Citizens Alert!

Biological Warfare Experiment on American Citizens Results in Spreading Pandemic

CDC-Created Epidemic Spreading Down East Coast of U.S.

Doctors Prevented from Treating Patients by Secretive Biowarfare Arm of the CDC (Epidemic Intelligence Service) Working with the IDSA in Phase II of the CDC's Infamous Tuskegee Experiment

Jerry Leonard

"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

"How tragic would be the irony if an agency established to control and find cures for diseases caused instead their proliferation."

–Comment on Plum Island's Biological Warfare Research, quoted in Lab 257

"A much more discreet, diabolical and effective method of disabling a country would be to employ a moderately infectious organism, or combination of organisms (Russian Doll Cocktail), which would pass slowly through the population unnoticed."

– Marjorie Tietjen, Lyme researcher

Americans are under attack from an insidious biological warfare agent perpetrated by agencies within our own government. This attack is centered on the American East Coast, but nobody should feel safe.

Shockingly, I am talking about Lyme disease,[1] an affliction that the uninformed may believe is nothing more than arthritis caused by a tick bite. But according to the CDC, this "multisystem, multistage" illness is capable of inducing disorders including "chronic inflammatory arthritis, chronic muscle pain, heart disease and/or neurological (brain and peripheral nerves) disorders."[2] So many disabling afflictions are caused by Lyme that it has earned the disease the nickname "The Great Imitator."[3]

The highly complex bacterium that causes Lyme disease[4] has the ability to infect nearly every organ in the body, often in spite of antibiotic administration, by changing into various self-protective forms.[5] This often happens without initially being detected by the victims themselves or by the woefully inadequate, indirect[6] diagnostic tests.[7] [8]

These attributes of Lyme disease have inspired researchers to call it a "pleomorphic stealth pathogen." And with the exception of the American Northeast, ground-zero for the outbreak, a crippling national (and worldwide) epidemic has largely spread "under the radar."[9]

In this article I describe exactly how and why the CDC has allowed this catastrophic epidemic to spread on behalf of the pharmaceuticals industry using an orchestrated disinformation campaign led by CDC-manufactured "thought-leaders". This criminal program has enabled large-scale human experimentation (the Tuskegee Experiment, Phase II) under the cover of biowarfare research to implement a step-by-step vaccine marketing agenda outlined in a cold-blooded CDC marketing strategy published in 1999.

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> ***"…we are dealing here with a formidable 'smart stealth' type of bacteria that is hard to eradicate—one that does extreme damage to psyche and soma if not treated aggressively over the long term when missed in the first days following inoculation by the vector..."***
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> ***-- Dr. Virginia Scherr***

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Lyme disease is spreading rapidly up and down the East Coast of the US. In fact, it is the most common tick-borne disease in the Northern Hemisphere accounting

for more than 95% of all vector-borne diseases reported in the United States. Even worse, the very same Centers for Disease Control and Prevention that investigated the disease and its myriad induced disorders is home to a secretive biowarfare defense infrastructure that prevents people not only from understanding the devastating nature of the disease (due to its complexity and often nonspecific symptoms), but also from getting treatment for it.

Many thousands of Lyme patients who are desperately ill cannot get a doctor to diagnose them properly, let alone treat them—even in admitted endemic areas. In some cases this is because of pure ignorance, where a doctor diagnoses arthritis or heart trouble without discovering that the underlying cause is really Lyme, which then goes untreated. In egregious cases, knowledgeable doctors won't admit that the patient has Lyme despite all the signs, and they refuse to treat it. In outrageous cases, knowledgeable doctors realize that the patient has Lyme, but they aren't allowed to treat it or they are punished if they do.

What is behind this travesty?[10]

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"It seems everywhere I go, someone comes up to me to talk about how Lyme disease has severely impacted their lives or someone they know."

--Congressman Chris Smith (R-NJ), 2011

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The Curious Lyme-Biowarfare Connections

In a previous article, I related that Lyme disease is named for the unfortunate town in Connecticut where it first broke out, just 20 miles from the nation's top-level biowarfare test facility (Plum Island Animal Disease Research Center) that conducted outdoor tick experiments and has a history of pathogen-leaks from its internal labs.

The connections between Lyme disease research and biowarfare are stunning.[11] A quick review:

The bacterium that causes the disease is named after a biowarfare researcher who, decades previous in a biowarfare lab, injected *Ixodid* ticks—the same type of ticks that spread Lyme, with *Borrelia* bacteria—the same type of bacteria that

causes Lyme disease.[12] The first researcher to overcome the difficult process of *culturing* the Lyme bacterium worked in this same biowarfare lab and now directs his own biowarfare lab. The defense-contractor researcher who "discovered" the *Ixodid* tick vector that causes Lyme disease, and led the early efforts to deny victims treatment for it (under numerous, fraudulent pretexts), was then a recent graduate of the CDC's biowarfare defense program. The researcher whose publication is universally used to institutionalize this treatment-denial philosophy for Lyme disease was also a graduate of this CDC biodefense program and now also directs his own biowarfare lab.

Moreover, the lead author of the highly controversial treatment guidelines for Lyme disease, which use this publication as a justification,[13] travels around the country lecturing on biological warfare treatments.[14] Press releases prepared in 2005 to announce the opening of a government-funded biowarfare lab at the University of Texas admitted Lyme disease was one of the numerous bioweapons to be studied at the facility, then were mysteriously edited to scrub only the references to Lyme disease.[15]

Are you getting the picture?

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> ***"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."***
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> –Wikipedia.org (Unethical human experimentation in the United States)[16]

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The Tuskegee Experiment Continues

My research into the horrific politics behind Lyme disease have led me to believe that the Lyme Epidemic is the result of Phase II of the CDC's infamous Tuskegee Experiment, only this time conducted under the protection of biowarfare research. (This is covered in my July 2011 article in the *Public Health Alert*.[17])

The original Tuskegee Experiment was designed to monitor the destruction that syphilis would cause over the long term in untreated controls so that treatments and preventive strategies could be tested. Thus, in Phase I of this experiment, geographically isolated black men and their families were systematically denied treatment against syphilis for decades, so that the

"natural course" of the disease and its spread could be monitored through the patients' deaths and subsequent dissections in carefully arranged post-mortem examinations.[18] Even though the experiment was proving fatal almost immediately,[19] the deadly experiment would go on for decades.[20]

I believe Phase II of this deadly experiment is being conducted by the CDC with a weaponized variant of a *Borrelia* spirochete—a bacterium of the same phylum as the syphilis spirochete that was the subject of the first Tuskegee Experiment. (The Lyme spirochete is actually much more complex than the syphilis spirochete and the infection more deadly and less understood.[21])

You need to arm yourself with information to protect yourself and your family. As will be shown below, the CDC clearly isn't going to do it.[22]

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> ***"Lyme disease patients frequently endure extensive delays in obtaining an initial diagnosis, have poor access to healthcare and suffer a severe burden of illness."***
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> -- Johnson, Aylward & Stricker, (*Health Policy*, 2011)

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No One Is Safe

Lyme disease spares no level of society.[23] George W. Bush caught it while serving as president.[24] Lyme also has afflicted Senator Charles Schumer of New York.[25] They may have been spared the awful effects of misdiagnosis and denial of treatment because of their privileged positions, but millions of others haven't been so lucky.[26]

In addition to crippling arthritis, this disease can cause severe and disabling neuro-cognitive symptoms that are difficult if not impossible to cure (depending on delays in diagnosis and treatment)—making it a grave national security threat, especially when it infects the Commander In Chief in time of war.[27]

But the *biology* of the Lyme infection is only part of the problem. Another aspect of the epidemic is the manner in which it is being *politically* perpetuated through the denial of the severity and geographical extent of the disease by the CDC and associated government agencies. This has resulted in many thousands of

desperately ill patients being cruelly and systematically denied medical attention as they fall victim to the numerous symptoms of the disease.

The Tuskegee Experiment Was Worse Than We Thought

Even as the CDC's agents work to prevent Americans from getting treatment for this plague, we have recently learned that the CDC's infamous Tuskegee Experiment in treatment-prevention against an eerily similar bacterium (*Treponema Pallidum*) was far wider in scope and more deadly than we have been led to believe.

Indeed, instead of the experiment being limited to the *prevention* of treatment for syphilis in an isolated geographical area of Alabama, we have learned that the Tuskegee Experiment was *international* in scope and involved the *deliberate infection* of mental patients and prisoners through syphilis injections, scrapings and orchestrated exposure to carefully infected prostitutes.

Professor Susan Reverby[28] recently summarized:

> "In this research program of a series of carefully delineated experiments, PHS doctors exposed their subjects through the use of infectious prostitutes or directly through inoculums made from tissue from human and animal syphilitic gummas and chancres, or pus of gonorrhea or chancroid filled sores."

Dr. John C. Cutler, an assistant surgeon general in the Public Health Service who conducted these experiments in Guatemala with the syphilis spirochete, ultimately returned to the U.S. to conduct similar experiments in prisons.[29]

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> ***"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)…"***
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> --The Lancet, December 2011 (commentary on international syphilis injection experiments conducted by the U.S.)

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As Reverby relates, these experiments with syphilis spirochetes were conducted by the Public Health Service[30] to test vaccine prototypes:

> "These prison studies were done to answer some questions about reinfection and whether having treated syphilis and then being provided with the "booster" of new disease created immunity to further infection."

In response to these horrifying revelations, Francis Collins, the NIH director, tried to allay fears on ongoing experimentation:

> "I want to emphasize 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." [31]

While such statements may offer comfort to the uninformed, I believe the NIH and the CDC are in fact conducting a modern Tuskegee Experiment in treatment denial for vaccine research against another spirochete disease that is very similar to syphilis.

I have referred to this ongoing medical crime as the institutionalization of the Tuskegee Experiment.[32] The treatment denial experiment is being orchestrated on a daily basis on a grand scale in a sophisticated manner at a very high level through the enforcement of treatment guidelines[33] and the selective NIH funding of guideline authors' research. (This body of sponsored research gives the treatment guidelines undeserved credibility through an artificially contrived appearance of scientific consensus by manufactured thought-leaders.[34])

Through the increasing reliance on treatment guidelines, which often end up being "non-treatment" guidelines, the medical system can be used not only to conduct unethical experiments but also to wage biological warfare against an entire population through treatment denial. Indeed, it is not far-fetched to call this *the "institutionalization of biological warfare."* [35]

As was the case with the original syphilis study in treatment denial, the NIH is so intimately intertwined with the immoral research that it is impossible for them to conduct an impartial investigation into it.[36] Thus, we need an informed public to demand a truly independent investigation into why many thousands of patients are being denied treatment for Lyme disease.

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The highest medical and legal officials of the American government and experts at Harvard and other top medical schools approved venereal disease experiments on people in the 1940s, which led to the deliberate infection of Guatemalan prisoners and mental patients with syphilis to test penicillin, a White House bioethics panel reported Tuesday.

...The ethical errors were made by a startling array of public health luminaries. The surgeon general, the attorney general, Army and Navy medical officials, the president of the American Medical Association, the president of the National Academy of Sciences and experts from Harvard, Johns Hopkins, and the Universities of Pennsylvania and Rochester gave advance approval in principle for experiments that deliberately infected people with venereal diseases, though not all those in authority knew exactly whom the researchers would infect."

--Lapses by Leaders Seen in 1940s Syphilis Tests on Prisoners, NYT 9/14/11

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The Tuskegee-Lyme Link?

One of America's leading Lyme and biowarfare researchers, Dr. Alan Barbour[37] has written on the experimental use of bacterial disease agents known as "*Borrelia*" (the type of organism which causes Lyme disease) in syphilis treatment research.

Barbour has summarized bizarre studies in which *Borrelia* infections were induced in mice for subsequent inoculation *back into humans*, so the organisms could be studied *as potential cures for syphilis* (through deliberate fever-induction, or "pyrotherapy"):

> "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."[38]

Was this ongoing experimentation with deliberate human infection with live *Borrelia* spirochetes part of the ongoing Tuskegee study involving deliberate human infection with syphilis spirochetes,[39] so that vaccines and cures could be tested[40] in carefully controlled populations (some control populations getting no treatments)?

Let us establish quickly that Lyme disease and syphilis are similar organisms. Porcella and Schwan wrote in the *Journal Of Clinical Investigation*:

> "… the Lyme disease spirochete, Borrelia burgdorferi, is amazingly similar to the spirochete, Treponema pallidum, that causes syphilis." [41]

The infections caused by the two disease agents are also similar. As summarized by Judith Miklossy:

> "Both spirochetes are neurotropic and in both diseases the neurological and pathological manifestations occur in three stages. They both can persist in the infected host tissue and play a role in chronic neuropsychiatric disorders, including dementia."[42]

Military researchers were investigating the use of *Borrelia* spirochetes in syphilis vaccine research because the infectious agents were so similar (providing hope for common antigens that could be used in vaccines and diagnostic tests),[43] as were the infections they caused.

But there was more at stake than potential cures or tests for syphilis.

Barbour has also noted that *Borrelia* spirochetes were not only useful for studies in syphilis experiments. They were of "basic biological interest"[44] as well as a useful model for providing unique insight into the human immune response,[45] a topic vital to vaccine research, in general. *Thus, human experimentation with Borrelia bacteria would have major research benefits outside of syphilis research*.

Notably, Barbour is a career biowarfare researcher, as are many of the so-called "experts" on the *Borrelia* organism that causes Lyme disease.

Borrelia **and Biowarfare**

The tie-in between Lyme disease, syphilis and biowarfare research may seem puzzling (see Appendix A for a summary of these connections). But there is a connection that makes perfect sense if you think about it.

The Tuskegee Experiment conducted from the 1920s to the 1970s by the PHS/CDC (a quasi-military institution formed during World War II[46] and involved in biological warfare activities[47]) also had a military justification. The rates of syphilis infection in the public were hindering the American war effort as far back

as World War I.[48] Thus, efforts aimed at curing or preventing syphilis had a national security justification.

The degree to which *Borrelia* infections such as *Lyme disease* affects the readiness status of American troops is an ongoing area of government study.[49] (American soldiers were even infected with relapsing fever *Borrelia* through injections and tick bites in international experiments to understand the transmission of *Borrelia* diseases.[50]) But the truth has been actively obscured from the public's view, much like the extent of the national epidemic and its premeditated nature.

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> ***"Three human beings, volunteer patients, have been infected with relapsing fever as follows:***
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> ***1. The first by a subcutaneous injection of blood from a white rat which had been infected with relapsing fever by …naturally infected ticks.***
> ***2. The second by a hypodermatic injection of a suspension of naturally infected ticks.***
> ***3. The third by being bitten by naturally infected ticks."***
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> -- Bates, et. al., *Am. J. Trop. Med*.

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In addition to affecting military readiness, research into disabling agents such as the *Borrelia* organism that causes Lyme disease had an *offensive* use as biowarfare agents.

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 into different forms in a manner that frustrated antibiotics administration,[51] but also to rapidly disseminate throughout every major organ in the body.

Another form of self-protection is the organism's ability to form protective "biofilms" and "cysts"[52] when confronted with a hostile environment, only to reconvert from dormancy to active infection once a friendly environment was again encountered[53] (for example, when any administered antibiotics were gone).[54] This protective dormancy capability, which is shared by anthrax (a

biowarfare agent also studied by Barbour before Lyme broke out[55]) and syphilis, would be highly useful for real-world biowarfare exercises.[56]

In addition to weapons that could kill quickly, the Pentagon was interested in such weapons that could incapacitate.[57]

The staggering benefits of Lyme disease as an incapacitating infection were summarized by researcher Mark Sanborne:

> "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 (ME). *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 realising they had been infected and seeking treatment."[58]

Lyme and Syphilis: A Shared "Tuskegee Research" Rationale

The rationale of the PHS/CDC's Tuskegee syphilis experiment in denying treatment to individuals "to evaluate the effectiveness of programs of public health control" was explained in one journal from the beginning phases of the epidemic:

> "… the facts relative to the occurrence of central nervous system syphilis, cardiovascular syphilis and congenital syphilis were well known from the point of view of diagnosis and pathological findings once the disease had become manifest. However, there was no accurate idea about the natural history of the disease leading-up to these complications. This information was necessary in order to evaluate the effectiveness of programs of public health control with a reasonable degree of understanding of the natural history of the disease." [59]

The CDC was able to garner information about "the natural history of the disease" from its earliest phases by monitoring isolated communities of American citizens denied treatment for syphilis "from the beginning of the disease to the

death of the infected person." This was viewed as an "opportunity … to compare the syphilitic process uninfluenced by modern treatment."[60]

Shockingly, the experiments were published in open medical literature over the years[61] and yet the story did not break until 1972, when long overdue bad publicity forced the experiment to end.[62]

Is the ongoing effort behind treatment denial of Lyme disease allowing the government to conduct another long-term experiment on the public with a hidden agenda of biological warfare?[63] One which allows them to monitor the various chronic symptoms caused by such disabling agents in an untreated public, while generating a demand for vaccine research against them? If so, how much bad publicity will be required to shut *this* multi-decade experiment down?

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"So far, we are keeping the known positive patients from getting treatment."

--Comment On Tuskegee Experiment, by U.S. Public Health Service Official[64]

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"Half of the [Lyme disease victim] respondents reported seeing at least seven physicians before the diagnosis of Lyme disease was made. Nearly half had Lyme disease for more than 10 years and traveled over 50 miles to obtain treatment."

--2011 Medical Survey Published by the California Lyme Disease Association

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A Contrived Epidemic Proliferating Out of Control

Lyme disease is the most rapidly expanding vectored disease in the U.S.[65] Nationally reported cases of Lyme disease doubled from 1991 to 2007.[66] An estimated 2,000 to 20,000 people per year contract Lyme. And even the higher number likely understates the number of cases.

Local levels are more alarming. On Long Island, next door to the Plum Island Animal Disease Research Center that conducted outdoor tick experiments, the "rate of infection among the construction workers who worked outdoors" is an incredible 13%.[67]

The *Boston Globe* has summarized the spread of the disease northward from the New York/Connecticut “ground zero” area to Massachusetts:

> “The number of Lyme disease cases reported in Massachusetts jumped by about 50 percent from 2004 to 2005, a single-year increase that prompted concerned state health officials to say they were stepping up efforts to educate the public about prevention of the disease.” [68]

Moving south from the Connecticut epicenter of the epidemic, Pennsylvania now leads the nation in the number of Lyme cases. More alarmingly:

> “In the past five years the cases have doubled, and the population most at risk is kids, ages 5 to 10 and the over-40-year-olds who are in their backyards gardening.”[69]

Moving further south, in a major investigative reporting series, the *Roanoke Times* has just confirmed that the Lyme Epidemic is spreading down the East Coast to Virginia and North Carolina, and even to Florida.

The rapid increase in Lyme in Virginia (500% in some areas!) was reported by the *Times*:

> "Lyme disease in Virginia is spreading west and south ... In Montgomery County, the number of reported cases jumped 500 percent from four in 2007 to 24 in 2008. [A] record 65 new cases have been documented this year in the Roanoke region -- where only a handful was reported just four years ago.”

In fact, the rate of the epidemic's spread is likely worse than what Virginia officials belatedly acknowledge. Dr. Keri Hall, director of epidemiology at the Virginia Department of Health, cautioned: "it is highly likely that the state doesn't know about all instances of the tick-borne disease."[70]

To address the escalating epidemic in Virginia, Gov. Bob McDonnell entered the fray, creating a Lyme Disease Task Force to aid the diagnosis, treatment and education among doctors and the public at large. When the task force issued its recommendations, the chair, Michael Farris (eight out of ten of his family members have Lyme), stated, “I think it’s the greatest health threat of our time.”[71]

Why has this not been done at the national level?[72] Tragically, because of the “political” environment created by the CDC, patients and doctors cannot rely on the CDC or the national medical infrastructure to get accurate information on how

to treat Lyme disease. In fact, a systematic disinformation campaign, and a war on doctors and patients who see through it, is being waged by agents and agencies of the CDC. This "controlled stand-down" of the CDC seriously inhibits doctors' ability to get assistance in treating victims at the state level.

Here is a case in point.

While volunteering at Virginia summer camp last year, Dr. Cathryn Harbor saw an astounding 10% of her campers come down with symptoms of Lyme disease, according to the *Roanoke Times*.[73]

Dr. Harbor was *unable* to get cooperation from her state Department of Health, which dismissed her concern with contrived and deadly arrogance that has become typical of the so-called health experts who should be confronting the Lyme Epidemic, instead of actively denying it.

The CDC, working through the Infectious Diseases Society of America (IDSA), has created a hostile political climate for state Departments of Health[74] like Virginia's. This adversarial climate prevents Lyme victims from even being acknowledged, let alone treated. The effects of this climate on Dr. Harbor's attempt to treat the children were relayed by the *Roanoke Times*:

> "It's so politically contentious that when she called the Virginia Department of Health to say she was swamped treating campers with acute Lyme, the response was: You can't possibly have that many cases because the number of Lyme-carrying ticks in Western Virginia is insignificant and small."

"*You can't have Lyme because the experts say it doesn't exist here*." This is the devastating "party line" of circular reasoning that has been parroted the last 40 years because of staggering levels of disinformation put out by the CDC and its biodefense unit, the EIS (Epidemic Intelligence Service). This militant denialism is deadly for victims of a disease for which treatment delay by days or weeks can make the difference between getting well or facing a lifetime of suffering.[75]

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"As I have traveled throughout my congressional district, I have been struck by the lack of knowledge about Lyme by both patients and medical providers, even though this area has long been at the center of a Lyme epidemic." -- Congressman Frank Wolf (R, VA).

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A similar state of affairs existed in the neighboring state of North Carolina. State health experts there have engaged in denials over the years about the prevalence, and even the existence, of Lyme disease. These deadly denials have recently been exposed as fraudulent by the *Raleigh NewsObserver*. Reports the *Observer*:

> "After years of cautioning that people were unlikely to get Lyme disease in North Carolina, state health leaders are now advising that the tick-borne illness can, in fact, be acquired here."[76]

Too bad for those in North Carolina unfortunate enough to have contracted Lyme when the official position was that it didn't exist![77] (Whose experts were those?)

The calculated denial of infection rates directly impacts the ability of patients to get diagnosed and treated. This reality in North Carolina was summarized by the *Raleigh NewsObserver*:

> "Yet North Carolina health officials do not consider Lyme disease a perpetual threat -- a designation that would make it easier for doctors to diagnose Lyme based solely on a patient's symptoms ..."

Consequently, "for years patients insisted they had caught Lyme from tick bites in North Carolina and faced tremendous problems finding doctors to diagnose and treat them."

The *Raleigh NewsObserver* relates the case of Angela Stott and her efforts to get her son diagnosed and treated for Lyme disease (similar cases are commonplace):

> "This past summer, Angela Stott of Asheville said her son, Max, went several weeks without a diagnosis before he became so sick he could barely walk and had such excruciating headaches his eyes crossed.

> "More than one doctor told her Lyme disease was not a factor in North Carolina. Even when a Lyme test came back positive, Stott said, doctors still questioned the diagnosis.
>
> "It was nightmarish," she said."

The newspaper notes how "the state is now working to get the word to doctors, who for years were reluctant to even test patients for Lyme **because it wasn't considered much of a possibility**."

