

Dear Representative Woods,

I apologize for all the emails but I think it's rather important for all members of this study commission to read Dr. Richard Shulik's testimony below as he has seen first-hand how Lyme disease is capable of ruining lives here in New Hampshire.

For the record, Dr. Jeffrey Parsonnet of Dartmouth-Hitchcock Medical Center testified in opposition of our doctor protection bill. (See attachment) I sat to the left of Dr. Parsonnet in the Concord, NH hearing while a young girl in a wheelchair unable to speak as a result of late stage Lyme sat on his right.

Carl Tuttle
Hudson, NH

Dr. Richard Shulik's 2010 testimony for House Bill 1326 (passed as HB 295)

----- Forwarded Message -----

From: shulik@comcast.net

To: runagain@comcast.net

Cc: Sherry and Richard Shulik

Sent: Tue, 26 Jan 2010 00:58:11 +0000 (UTC)

Subject: Re: New Hampshire State House Hearing of 01/28/2010

Carl, here is a statement which I would like to provide for your submission to State Representatives Gary Daniels and Carol Vita at the hearing which will take place in Concord this coming Thursday.

January 25, 2010

Dear Representatives Daniels and Vita:

I am writing to thank you for sponsoring House Bill 1326, and I wish to express my support for this bill. I wish to introduce myself as a psychologist who has been in practice in New Hampshire for thirty years in Manchester and Londonderry. In particular, I specialize in the field of neuropsychology. In this capacity, I administer diagnostic tests which are sensitive to disorders of the nervous system, and in this capacity, I work extensively with primary-care physicians, neurologists, psychiatrist, and other medical specialists. Over the course of the past five years, I have had the opportunity to perform extensive evaluations on behalf of eighteen patients who were afflicted with Lyme disease. These patients ranged in age from ten to sixty years. Most of them were totally disabled, being incapable of continuing in their careers or their education. Many of them came from three areas in the state: One group was from the seacoast area; a second group lived in and around Hudson and Londonderry; a third

group lived in several towns near Concord. I understand that deer who carry Lyme-infested ticks (and who are immune to this illness themselves) are found in these areas in large numbers. In my professional role, I administered psychological and neuropsychological tests to these patients, and I found that most of them generated abnormal profiles. There was another disturbing experience which most of these patients shared: They had searched long and hard for a definitive diagnosis, consulting respected medical practitioners who knew nothing about Lyme disease and who did not even recommend diagnostic tests which would have addressed that diagnosis. These individuals were given many other provisional diagnoses, such as attention deficit disorder, chronic fatigue syndrome, and even early-onset dementia, and they were provided with expensive and time-consuming treatments which did nothing to relieve their symptoms. Many of these patients had to pursue such misdirected treatments at their own expense. Many of them also found themselves in long-running disputes with disability insurance providers who accused them of malingering and who even refused to recognize their diagnosis of Lyme disease when it was confirmed. To say the least, these are nightmarish experiences which I would not wish upon anyone. I could say more about these patients and their experiences, but I wish to focus upon a specific aspect of their treatment which is the subject of your proposed legislation.

A specific problem which has been encountered by these patients is the scarcity of health-care providers who are "Lyme literate." As of this writing, there are relatively few medical specialists who understand the nature of Lyme disease - or who even think of Lyme disease as a condition which should be "ruled out" or "ruled in" as a part of the diagnostic process. There are even fewer physicians who have expertise in treating Lyme disease. Remarkably, many of my patients have made regular trips to physicians in Connecticut or New York City for the purpose of finding physicians who are willing to treat them. These physicians are willing to treat their patients with relatively high doses of antibiotic medication for extended periods, and in conjunction with such treatment, some of these patients have enjoyed relief from their symptoms.

