

## **Living Next Door to Plum Island; Lyme Disease - Denial of Treatment and Doctor Persecution**

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The Lyme Disease epidemic, along with its many co-infections, is sweeping across North America like Wildfire. At the same time doctors who are courageous enough to treat the chronic Lyme patients till they are well, are being picked off one by one.

In the Connecticut/New York area where I live, doctors have to be very careful concerning the number of Lyme patients they treat and also how long they treat them for. Patients are not getting the antibiotics they require and as a result their disease can become irreversible and progressively more debilitating. People have died from Lyme Disease. When patients begin to go downhill many of those who were originally diagnosed with Lyme are now assigned different disease labels, according to what ever organ system is affected. It appears that this is one method of downplaying an epidemic.

Yale University is one of the main forces behind Lyme patients' treatment denial. Yale contends that 3 to 4 weeks of antibiotics is a sufficient protocol for just about every case. If a patient is still sick with the exact same symptoms on the 31st day of treatment, they now, according to Yale, no longer have an active infection but automatically now have an autoimmune problem....Fibromyalgia, Chronic Fatigue Syndrome, depression or "antibiotic seeking behavior".

I have yet to see any evidence provided by Yale that would support this theory or speculation. Testing is very inaccurate which means it cannot be used as definite proof of infection or noninfection. Many chronic Lyme patients will tell the same story of relapsing when antibiotics are discontinued. Some doctors claim that patients continue to improve when on extended antibiotics (after the approved one month period) because the antibiotics may have an antiinflammatory or immunomodulatory effect and are not improving necessarily because the drugs are killing off an active infection. It is possible that the antibiotics may be working by some other mechanism that we are not yet aware of, but the point is that, if the treatment is working and has minimal side effects, then isn't it better to treat and prevent inevitable deterioration of the patient.... at least until a better solution is found?

There is much talk in the mainstream media concerning antibiotic resistance and this concept is used many times to justify nontreatment. We all know that the concept of antibiotic resistance has validity but it is never mentioned that certain labs are intentionally creating antibiotic resistant microbes for biowarfare purposes. These "modified" biologicals require some sort of field testing. Could the Lyme Disease spirochete be modified...a product of biowarfare research? Could this be the reason it is so difficult to eradicate? Another troubling thought is why are chronic acne patients allowed to receive years of antibiotic treatment with no hassle whatsoever, when those with a much more serious, often progressive disease, are denied the same treatment?

Many place the blame of this strange behavior from the medical community, mainly on the insurance companies. I question this and feel that the reasons for treatment denial go much

deeper. Insurance companies most likely do play a role. However, it appears to me that it would be many times more expensive for insurance companies to refuse paying for long term antibiotic treatment ( especially considering that oral antibiotics are fairly inexpensive) than it would be to treat those patients. The patients who are refused antibiotics and are told they have an autoimmune disease or that it is 'all in their heads', proceed to go from doctor to doctor and many end up receiving almost every medical test known to man, including MRIs, X-Rays, tilt table tests, Spect Scans, antidepressant medications...and I could go on almost indefinitely. Costs for those denied antibiotics become astronomical.

As I was trying to make sense of this extremely puzzling, nonsensical situation, I was sent some information from a very reliable source, which stated that 60% of chronic lyme patients are coinfectd with several strains of mycoplasma, the most common one being "mycoplasma fermentens" which is patented by the U.S. Army and army pathologist Dr. Lo!

Lo, Shyh-Ching-Pathogenic mycoplasma-U.S. Patent 5,242,820 issued Sept. 7, 1993.

It is becoming evident that any microbe that has been "modified" is considered "off limits" for treatment and any physician that takes these chronic infections seriously, is targeted for harassment. This same pathogen is found in Gulf war illness, Fibromyalgia and Chronic Fatigue patients! Could this be the main reason why the symptoms of all these diseases overlap to such a degree and all seem to have emerged around the same time period?

As mentioned in an earlier issue of the Journal of Degenerative Diseases, I live and work almost directly across the water from Plum Island, off the tip of Long Island, N.Y.. Years ago, in 1897, the War Dept. owned Plum Island which was then called Fort Terry. In 1954 the Army officially transferred Fort Terry over to the USDA to be used as an animal disease laboratory. Fairly recently Plum Island requested 75 million dollars to upgrade the facility to a bio-level 4 status for the express purpose of reinstating biowarfare research.

It seems very coincidental that....

- 1) Lyme disease is endemic to all land areas surrounding Plum Island.
- 2) Many Lyme and Gulf war illness patients are infected with the same genetically engineered organism (mycoplasma fermentens) created and patented by the US Government.
- 3) Lyme Disease and Gulf War Illness share almost identical symptoms.
- 4) Doxycycline is one of the drugs of choice for both diseases.
- 5) Both sets of patients are being denied antibiotic treatment.
- 6) I spoke with Dr. Thomas, the previous Director of Plum Island, who admitted that an Iraqi researcher (who has since been murdered) did his graduate training at Plum Island, specifically involving different strains of mycoplasma. He went back to Iraq and headed up the mycoplasma research program at the University of Bagdad. I asked Dr. Thomas if Plum Island ever worked with mycoplasmas in general. She denied this at the beginning but gradually admitted researching 7 different different strains. I asked if Plum Island researchers ever worked with mycoplasma fermentens. She was immediately familiar with that particular genetically engineered strain although she did deny that Plum Island researchers ever worked with it.