The Lyme Epidemic is also surging further south, in Florida. According to a recent article in the *Tampa Tribune*:

> "Across Florida, Lyme disease cases have more than tripled since 2007, according to the Florida Department of Health's Office of Statistics and Assessments…"

Lyme disease cases have also tripled in states far from the East Coast, like Iowa.[78]

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> ***"So using the CDC's own definition, physicians in Georgia and Missouri reported that they were seeing Lyme disease. But because the cases were in a non-endemic area, the CDC tossed out these purely clinical diagnoses."***
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> –Jonathan Edlow, *Bull's-Eye*

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Even more alarming, the *Times* reports that "experts concede that *incidence of Lyme is woefully under-reported and can be as much as 10 times higher than the numbers indicate*."[79]

The magnitude of the epidemic at the *national* level has been summarized in one article as follows:

> "We're in the midst of a terrifying epidemic, although you wouldn't know it to talk to most doctors and health specialists. The disease is growing at a rate faster than AIDS. From 2006 to 2008 alone, the number of cases jumped a whopping

77 percent. …If any other disease had stricken so many people, the medical community would be scurrying for knowledge, scrambling for cures or rushing to warn patients (think swine flu). But that's not the case with Lyme disease -- a disease carried by ticks." [80]

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"Our practice is restricted by higher authorities, like the CDC."

--Dr. Muddasar Chaudr

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Lyme Doctors Eradicated

Although Lyme disease cases have doubled in the past five years, the number of doctors willing to treat them has dwindled. *Medpage today* reports that at ground-zero of the Lyme Epidemic, only 2% of doctors in the state of Connecticut are willing to treat it:

"Only a very small number of physicians in Connecticut -- the epicenter of Lyme disease -- diagnose and treat patients with the controversial chronic form of this tick-borne infection, a survey found. Among 285 primary care physicians surveyed, only about 2% treat chronic Lyme disease…"[81]

As the authors of the award-winning Lyme disease documentary *Under Our Skin* recently reported in their blog:

"So, with Connecticut Lyme cases skyrocketing up 118% from 2006 to 2008, and the state desperately needing every Lyme specialist it can get, the children of Connecticut are the ones receiving a potential life sentence of suffering, if they acquire one or more tick-borne diseases." [82]

The human consequences of this reality are hard to fathom for those not directly affected.

The *Tampa Tribune* related the story of Delores Claesson,[83] and her struggle to get her daughter treated for misdiagnosed Lyme disease:

"In all," she said, "we saw about 20 doctors." None thought of Lyme disease.

> "This is normal." Claesson said. "They don't know about it. They don't know the signs and symptoms. … here in Florida, doctors don't know about it and don't know how to diagnose it. They don't know how to treat it."

Even more alarming, according to Claesson, the doctors are *willingly* ignorant of the epidemic:

> "I want my kid fixed," she said. "Doctors here are like ostriches putting their heads in the sand. It's been 27 months of pure hell," she said.
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> "We're lepers," Claesson said. "We can't get any treatment. It's bankrupted people."

Virginia State Delegate Tom Rust, after investigating the Lyme Epidemic in his state, commented, "I have people coming to me saying their dog can get better treatment than they can."

As ludicrous as this sounds, it is a tragic fact that people are resorting to treatment by veterinarians (they may be the lucky ones—at least they get treated). This phenomenon is not limited to the US. The *Bolton News* in the United Kingdom reported that a "toddler who was taken to hospital after a tick burrowed under his skin, ended up being treated by a vet." The child's father stated, "Daniel got better service there than at the hospital." [84]

Why the failure to treat Lyme patients?

Dr. Muddasar Chaudry of Virginia, was specific in stating why he was unable to treat patients with required long-term antibiotics:

> "Our practice is restricted by higher authorities, like the CDC." [85]

Dr. Kenneth Liegner, an MD treating Lyme patients in Armonk, New York, goes even further:

> "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."

The film-makers for the award-winning *Under Our Skin* described the punishment (supervised probation and a $20,000 fine) meted out to Dr.

Charles Ray Jones, a national hero known for successfully treating thousands of desperately ill children with Lyme disease in the Northeast.

> "Last week the Connecticut Medical Examining Board (CMEB) voted to discipline Dr. Charles Ray Jones, the 80-year-old pediatrician featured in UNDER OUR SKIN, for technical violations in the way he diagnosed and treated three children suspected of having tick-borne diseases.''

The film-makers noted the asymmetry in the establishment's malicious punishment[86] of a well-respected Lyme doctor:

> "…Last year the medical board punished 43 physicians for serious charges such as substance abuse, sexual misconduct, mental illness, and negligence; not one of these physicians received a fine larger than $5,000. And only one other physician, accused of drug abuse, received a longer supervised probation period than Dr. Jones – though this drug-addict doctor did not receive the additional $20,000 in fines levied on Dr. Jones."

The film-makers also warned:

> "The medical board's six-year investigation into Dr. Jones has sent a headline-grabbing message to every pediatrician in Connecticut –
>
> If you treat children with Lyme disease with more than four weeks of antibiotics, you may lose your medical license and be treated as a pariah among your peers.'' [87]

According to attorney Richard Wolfram, this harsh treatment of Lyme doctors[88] has caused many to refuse treatment with long-term antibiotics, *leaving patients abandoned*:

> …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."

Unfortunately, it is exactly this type of embattled long-term treatment[89] that is often required to fight the Lyme infection.[90]

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"It is difficult enough for someone suffering debilitating symptoms due to late-stage Lyme disease to get well with the judicious, but adequate, use of long-term antibiotics. Almost no one gets better without these. To deny patients access [to] this care is a travesty. But this happens all the time and patients often travel hundreds to thousands of miles to see one of the small numbers of Lyme experts in this country. How can that be?"

--Dr. Jon Sterngold

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Observations of patients getting better under the expert administration of long-term antibiotics--only to relapse after their doctors are prevented from providing them--are routine in the Lyme treatment community. For example, the North Carolina state medical boards punished infectious disease expert Dr. Joseph Jemsek for prescribing long-term antibiotics to desperately ill Lyme victims. Consequently, many of his patients (including myself) relapsed because they were no longer able to get treatment from Jemsek or other doctors who were afraid of similar prosecution by the state medical mafia. As the mother of one such patient, who was recovering his sight[91] under Jemsek's expert care, related:

> "We've looked for other doctors, but nobody will deal with it here because they're terrified by what happened to Dr. Jemsek. All we want is for our son to be able to be home and get well. Dr. Jemsek did that for us. He gave us back our son's life."[92]

Manufactured Doctor Shortage Enables Modern Tuskegee Experiment

Why would the medical establishment actively prevent doctors from effectively treating Lyme disease, and help destroy doctors who treat it?

I believe the CDC is conducting Phase II of its Tuskegee Experiment on an expanded scale for the same reason it conducted Phase I—the development, testing and marketing of pharmaceutical products to treat only *symptoms* of the disease. In fact, the treatment denial of the Phase I Tuskegee Experiment has become an everyday occurrence for thousands of Lyme patients because the experiment has become institutionalized

within the mainstream medical system through the creation and enforcement of treatment guidelines to justify treatment denial. For added protection, the CDC is conducting *this* experiment in long-term treatment denial through the biowarfare infrastructure as a biodefense exercise.

The medical literature from the time of the original Tuskegee Experiment explained the experimental reasons for why patients with *chronic* diseases like Lyme or syphilis must be prevented from getting treatment *over a long period*:

> "The prolonged nature of a chronic disease or a disease with a chronic stage, such as syphilis, necessitates long-term study of the natural history (or pathogenesis) of the disease before the effectiveness of programs for the control of the disease can be evaluated properly."[93]

In other words, a long-term baseline must be established as to how the chronic disease behaves in *untreated* patients (the "natural history of the disease"), so that the effectiveness of treatments or vaccines can be evaluated against this background.

Since syphilis and Lyme disease are caused by similar organisms and create similar multi-staged, chronic infections, a similar experimental rationale would apply to studies of Lyme disease treatments and vaccines.

Could the CDC really be conducting Phase II of the original Tuskegee Experiment? And could this explain the politics behind the non-treatment of the Lyme Epidemic?

Dr. Colin Ross, the intrepid author who obtained thousands of pages of FOIA documents on unethical government experimentation on its citizens, noted that:

> "The Tuskeegee Syphilis Study was eventually shut down in 1972 because of the efforts of an investigative journalist. **There is no evidence to suggest that the government or the medical profession had any intention of closing the study as of 1972**."

Ross also noted the precedent that the first Tuskegee Experiment set:

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

The timing is curious in that just as the original Tuskegee Experiment was being wound down in the 1970s, the Lyme disease epidemic and a corresponding denial of treatment for it by "experts" (often associated with the CDC) was ramping up. In the 1970s, numerous congressional investigations also revealed that the American public had been subject to decades of human experiments with all manner of incapacitating agents through the CIA's MKULTRA project. According to the congressional reports, the government had engaged in "extensive testing and experimentation" on unwitting human subjects "at all social levels, high and low, native Americans and foreign."[94]

The CDC's Secret Police: The Epidemic Intelligence Service

In the Lyme war, the establishment is waging a battle of ignorance and denial. Doctors in the field trying to treat the relapsing, chronic infection due to Lyme, and their desperately sick and relapsing patients, have opinions that differ drastically from the research selectively published by CDC and Ivy League "experts" who routinely deny the notorious "persistence" of so-called chronic Lyme disease, even after aggressive treatment.[95] As noted by the *Roanoke Times*:

> "There is a gaping disconnect between scientific research and the experiences of people on the ground. Among the 420 New Englanders whom anthropologist Macauda interviewed for his 2007 dissertation on chronic Lyme, 80 percent of the interviewees believed in the [chronic form of the] disease."

This "gaping disconnect" can be laid directly at the feet of the Centers for Disease Control's elite biowarfare defense unit, the Epidemic Intelligence Service, since their epidemiologists[96] and researchers are the ones downplaying the geographical extent and relapsing nature of the Lyme Epidemic.[97] And this downplaying of the infection-rate and chronic nature of the disease directly results in treatment denial.[98]

The anonymity of the EIS belies its power to shape health policy from behind the scenes. Indeed, it would be hard to underestimate the power of the EIS in coordinating domestic health policy. Their graduates populate top positions in the health infrastructure (including the media[99]). According to the *American Journal of Epidemiology*:

> "The current CDC Director (and two previous Directors) and a Deputy Director are graduates of the program, as are the directors of 9 of the 11 major CDC organizational units and much of the CDC leadership throughout the organization. Two alumni have served as Surgeon General of the United States.''

International news articles report patients who are initially treated with disgust rather than with medicine by their nation's medical experts, only to get better when they traveled to a country that gave them proper tests and long-term antibiotics treatments.[100] [101]

The political power and disinformation network of the EIS would aid in coordinating treatment-denial policy on an international scale, as well. According to the *American Journal of Epidemiology*:

> "Many EIS alumni are serving or have served in leadership roles for the World Health Organization, the Pan American Health Organization, the World Bank, and other international organizations and foundations."

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"It's possible to see the modern history of Lyme as a string of events with an EIS member at every crucial node."

–Elena Cook, "Lyme Is A Biowarfare Issue"

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The overall reach of the EIS in coordinating an "information exchange" would be substantial, as noted in the *Journal:*

> "Although difficult to quantify, the networking and camaraderie among EIS graduates continues to strengthen the overall public health infrastructure by facilitating information exchange among alumni located in key public health positions throughout the nation and world."

Careful investigation supports the theory that the epidemic of ignorance and corresponding lack of treatment has been perpetuated by the CDC as part of Phase II of the deadly Tuskegee Experiment.

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"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 (requested anonymity for fear of reprisal)

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Even worse, Phase II is being carried out by the CDC with the aid of its secretive biological warfare group. Where the Phase I experiment denied isolated patients from seeing non-CDC-approved doctors,[102] Phase II involves preventing doctors from treating patients (or even providing an accurate diagnosis--recall the Tuskegee diagnosis of syphilis as "bad blood"[103]) outside of CDC-approved guidelines published by a medical society known as the IDSA (Infectious Disease Society of America), on an international basis.

The CDC's own history of the Tuskegee Experiment describes how the CDC worked with prominent medical societies to gain support for the multi-decade experiment in medical malpractice:

> "1969 CDC reaffirms need for study and gains local medical societies' support (AMA and NMA chapters officially support continuation of study)."

So the national agency that was supposed to be protecting the public from a deadly disease was actually in favor of letting it go untreated for experimental reasons and worked with prestigious medical societies to that end!

Tuskegee Phase II is being conducted in a similar manner, including the direct assistance of prominent medical societies through IDSA treatment guidelines[104] enforced by CDC insiders, who are regularly found to be on the payroll of the pharmaceuticals and insurance industries--both of which can profit enormously[105] [106] by *not* treating the many symptoms[107] caused by the disease.

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"One way drug companies have marketed their products is by funding the implementation of guidelines…"

--Civil Action No. 08 CA 11318 DPW

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The CDC has used the non-specificity of Lyme symptoms (except for those fortunate enough to manifest the Bull's Eye rash at the onset of infection[108]) as an excuse to mislabel the disease and thereby prevent effective diagnosis and treatment.[109] [110] As Dr. Brian Fallon summarized:

> "Incorrectly labeling these patients as having a functional illness, such as depression, hypochondriasis or a somatization disorder, may result in a delay in the initiation of antibiotic treatment. Such delay may lead to further dissemination of the infection, and in some cases severe disability and possibly chronic neurologic damage."

The further dissemination of symptoms is highly profitable for pharmaceutical companies, while treating the root cause of the disease with off-patent antibiotics is not.[111]

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"Most blockbuster drugs got that way not by curing people but by treating chronic conditions … that can require a lifetime of prescription refills."

--Michael Gianturco, *Fortune*

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The Steere Camp's War on Lyme Patients

Even more alarming than CDC complicity in spreading the epidemic[112] is the overlap between government personnel in biowarfare and regulatory agencies and private medical societies, universities and corporations involved in fueling the epidemic.

Notably, the lead author of the controversial IDSA Lyme disease treatment guidelines, pharmaceuticals consultant Dr. Gary Wormser, in his spare time lectures as a biowarfare expert.[113]

Pharmaceuticals consultant Allen Steere, influential researcher and co-author of the guidelines, is a CDC/EIS biowarfare officer. He also worked for the private Yale Corporation[114] that worked closely with the biowarfare tick lab across the Long Island Sound from Lyme, Connecticut, and which also controlled the initial response to the Lyme Epidemic in the Northeast.[115]

It was Steere's laughable ideology that antibiotics were ineffective against Lyme disease that was used from day one to deny patients this treatment.

The geographical clustering of the arthritis cases in the initial Lyme outbreak,[116] along with seasonal correlation of the outbreaks (arthritis symptoms typically increased in late summer and early fall), made it difficult to ignore the likelihood that insects were spreading the disease. Judith Mensch was a Connecticut housewife who, like Polly Murray, had voiced her concerns about the spreading arthritis epidemic to local health authorities (and even the CDC). She mentioned to Steere the first time they met that she suspected ticks might be the source of the disease.[117] As part of the initial investigation into the mysterious epidemic, Yale sent out bulletins to the local community warning residents to be on the lookout for insects that might be spreading the disease.

While Steere was still prescribing toxic levels of "aspirin therapy" [118] for Murray's desperately ill family, a man named Joe Dowhan walked into Steere's office and presented him with the "smoking gun." Dowhan had not only been bitten by a tick and suffered from Lyme symptoms. He had saved the tick, which turned out to be from the *Ixodes Scapularis* species.[119]

This vital clue would allow Steere to become famous by publishing a paper documenting the transmission of the mystery disease by *Ixodid* ticks.[120] A case can be made for the argument that Steere used the prestige offered by this development to tragic effect over the ensuing years.

Indeed, Steere's institutional ties gave him undeserved influence as an "expert" on Lyme disease. Unfortunately, Steere's expertise seems geared toward finding reasons for why patients didn't have Lyme disease and therefore didn't need treatment. The *New York Times* summarized Steere's history:

> "As the world's foremost expert on the illness, however, Steere did not believe many of them had Lyme disease at all, but something else … and he had refused to treat them with antibiotics. Many doctors and insurance companies had followed his lead, and in turn, hordes of patients had started to stalk him." [121]

Over the years, this so-called Steere-camp group has invented a non-existent Lyme virus[122] and a non-existent species of *Ixodid* tick[123] to justify the denial of antibiotics[124] to an expanding group of Lyme victims. (This camp currently searches for an auto-immune mechanism[125] which would explain chronic Lyme disease symptoms independent of an ongoing infection that might be cured through antibiotics[126] instead of treated with a lifetime of pharmaceuticals products.)

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"To sum up the therapy of Lyme arthritis (Lyme disease), it appears that at this point only symptomatic treatment is feasible…"

--Allen Steere et al., *Hospital Practice* 143 (April 1978)

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This fraudulent Steere-camp ideology has been institutionalized in the highly controversial, one-size-fits-all IDSA Lyme Disease Treatment Guidelines.[127] These "guidelines" were so draconian they were investigated by the Connecticut Attorney General, who found "undisclosed financial interests held by several of the most powerful IDSA panelists."[128] [129]

Steere originally worked for the corporation (Yale) that developed and licensed the first Lyme vaccine, Lymerix. He not only established the mythology that has kept his patients from getting effective treatment so that the vaccine could be developed and marketed, but he also personally oversaw the vaccine trials and associated tests[130] run by the company that licensed the vaccine from his previous employer.

Steere admitted in one technical paper how having blood samples from untreated controls throughout the progression of the disease was beneficial in mapping out the long-term immune response to the disease (this was critical for developing a vaccine to mimic the antibody response against the disease-agent):

> "In two previous studies, we used a unique set of serial 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."[131]

At the beginning of the epidemic, Steere systematically ridiculed the notion that antibiotics were effective against the Lyme disease bacterium[132] that he erroneously assumed[133] was a virus.[134] His group at Yale said the same thing,[135] even as doctors around him were successfully treating patients with antibiotics.[136]

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"We remain skeptical that antibiotic therapy helps..."

--Allen Steere, et. al.

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When they could no longer deny the obvious beneficial effects of antibiotics, Steere's camp suddenly switched to the other extreme, claiming that antibiotics were amazingly effective and therefore only extremely short courses of antibiotics would completely cure Lyme disease. The common thread in these two contradictory ideologies is that they are both rationales for denying patients effective, *long-term* antibiotic treatment.

These positions allowed Steere *et al* to conduct what he later termed as a "natural experiment" in which the deadly symptoms ("sequelae") of the disease could be monitored over the long term (as the "optimal antibiotic therapies were still evolving"), just as they had been in the CDC's Tuskegee Experiment with a similar, but less complicated, syphilis spirochete. As Steere, who played an active part in discrediting "optimal antibiotic therapies" that other doctors with far more limited resources than Yale's finest had managed to develop,[137] shockingly 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 antibiotic therapies were still evolving, which offered a "natural experiment" for the identification of risk factors for Lyme disease sequelae."[138]

In her book, Lyme research pioneer Polly Murray hinted at Steere's agenda in not treating Lyme disease, which was consistent with Tuskegee-like monitoring[139] of the progression of the damage induced by the disease:

> "He told us that he felt that it was very important for him to follow all his patients on a continuous basis in order to know the stages of the disease." [140]

Steere even took measures to ensure that the fraudulent ideology[141] he created to maintain untreated controls was enforced. He personally testified against doctors who defied his carefully designed disease perpetuation paradigm. As related by the *New York Times*:

> “To patients with Lyme disease perhaps Dr. Steere's most audacious gesture came in 1994 when he testified at a board of medicine hearing against Dr. Joseph Natole of Saginaw, Mich., who was treating patients for chronic Lyme disease. Because Dr. Natole had so many people on intravenous antibiotics, authorities charged him with medical malpractice and insurance fraud. Dr. Natole was ultimately stripped of his medical license for six months.” [142]

Steere has not only helped destroy the lives of Lyme doctors. He has systematically ridiculed Lyme patients over the years--especially women.[143] Echoing the manner in which Polly Murray was initially treated by the medical community,[144] Steere has taken the position that many Lyme patients *want* to be diagnosed with Lyme disease. He was quoted in the *New York Times*:

> "I suppose Lyme disease is one of the few diseases that some people want to have, because it's defined. I think it's very difficult to have something that is not well understood."

On top of all this, Steere is a member of the Epidemic Intelligence Service, the CDC agency chartered with responding to biowarfare agents released on U.S. soil, as well as developing vaccines against them. (The EIS has boasted of its history in promoting vaccines.[145])

At this point, I should add that I do not think Steere has any power on his own. He, and other Ivy League Lyme “experts” like him, are simply being used as manufactured “thought-leaders” on behalf of the pharma-biowar establishment to sell profit-friendly Tuskegee policy to the public. His undue influence reflects no expertise whatsoever (other than milking government grants to reach the same conclusion year after year), just the reality that far too much unaccountable influence rests in too few hands at the top of the economic ladder.

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> ***“The controversy in the Lyme disease research is a shameful affair. And I say that because the whole thing is politically tainted. Money goes to people that have for the past 30 years produced the same thing: nothing.”***
>
> --Willy Burgdorfer [name-sake of Lyme bacterium]

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The Blueprint Behind It All?

Could a vaccine agenda, under the pretext of biowarfare defense, explain why the EIS, and its point-man Allen Steere, were so heavily involved in controlling the non-response to the Lyme Epidemic, which started just outside a biowarfare lab?

It is certainly feasible that a two-step program was put into place with respect to a vaccine development and marketing agenda for Lyme disease.

Step-I would involve the leaking of the pathogen into the public,[146] with associated treatment-prevention and cover-up techniques subsequently employed by pharmaceutical companies using their influence over the CDC and other regulatory agencies. This would keep the public ignorant about the nature and extent of the disease, so that well-connected researchers (conveniently doubling as pharmaceuticals consultants and military biowarfare experts) could monitor the immune response of the disease in untreated controls. This information could then be exploited to develop a vaccine.

Once this phase was complete, and a candidate vaccine developed, would come Step-II. The vaccine could be tested under the secrecy and human experimentation privileges afforded by the covert biowarfare research infrastructure, which has conducted decades of destructive experiments with impunity. The health crisis created through the "treatment-denial phase" of the vaccine-development experiment could then be used to generate demand and justify implementing the vaccine, despite predictable side-effects.

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"The most serious and disappointing circumstance was when I caught the CDC red-handed trying to... masquerade opinion as data supported by objective and provable facts."

--Dr. Ed Masters, Lyme researcher

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The otherwise inexplicable policies of the Steere camp, which are more geared toward perpetuating the epidemic than halting it, can be viewed as implementing such a strategy. The Steere camp has created an environment conducive to developing and testing vaccines and also one for marketing them!

Such a strategy is not as far out as it may seem. The parameters that would lead to a favorable market for Lyme vaccines were outlined in a blunt CDC paper on the cost-effectiveness of a Lyme disease vaccine. According to the conclusions of the paper (published in 1999), *vaccines against Lyme disease would only be cost-effective if the probability of contracting Lyme disease was increased* significantly from the existing levels.[147]

As Emma Hitt explained in *Nature Medicine*,[148] the cost-effectiveness argument for a vaccine ("savings per case averted") only made sense if nearly an order of magnitude *increase* in infection rates took place:

- "A cost-effectiveness analysis of the Lyme disease vaccine by the CDC indicates that the use of Lymerix vaccine is justified only in areas in which the incidence of Lyme disease is high.
- They found that the mean net savings of vaccination per case averted is $3,377 if the probability of contracting Lyme disease is estimated at 0.03. *However, the probability of contracting Lyme disease is, in all but a few areas, less than 0.005*."

The CDC vaccine-marketability authors found that, within parameter values estimated to be accurate at the time when the first Lyme vaccine was being marketed, increasing the probability of Lyme disease to 1%-3% would make the vaccine appear cost-effective. The problem was that, except for a few isolated areas, this proposed probability of contracting Lyme was far higher than actual infection rates.

- Were CDC policies put into place to correct this?
- Were CDC-trained epidemiologists (EIS), such as Allen Steere, put in place to justify disastrous policies to make the vaccine cost-effective, as outlined in this CDC-authored publication?
- Does this explain the decades of outrageous CDC policies to the detriment of the public, allowing Lyme disease to spread generally and its effects to worsen individually beyond what they would have with proper treatment so that a vaccine could be justified from a financial standpoint?

