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Mycoplasmas
"Cell Wall Deficient Forms"
(Auto Immune Diseases)

Another in the Life Sources' Client Education Series

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This pamphlet may be purchased by the general public from:

Life Sources, Inc.

5006 Sunrise Blvd., Ste.101

Fair Oaks, California 95628

916-536-9930

www.life-sources.com

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Today, there are a vast number of "symptom-set" disease labels/names that curiously enjoy "unknown" and/or disputed etiology. Variable of these diagnosis have been afforded to millions and millions of patients although symptoms can overlap such that there are not always clear distinctions between one condition and another. Examples of these illnesses include, but are not limited to, conditions such as chronic fatigue immune dysfunction syndrome, auto-immune disorders (lupus, multiple sclerosis and Lou Gehrig's Disease/ALS), arthritis, attention deficit disorder, fibromyalgia, Epstein Barr virus (chronic), CMV, HHV-6, Sarcoidosis, Creutzfeldt-Jakob disease including the new-variant, mad-cow disease, Stevens Johnson syndrome, meningitis, acquired immune deficiency syndrome, "idiopathic" cd4 positive t-lymphocytopenia (aka HIV-negative AIDS), Crohn's disease, cancers, lymphoma, leukemia, encephalopathies, pelvic inflammatory disease, allergies, asthma, Sjogren's Syndrome, somatization, chronic mononucleosis, scleroderma, interstitial cytitis, and Alzheimer's. Interestingly, all of these conditions can be caused by one peculiar species of contagious pathogen, mycoplasma.

BACKGROUND

A mycoplasma is a pathogen that infects plants, animals and humans, and it is not a bacteria or virus. Rather, a mycoplasma is a member of the mollicute family, having no cell-wall, and is characterized as a *virus-like infectious agent*, somewhere in-between a virus and bacteria in complexity. Mycoplasmas have been around for a very-long time - way before the Persian Gulf War conflict.

VECTOR

Mycoplasmas can spread on an airborne or casual contact basis, or by any other more intimate contact between individuals.

PHENOTYPING

Susceptibility to particular mycoplasma subtypes/isolates can depend on a genetic component known as histocompatibility antigen. Therefore, horizontal transmission (for example, un/related roommates) may fail notwithstanding casual or intimate contact.

SPECIATE

There are hundreds of different mycoplasma subtypes and numerous isolates (strains) within any given subtype. As an example, there is a mycoplasma subtype known as mycoplasma *arthritidis* which can cause the disease arthritis, also a multi-billion dollar industry. Although currently withheld from the patient and mainstream physician communities, the intimate fellowship of mycoplasmologists - which includes numerous current or previous military contractors - employ unpublished algorithms that can be used to speciate (ascertain subtype/strain) mycoplasmas. A partial list of mycoplasmas can be obtained from the American Type Culture Collection on-line catalog at URL www.atcc.org under the category of bacteria.

PATHOLOGY

Mycoplasmas can cause numerous and various pathogenic mechanisms including extragenital systemic infection, production of superantigens, abnormal stimulation of cytokines such as interleukin-2, generation of toxic oxygen radicals which contribute to the oxidative stress observed in infected individuals (antioxidants such as vitamin E and others can help with this problem), development of lesions in the heart, liver, kidneys, and other organs, induction of apoptosis (aka programmed cell death), aphthous ulcerations, thrombocytopenia, central nervous system disease, problems with cell-mediated immunity, and numerous other destructive actions.

Central Nervous System

Mycoplasmas can target the host white blood cells (lymphocytes/WBC) for intracellular infection, and these cells have the unique ability to cross the blood-brain barrier over into the spinal fluid and thereby carry their deadly mycoplasma payload into the host central nervous system (CNS). As a result, mycoplasmas can produce brain abscess and CNS lesions such as spinal-cord syrinx (fistula) which can be detected by way of appropriately tailored magnetic resonance imaging (MRI) studies.
HPA Axis

Once inside the host CNS, certain pathogenic mycoplasmas have been reported to activate the CNS hypothalamus/pituitary/adrenal axis. The hypothalamus and pituitary glands form part of the human endocrine system which produces (steroid) hormones that regulate nearly every bodily function, including hyperactivity, and the hypothalamus lies proximate to the limbic system which is much investigated as the physiological/psychological threshold of human beings.

