

Sept 13, 2012

Dear Senator Blumenthal,

Please take a moment to read this important letter.

Twenty five years before researchers Barry Marshall and Robin Warren discovered H. pylori was causing peptic ulcer disease (not stress or diet) a physician in Greece was successfully treating with antibiotics.

John Lykoudis, a general practitioner in Greece treated patients suffering from peptic ulcer disease with antibiotics before it was discovered that bacteria were responsible for the disease. Like Marshall he too successfully treated himself for peptic ulcer disease with antibiotics in 1958 and patented his antibiotic combination he called "Elgaco" (2 quinolines and streptomycin along with vitamin A, taken orally) in 1961. He reportedly treated more than 30,000 patients.

Lykoudis was unable to persuade the Greek medical establishment regarding efficacy of his treatment and was given a fine of 4000 drachmas by a disciplinary committee, and indicted in the Greek courts while unable to get drug companies interested in treatment. Like Marshall and Warren, Lykoudis found physicians resist challenges to prevailing medical dogma. Ulcers were such a cash cow for gastroenterologists and surgeons that the Mayo Clinic for example was built on gastric surgery. Surgeons and drug companies had a vested interest in maintaining the status quo. That revenue stream however would soon dry up.

History repeats itself.

Now imagine if you will that a bacterium was responsible for the chronic diseases of our time; Multiple Sclerosis, Lupus, Lou Gehrig's, disease, Parkinson's, Alzheimer's disease, or Fibromyalgia? How large is the existing revenue stream for treating these diseases? Calculating exact numbers would be insurmountable.

Ironically these are the same diseases that Lyme patients are routinely misdiagnosed with as we hear the stories over and over again at support group meetings. If Lyme patients don't obtain the correct diagnosis then their "misdiagnosis" is treated maintaining the status quo which would be motivation for refusing long-term antibiotic treatment.

How far would corrupt individuals go to protect that revenue stream if faced with losses in the billions?

Would they:

1. Craft the disease's diagnostic criteria so tightly that it's hard for any chronically ill Lyme patient to fit the profile and obtain insurance reimbursement while keeping actual case numbers artificially low as was done in [1994 at the Dearborn, MI proceedings](#)?
2. Restrict antibiotic studies from [three to six months](#) so as not to show long term open ended treatment provides improvement or cure?
3. Maintain a belief that all stages of infection, acute through late stage are easily cured with a standard two week [treatment guideline](#) and turn the disease into a syndrome when patients complain of [persistent debilitating symptoms](#) after [unsuccessful treatment](#). Insist that persistent infection cannot exist even though antibody tests can only identify at best a past infection.
4. Define the disease exclusively as a zoonotic illness and disregard congenital and gestational transfer cases or transfer between [sexually active couples](#).
5. If a [culture test](#) should be developed which is the gold standard for many bacterial infections do not recognize this test and insist it is not [government approved](#).
6. Ignore [Primate studies](#) proving persistent infection after standard treatment.
7. Create a [foundation](#) to promote the disinformation campaign and staff the foundation with the same researchers with a bias against persistent infection.
8. Create a map depicting limited territories where the infection is present. Use an [existing institution](#) with a bias against persistent infection to manage the data. Employ the services of a well known public relations firm to [announce the map](#) so as to maintain the belief that mainstream healthcare has “got everything under control.”
9. See no need to screen the blood supply for this pathogen.

If late stage untreated Lyme represents say only 25% of today's chronic illnesses it still presents a substantial threat to existing revenue streams. It is blatantly obvious that what has been put in place has been done so to deny the chronic or late stage Lyme epidemic. The “[CDC Foundation](#)” was established the same year (1995) that Lyme disease diagnostic criteria from the Dearborn, MI proceedings were posted to the CDC's website. The CDC Foundation connects the Centers for Disease Control and Prevention with private-sector organizations such as drug/vaccine companies, insurance companies, etc. It would be naive to think the CDC officials who control public health policy for Lyme disease are not influenced by this group.

From the CDC Foundation site:

*“Corporations whose goals or philanthropic interests **align with CDC’s work** often partner with the CDC Foundation to advance CDC's work on a specific health threat, such as protecting patients from healthcare-associated infections, reducing tobacco use and increasing screening and **treatment for chronic and infectious disease**”*

Our concerns regarding the Lyme epidemic have been voiced **all across the country** while the CDC continues to ignore public outcry. The CDC excused themselves from testifying at the recent House Subcommittee hearing avoiding cross examination; further confirmation that the CDC is acting as an autonomous group where its authority is absolute, cannot be challenged and answer only to themselves.

It’s time to recognize this deception as the criminal act to purposely deny the late stage Lyme disease epidemic. Elements of academic medicine, government and virtually the entire insurance industry have colluded to deny a disease and until the truth has been exposed through criminal investigations its highly unlikely legislation will have any effect on change.

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[Letter to the Editor, *The Lancet Infectious Diseases* Published May 2012](#)

The Tuttle family was featured on New Hampshire Chronicle’s “Living with Lyme” with the program archived on their site in six small segments for viewing on the computer [Part 1](#), [Part 2](#), [Part 3](#), [Part 4](#), [Part 5](#), [Part 6](#)

Change.org Petition Site#1:

<http://www.change.org/petitions/subjective-symptoms-after-treatment-of-lyme-disease>

Change.org Petition Site#2:

<http://www.change.org/petitions/medscape-remove-or-correct-barbara-johnson-s-misleading-lyme-disease-presentation>

[Testimony in support of New Hampshire House Bill 295 posted on Dr Phil.com](#)

[Letter to New Hampshire Governor John Lynch summarizing the Dept of Health Lyme Discussion with **agenda link**](#)

[Anthem Blue Cross Denial of Health Insurance Due to Lyme Disease](#)