To the Lyme Disease Study Commission,

Please see the following written comment submitted to the Tick-Borne Disease Working Group for
the upcoming Dec 2nd meeting in Washington DC.....

---------- Original Message ----------
From: CARL TUTTLE <runagain@comcast.net>
To: "tickbornedisease@hhs.gov" <tickbornedisease@hhs.gov>
Date: 11/24/2020 11:15 AM
Subject: Written Public Comment – December 2

Written Public Comment – December 2

Preferred identification: Carl Tuttle, Member of NH Governor Chris Sununu's HB490 Commission to Study Lyme Disease: https://legiscan.com/NH/text/HB490/id/1962817

I have a question for the members of the Tick-Bone Disease Working Group;

Have you read the public comments from each of the Working Group meetings?

Patient testimony across America is describing an experience that doesn't resemble anything that our public health officials are telling us about Lyme disease. The truth about this life-altering/life-threatening infection remains well hidden from the public through an elaborate racketeering scheme now on trial in Texas District Court.

This racketeering scheme was so well orchestrated that the Co-Chair of this Working Group has been fooled into believing that persistent infection after extensive antibiotic treatment is little more than a religious belief. The fact that a Professor in a Department of Pathology can be bamboozled into ignoring all the evidence that we are dealing with an antibiotic resistant/tolerant superbug shows us just how effective this racketeering scheme is.

Source: https://lymediseaseassociation.org/government/federal-government/govt-departments-a-policies/hhs-tbd-working-group/contentious-9-hour-wg-meeting-persistent-infection-a-religious-belief-wg-co-chair-says-yes/

One of the tactics of the racketeering scheme was to suppress evidence of persistent infection after extensive antibiotic treatment and then claim there is no evidence. It is no secret that the US Centers for Disease Control has aligned itself with the defendants of the Lisa Torrey vs IDSA lawsuit. You won't see any references to failed treatment on the CDC Lyme website. Why is that Dr. Ben Beard?

On Nov 19th Baylor College of Medicine along with Texas Children's Hospital's Center

for Vaccine Development announced that they received an $860,000 grant from the Department of Defense (DOD) to develop a recombinant protein vaccine for Lyme disease.

This work is supported by the Congressionally Directed Medical Research Programs, through the Tick-Borne Disease Research Program under Award No. W81XWH-20-1-0913.

Source: https://www.bcm.edu/news/department-of-defense-funds-development-of-a-new-lyme-disease-vaccine

So once again we see the focus on a vaccine while hundreds of thousands (if not millions worldwide) suffering from chronic Lyme are left to fend for themselves; similar to the sicken-in-place mandate for Covid-19 while we wait for that vaccine.

Source: https://www.trialsitenews.com/as-hospitals-fill-doing-nothing-is-no-longer-an-option-against-covid-19-this-is-war/

Where is the Tick-Borne Disease Research award to find a cure for chronic Lyme disease?? This is a public health emergency!

Until we stop pretending that a crime hasn't been committed here, we will have yet another decade of unimaginable pain and suffering.

Carl Tuttle
Hudson, NH

On 10/20/2020 1:09 PM CARL TUTTLE <runagain@comcast.net> wrote:

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

[1]Department of Medicine, New England Medical Center, Boston, Massachusetts.

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.

Carl Tuttle

Hudson, NH