & Associated Diseases Society

Chronic Lyme disease patients may face a long hard fight to wellness. People with chronic Lyme can have many debilitating symptoms, including severe fatigue, anxiety, headache, memory loss, and pain. Without proper treatment, Lyme disease patients have a poorer quality of life than patients with diabetes or a heart condition.

The fact is Lyme is a complex disease that can be highly difficult to diagnose. Reliable diagnostic tests are not yet available which leaves many—patients and physicians alike—relying on the so called “telltale signs” of Lyme dis- ease: discovery of a tick on the skin, a bull’s eye rash, possible joint pain. However, ILADS research indicates that only 35%-60% of patients present with the called “telltale signs” of Lyme dis- ease: discovery of a tick on the skin, a bull’s eye rash, possible joint pain. However, ILADS research indicates that only 35%-60% of patients present with the called “telltale signs” of Lyme disease. Contrary to popular belief, Lyme disease is not just an “East Coast” problem. In fact, in the last ten years, ticks known to carry Lyme disease have been identified in all 50 states and worldwide. Although the black legged tick is consid- ered the traditional source of Lyme disease, new tick species such as the Lonestar tick and a pacific coast tick, have been found to carry Borrelia burgdorferi, the corkscrew- shaped bacterium that causes Lyme disease. Avoiding a tick bite remains the first step in pre- venting chronic Lyme disease. One needn't have been "hiking in the woods" in order to be bit- ten by a tick. There are ticks wherever there is grass or vege- tation, and tick bites can hap- pen year round. Spraying one’s clothes with DEET-con- taining insecticide, wearing long sleeves and long pants, and “tucking pants into socks”, continue to be the best ways to avoid ticks attaching to your skin. But don't forget the post- walk body check.

1. Know that Lyme disease is a nationwide problem.

Contrary to popular belief, Lyme disease is not just an “East Coast” problem. In fact, in the last ten years, ticks known to carry Lyme disease have been identified in all 50 states and worldwide. Although the black legged tick is considered the traditional source of Lyme disease, new tick species such as the Lonestar tick and a pacific coast tick, have been found to carry Borrelia burgdorferi, the corkscrew-shaped bacterium that causes Lyme disease.

2. Check your tick facts

Ticks can vary in size from a poppy-seed size nymphal tick to a sesame-seed size adult tick. The tick must carry other infectious agents besides the spirochete that causes Lyme disease, including Ehrlichia, Anaplamosis, Babesia, and Bartonella. Lyme disease can sometimes be hard to cure if these other infections are not treated at the same time.

3. Show your doctor every rash

The bull's eye rash is the most famous, but there are many other types of rashes associated with Lyme disease. In fact, Lyme disease rashes can be mistaken for spider bites or skin infections. Take photos and make sure a medical profes- sional sees the rash before it fades.

4. Don’t assume that you can’t have Lyme disease if you don’t have a rash

Lyme disease is difficult to diagnose without a rash, Bell's palsy, arthritis, or meningi- tis. But you can still have Lyme and not have any of those signs or symptoms. Many peo- ple react differently to the infection and experience fatigue, headaches, irritability, anxiety, crying, sleep distur- bance, poor memory and con- centration, chest pain, palpita- tions, lightheadedness, joint pain, numbness and tingling.

5. Do not rely on test results

Currently there is no reliable test to determine if someone has contracted Lyme disease or is cured of it. False positives and false negatives often occur, though false nega- tives are far more common. In fact, some studies indicate up to 50% of the patients tested for Lyme disease receive false neg- ative results. As a result, the CDC relies on physicians to make a clinical diagnosis based on a patient’s symptoms, health history, and exposure risks. Doctors who are experienced in recognizing Lyme disease will treat when symptoms typical of the illness are present, even without a positive test in order to prevent the develop- ment of chronic Lyme disease.

