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Re: **Mycoplasma Experiments Conducted at the Texas Department of Corrections**



Candace Brown & Son

Congressman Jim Turner January 20, 1999
298 Cannon Building
Washington, D. C. 20515

Dear Congressman Turner:

I have quite a story to tell in this letter and I will try to cover all bases. The beginning of the story concerns my search for answers for my son's illness and you may wonder what that has to do with the mycoplasma experiments; but, if you please bear with me you will tie it all together at the end. I will be asking you to initiate an epidemiologic investigation of this area concerning the rare illnesses which were reported in 1994 and continue today. The information I give to you in this letter is compelling enough for an investigation.

My son was 12 years old when he became ill on February 6, 1997. His symptoms were flu-like. Within a short time he was unable to bear weight on his knees which rendered him unable to walk. He was in a wheelchair and I was told he had a viral illness and to allow it to run its course.

I kept searching for answers which meant doctor shopping. Please understand, it was very difficult to watch my son go from healthy to watching his muscles waste away while he was in the wheelchair. Finally, late in March he was diagnosed with human parvovirus B19. I did not know at that time that humans could contract parvo. When the doctor told me what my son had I asked that he prescribe an antibiotic because I knew from having animals

that dogs and cats are given an antibiotic when they contract parvo. He stated that the standard protocol was the use of steroids, NSAIDs (non-steroidal anti-inflammatories), immuno-suppressives and immunoglobulin IVIG. So, there was nothing to do at that time except go with the standard protocol. My son was prescribed steroids and NSAIDs.

I didn't like the idea of using steroids and I especially didn't like the idea of physicians having very little knowledge of this particular viral illness. I began to research on my own looking for answers for my son. I had to give myself crash courses in immunology, virology, microbiology, rheumatology, hematology, etc. It was not an easy task, but I knew no one cared as much for my son as I did and it would be up to me to find the answer. At this same time, since he didn't fit the perfect square of cause and effect for human parvovirus B19, the physicians turned to my son as being the problem. I was even told by one physician if my son tested positive for human parvovirus B19 he would not be able to diagnose it as such because my son did not fit the perfect square of cause and effect. My son was immediately evaluated to lay this ludicrous idea to rest, but even after being verified as sane, the doctors kept pointing at my son as the problem. In the end my son was evaluated three times and was still not believed by some of the doctors we had seen.

I think it appropriate that I share a few of the symptoms which my son was experiencing. He suffered with severe headaches, gastrointestinal problems, blurred vision, throat spasms, ring worms, rashes that would come and go, vomiting, knee pain episodes, esophagus spasms, chest pain, fevers that would come and go, incontinence, extreme fatigue, dental problems, etc. This is not a complete list, but you can imagine watching a child of your own going through such symptoms and no physician able to explain why this was happening and unable to stop them.

When I was told, more or less, that the physicians were going to wait until he fit the perfect square of cause and effect for Juvenile Rheumatoid Arthritis (JRA) I began searching everything I could find regarding arthritis. I came across an article written by *Dr. Thomas McPherson Brown, et al* which described an infectious etiology known as **mycoplasma**. Dr. Brown treated his Rheumatoid Arthritis (RA) patients with tetracycline and/or tetracycline derivatives. Dr. Brown's background was impressive. He worked with Dr. Sabin who was one of the developers of the polio vaccine. He was the first to identify and culture the mycoplasma from mice and this work was published in 1939. Mycoplasmas were also called L-forms, virus-like forms and PPLO (pleuropneumonia-like forms). Mycoplasmas are bacteria which lacked a cell-wall. The definition of virus states viruses also lack a cell wall. They seem to complement each other. (See "Thomas McPherson Brown, M.D. Treatment of Rheumatoid Disease," *Cell Wall Deficient Forms, Why Arthritis?* and "Universal Oral Vaccine -- With Patents," <http://www.arthritis-trust.org>.)