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"In recent years, drug companies have perfected a new and highly effective method to expand their markets. *Instead of promoting drugs to treat diseases, they have begun to promote diseases to fit their drugs*."

--Marcia Angell, *New York Review of Books*

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The CDC vaccine-marketability study spells out how the "cost-savings of vaccination" against Lyme disease can be computed by examining "the effect of combinations of six inputs":

- cost of vaccination
- annual probability of contracting Lyme disease
- costs of successfully treating either early symptoms of Lyme disease or one of three sequelae
- probability of diagnosing and treating early symptoms
- probability of sequelae due to early infection
- probability of sequelae due to late, disseminated infection

Thus, this article reveals how a business case could be made to offset the costs of an expensive Lyme disease vaccine for each of these parameters, if

- the probability of contracting the disease *increases*
- the cost of treating Lyme disease *increases*
- the probability of correctly diagnosing it *decreases*
- the probability of effectively treating it *decreases*; and, correspondingly,
- the probability of developing short- and long-term complications (sequelae) from Lyme disease *increases*

I propose that this CDC article provides insight into the overarching principles behind the Steere camp's "Lyme Disease Cartel" (managed largely by CDC epidemiologists), and therefore provides a blueprint of the real goals behind decades of disastrous CDC Lyme disease policies.[149]

Indeed, with this article as a backdrop, it should be obvious that the policies advocated by the Steere-camp pharmaceutical consultants that have resulted in abject misery for Lyme victims represent gain for vaccine interests.

The article explains:

- The perpetuation of mythologies (variations of the "hard to catch, easy to cure" *myth*) that allow the epidemic to spread more readily (the "easy to catch, hard to cure" *reality*) while keeping the public and the medical community in the dark as to the true nature and extent of the disease
    - » *This increases the "probability of contracting Lyme disease"*

- The promotion of notoriously inaccurate test methodologies over more effective ones, while grossly underplaying the effect this has on the burgeoning epidemic
    - » *This decreases the "probability of diagnosing and treating early symptoms" (while the epidemic is building)*

- The promotion of ineffective, short-term antibiotic regimens over more effective, long-term antibiotic regimens that have been developed through years of careful, empirical research
    - » *This increases the "probability of sequelae due to early infection; probability of sequelae due to late, disseminated infection"*

- The systematic harassment of physicians who learn how to diagnose and treat the disease effectively by using these antibiotic treatments
    - » *This both decreases the probability of effectively treating Lyme disease and increases the probability of generating short- and long-term disease symptoms, the expensive treatments for which make a vaccine look cost-effective by comparison*

- The denial of the role of active infection in sustaining long-term or chronic Lyme disease and the associated symptoms
    - » *This also decreases the probability of effectively treating Lyme disease at the source and increases the probability of generating long-term Lyme disease symptoms*
    - » *The downplaying of chronic or asymptomatic infections ultimately causing long-term symptoms also makes the vaccine trials easier to conduct (allows a shorter surveillance time with a shorter list of symptoms to monitor)*[150]

Indeed, the Lyme "vaccine marketability" argument could also explain other controversial tenets long held by the Steere camp, including the following:

- The overemphasis of the relatively fast-developing Bull's-Eye rash symptom (*Erythema migrans*) as an indicator of Lyme disease, when this occurs in only half (or less) of Lyme victims[151]

- The restricting of Lyme disease to an arthritic disease, while absurdly denying that numerous, debilitating symptoms (both short- and long-term) such as cognitive and cardiac problems are routinely induced by the disease.[152]

Overemphasizing the prevalence of the Bull's-Eye rash and arthritis in Lyme disease cases has major benefits for vaccine development. By concentrating on only one or two of the "protean manifestations" of Lyme disease, a vaccine can be made to *appear* more effective by emphasizing short-term conditions and ignoring long-term ones. Additionally, the difficult and costly problem of running vaccine trials can be made much more manageable. This is because, in addition to helping spread the infection for reasons described above, the insistence that Lyme disease is characterized by a fast-forming and easily recognized Bull's-Eye rash along with arthritis symptoms drastically shortens the surveillance time (and thus the required FDA approval time) in vaccine trials and eases the "surveillance criteria" defining a positive case of Lyme disease following experimental vaccination.

Indeed, according to the authors of one Lyme vaccine study, the long lead-time, late-stage disease manifestations of Lyme disease presented unique and significant problems[153] for vaccine trials, since they required longer and therefore more expensive monitoring periods:

> "Late-stage disease, which can occur weeks to years following infection, may cause complex rheumatologic, neurological and cardiac manifestations. These variable manifestations can make definitive diagnosis problematic and present difficulties in determining case definitions for use in vaccine efficacy trials. The long latency period for the appearance of symptoms also has implications for a trial, **since prolonged surveillance must be employed**." [emphasis added]

Thus, by ignoring symptoms that form over periods of months to years and which are difficult and expensive to diagnose and, by emphasizing symptoms that are easy to diagnose and monitor, the ability to make experimental vaccine trials look more successful is enhanced.

This was the course taken in the trials for the first commercial vaccine against Lyme disease. In spite of the fact that researchers associated with SmithKline Beecham admitted the size of the vaccine trials "will not be sufficient to determine vaccine efficacy against rare manifestations of LD with comfortable precision,"[154] an IDSA meeting was used to make ridiculously overoptimistic

statements regarding the vaccine's effectiveness against so-called asymptomatic manifestations. According to one optimistic synopsis of the vaccine trials:

> "A study with Lymerix®, manufactured by SmithKline Beecham Biologicals, presented at the Infectious Diseases Society of America (IDSA) meeting in Philadelphia, showed that after three doses, Lymerix reduced the risk of asymptomatic Lyme disease infection by 100 percent." [155]

Such absurd vaccine marketing claims may also explain why Steere himself has made so many statements trivializing these non-arthritic symptoms over the years, and has recently claimed that these asymptomatic cases are not only rare in American infections,[156] but form over a period short enough to have been monitored[157] in his vaccine trial.

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> ***"The pharmaceutical companies depend upon a lot of their profits for drugs and so on to treat chronic illnesses. These are patients they think they are going to have for the rest of their lives. So it's a big profit center for them. … They don't really like solutions to these illnesses because it cuts into their profits, long-term profits. So in that regard, they have not been our best friends."***
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> --Dr. Garth Nicholson, former David Bruton Jr. chair in cancer research, Department of Tumor Biology, the University of Texas M.D. Anderson Cancer Center, Houston

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The Unrivaled Destructive Power of "Big Pharma"

Is there a power center capable of manipulating the definition and treatment of a disease for such a nefarious agenda? If so, how does it work?

The pharmaceuticals industry certainly has the money and infrastructure to carry out such an agenda. They also have a history rife with such large-scale doings.[158]

This vaccine-friendly agenda is largely accomplished by manufacturing thought-leaders[159] out of compliant academics and keeping them on retainer as consultants to write pharma-friendly treatment guidelines and publish pharma-friendly articles in pharma-dominated medical journals. Such thought leaders are also kept on retainer to serve as "expert witnesses" when doctors who buck the system are put on trial. [160]

The rotating door between the pharmaceuticals industry, private medical societies and government health agencies facilitates the implementation of a vaccine-friendly agenda. This was no more evident than when former CDC

director Dr. Julie Gerberding was recently selected to head Merck's vaccines division:

> "As a pre-eminent authority in public health, infectious diseases and vaccines, Dr. Gerberding is the ideal choice to lead Merck's engagement with organizations around the world that share our commitment to the use of vaccines to prevent disease and save lives."[161]

Additionally, Dr. Carol Baker, past president of IDSA and head of the Lyme disease definition panel (hearing panel) on IDSA Lyme guidelines was appointed head of CDC advisory committee on vaccines. Conveniently "the 2009 IDSA international meeting focused on Lyme vaccine development."[162]

These developments are consistent with the thesis of this article that personnel are being rotated through government health and military agencies (CDC), private medical societies (IDSA) and private pharmaceuticals companies (Merck and others) to carry out dangerous, vaccine-friendly human experimentation policies under the hidden agenda of biowarfare defense.

Also consistent with this hypothesis is a development reported by Dr. Merle Nass, who has been following the military's deadly anthrax experimentation on the public. Nass reports that in addition to hiring directors from the CDC, Merck has hired a high-level military vaccine expert to help market vaccines. According to Nass, "retired Colonel John Grabenstein, Ph.D., who led the military anthrax vaccine program from 1999 through 2006, supervised multiple poorly conducted studies of anthrax vaccine safety, then moved to Merck Vaccine as a VP."[163]

Of course all of this orchestration takes lots of money, planning, lobbying and media censorship. The pharmaceuticals industry has unrivaled power in this regard. It is the most profitable business on earth[164] and correspondingly has the most expensive,[165] extensive[166] and effective[167] lobby in the U.S. Its lobbying is so successful[168] that it routinely engages in illicit behavior, knowing the profits will far exceed any fines it is eventually hit with (which often set records). These fines are merely factored into the cost of doing business.[169]

Conflicts of interest abound, with respect to pharmaceuticals' company influence over government regulatory agencies[170]—including the FDA,[171] NIH [172] and the CDC.[173] Other media outlets have reported that members of Congress own pharmaceutical stocks.[174]

Alarmingly, the pharmaceuticals industry [175] has historically played a pivotal role in running the American biological warfare program.

This role would give the industry the ability to create pathogens for which profitable symptom treatments could be sold in perpetuity. Since the pharmaceutical industry dominates the CDC, medical education,[176] medical press [177] [178] and mass media,[179] the industry is not likely to be held accountable

for disseminating pathogens for which their well-placed consultants could ghost-write self-serving treatment guidelines[180] [181] (bolstered by ghost-written studies[182] [183]), and help intimidate doctors into compliance with them,[184] [185] to keep the profitable circle going.[186] The elite medical press has all but given up on preventing such profit-oriented conflicts of interest.[187]

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> ***"Replacing medical education with <u>industry promotion in the guise of scholarship</u> causes demonstrable harm to trainees, the public and the profession."***[188]
>
> --Dr. Amy C. Brodkey

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Would pharmaceutical companies perpetuate research with deadly, "sham antibiotics regimens" (such as those short-term antibiotic regimens with ineffective drugs and doses typically recommended for Lyme disease) to make competing treatments that are a threat to corporate profits look less effective by deliberately under-dosing them?

Pfizer is accused of doing exactly this. It was sued in Nigeria for conducting a deadly, unethical drug experiment on children, without the permission of their parents.[189] According to an article in the *Independent:*

> *The suit further contends that the researchers gave the other half a comparison drug made by Pfizer's competitor Hoffman-La Roche, but <u>deliberately underdosed them</u> to make their own product look better. Pfizer and its doctors "agreed to do an illegal act," the suit says, "in a manner so rash and negligent as to endanger human life".*[190]

The fact that Lyme disease under-treatment has been surrounded by so many researchers with biowarfare connections explains why their deliberately ineffective treatment regimens (using the wrong drug at the wrong dose for the wrong period of time to give the illusion of treatment while preventing it, as was done in the Tuskegee Study[191]) have not been widely exposed. Nor have the brutal tactics[192] used by pharmaceuticals giants to enforce "under-treating" diseases through the enforcement of ghost-written treatment guidelines.

Unfortunately, this situation is only getting worse.

Sherwood Ross has reported on the increased collaboration between the pharmaceutical industry and academia in America's resurgent biowarfare program:

> "In case you didn't know it, the White House since 9/11 has called for spending $44 billion on biological warfare research, a sum unprecedented in world history, and an obliging Congress has authorized it. Thus, some of the deadliest pathogens known to humankind **are being rekindled in hundreds of labs in pharmaceutical houses**, university biology departments and on military bases.
>
> ...Besides the big pharmaceutical houses, the biowarfare buildup is getting an enthusiastic response from academia, which sees new funds flowing from Washington's horn of plenty." According to Francis Boyle, an international law authority at the University of Illinois, Champaign... 'American universities have a long history of willingly permitting their research agenda, researchers, institutes and laboratories to be co-opted, corrupted and perverted by the Pentagon and the CIA.'[193]

Lyme Disease: The Stuff Dreams Are Made Of?

The Lyme disease epidemic has proved to be a lucrative opportunity for the biowarfare-connected corporate-linked academics who made their careers pretending to investigate and treat it. Perhaps this explains their reported excitement when the disease first broke out.

Polly Murray, the pioneer Lyme investigator who bore the brunt of the arrogance of the medical establishment that misdiagnosed her and her family,[194] records that the doctors present at her initial meeting with Steere at Yale were strangely enthusiastic about the burgeoning epidemic that was devastating her community. She records one doctor's strange comments on the newly discovered illness: "Isn't this exciting?"

The tell-tale rash that signaled the coming onset of symptoms associated with Lyme disease caused Steere camp "experts" as far back as the mid-1970s to view Lyme disease as a model form of experimental arthritis. Stephen Malawista, who oversaw Steere's initial investigation into the cause of Lyme arthritis, saw the Bull's-eye rash as "the stuff that rheumatologists' dreams are made of."

As summarized by Jonathan Edlow, since "Lyme arthritis had a definable onset, marked by the rash, rheumatologists could study the joint inflammation in a way that they could not for, say, rheumatoid arthritis or lupus." (The fact that the disease was also caused by an infectious agent that could be modified for use in a vaccine was another plus.) Such considerations would also play into the ease

with which post-vaccination rates of infections in experimental populations could supposedly be monitored in vaccine trials. [195]

No doubt Steere's knowledge of the immune response to Lyme disease, gained from his "study of 25 untreated patients monitored longitudinally throughout the course of Lyme disease" came in handy when he was put in charge of an experimental Lyme vaccine trial, while working at Tufts University.[196] This trial was based on the vaccine agent that was licensed to SmithKlineBeecham by Steere's *former* employer (Yale). (The study was funded jointly by SmithKline Beecham Pharmaceuticals and the CDC.)

In fact, scientists from the vaccine manufacturer credited Steere with advising them on reducing the background noise of adverse reactions (something he could claim to be an expert at, having carefully monitored the excruciating symptoms in numerous *untreated* patients throughout the course of their untreated disease).

Steere played a pivotal role in bringing the disastrous vaccine to market. As the "coordinating investigator," he "coordinated and monitored all laboratory activities, including assay validation, sample testing, and the reporting of results." He also advised the vaccine researchers on adverse reactions, "especially the serious adverse events." Steere's assistance in this matter was essential due to the fact that "the number of adverse events was so large that it could otherwise have been considered 'too much background noise.'" [197]

"We the people" need to ask this question: Did reducing this "background noise" involve suppressing negative findings in the form of "adverse events"?[198] Curiously, Steere's experimental vaccine, the world's first vaccine to prevent Lyme disease, was quickly pulled from the market in the face of multiple lawsuits once the public figured out that adverse reactions were inducing symptoms of the disease instead of preventing them.[199]

Summary

The institutionalized Steere camp philosophy that Lyme disease is overdiagnosed and overtreated[200] has been an epic disaster for Lyme patient victims.[201]

The *New York Times* quoted Murray, the woman who conducted the first investigation of Lyme disease in Connecticut (until Steere took it over[202] and ran it into the ground), summarizing Steere's philosophy of denying the existence of chronic Lyme disease and the benefits of long-term antibiotic treatment:

> "I am dismayed about Dr. Steere's position. He feels that it's overdiagnosed and overtreated, but I see people in the area who are having a real struggle with getting over Lyme disease. And some of them have responded to longer-term treatment.'‘

Murray has provided us an illuminating glimpse into Steere's early investigation of Lyme disease. Her story, as one of the first victims unfortunate enough to fall under Steere's dismissive care (her husband was given the Tuskegee "aspirin therapy" [203] by Steere, *et al* at Yale), vividly illustrates the ongoing struggle with the arrogant Yale/CDC/IDSA aristocracy that has plagued the Lyme community from the beginning.[204] This arrogance was described by a Navy doctor named William Mast who early on tried to inform Steere that antibiotics could be effective against Lyme disease:

> "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."

Murray, who at first naively trusted Steere, has given us a succinct summary of the "widening gulf" between reality and Steere's deadly myth:

> "There was a widening gulf between what the patients were experiencing and what most of the medical literature was reporting that Lyme disease should be like. Patients were becoming confused and frustrated by the dilemmas in diagnosis. Dr. Steere seemed to be less receptive to what patients were describing, and I felt it more difficult to understand his position on diagnosis, treatment, re-infection and sero-negative patients."

Dr. Ed Masters, a Lyme doctor from Missouri who more recently caught the CDC red-handed conducting a fraudulent investigation to justify denying the existence and necessity of treatment of Lyme disease in the Southeast, gave a blunter summary of the establishment's disastrous-yet-strident positions on the nature of Lyme disease:

> "First off, they said it was a new disease, which it wasn't. Then it was thought to be viral, but it isn't. Then it was thought that sero-negativity didn't exist, which it does. They thought it was easily treated by short courses of antibiotics, which sometimes it isn't. Then it was only the *Ixodes dammini* tick, which we now know is not even a separate valid tick species. If you look throughout the history, almost every time a major dogmatic statement has been made about what we 'know' about this disease, it was subsequently proven wrong or underwent major modifications."

The Steere camp experts have indeed been wrong along. Why should we believe anything they now say about the profitable Lyme Epidemic they created under the pretext of biowarfare-related vaccine research? Why should doctors be hamstrung by the treatment guidelines Steere's clones have created to perpetuate the epidemic under the pretext of treating it?[205]

Was the CDC's Steere camp "less receptive to what patients were describing" because they were being rewarded with perpetual research grants to develop predetermined policies consistent with disease-perpetuation for vaccine development and marketing?

Given the source of Lyme disease, and the people behind the denial of treatment, it is my opinion that we are in the midst of another phase of the CDC Tuskegee Experiment and twin epidemics of disinformation and disease.

For victims of the disease and concerned members of the public, knowledge of the situation must be our own Phase I. But knowledge without action is fruitless. It us up to us to wage Phase II: alerting members of Congress and other officials and demanding action.

And we cannot stop until implementation of Phase III: Making sure our demands are heard and acted on by turning the Lyme Epidemic into the Lyme Solution. This entails protection for doctors who know how to treat Lyme and informing other doctors and the public at large about the nature of the epidemic and who is behind its perpetuation. To this end,

President Obama must extend the mission of his Presidential Commission, formed in the wake of recent revelations on the expanding scope of the Tuskegee Experiment,[206] to specifically investigate the CDC's role in Lyme disease treatment-denial.

Lyme disease is not my problem, it is not the Lyme community's problem. It is not an American problem. It is now an international problem. And it is up to you, to all of you, to solve it.

Let the haunting words of Joseph Mengele, conductor of Nazi medical experiments,[207] ring from the past into the present: "The more we do to you, the less you seem to believe we are doing it.''

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Jerry Leonard is a Lyme disease patient and author. He has written three books on unethical medical experiments conducted by the government -- including experiments involving the systematic injection of tumor cells and monkey cancer virus in humans so that model forms of cancer could be induced and maintained in human subjects for vaccine research. For an overview of Jerry's work, see:

America's Secret Weapons:
http://winstonsmith.net/americas_secret_weapons.htm

Contact Jerry at jerryleonard999@yahoo.com.

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Additional Resources

The source of Lyme disease has been traced to a biological warfare experiment gone out of control through books, films, and television documentaries.

Books:

- *Lab 257*, by Michael Carroll
    - http://search.barnesandnoble.com/books/product.aspx?userid=i98a5vf98j&isbn=0060011416&itm=3

Articles:

- Elena Cook, "Lyme Is A Biowarfare Issue"
    - http://www.elenacook.org/bwsept06.html
- Marjorie Tietjen, “Discreet Methods of Biological Warfare”
    - http://www.publichealthalert.org/Articles/marjorietietjen/Discreet%20Methods%20of%20Biological%20Warfare.html
- Marjorie Tietjen, “Lyme Disease - A Biological Weapon?”
    - http://www.rense.com/general63/lyme.htm
- Mark Sanborne, “The Mystery of Plum Island: Nazis, Ticks and Weapons of Mass Infection”
    - http://www.ww4report.com/node/%201898
- Tina J. Garcia, “Biowarfare Lab Directors Are Experts on Lyme Disease, A Level II Debilitating Biological Agent”
    - http://www.rumormillnews.com/cgi-bin/archive.cgi?noframes;read=189403

Videos/Documentaries:

- *Under the Eightball*, documentary by Tim Grey (film links Lyme disease epidemic to biowarfare research)
    - http://www.youtube.com/watch?v=4UOhME0K4hw
- *Under Our Skin* (film that documents the non-treatment of Lyme disease victims)
    - http://www.underourskin.com/
- *Plum Island* episode, Jesse Ventura's "Conspiracy Theory” discusses Lyme disease and biowarfare
    - http://www.youtube.com/watch?v=aC1gV_6aSIA

Appendix A

Lyme-Biowarfare Connections

> **"…we are dealing here with a formidable 'smart stealth' type of bacteria that is hard to eradicate—one that does extreme damage to psyche and soma if not treated aggressively over the long term when missed in the first days following inoculation by the vector..."**
>
> --Dr. Virginia Scherr

Researchers have demonstrated the extensive ties between the CDC's biodefense unit and the perpetuation of the Lyme Epidemic.[208]

Here is a summary of the connections between the Lyme Epidemic and biowarfare:

- The causative agent of Lyme disease (*Borrelia burgdorferi*) was identified by and named after a biowarfare researcher named Willy Burgdorfer, who worked at a biowarfare lab (Rocky Mountain Labs) developing and publishing methods for infecting *Ixodid* ticks with *Borrelia* agents—a decade or so before an epidemic caused by *Borrelia* agents spread by *Ixodid* ticks broke out just outside a top-level biowarfare lab that did outdoor tick research.[209]
- Lyme disease itself is named after Lyme, Connecticut—the town a few miles from a top-level biowarfare lab (Plum Island Animal Disease Research Center) that not only did outdoor tick experiments but also has a history of pathogen leaks.[210]
    - Plum Island still conducts tick research with African Swine Fever Virus, which, according to papers published by Lyme/biowarfare experts such as Alan Barbour, has "sequence similarities" to segments of DNA in the telomeres of the *Borrelia* organism which causes Lyme disease.[211]
    - Plum Island propagates this genetically engineered virus in ticks for vaccine studies. This virus, according to numerous reports, has also reportedly been used by the U.S. in real-world biological warfare attacks.[212]
- Lyme disease has properties ideal for a disabling biowarfare agent:[213] rapid dissemination within the body but causing delayed symptoms, relapsing antibiotic resistant infection, protective cyst formation (similar to anthrax), capability for inducing both mental and physical incapacitation[214]

- Just as the Lyme spirochete epidemic was getting started, we learned in 1977 of a massive government research effort known as MKULTRA that was "concerned with the research and development of chemical, biological and radiological materials" to do exactly what Lyme does: "severely" incapacitate human victims. [215] [216]
- To accomplish this goal, the government engaged in "extensive testing and experimentation" on unwitting human subjects "at all social levels, high and low, native Americans and foreign."[217]

- The vector for Lyme disease (*Ixodid* ticks) was "discovered" by a biowarfare defense expert (Allen Steere) from the CDC's Epidemic Intelligence Service (EIS).[218]
- The Lyme bacterium was first propagated in cell cultures by another CDC EIS biowarfare expert (Alan Barbour), in a biowarfare lab.[219] This researcher had previously studied anthrax for the military,[220] and went on to create mutant strains of *Borrelia* burgdorferi.[221] He now directs a biowarfare lab at the University of California, Irvine Campus.[222]
- The Lyme Epidemic is being perpetuated by researchers affiliated with the CDC's biowarfare defense unit (EIS), including Steere (EIS) and Eugene Shapiro (EIS) by forcing doctors to treat (or not treat) patients according to treatment guidelines that are so draconian and riddled with self-serving recommendations that the organization that put them out was investigated and reprimanded by the Attorney General of Connecticut. [223]
    - Gary Wormser is the lead author on the fraudulent treatment guidelines published by the IDSA, which prevent patients from getting effective treatments. In his spare time, he lectures as an expert on biowarfare agents and treatments: *How Germs Become Weapons: Recognizing Agents -- Treating Patients*.)
    - The research study Wormser used to justify his position that Lyme disease is readily cured with short courses of antibiotics was a fraudulent study authored by Mark Klempner, a CDC EIS agent who also now directs a biowarfare lab, at Boston University. (This celebrated study to allegedly investigate long-term antibiotic treatment of Lyme patients was halted before long-term antibiotics could even be administered.[224])

- The first vaccine against the disease was developed and licensed by a defense contractor (Yale Corporation) that worked closely with Plum Island biowarfare lab on biowarfare and vaccine agents.[225] The lead investigator for the vaccine field trials (Steere) was a Yale and EIS alumnus who has done everything in his power to deny effective antibiotic treatments to Lyme victims, so that the immune response to the disease could be mapped out in untreated controls.

