Lyme Disease RICO complaint filed with the DOJ in July 2003

(Transcribed, as it was filed in July, 2003 – see original, attached. Also refer to https://independent.academia.edu/KathleenDickson for the complete charges.)

"Simply put, Lyme disease was commercialized to the detriment of the public by the entities I will list and describe. It's not all that complex a picture; the owners of the vaccine patents simply "spun" the definition of this neurologic disease into an arthritis. The result was extensive harm to those infected in multiple domains explained on my website with links under "Anti-Trust" – see navigation bar. ActionLyme.org

"You will miss the entire point of this case if you don't understand the bloodwork, initially. How the bloodwork CHANGES is central. The spirochetes, the bacteria, are Borrelia, and all Borrelia are Relapsing infections. That is they in a very general sense, shed their coats and put on a new one and so are not killed by the antibodies people make against them. The vaccine is one of the elements of the coat, "outer surface protein A" (OspA). It is specific to ***Borrelia burgdorferi*** strain B31. That means there is only a 5% chance some other organism makes this lipoprotein; OspA is about 95% "SPECIFIC" to "Lyme Disease" spirochete B31.

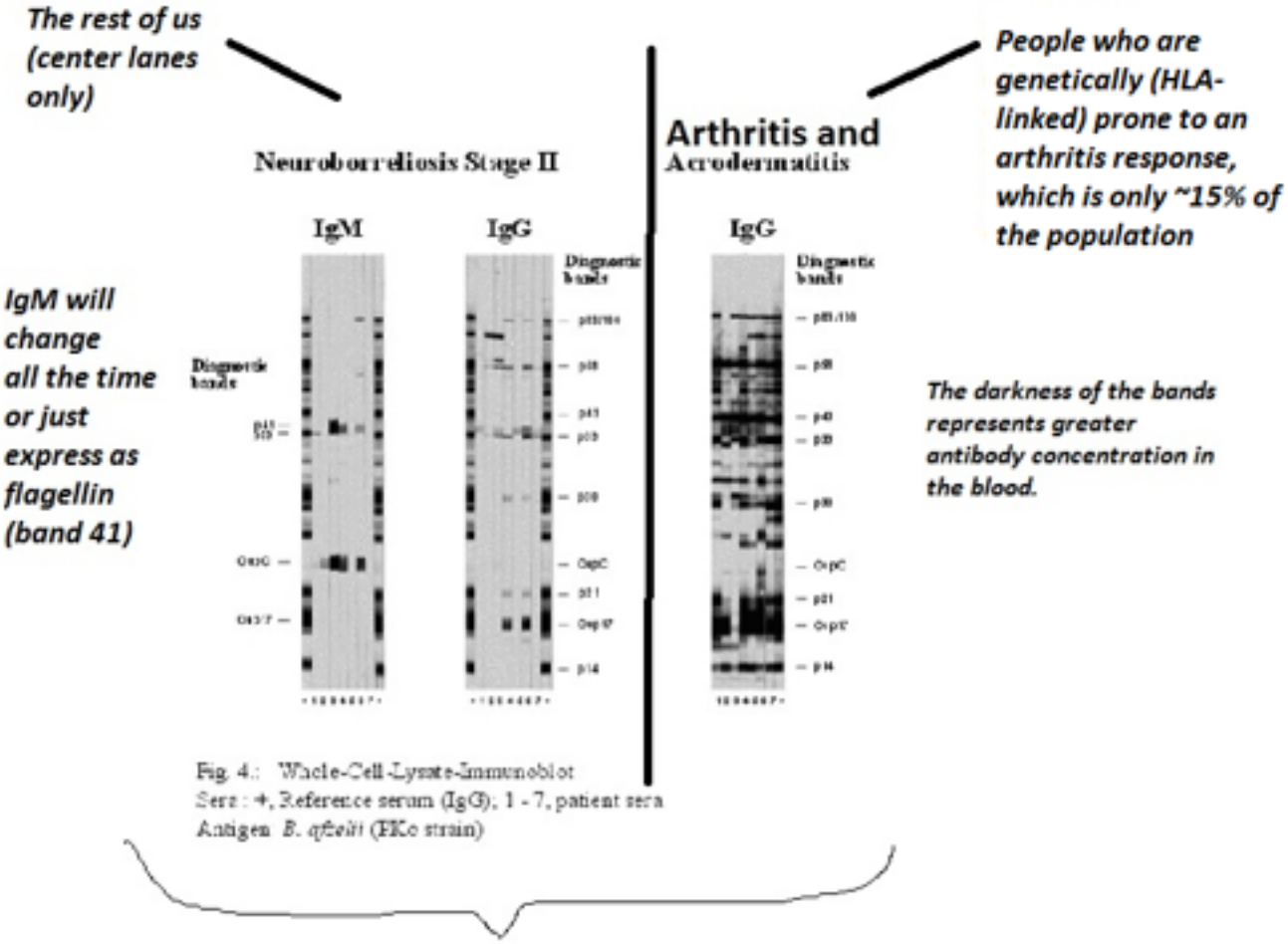
- In 1986 it was published by Yale (patent owners)/Allen Steere (CDC officer) that the Lyme disease spirochete behaved like other Borrelia; these are relapsing fever organisms.