Proteinase K-Resistant Proteins

The *proteinase K-resistant proteins* are associated with the transmissible spongiform encephalopathies, progressive multifocal leukoencephalopathy, scrapie, so-called 'mad-cow disease' and the *new-variant* of creutzfeldt-jakob disease (CJD) which surfaced subsequent to the Persian Gulf War. *Proteinase K-resistant proteins* have been identified in certain of the pathogenic mycoplasmas, and are mechanistic to a horrifying pathology including abnormal protein deposits throughout the host central nervous system, spongiform changes in the CNS tissues, impaired cognition, myoclonic jerking (violent jerking of the body during or while moving into an attempted sleep-cycle), 'brain-fog' and eventually dementia and death.

Cell-Mediated Immunity

Mycoplasmas have a special interaction with the lymphoreticular system in that they are immunomodulating pathogens that can compromise cellular immunity, otherwise known as your T-lymphocytes. In the case of the T-Suppressors (T8), they will move towards a

high index due to an infection with mycoplasma hominis, whereas the T-Killers (T3) will considerably decrease in a natural proceeding of mycoplasmosis. In addition to these changes in absolute lymphocyte sub-populations, natural killer cell function will deteriorate as result of extended systemic mycoplasma infection.

Markers For Immunity

When cellular-immunity becomes compromised, certain ubiquitous and ordinarily latent pathogens, such as the herpes viral family (epstein-barr, CMV, HHV-6 and others), have the ability to proliferate to detectable levels. As such, numerous misinformed and/or unethical health care providers are diagnosing epstein-barr or CMV when, in actuality, these pathogens are only symptoms (markers for immunity) of an underlying mycoplasma infection.

Cancer

In a dangerous 'mouse-trap' interrelationship, a number of the ordinarily latent pathogens are independently carcinogenic. As an example, epstein-barr virus has been linked to nasopharyngeal carcinoma and lymphoma. Therefore, what begins as systemic mycoplasma infection can trigger immunological problems which will indirectly lead to cancers through the proliferation of these herpes and other pathogens unchecked by cellular immunity. In addition, certain mycoplasmas will *directly* cause induction of multistage oncogenic processes leading to chromosomal alteration (cancer - multibillion/$ industry).

Humoral

The humoral immune response, otherwise referred to as the antibody response, may not be measurable during systemic mycoplasma infection until a patient is nearing death. This is because mycoplasmas can evade detection by the immune system (and thereby cause a characteristically chronic illness) through various mechanisms including antigenic surface variation and molecular mimicry. Also, the absolute sub-population of B-lymphocytes will be observed to increase as a result of a systemic mycoplasma infection.

Interpolation

Since mycoplasmas carry ribosomal genes, therefore indicating that they are not viruses at all (but a prokaryote), they have been ambiguously deemed a *virus-like infectious agent*. Nontheless, certain mycoplasmas have the ability to interpolate themselves into host DNA and inhibit normal DNA to messenger-RNA transcription and cause messenger-RNA translation to abnormal protein antigens. This results abnormal intracellular proteins (and proteins are the building blocks of the cell), immune dysregulation and abnormal cytokine production. Furthermore, this dna-recombinent issue may (unless confined only to the WBC fraction) implicate some very serious limitations from a therapeutic *cure* standpoint, including sophisticated gene-therapy

techniques which are unavailable to regular individuals outside the military/medical/industrial complex. gp120

Indicating a calculated laboratory engineering to make these pathogens more invasive and/or deadly, some mycoplasmas are being detected with unusual DNA sequences, such as the HIV-1 envelope gene which codes for a surface glycoprotein, gp120, that is involved in pathogen attachment and entry into cells. Specifically, the gp120 recognizes receptors on the lymphocytes and other cell surfaces which can result in opportunistic cell attachment and penetration . Since the receptor recognized by gp120 is present on many cell types, these modified mycoplasmas could be capable of invading most body tissues with unprecedented associated morbidity.