However, some of the physicians who have been willing to treat my patients have encountered a further obstacle: They have been harassed by their professional colleagues. Citing outmoded and unsubstantiated "treatment guidelines," hostile colleagues have accused them of practicing inappropriately or incompetently. These meddlesome colleagues have urged patients not to consult these doctors; even worse, in some cases, they have reported these doctors to boards of registration of medicine, essentially accusing them of malpractice. Accordingly, some doctors who have been willing to treat Lyme patients have found themselves embroiled in expensive, time-consuming battles with hostile colleagues. Tragically, some of these "Lyme literate" physicians have found that they do not have the stomach for such disputes and controversies. Several have closed their practices to Lyme patients; others have retired from practice altogether. (I know of one physician in New Hampshire who formerly treated many Lyme disease patients but who no longer sees such patients.) In the end, the patients are the ones who have suffered the most. I know that this story may seem incredible to those who have not heard it. Most of us have grown up with an image of physicians as humanitarian individuals who want to help others. We do not think of

medical professionals as being petty, jealous, hostile, or destructive. However, as a psychologist who somehow survived the so-called "managed healthcare" revolution of the 1990's, I am not at all surprised by this story.

I vigorously urge the support of any legislation in any state or jurisdiction which will protect the integrity of honest, enlightened physicians in their efforts to treat patients with a serious chronic illness. I will be happy to communicate in more detail with you or any other New Hampshire legislators who wish to hear more about my Lyme disease patients. I apologize for communicating with you in writing, instead of in person. I did not learn of your hearing until this past week, and therefore, I am unable to attend. Nevertheless, I may be reached in my Londonderry office at 603-437-2069, or in my Andover, Massachusetts, office at 978-475-3599. I am deeply concerned about Lyme disease, and in particular, I am concerned about the many people in New Hampshire who do not yet know that they have Lyme disease. Any measures that will facilitate their treatment and protect their physicians from unwarranted harassment is absolutely deserving of support.

Very sincerely,

Richard N. Shulik, Ph.D.
Diplomate (Clinical Psychology),
American Board of Professional Psychology

On 10/12/2020 8:36 AM CARL TUTTLE <runagain@comcast.net> wrote:

Oct 12, 2020

Dartmouth-Hitchcock Medical Center
1 Medical Center Drive
Lebanon, NH 03576
Attn: Jeffrey Parsonnet, MD

Dr. Parsonnet,

On the topic of suppressing evidence of persistent infection after extensive antibiotic treatment, I sent you a copy of the following letter to the Editor-in-Chief of *The New England Journal of Medicine* back in April of 2016. I want to include this letter for discussion in the Lyme Disease Study Commission.

Carl Tuttle
Hudson, NH

----- Original Message -----

From: Carl Tuttle <runagain@comcast.net>

To: jdrazen@nejm.org

Cc: comments@nejm.org, jdrazen@nejm.org, jeffrey.parsonnet@hitchcock.org, pauwaert@jhmi.edu, mmelia@jhmi.edu, k.lewis@neu.edu, yzhang5@jhu.edu, lbaden@partners.org, mhamel@bidmc.harvard.edu, ecampion@nejm.org, jingelfinger@partners.org, smorrissey@nejm.org, mperkins@nejm.org, natasha@paru.cas.cz, kclark@unf.edu, Laura.Tonnetti@redcross.org, jbakken1@d.umn.edu, John Aucott <jaucott@jhmi.edu>, MMI <mmi@mentalhealthandillness.com>

Date: 04/02/2016 9:23 AM

Subject: Time for a Different Approach to Lyme Disease and Long-Term Symptoms

EDITORIAL

Time for a Different Approach to Lyme Disease and Long-Term Symptoms

Michael T. Melia, M.D., and Paul G. Auwaerter, M.D.