- In 1986, it was published by Alan Barbour (CDC officer patent owner, ImmuLyme) that the Lyme disease spirochete was similar to the other Borrelia and did the same thing - changed outer membrane components.

  – They both said "This is a disease of the central nervous system (brain and spinal cord)"

  – Then both, as CDC officers, said, essentially, "No, this disease only exists in the form of arthritis and the bloodwork has to look like, on page 3 here, the Arthritis kind of Western Blot, on the right."

  "It was the only way they could qualify their vaccines = FRAUD



All of this (both neuro and arthritis) *used* to be called "Lyme Borreliosis" or "Lyme Disease." Once the OspA product, the vaccine, was underway, "Lyme disease" became only the arthritis. The people with neuroborreliosis were told they were just plain *"NUTS,"* when in fact, Borreliosis *is* a disease of the brain.

"All of this (both neuro and arthritis Lyme blots, as shown) ***used*** to be called 'Lyme Borreliosis' or 'Lyme Disease." Once the OspA product, the vaccine was underway, "Lyme disease" became only the arthritis. The people with neuroborreliosis were told they were just plain "NUTS," when in fact, Borreliosis ***is*** a disease of the brain.

Tel. (203) 821-3700
Fax: (203) 773-5376

District of Connecticut
P.O. Box 1824
New Haven, CT 06508

Please Note: The United States Attorney is responsible for the prosecution of violations of federal laws and for representing officers and agencies of the federal government in civil actions. Accordingly, our office can only undertake those cases falling within our authority.

If you will provide us with the facts of your complaint, inquiry will be made to determine whether the facts merit action by this Office.

If you have any questions, please indicate them on this form.

You may take this form with you and, when you have completed it, mail it to the above address.

****

DO NOT WRITE ABOVE THIS LINE

please forgive my handwriting, my nerves are affected.

Today's Date: 7/30/03

Your Name: Kathleen M. Dickson

Residence: [redacted]

http://www.actionlyme.com

Were you referred to this Office by any agency or public official? If yes, please name them: Yes

Blumenthal's office & Tom Ryan, AAG, and a couple of other lawyers (I forget their names.)

If you have any attorney representing you in this matter, please give the full name and address:

[redacted]

Have you advised your attorney of the complaint to this Office? _____

Is there a court action pending which pertains to this matter? _____

If yes, please give case number and court: _____

List all public agencies you may have contacted regarding this complaint:

Dept of Commerce, FBI, DOJ, AG Blumenthal. DHHS - Office of Research Integrity, who told me to take this to US. AAG Thompson

State the details of your complaint or information on the attached sheet. Use the reversed side if necessary. If you have any relevant documents, please attach XEROX copies only. **DO NOT SEND ORIGINAL DOCUMENTS.** Do you represent the facts below to be true?

Simply put, "Lyme Disease" was commercialized to the detriment of the Public, by the entities I will list + describe. It's not all that complex a picture; the owners of the vaccine patents simply "spun" the definition of this neurologic disease, into an arthritis. The result was extensive harm, to those infected. in multiple domains.