Dr. Brown was achieving remission in cases of RA with his long-term antibiotic treatment. He was also achieving remission in scleroderma, which had previously been a death sentence. The scientific medical community turned their backs on Dr. Brown for many reasons and most were political. Dr. Brown did not endorse the blanket use of steroids which provided relief, but not a cure and he paid for that. He also didn't endorse the blanket use of gold shots or immuno-suppressives because he knew they caused more damage. Dr. Brown knew mycoplasmas were the cause for the connective tissue diseases, but no one would listen. He continued to treat his patients for 50 years until the day he died in 1989. It has been his former patients who have continued to carry-on his treatment protocol for connective tissue diseases. One of them is

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Pat Ganger who is President of The Road Back Foundation. [Go to <http://www.arthritis-trust.org>, and to "links" section for The Road Back Foundation website: Ed.] She has funded research using Dr. Brown's protocol and the most recent one deals with curing (CNN report used the word "cure") 4 out of 6 patients diagnosed with scleroderma. I am proud to call her my friend. (Also see "Systemic Lupus Erythematosus and Progressive Systemic Sclerosis," <http://www.arthritis-trust.org>.)

I continually provided all of my research to my son's pediatrician. It was November, 1997 when CNN reported a study by *Dr. James O'Dell* at the University of Nebraska. Dr. O'Dell found significant relief in RA patients using an acne drug called minocycline—a tetracycline derivative. I called my son's pediatrician and left a message for him concerning the CNN report and he prescribed the minocycline. Within three short days the constant headache which my son had from the beginning of his illness was going away. He had missed half of his fifth grade year and nearly all of the sixth grade from this virus. The last two months of his sixth grade year he was able to attend full time. It was remarkable how this acne drug seemed to make such a difference in a viral illness. However, I knew that an antibiotic could **not** make a difference in a virus; only bacteria; therefore, I knew I was on the right track by convincing the doctor to prescribe the acne drug for my son. Mycoplasmas had to be involved for my son to respond so dramatically to the acne drug.

I made contact with *Dr. Joel B. Baseman* (University of Texas Science Health Center) after reading a wonderful article he and *Dr. Joseph Tully* (National Institutes of Health) wrote concerning mycoplasmas. Dr. Baseman is a world renown researcher of mycoplasmas. The article stated the use of steroids in Crohn's Disease could exacerbate the illness if mycoplasmas were present. This is what I saw when my son was on steroids; he became more ill. Dr. Baseman was kind enough to respond to my questions concerning mycoplasmas and was interested in the hypothesis I developed. I asked him if it were possible for a bacteriophage to have developed from parvovirus B19 and mycoplasmas. Dr. Baseman and Dr. Tully researched this area and Dr. Baseman suggested I contact *Dr. Gabe Mirkin* out of Kinsington, MD, which I did.

Dr. Mirkin treats mycoplasmal infections with long-term antibiotic treatment, just as Dr. Thomas McPherson Brown did. I relayed to him my son's illness and symptoms and he stated how lucky I was to have a physician listen to my research because mycoplasmas caused JRA. I had to sit down after he made that statement, because that's what the physicians were waiting for my son to develop. Later, I found Dr. Mirkin was somewhat a celebrity. He is Larry King's physician. I subscribed to Dr. Mirkin's newsletter and he stated that tetracycline derivatives target wall-less bacteria and that is what a mycoplasma is. He also stated the *normal lab tests will not show the mycoplasmal infections*. In other words, you may be very ill and all of the regular lab tests will be negative.

Of course when the antibiotic began working on my son I found myself without a physician. None of them wanted to see my son. There was a liver function test performed which I had requested because of all the medications my son had been on. I did not have the opportunity to have it reviewed by a physician and the test results did not look right to me. I took my son off the antibiotic thinking his liver needed a rest and within a month his symptoms returned. This was in August of 1998. He was placed back on the antibiotic and again improved. The antibiotic worked twice; not once. Since then, I have had to carry the guilt of taking my son off the medication which was keeping him well.

It was in January of 1998 when I met a woman by the name of *Sally Medley*. A friend of mine introduced me to her through the

Huntsville Item newspaper articles from 1994. It seemed that there was a *Huntsville Mystery Illness* in our area. There were 28 cases of amyotrophic lateral sclerosis (ALS) a.k.a. Lou Gehrig's Disease and 68 cases of Multiple Sclerosis (MS) in 1994. Five of the ALS cases lived in the same area. Sally had formed a group of ill people after her 17 year old daughter became ill with multiple symptoms. The doctors in this case were leaning toward ALS as a diagnosis for her daughter when Sally was introduced to *Dr. Garth Nicolson* and *Nancy Nicolson* and the word **mycoplasma**. I was thrilled to find another individual who knew about mycoplasmas. The physicians I had seen either did not know or had a limited knowledge of mycoplasmas; but here was another mom who was searching for answers for her child and she knew. Her search for answers to her child's illness had led her to the same conclusion concerning mycoplasmas and the same tetracycline derivative treatment.