IMMUNIZATION

Disturbingly, the 'mad scientists' and other dark persons can immunize themselves against engineered mycoplasma diseases which will play havock with the remainder of the world's population. Mycoplasmas will not interfere with the immune response when exposure occurs after primary immunization.

SYMPTOMS

From a clinical standpoint, the many different mycoplasma subtypes/isolates can cause a wide variety of symptomalogies depending upon such things as the patient and degree of infection. Some of the more pathogenic mycoplasmas, which can cause fulminate illness, include subtypes *hominis, fermentans (incognitus), pirum, genetalium, pneumoniae and penetrans*.

ACUTE/PRIMARY

Acute/primary systemic mycoplasma infection can present with numerous and various life-threatening symptoms such as (night) sweats, neuropathy, rash (cheeks, trunk, etc.), pharyngitis, sleep disorder, heart palpitations, sensation of terror and/or irritability (hypothalamus controls emotions such as rage, fear and pleasure), muscle and joint pain, sensory and reflex hypersensitivity (e.g. sound intolerance), parkinsons-like twitching, motor disorder, adenopathy, confusion and anxiety, coagulated ejaculate, spleenomegaly, bleeding gums, rapid weight-loss, nausea, racing metabolism (thyroid/endocrine), sepsis (overwhelming infection), diarrhea and bowel disorder, shaking, weakness, temperature fluctuations, chills, drooling, blurred vision, metallic taste in mouth, numbness in extremities and back of head during attempted sleep, crippling spine, neck and back pain, difficulty turning neck, skin irritated by fabric coverings, and elevated herpes antibody titers. However, the onset of mycoplasma infection can be insidious and/or localized (for example, arthritis or confined to the uro-genital tract as with pelvic inflammatory disease) depending on the particular mycoplasma subtype and isolate involved.

CHRONIC

In addition to certain of the primary symptoms, the chronic state clinical picture often includes learning disability, cognitive disorder, memory loss, fatigue, myoclonus, abdominal pain, painful granulomas under armpits, rib malformation and prominence above spleen in young children, 'allergic shiners' (dark circles under the eyes), chostochonderitis (inflamed sternum/cartilage), headaches, nose-bleeds, hair loss, bone pain from metastasize, stammering, stunted growth, bruises, central nervous system disease, cancers (glioma, blastoma, etc.), and organ failure. Absent therapy, the (not so) long-term pattern is calculated to result death.

HALLMARK

One hallmark symptom of systemic mycoplasma infection, which results from abnormal stimulation of cytokines, involves a chronic red discoloration of the anterior pharyngeal pillars. Often referred to as 'crimson crescents,' this phenomenon can be easily detected by a patient with a flash-light and mirror; Standing in front of the mirror with your mouth open wide, you can point the flash-light into the mirror so that the beam will reflect back into your pharynx. On either side of your throat, behind the molars and in front of the tonsils, the crescents are an intense crimson color and are well demarcated along the margins of both anterior pharyngeal pillars. In patients without tonsils, the crimson crescents assume a posterior position in the oropharynx.

CHILDREN

In the case of small children, the communication cycle is not functionally developed to the point where these symptoms (especially the central nervous system symptoms) can be well articulated. Often, crying is the only way for a child to indicate that something is physiologically wrong. Furthermore, mycoplasma infections can simulate numerous nonspecific childhood illnesses - such as foot and mouth disease, flu, stomatosis, roseola, fifths disease, and otitis media - that can be readily misdiagnosed by a pediatric practitioner.