CITIZEN'S COMPLAINT -continued- **Your Name:** Kathleen M. Dickson

explained on my website, with links under "AntiTrust" - see the navigation bar. http://www.actionlyme.com

You will miss the entire point of this case if you don't understand the bloodwork, initially. How the bloodwork changes, is central. The spirochetes, the bacteria, are Borrelia, and all Borrelia are Relapsing Infections. That is, they, in a very general sense, shed their coat, and put on a new one, and so are not killed by the antibodies people make against them. The vaccine, is one of the elements of the coat - outer surface protein "A" (Osp-A). It is "SPECIFIC" to Borrelia burgdorferi, strain B31. That means there is only about a 5% chance some other organism makes this lipoprotein; OspA is about 95% "SPECIFIC" to "Lyme Disease" spirochete B31.

- In 1986, it was published by Yale/Allen Steere (patentowner), that the Lyme Disease spirochete behaved like the other Borrelia; these are relapsing organisms.
- In 1986, it was published by Alan Barbour (patent owner) (UTexas) that the Lyme Disease spirochete was similar to the Relapsing Fever Borrelia, and did the same thing: switch outer membrane components,
  - They both said, this is a disease of the central nervous system (brain & spinal cord).
  - → Then, both, as former CDC officers essentially said, No, this disease only exists in the form of the arthritis.

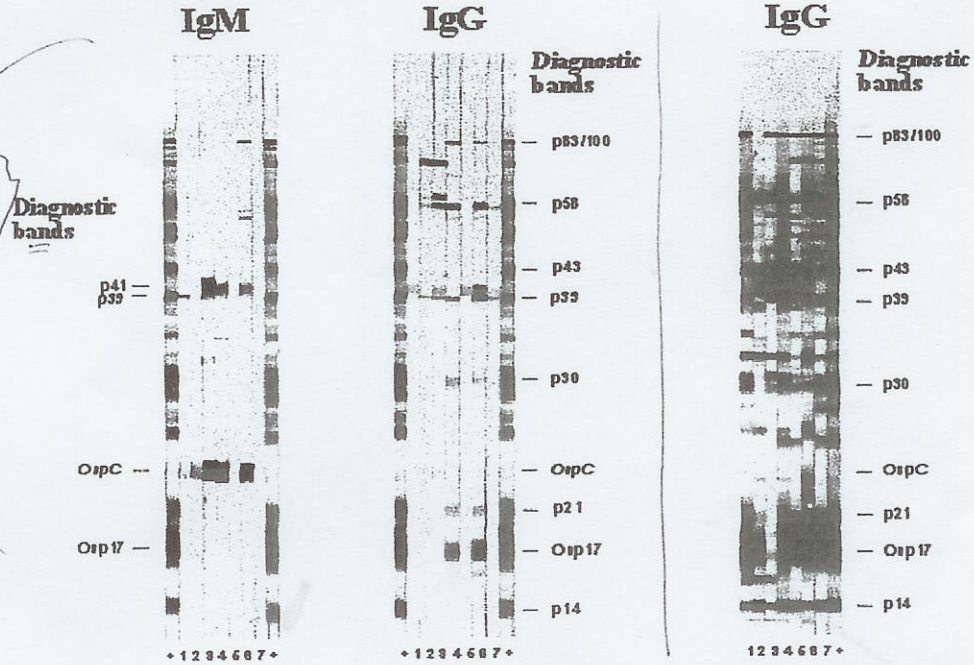
And the bloodwork has to look like, on page 3, here, the Arthritis Western blot, on the right. It was the only way they could "qualify" their vaccines, = FRAUD.

If You Need Additional Space, Please Turn this Sheet Over or Attach Another Sheet. [continued]

The rest of us. (center lanes only)

People who are prone to an arthritis response - only represent about 15% of the population

Neuroborreliosis Stage II | **Arthritis & Acrodermatitis**



IgM will change over time, or just express as flagellin (41 KD)

The darkness equals concentration of antibodies in the blood.