Dr. Garth Nicolson, at that time, was a cancer researcher at MD Anderson Cancer Center. He had found a mycoplasma which was involved in the Gulf War Illness. His stepdaughter had returned from the Gulf War and was ill. *He found this mycoplasma trying to make a member of his family well*. He told Sally about the doxycycline (another tetracycline derivative) treatment and how it was working on the Gulf War Illness. Sally found a physician who prescribed the doxycycline and within 8 months her daughter was well.

While trying to get newspapers, television stations, etc. interested in reporting about the Huntsville Mystery Illness Sally became a target. She was warned to be quiet. Other people who were assisting Sally also received threats or were followed by strangers. It has been alleged that Sally was the victim of nerve gas. She has the medical records to prove she was given Atropine at the Huntsville Memorial Hospital. The physician told Sally she was suffering from an anxiety attack. I would prefer if you spoke directly to Ms. Medley concerning this area of information.

Dr. Nicolson was not greeted with open arms when he began speaking about the *Mycoplasma Fermentans Incognitus* he found in the Gulf War Illness patients. He had his computer tampered with, his mail and anything that was connected to his research concerning mycoplasmas. He soon had to leave MD Anderson Cancer Center and moved to California where he has a lab known as The Institute for Molecular Medicine in Huntington Beach, California. This information came from Dr. Nicolson soon after I had met him. Dr. Nicolson could also fill you in on what he endured (and still endures) while trying to help individuals with the Gulf War Illness.

After spending 5 hours on my living room floor comparing scientific documents Sally realized what I had. Parvovirus B19 and mycoplasmas seemed to mirror each other. Both caused arthritis, both caused false-positive results and both mimicked other illness. Parvovirus B19 was found in the synovial membrane and mycoplasmas were found in the synovial fluid.

My first letter to Dr. Nicolson explained what I had found. He wrote back and made a statement that the modified mycoplasma (*M. fermentans incognitus*) "*was found especially near TDCJ institutions*." TDCJ is the acronym for the Texas Department of Criminal Justice. It had previously been known as the Texas Department of Corrections (TDC).

When I asked Sally why he was telling me this she stated Dr. Nicolson had been saying the inmates at the Texas Department of Corrections had been part of a *biological warfare* experiment which involved mycoplasmas. When the newspaper articles and the television coverage of the Huntsville Mystery Illness heightened, *Dr. Shyh-Ching Lo*, who worked for the Armed Forces Institute of Pathology, was asked to test the blood samples of the Huntsville people for *M. fermentans incognitus*. Dr. Lo is the discoverer of *M.*

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fermentans incognitus and has a patent on it. The people in Huntsville sent approximately 100 blood samples to Dr. Lo. The exact number of blood samples which were sent I am not sure of, but again, Ms. Medley can fill that part in. Dr. Lo seemed to have a problem with the blood samples. It seems the samples all went bad. He requested another sampling. Twenty more samples of blood were sent and only 5 were analyzed. Out of that 5, one tested positive for *M. fermentans incognitus* and the other 4 tested positive for other forms of mycoplasma. Sally also tested positive for *M. fermentans incognitus*. Sally has never been in the Armed Forces and was never in the Gulf War. However, her husband worked for TDCJ and they lived in Huntsville, Texas. Later, her husband was tested and he was also positive.

When Sally told me of the alleged experiments I asked where she had looked for documentation of the experiments. She stated she had searched the TDC Board Agendas and Minutes. She said the search was limited to the 1980's because that was the time when Dr. James Watson was seen at TDC. Dr. Watson is the head of the Human Genome Project and was a co-discoverer of DNA. It seemed pretty strange to me that someone of that magnitude would be running around the Texas prisons. I was told at the time Dr. Watson was here there were experimental flu vaccines being administered to inmates. Bill Langlois, producer of Channel 11 in Houston, has also verified that Dr. Watson was at the Texas Department of Corrections during that time. Sally stated she had not found anything looking at the 1980's Board Agendas and Minutes. I asked if she had looked further back than the 80's and she said "No."