6. Be aware of similar condi- tions

Chronic Lyme disease is called the "great imitator" because it is often misdiagnosed as another "Prevention" ... cont’d pg 11
demonstrated no hint of the either in the hospital or out. She seemed to work for Alicia ing relief, but it was not to be. local mental hospital in the problems. Her symptoms had massive amounts of prescrip-
fact that she had been taking been experiencing despite the total insomnia that she had about the panic attacks and tric office on an emergency more like a hunted/haunted was an anxious, middle-aged haute couture. In actuality, me one day in 1996 was out-
by Virginia Sherr, M.D. Actually, nothing had inspected by the Department of Health and Human Services for Medicare testing, and is also licensed in those states with special requirements...
In an interval dur-
ing the conference, Casey rolled back her sleeve and lifted her pant leg to reveal arms and legs covered with numerous lesions and discolored whiter skin where she said previous lesions had healed. They start out as little pimple marks and then become so huge so I have them in all different stages," she said.

Other patients came up, lifting their skirts and pants legs to reveal the same lesions dot-
ing their skin. Scars made by needles under white cotton gowns or hidden under hand-
kerchiefs tied over their heads, tormenting that gets worse at night. This torment is accompanied by a variety of other symptoms, including skin lesions and "brain fog" and the symptoms are misdiagnosed and, even their families, and even their pets.

The condition, known as Morgellons disease, is not offi-
cially recognized by the main-
stream medical community and sufferers are often mocked or dismissed by other skin illnesses or told that they are hallucinating. The condition is classified under the psychological condition known as delusions of parasitosis – in other words, that it is all in their head.

Although the main-
stream medical community
does not recognize the illness, on one day out of the year, the only day that diagnosis
Morgellons patients and sympa-
thetic medical professionals and allies get together is on a national
conference. This year, that conference was held April 5-8, 2007, at the Westin Woodloaks Baptist Church.

The conference is spon-
sored by the Charles E. Holman Foundation, a non-profit that shy's to provide "research, education, diagnosis and treatment of Morgellons Disease." The conference is open to symmetric medical profes-

sionals and researchers.

Casey, a Morgellons patient and a husband of Cindy Casey, RN, a Morgellons patient. He founded the group after accompanying his wife to a conference where she had gone to present her findings and was told she was crazy. The founda-
tion was renamed in his honor when he died of a heart attack in 2007 and his wife Casey took over as the executive director.

Cindy Casey's story is like many others. She began experiencing symptoms of chronic fatigue and occasional skin lesions as far back as 1997. By 2003, the lesions had become so extensive that every time she washed her hair, as a HSU graduate, she could not find hair that matched what was left. She was told the condition was "Morgellons disease." After being diagnosed with Morgellons disease, Savely treated the entire family, including the dog, with antibiotics and other medications on a patient by patient basis. She was able to make all of the lesions and discoloration disappear and her entire family (her husband, her children, and even their pets) were treated by her.

"I've been told that this disease just randomly giving these different treat-
ments to the patients without knowing what the pathogen is and that's really irresponsible. But I think what's irresponsible is ignoring suffer-
ing people and not treating them at all," Savely said, and she groaned erupted into

and treat she does. She

Savely doesn't know

Savely presented

and skin and

cellulose. But Forensic scientist

Left: A Morgellons fiber: 0.1 mm. Right: Morgellons sufferer Cindy Casey shows the scars left by the fibers on her hands. The photo above was by Will Atkins

The Oak Hill Gazette

It sounds like science ficit

people strap strange un

unknown fibers emerging

under the skin in hues of blue, red, white, black, even tu

fascinating. Researchers the main skin condition could be
cellulose, which is not normally found in the human body, and some have even found it coated in metal. Some fibers have been observed to be moving. The fibers, they say, can be caused by an interlaboratory feeling of some

thing crawling, sitting or bit-
in. The feeling is really horri-

some. Patients report seeing fibers, feeling fibers as if they were coming from

left her so sick that she could not walk. The first treatment that she says has reduced the number of lesions and the severity of her pain and itching.