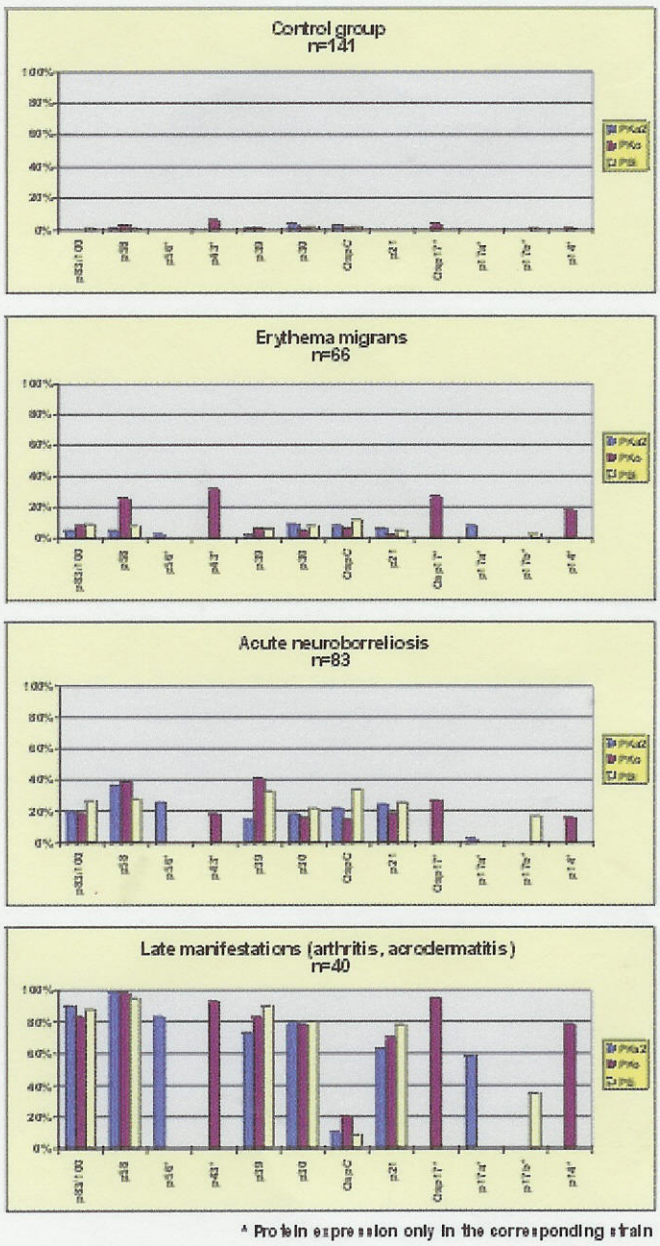
Fig. 4.: Whole-Cell-Lysate-Immunoblot
Sera : +, Reference serum (IgG); 1 - 7, patient sera
Antigen: *B. afzelii* (PKo strain)

All of this used to be Lyme Borreliosis or Lyme disease.

Once the patented OspA product, the vaccine, was underway, "Lyme Disease" became only the arthritis. The people with neuroborreliosis were then told they were just plain nuts, when, infact, borreliosis is a disease of of the brain.

7/31/03
Kandi Klein

3b



* Protein expression only in the corresponding strain

Concentration

most of us

You have to be up here to be positive to an ELISA, according to the Yale Bologna Factory.

people w/ Lyme arthritis

Fig. 5b.: Whole-Cell-Lysate-Immunoblot (IgG).

antibody concentration

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000

Open to Public Inspection

A For the 2000 calendar year, OR tax year period beginning JUL 1, 2000 and ending JUN 30, 2001

B Check if applicable:
- ☐ Change of address
- ☐ Change of name
- ☐ Initial return
- ☐ Final return
- ☐ Amended return (use also for state reporting)

Please use IRS label or print or type. See Specific Instructions

C Name of organization
AMERICAN LYME DISEASE FOUNDATION, INC.