I wrote a Freedom of Information Act letter and requested the TDC Board Agendas and Minutes for 1965 through 1979. I asked Sally if she was interested in reviewing these documents and she agreed. On the day Sally was ill I found the experiments involving mycoplasmas. One of the experiments involved the use of *M. pneumoniae*. It is one of the most virulent types of mycoplasmas. Another experiment involved the mixing of viruses and mycoplasmas. The experiment of viruses and mycoplasmas was the hypothesis I made in 1997. However, the researchers who experimented on the inmates knew the effect of viruses and mycoplasmas as far back as 1976; twenty-one years earlier.

I carried these documents to some of my son's physicians. One stated, "Maybe they didn't realize what they were releasing" Another stated, "Now I know why we have so many rare illnesses in this area." This is not what I wanted to hear. I wanted them to tell me there was nothing to it. Instead, they confirmed what Sally and I had concluded. This pathogen had been released in our community with complete lack of regard for the inmates, the guards who worked at the prisons, the guards' families they came home to and the community at large. No one was informed. The experiments using *M. pneumoniae* lasted 10 years. The other had a time duration of "indefinite" with each overlapping one another.

I needed to make the connection between the viruses and mycoplasmas with scientific documents. I found only two which state DNA viruses (parvovirus B19 is a DNA virus) infect mycoplasmas. I also found other documents stating ticks carry mycoplasmas. These documents were not found searching under the word mycoplasmas. They were found searching under "spiroplasmas." My next question was "How do you control a pathogen?" The answer was a CDC level 4 lab. That was the only way to completely control a pathogen—not in a prison setting.

When I was researching parvovirus B19 I found that it caused false-positive test results for rubella, Lyme Disease, Chronic Fatigue Syndrome and Systemic Lupus Erythematosus. When I studied Lyme Disease in 1997 I found the same antibiotic treatment was used to treat Lyme as is used to treat mycoplasmal infections.

My son was diagnosed with parvovirus B19 not Lyme Disease, but he responded to the antibiotic. This didn't make sense until I found that ticks carry mycoplasmas. (See "Candidiasis: Scourge of Arthritics," and "Lyme Arthritis Disease," <http://www.arthritis-trust.org>.)

After finding the documents that ticks carry mycoplasmas I remembered interviewing one of the employees who had worked around the experimental animals which are housed at the Wynne Unit. Everyone knows these experimental animals have been here for years and they have been affectionately named "the Baylor dogs." (The term Baylor was used for the Baylor College of Medicine). I discovered that the University of Texas Medical Branch (UTMB) took over the experimental animals, but I don't know exactly when this occurred. The employee I spoke with stated there were dogs, pigs, cats and larger animals which were experimental animals and monkeys were being considered at that particular time. Sometimes the pigs were in the same pen as the dogs. According to this source, at least 500 vials of blood were taken from the animals per week by the inmates and the samples were shipped to Baylor College of Medicine. Autopsies were also performed on TDC land and when an animal died it was frozen until the Baylor College of Medicine veterinarians came to investigate the cause of death. I have also been told the check for the guard who oversees the experimental animals was issued from Baylor College of Medicine; not TDC. The guard wears the TDC uniform, but receives his check from Baylor College of Medicine. I don't know if this practice continues or not with UTMB.

I tried to call the experimental animal building at the Wynne Unit and I was told to call the veterinarian at UTMB. I called him and he referred me to public affairs for UTMB. I spoke with public affairs and was reassured the inmates just "feed and take care of the dogs." When I asked if autopsies were performed on TDC land I was told that never happened. We know that mycoplasma experiments were being performed on the inmates by the enclosed documents. What types of pathogens were Baylor College of Medicine/UTMB testing on the animals? I need your assistance in finding this answer.

While researching parvovirus B19 the scientific documents explained it to be "species-specific." I have not found documents stating that mycoplasmas are species-specific. Dr. Thomas McPherson Brown treated a gorilla for arthritis and had the handlers tested for mycoplasmal infections during the time he was treating the gorilla. The gorilla achieved remission with Dr. Brown's antibiotic treatment.