Savely, who has a PhD in

nursing, is practically wor-

shipped in Morgellons and

Lyme disease. She started a con-

ference where, one in which she described case stud-
ies of patients Savely had treated, and another discussing treatment strategies she had used, particularly for another.

cases are non-existent

that the fibers are made of cel-

lulose. Some fibers have even

discovered that the fibers are old

in a high percentage of sick,

the cause of Morgellons disease. One such researcher who spoke at the conference is Dr. Raphael Stricker, a physician who, like Savely, treats Chronic Lyme and Morgellons patients in California. According to Stricker, patients send him fibres which he

In an interval dur-
ing the conference, Casey rolled back her sleeve and lifted her pant leg to reveal arms and legs covered with numerous lesions and discolored whiter skin where she said previous lesions had healed. They start out as little pimple marks and then become so huge so I have them in all different stages," she said.

Other patients came up, lifting their skirts and pants legs to reveal the same lesions dot-
ing their skin. Scars made by needles under white cotton gowns or hidden under hand-
kerchiefs tied over their heads, tormenting that gets worse at night. This torment is accompanied by a variety of other symptoms, including skin lesions and "brain fog" and the symptoms are misdiagnosed and, even their families, and even their pets.

The condition, known as Morgellons disease, is not offi-
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stream medical community and sufferers are often mocked or dismissed by other skin illnesses or told that they are hallucinating. The condition is classified under the psychological condition known as delusions of parasitosis – in other words, that it is all in their head.

Although the main-
stream medical community
does not recognize the illness, on one day out of the year, the only day that diagnosis
Morgellons patients and sympa-
thetic medical professionals and allies get together is on a national
conference. This year, that conference was held April 5-8, 2007, at the Westin Woodloaks Baptist Church.

The conference is spon-
sored by the Charles E. Holman Foundation, a non-profit that shy's to provide "research, education, diagnosis and treatment of Morgellons Disease." The conference is open to symmetric medical profes-

sionals and researchers.

Casey, a Morgellons patient and a husband of Cindy Casey, RN, a Morgellons patient. He founded the group after accompanying his wife to a conference where she had gone to present her findings and was told she was crazy. The founda-
tion was renamed in his honor when he died of a heart attack in 2007 and his wife Casey took over as the executive director.

Cindy Casey's story is like many others. She began experiencing symptoms of chronic fatigue and occasional skin lesions as far back as 1997. By 2003, the lesions had become so extensive that every time she washed her hair, as a HSU graduate, she could not find hair that matched what was left. She was told the condition was "Morgellons disease." After being diagnosed with Morgellons disease, Savely treated the entire family, including the dog, with antibiotics and other medications on a patient by patient basis. She was able to make all of the lesions and discoloration disappear and her entire family (her husband, her children, and even their pets) were treated by her.

"I've been told that this disease just randomly giving these different treat-
ments to the patients without knowing what the pathogen is and that's really irresponsible. But I think what's irresponsible is ignoring suffer-
ing people and not treating them at all," Savely said, and she groaned erupted into

and treat she does. She

Savely doesn't know

Savely presented

and skin and

cellulose. But Forensic scientist

Left: A Morgellons fiber: 0.1 mm. Right: Morgellons sufferer Cindy Casey shows the scars left by the fibers on her hands. The photo above was by Will Atkins

The Oak Hill Gazette

It sounds like science ficit

people strap strange un

unknown fibers emerging

under the skin in hues of blue, red, white, black, even tu

fascinating. Researchers the main skin condition could be
cellulose, which is not normally found in the human body, and some have even found it coated in metal. Some fibers have been observed to be moving. The fibers, they say, can be caused by an interlaboratory feeling of some

thing crawling, sitting or bit-
in. The feeling is really horri-

some. Patients report seeing fibers, feeling fibers as if they were coming from

left her so sick that she could not walk. The first treatment that she says has reduced the number of lesions and the severity of her pain and itching.