Number and street (or P O box if mail is not delivered to street address) Room/suite
MILL POND OFFICES - 293 ROUTE 100

City or town state or country and ZIP
SOMERS, NY 10589

D Employer identification number
13-3601933

E Telephone number
914-277-6970

F Check ▶ ☐ if application pending

G Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no) ☐ 527
OR ☐ 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25 000 The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data Some states require a complete return

(H and I are not applicable to section 527 orgs)

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes " enter number of affiliates ▶

H(c) Are all affiliates included? N/A ☐ Yes ☐ No
(If "No " attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no (GEN) ▶

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶ ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts grants, and similar amounts received			
	a	Direct public support	1a	206,537.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c	-26,182.	
	d	Total (add lines 1a through 1c) (cash $ 180,355. noncash $)			1d 180,355.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4 11,144.
	5	Dividends and interest from securities			5
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sale of assets other than inventory — (A) Securities / (B) Other	8a		
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) (combine line 8c columns (A) and (B))			8d
	9	Special events and activities (attach schedule)			
	a	Gross revenue (not including $ 0. of contributions reported on line 1a)	9a	226,449.	
	b	Less direct expenses other than fundraising expenses	9b	94,797.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 1			9c 131,652.
	10 a	Gross sales of inventory less returns and allowances	10a		
	b	Less cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c
	11	Other revenue (from Part VII line 103)			11 17,649.
	12	Total revenue (add lines 1d, 2 3, 4 5 6c 7, 8d, 9c 10c, and 11)			12 340,800.
Expenses	13	Program services (from line 44, column (B))			13 353,046.
	14	Management and general (from line 44 column (C))			14 66,192.
	15	Fundraising (from line 44 column (D))			15 22,071.
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses (add lines 16 and 44, column (A))			17 441,309.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)			18 -100,509.
	19	Net assets or fund balances at beginning of year (from line 73 column (A))			19 348,302.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year (combine lines 18 19 and 20)			21 247,793.

FILED MAR 19 '02

RECEIVED
FEB 19 2002
383 IRS-OSC
OGDEN, UT

AMERICAN LYME DISEASE FOUNDATION, INC.

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

Nature of Activities

The American Lyme Disease Foundation, Inc is a non - profit organization dedicated to the prevention, diagnosis, treatment, and control of lyme disease and other tick - borne infections The American Lyme Disease Foundation, Inc supports critical scientific research and plays a key role in providing reliable and scientifically accurate information to the public, medical community and government agencies about tick borne diseases and their potentially serious effects on health and quality of life

Contributions

In accordance with Statement of Financial Accounting Standards No 116, contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support depending on the existence and/or nature of any donor restrictions

Recognition of Donor Restrictions

Donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets

Support from Federal and similar grants are recognized as an increase in unrestricted net assets when expended in accordance with the terms of the grant Grant commitments are otherwise not recognized when the grant stipulates that such amounts will not be transferred to the Foundation unless expended in accordance with the grant terms

Income Taxes

The American Lyme Disease Foundation, Inc qualifies as a tax-exempt organization under Section 501 (c)(3) of the Internal Revenue Code and has been classified by the Internal Revenue Service as other than a private foundation

Allocations of Expenses

Costs incurred that apply to more than one functional purpose have been allocated among the programs and supporting services benefited

Note 2 - Grants

The Center for Disease Control and Prevention (CDC) has awarded ALDF a $300,000 grant for the period March 15, 2001 through March 14, 2002 for a project entitled "Cooperative Agreement to prevent Lyme Disease in the United States (Community Intervention)"

Attorney General's Investigation Reveals Flawed Lyme Disease Guideline Process, IDSA Agrees To Reassess Guidelines, Install Independent Arbiter

May 1, 2008

Attorney General Richard Blumenthal today announced that his antitrust investigation has uncovered serious flaws in the Infectious Diseases Society of America's (IDSA) process for writing its 2006 Lyme disease guidelines and the IDSA has agreed to reassess them with the assistance of an outside arbiter. The IDSA guidelines have sweeping and significant impacts on Lyme disease medical care. They are commonly applied by insurance companies in restricting coverage for long-term antibiotic treatment or other medical care and also strongly influence physician treatment decisions. Insurance companies have denied coverage for long-term antibiotic treatment relying on these guidelines as justification. The guidelines are also widely cited for conclusions that chronic Lyme disease is nonexistent.