The TDC mycoplasma experiments I have mentioned began 10-1-66 to 10-1-76 (with 12-19-71 to 12-10-72 included)—ten years. The other experiment mixed the virus and mycoplasma and was approved by the Baylor Committee Research on November 7, 1972 and had an indefinite time period. The September 13, 1976 Board Agenda is the document to which I refer. There are numerous addendums to the original experiments, which link the subsequent studies back to the virus/mycoplasma experiment.

Counting from the cover page of this particular document to page 40 under the title "Immunoresponsiveness during Influenza Virus Infection" you will see at the top of page 41 the word "Abbreviations". I'm not a scientist, but it appears that the mix includes Candidin and Streptokinase-streptodornase. The KLH was prepared by MD Anderson Cancer Center and administered to the inmates by Baylor College of Medicine. Additional information was acquired for the National Institutes of Health (NIH) concerning the "Development of a Reproducible and Effective Challenge System for *Mycoplasma pneumoniae*."

Some of the agencies involved in this September Agenda of

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experiments are:

Baylor College of Medicine
National Institutes of Health (NIH)
M. D. Anderson Cancer Center
Radioisotope Committee of the Methodist Hospital
Committee on Research Involving Human Beings at the
Methodist Hospital
Baylor Committee on Research Involving Human Beings
United States Public Health System (USPHS)
The Methodist Hospital Clinical Research Center
National Institute of Allergies and Infectious Diseases (NIAID)
Committee for Clinical Investigation Involving Human
Beings of Methodist Hospital
Bayer Company Division of Sterling Drug Inc. (provided data)
Faculty Committee on Research Involving Human Beings
Texas State Department of Health (now known as Texas
Department of Health)

Some of the pathogens from the September 13, 1976 Agenda
are:

Mycoplasma pneumoniae (strain 10433 and strain 1428)
Rhinovirus with mycoplasmal infections (*M. pneumoniae*)
Coxsackie A21 with *M. pneumoniae*
Keyhole limpet hemocyanin (KLH)
C = Candidin
PPD= Tuberculin reactivity
SK-SD= Streptokinase-streptodornase
Scotland strain of influenza A

Antigens included those approved by the FDA and those which
were still experimental listed as:

- 1) dermatophytin 0
- 2) candida
- 3) varidase
- 4) streptococcus toxin
- 5) brucellergen
- 6) histoplasmin
- 7) coccidicin
- 8) mumps antigen
- 9) blastomycin
- 10) diphtheria toxin and toxoid
- 11) typhoid-paratyphoid
- 12) "and so forth"

Since the copy is not legible in places I listed the ones I could read. Please note the location of the experiments. It was the Ramsey Unit. On page 4 of the "Cate Protocol" it states: "...the men will have already volunteered for participation in one of the earlier protocols." The "earlier protocols" indicate the previous *M. pneumoniae* experiment and the previous virus and mycoplasma combination experiment. I have no idea what "and so forth" means. *M. pneumoniae* was approved for use in these experiments, but it has been suggested that substitution of *Mycoplasma fermentans* was made. Also note that the mycoplasma was aerosolized for the experiments. This listing above is taken from the September, 1976 agenda only. There are many more experiments.

I have reviewed some of the records concerning Representative Edward Markey's 1986 report. It is titled *American Nuclear Guinea Pigs: Three Decades of Radiation Experiments on U. S. Citizens*. Mr. Markey had presented his findings during the Reagan administration and it was ignored until President Clinton created the Advisory Committee on Human Radiation Experiments (ACHRE) through Executive Order on January 15, 1994. Mr. Markey's report has finally been recognized and more searching for the truth has been accomplished under this committee. The time frame of the experiments was from 1940's through 1974. It

seems the same standards of rules concerning human experimentation we have today, existed then. So what is keeping these types of experiments from continuing? Honesty? Integrity? Common sense?