Savely, who has a PhD in

nursing, is practically wor-

shipped in Morgellons and

Lyme disease. She started a con-

ference where, one in which she described case stud-
ies of patients Savely had treated, and another discussing treatment strategies she had used, particularly for another.

cases are non-existent

that the fibers are made of cel-

lulose. Some fibers have even

discovered that the fibers are old

in a high percentage of sick,

the cause of Morgellons disease. One such researcher who spoke at the conference is Dr. Raphael Stricker, a physician who, like Savely, treats Chronic Lyme and Morgellons patients in California. According to Stricker, patients send him fibres which he

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truth. Overnight, things turned around and white became black and vice versa. For example, in the infamous 1954 Sears-Pontiac meeting, Allen Steele pretty much turned everything around and said there was too much money in Lyme disease being diagnosed, and as P.J. Langhoff writes in his book, they hijacked the truth and turned Lyme into junk science in order to promote their vaccine and other interests. It was all about their own business. It was just incredibly wrong, and we’re still living with this fifteen years later.

Tina: How are doctors able to ignore ethics and put their own agenda above the patients they promised to heal?

Dr. Jemsek: As I spoke of at the Into the Light Gala, our mission has been lost in medi-cine. Our doctors have lost their way. It’s not just the medical profession. We’re now working with hospitals, with the U.S. health system, and with doctors. In other words, doctors have always had this tremendous ego, which I think is a huge protective bubble for them. Unfortunately, it is unearned and misplaced ego. And what that does is create a situation wherein if the doctor doesn’t understand something, they make the patient the problem. It’s kind of a damned-down medicine to the point where, if a patient with complex medical issues tells them then, they put it in one of three big buckets—fibromyalgia, chronic fatigue or crazy. That’s really sad because life and medicine are more complicated than that.

One of the things I said in my speech is that arrogance trumps reason. So, if you are arrogant for whatever reason, it totally corrupts the doctor-patient relationship. In addi-tion, the doctors have been brought under pressure econo-mically because of the restructuring of medicine with the HMO’s, Medicare and paper-work. They have to jump through many hoops to satisfy the leaders of American health, the insurance companies. I really am very sad about doctors having lost their professionalism. We’re now working for insurance companies and hospitals. Instead of offering to change things, we often turn it inward against each other. Often, doctors are not only one of the one who is more creative, dis-agrees, who has new ideas, who makes more money or who seems to be more popular. As a group, we as doctors are really callous-minded people. And the reason between patient and doc-tor has been magnified since we’ve gone on full bloom in the information age, so that patients have access to information that’s not in the past. This is the situation wherein if the doctor is not until then and waiting for symptoms to appear, you don’t have another condition. You should expect to get better. You should not accept “watchful waiting” – the practice of stopping antibiotic treatment before you are well and then waiting for symptoms to clear on their own. Some doctors advocate stopping Lyme treatment while the patient is still symptomatic and then hoping that he or she will eventually recover without fur-ther treatment. Government tri- als have identified a number of individuals whose symptoms did not clear when treatment was cut off prematurely. There are doctors who feel your symptoms will clear with fur-ther antibiotic treatment. Support by Turn the Corner Foundation Turn the Corner Foundation (TTCF) is dedicated to the sup-port of research, education, awareness and innovative treat-ments for Lyme disease and other tick-borne diseases. Since its inception, TTCF has organ-ized and supported countless programs that address Lyme disease education, diagnosis and treatment.

About ILADS ILADS is a nonprofit, interna-tional, multidisciplinary med-i-cal society, dedicated to the diagnosis and appropriate treat-ment of Lyme and its associat-ed diseases. ILADS promotes understanding of tick-borne dis-eases through research and edu-cation and strongly supports physicians and other healthcare professionals dedicated to advancing the standard of care for Lyme and its associated dis-eases.

