

Re: Urgent notice on Congressional letter

Source: <http://sci.tech-archive.net/Archive/sci.med.diseases.lyme/2005-01/0797.html>

a_weisman_at_yahoo.com

Date: 01/15/05

Date: 15 Jan 2005 14:42:49 -0800

derdrittemann2003@yahoo.com wrote:

> A.W.:

>

> *(I am having trouble again replying to specific points...as I am not
> being allowed the option of editing text)...*

Who isn't allowing it? Your browser. Damned Bill Gates!

> *Two thoughts:*

>

> *Yes, if I understand correctly, the PCR positive issue is important
to*

> *me, at least, NOT because of any substantive impact it may have had
(or*

> *not)...but for what it may suggest about the "state of mind" of the
> study designers...*

Yes echo echo

> *...and I think that it is entirely possible, if not probable...that*

> *this really shows clearly how the study was setup to demonstrate*

> *"autoimmunity", exactly.*

Echo echo

> *BUT...having said that, I think you have to keep in mind that this is*

> *entirely conceivable within the framework of "academic bias"...and is*

> *not an indication of any "fraud" or deliberately deceptive*

> *conduct...and that it is critical to keep those concepts separate.(At*

> *least without very, VERY specific "proof"... "smoking gun" stuff).*

Yes it might just be an intellectual bias not a deliberate conspiracy;
however, that said, if this theory is correct, there was deliberate
design to make the study optimized to find what he hoped to find.

> *In other words, separate out the PCRs because they are actually*

> *carrying active infection...whereas we "know" that the others are*

- > *autoimmune cases...and inclusion will simply lead to erroneous and*
- > *misleading results...there may be no intent to consciously*
- > *deceive...and I personally doubt it...HIGHLY. (I also doubt that any*
- > *attempts to pursue this through FOIA will lead exactly nowhere).*

I don't even remember if FOIA requires such data to be preserved this long? I seem to remember that either NIH or FOIA has a time limit (I think NIH gets rid of info after a couple years but my memory could be off on that one).

- > *Also: I would urge everyone to consider that although the LDF language*
- > *was NOT a "law"...if handled properly, followed-up on through*
- Committee*
- > *hearings...the failure of NIH to follow Congressional directives*
- could,*
- > *in theory, have some impact.The problem was, as you point out...in*
- > *claiming an inordinately enthusiastic interpretation of what had been*
- > *"achieved"...AND...in NOT following up properly.*

Well YES sure, but the problem was saying it was something that it wasn't, not the language itself.

There were a lot of opportunities to turn Lyme into Lyme aid. Even the GAO report which was pretty much a whitewash, if we had responded by showing what GAO missed, could have been turned into a plus.

GAO report could have been an opportunity to find out why CDC has no information on sexual transmission too. Again, maybe it is a red herring in that maybe it doesn't happen, or happens infrequently—the point isn't that but is that CDC the public health agency doesn't have an answer AND HAS MADE NO INQUIRY into whether it happens or not!

That means that they didn't drop the ball; **THEY NEVER PICKED IT UP; THEY WERE NEVER IN THE BALLGAME; THEY WEREN'T IN THE BALLPARK.**

I mean given the similarities to *T pallidum* (syphilis) to not have done anything to find out—I mean **ISN'T THAT A SIGNIFICANT PUBLIC HEALTH ISSUE?**

The glib answer that **MAYBE** couples get it from common exposure doesn't answer why the CDC has **NEVER** spent a **PENNY** on looking into this. Because if it does happen, well that's a big deal to have missed for going on thirty years now!

And Julie Gerberding's insistence that no vertical transmission happens (or there's no evidence of it) is ridiculous—Tessa Gardner's study is thorough and definitive; MacDonald did a lot of work on this too; so did others. Again, maybe it doesn't happen a lot; who knows? But to ignore the evidence that it does and not to study it—well what is the Centers for Disease Control and Prevention (Emphasize **PREVENTION**)

supposed to be doing?> They are the premier PUBLIC HEALTH agency in the country.

So isn't this almost criminal neglect of fundamental questions?

So could the publication of the Klempner study results have given us an opportunity to turn a negative (THE BIGGEST NEGATIVE EVER) into a positive (at least we could have made the best of it) as we discussed, there was an opportunity to present a united front and grab some headlines and have a forum for opposing views.

There have been lots of opportunities like this. If greg is right (we still need to see what the language was) and NIH deviated from what Congress instructed them to do, THAT could have been an opportunity to call em on the carpet.

> *I also, am learning quite a bit here, but only as to "what is wrong with this picture". Not really interested in the "blame game", here...but some of that is inseparable and the active participants haven't exactly helped themselves, here. And...you have to ask yourself...yes, hindsight is 20/20...but were these outcomes "forseeable" at the time...and I would suggest that, yes, some of the consequences were surely anticipated by some.*

Yes some of the posts I've dug up show that there were people speaking out and that it was forseeable.

Just like the national bill would be a disaster, to me that is forseeable now.

> *I also will be interested to see what Greg is talking about...but I would suggest that if it is this difficult to retrieve...uhhh...? You have to have some degree of "notice".*

Sounds like he has it or has seen it? I trust his summary. Interested to see the language from congress whatever it was.

> *(ALSO: I am not enjoying the new format, as you seem to be...I, for instance, saw something the other day...imbedded in one of these quotations...about Brorson saying that cystic forms would NOT respond to PCR...and that seemed interesting in light of what we are considering...*

Hmmmm sometimes there is a thing "Hide quoted text" or "show quoted text" did you do a search for unique key words, using sort by date (most recent date will be at the top).

Anyway I don't know what changes the cyst form undergoes, seems there would be a way to PCR it using the right sequence even if different from the sequence for the spirochete; it would be a cyst form PCR yet to be developed but I missed this entirely.

Essentially much of the genetic material has to be the same. So I do wonder why cyst forms wouldn't respond to PCR? There's have to be something lost in the conversion to cyst from the spirochete that is unique to the particular PCR primer sequence lost in the translation so to speak, or better, lost in the transformation (by the way, what a terrible movie, what were they thinking in Hollywood about that being an oscar winner? I thought it was a borefest, though I liked the cinematography).

> *...and now...where in the hell did that go? Can't bleeping find it...)*

I can't find phyllis' belated mea culpa either but most of her posts have disappeared???

Although she seemed to deny deleting them???

> *I can see fine after the damn thing is posted...with browser set high*
> *as Frank suggested...but the composition size print sucks donkeys.*
Sorry you have these vision problems. Sucks. Lyme really sucks.