There was informed consent with the TDC experiments, but until someone has studied medicine there is no true "informed" consent. You could not possibly explain everything to an inmate whose average schooling at that time would be approximately the 6th or 7th grade level. You could not explain everything to anyone unless they were educated in that particular field. The Principal Investigator of the *M. pneumoniae* experiment and of the combined virus and *M. pneumoniae* experiment was a virologist. At that particular time (1976) very little was known concerning mycoplasmal infections and it seems strange that a virologist would be handling such. It is doubtful that the Principal Investigator had full knowledge of *M. pneumoniae* alone without mixing it with various other pathogens.

As Mr. Markey's 1986 report states the "...Nuremberg Code was in effect, written by the United States and the Allies in the aftermath of World War II, and it established guidelines on obtaining informed consent." These scientists worded the consent forms liberally and medically which would be difficult for an inmate to understand. The inmates were only interested in being paid so they could survive inside the prisons. They were not volunteering for the advancement of medicine as some researchers claim. This claim is to justify what they (the scientists) injected into the inmates and perhaps spread through our community.

In one of the meetings of the ACHRE a Dr. Macklin made a statement which was extremely important to this situation in Huntsville, Texas. The statement was: "*Observation in nature can be culpable if people aren't warned, if people aren't alerted, or if some intervention that might help them is not undertaken.*" From what has been discovered I wonder if this community is still being observed.

I tried to contact our Walker County Health Department last month and to my surprise we no longer have one. I found the Walker County Health Department was replaced by the University of Texas Medical Branch (UTMB) and John Sealy. John Sealy is the hospital where the inmates are taken. The date of UTMB taking over was the summer of 1994. It was in January of 1994 when the first article appeared in the local *Huntsville Item* newspaper concerning the Huntsville Mystery Illness. Other surrounding counties (San Jacinto and Polk) were also placed under UTMB in the summer of 1994. *UTMB is presently over the Walker County health; the experimental animals; and is also in charge of the health care for the inmates.*

Through several more phone calls to the Centers for Disease Control (CDC) and the Texas Department of Health (TDH) I was informed there is no law which requires rare illnesses to be reported to anyone. Communicable diseases are the only ones that are reported and the ones listed seemed to be hand-picked. There is no mention of human parvovirus B19 as being a communicable disease, which it is. I was also told the Texas Department of Criminal Justice (TDCJ) officials keep very secretive records concerning illnesses of the inmate population and when I called to inquire, I was met with tremendous hostility. The only sexually transmitted disease TDCJ has reported to TDH has been syphilis. AIDS, HIV and Hepatitis C are sexually transmittable, but only syphilis is reported. It would be interesting to find how many inmates have MS, ALS or any other rare illness. Can you assist in gathering this data?

I was told by TDH that the prison was not considered part of the community. I don't know how that can be rationalized since

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the guards, who have constant physical contact with inmates, come home to their families and communities. Anything the inmates have the guards will have and I don't think you have to be a scientist to figure that one out. I also learned the inmate population is not included with the community population. I would like to know if there is a law excluding the inmate population from being counted with the communities. I would also like to know if there is a law which excludes the reporting of diseases found in a prison setting from the surrounding communities.

At this point I need to mention *Sean and Leslee Dudley*. This is a couple from California who contracted the Gulf War Illness. Neither served in the Armed Forces. I have enclosed one of their letters to their representative Mr. Filner. Mr. Filner has asked the GAO to investigate why Dr. Nicolson's funding is being denied. It seems Dr. Lo is still misplacing blood samples or the blood samples turn bad while in his possession as the samples from Huntsville seemed to do. Dr. Nicolson desperately needs the funding and is being denied. I hope you can look into this matter as well or locate someone who can help.

60 Minutes contacted Dr. Nicolson and Sally Medley. They were interested in this story. Sally has moved and the responsibility of providing the media with documents has been left to me while her family is relocating. It is a daunting task, to say the least, but one that must be pursued. Channel 11 of Houston is also interested in the story as is KREM Channel 2 and KXLY T.V. of Spokane, Washington. I have tapes and other documents if you request them. Dr. Garth Nicolson and Nancy Nicolson, Sally Medley, Congressman Filner, Leslee and Sean Dudley, could provide more information as well as some of the Huntsville residents who are very ill. It seems we all have a piece to this puzzle and have been brought together through circumstance.