"This agreement vindicates my investigation -- finding undisclosed financial interests and forcing a reassessment of IDSA guidelines," Blumenthal said. "My office uncovered undisclosed financial interests held by several of the most powerful IDSA panelists. The IDSA's guideline panel improperly ignored or minimized consideration of alternative medical opinion and evidence regarding chronic Lyme disease, potentially raising serious questions about whether the recommendations reflected all relevant science.

"The IDSA's Lyme guideline process lacked important procedural safeguards requiring complete reevaluation of the 2006 Lyme disease guidelines -- in effect a comprehensive reassessment through a new panel. The new panel will accept and analyze all evidence, including divergent opinion. An independent neutral ombudsman -- expert in medical ethics and conflicts of interest, selected by both the IDSA and my office -- will assess the new panel for conflicts of interests and ensure its integrity."

Blumenthal's findings include the following:

- The IDSA failed to conduct a conflicts of interest review for any of the panelists prior to their appointment to the 2006 Lyme disease guideline panel;
- Subsequent disclosures demonstrate that several of the 2006 Lyme disease panelists had conflicts of interest;
- The IDSA failed to follow its own procedures for appointing the 2006 panel chairman and members, enabling the chairman, who held a bias regarding the existence of chronic Lyme, to handpick a likeminded panel without scrutiny by or formal approval of the IDSA's oversight committee;
- The IDSA's 2000 and 2006 Lyme disease panels refused to accept or meaningfully consider information regarding the existence of chronic Lyme disease, once removing a panelist from the 2000 panel who dissented from the group's position on chronic Lyme disease to achieve "consensus";
- The IDSA blocked appointment of scientists and physicians with divergent views on chronic Lyme who sought to serve on the 2006 guidelines panel by informing them that the panel was fully staffed, even though it was later expanded;
- The IDSA portrayed another medical association's Lyme disease guidelines as corroborating its own when it knew that the two panels shared several authors, including the chairmen of both groups, and were working on guidelines at the same time. In allowing its panelists to serve on both groups at the same time, IDSA violated its own conflicts of interest policy.

IDSA has reached an agreement with Blumenthal's office calling for creation of a review panel to thoroughly scrutinize the 2006 Lyme disease guidelines and update or revise them if necessary. The panel -- comprised of individuals without conflicts of interest -- will comprehensively review medical and scientific evidence and hold a scientific hearing to provide a forum for additional evidence. It will then determine whether each recommendation in the 2006 Lyme disease guidelines is justified by the evidence or needs revision or updating. Blumenthal added, "The IDSA's 2006 Lyme disease guideline panel undercut its credibility by allowing individuals with financial interests -- in drug companies, Lyme disease diagnostic tests, patents and consulting arrangements with insurance companies -- to exclude divergent medical evidence and opinion. In today's healthcare system, clinical practice guidelines have tremendous influence on the marketing of medical services and products, insurance reimbursements and treatment decisions. As a result, medical societies that publish such guidelines have a legal and moral duty to use exacting safeguards and scientific standards.

"Our investigation was always about the IDSA's guidelines process -- not the science. IDSA should be recognized for its cooperation and agreement to address the serious concerns raised by my office. Our agreement with IDSA ensures that a new, conflicts-free panel will collect and review all pertinent information, reassess each recommendation and make necessary changes.
"This Action Plan -- incorporating a conflicts screen by an independent neutral expert and a public hearing to receive additional evidence -- can serve as a model for all medical organizations and societies that publish medical guidelines. This review should strengthen the public's confidence in such critical standards." ….

ADDITIONAL FINDINGS OF BLUMENTHAL'S INVESTIGATION

IDSA convened panels in 2000 and 2006 to research and publish guidelines for the diagnosis and treatment of Lyme disease. **Blumenthal's office found that the IDSA disregarded a 2000 panel member who argued that chronic and persistent Lyme disease exists. The 2000 panel pressured the panelist to conform to the group consensus and removed him as an author when he refused. *****
IDSA sought to portray a second set of Lyme disease guidelines issued by the American Academy of Neurology (AAN) as independently corroborating its findings. In fact, IDSA knew that the two panels shared key members, including the respective panel chairmen and were working on both sets of guidelines a the same time -- a violation of IDSA's conflicts of interest policy.