The Main Human Mycoplasma Pathogens.
Pathogen / Implicated Disease

Mycoplasma genitalium	**Arthritis, chronic nongonococcal urethritis, chronic pelvic inflammatory disease, other urogenital infections and diseases, infertility, AIDS/HIV**
Mycoplasma fermentans	**Arthritis, Gulf War Syndrome, Fibromyalgia, Chronic Fatigue Syndrome, Lupus, AIDS/HIV, autoimmune diseases, ALS, psoriasis and Scleroderma, Crohn's and IBS, cancer, endocrine disorders, Multiple Sclerosis, diabetes**
Mycoplasma salivarium	**Arthritis, TMJ disorders, Eye and ear disorders and infections, gingivitis, periodontal diseases including even cavities.**
Mycoplasma hominis and Ureaplasma urealyticum	**Two mycoplasmas commonly found in the urogenital tracts of healthy persons. However, over the years, the pathogenic roles of these mycoplasmas have been proven in adult urogenital tract diseases, neonatal respiratory infections, and a range of other diseases usually in immunocompromised patients.**
Mycoplasma pneumonia	**Pneumonia, asthma, upper and lower respiratory diseases, heart diseases, leukemia, CNS disorders and diseases, urinary tract infections, Crohn's and Irritable Bowel Syndrome, autoimmune diseases.**
Mycoplasma incognitus and Mycoplasma penetrans	**AIDS/HIV, urogenital infections and diseases, Autoimmune disorders and diseases**
Mycoplasma pirum	**Urogenital infections and diseases, AIDS/HIV**

THERAPY

Consistent with germane literature and expert opinion, the proper approach to overcoming systemic mycoplasma infection will depend on the characteristics of the specific mycoplasma pathogen involved, and many cases will respond to a combined antibiotic/steroid treatment protocol, naturopathic, and avoidance components.

Antibiotic/Steroid

Where a mycoplasma pathogen targets host WBC for infection, the disease can initiate a vicious cycle of immunological dysregulation where the lymphocytes actually start replicating and attacking themselves for being infected with the immunomodulating mycoplasmas. In order to break the vicious cycle, and return the body to a state of peace - known in medical terms as homeostasis - mycoplasma disease therapy research implicates utilization of *combined* antibiotic/steroid treatment protocols.

Protocol

Unlike viruses, which do not respond to antibiotic treatment, mycoplasmas are susceptible to antimicrobial therapy on a long-term protocol basis. With an appropriate course and brand of antimicrobial therapy (where an entire year or two would not be atypical), immunocompetent (HIV-negative) mycoplasma patients can revert back to a mycoplasma negative phenotype and permanent asymptomatic status. Of course, detecting the infection early - such as during the overwhelming acute infection known as sepsis - would require minimal treatment duration relative to a patient that first endured years of illness before being correctly and honestly diagnosed.

Chloramphenicol

Across the board, the antibiotic chloramphenicol is on the list of preferred antibiotics for treatment of systemic mycoplasma infections. However, some physicians may be reluctant and/or unable to prescribe this medicine since it is associated with an idiosyncratic and/or dose-dependent blood dyscrasia (aplastic anemia) that runs at about a 1:30K risk. Nothwithstanding, chloramphenicol is used widely in other countries, it is available over-the-counter in Mexico pharmacies, it is not a controlled substance, and it is approved for use in the United States.

Customs
Customs, which provides the function of enforcing FDA law at our country's boarders, will generally not allow international travelers to bring back a personal supply of medicine unless the product is for continuation of a treatment begun in a foreign country, or is prescribed by a responsible United States physician.

Antibiotic

Other candidate antibiotics that have demonstrated efficacy against extragenital mycoplasma infections include doxycycline, minocycline, zithromax, rifampin, gentamicin, the lincosamides, trovafloxacin (hominis) and sparfloxacin. All of these antimicrobials are approved for use in the United States.

Resistance

Of course, resistance is the ongoing background issue which constantly needs to be ascertained to achieve any clinical benefit and, where culture techniques are ineffective

due to the fastidious nature of a mycoplasma strain, anti-microbial sensitivity determinants can be ascertained on a dna-amplification basis. Although currently withheld from the patient and mainstream physician communities, the intimate fellowship of mycoplasmologists maintain unpublished databanks on mycoplasma subtype/isolate antibiotic sensitivity - including for 'investigational' antimicrobials which are typically unavailable notwithstanding a prescription.