There was a report put together by Will Northrup and Suzanne Migdall. They were employed by a law firm and sent to Huntsville to investigate the Gulf War Illness. Their report is amazing. It is the closest thing we have to an epidemiologic study. These two wonderful individuals are still trying to help this community. They will also be able to provide more information.

Legislatively I would like to see changes in the health laws. All diseases should be monitored; not just the hand-picked communicable/sexually transmittable diseases. How will we learn anything about diseases if we don't track all of them? Rheumatoid Arthritis, Chronic Fatigue Syndrome, Gulf War Illness, Fibromyalgia, Myasenthia Gravis, Human Parvovirus B19, Lupus, etc. all need to be counted as the communicable diseases and sexually transmitted diseases are counted. According to the MS Organization the east Texas area is considered a low risk area. If you ask a local physician about MS he will tell you it is nearly epidemic including the MS-like symptoms. With the scientific technology and computer capabilities we have in our era there is no reason for rare illnesses not being counted and tracked. If rare diseases would have been reportable and tracked back in 1994, the questions which I ask today could have been answered back then and some of the people who have died from the rare illnesses could possibly be alive today.

From the research of parvovirus B19 I found false-positive test results for rubella and Lyme Disease. Therefore, I question the development of vaccines and the tracking of illnesses. Is it parvovirus B19 or rubella? We will never know until confirmation of the illnesses are made. Why are Lyme vaccines being produced when no one definitely knows which cases are really parvovirus B19 or mycoplasmas or Lyme Disease? Perhaps there is a mixture of pathogens in some of these illnesses which present overlapping symptoms. Presently, symptom names are given to children who

present the symptoms of parvovirus B19 instead of confirmation of the illness. The symptom names for parvovirus B19 are: slapped cheek syndrome, fifth disease or erythema infectiosum and these symptoms names become the diagnosis and the parent walks away ignorant of what their child has. According to research, 90% of the world population can test positive for human parvovirus B19. It has yet to be included in the reportable communicable disease list. Another important point is that the parvovirus B19 test has not been approved by the FDA. Dr. Garth Nicolson's test has not been approved by the FDA either. However, the parvovirus B19 test is considered confirmation of the illness. Why isn't Dr. Nicolson's test considered the same?

There are numerous organizations all across our country that have been created out of necessity and desperation. Anyone, particularly with a rare illness, is on their own regarding research and at the mercy of the medical community and their suggestions for treatment. If the CDC were to be the headquarters for counting and tracking illnesses, rare or not, individuals, physicians and other researchers would have somewhere to begin their research. Treating a disease might become second place to curing the disease. With confirmation of illnesses and tracking, the cause of these diseases could be found.

Currently, TDH is tracking an outbreak of MS in El Paso, Texas. Why would they look into that outbreak of MS when the outbreak in the Huntsville area was never investigated? And the word "outbreak," does that mean MS could possibly be contagious? There is no way of knowing if we do not keep accurate records which will assist in research. I lost a dear friend to the Huntsville Mystery Illness. Could taking doxycycline or an acne drug have cured him? We will never know. There have been many who have died who were in Ms. Medley's group back in 1994. A recent loss was in December, 1998. Physicians are not trained in medical school to treat this type of illness. Koch's postulates should be thrown out the window. How can you recreate an illness when it has been modified? The same goes for the "perfect square of cause and effect." There is no perfect square when there are a myriad of overlapping symptoms from a mixture of pathogens. I would like to see an epidemiologic study for this area. Something has been wrong for a long time and now, with the assistance of the documents, we can at least begin to address the illnesses in our area and our physicians will not be in the dark as how to treat it. I don't want to watch another member of my family, or friends, or another person in our community become ill just because the government doesn't want to admit what they have done. We know what they have done. Now, we need to fix it.

My son has not been tested for mycoplasmal infections. You have to be off the antibiotic for 6 weeks to be tested and I don't want to chance his health again. I'm grateful for the improvement he has made and grateful for the physicians who now believe in mycoplasmas. But if I had not found the documents to prove that viruses and mycoplasmas were known back in 1976 they would not have believed. I just don't want to see another child or mother put in the same situation as we have been in.