- Lyme disease was recently named as a biowarfare agent by the U.S. government. [226]

Thus, it is not a question whether Lyme is a biowarfare agent. The question is, when was it first investigated as one?

Related questions include:

What are the odds that a *Borrelia* disease agent spread by *Ixodid* ticks and the policies of the CDC's biowarfare unit, which has been identified by the government as a potential biowarfare agent, would be named after a biowarfare researcher who published methods for infecting *Ixodid* ticks with *Borrelia* agents?

What are the odds a *Borrelia* disease that broke out just outside a biowarfare lab that conducted tick research is not a biowarfare agent?

And what are the odds that treatment denial for this disease agent, which is controlled by various agents of the biowarfare wing of an agency that conducted experiments limiting treatment for a similar disease agent (both the Lyme *Borrelia* and syphilis are classified as spirochetes), is not part of a similar experiment conducted on a grander scale, under the auspices of biowarfare research?[227]

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> **"The number of Steere camp Lyme researchers with a background in the Epidemic Intelligence Service (EIS) and/or biowarfare research is too numerous to be pure coincidence. Two scientists who have played a central role in the Lyme story, Barbour and Klempner, have been placed in charge of new biowar super-labs set up in the aftermath of 9-11, where they are aided by some of their Steerite colleagues. Others, while not in charge of super-labs, are nevertheless in receipt of substantial grants for biowarfare research."**
>
> --Elena Cook, "Lyme Is A Biowarfare Issue"

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Appendix B

The research history of Willy Burgdorfer, namesake of Lyme disease:

In the 1950s, Willy Burgdorfer, who isolated the tick-vectored Lyme disease spirochete and for whom the causative *Borrelia* is named,[228] worked on artificially forcing *Borrelia* disease agents (like relapsing fever *Borrelias*) to infect new tick vectors. (Burgdorfer then used these artificially infected ticks in attempts to infect lab animals.[229])

He also published papers describing the "occult infections" due to these relapsing fever spirochete disease agents.[230] In parallel with these studies, he developed production-like methods for transferring diseases to *Ixodid* ticks,[231] the same species that spreads the occult *Borrelia* infection initially called Lyme disease, which Burgdorfer later compared to the relapsing fever Borrelias he had studied.[232]

The lab he conducted this research in and which later isolated the Lyme spirochete[233] is now a “biosafety level 4” biowarfare research facility,[234] just like the biowarfare lab at the epicenter of the Lyme Epidemic (Plum Island Animal Disease Center), which conducted outdoor tick research and is suspected of being the source of the Lyme Epidemic. [235]

Given the manner in which Lyme disease broke out and the deadly manner in which it has been intentionally mismanaged ever since, hard questions must be asked:

- When Burgdorfer was developing techniques to artificially expand the host-range of *Borrelias* to new tick species, and then to lab animals, was he in fact conducting biological warfare research at the Rocky Mountain Laboratory?
- Did this research feed in to the tick research that was conducted at Plum Island Animal Disease Center, the outdoor biowar test facility for such insect vectors? And was Plum Island,the outdoor test facility for Fort Detrick, the center of the U.S. biological warfare effort?
- Was the causative agent of Lyme disease later “discovered” by a military epidemiologist as part of a suspected public relations/containment effort to control information about the burgeoning epidemic and its ties to the military?

- Did this effort surrounding the so-called "natural" outbreak of a zoonotic agent lead to an experimental vaccine effort (orchestrated by CDC/EIS biowarfare agents) similar to that which happened in Egypt, when human vaccine experiments were conducted after the "natural" outbreak of Rift Valley fever virus, an outbreak that occurred in the same time-frame as the Lyme disease outbreak?

In the time period leading up to the Lyme Epidemic, Burgdorfer worked for the military in a capacity consistent with this hypothesis: He was a member of the Armed Forces Epidemiology Board investigating insect vectored diseases.[236] The disastrous non-response to the Lyme Epidemic has been orchestrated by military epidemiologists using their influence in the government, medical infrastructure and media.

Appendix C

Open Letter Written to the World Warning of CDC and IDSA Complicity in Deliberately Mistreating Lyme Victims

By Tina Garcia

Founder of Lyme Education Awareness Program (L.E.A.P. Arizona)
www.leaparizona.com

Tina Garcia is a Lyme victim and patient advocate who has caught her state epidemiologist red-handed publishing research establishing Western blacklegged ticks in Arizona tentatively identified as Lyme disease and then subsequently denying that information to her in writing. Tina has also documented the fraud behind the CDC's and IDSA's treatment guidelines.

I am a chronic Lyme disease patient and advocate who has struggled with *Borrelia burgdorferi* (Bb) infection for twelve years, since 1998. The bacteria ravaged my body for six years before I was finally diagnosed and began antibiotic treatment at the end of 2004. At one point I could barely walk and could not effectively communicate due to encephalopathy, neurological and musculoskeletal involvement. I became disabled from the disease and lost my job and my home.

To this day, it has been a devastating journey, and this debilitating chronic infection caused by the bite of a tick in Arizona has profoundly altered my life. I could not find one doctor on my insurance plan who would provide treatment. Therefore, my insurance denied coverage, and my family had to pay for it. We were never able to afford the intravenous antibiotics that were recommended by my Lyme-treating physicians. The delayed diagnosis and denial of treatment extended my suffering, caused disability and has prevented a full recovery thus far. My case is not unique; thousands have reported the same lack of medical care.

I am not shy to state publicly that the main reason for the denial of diagnosis and treatment and terrible suffering that I have experienced was caused directly by the Infectious Diseases Society of America's Clinical Practice Guidelines for Lyme Disease and the Centers for Disease Control and Prevention's (CDC) dissemination of those Guidelines on its website.

Another reason for the medical neglect of Lyme patients is the failure of the National Institutes of Health (NIH) to conduct meaningful treatment studies. To date, the efforts of the NIH have been unconscionably weak in this area. Studies

should have been conducted a long time ago to determine the efficacy of long-term combinations of antibiotics (months to years, as is provided for tuberculosis and leprosy infections), in search of an effective treatment protocol to alleviate the widespread suffering and loss of productivity experienced by those who have developed chronic Lyme infection, due to lack of timely diagnosis and treatment.

Of particular significance, the NIH study performed by IDSA guideline author, Mark Klempner, M.D., was a study that was analyzed statistically by statistical scientist Alison Delong and found to be flawed.[237]

It would be considered inhumane to bring up the issue of antibiotic resistance when referring to patients receiving long-term treatment for tuberculosis or leprosy, both of which are bacterial infections. Leprosy and Lyme disease share the ability to damage the nervous system.

Why then, do the CDC and IDSA find it acceptable to publish articles and guidelines that encourage the denial of long-term antibiotic therapy to Borreliosis patients, based upon the premise that such treatment causes antibiotic resistance? Do the CDC and IDSA endorse the practice of sacrificing Lyme disease patients, who are afflicted with neurological damage from embedded infection and resulting persistent inflammation, on the altar of antibiotic resistance, in an effort to save antibiotic use for others?

Professor Garth Nicolson, a microbiologist who has studied Bb, stated that the antibiotic resistance argument is “particularly lame.” He explained that another reason for antibiotic resistance is the INADEQUATE antibiotic treatment of virulent pathogens, such as *Borrelia burgdorferi*, the bacterium that causes Lyme disease. If you have ever received a prescription for antibiotics from the pharmacy, you may recall that the sticker on the side of the bottle recommends that all the medication be used according to the instructions – that all of it should be taken by the patient. This recommendation is made because UNDERTREATMENT of bacterial infections causes antibiotic resistance.[238]

Therefore, each time a physician adheres to IDSA treatment guidelines for Lyme disease, they are contributing to the antibiotic resistance of *Borrelia burgdorferi*. Each time a Lyme disease patient is UNDERTREATED, Bb undergoes antigenic variation. In other words, it changes to evade the immune system and antibiotics. This is another way that the pathogen persists in the tissues (not only the blood) of those who are infected.[239]

In addition, there is no definitive test that proves that Bb is eradicated with the recommended treatment set forth by the CDC and IDSA. Numerous tissue samples would need to be collected and tested to determine this, as Bb does not predominantly reside in the blood, at times rendering antibody tests inconclusive. In order to eradicate Bb from the brain, antibiotics must be administered which

cross the blood-brain barrier to get into the cerebrospinal fluid, and not all antibiotics are able to do this.

The good news for me is that I have made significant progress through the use of intermittent antibiotic therapy (oral and intramuscular injections) for the past six years. That's a lot of antibiotic, but the antibiotics have allowed me to regain function. I am grateful for the progress I have made, and my hope is to get to a point where I can go back to work as a functioning and productive member of society. However, I am now suffering from small vessel disease in my brain and multiple sclerosis-type symptoms which incapacitate me periodically.

I was selected by Connecticut Attorney General Richard Blumenthal and the Infectious Diseases Society of America (IDSA) Lyme Disease Review Panel to testify on behalf of the worldwide Lyme disease patient community at a legal hearing held in Washington, D.C. on July 30, 2009.[240]

The hearing was the result of an antitrust investigation of the IDSA and its Lyme Disease Practice Guideline authors, which was conducted by then Connecticut Attorney General (now Senator Blumenthal).

It was a privilege to speak on behalf of thousands of people suffering from chronic Lyme infection. However, the outcome of the hearing and the extensive review of submitted medical research, that clearly showed the existence of persistent Lyme infection despite antibiotic treatment, was a rubber stamping of the current IDSA Guidelines, with no immediate changes recommended by the Review Panel. This decision has served the insurance industry by guaranteeing the continuation of diagnosis and treatment denials, as insurance companies base their denials on the IDSA Practice Guidelines for Lyme disease.

Although the information I am submitting is contrary to what has been reported in numerous articles in the mass media, it is the truth about the medical neglect that Lyme disease patients are experiencing. Lyme disease patients have struggled for more than thirty-five years, due to a complicated web of issues involving inadequate testing methods, ineffective treatment recommendations published by the IDSA and the failure of the NIH and the CDC to perform new and utilize existing patient-centered research.

By definition, screening tests should have at least 95% sensitivity. The ELISA screening test that is recommended by the CDC lacks such sensitivity and falls short in its specificity, thereby missing detection of a significant number of cases. Such a scenario would be unacceptable for HIV, syphilis, hepatitis, tuberculosis, heart disease, diabetes and cancer; it is, therefore, unacceptable for Lyme infection, also.

During the Lymerix vaccine clinical trials, chief investigator Dr. Allen Steere did not use the ELISA because of its lack of sensitivity and specificity.

> "ELISA's are commercially available but lack sufficient sensitivity and specificity for use in efficacy trials…The CDC criteria, however, were developed as a surveillance tool, which frequently necessitates a compromise between sensitivity and specificity to reach the optimal surveillance objective….The CDC criteria were therefore deemed to be inadequate for the purpose of conducting a pivotal efficacy trial."[241]

It is, therefore, obviously inappropriate for the ELISA to be used as a screening test in the clinical setting, for if and only if the ELISA is positive are patients "allowed" to progress to the next level of testing -- the Western blot:

> "This study confirmed in the reference and research laboratory setting the previously documented problems with accuracy and precision of serodiagnostic tests by using WCS antigens of B. burgdorferi (4-11). The study confirmed that a serious disparity existed between the test results obtained by CDC and those obtained by academic reference centers with the best testing performances. These results guided corrective action and led to the adoption by CDC and ASTPHLD of a two-test approach to serodiagnosis (23), which forms the basis for the future national standardization of Lyme disease serologic testing methods."[242]

How many hoops must patients jump through to receive diagnosis and treatment? In the case of Lyme disease, half of the patients cannot make it through the first hoop (the ELISA), and therefore, never get the chance to be tested by way of the second (Western blot).

This testing recommendation leaves approximately half of all patients with no diagnosis or treatment -- that is certainly medical neglect. Due to its fallibility, the CDC's serodiagnostic testing recommendation for use of the ELISA as a screening test for Lyme disease should be reassessed by an unbiased committee not associated with the CDC or individuals involved in creating the Dearborn recommendation (which would include authors of the IDSA Practice Guidelines that were investigated by the Connecticut Attorney General).

Published research has demonstrated that *Borrelia burgdorferi* uses antigenic variation to evade the host's immune system, thereby ensuring its survival and causing persistent infection. Bb has the ability to morph into various forms. It is commonly recognized as a corkscrew-shaped spirochete; however, it can change into a cyst form, a cell-wall-deficient form, a granular form and a bleb form and protects itself with a biofilm that sequesters it from attack by the immune system and antibiotics.[243]

Published research indicates that “the interplay between the host and invading spirochetes results in a cascade of signaling events that B. burgdorferi can use to facilitate persistent infection.”[244]

Uncertainty about the existence of chronic Lyme infection is a direct result of misleading information and opinions that have been circulated by the IDSA Guideline authors who were investigated by the Connecticut Attorney General, along with other spokespersons for the CDC. This is a small group of researchers who have, for many years, continually received a large portion of the federal research funds allocated for Lyme disease. Their unfounded statements that chronic Lyme infection does not exist directly contradict the research they have already published in which they did, indeed, demonstrate persistent infection. In fact, there is no uncertainty about chronic infection among patients and the physicians who actually treat patients with chronic Lyme disease.

If patients do not receive diagnosis in the early stage, the disease will develop into a chronic, relapsing/remitting illness that becomes even harder to diagnose and treat. Attempting to clear an embedded infection (one that has persisted for several years), with an early-stage, short-term treatment protocol as has been recommended by the IDSA, is ludicrous. *Borrelia burgdorferi* colonizes all the organs and tissues of the body, and due to its antigenic variation, its biofilm and its ability to morph into evasive forms, repeated courses of various antibiotics are needed to fight the embedded infection.[245]

In the hurried world of practicing clinicians, it is easy for the line between acute and chronic treatment recommendations to appear nebulous, and those who espouse the CDC/IDSA party line are quite adept at smudging the line that should separate acute from chronic treatment. In fact, the Lyme Medical Cartel has continually used the media to accomplish their despicable dissemination of false medical information. However, if one reads the published literature and makes the crucial distinction between the research on acute and the research on chronic Lyme infection, one will see that there actually is no controversy at all. The controversy has been fabricated by the Lyme Medical Cartel.

Patients are in desperate need for government healthcare agencies, such as the CDC, to utilize research that has already demonstrated persistent infection. You will hear so-called “Lyme experts” make statements that chronic Lyme disease does not exist. You will also hear them reference terms they coined – Post Lyme Syndrome (PLS) and Medically Unexplained Symptoms (MUS). There is no proof of the existence of either PLS or MUS in relation to infection from *Borrelia burgdorferi*; these are merely opinions passed off as consensus.

Once again, much of the research on persistent infection has been published by the individuals who are now calling persistent infection “Post Lyme Syndrome” and “Medically Unexplained Symptoms. “ They are, therefore, contradicting their own research. Their contradictions, published in the IDSA Practice Guidelines, have resulted in the wasteful use of federal research funds, caused insurance denials of treatment and the medical neglect of suffering patients.

In my opinion, the NIH and CDC have continually wasted precious funding allocated by Congress, which should instead be utilized for patient-centered research, not pet projects of individuals investigated for their financial conflicts of interest related to Lyme vaccines, patents for diagnostic tests and consulting arrangements with insurance companies.

The General Accounting Office (GAO) previously investigated the matter of research funds for Lyme disease and determined that the CDC did, in fact, spend appropriated funds on Lyme disease research. This determination, although accurate, did not expose the research monopoly that exists between the CDC and the “most powerful IDSA panelists” who authored the IDSA Practice Guidelines for Lyme disease. Yes, they funded Lyme research, but the majority of the funds have been granted to members of the Lyme Medical Cartel, who in my opinion, take their marching orders from the CDC.

Connecticut Attorney General Blumenthal revealed the following in his May 1, 2008, Press Release:

> "The IDSA guidelines have sweeping and significant impacts on Lyme disease medical care. They are commonly applied by insurance companies in restricting coverage for long-term antibiotic treatment or other medical care and also strongly influence physician treatment decisions.
>
> “Insurance companies have denied coverage for long-term antibiotic treatment relying on these guidelines as justification. The guidelines are also widely cited for conclusions that chronic Lyme disease is nonexistent.
>
> "This agreement vindicates my investigation -- finding undisclosed financial interests and forcing a reassessment of IDSA guidelines. 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.
>
> "The IDSA's 2006 Lyme disease guideline panel undercut its credibility by allowing individuals with financial interests -- in drug companies, Lyme disease diagnostic tests, patents and consulting arrangements with

> insurance companies -- to exclude divergent medical evidence and opinion.
>
> In today's healthcare system, clinical practice guidelines have tremendous influence on the marketing of medical services and products, insurance reimbursements and treatment decisions. As a result, medical societies that publish such guidelines have a legal and moral duty to use exacting safeguards and scientific standards."

Cancer patients are given the choice of chemotherapy with dangerous drugs that not only destroy cancer cells, but cause extensive damage to the rest of the body, as well. Despite the risks associated with cancer chemotherapy, cancer patients are given additional treatment when they relapse, and physicians specializing in cancer therapy are not discouraged from doing so.

Lyme disease patients do not relish using antibiotics for prolonged periods, just as cancer patients do not enjoy undergoing chemotherapy. However, at the present time, antibiotic therapy is the only treatment that provides relief and improvement in symptoms, and the choice of accepting the risks of intravenous infusion of antibiotics should rest with the patient and their treating physician, not the IDSA, which the majority of Lyme patients view as a pseudo-paternalistic medical dictatorship.

Veteran Lyme patients are quite knowledgeable of the disease they are infected with and most can talk circles around medical doctors who have no experience treating the disease. It is simple reasoning to come to the conclusion that the majority of IDSA member physicians fall into this category, as they deny the existence of the disease.

Therefore, if ID physicians deny the existence of Lyme disease and refuse to treat patients, they don't have any experience with the disease, correct? So, how can they refer to themselves as Lyme experts? Such a physician would actually be considered a charlatan. The IDSA mantra that chronic Lyme disease does not exist is the blindfold that allows these sheepish IDSA member physicians to fall off the cliff into an abyss of ignorance and arrogance.

Research has demonstrated the remitting and relapsing nature of Lyme disease infection. It is, therefore, inhumane to deny Lyme patients access to long-term antibiotic therapy that is legally prescribed by licensed physicians. If Lyme disease patients are willing to accept the risks of such treatment in lieu of a chronic, debilitating, infectious disease, insurance companies should provide coverage for such treatment and not shirk their responsibility based upon the IDSA Practice Guidelines – guidelines that were written by those who, at the same time that they publish guidelines for use by the insurance industry, they also serve as insurance consultants and expert witnesses in medical board

prosecutions against physicians who actually have experience treating the disease.

Lyme disease patients expect insurance companies to cover long-term antibiotic therapy, if such therapy is recommended by their treating physicians. In the clinical setting, Lyme disease patients and treating physicians have consistently reported evidence of in utero transmission and suspect sexual transmission, as well. Due to the fact that *Borrelia burgdorferi* has been found to live in frozen blood for up to eight months, transmission via our nation's blood supply should also be studied and given serious consideration.[246]

Studies on such modes of transmission have not been adequately pursued. I have strongly urged that such research be funded and performed immediately, as our failure to address these important issues of transmission of Lyme disease, a spirochetal disease that is similar to syphilis, may be jeopardizing public health and perpetuating the pandemic.

The Lyme patient community has requested assistance from the CDC and the IDSA for many years, but patients have been either ignored or publicly ridiculed. Thus the need for me to write this lengthy essay as a public service.

The Lyme patient community no longer relies upon the CDC or the IDSA to be the guardians of our health, as the research and programs that are funded and performed by them and the clinical practice guidelines that are published and disseminated by them are not "patient-centered." Nor is the research that demonstrates the existence of persistent infection utilized by the CDC and IDSA for the benefit of patients.

Instead, the research is contradicted, or simply ignored, in favor of personal agenda-promoting opinions and manufactured disease parameters. As revealed formerly in the CT Attorney General's Press Release, these financial conflicts of interest were exposed during the antitrust investigation of the IDSA and its 2006 Lyme Disease Practice Guideline authors. Unfortunately, the Attorney General was not able to extend his investigation into the bowels of the monopoly -- the CDC and its Division of Vector-Borne Infectious Diseases, and possibly, the United States Public Health Service, which if you recall, led the Tuskegee Study of Syphilis from 1932 to 1972.

Despite extensive funding for Lyme disease research, the healthcare needs of Lyme disease patients have been neglected for too long. Precious funds are wasted by those who place their own interests in developing a Lyme vaccine and marketable test kits above the health needs of patients. Clinical practice guidelines are being written and published to serve the personal agendas of the authors and those who have a stake in the guidelines, barring the most important stakeholders – the patients.

The irresponsible behavior of the IDSA prior to, during and following the investigation and review process of the IDSA Practice Guidelines for Lyme disease, in the form of fraudulent public statements that chronic Lyme infection does not exist and their continued dissemination of other false information,[247] has caused the majority of their infectious disease member physicians to deny diagnosis and treatment to chronic Lyme disease patients.

The CDC plays a leading role on the world stage of health. The CDC provides a link to the IDSA Practice Guidelines for Lyme disease on its website, and this action has resulted in diagnosis and treatment denial to chronic Lyme disease patients in the U.S. and in other endemic countries around the globe.

At the recent October Institute of Medicine forum on the state of the science of Lyme disease, the patient community suggested that funding be given to other researchers not involved in the Lyme Medical Cartel research monopoly. This monopoly is the one that Willy Burgdorfer, Ph.D., discoverer of the Lyme disease bacterium, referred to when he made the following statement in the film "Under Our Skin":

> "The controversy in Lyme disease research is a shameful affair. And I say that because the whole thing is politically tainted. Money goes to people who have, for the past 30 years, produced the same thing—nothing. Serology has to be started from scratch with people who don't know beforehand the results of their research."[248]

Allowing the current IDSA treatment guidelines, and their tacit endorsement by the CDC, to stand as a factual reference is irresponsible medicine that continues the damaging medical neglect of thousands of patients who have been diagnosed with Lyme disease in North, Central and South America, Europe, Asia and Australia. This is an infectious disease pandemic that is disabling people worldwide.

Many patients who have been diagnosed with multiple sclerosis, ALS, Parkinson's, Alzheimer's, rheumatoid arthritis, fibromyalgia, chronic fatigue and lupus have subsequently been diagnosed with and treated for *Borrelia burgdorferi* infection. The reason these diagnoses are made initially is because chronic Lyme infection can manifest as all of these conditions. Published medical research has also shown that *Borrelia burgdorferi* can cause certain types of cancer.

If you read the Tuskegee Timeline on the CDC website, you may be surprised at the similarities between the Tuskegee Study of Syphilis that was inhumanely carried out by the United States Public Health Service / condoned by the CDC

and the denial of diagnosis and treatment for those infected with *Borrelia* (a cousin to syphilis).