Penicillins

Since mycoplasmas have no cell-wall, penicillins are contraindicated and will actually exacerbate the clinical picture.

Nystatin

For those individuals who are responding favorably to nystatin therapy for a purported candida albicans infection, realize that nystatin is a polyene macrolide which does show activity (although weak) against some mycoplasma subtypes. Therefore, any favorable clinical response may actually be against a mycoplasma pathogen rather than any systemic yeast problem.

Steroid

In addition to their role on the structural interrelationships between mycoplasma infection and the endocrine system/hormone, steroids (such as dexamethasone) suppress the immune system's proliferation of white blood cells and thereby starve mycoplasmas which target those WBC for infection. Among other promising immunomodulators, bacterial polysaccharides from *clavibacter michiganense* (potato ring rot) has been reported to correct the T8 and T3 (cell-mediated) irregularities otherwise associated with a natural proceeding of mycoplasmosis.

Naturopathic

From a naturopathic standpoint, various American bio-technology patents reflect that certain mycoplasma infections can be addressed with tea polyphenols, and sulfatides (hominis). Other reported alternative treatments include the heavy metals (such as colloidal silver, gold, lead, and mercury), and a carbohydrate substrate known as arbutin which breaks down to hydroquinone. Arbutin can also be found in the medicinal herb uva ursi. It has been our experience at Life Sources that maintaining a relatively high pH level (above 7.3) will also ameliorate the proliferation of mycoplasmas and may act as a prophylactic.

Free Radicals

Since mycoplasmas generate toxic oxygen radicals which contribute to the oxidative stress observed in infected individuals, generalized antioxidants (such as vitamin E and C) do have a role in management of the mycoplasma infection symptoms. However,

they will not cure and/or eradicate the underlying mycoplasma disease.

Avoidance

Cholesterol and the amino acid arginine, which is commonly found in chocolate, stimulate growth of mycoplasmas and should be avoided at all costs. However, there is a strain of mycoplasma hominis which has been given the ability to produce arginine as a characteristic mechanism of the disease; as such, this pathogenic strain can 'whip itself into a froth' notwithstanding the careful avoidance of arginine by a patient.

Stress

Additionally, psychological stress should be avoided since it is known to contribute to progression of mycoplasma disease; Since the mycoplasma pathogen infects the central nervous system, this intersection presents a vicious physiological/psychological circle which can often lead to suicide. Of course, it is not surprising that mycoplasma patients are often misdiagnosed as somatization or, in the case of the gulf war veterans, post traumatic stress disorder.

Air Travel

Mycoplasma grows well at low-pressure (high altitude) conditions. Therefore, it is advisable to avoid unnecessary airline travel while infected with this disease.
Monoclonal Antibodies
Various American bio-technology patents reflect that certain mycoplasma infections can be addressed with a sophisticated derived blood product, monoclonal antibodies.

Military Operations

The Geneva Convention prohibits the development and testing of biological weapons, otherwise known as germ warfare agents, and similar provisions are specified in the Nuremberg Codes. Nonetheless, some mycoplasmas have been engineered and/or laboratory modified for use as biological/germ warfare agents. In 1970, the Department of Defense made an appropriations request for 10 million dollars into a 5 year study to develop immune system ravaging micro-organisms for germ warfare. (See Public Law 91-171 and associated Hearings Before A Committee On Appropriations House of Representatives Ninety-First Congress, page 129.) Unlike their chemical weapon counterpart, a germ warfare agent is a contagious pathogen that can affect military and civilian, adults and children, without regard to the extent of direct involvement in an armed conflict or terrorist attack.