<http://www.nejm.org/doi/full/10.1056/NEJMe1502350>

April 2, 2016

The New England Journal of Medicine
10 Shattuck Street
Boston, MA 02115-6094
Attn: Jeffrey M. Drazen, M.D., Editor-in-Chief

Dear Dr. Drazen,

In reference to the Editorial written by Melia and Auwaerter, I would like to point out the following case studies (which seem to be conveniently avoided by these authors), identifying persistent *Borrelia* infection after long term antibiotic treatment:

1. Isolation and polymerase chain reaction typing of *Borrelia afzelii* from a skin lesion in a seronegative patient with generalized ulcerating bullous lichen sclerosus et atrophicus.
<http://www.ncbi.nlm.nih.gov/pubmed/11251580>

Breier F1, Khanakah G, Stanek G, Kunz G, Aberer E, Schmidt B, Tappeiner G
Department of Dermatology, Lainz Municipal Hospital, Wolkersbergenstrasse 1, A-1130
Vienna, Austria.

Persistent Infection

-Spirochaetes were detected by silver staining.

-Serology for *B. burgdorferi* sensu lato was repeatedly negative.

-Despite treatment with four courses of ceftriaxone with or without methylprednisone for up to 20

days, progression of sclerosus et atrophicus (LSA) was only stopped for a maximum of 1 year.

-After one further 28-day course of ceftriaxone the lesions stopped expanding and sclerosis of the skin was diminished.

Conclusion: “*Borrelia [the Lyme disease bacteria] may possibly be able to remain dormant in certain tissue compartments*”

2. Granulomatous hepatitis associated with chronic *Borrelia burgdorferi* infection: a case report

<http://www.labome.org/research/Granulomatous-hepatitis-associated-with-chronic-Borrelia-burgdorferi-infection-a-case-report.html>

Abstract

Although Lyme borreliosis has been linked to hepatitis in early stages of infection, the association of chronic *Borrelia burgdorferi* infection with hepatic disease remains largely unexplored. We present the case of a 53-year-old woman diagnosed with Lyme disease who developed acute hepatitis with elevated liver enzymes while on antibiotic treatment. Histological examination of liver biopsy tissue revealed spirochetes dispersed throughout the hepatic parenchyma, and the spirochetes were identified as *Borrelia burgdorferi* by molecular testing with specific DNA probes. Motile spirochetes were also isolated from the patient's blood culture, and the isolate was identified as *Borrelia burgdorferi sensu stricto* by two independent laboratories using molecular techniques. These findings indicate that the patient had active, systemic *Borrelia burgdorferi* infection and consequent Lyme hepatitis, despite antibiotic therapy.

3. Standard antibiotic treatment for Lyme disease does not kill persistent *Borrelia* bacteria.

<http://droopyyoudpi.blogspot.com/2015/08/standart-antibiotic-treatment-for-lyme.html>

-What has tuberculosis and *Borrelia burgdorferi* in common? In the late stage of the disease occurs persistent (tolerant) bacteria, which essentially means that the bacteria lasts and lasts and lasts. They protect themselves against antibiotics and are difficult to treat.

- Both *Borrelia burgdorferi* and tuberculosis is relatively easy to cure in the early stages, even with the use of one antibiotic. In the late stage it is impossible to cure the disease with the same type of treatment in the acute phase, said Dr. Ying Zhang when he visited the year NorVect conference.

-Dr. Ying Zhang is a professor at the Department of Molecular Microbiology and Immunology at the Johns Hopkins Bloomberg School of Public Health

I would like to point out that the scientific community freely describes persistent *B. burgdorferi* infection in a wide variety of animals (not just reservoir animals) as we have studies proving persistent infection in [mice](#), [dogs](#), [ponies](#), [monkeys](#) and [cows](#) but for some strange reason there is no persistent/chronic infection in humans. **This is a fabricated conviction by the handful of**

academic researchers who control the narrative as we learned recently of Professor Kim Lewis' work identifying the presence of persister cells in the bacterium that causes Lyme disease which are drug-tolerant, dormant variants of regular cells.

4. Researchers investigate four promising new treatments for Lyme disease

<http://www.northeastern.edu/news/2016/03/researchers-investigate-four-promising-new-treatments-for-lyme-disease/>

Prof Lewis: "Doxycycline may be standard first-line treatment for Lyme, but, says Lewis, it doesn't even kill *B. burgdorferi*, it just suppresses its growth, leaving the rest of the work to the immune system."