The journalist who broke the story of the Tuskegee Study in the 1970s helped bring closure to that inhumane medical "study" that resulted in a public apology from President Clinton and a financial settlement with the victims and their families.[249]

It is time for additional investigations (Congressional and otherwise) to be conducted to publicly establish the facts surrounding one of the most widespread medical crimes in the history of mankind, with the intention to hold the perpetrators accountable for their despicable betrayal of public trust.

Sincerely,

Tina J. Garcia
Founder, LEAP Arizona

[1] The connections between Lyme disease and biowarfare are summarized in Appendix A of this report. The biowarfare-related research of the man for whom the Lyme disease bacterial agent is named is summarized in Appendix B.

[2] "Potential for Occupational Exposure to Lyme Disease," http://www.osha.gov/dts/shib/shib021103.html

[3] A Wikipedia.org summary of Lyme disease symptoms includes the following: "the characteristic bull's-eye rash and erythema chronicum migrans (a rash which spreads peripherally and spares the central part), as well as myocarditis, cardiomyopathy, arrythmias, arthritis, arthralgia, meningitis, neuropathies and facial nerve palsy." Wikipedia also notes, "Lyme disease may be *misdiagnosed* as multiple sclerosis, rheumatoid arthritis, fibromyalgia, chronic fatigue syndrome (CFS), lupus, Crohn's disease or other autoimmune and neurodegenerative diseases."

[4] "The spirochete, a corkscrew-shaped bacterium, is unique in the known bacterial realm because of the quantity of DNA it carries that enables it to evade detection and attack the human immune system. It can change its outer protein coat, cloaking itself from immune detection. It also can completely change form, becoming a treatment-resistant cyst, or shed its outer coat to enter our own cells to set up shop." "Living with Lyme: Bacterium can 'cloak' itself" Dr. Jon Sterngold/Special for the *Willits News*, Sept. 30, 2009.

[5] These forms include so-called L-forms, cysts and biofilms.

[6] "The central problem: No test can tell when someone has active Lyme disease — when Lyme-causing bacteria are alive in the body. Today's tests instead spot infection-fighting antibodies, which can take weeks to form but then linger long after Lyme is gone." Associated Press, "Rise in Lyme cases highlights need for new tests: Current methods can't tell if disease is alive in body, which may delay care," Aug 13, 2007.

[7] This is due to multiple reasons. Many people do not realize they have been bitten by the tick that caused their disease, which, according to Wikipedia "is often complicated by a multifaceted appearance and nonspecific symptoms." And many do not have the tell-tale Bull's-Eye rash specific to Lyme disease. Additionally, the symptoms indicative to Lyme may not manifest themselves for months to years after a bite.

[8] If one is lucky enough to have seen the causative tick bite and had the foresight to get tested for Lyme, it may take weeks to months for the antibodies detected by indirect Lyme tests to even form (meanwhile the disease spreads throughout the body). Once these antibodies do form, the disease may still not show up in tests, if it is caused by one of the many strains of the bacteria that are different than the very few used in the standard tests. And even if antibodies to the disease *are* detected in the standard tests, CDC/vaccine-interests have unilaterally dumbed down the tests, creating "false positives" by fiat. If one does test positive, the next step is to find a physician willing and able to treat the infection—an often Herculean task. As a result, the deadly stealth infection proliferates untreated within the body and society at large.

[9] This is due to the complexity of the infection, poor tests for the disease and the often non-specific symptoms. According to the CDC, "Awareness of Lyme disease and its signs and symptoms is essential for diagnosing the disease. In some cases, the diagnosis is not made because many of the signs and symptoms associated with Lyme disease are similar to those of the flu… In addition … other non-specific symptoms may be present, including fever, lymph node swelling, neck stiffness, generalized fatigue, headaches, migrating joint aches, or muscle aches." Another complication hindering diagnosis is that "late-stage disease … can occur weeks to years following infection, and may cause complex rheumatologic, neurological, and cardiac manifestations. These variable manifestations can make definitive diagnosis problematic and present difficulties in determining case definitions." Francois Meurice, Dennis Parenti, Darrick Fu and David S. Krause, "Specific Issues in the Design and Implementation of an Efficacy Trial for a Lyme Disease Vaccine," *Clinical Infectious Diseases,* 1997;25(Suppl 1):S71–5, 1997.

[10] A recent patient survey published by the California Lyme Disease Association on "access to healthcare, and burden of illness" revealed the following appalling status of Lyme patients:

"Half of the respondents reported seeing at least seven physicians before the diagnosis of Lyme disease was made. Nearly half had Lyme disease for more than 10 years and traveled over 50 miles to obtain treatment. Most respondents experienced symptoms lasting six months or more despite receiving at least 21 days of antibiotic treatment. A quarter of respondents had been on public support or received disability benefits due

to Lyme disease symptoms, and over half had visited an emergency room at least once as a result of these symptoms." "Lyme disease patients frequently endure extensive delays in obtaining an initial diagnosis, have poor access to healthcare and suffer a severe burden of illness."
Johnson L, Aylward A., and Stricker R.B., "Healthcare access and burden of care for patients with Lyme disease: A large United States survey," *Health Policy*, June 13, 2011.

[11] These connections are summarized in Appendix A of this article.

[12] The film-makers for the award-winning Lyme disease documentary *Under Our Skin*, relate the bizarre story of what happened when they tried to interview Willy Burgdorfer, the biowarfare researcher for whom the Lyme disease agent is named:

> "Just as we began filming, there was a pounding on the door, and we found ourselves facing someone who turned out to be a top researcher at the nearby Rocky Mountain Laboratories, a biolevel-4 NIH research facility. Standing on the porch, our uninvited guest said, 'I've been told that I need to supervise this interview. This comes from the highest levels. There are things that Willy can't talk about.'
>
> "We were stunned. After all, Dr. Burgdorfer had been retired from the lab since 1986. We were there to talk to a private citizen, about the history of a very public discovery that had put him on the short list for a Nobel Prize. Earlier that year, the NIH had refused our requests to interview any of their Lyme researchers. What was going on? Why would the NIH want to censor information about the fastest growing bug-borne disease in the United States?'

"Lyme Discoverer Willy Burgdorfer Breaks Silence on Heated Controversy,"
http://www.underourskin.com/news/lyme-discoverer-willy-burgdorfer-breaks-silence-heated-controversy

[13] These guidelines were put out by a medical society known as the IDSA (Infectious Disease Society of America), and were so riddled with conflicts of interest that the Attorney General of Connecticut—a state devastated by Lyme disease—made history by investigating them. He found the procedures used to draft them so financially and procedurally incestuous that he demanded they be rigorously re-evaluated by independent experts. They weren't.

[14] His recommended treatment for anthrax—long-term, combination antibiotic therapy—is exactly what he *doesn't* recommend for Lyme disease. And curiously, that is exactly what is often needed to make headway against the disease.

[15] An article was put out by the Associated Press mentioning the study of Lyme disease at a new biowarfare lab at the University of Texas, San Antonio. The article was quickly retracted and mention of Lyme disease was scrubbed from the article. Here is the text of the original article: "A new research lab for bioterrorism opened Monday at the University of Texas at San Antonio. The $10.6 million Margaret Batts Tobin Laboratory Building will provide a 22,000-square-foot facility to study such diseases as anthrax, tularemia, cholera, Lyme disease, desert valley fever and other parasitic and fungal diseases.
The Centers for Disease Control and Prevention identified these diseases as potential bioterrorism agents." MSNBC, Nov. 21, 2005. For a comparison of the censored and uncensored articles, see:
http://members.iconn.net/~marlae/lyme/featurearticle02.htm

[16] http://en.wikipedia.org/wiki/Unethical_human_experimentation_in_the_United_States

[17] "The Lyme Disease Epidemic: CDC Tuskegee Experiment, Phase II,"
http://www.publichealthalert.org/Articles/miscellaneous/tuskeegee%202.pdf

[18] 'Care was never a priority. Said one of the Tuskegee doctors, "As I see it, we have no further interest in these patients until they die." …[A]ll throughout the course of the experiment the men were never told that their final doctor's exam would take place on an autopsy table. For good reason: "If the colored population becomes aware that accepting free hospital care means a post-mortem, every darky will leave Macon County."' Brett Wilkins, "U.S. Guatemalan Syphilis Experiment Had Roots in Tuskegee Horror,"
http://morallowground.com/2011/03/15/u-s-guatemalan-syphilis-experiment-had-roots-in-tuskegee-horror/

[19] "By the mid-1940s it was becoming clear that the death rate for the infected men in the study was twice as high as for those in the control group."
http://www.hss.energy.gov/HealthSafety/ohre/roadmap/achre/chap3_2.html.

[20] "Over this forty-year history, at least 28 participants died and approximately 100 more suffered blindness and insanity from untreated syphilis before the study was stopped."
[21] Willy Burgdorfer, the researcher who discovered the Lyme disease spirochete, was asked to compare the syphilis infection with Lyme disease. He stated:

"That's a very, very difficult question. Because in syphilis, I think you got various stages of the disease going through your system. But not to the same extent that the Lyme disease spirochete does... every organ system in advanced Lyme disease is affected, not in syphilis."

Source: *Under Our Skin* interview transcript of Willy Burgdorfer.

[22] The CDC can't even protect the nation's capital from an epidemic of brain damage induced by lead poisoning in the water supply. The agency was recently forced to retract its claim that the Washington, D.C. water supply was safe. As the *Washington Post* summarized:

"The findings are a sharp reversal by the federal health agency, which initially claimed that they found no evidence that spikes in the level of lead in the water had harmed D.C. residents. A congressional inquiry concluded in May that the CDC knowingly used **false data** in making a "scientifically indefensible" claim that the water was safe to drink. The report marks the first time the CDC has publicly acknowledged that there was **measurable health risk** from the city's lead crisis and that the primary remedy appears to have been flawed." Ashley Halsey III and Mike DeBonis, D.C. water may still be contaminated, *Washington Post*, Dec. 1, 2010.

[23] Lyme disease has been reported in every state of the United States. However, it is the East Coast which is bearing the brunt of the epidemic.
[24] "President Bush was treated a year ago for what appears to have been Lyme disease, the White House said yesterday in disclosing the results of his annual physical exam." "Bush Apparently Had Lyme Disease, President Was Treated for Rash in 2006," David Brow, *Washington Post*, Aug. 9, 2007.
[25] "Sen. Charles Schumer, D-N.Y., is receiving treatment to prevent Lyme disease after being bitten by a tick during a recent tour of dams in upstate New York." "Sen. Schumer Treated for Lyme Disease After Tick Bite," Friday, May 25, 2007, AP

[26] It has been said that the first rule of biowarfare is that a disease agent is never released into the public unless the cure exists, to protect the non-targeted populations. Since Lyme is being allowed to spread internationally by agents of the American biowarfare infrastructure, this gives hope that a cure for Lyme disease does indeed exist, but is being selectively applied. Further investigation into the biowarfare roots of Lyme disease may reveal this cure.

[27] The president's case of Lyme disease illustrates the debate on the nature and treatment of the disease. Biowarfare expert Gary Wormser is on record diagnosing the president from afar with the simple-minded refrain perpetuated by agents within the biowarfare infrastructure regarding a highly complex and recurring illness. Wormser stated:

"I wouldn't expect any problem at all for the president. He won't be impacted by this infection in the future."

Dr. Lesley Fein, a physician who is well aware of the true nature of the disease wrote:

"It is absurd to make definitive statements about the 'curative' treatment of Lyme. The treatment is based entirely upon each individual patient. There is no magic recipe, even in early cases. Some patients diagnosed early, need months of treatment because of cardiac or neurological complications within days of a bite."

[28] Reverby summarizes the research conducted by the Public Health Service through Dr. John Cutler in Guatemala between 1946 and 1948 (records stored in the University of Pittsburgh archives):

"Cutler's scientific fervor was impressive, for his sense of the dangers of syphilis was acute. The experiments varied the ways the inoculations were done, whether the syphilitic mixture came from a single chancre, a combination of 'donors,' or from the rabbits or the bodies of infected prostitutes and inmates and soldiers. The researchers gave out differing kinds of chemical prophylaxis to some of their subjects, or set

up other men as controls who had no prophylaxis. They made sure no one had the disease, or had taken anything for it, before they began the experimentation.'

Susan M. Reverby , "Normal Exposure" and Inoculation Syphilis: A PHS "Tuskegee" Doctor in Guatemala, 1946–1948 [Pre-published copy of paper from author]

[29] Cutler would go on to do another inoculation study five years later in 1953 with the PHS's Harold Magnuson at New York's Sing Sing Prison with 62 "human volunteers" using, as he had in Guatemala, both heat-killed and virulent organisms made from ground-up rabbit testes.

[30] 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

[31] "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

[32] Link to text of my speech speech ("*Why You Can't Get Treated For Lyme Disease*"), given May 21, 2011, at the MAYDAY event (A Day of Lyme Awareness and a Demand for Patient Rights) outside the White House: https://docs.google.com/viewer?a=v&pid=explorer&chrome=true&srcid=0BwWpe9s21nQ4NzVjYThlNTctNzIyYy00NDI3LTg0ZTktMjJiYzI0NGJiODQ5&authkey=CLb_3_MB&hl=en_US

[33] Link to my presentation speech ("*The Subversion of Modern Medicine Through the Proliferation of Treatment Guidelines*"), at the 2011 Physician's Round Table, describing the manner in which treatment guidelines are subverting the medical system in the United States: https://docs.google.com/viewer?a=v&pid=explorer&chrome=true&srcid=0BwWpe9s21nQ4ZWQ3NWNiNDMtYTVhZC00NDdlLTliM2ItZTBkZGM4ODllMDIx&authkey=CNWO8qMO&hl=en_US

[34] Amy Brodkey has outlined the manner in which pharmaceutical companies effectively ghost-write articles and then use their influence over publishing outlets to "formulate the appearance of 'scientific consensus'":

"A comparison of agency-authored and traditionally authored publications ...showed that … **ghostwritten studies outnumbered traditional studies, were published in more prestigious journals by more published authors** and were cited by other researchers at a much higher rate. ***Such practices enable industry to formulate the appearance of 'scientific consensus'*."** Amy C. Brodkey, M.D., "The Role of the Pharmaceutical Industry in Teaching Psychopharmacology: A Growing Problem," *Academic Psychiatry* 29:222-229, June 2005.

[35] The increasingly narrow segment of the corporate/medical establishment that creates and enforces treatment guidelines increasingly controls the medical health of entire populations. With respect to Lyme disease, we are witnessing how a biological warfare agent can be allowed to disseminate untreated within the public, while doctors who attempt to treat it are targeted for destruction because they don't adhere to treatment guidelines drafted by private medical societies in conjunction with the biowarfare wing of the CDC.

[36] As the *Lancet* reported, in the wake of the ongoing revelations on the nature of the syphilis experimentation in 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."

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."
"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

[37] Barbour was the first researcher to culture the Lyme disease borrelia spirochetes from ticks obtained near a biowarfare lab--Plum Island Animal Disease Center--on the East Coast.

[38] ALAN G. BARBOUR AND STANLEY F. HAYES, "Biology of Borrelia Species, MICROBIOLOGICAL REVIEWS," December 1986, p. 381-400.

[39] As Reverby summarized: "Public Health Service researchers did, in fact, deliberately infect poor and vulnerable men and women with syphilis in order to study the disease."

[40] Similar experiments were conducted in which human subjects were injected with human cancer cells and monkey cancer viruses so that the tumors that formed could be systematically measured and charted. The hope was that repeated injections in humans would serve as a human cancer vaccine by stimulating an accelerated rejection of the "tumor transplants" through an innate immunity mechanism. See: *Cancer Man: The Government-Funded Cancer Injection Experiments of Chester M. Southam*, http://winstonsmith.net/cancerman.htm

[41] Stephen F. Porcella and Tom G. Schwan, "Borrelia burgdorferi and Treponema pallidum: A Comparison of Functional Genomics, "; *J Clin Invest*. March 15, 2001; 107(6): 651–656.

[42] "Biology and neuropathology of dementia in syphilis and Lyme disease", Judith Miklossy, *Handbook of Clinical Neurology*, Vol. 89 (3rd series), C. Duyckaerts, I. Litvan, Editors, 2008 Elsevier B.V.

[43] Studies on the Immunology of Spirochetoses Immunologic Relationships of Treponema Pallidum and Borrelia Anserina. This study was supported in part by contract Nos, DA-49-007-MD-154 and DA-49-007-MD-146, with the Medical Research and Development Board, Office of The Surgeon General, Department of the Army, and by a grant from the United States Public Health Service E-69(C3).

[44] "The antigenic variation evidenced by the relapsing fever borreliae is of basic biological interest."

[45] "The antigenic variation of relapsing fever was a useful model for studying the immune system."

[46] According to Wikipedia: "The CDC was founded in 1942 during World War II as the **Office of National Defense Malaria Control Activities**."
http://en.wikipedia.org/wiki/Centers_for_Disease_Control_and_Prevention#History

[47] A Wikipedia article on the history of the CDC also reveals that the agency is heavily involved in biowarfare activities. The article notes that in "May 1994 the CDC admitted to having sent several biological warfare agents to Iraq from 1984 through 1989, including Botulinum toxin, West Nile virus, Yersinia pestis and Dengue fever virus." The article also reveals "The CDC has one of the few Biosafety Level 4 laboratories in the country."
http://en.wikipedia.org/wiki/Centers_for_Disease_Control_and_Prevention#History

[48] "Realization of the widespread prevalence of syphilis and the related venereal diseases was responsible for the first nationwide program in public health control of venereal diseases. These diseases accounted for one of the chief causes of draft rejection in the First World War, and this fact gave impetus to establishment of the control program." *Public Health Reports*, Vol. 69, No. 7, July 1954, pp. 684-689.

[49] "DoD Lyme Disease Program (DoD LDP): *Relationship to Readiness*: Soldiers sent to training areas prior to deployment and while at deployment sites, where tick-borne diseases are present, are subject to the acute and chronic symptoms that accompany these diseases and will often be unfit for duty thereby reducing the readiness of that unit. …The mission of the DoD Lyme Disease Program is to maximize the ability for Army units and installations to protect the soldier from the health threats posed by tick-borne diseases." http://www.armymedicine.army.mil/org/ea/dodldp.html

[50] We know that the U.S. government conducted experiments in Panama in which volunteer soldiers were deliberately infected with borrelia agents capable of inducing relapsing fever. Various methods of inducing disease in the soldiers were used including injecting them with the blood of white rats that had been injected with infected ticks, as well as allowing the diseased ticks to feed directly on the soldiers. The results were summarized in the American Journal of Tropical Medicine as follows:

> "Three human beings, volunteer patients, have been infected with relapsing fever as follows:
>
> 1. The first by a subcutaneous injection of blood from a white rat which had been infected with relapsing fever by a combined subcutaneous and intraperitoneal injection of naturally infected ticks.
> 2. The second by a hypodermatic injection of a suspension of naturally infected ticks.
> 3. The third by being bitten by naturally infected ticks."

Lewis B. Bates, Lawrence H. Dunn and Joe H. St. John, "Relapsing Fever in Panama, The Human Tick, *Ornithodoros Talaje*, Demonstrated to Be the Transmitting Agent of Relapsing Fever in Panama by Human Experimentation," *Am. J. Trop. Med.*, s1-1(4), 1921, pp. 183-210.

[51] One of these forms is a cell-wall deficient organism, called an L-form. Since many antibiotics work against the cell wall, the lack of this wall hinders attack with such agents. The L-form also affects the accuracy of diagnostic tests to confirm the presence of the spirochete so that it can treated.

[52] 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. and, 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.

[53] "Antibiotics have varying effects on the different morphological forms of *B. burgdorferi*. …Persistence of viable organisms in round body forms [cysts] and biofilm-like colonies may explain treatment failure and persistent symptoms following antibiotic therapy of Lyme disease." Sapi E., Kaur N., Anyanwu S., Luecke D.F., Datar A., Patel S., Rossi M., and Stricker RB, "Evaluation of in-vitro antibiotic susceptibility of different morphological forms of *Borrelia burgdorferi*," *Infect Drug Resist* 2011 7; 4 : 97-113.

[54] "Our results suggest that pleomorphic forms, including cystic forms of *Borrelia burgdorferi*, may persist in the brain and may explain the long latent stage and persisting infection in Lyme neuroborreliosis. The identification of these extra- or intracellular atypical, cystic and granular forms of *Borrelia burgdorferi* is essential for the histopathological diagnosis of Lyme disease as they may indicate chronic *Borrelia* infection, even in cases where the typical coiled spirochetes are apparently absent. In analogy to Treponema pallidum, Borrelia burgdorferi can persist in the brain in Lyme neuroborreliosis and may initiate and sustain chronic inflammation and tissue damage." Judith Miklossy, Sandor Kasas, Anne D Zurn, Sherman McCall, Sheng Yu and Patrick L McGeer, Persisting atypical and cystic forms of *Borrelia burgdorferi* and local inflammation in Lyme neuroborreliosis, *Journal of Neuroinflammation* 2008, 5:40.

[55] "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

[56] 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.

[57] 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]

http://www.amazon.com/Lab-257-Disturbing-Governments-Laboratory/dp/0060011416

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

[59] *Public Health Reports*, Vol. 69, No. 7, July 1954, pp. 684-689.

[60] "...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 R.A., Clark T., Wegner O.C., et al: Untreated syphilis in the male Negro. *Ven Dis Inform* 17: 260-265, 1936.

[61] Here is one study: Rockwell, D.H., Yobs, A.R., & Moore, M.B. The Tuskeegee study of untreated syphilis. The 30th year of observation. *Archives of Internal Medicine*, 114, 792-798, **1964**.

[62] "Under the glare of publicity, the government ended their experiment, and for the first time provided the men with effective medical treatment for syphilis."

[63] As summarized on the Wikipedia.org page on "Unethical human experimentation in the United States":

> "Many types of experiments have been performed [on human test subjects in the United States] including the deliberate infection of people with deadly or debilitating diseases, exposure of people to biological and chemical weapons, human radiation experiments, injection of people with toxic and radioactive chemicals, surgical experiments, interrogation/torture experiments, tests involving mind-altering substances and a wide variety of others. Many of these tests were performed on children and mentally disabled individuals. In many of the studies, a large portion of the subjects were poor racial minorities or prisoners. Often, subjects were sick or disabled people, whose doctors told them that they were receiving "medical treatment", but instead were used as the subjects of harmful and deadly experiments.
> Many of these experiments were funded by the United States government, especially the Central Intelligence Agency, United States military and federal or military corporations. The human research programs were usually highly secretive, and in many cases information about them was not released until many years after the studies had been performed."

[64] Tuskegee Experiment Records. The official was pleased at the denial of syphilis treatment for a group of WWII draftees. http://www.infoplease.com/spot/bhmtuskegee1.html

[65] "**Lyme Disease** is America's most common and fastest growing vector-borne disease." Approximately 20,000 new cases of Lyme disease are diagnosed each year. The actual number of infections is estimated to be 10 times this number, due to the number of cases that go without being properly diagnosed. http://www.medicalnewstoday.com/articles/57681.php

[66] In 2007, the CDC noted that: "Since Lyme disease became nationally notifiable in 1991, the annual number of reported cases has more than doubled."

[67] According to the issued alert, this was only twice as high as in the general public. "Lyme Disease in Construction: Hazard Alert," Center to Protect Workers' Rights, http://www.cpwr.com/hazpdfs/hazlyme.pdf

[68] Felicia Mello, "Lyme cases in Mass. go up 50% in one year," *Boston Globe*, June 15, 2007.