The Markey Report is a good start to continue on in finding the truth of how U.S. citizens have been used without their knowledge. The ACHRE report concerns radiation experiments, but there are also biological, chemical and psychiatric experiments. The introduction of the ACHRE report seemed to have difficulty in trying to describe the different roles of the physicians who participated freely in the experiments. It states: "*As physicians, they had a commitment to prevent disease and heal. At the same time, as government advisors, they were called upon to participate in making decisions to proceed with weapons development and testing pro-*

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grams that they knew could put citizens, soldiers, and workers at risk. As experts they were asked to ensure that the risks would not be excessive. And as researchers they saw these programs as an opportunity for gathering data."

After reading this statement I realized this statement could have been written as a defense for Hitler's physicians/researchers/scientists to justify their actions against the Jewish people because they wore the same number of hats. They wore one as a physician, a government adviser, an expert and researcher. But they forgot about (and so did the ACHRE) the medical oaths which promise **never to harm**. How could such an educated, prestigious group as the ACHRE omit "never to harm" which is the first oath a physician takes? A favorite medical oath of mine is called "Prayer of Maimonides" and can be located in any medical dictionary.

The conclusion that all physicians/researchers/scientists are inherently bad would be completely wrong. I'm against the ones who do not lift their heads and piece together the research which they are most capable of doing. Most physicians dismiss the patient who has done their homework concerning their illness and the patient is labeled "over zealous." Most scientists and physicians take their oaths seriously, but there are those who would go so far as to putting others in harm's way for their own benefit. The history, again, speaks for itself.

In summary, I will list the areas which I am asking you to address. They are:

1. This area needs an epidemiologic study by TDH and CDC which should include the inmates at TDCJ. We will never know how many illnesses are in this area, what kind of illnesses and how many have been affected, until the numbers are counted and illnesses listed. This list should include the now deceased individuals who were ill back in 1994.

2. I would also like to be informed of the types of animal experiments which have been performed on TDC land and what laws are in place for these experiments to continue.

3. The current health laws concerning reportable diseases should be changed to include rare illnesses which is essential in research.

4. A change in the criminal laws should hold any scientist, researcher or physician accountable for placing people in harm's way for the sake of notoriety and financial gain; even if employed by the U. S. Government.

5. I would also like for you to inquire about the denials of Dr. Garth Nicolson's research grants from the Department of Defense (DOD) through the General Accounting Office (GAO) as Congressman Filner has.

6. Please inform me of any laws which prevent the prison population from being counted with the communities and why the prison illnesses are not counted with the community's illnesses.

I don't particularly want to blame anyone for what happened in the past. I do however, want to make sure the truth gets out, people can get the proper medical treatment without having to wait for it and that this will never happen again. Having criminal laws in place for the scientists/ researchers/ physicians is needed. That is the only thing left for us to do. The rules and regulations are not working and by history's account, have never worked. This insanity in science needs to be stopped. The ends do not justify the means.

Please feel free to contact me for phone numbers and addresses of the other individuals. All of us will continue to search for answers and it is hoped that you will assist us. I should mention the Veteran's Administration has granted 12 million concerning a mycoplasma trial for 20 VA institutions using Dr. Nicolson's protocol for Gulf War Illness. This was approved on October 22, 1998.

Sincerely,
Candace Brown

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Encls.

ENCLOSURES:

1. September 13, 1976, Minutes Texas Board of Correc-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

tions, 350th Meeting

2. Antibiotic Therapy of Rheumatoid Arthritis: An Observational Cohort Study of 98 Patients with 451 Patient-Years of Follow-Up, Congress of Rheumatology 1985:S85

3. CNN May 8, 1998, "Common antibiotic knocks out rare skin disease"

4. Mirkin Report for Healthier Living Mycoplasma, Chlamydia and Ureaplasma The Hidden Epidemic The Long Term Treatment

5. Letter from Dr. Garth Nicolson dated April 21, 1998

6. "Gulf War Illness Probe To advance With New Study," The Wanderer, by Paul Likoudis

7. "Multiplex PCR for the Detection of Mycoplasma Fermentans, M. Hominis, and M. Penetrans in Patients with Chronic Fatigue, Fibromyalgia, Rheumatoid Arthritis and Gulf War Syndrome"; Fourth International AACFS Research & Clinical Conference on CFIDS