To the Lyme disease study commission,

Please see the following article regarding my questions for the Tick-Borne Disease Working Group

Tuttle directs pointed questions to TBD Working Group member Shapiro

https://www.lymedisease.org/carl-tuttle-tbdwg-comments

Carl Tuttle, a long-time Lyme activist from New Hampshire, gave the following remarks by telephone to the Tick-Borne Disease Working Group on Sept. 15.

This comment is directed to Dr. Eugene Shapiro.

Dr. Shapiro, I sent you an email on September 2, with a list of references identifying persistent Lyme disease after extensive antibiotic treatment. As I mentioned in the letter, an astute fifth grader with access to PubMed could find those references and many, many more.

What I didn't share with you is a 1991 positive culture report I have from the Centers for Disease Control in Fort Collins, Colorado where the CDC cultured the spirochete from the cerebrospinal fluid of Dr. Kenneth Liegner's patient, Vicki Logan despite prior treatment with intravenous antibiotics.

Her autopsy report shows histopathologic findings consistent with neurologic manifestations of chronic Lyme disease. Lyme patient Vicki Logan died after the insurer refused additional IV antibiotics. This is medical execution.

Dr. Shapiro, you neglected to answer my question which was: "Could you please explain your motivation for suppressing evidence of persistent infection after extensive antibiotic treatment and then claiming there is no evidence?"

The following comment is directed to Pat Smith, Patient Representative:

This denial has led to the disease being misclassified as a low-risk and non-urgent health threat when in fact we have been dealing with an antibiotic resistant/tolerant superbug and patient testimony all across America is describing a disease that is ruining lives, ending careers while leaving its victim in financial ruin.

A chronic relapsing seronegative disease as you know should have set off a red flag but its misclassification as a simple nuisance disease has left hundreds of thousands if not millions worldwide in a debilitated state.

I respectfully ask that you hold Dr. Shapiro's feet to the fire and demand an answer to

my question before proceeding with today's agenda. A copy of Vicki Logan's positive culture report and autopsy results will be sent to the members of the Tick-Borne Disease Working Group immediately following this comment.

Click here**for more information from Carl Tuttle, including details about the case of Vicki Logan. He also sent us the following picture and requested that we include it with this blog.**

On 10/20/2020 12:20 PM CARL TUTTLE <runagain@comcast.net> wrote:

Dear Rep Woods,

I would like to submit the following for the record of the study group:

ARE ANTIBIOTICS USEFUL FOR TREATING CHRONIC LYME DISEASE PATIENTS? MYLYMEDATA STUDY PROVIDES SOME ANSWERS.

https://www.lymedisease.org/antibiotics-for-lyme-disease/

Excerpt:

"...longer treatment durations were associated with better treatment response—with most high responders and well patients reporting treatment durations of four or more months and many reported durations exceeding a year. As the chart below reveals, those treated for less than a month were unlikely to report improvement."

In contrast, the **"Klempner Trials"** were stopped after only three months:

Two Controlled Trials of Antibiotic Treatment in Patients with Persistent Symptoms and a History of Lyme Disease

http://www.nejm.org/doi/ref/10.1056/NEJM200107123450202#t=references

Mark S. Klempner, M.D., Linden T. Hu, M.D., Janine Evans, M.D., Christopher H. Schmid, Ph.D., Gary M. Johnson, Richard P. Trevino, B.S., DeLona Norton, M.P.H., Lois Levy, M.S.W., Diane Wall, R.N., John McCall, Mark Kosinski, M.A., and Arthur Weinstein, M.D.

N Engl J Med July 12, 2001

Conclusion:

"In these two trials, treatment with intravenous and oral antibiotics for 90 days did not improve symptoms more than placebo."

Per the 1992 publication below, Klempner reported antibiotic resistance as fibroblasts protected B. burgdorferi for at least 14 days of exposure to ceftriaxone. We have known for decades that we're dealing with an antibiotic resistant/tolerant superbug.

J Infect Dis. 1992 Aug;166(2):440-4.

Fibroblasts protect the Lyme disease spirochete, Borrelia burgdorferi, from ceftriaxone in vitro.

Georgilis K [1], Peacocke M, Klempner MS.

Author information

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Abstract

The Lyme disease spirochete, Borrelia burgdorferi, can be recovered long after initial infection, even from **antibiotic-treated patients**, indicating that it resists eradication by host defense mechanisms and antibiotics. Since B. burgdorferi first infects skin, the possible protective effect of skin fibroblasts from an antibiotic commonly used to treat Lyme disease, ceftriaxone, was examined. Human foreskin fibroblasts protected B. burgdorferi from the lethal action of a 2-day exposure to ceftriaxone at 1 microgram/mL, 10-20 x MBC. In the absence of fibroblasts, organisms did not survive. Spirochetes

were not protected from ceftriaxone by glutaraldehyde-fixed fibroblasts or fibroblast lysate, suggesting that a living cell was required. The ability of the organism to survive in the presence of fibroblasts was not related to its infectivity. Fibroblasts protected B. burgdorferi for at least 14 days of exposure to ceftriaxone. Mouse keratinocytes, HEp-2 cells, and Vero cells but not Caco-2 cells showed the same protective effect. Thus, several eukaryotic cell types provide the Lyme disease spirochete with a protective environment contributing to its long-term survival.

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Carl Tuttle

Hudson, NH