[69] "Pennsylvania is No. 1 in the country for reported cases of Lyme disease," said Julia Wagner, president of the nonprofit patient support and education group MontCo Lyme, who ran a Lyme disease information booth at the Pennsylvania State School Nurses and Practitioners Association convention at Valley Forge Convention Center in King of Prussia. Gary Puleo, "Locals recount long battle with Lyme disease," *The Times Herald*, Norristown, Pennsylvania, April 10, 2011. http://tinyurl.com/6kodp7j

[70] Virginia sees rise in Lyme disease, *Roanoke Times*, 06/04/10

[71] Julie Carey, "Task Force Takes Lyme Disease Fight to Loudoun County," June 30, 2011, http://www.nbcwashington.com/news/health/Task-Force-Takes-Lyme-Disease-Fight-to-Loudoun-County-124824524.html

[72] A national task force was finally initiated in 2011 to investigate the science behind Lyme disease. Participants in the workshop were reportedly *told not to discuss the most important subject: treatment*. "Speakers discussed current research and knowledge gaps; criteria for diagnosing tick-borne diseases; the groups most vulnerable to acquiring tick-borne diseases; and the experiences of those with tick-borne diseases." Consequently, the final report did not address *treatment* of the deadly disease. http://books.nap.edu/openbook.php?record_id=13134

[73] "Dr. Cathryn Harbor was volunteering at her children's camp outside Charlottesville last summer when she noticed a startling phenomenon: In the span of one week, 10 of her 100 campers came to her complaining of flulike symptoms. Each reported being bitten by a tick, and four were spotted with suspicious rashes. All 10 cases were a ringer — at least in Harbor's mind — for suspected Lyme disease."

[74] Evidence of this fraud orchestrated by state epidemiologists has been uncovered by Tina Garcia, president of a nonprofit organization called Lyme Education Awareness Program (LEAP). As is true of other regions of the country, a state epidemiologist has misrepresented the presence of *Borrelia burgdorferi* and of ticks carrying Lyme disease in Arizona. This systematic denial of tick infection leads directly to a denial of diagnosis and treatment. (Garcia was selected to testify at the Infectious Diseases Society of America (IDSA) 2006 Lyme Disease Practice Guidelines Review Panel Hearing, on Thursday, July 30, 2009, in Washington, D.C.) See: "*Is Lyme Disease in Ticks in Arizona?*" http://www.leaparizona.com/lymeinarizona.htm

[75] As summarized by the *Roanoke Times*: "Delays in diagnosing Lyme disease can lead to worse symptoms and reduce the chances of curing the disease." "Virginia sees rise in Lyme disease," *Roanoke Times*, 06/04/10 http://www.roanoke.com/news/roanoke/wb/249149

[76] "State Affirms Lyme Disease Danger," Oct. 1, 2009.

[77] In another article, the *Raleigh NewsObserver* relates an astounding statistic on the infection rates in North Carolina:

"Camp Lejeune had nearly half the Lyme disease cases confirmed among active duty Navy personnel from 1996 to 2007 -- six times the cases at a base in Connecticut, where Lyme disease was discovered and is considered widespread. Yet North Carolina health officials do not consider Lyme disease a perpetual threat…"

"NC In Denial On Lyme Disease," *Raleigh* NewsObserver, April 20, 2009.

[78] "The cases of Lyme disease in Iowa are on the rise, about tripling over the past decade, state health officials said." "Lyme disease showing up more in Iowa," *Storm Lake Pilot Tribune*, July 11, 2011. http://www.stormlakepilottribune.com/story/1743321.html

[79] http://blogs.roanoke.com/lyme/

[80] "Opinion: A Health Epidemic That's Going Largely Unnoticed," *AOL News,* May 28, 2010.

[81] "Few Conn. Physicians Treat Chronic Lyme Disease," *MedPage Today*

[82] http://underourskin.com/blog/?cat=6

[83] "Over the past couple of years, Claesson… is host to a Lyme disease support group that includes 400 researchers, doctors and victims in 40 countries."

Keith Morelli, *Tampa Tribune*, Published: Jan. 24, 2011. http://www2.tbo.com/content/2011/jan/24/researchers-florida-doctors-reluctant-to-diagnose-/news-breaking/

[84] The infant's mother summarized the degrading experience as follows:

"I feel upset because you expect to be in the best hands at the hospital but we more or less sorted it ourselves. …They didn't seem to know what to do, but the nurse at the vets was fantastic."

"Toddler from Bolton with tick under his skin is treated by a VET," *Bolton News*, Nov. 6, 2009,

http://www.thisislancashire.co.uk/news/4724384.Toddler_from_Bolton_with_tick_under_his_skin_is_treated_by_a_VET/

[85] Dr. Muddasar Chaudry quoted in: "The Doctor of Last Resort," Beth Macy, *Roanoke Times,* *http://blogs.roanoke.com/lyme/2010/12/the-doctor-of-last-resort/*

[86] The case was summarized by the *Under Our Skin* film-makers: "Dr. Jones has spent the last four years and hundreds of thousands of dollars defending himself against state medical board charges of 'inappropriate' treatment of children with Lyme and other tick-borne diseases. In late 2005, a divorced Nevada father who disputed having to pay half of his children's Lyme disease medical bills filed a complaint with the Connecticut Department of Public Health (CT DPH) against Dr. Jones. After investigating the complaint, CT DPH brought charges to the state medical board, alleging that Jones diagnosed Lyme disease in the children without examining them; that he failed to consider other causes for their symptoms; and that he improperly prescribed antibiotics. According to the mother, who is also a registered nurse, Dr. Jones never diagnosed her children before their in-person exam: After an in-depth phone consultation, he simply agreed to renew her son's azithromycin prescription for the chronic cough that was preventing him from going to school, until she was able to fly the children out to Connecticut for an exam. Long story short, Dr. Jones treated the two children for Lyme disease, and they got better. Dr. Jones got dragged through the courts for months." http://www.underourskin.com/news/feeling-pressure-update-dr-charles-ray-jones

[87] The film-makers also relate that "None of Dr. Jones' treatments resulted in patient harm and his medical decisions were motivated by his desire to begin the treatment of these very sick children as soon as possible."

[88] "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." Richard Wolfram, "Connecticut Attorney General Investigation and Settlement Highlights Possible Applicability of Antitrust Standard Setting Law to the Development of Clinical Practice Guidelines."

[89] The assault on Lyme doctors prescribing long-term antibiotics was summarized by the *New York Times* in 2001: "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. In the most recent and explosive case, they have taken on the man who had predicted he would be targeted nearly a decade ago for speaking out in the Senate and who [Allen] Steere once called 'the principal force leading to the overdiagnosis and overtreatment of this illness': Joseph Burrascano." "Stalking Dr. Steere Over Lyme Disease," *New York Times*, June 17, 2001.

[90] As observed by Dr. Kenneth Leigner:

"What struck me the most was that patients didn't seem to fit the book. They kept relapsing when I tried to stop treating them. I used the standard 14- to 21-day treatment... but the patients would stay sick. So I'd extend treatments longer and longer. And a lot of times even then, they'd get sick when I stopped treatment."

[91] Borrelia organisms such as the one that causes Lyme disease are well documented to cause numerous problems with eyesight.

[92] Katie Jacks, mother of son whose health is failing because of North Carolina Board's halting of treatment for Lyme Disease by Dr. Jemsek, *Rhinoceros Times,* Charlotte, Feb. 8, 2007

[93] *Public Health Reports*, Vol. 69, No. 7, July 1954, pp. 684-689.

[94] It is hard to overestimate the scale of this experimentation, or the level of participation among the nation's leading academics and scientists in the search for mentally incapacitating and controlling agents. As summarized by Dr. Collin Ross:

"The participation of psychiatrists and medical schools in mind-control research was not a matter of a few scattered doctors pursuing questionable lines of investigation. Rather, the mind-control experimentation was systematic, organized and involved many leading psychiatrists and medical schools. The mind-control

experiments were interwoven with radiation experiments, and research on chemical and biological weapons. They were funded by the CIA, Army, Navy, Air Force and by other agencies including the Public Health Service and the Scottish Rite Foundation. The psychiatrists, psychologists, neurosurgeons and other contractors conducting the work were imbedded in a broad network of doctors, and much of the research was published in medical journals. The climate was permissive, supportive and approving of mind-control experimentation." http://www.wanttoknow.info/bluebird10pg

[95] See **Appendix C** for a discussion on the self-serving denial of persistence of Lyme disease by the establishment "experts".

[96] According to the *American Journal of Epidemiology*:

"In 2000, 43% of state and territorial epidemiologists were EIS graduates."

[97] The establishment experts have simply labeled the recurring, chronic phase of the disease as "Post Lyme Syndrome," an insulting, unscientific label that denies an ongoing infection by fiat so that treatment denial can be rationalized.

[98] Chartered with alerting the nation's health infrastructure in the event of a bioweapon release, so that a rapid response could be initiated, the EIS is in fact systematically misinforming the nation on the nature of a disease caused by what the US government has admitted is a bioweapon. It is thus orchestrating a "non-response" to a biological warfare agent—exactly counter to its charter. LANGMUIR, A D; ANDREWS J M (March 1952). "Biological warfare defense. The Epidemic Intelligence Service of the Communicable Disease Center". *American journal of public health and the nation's health* 42 (3): 235–8.

[99] EIS graduates include the leading medical reporter at the *New York Times* (Lawrence K. Altman).

[100] For example, here is a summary of the case of Sadet Daniels (from Denmark):

"The Danish doctors did not believe that I had Lyme disease, although I had a positive test from Germany. 'The test is not approved in Denmark', they said. So they would not give me any treatment. In general, doctors in Denmark were very arrogant. They spoke to me as if I did not understand anything -- and my doctor at Bispebjerg flatly rejected the possibility that the German tests were correct." says Sadet Daniel.

Therefore, she paid $35,000 to be treated with large amounts of antibiotics in a German private hospital:

"There was a completely different mood in Germany. For the first time in the entire process I felt that one took me seriously. And the treatment was extremely effective. It is the best money I ever spent in my life. I dare not even think about what had happened if I had not come into treatment." **She is now almost fully recovered.** Reporting her recovery to Danish doctors,

"I thought that now they had to then listen to me, but they still denied that I had been sick. If treatment with antibiotics had worked, it had to be psychosomatic, said my doctor at Bispebjerg,.because I had not Borrelia when I was tested negative."

The combination of the arrogant Danish attitude and lack of knowledge about the disease and diagnosing it is very dangerous…"
http://translate.google.co.uk/translate?hl=en&sl=da&tl=en&u=http%3A%2F%2Fwww.information.dk%2F231898 Kristian Villesen, "No one in Denmark believed in me," information.dk, 2, May 2010

[101] Here is a summary of the case of a Canadian (from the *Montreal Gazette*, May 9, 2010):

"…McShane started consulting doctors in Montreal. 'I visited infectious disease specialists, neurologists, rheumatologists and primary care specialists and visited the emergency room of the Jewish General.' She was evaluated by seven doctors, but no one could help her.
Over the next 10 months, she lost all short-term memory and suffered excruciating back pain.
…After searching the Internet, she saw some articles describing Lyme disease and contacted her neurologist to ask about getting tested. **The doctor told her Lyme disease didn't exist in Quebec**.

McShane remembered treating a patient at her clinic in Chazy, N.Y., in 1999 who had seen 25 doctors without getting a proper diagnosis. …The man finally tested positive for Lyme disease and was successfully treated with antibiotics.

'So I got the number of his doctor and went to see him,' McShane said.
'The specialist told me right away that I had the symptoms of Lyme disease. Two weeks later, the blood test confirmed that I had Lyme disease.'
In June 2003, McShane was given a prescription for two antibiotics, an anti-fungal medication an anti-protozoan medication and other supplements.
She took these medications for two years. 'I slowly recovered, and then continued taking different alternatives such as herbal and holistic medicines, which I still take.'
In 2005, Canadians started showing up in her clinic. Their stories were the same.
McShane's practice is now dedicated almost exclusively to Lyme disease patients. 'They feel like they've been abandoned. They're also very angry.'"

[102] http://www.cdc. gov/nchstp/ od/tuskegee/ time.htm
[103] Lyme patients are also diagnosed with the equivalent of "bad blood." If they are fortunate enough to finally find the cause of their ongoing symptoms (depression, arthritis, chronic fatigue, cognitive impairment, etc.) and receive some semblance of treatment, they are often labeled with "Post Lyme Syndrome." This diagnosis allows the underlying cause to be named but not treated since it is assumed to be due to a noninfectious source—the original causative infection being magically cleared by the official short-term antibiotic regimens recommended by "experts" who, in the early days, claimed antibiotics had no effect at all on the disease.
[104] Miguel Perez-Lizano summarized the simple-minded 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."
[105] Insurance companies profit by denying reimbursement to patients for expensive antibiotic treatments. 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?," *New York Times*, Aug. 24, 1993.
[106] Treating symptoms can be far more profitable than treating the underlying disease itself. According to Michael Gianturco, president of Princeton portfolios, "Most blockbuster drugs got that way not by curing people but by treating chronic conditions, such as ulcers or depression, that can require a lifetime of prescription refills." "SmithKline's Promising Vaccines," *Forbes*, December 1997.
[107] Lyme disease has been called "The Great Imitator" because in addition to arthritis and depression, victims may develop symptoms similar to multiple sclerosis, fibromyalgia, chronic fatigue, Parkinson's disease and ALS. Miguel Perez-Lizano (June 2010) summarized the potential profits at stake in treating these symptoms:

"The market for symptomatic treatment of Lyme disease through pharmaceuticals is undoubtedly immense. The pharmaceutical market for arthritis alone generated $15.9 billion in revenues in 2008.
Worldwide sales of Parkinson's disease therapies will increase modestly from $2.5 billion in 2008 to $2.8 billion in 2018 in the United States, France, Germany, Italy, Spain, the United Kingdom and Japan
"According to PharmaLive, pharmaceutical industry experts expect the fibromyalgia drug market to quadruple to $2 billion by 2016.
"Leonard Sigal, a rheumatologist and contributor to the IDSA Lyme guidelines, is heavily involved with promoting fibromyalgia as an alternative diagnosis. Sigal, a former academician, now works for a

pharmaceutical company He has also testified in legal cases, on behalf of insurers, against Lyme disease doctors and victims."

[108] Even if the characteristic Bull's-Eye rash is observed, the CDC demands that it be of a certain size and appearance to count as Lyme disease. And even then the patient may have to prove that he is from a "Lyme endemic state" for the case to count in the CDC's statistics, which are manipulated to deny the scope of the epidemic in order to deny treatment. If these criteria are not met, the disease may be labeled something other than Lyme, making it even more difficult for the patient (and future patients from the "nonendemic" state) to get treated. This occurred in the era of the Dr. Ed Masters' investigation of Lyme disease in the Southeast. At the time, part of the CDC criteria for diagnosing Lyme disease was an EM rash greater than 5 centimeters. Even patients who had this rash, but did not test positive (tests are based on one strain out of hundreds of the disease), were not diagnosed with Lyme disease because they did not live in a Lyme endemic area. According to Jonathon Edlow: "In these early cases, blood testing was not a part of the case-finding definition. So using the CDC's own definition, physicians in Georgia and Missouri reported that they were seeing Lyme disease. But because the cases were in a nonendemic area, the CDC tossed out these purely clinical diagnoses." *Bull's Eye*, p. 159.

[109] Dr. Masters, along with the Missouri state epidemiologist (H. Denny Donnell), worked with the CDC investigating the cases of suspected Lyme disease in Missouri. Edlow summarized the predictable outcome of the "investigation": "Although Masters and Donnell and the CDC were studying the same phenomenon, they arrived at vastly different conclusions."

The CDC claimed the disease, which also produced a Bull's-Eye rash and other Lyme-similar symptoms, was not Lyme disease. They ended up calling it Southern Tick Associated Rash (STARI).

Ultimately, the two independent authors working with the CDC on the investigation of STARI disease in the Southeast were so incensed they demanded that their names be removed from the final paper summarizing the study. As the author of *Bull's Eye* reported, the authors "believed that the CDC had approached the investigation with a preconceived conclusion and then made the data fit that conclusion." The same could be said about the CDC's ongoing investigation of Lyme disease from the beginning.

Masters did not pull any punches in relating how the CDC intentionally derailed his investigation: "The most serious and disappointing circumstance was when I caught the CDC red-handed trying to... masquerade opinion as data supported by objective and provable facts."

[110] With respect to the national level, the under-reporting of Lyme cases affects the overall attention Lyme disease gets and therefore the amount of money and effort that is spent on fighting the disease. According to Edlow, commenting on the situation in Missouri:

"The implications of whether Lyme disease exists in the South are important. For instance, should cases from these southern states count in the official CDC numbers? These official counts can affect the number of research dollars or public education campaigns that are earmarked for Lyme disease."

[111] The emphasis on treatment of symptoms over treating the underlying cause of disease is an increasing trend. As noted by Wortis and Stone in 1992:

"The overall influence of the industry is to emphasize drug treatment at the expense of other modalities: psychotherapy, social approaches, nutritional, herbal and natural remedies, rehabilitation, general hygienic measures, nonpatentable drugs or other alternative approaches. It focuses attention on disorders that are treatable by drugs, and may promote overdiagnosis. It reinforces the practice of dealing with disease by treatment of symptoms, and diverts interest from prevention."

Wortis J., and Stone, A. "The Addiction to Drug Companies. *Biol. Psychiatry* 32:847-849, 1992

[112] Upon close examination, the IDSA's recommendations are in fact tailor-made to perpetuate the disease under the pretext of treatment. This is because short-term treatments of the Lyme disease spirochete—a "pleomorphic pathogen"—can cause it to change into a form that allows it to evade the immune response and antibiotics. The disease may appear to be cured, while merely going into remission—only to re-emerge at a later date, similar to the late stages of disease caused by the syphilis spirochete.

[113] One of his biowarfare presentations is entitled: "How Germs Become Weapons—Recognizing Agents —Treating Patients."

[114] Yale works closely as a research arm for start-up and established pharmaceutical companies. It has cloaked its massive endowment fund in secrecy, so that the extent of its investments with pharmaceutical companies cannot be investigated by the public.
[115] "Yale scientists played a pivotal role in the discovery of Lyme disease and are credited as the first to recognize, name, characterize and treat the affliction." Elbaum-Garfinkle S., "Close to Home: A History of Yale and Lyme Disease," *Yale J Biol Med* 2011 06; 84 (2): 103-8.
[116] The three towns that initially had high rates of Lyme arthritis were along the eastern bank of the Connecticut river. Bulls-Eye, p. 40.
[117] Polly Murray had also noted this possibility in her notes, as early as 1965. *Bull's-Eye*, p. 81.
[118] Members of Polly Murray's family were prescribed up to 13 aspirin per day under Steere's care.
[119] Murray, p. 157.
[120] Steere AC, Broderick TF, Malawista SE, "Erythema chronicum migrans and Lyme arthritis: epidemiologic evidence for a tick vector," *Am J Epidemiol.*, 1978 Oct;108(4):312-21.
[121] "Stalking Dr. Steere Over Lyme Disease," *New York Times*, June 17, 2001.
[122] 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.
[123] The name of this invented tick species was *Ixodes dammini*. Jonathan Edlow summarized the impact of this imaginary 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 northernmost range is the middle Atlantic states) then doctors would not be able to diagnose Lyme disease in the southern states." Jonathan Edlow, *Bull's-Eye*, p. 117.
[124] The Steere Camp maintains a similar position today, insisting that the *Ixodes* species is the only one capable of spreading Lyme disease in the US. Victims of Lyme disease in the southeast, spread by the Lone Star tick, are paying the price for this position.
[125] Steere has pursued the hypothesis that the long-term damage resulting from the agent he proved incapable of diagnosing and treating effectively was from the action of the victim's immune system, not the infectious agent itself. As he summarized in one paper: "We believe that the later manifestations of Lyme disease—neurologic, cardiac, and joint—are immune mediated." *Bull's-Eye*, p. 191.
[126] 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," *New York Times*.

[127] Dr. Leo Galland has summarized the effects the IDSA guidelines are having on the public: "The Infectious Diseases Society of America has stated that three weeks of antibiotics will cure over 95 percent of people with Lyme disease. But many experts have challenged these treatment guidelines as being inaccurate. As I see it, even if the Infectious Diseases Society of America's guidelines are accurate, they are grossly inadequate: A failure rate approaching 5 percent for a curable disease is unacceptable.

"…Let's check the math: At present there are about 30,000 new cases of Lyme disease reported to state health departments each year. Everyone acknowledges that under-reporting is the rule, so that there are undoubtedly many more new cases in the U.S. every year. The annual incidence is probably more than 100,000 new cases each year. Lyme disease has been with us for at least 30 years. So, even if the failure rate of the IDSA guidelines is only 1 to 4 percent, as claimed, there are tens of thousands of Americans living with incompletely treated Lyme disease." "Lyme Disease Symptoms: Key Facts About This Mysterious Illness," *Huffington Post*, June 8, 2011. http://www.huffingtonpost.com/leo-galland-md/lyme-disease-symptoms_b_876096.html

[128] 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."
[129] As it turns out, the IDSA panel that drafted the Lyme treatment guidelines was not only riddled with conflicts of interest but also with military agents of the CDC's EIS. This might explain why the panel's "voluntary" treatment guidelines were immediately picked up by the CDC's website. It may also explain why the board's increasingly narrow-minded treatment protocols have been used to target doctors for elimination because they choose to treat Lyme disease according to the best-known methods instead of according to the IDSA's "voluntary guidelines."
[130] 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 (July 1997), pp. S71-S75.

[131] Evren Akin,, Gail L. McHugh, Richard A. Flavell, Erol Fikrig, and Allen C. Steere, "The Immunoglobulin (IgG) Antibody Response to OspA and OspB Correlates with Severe and Prolonged Lyme Arthritis and the IgG Response to P35 Correlates with Mild and Brief Arthritis Infection and Immunity," January 1999, p. 173-181, Vol. 67, No. 1; Robert A. Kalish, John M. Leong and Allen Steere, "Early and Late Antibody Responses to Full-Length and TruncatedConstructs of Outer Surface Protein A of Borrelia burgdorferi in Lyme Disease," *Infection and Immunity* June 1995, p. 2228–2235.

[132] "We remain skeptical that antibiotic therapy helps..." Allen Steere, et. al. "Erythema Chronicum Migrans and Lyme Arthritis: The Enlarging Clinical Spectrum," *Annals of Internal Medicine*, June 1977.
[133] Steere's justification of how he completely missed the bacterial nature of Lyme disease: "Viruses are hard to find, whereas bacteria are large and should be sitting there in the synovial tissue. We thought we'd have seen a bacterium in the tissue, if that's what it was."
[134] Steere somehow missed the classic Jarisch-Herxheimer reactions in the patients he eventually reluctantly treated with antibiotics. Observing this well-known response in his patients would have told him the precise nature of the bacteria that was causing the disease, the source of which he was supposedly investigating. This well-known Herxheimer reaction was fundamental evidence that the infectious organism was a spirochete—the type of bacterial agent that causes Lyme—and not a virus. This important connection was made by a visiting CDC colleague (George Schmid) during a 1-week collaborative trip to Steere's clinic, *after the very first patient of Steere's that he saw* described her classic reaction to antibiotics. *Bull's-Eye*, p. 119.

[135] Steere and his colleagues at Yale ignored decades of published data on a bacteria-induced rash similar to the one that often precedes Lyme arthritis. They arrogantly refused to admit that antibiotics were effective *at all* in treating the bourgeoning Lyme disease epidemic. A letter that the Yale Investigative Group sent to the Lyme victim community (May 18, 1976) stated: "The best treatment for the usually mild symptoms of arthritis is not yet clear. At present, we suggest taking only aspirin during symptomatic periods." Jonathan Edlow, *Bull's-Eye.*

[136] As a Navy doctor quoted in the book *Bull's-Eye* related: "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."