We have a growing pandemic of late stage chronic Lyme patients who are deliberately ignored. More importantly, our blood supply is not screened for Lyme disease:

5. Distribution and survival of *Borrelia miyamotoi* in human blood components

Aaron M. Thorp and Laura Tonnetti Article first published online: 21 DEC 2015

<http://onlinelibrary.wiley.com/doi/10.1111/trf.13398/abstract?sessionid=09EB8FF4A3A0A1BB2DA30954B20D08E9.f02t04>

CONCLUSIONS

"This study demonstrated that *B. miyamotoi* can survive standard storage conditions of most human blood components, suggesting the possibility of transmission by blood transfusion."

6. Culture evidence of Lyme disease in antibiotic treated patients living in the Southeast.

<http://danielcameronmd.com/culture-evidence-of-lyme-disease-in-antibiotic-treated-patients-living-in-the-southeast/>

A study published in the December 2015 issue of Clinical Microbiology and Infection, which provides culture confirmation of chronic Lyme disease in 24 patients in North Carolina, Florida, and Georgia. All had undergone previous antibiotic treatment.

7. Scotty Shelton and Persistent Infection in Saginaw MN

<https://www.change.org/p/the-us-senate-calling-for-a-congressional-investigation-of-the-cdc-idsa-and-aldf/u/11685820>

"Scotty's brain (cerebral cortex) was positive for *Borrelia burgdorferi* and *Borrelia myamotoi*, his testicle is positive for Bb. We are now testing other tissues. Seven years of antibiotics and 3.5 years of natural treatments (along with antibiotics) and he was highly highly positive."

Four decades have past since the discovery of Lyme disease and during this timeframe horribly disabled Lyme patients have been ostracized, [bullied](#), called "Lyme loonies" by Philip Baker, (Past Lyme disease program officer for the NIH), misdiagnosed as psychiatric patients or the

latest designation as quoted by Wormser in the MedPage Today article: "medically unexplained symptoms" (MUS)

How much proof is required to acknowledge we are dealing with an **antibiotic resistant/tolerant superbug**? How many patients in the past four decades have had their lives altered forever by this superbug while the medical community practices willful ignorance? Current antibody tests (Serology) for Lyme disease cannot be used to gauge treatment failure or success preserving this forty year dogma that persistent Lyme disease does not exist. Second generation DNA sequencing is being used to diagnose Borrelia infection in biopsied tissue samples post-mortem so why aren't we using this technology in the living?

What we have here is collusion to deny a chronic disease; a disease that has spiraled out of control into a 21st century plague. The medical establishment has been led to believe that "chronic Lyme" is a fictitious disease and hundreds of thousands perhaps millions of patients around the globe are left untreated/undertreated and suffering. Foreign health agencies are blindly following what has been deceitfully established here in the United States; a false perception that Lyme disease is a "minor disease."

Lyme Disease: Call for a "Manhattan Project" to Combat the Epidemic

Raphael B. Stricker and Lorraine Johnson

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3879353/>

You or a loved one is just a single tick bite away from experiencing this travesty.

Carl Tuttle
Hudson, NH

Suppressed scientific evidence:

Peer Reviewed Evidence of Persistence of Lyme Disease Spirochete Borrelia burgdorferi and Tick-Borne Diseases after the mandated IDSA treatment guideline.

http://www.ilads.org/ilads_news/wp-content/uploads/2015/09/EvidenceofPersistence-V2.pdf

<https://www.dropbox.com/s/n09sk90eo6xz7ua/700%20articles%20LYME%20EvidenceofPersistence-V2.pdf?dl=0>

When "evidence based medicine" has been spun to fit bias agendas and the patient voice has been intentionally ignored who investigates the dishonest science? -Carl Tuttle