The resulting IDSA and AAN guidelines not only reached the same conclusions regarding the non-existence of chronic Lyme disease, their reasoning at times used strikingly similar language. Both entities, for example, dubbed symptoms persisting after treatment "Post-Lyme Syndrome" and defined it the same way.
When IDSA learned of the improper links between its panel and the AAN's panel, instead of enforcing its conflict of interest policy, it aggressively sought the AAN's endorsement to "strengthen" its guidelines' impact. The AAN panel -- particularly members who also served on the IDSA panel -- worked equally hard to win AAN's backing of IDSA's conclusions.
http://www.ct.gov/AG/cwp/view.asp?a=2795&q=414284

[*** **This was Sam T. Donta, MD., information I (Kathleen Dickson) provided that the AG's office did not know about because *the Lyme Disease Association (LDA) had trashed Dr. Donta to Blumenthal's staff.* You can see how important that info was towards this Anti-Trust case.]**

Page 21 of the 2017 Truthcures.org Criminal Charges booklet:
http://www.actionlyme.org/170526_CRIMINAL_CHARGE_SHEETS_ALL_PDF.pdf

"The CDC recently reacted to the Senators' (Blumenthal, Markey, et al) letter to the Office of Policy and Management, where the Senators are forcing the FDA to do their jobs and assure that the testing for Lyme is validated according to their own FDA rules. (See the Primers Shell Game for more on that.) The CDC is trying to say that the Dearborn method was FDA validated, when it was not:

"Washington – Senator Edward J. Markey (D-Mass.) was joined by Senators Richard Blumenthal (D-Conn.), Elizabeth Warren (D-Mass.), Sherrod Brown (D-Ohio), and Dick Durbin (D-Ill.) in calling on the Obama administration to release draft guidance to ensure appropriate oversight of laboratory developed diagnostic tests (LDTs), which are used to help diagnose specific forms of cancer and other diseases and are not approved by the Food and Drug Administration (FDA). Laboratories initially manufactured LDTs that could be used for low-risk diagnostics or for rare diseases, but with new technology, they have become a staple of clinical decision-making and are being used to diagnose high-risk but relatively common diseases such as ovarian cancer. **Recently, the Centers for Disease Control and Prevention (CDC) reviewed a frequently utilized LDT to detect Lyme disease and found "serious concerns" about false-positive results and misdiagnosis. The CDC recommended that the diagnosis of Lyme disease should instead be left to tests approved by the FDA.** ..."
http://politicalnews.me/?id=29174&keys=DIAGNOSES-CONDITIONS-MEDICAL-OBAMACARE

Here are the FDA's rules for the validation of an analytical method:

For the Purpose of Notification to Congress Only

requirements under the FD&C Act. Namely, CLIA requirements address the laboratory's testing process (i.e., the ability to perform laboratory testing in an accurate and reliable manner). Under CLIA, accreditors do not evaluate test validation prior to marketing nor do they assess the clinical validity of a LDT (i.e., the accuracy with which the test identifies, measures, or predicts the presence or absence of a clinical condition or predisposition in a patient). Under the FD&C Act, the FDA assures both the analytical validity (e.g., analytical specificity and sensitivity, accuracy and precision) and clinical validity of diagnostic tests through its premarket clearance or approval process. In addition to premarket review, FDA requirements provide other controls to ensure appropriate design, manufacture, and safety and effectiveness of the device. As a result, while CLIA oversight is important, it alone does not ensure that LDTs are properly designed, consistently manufactured, and are safe and effective for patients.

2. Evolution of LDT Technology, Marketing, and Business Models and the Need for Increased Regulatory Oversight of LDTs

From:
https://www.fda.gov/downloads/MedicalDevices/ProductsandMedicalProcedures/InVitroDiagnostics/ucm407409.pdf

which were met by Yale's 1991 Flagellin Method Patent US # 5,618,533 and this report:
Infect Immun. 1991 Oct;59(10):3531-5.
Molecular characterization of the humoral response to the 41-kilodalton flagellar antigen of Borrelia burgdorferi, the Lyme disease agent.
Berland R1, Fikrig E, Rahn D, Hardin J, Flavell RA.