[137] As far back as the 1950s, German and Swiss doctors had demonstrated that antibiotics were effective in treating the skin conditions and joint problems induced by a disease similar to Lyme disease. They did this by injecting themselves with tissue samples from sick patients. They were able to demonstrate not only that that telltale rash was infectious but that it could also be subsequently treated with antibiotics. Dr. Klaus Weber, a German dermatologist summarized: "[A]ll of these experiences together left no doubt to dermatologists in Europe that antibiotic treatment was indicated for these conditions; this was standard practice!" By 1970, Dr. Rudolph Scrimenti, an American dermatologist from Wisconsin had already diagnosed and successfully treated (with antibiotics) a case of what appeared to be a type of Lyme disease (the patient had the tell-tale Erythema Migrans rash). This case was published in 1970, in the *Archives of Dermatology*. As Jonathan Edlow relates in *Bull's-Eye*, "Scrimenti promptly treated this patient with penicillin. The patient improved and remained free of recurrences for the next twenty years." Scrimenti was successful because he had familiarized himself with the European literature on the topic and acted on it, rather than superimpose his own erroneous model of the disease on his patients. *Bull's-Eye*, pp. 51, 52, 68-71.

[138] Steere and company systematically monitored the rheumatologic and neurologic disease symptoms in untreated patients: "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

[139] Steere even published a paper describing the similarities between Lyme and syphilis (caused by the spirochete *Treponema pallidum*)—the subject of a previous CDC "natural experiment":

"The immune response to *Treponema pallidum* in syphilis has similarities to those in Lyme disease.

- During the first several weeks of leutic infection, the immune response is suppressed, and the antibody response is restricted to a few polypeptides. In tertiary syphilis, as in Lyme disease, specific IgM has been detected after the development of specific IgG, although the responsible antigens have not been identified in syphilis.
- Similarly, in certain chronic parasitic infections, immunosuppression occurs in the illness, and specific IgM responses have been detected in the presence ofspecific IgG. No comparable information is available regarding infection with the relapsing fever borrelia.
- In both syphilis and Lyme disease, serodiagnostic tests often give false-negative results early in the illness."

[140] Polly Murray, *The Widening Circle*, (St. Martin's Press: New York, 1996), p. 151.

[141] One doctor summarized her frustration with Steere's ideology: "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." Murray, p. 239. -Deborah Amdur, letter to the *New York Times* (1993)

[142] Steere served on two committees that published guidelines used to deny patients effective antibiotic treatments and published numerous papers denying the existence of chronic Lyme disease (a position he had earlier defended), claiming Lyme disease was hard to catch and easy to cure, and he has been active in the effort to destroy doctors who were treating it.

[143] In a Powerpoint presentation from 2010, (*Lyme Disease, Study Highlights and Controversial Issues*), Steere ridicules the concept of a chronic Lyme infection outlasting his simple-minded treatment paradigm and implies that women who believe they have a chronic infection are simply vulnerable victims, seduced by their doctors into believing they have a real illness. From his slide entitled "Mind-Body Medicine, The Power of Suggestion", Steere quotes Ann Harrington:

• "In its classic form, this narrative begins with a vulnerable, naïve, or needy person (often a patient, quite often a woman) and an authority figure (typically a doctor, healer, hypnotist, or priest, but invariably a

man) who is believed to possess personal charisma, special skills, powerful medicines, or expert knowledge that brooks no skepticism."

• "The patient believes whatever is said, does whatever is said, and –strangest of all –physically experiences whatever is said."
http://www.acponline.org/about_acp/chapters/ri/steere.pdf

[144] One doctor had told her, "You know, Mrs. Murray, sometimes people subconsciously want to be sick." *Unlike Steere, Murray knew that antibiotics would work against the disease*. After being accused of being a hypochondriac by one doctor she thought to herself: "If the disease is psychosomatic, then why do my symptoms improve soon after a course of penicillin?" Murray, p. 58.

[145] The EIS has used its influence with state health departments, both to rescue vaccines and to pull vaccines that turned out to be deadly. According to the *American Journal of Public Health*: "Forty-three years after an EIS investigation of vaccine-associated polio cases helped to rescue the first national polio vaccine program, EIS Officers played a critical role in identifying another vaccine-related epidemic. On August 31, 1998, the first rotavirus vaccine was licensed in the United States for use in infants. *Rotavirus*, the most common cause of infectious diarrhea in small children in this country, causes 20–40 deaths and more than 50,000 hospitalizations annually. After receiving reports of intussusception among infants who had been vaccinated, CDC recommended suspending use of the vaccine on July 16, 1999, and immediately launched a nationwide study to examine the association between rotavirus vaccine and intussusception. EIS Officers assigned to state health departments were mobilized in 12 states that had received large quantities of the vaccine, and officers from Atlanta were sent to three other states." Langmuir A.D., Andrews J.M. "Biological warfare defense. 2. The Epidemic Intelligence Service of the Communicable Disease Center." *Am J Public Health* 1952;42:235–8.

[146] For those who are skeptical that the government would expose the public to deadly pathogens like Lyme disease, please see my articles on the history of the government funding of cancer researchers who systematically injected "tumor transplants" into human subjects: "*Cancer Man: The Government-Funded Cancer Injection Experiments of Chester M. Southam*": http://www.winstonsmith.net/cancerman.htm

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

[148] Emma Hitt, "Poor sales trigger vaccine withdrawal," *Nature Medicine*, 8, 311 - 312 (2002).

[149] Cold-blooded vaccine marketing economics and subsequent politics may indeed explain the otherwise incomprehensible disinformation campaign perpetuated by the Steere camp, which first denied that antibiotics were effective at all and then switched positions to claim they were so fantastically effective as to be used in miraculously short courses.

[150] Increasing the infection rate of Lyme not only increases the marketability of a vaccine against it but it also facilitates associated vaccine trials. This is because the "sample size" (number of test subjects) required for Lyme vaccine trials is inversely proportional to the rate of infection of a given area. The higher the infection rate, the fewer people would be required for vaccine trials. With fewer people required, the trials would be more manageable and cost-effective. Identifying enough areas with suitable infection rates ("The high incidence in some areas facilitated selection of sites.") was a concern to the vaccine researchers, due to the variability in rates from one region to another:

"As in most vaccine trials, identifying the population at risk is a critical component. As far as LD is concerned, defining this population is particularly challenging because of several factors, including considerable variation in attack rates, even within areas of endemicity; seasonal transmission; year-to-year variability in incidence; and the need for outdoor exposure by subjects."

This variability in infection rates made it difficult for researchers to settle on a sample size for the phase III trials:

"In addition to affecting site selection, the variation in reported rate and the estimation of the true incidence of the disease made it difficult to determine the appropriate sample size. With reported seasonal attack rates that vary in most publications from 0.1% to 4.0%, the sample size required to detect vaccine efficacy would vary significantly. It was decided the sample size and power calculations on a conservative estimate of an LD seasonal attack rate of 0.5%."

Francois Meurice, Dennis Parenti, Darrick Fu and David S. Krause, "Specific Issues in the Design and Implementation of an Efficacy Trial for a Lyme Disease Vaccine," *Clinical Infectious Diseases,* 1997;25(Suppl 1):S71–5, 1997.

[151] Steere camp researchers estimate that EM occurs in approximately 90% of Lyme victims. ILADS doctors estimate it occurs in 50% or less. *Bull'sEye*, p. 205.

[152] The IDSA Lyme disease treatment guidelines, published by the ***New England Journal of Medicine,*** deliberately created this false view of Lyme disease. In a summary table in the article, it labeled widespread and well-document cardiac and neurological manifestations of Lyme disease as "rare" and "extremely rare."

[153] The authors of one vaccine study acknowledged the difficulties that Lyme disease presented for vaccine trials:

"Initiating this pivotal trial presented a formidable challenge because of a large number of issues not usually encountered in vaccine trials."

Francois Meurice, Dennis Parenti, Darrick Fu and David S. Krause, "Specific Issues in the Design and Implementation of an Efficacy Trial for a Lyme Disease Vaccine," *Clinical Infectious Diseases,* 1997;25(Suppl 1):S71–5, 1997.

[154] The occurrence of "rare manifestations" of Lyme disease infection would greatly complicate vaccine trials by requiring a larger number of vaccine recipients to be tracked and tested to evaluate the vaccine's effectiveness against these manifestations. Such calculations resulted in SmithKline Beecham scientists conducting a phase III clinical trial for their Lymerix vaccine using eight thousand subjects to test against the "primary endpoint analysis" (arthritis). According to SmithKlineBeecham scientists:

"Eight thousand subjects (4,000 per group) would provide ample power for the primary endpoint analysis. While this number of subjects should provide reasonably tight confidence intervals, it will not be sufficient to determine vaccine efficacy against rare manifestations of LD with comfortable precision. The cost and feasibility of conducting a trial involving a huge number of subjects must be balanced against the potential statistical shortcomings."

Francois Meurice, Dennis Parenti, Darrick Fu and David S. Krause, "Specific Issues in the Design and Implementation of an Efficacy Trial for a Lyme Disease Vaccine," *Clinical Infectious Diseases,* 1997;25(Suppl 1):S71–5, 1997.

[155] The vaccine was falsely portrayed as 100% effective against asymptomatic Lyme, the source of the slow-forming and difficult-to-diagnose aspect of Lyme disease at a 1995 IDSA meeting. According to one summary:

"For every four cases of Lyme disease with the characteristic skin rash, there is one case of asymptomatic infection. Asymptomatic infection is significant because it may be the source for onset of late-stage Lyme disease, which is more difficult to diagnose and more difficult to treat," said Dr. Vijay K. Sikand, adjunct assistant professor of medicine at Tufts University School of Medicine and lead author of the study. "The findings presented at IDSA confirm that Lymerix prevents asymptomatic infection, thus possibly avoiding the risk of late-stage disease."

"IDSA: Vaccine Lymerix 100% Effective Against Asymptomatic Lyme Disease," *Doctor's Guide*, Nov. 19, 1995.

[156] "We show that infection with B. burgdorferi may be asymptomatic but that asymptomatic infection is unusual in the United States."

Allen C. Steere, Vijay K. Sikand, Robert T. Schoen and John Nowakowski, "Asymptomatic Infection with Borrelia burgdorferi," July 30, 2003. *Clinical Infectious Diseases*, 2003;37:528–532.

[157] Steere is still claiming that such asymptomatic cases are nearly always preceded by arthritis symptoms, which would have developed within the scope of his vaccine trial observations.

"In a previous study of 55 untreated patients with erythema migrans who were followed up for 4–8 years, 6 (11%) developed neuroborreliosis and 2 (4%) had carditis within weeks after the skin lesion appeared, and 34 (62%) subsequently had Lyme arthritis. Joint involvement developed within 6 months after disease onset in one-half of the cases and within 2 years in all cases. Therefore, in the vaccine study, the period without treatment and the duration of follow-up were probably long enough for identification of most of the patients who would have developed later manifestations of the infection."

[158] Pharmaceutical companies are certainly capable of engaging in activities on this scale. As Dr. Forcades has summarized:

- "In the brief period from 2000 to 2003, almost all the large pharmaceutical companies went before state tribunals in the U.S., A, accused of fraudulent practices. Eight of these firms were fined over 2.2 billion dollars.
- Four of these eight companies — TAP Pharmaceuticals, Abbott, AstraZeneca and Bayer — admitted criminal responsibility for activities that put the lives and health of thousands of people at risk."

A Senate Finance Committee summary related the following with respect to criminal activities of the pharmaceuticals industry:

- In recent years, **pharmaceutical companies have committed acts that forced them to pay the largest criminal fines in American history**.
- In cases involving Pfizer, Eli Lilly, Bristol Myers Squibb and four other drug companies, these fines and penalties have **totaled over $7 billion since May 2004.**
- In particular, Pfizer has been fined multiple times in the past 6 years for illegal off-label promotion of their drugs. In its latest plea agreement, which took place last September, **Pfizer paid $2.3 billion** in fines and penalties for off-label promotion of **Bextra**. This settlement was **the largest criminal fine in U.S. history**.'

Senate Finance Committee "Staff Report on GlaxoSmithKline And the Diabetes Drug Avandia," (Max Baucus, chairman, January 2010)

[159] Marcia Angell has written on the key role played by manufactured thought-leaders in carrying out the pharmaceuticals' agenda across the multidisciplinary worlds of academia, research, publishing treatment guidelines-authorship and regulatory agencies,:

"Since drug companies don't have direct access to human subjects, they need to outsource their clinical trials to medical schools … mainly because it gives them access to highly influential faculty physicians—referred to by the industry as **"thought-leaders" or "key opinion leaders"** (KOLs). **These are the people who write textbooks and medical journal papers, issue practice guidelines (treatment recommendations), sit on FDA and other governmental advisory panels, head professional societies,** and speak at the innumerable meetings and dinners that take place every year to teach clinicians about prescription drugs."

[160] Dr. Joseph Burrascano described the undue influence of a handful of academics over the diagnosis and treatment of Lyme disease as follows: "There is a core group of university-based Lyme disease researchers and physicians whose opinions carry a great deal of weight. Unfortunately, many of them act unscientifically and unethically. They adhere to outdated, self-serving views and attempt to personally discredit those whose opinions differ from their own." As he predicted, Burrascano was brought up on charges after he made these statements at a Congressional hearing.

[161] "Former CDC Director Gerberding to Lead Merck Vaccines," John George, *Philadelphia Business Journal*, Dec. 21, 2009

[162] The IDSA, the chief medical society pushing vaccine-friendly Lyme policies, is dominated by vaccine interests. According to the California Lyme Disease Association: "50% of the 272 speakers at the October 2009 IDSA annual meeting who disclosed conflicts had ties to one or more of the five leading vaccine

companies: Merck, GlaxoSmithKline, Sanofi Pasteur, Wyeth and Novartis." Anatomy of IDSA annual meeting: Vaccine Financial Ties, http://www.lymedisease.org/news/lymepolicywonk/270.html.

[163] Dr. Merle Nass, who has been following the politics behind the government's disastrous anthrax policies, has recently warned that the government is planning to test the deadly vaccine in children. "Let's Test Anthrax Vaccine in Children/ Bio Prep Watch," http://anthraxvaccine.blogspot.com/2011/05/lets-test-anthrax-vaccine-in-children.html

[164] According to Dr. Forcades:.

'In 2002, the total **earnings of the ten largest pharmaceutical companies exceeded the combined earnings of the other 490 companies** listed in *Fortune*'s top 500 most profitable companies … The gross profit margins of the pharmaceutical industry range from 70% to 90% and **its net income rate is the highest of all industries**. In spite of these extraordinary profits, **the tax rate imposed on pharmaceutical companies is remarkably *below* average, standing at 16.2% *versus* the 27.3% average rate imposed on other large industries**.'

[165] "The pharmaceutical industry **spends more on lobbying** -- $855 million between 1998 and 2006 -- **than any other industry in the United States,** according to the Center for Public Integrity."
David Gutierrez, "Senators who protected Big Pharma received millions of dollars from drug companies," NewsTarget.com, Nov. 19, 2007.

[166] Dr. Forcades again:

"In 2002, **26 of the 675 pharmaceutical lobbyists on payroll were former members of Congress, and 342 of them were former employees of Congress** (20 of whom had held management roles). **Each lawmaker has assigned to her/him one or more lobbyists** who have the time and financial backing to study their psychological profile, personal and employment history, and their weaknesses."

[167] The *New York Times* reports one staggering study of how pharma lobbyists were able to get Congress to parrot their talking points:

"Statements by more than a dozen lawmakers were **ghostwritten, in whole or in part, by Washington lobbyists working for Genentech**, one of the world's largest biotechnology companies. …The lobbyists … were **remarkably successful in getting the statements printed in the Congressional Record** under the names of different members of Congress." Robert Pear, "Many Spoke With One Voice: Lobbyists," *New York Times*, Nov. 14, 2009.

[168] Dr. Forcades relates: "Disproportionate privileges that the pharmaceutical industry is enjoying **in the form of tax breaks and advantageous laws and agreements** show clearly that the industry's current power and wealth are not the result of a "free market" but rather of **a deliberate policy designed to protect an industry that is as politically strategic to the U.S. as the petroleum industry**."

[169] "Since 2004, the pharmaceutical industry has paid $9 billion to settle thousands of criminal and civil complaints related to the illegal marketing of drugs that kill or injure a million Americans EVERY YEAR from adverse drug reactions (ADRs)…. Although the Justice Department routinely pursues cases like this, the fact that a company like Astra Zeneca can pay a $520 million fine for the illegal marketing of a drug that generates $4 billion a year smacks of arrangements once made between small town mayors, their appointed police chiefs and local madams. And unlike drug cartels that are shut down and kingpins that are jailed, U.S. drug companies are typically allowed to pay fines, avoid jail sentences and raise drug prices to offset fines. These companies could not do this without the support of the U.S. Food and Drug Administration (FDA)." Office of Medical and Scientific Justice, "FDA Complicit in Drug Fatalities," http://www.omsj.org/corruption/fda-complicit-in-drug-fatalities

[170] Sam Wells has summarized the influence that corporations tend to have over the agencies that are supposed to regulate them:

- '… Many of the regulatory personnel come from the industry itself. The agency is soon captured, one way or another, to benefit the vested interests in the industry.
- ". . . It is so much easier and, above all, more stable to seize the legal and administrative apparatus than to fight it, turning government agencies into licensors of private monopolies and co-conspirators against the people. . . ."

[171] According to the *New York Times*, recent legislation to reform the FDA (presumably to control pharmaceutical influence over it) was actually designed to push the FDA into "**even greater reliance on user fees from the pharmaceutical companies** to finance its drug review activities." The *New York Times*

warned of "**a dangerous dependency** that distorts how the agency allocates money and staff and how fast it reviews drugs." Barry Meier, "Narcotic Maker Guilty of Deceit Over Marketing," *New York Times*, May 11, 2007; Daniel Carlet, "Diagnosis: Conflict of Interest," *New York Times*, June 13, 2007.

[172] "For the last decade, government **scientists at the NIH have quietly been allowed to consult for biomedical companies** under policies that defenders have said helped attract talented personnel to the agency. …Hundreds of scientists took millions of dollars in fees and stock from industry. Most of the payments were hidden from public view, **raising questions about the scientists' impartiality in overseeing clinical trials and in making recommendations** to doctors for treating patients." "NIH to Ban Deals With Drug Firms**,**" *Los Angeles Times*, Feb. 1, 2005.

[173] "As numerous medicines have been pulled from the market in recent years, worries have grown that experts may be recommending medical products — even ones they know to be unsafe — in part because manufacturers are paying them.

…Congress tightened the rules on outside consulting after similar conflicts were found among members of advisory panels to the Food and Drug Administration. **But little attention has been paid to the potential conflicts of advisers to the CDC,** even though that agency's committees have significant influence over what vaccines are sold in the United States, what tests are performed to detect cancer and how coal miners are protected." Gardiner Harris, "Advisers on Vaccines Often Have Conflicts, Report Says," *New York Times,* Dec. 17, 2009

[174] "During a year when prescription drug prices and benefits are among the hottest political topics, dozens of members of Congress have another reason to keep their eyes on pharmaceutical companies.

These **senators, House members and their families own tens of millions of dollars in stock in drug manufacturers**, whose profits could rise or fall depending on what Congress does about the soaring prices of medicine and the push for Medicare drug benefits.

The legislators' stock holdings are legal but create appearances that trouble some congressional watchdogs and public policy experts."

Greg Gordon and Andrew Donahue, "Members of Congress Face Conflict of Interest When it Comes to Drug Companies" *McClatchy Newspapers*, Sept. 29, 2000.

[175] The Henry L. Stimson Center has provided a brief overview of the role that George Merck played in the development of the U.S. biological warfare program:

- August 1942: George Merck, president of the Merck & Co. pharmaceutical company, accepts the position as head of the newly created War Research Service (WRS), the coordinating agency that joins government and private institution resources to carry out the U.S. biological warfare program.
- October 1944: Stimson creates the Biological War Committee as a replacement for the WRS. Merck is appointed chairman.
- April to November 1956: Interested in determining whether insects can serve as disseminators of biological weapons agents such as yellow fever, the Chemical Corps releases uninfected mosquitoes around Savannah, Georgia, and then canvasses residents to determine the number of people bitten. Similar tests were later conducted in Florida.
- June 1960: Established the previous year by Defense Secretary McElroy, the Biological and Chemical Defense Planning Board issues a report recommending greater emphasis on biological warfare retaliatory and defensive programs. The board includes scientists, engineers, and research and development experts from industry, academia, and government.

Henry L. Stimson Center: "History of the US Offensive Biological Warfare Program (1941-1973)"

[176] Marcia Angell has documented the sway that pharmaceutical companies have over medical schools and research: "A recent survey found that about two-thirds of academic medical centers hold equity interest in

companies that sponsor research within the same institution. A study of medical school department chairs found that two-thirds received departmental income from drug companies and three-fifths received personal income. In the 1980s medical schools began to issue guidelines governing faculty conflicts of interest but they are highly variable, generally quite permissive, and loosely enforced." Marcia Angell, *Drug Companies & Doctors: A Story of Corruption*.

[177] Lawrence Altman reported how the leading medical journals are becoming increasingly secretive about the amount of their profits, which are being increasingly funded by the pharmaceutical industry:

"**Leading medical journals**, once scholarly publications meant to help doctors keep abreast of scientific advances and share information on new remedies, **have increasingly become cash cows for medical societies and companies that own them**, with annual profits in tens of millions of dollars, **largely from drug company advertisements**."

"The Doctor's World; Inside Medical Journals, A Rising Quest for Profits Published," *New York Times*, Aug. 24, 1999.

[178] The online medical journal PLoS reported that "as a crucial part of their business model, **many medical journals rely on revenue from prescription drug advertisements**."

This practice is prominent in the more prestigious journals, such as the *Journal of the American Medical Association* (JAMA) and the *New England Journal of Medicine* (NEJM):

"In 2004, JAMA and NEJM, the two largest and most influential U.S. journals, had the highest revenues from advertising and the cheapest advertising rates..." Fugh-Berman A, Alladin K, Chow J (2006) "Advertising in Medical Journals: Should Current Practices Change?," PLoS Med 3(6). http://www.plosmedicine.org/article/info:doi/10.1371/journal.pmed.0030130

[179] According to a summary by *Health Care No*:

"A recent FAIR study **of nine major media corporations … found connections to six different insurance companies**. The study also found **crossover between these media corporations and several large pharmaceutical companies, such as Eli Lilly, Merck and Novartis**…. In fact, **save for CBS, every media corporation had board connections to either an insurance or pharmaceutical company**."

Kate Murphy, "Single-Payer & Interlocking Directorates: The corporate ties between insurers and media companies," *Fairness and Accuracy in Reporting*, August 2009. http://www.fair.org/index.php?page=3845

[180] The *New York Times* has revealed the pharmaceutical industry's influence over the practice of writing treatment guidelines: "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," *New York Times*, Feb. 6, 2002.

[181] Amy Brodky summarized the manner in which industry influences research, publishing and treatment guidelines authorship: "The nondeclaration of industry sponsorship among **writers of clinical practice**

guidelines, the often relaxed regulation of financial ties between faculty members and industry by medical schools, and the withholding of unfavorable clinical trial data by industry are other examples where financial interest potentially contravenes scientific objectivity." Dr. Amy C. Brodkey, "The Role of the Pharmaceutical Industry in Teaching Psychopharmacology: A Growing Problem," *Academic Psychiatry* 29:222-229, June 2005.