ILADS promotes research and education in the fields of Lyme disease and related infections. It was founded in 1999 by a group of professionals dedicated to advancing the standard of care for Lyme and its associated diseases. ILADS is a nonprofit, international, multidisciplinary medical society, dedicated to the diagnosis and appropriate treatment of Lyme and its associated diseases. ILADS promotes understanding of tick-borne diseases through research and education and strongly supports physicians and other healthcare professionals dedicated to advancing the standard of care for Lyme and its associated diseases.
Lyme disease is fast becoming the scourge of the 21st century. Thousands upon thousands are being misdiagnosed with disease labels such as: "multiple sclerosis," ALS (Lou Gehrig’s Disease), Multiple Sclerosis, Parkinson’s, Lupus, Fibromyalgia, Bipolar, Depression, Arthritis, ADHD, Alzheimer’s, and the list continues on. Most of these disease classifications have no known causes, cures or definitive treatments. Only symptoms. The current testing for Lyme disease does not identify the many other body home-infections that often accompany Lyme, is very unreliable. Too many are being allowed these infections to be clinically diagnosed and treated appropriately. This is the cause, this growing plague is being cleverly swept under the rug.

Untold numbers of people are suffering and dying when they could be saved. Too many are being administered antibiotics, with the support of natural antibiotics, and yet there is no cure. In November of 2008 a young writer and editor died of what was diagnosed as ALS. Her name was Lori Hallo Levi. Lori became ill five years after syringing Lyme disease. Intravenous antibiotics were administered, but will continue to be administered, and they have not returned our calls or emails. I think we are dealing with a messagebox that the treatment is helping, and why are doctors who treat chronical Lyme patients? When did Lyme disease and the ticks that carry this disease come from?

An Interview With Film Producer Timothy Grey

I would like to share with you a very touching essay written by Lori and then we will talk with her brother, who is producing a film, to try and answer some of the questions people have been long wanting answers for…such as…why is the seriousness of Lyme disease being ignored and misrepresented? We have found that this disease has a very difficult time getting appropriate treat- ment, even when it is obvious that the treatment is helping, and why are doctors who treat chronical Lyme patients? When did Lyme disease and the ticks that carry this disease come from?

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bolic, hormonal, malignancies and so forth. With Lyme disease, there is absolutely no reason to believe that there are simple answers and simple solutions. When people are really sick, they are multiply infected. And I learned a lot from the animal studies, which indicate that if you're infected with Lyme, you're going to get weak and dizzy. But if you add babesia or bartonella, the animal will die. So I learned that and in my own practice, I started look- ing for signs to tell me why people relapse or do not get well. And in the early years, I came to the conclusion that they're multiply infected, and you have to treat it as a group or conglomerations of infections and regard it as an immune suppressive illness. In other words, we have a Lyme Borrelia Complex syndrome and a multisystemic chronic ill- ness.

Tina: In your experience with Lyme patients, have you seen anyone who has exhibited AIDS-type symptoms from immuno-suppression? Dr. Jemsek: Well, I had some AIDS patients who had Lyme. And you know what? The Lyme was worse on the tape. Are you saying there's no release form. Don't post it tape, have participants sign a release form. If you need to be turned off. If you want to keep a record of your conversation, you need to turn it off. We did this with a high stan- dard of practice and very good care in a really good setting. It was our dream to do that. As I say on my website, since there were six practitioners seeing new Lyme patients, we proba- bly had the largest Lyme and tick-borne illness practice in the country. In late 2005, we were seeing eighty to one hun- dred new patients a month for possible tick-related illness. Our case is still growing and it will probably take another two to three years to resolve. History will judge for what we've tried to do and I'm fine with that. I don't totally under- stand it and I don't try to under- stand it anymore, but there's a reason I've been in this position. I also have a sense that people are attracted to my story because Americans like underdogs and resilience. So, I believe that there's a reason I lost my Lyme practice, but now I have a new love in medicine and an incredible challenge.