7) Yale University often works with Plum Island on various projects and they are in close proximity to each other.

8) Yale, again, is one of the main opponents of long term antibiotic treatment for Lyme Disease in spite of it's obvious benefits.

It is extremely suspicious that one of the most Lyme-endemic areas in the country only has a handful of doctors that will treat chronic patients. Syphilis is also a spirochetal disease, as is lyme. and is known to sometimes require open-ended antibiotic treatment. Webster's dictionary states that untreated Syphilis may result in the degeneration of many organs and tissues of the human body. Could Lyme disease be another Tuskegee experiment?

Why is there so much attention and propaganda directed at west Nile Virus and Anthrax when these diseases have affected only a few people? I feel that all this media attention to the above two disease causing pathogens involves several agendas which include creating a smokescreen to divert our attention from the more subtle biowarfare pathogens that are already in our midst, destroying countless lives.

I am a cofacilitator of one of the only Lyme Disease support groups in southeastern CT. It is appalling and very frightening to witness the massive numbers of previously intelligent and productive people whose lives are being completely ruined by this disease and it's coinfections such as mycoplasma, babesia and erlichiosis. Lyme disease is very misunderstood (mainly due to media misinformation) and as a result patients' families are disintegrating, patients are losing their jobs, their homes, their insurance, their friends, their dignity and even their minds. Many regret the loss of their minds the most.

Chronic lyme disease can manifest itself with severe neurological symptoms, many which originate in the brain. SPECT scans, which measure blood flow to the brain, show decreased patchy perfusion to specific areas in the patient's brain which usually correlates with their neurological symptoms. Most patients, after sufficient antibiotic treatment, show much improvement in symptoms and in perfusion. Those who have not received sufficient treatment or who were treated too late in the disease complain that they are not the same person that they used to be. Many comment that this disease has taken away everything that they hold dear, their brain and even their souls.

Our country is becoming disabled...perhaps intentionally?

The attack on our concerned and compassionate Lyme literate physicians is equally appalling. Our support group here in Connecticut only knows 5 or 6 doctors in the whole state that we can refer Chronic Lyme disease patients to. Several of those few doctors are currently under unwarranted investigation.

Massive numbers of people sick with Chronic Lyme are flocking to these few doctors looking for answers, which not only overwhelms the doctors, but also attaches a stigma to them which then attracts State investigation and sometimes the removal of their medical license.

The most distressing case in the Northeast is that of Dr. Joseph Burrascano. Many Lyme Disease patients owe their lives to him. Dr. Burrascano is nationally renowned for his dedicated research and treatment of Lyme disease. He is well respected by his colleagues and many

doctors who treat these patients, use his protocols. In 1993 Dr. Burrascano spoke at a Senate Committee Hearing on Lyme disease. I am including several excerpts from his testimony.

" There is a core group of university-based Lyme Disease researchers 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. They exert strong ethically questionable influence on medical journals, which enables them to publish and promote articles that are badly flawed. They work with certain government agencies to bias the agenda of consensus and have worked to exclude from these meetings and scientific seminars those with alternate opinions. They behave this way for reasons of personal or professional gain and are involved in obvious conflicts of interest."

"Following the lead of this group of physicians, a few state health departments have begun to investigate, in a very threatening way, physicians who have more open minded views on Lyme Disease diagnoses and treatment than they do. Indeed, I must confess that I feel I am taking a large risk here today by publically stating these views, for fear that I may suffer some negative repercussions, despite the fact that many hundreds of physicians all over the world agree with what i am saying here. Because of this bias by this inner circle, Lyme Disease is both under diagnosed and under treated, to the great detriment of many of our fellow citizens."

"The very existence of hundreds of Lyme Disease support groups in this country, and tens of thousands of dissatisfied, mistreated and very ill patients whom these groups represent, underscores the many problems that exist out in the real world of Lyme Disease. I ask and plead with you to hear their voices, listen to their stories and work in an honest and unbiased way to help protect the many sufferers whose health is at risk from what now has become a political disease."

Dr. Burrascano has indeed suffered repercussions since his testimony in 1993. He has spent the last couple of years defending himself and other Lyme literate physicians. Burrascano was charged with professional misconduct for the sole reason of treating Lyme patients with long term antibiotics, when needed. In November of 2001 he was exonerated concerning the 39 charges filed against him. However, this ordeal seriously affected him emotionally, physically and financially. Is it any wonder that physicians are acting so strangely when confronted with patients who present with these "Unacceptable illnesses" such as Chronic Fatigue syndrome, Gulf war Illness, Lyme , etc?

We must speak out against this blatant bureaucratic bullying and harassment before all our doctors are corporate owned and controlled and we are all too sick to do anything about it.