[182] According to Dr. Lindsey Berkson, writing on ghost-written studies published in the *New England Journal of Medicine*:

"For example, since 1997 **nearly half the articles evaluating drugs in the New England Journal of Medicine were written by scientists who worked as paid advisers to drugmakers** or received major research funding from them." Dr. Lindsey Berkson, *Hormone Deception*, p. 28

[183] "A comparison of agency-authored and traditionally authored publications ...showed that … **ghostwritten studies outnumbered traditional studies, were published in more prestigious journals by more published authors** and were cited by other researchers at a much higher rate. ***Such practices enable industry to formulate the appearance of 'scientific consensus'***." Dr. Amy C. Brodkey, "The Role of the Pharmaceutical Industry in Teaching Psychopharmacology: A Growing Problem," *Academic Psychiatry* 29:222-229, June 2005.

[184] "For the past 4 years, the staff of the Senate Committee on Finance (Committee) has been examining allegations that **pharmaceutical companies attempt to manipulate science to improve the marketability of drugs, potentially at the expense of public safety**.

"These allegations include intimidating scientists, ghostwriting studies for academic researchers, **suppressing studies** that may show that a drug could be dangerous and **selecting data to publish results that favor one product over another**." Senate Finance Committee "Staff Report on GlaxoSmithKline And the Diabetes Drug Avandia," (Max Baucus, chairman, January 2010)

[185] An article in the *Australian* revealed the tactics discussed at Merck,to intimidate doctors who criticized the company's drug policy:

"An international drug company made a hit list of doctors who had to be "neutralised" or discredited because they criticised the anti-arthritis drug the pharmaceutical giant produced.

"Staff at Merck & Co emailed each other about the list of doctors - mainly researchers and academics - who had been negative about the drug Vioxx or Merck and a recommended course of action.

"The email, which came out in the Federal Court in Melbourne as part of a class action against the drug company, included the words "neutralise", "neutralised" or "discredit" against some of the doctors' names.

"It is also alleged the company used intimidation tactics against critical researchers, including dropping hints it would stop funding to institutions and claims it interfered with academic appointments.

'We may need to seek them out and destroy them where they live,' a Merck employee wrote, according to an email excerpt read to the court by Julian Burnside QC, acting for the plaintiff."

Milanda Rout, "Viox Maker Merck and Co Drew Up Hit List of Doctors," the *Australian*, April 1, 2009. http://www.theaustralian.news.com.au/story/0,25197,25272600-2702,00.html

[186] Carl Elliott has summarized the whole process: "Academic physicians are still taking paychecks from pharma to sign onto ghostwritten articles; medical schools are still bringing in pharma-funded speakers … and peer-reviewed medical journals are still publishing pharma-funded editorials, review articles and journal supplements. Although the AMA developed clear, well-publicized guidelines governing gifts to physicians many years ago, the guidelines have been widely ignored, **perhaps because the pharmaceutical industry funds the AMA itself**." Carl Elliott, "Pharma Goes to the Laundry: Public Relations and the Business of Medical Education," *Hastings Center Report*, Posted Nov. 11, 2004..

[187] We cannot trust the NEJM to police the pharmaceutical industry ties of its authors. Nathan Newman warned in the *Nation*:

"In June [2002], the *New England Journal of Medicine*, one of the most respected medical journals, made a startling announcement. **The editors declared that they were dropping their policy stipulating that authors of review articles of medical studies could not have financial ties to drug companies whose medicines were being analyzed**."

In 2006, the *Journal of the American Medical Association* announced a similar policy. As reported by NewsTarget:

"The Journal of the American Medical Association said that **it would not ban authors who fail to disclose financial ties to drug companies**, because such an action might bring antitrust lawsuits."

[188] Dr. Amy C. Brodkey, "The Role of the Pharmaceutical Industry in Teaching Psychopharmacology: A Growing Problem," *Academic Psychiatry* 29:222-229, June 2005.
[189] Pfizer has been slapped with criminal charges in Nigeria over a notorious clinical trial it conducted on children during a meningitis epidemic a decade ago. Patients became unwitting guinea pigs for a new, untested antibiotic and many of them either died or were left with permanent disabilities. The Nigerian authorities say Pfizer researchers selected 200 children and infants from a crowded epidemic camp in Kano in 1996 and gave about half of them an untested antibiotic called Trovan. The lawsuit alleges that the researchers did not obtain consent from the children's families even though they knew from their own research that Trovan might have life-threatening side effects and was "unfit for human use."
[190] Andrew Gumbel, "Drugs Giant Faces Criminal Charges Over Clinical Trial Thursday," the Independent/UK, May 31, 2007.
[191] 'To persuade the community to support the experiment, one of the original doctors admitted it "was necessary to carry on this study under the guise of a demonstration and provide treatment." At first, the men were prescribed the syphilis remedies of the day - bismuth, neoarsphenamine, and mercury - but in such small amounts that only 3 percent showed any improvement. These token doses of medicine were good public relations and did not interfere with the true aims of the study. Eventually, all syphilis treatment was replaced with "pink medicine" - aspirin.' Borgna Brunner, "The Tuskegee Syphilis Experiment," http://www.freerepublic.com/focus/f-news/2010486/posts
[192] In an attempt to derail the investigation into its fraudulent under-dosing with a competitive treatment to make its own products look better, Pfizer attempted to destroy the Nigerian attorney general pursuing the case: "But last year a US diplomatic cable uncovered by WikiLeaks revealed that Pfizer hired investigators to look for evidence of corruption against the Nigerian attorney general in an effort to persuade him to drop the legal action. The cable reported a meeting between Pfizer's country manager, Enrico Liggeri, and US officials at the Abuja embassy on 9 April 2009. It stated: "According to Liggeri, Pfizer had hired investigators to uncover corruption links to federal attorney general Michael Aondoakaa to expose him and put pressure on him to drop the federal cases. He said Pfizer's investigators were passing this information to local media." David Smith, "Pfizer pays out to Nigerian families of meningitis drug trial victims" *The Guardian*, August 12, 2011.
[193] Sherwood Ross, "Biowarfare Research: The Deadliest Secret of Corporate America," June 23, 2007.
[194] In what would be a prologue to the way Lyme victims would later be treated *en masse*, Murray was treated dismissively and arrogantly by the clueless doctors who saw her during her quest to get to the bottom of what was causing the epidemic in her town. They prescribed aspirin and antidepressants for her symptoms and suggested she was a hypochondriac, or worse. One doctor told her:

"Mrs. Murray, how can I convince you to stop this anxious search.... Please, please, accept the fact that everything has been done, and forget this fruitless search for a label. Nothing at all has shown up on tests. We can do no more. I personally think you are a case of a wounded intellect and you are obsessed with making a case for a disease that exists most likely only in your own mind."

Unfortunately, this attitude is still all too characteristic of a medical system that continues to be dismissive of thousands of Lyme victims. Polly Murray, *The Widening Circle*, pp. 58, 100. (St. Martin's Press: New York, 1996)
[195] *Bull's-Eye*, p. 144.

[196] "As chief of the rheumatology and immunology department at Tufts School of Medicine, Dr. Steere led the research effort on Lymerix, the preventive Lyme vaccine, which first hit the market in January. The research took four years, covered 10 states and involved 11,000 patients and 31 scientists." "Scientist At Work," *New York Times*

[197] The vaccine company thanked Dr. Steere in one paper summarizing the results: "In this regard we are indebted to the Data Safety Monitoring Board (DSMB) and Dr. Steere, whose advice on evaluating the adverse events and especially the serious adverse events has been invaluable. Dr. Steere has also coordinated and monitored all laboratory activities, including assay validation, sample testing" and the reporting of results."
http://www.journals.uchicago.edu/CID/journal/issues/v25nS1/jy05_71/jy05_71.web.pdf

[198] According to Julia Porter Liebeskind: "A growing body of evidence, much of it focused on faculty members involved in drug trials, suggests that consulting may significantly influence the reporting of research findings. It appears that faculty members may suppress negative findings if they fear that reporting such evidence will reduce their chances of obtaining more remunerative work in the future." Could this explain why the vaccine made it through the trials even after it was known to induce the very symptoms it was supposed to prevent? "Risky Business: Universities and Intellectual Property."

[199] The vaccine was somehow released to the public despite a list of concerns about its safety and usefulness. The *New York Times* quoted Patricia L. Ferrieri, the committee chairwoman of the National Vaccine Advisory Committee of the Food and Drug Administration (which approved the vaccine): "It's rare that a vaccine is voted on with such ambivalence and such a stack of provisos."

[200] Steere was a consultant to the insurance industry and has advocated treatment policies that are favorable to it. As summarized by 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."

[201] Unfortunately, the policies of CDC-associated personnel that have dominated the diagnosis and treatment of Lyme disease have set the agenda on "treating" the epidemic no matter how consistently wrong these policies have been.

[202] Elena Cook summarized how Polly Murray's investigation was taken over by the CDC's EIS and Steere:
"When Polly Murray made her now-famous call to the Connecticut Health Department to report the strange epidemic among children and adults in her town, her initial reception was lukewarm. However, some weeks later, she got an unexpected call from a Dr. David Snydman, of the Epidemic Intelligence Service (EIS), who was very interested. He arranged for fellow EIS officer Dr. Allen Steere to get involved. By the time Mrs. Murray turned up for her appointment at Yale, the doctor she had expected to see had been relegated to the role of an onlooker. Allen Steere had taken charge – and his views were to shape the course of Lyme medicine for the next thirty years, up till today."

[203] The Tuskegee victims were at first given token syphilis medications to create the illusion they were being treated without actually improving their health. This soon changed and "all syphilis treatment was replaced with 'pink medicine' - aspirin." Borgna Brunner, "The Tuskegee Syphilis Experiment," http://www.freerepublic.com/focus/f-news/2010486/posts

[204] Joe Dowhan, the biologist who provided Steere with the evidence that *Ixodid* ticks were causing the outbreak of Lyme disease, was not provided antibiotics at the time (he was also given the "Tuskegee aspirin-therapy"): "I was never treated with antibiotics because they didn't have a clue back in 1976 what it was. All I took was aspirin." He would later develop severely disabling fatigue, as well as neurological and psychological symptoms of long-term, untreated Lyme disease. *Bull's-Eye*, pp. 197-198.

[205] These treatment guidelines are taught in continuing education classes by the same handful of EIS agents who authored the guidelines. This "third-party strategy" of pharmaceutical consultants using Medical Education Communication Companies (MECCs) to launder their self-serving agenda has been referred to by Carl Elliot as "advertisements with the appearance of objectivity":

"By laundering its message through the MECCS, pharma gives up some control, but the pay-off is even better: advertisements with the appearance of objectivity. PR practitioners call this a "third-party" strategy." Carl Elliott, "Pharma Goes to the Laundry: Public Relations and the Business of Medical Education," *Hastings Center Report*, Posted Nov. 11, 2004. .

[206] President Obama formed the Presidential Commission for the Study of Bioethical Issues to investigate the extent of experimental abuses:

"Recently, we discovered that the U.S. Public Health Service conducted research on sexually transmitted diseases in Guatemala from 1946 to 1948 involving the intentional infection of vulnerable human populations. The research was clearly unethical. In light of this revelation, I want to be assured that current rules for research participants protect people from harm or unethical treatment, domestically as well as internationally. "I ask you, as the Chair of the Presidential Commission for the Study of Bioethical Issues, to convene a panel to conduct, beginning in January 2011, 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." "Presidential Memorandum--Review of Human Subjects Protection," http://www.whitehouse.gov/the-press-office/2010/11/24/presidential-memorandum-review-human-subjects-protection

[207] The Plum Island tick research lab, a likely source of multiple pathogens (including a pathogenic form of a naturally existing *Borrelia*) which have become epidemics in recent years, was set up by a former Nazi biowarfare scientist, Erich Traub:

"He worked directly for Heinrich Himmler, head of the Schutzstaffel (SS), as the lab chief of the Nazi's leading bio-weapons facility on Riems Island. Traub was rescued from the Soviet zone of Germany after World War II and brought to the United States in 1949 under the auspices of the United States government program Operation Paperclip, meant to exploit scientific knowledge gained during Nazi rule in Germany. …Traub discussed work done at the Reich Research Institute for Virus Diseases of Animals on Riems Island during World War II for the Nazis, and work done after the war there for the Russians. Traub gave a detailed explanation of the secret operation at the Institute, and his activities there. This information provided the ground work for Fort Detrick's offshore germ warfare animal diseased lab on Plum Island." http://en.wikipedia.org/wiki/Erich_Traub

[208] See Elena Cook's article Elena Cook's "Lyme Is A Biowarfare Issue": http://www.elenacook.org/bwsept06.html

[209] The film-makers for Lyme disease documentary *Under Our Skin*, relate the bizarre story of what happened when they tried to interview Willy Burgdorfer, the biowarfare researcher for whom the Lyme disease agent is named:

"Just as we began filming, there was a pounding on the door, and we found ourselves facing someone who turned out to be a top researcher at the nearby Rocky Mountain Laboratories, a biolevel-4 NIH research facility. Standing on the porch, our uninvited guest said, "I've been told that I need to supervise this interview. This comes from the highest levels. There are things that Willy can't talk about."

"We were stunned. After all, Dr. Burgdorfer had been retired from the lab since 1986. We were there to talk to a private citizen, about the history of a very public discovery that had put him on the short list for a Nobel Prize. Earlier that year, the NIH had refused our requests to interview any of their Lyme researchers. What was going on? Why would the NIH want to censor information about the fastest growing bug-borne disease in the United States?' "Lyme discoverer Willy Burgdorfer breaks silence on heated controversy," http://www.underourskin.com/news/lyme-discoverer-willy-burgdorfer-breaks-silence-heated-controversy

[210] The *New York Times* reported that one virus alone has escaped the Plum Island lab environs at least two times. One was the day before a visit by New York politicians. A previous escape occurred in 1978, just as the Lyme epidemic was getting underway:

"The Department of Homeland Security confirmed last week that the highly contagious foot-and-mouth virus had briefly spread within the Plum Island Animal Disease Center in two previously undisclosed incidents earlier this summer.

"The first incident, which involved two head of cattle, occurred one day before government officials and visitors came to the island on June 25 to celebrate the laboratory's 50th anniversary. …

"In 1978, a foot and mouth outbreak among animals in pens outside the laboratory resulted in new procedures for keeping animals used in research inside the biocontainment area."

John Rather, "Plum Island Reports Disease Outbreak," *New York Times,* Aug. 22, 2004.

[211] "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." [Did this horizontal genetic transfer have any human assistance?]

J. Hinnebusch and A.G. Barbour, *J Bacteriol*. November 1991; 173(22): 7233–7239.

[212] The virus has 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

[213] As summarized by Mark Sanborne:

"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 realising they had been infected and seeking treatment."

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

[214] In addition to weapons that could kill quickly, the Pentagon was interested in weapons that could incapacitate—like Rift Valley Fever. 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."

[215] According to congressional sources on the nature of the MKULTRA research: "Its purpose was to stockpile severely incapacitating and lethal materials."

As described in one study: "The MKULTRA activity is concerned with the research and development of chemical, biological and radiological materials capable of employment in clandestine operations to control human behavior."

This behavior included discrediting behaviors and the ability to induce mental and physical incapacitation.

[216] Much has been written about the chemical and radiation experiments that were conducted as part of MKULTRA. Very little has been written about the infectious disease agents that were developed for mental incapacitation.

[217] It is hard to overestimate the scale of this experimentation, or the level of participation among the nation's leading academics and scientists in the search for mentally incapacitating and controlling agents. Dr. Collin Ross states:

"The participation of psychiatrists and medical schools in mind-control research was not a matter of a few scattered doctors pursuing questionable lines of investigation. Rather, the mind-control experimentation was systematic, organized and involved many leading psychiatrists and medical schools. The mind-control experiments were interwoven with radiation experiments and research on chemical and biological weapons. They were funded by the CIA, Army, Navy, Air Force and by other agencies including the Public Health Service and the Scottish Rite Foundation. The psychiatrists, psychologists, neurosurgeons and other contractors conducting the work were imbedded in a broad network of doctors, and much of the research was published in medical journals. The climate was permissive, supportive and approving of mind-control experimentation." http://www.wanttoknow.info/bluebird10pg

[218] Actually it was discovered by one of his patients, Joe Dowhan, who presented Steere with the tick that bit him prior to his development of Lyme symptoms. Dowhan had even saved the tick, which turned out to be from the *Ixodes Scapularis* species. Murray, p. 157.

[219] Barbour wrote of bizarre human experiments for syphilis cures in which human subjects were infected with borrelia agents after they were passaged through mice: "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.

[220] H.B. Rees, Jr., M.A. Smith , J.C. Spendklove, R.S. Fraser, T. Fukushima, A.G. Barbour, Jr. and F. J. Schoenfeld, "Epidemiologic and Laboratory Investigations of Bovine Anthrax in Two Utah Counties in 1975," *Public Health Reports*, March-April 1977, Vol. 92, No. 2 177.

[221] Ariadna Sadziene, D. Denee Thomas, Virgilio G. Bundoc, Stanley C. Holt and Alan G. Barbour, "A Flagella-less Mutant of Borrelia burgdorferi," *J. Clin. Invest.*, Volume 88, July 1991, 82-92. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC296006/pdf/jcinvest00060-0090.pdf

[222] 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, May 13, 2009. http://homelandsecuritynewswire.com/uci-awarded-45-million-infectious-disease-research

[223] Quoting Attorney General Richard Blumenthal: "We issued a subpoena to the IDSA because its guidelines may severely constrict choices and legitimate diagnosis and treatment options for patients."

As it turns out, the IDSA panel was riddled with conflicts of interest as well as military agents of the CDC's EIS. This might explain why the panel's "voluntary" treatment guidelines were immediately picked up by the CDC's website. It may also explain why the board's increasingly narrow-minded treatment protocols have been used to target doctors for elimination because they choose to treat Lyme disease according to the best-known methods instead of according to the IDSA's so-called "voluntary guidelines." EIS doctors also testify at the medical board trials of doctors who treat against EIS-authored guidelines.

[224] "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 S. Klempner, et al, "Two Controlled Trials of Antibiotic Treatment in Patients with Persistent Symptoms and a History of Lyme Disease," *New England Journal of Medicine*,; 345:85-92, July 12, 2001.

[225] Yale personnel worked hand-in-glove with Plum Island on the Rift Valley Fever virus and also with Fort Detrick on vaccines against this incapacitating disease agent, even helping conduct human experiments with them as part of Operation Whitecoat.
[226] An article was put out by the Associated Press mentioning the study of Lyme disease at a new biowarfare lab at the University of Texas, San Antonio. The article was quickly retracted and mention of Lyme disease was scrubbed from the article. Here is the text of the original article: "A new research lab for bioterrorism opened Monday at the University of Texas at San Antonio. The $10.6 million Margaret Batts Tobin Laboratory Building will provide a 22,000-square-foot facility to study such diseases as anthrax, tularemia, cholera, lyme disease, desert valley fever and other parasitic and fungal diseases.
The Centers for Disease Control and Prevention identified these diseases as potential bioterrorism agents." MSNBC, 11/21/2005. For a comparison of the censored and uncensored articles, see: http://members.iconn.net/~marlae/lyme/featurearticle02.htm
[227] Tina Garcia has reported: "Three well-known researchers, who have studied Lyme disease for many years, are currently biowarfare lab directors. Their names are Dr. Alan G. Barbour, Director of the Pacific-Southwest Regional Center of Excellence for Biodefense and Emerging Infectious Diseases at the University of California Irvine, Dr. Duane J. Gubler, Director of the Asia-Pacific Institute of Tropical Medicine and Infectious Diseases at the University of Hawaii, and Dr. Mark S. Klempner, Director of the National Emerging Infectious Diseases Laboratories at Boston University." Tina J. Garcia, "Biowarfare Lab Directors Are Experts on Lyme Disease, a Level II Debilitating Biological Agent," Nov. 24, 2010, http://www.rumormillnews.com/cgi-bin/archive.cgi?noframes;read=189403
[228] The borrelia agent that causes Lyme disease was named *Borrelia burgdorferi* (or *Bb*) after Willy Borgderfer and other Rocky Mountain Lab researchers published the first papers on it. See: Burgdorfer W, Barbour A.G., Hayes S.F., Benach J.L., Grunwaldt E, and Davis J.P., "Lyme disease-a tick-borne spirochetosis?," *Science,* June 18, 1982;216(4552):1317-9.
[229] 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 lLab from the 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, and Davis, G.E., "Experimental infection of the African relapsing fever tick, Ornithodoros moubata (Murray), with Borrelia latychevi (Sofiev)," *J Parasitol*. August 1954; 40(4):456-60.
[230] Burgdorfer, W., "On the 'Occult' Infection in Relapsing Fevers," *Bull. Soc. Pathol. Exot*., 1954; 47: 664-667.
[231] "The described feeding technique provides an excellent artifice for experimental infection of *Ixodid* ticks with viruses or other pathogens. To a great extent it eliminates the use of expensive laboratory animals which in the past had to serve as blood donors for the infection of these arthropods. Because of irregular feeding habits of the *Ixodidae*, it is impossible to obtain uniformly infected ticks for experimental studies, a difficulty which can be overcome by use of the technique here described. ...This technique, furthermore, is of great value in studies on the transmission of disease agents." Willy Burgdorfer, "Artificial Feeding of Ixodid Ticks for Studies on the Transmission of Disease Agents," *J Infect Dis*. , May-Jun 1957;100(3):212-4.
[232] "The results suggest that *B. burgdorferi* in its animal hosts and possibly also in humans causes prolonged spirochetemias characterized by episodes of alternating high and low concentrations of spirochetes as reflected by similar percentages of infected ticks. The long persistence of spirochetes in the peripheral blood stream and the cyclical form of Lyme borreliosis appear to be related, as in relapsing fevers, to the capacity of *B. burgdorferi* to undergo antigenic variations." Willy Burgdorfer,W and T.G. Schwan, "Lyme Borreliosis: A Relapsing Fever-Like Disease?," *Scand J Infect Dis Suppl.* 1991;77:17-22.
[233] "The causes of Rocky Mountain spotted fever and Lyme disease were discovered at RML." Carlotta Grandstaff, "Bush's War on Terrorism Comes West," HighCountryNews.org, http://www.hcn.org/servlets/hcn.Article?article_id=13471

[234] http://en.wikipedia.org/wiki/Biosafety_Level_4#Level_4
[235] *Lab 257*, Michael Carroll. http://www.amazon.com/gp/product/0060011416/104-7125596-0357513?v=glance&n=283155
[236] "Throughout his career, Dr. Burgdorfer participated in a number of WHO and other health organization-sponsored seminars and congresses. From 1967-1972, he served as associate member on the Rickettsial Commission of the Armed Forces Epidemiology Board. For several years (1968-1971) he was also co-project officer of the PL 480-sponsored Research Project on Rickettsial Zoonoses in Egypt and adjacent areas, and from 1979 to 1986, he directed the WHO-sponsored Reference Center for Rickettsial Diseases at RML in Montana, U.S.A." Source: Wikipidea.com
[237] **http://www.ilads.org/lyme_disease/media/lyme_video_delong.html**
[238] **http://www.leaparizona.com/nicolsoninterview.htm**
[239] **http://www.cdc.gov/ncidod/eid/vol6no5/barbour.htm**
[240] **http://ilads.org/lyme_disease/lyme_idsavideo2.html**
[241] **http://www.journals.uchicago.edu/doi/pdf/10.1086/516167**
[242] **http://www.cdc.gov/ncidod/eid/vol2no2/craven.htm**
[243] **http://www.stcatherines.chsli.org/lifecyclepaper.pdf**
[244] **http://www.jimmunol.org/content/167/6/3383.full**
[245] **http://www.youtube.com/watch?v=a4uNDWdChM8**
[246] **http://www.canlyme.com/blood_supply_lyme_risk.html**
[247] **Example: "no convincing biologic evidence for a Lyme infection that persists."**
[248] **http://underourskin.com/blog/?p=191**
[249] **http://www.cdc.gov/tuskegee/timeline.htm**