One of the real tragedies about this epidemic is to think about all the sick people who are clueless about their illness and lead wasted lives, or worse, know their illness and can't access care. And then to con- sider the sheer size of the epi- demic is simply staggering. Even with more efficient mod- els of treatment at our clinic, it still takes a couple of years to get people really better. So, anyone can do the math. It's horrible to consider, but this epidemic can bring our nation to its knees.

The Lyme epidemic is going to forever change how we look at chronic illness. We're going to have to get out of the path-and-pay model that we have and get into real answers. And if we were all really pulling together and try- ing hard to get answers for complex patients, we would be well on our way to making sig- nificant progress. As it is, the politicization of this epidemic and the corporatization of health care have literally put us twenty years behind, and in the end, this indifference to the human condition will have vic- timized millions.

Be sure to read Part Two in the July issue of Public Health Alert.

For more information:
Joseph G. Jemsek, M.D. received his Doctor of Medicine degree from the University of Illinois, Medical Center of Chicago. He served his internship and residency at the Medical University of South Carolina in Charleston. This was followed by his post graduate fellowship at Baylor College of Medicine at the Texas Medical Center in Houston. Dr. Jemsek's practice, Jemsek Specialty Clinic, is located in Fort Mill, South Carolina. For more informa- tion, visit www.jemsekspecial- ties.com.


The Lyme epidemic is a human right to bodily integrity, a lesson we have learned from the HIV/AIDS epidemic and the future influenza pandemic. If we do not learn this lesson, we have failed. It's time to learn the lesson.

Tina: Do you think the folks in Washington are ready to act on this?
Dr. Jemsek: No, I pretty much had to close it down because of the insurance cancellation and lawsuit against me. When that happened, one of the dominant insurance company in North Carolina took away our con- tract, it spelled the end of my Lyme practice. When the insur- ance company sued me, I lost any reasonable chance for a turnaround. What was clearly vicious and premeditated was that they were just trying to take me out; they didn't have to sue me nine months after the news of a medical board review. That was a total sham, and as I said, they were just trying to take me out.

Basically, their actions assured that a thousand Lyme patients were put out on the street. And we had one of the worst cases of an infectious disease outbreak.

PPuubblliicc  HHeeaalltthh  AAlleerrtt 821 Sansome Drive, Arlington, Texas 76018

Dr. Jemsek: Our Lyme epidemic is a moral, a political, a maledic, a hormonal, a malignancy and an incredible challenge.

Joseph Mercola, D.O. and physician Congressman Ron Paul, M.D. The next time you turn on the TV or the radio or search the internet for the latest news on the flu pandemic, take a deep breath and consider all the natural ways to stay healthy and resist influenza or any ill- ness: washing your hands; eat- ing nutritious food; drinking plenty of water; getting enough exercise; rest and sunshine; and lowering stress - which includes not walking around filled with fear, anxiety and dread.

The human condition will have vic- timized millions.
“Morgellons” ... cont’d from pg 9

Joe Mercola, DO
How Sunshine and Vitamin D Can Radically Improve Your Health (Dr. Mercola will be speaking at the Friday night dinner)

Dietrich Klinghardt, MD
HemoPyrrol-Lactam-uria (HPU), in Lyme disease and HemoPyrrol-Lactam-uria (dinner)

Stephen Fry, MD
Elevate and Support the Health of Those with Autism and Epierythrocytic bacteria (General Session)

Slovnack and more. Attendees will hear detailed information of Cleansing, Role of Colon for Lyme. This workshop will cover 10 items that need to be understood by all people. This workshop will be presented by Thrive. The Thrive panel will include speakers such as Joe Mercola, D.O., Dietrich Klinghardt, MD, Lee Cowden, MD, MD(H), Anju Usman, MD, Robert Stricker, R. B., Savelly, V.R., Moranty, N.C. & Giglas, B.C. (2009). Complement split products C3a and C4a in chronic Lyme disease. Scandinavian Journal of Immunology, 69(1), 64-69.

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