PERSIAN GULF WAR

In the case of Iraq, a citizen by the name of Jawad Al-Aubaidi headed the mycoplasma program at the University of Baghdad, although he was trained in the USA at Cornell

University and Plum Island. He would be a very interesting person to talk with about mycoplasma payloads on the SCUD skyburst warheads which were used by Iraq during desert storm, and about military gulf war illness which directly simulates the civilian chronic fatigue immune dysfunction syndrome symptom-set. Currently, class-action litigation has been initiated against numerous American and foreign companies that reportedly, and in violation of the Trading With the Enemy Act (50 USC Appx 1 et seq.), sold Iraq material and equipment for advanced biological weapons systems. See the Report of former Senator Donald W. Reigle Jr., and S. Hrg. 103-900, 25 May 1994.

Although no biological warfare detection capabilities were deployed during the gulf conflict, the Defense Department continues to position that germ and/or biological warfare agents were not used by Saddam Hussein. However, during hearings held by the Senate Veterans Affairs Committee on gulf war veterans illnesses, an internal DOD memo was exposed which ordered officials at the Pentagon to flag declassified documents which could embarrass the Department of Defense or seemed to confirm the use or detection of biological agents and allow an investigation team to decide whether the information would ever be released.

In like fashion, hundreds of thousands of military medical records and General Norman Schwarzkopf's daily logs of activity during the gulf war have mysteriously disappeared from Defense Department custody, and were therefore conveniently unavailable for scrutiny during the Senate Committee hearings in which DOD witnesses were allowed to submit unsworn 'testimony.' According to a report by the GAO, which is charged with evaluating efficient use of governmental resources, the investigation into gulf war illness presents an issue of questionable integrity. The GAO report also criticized the Presidential Advisory Committee on Gulf War Veterans Illnesses for virtually discounting any link between biological agents and troop complaints.

50 UNITED STATES CODE 1520

Astonishingly, and for twenty years previous to its curious and abrupt repeal only November of last year, our federal statutes have provided that the Secretary of the Department of Defense can conduct germ warfare experiments on unsuspecting civilian populations within the United States; Title 50 of the United States Code, Chapter 32 (CHEMICAL AND BIOLOGICAL WARFARE PROGRAM), Section 1520 provides:

> §1520 *Use of human subjects for testing of chemical or biological agents by Department of Defense; accounting to Congressional committees with respect to experiments and studies; notification of local civilian officials*
>
> *(a) Not later than thirty days after final approval within the Department of Defense of plans for any experiment or study to be conducted by the Department of Defense, whether directly or under contract, involving the use of human subjects for the testing of chemical or biological agents, the Secretary of Defense shall supply the Committees on Armed Services of the Senate and House of Representatives with a full accounting of such plans for such experiment or study, and such experiment or study may then be conducted only after the*

expiration of the thirty-day period beginning on the date such accounting is received by such committees.

(b)(1) Secretary of Defense may not conduct any test or experiment involving the use of any chemical or biological agent on civilian populations unless local civilian officials in the area in which the test or experiment is to be conducted are notified in advance of such test or experiment, and such test or experiment may then be conducted only after the expiration of the thirty-day period beginning on the date of such notification (2) Paragraph (1) shall apply to tests and experiments conducted by Department of Defense personnel and tests and experiments conducted on behalf of the Department of Defense by contractors.

Of course, not only does this enabling legislation run against all morality and natural law, but it runs against man's own laws with respect to human rights and constitutionality. Curiously, certain of the referenced symptom-set diseases have occurred throughout history in a sporadic and/or familial context. As an example, a well-known outbreak of Chronic Fatigue Immune Dysfunction Syndrome (CFIDS), otherwise known as yuppie flu, chronic Epstein - Barr virus, Iceland disease, lupus, chronic mononeucleosis, sarcoidosis and a dozen other overlapping symptom-set labels, occurred during the mid-1980's in Incline Village - an upscale and secluded area of Nevada adjacent to Lake Tahoe. Likewise, this type of incidence phenomenon is neither atypical to other of the symptom-set disease labels such as Alzheimer’s and Creutzfeldt-Jakob disease

The pattern of these manifestations, together with the unholy and unconstitutional authority memorialized in 50 USC 1520 and the diabolical nature of mycoplasmas, are pieces of a puzzle which unverifiably points to open-air testing of biological and germ warfare agents within the United States boarders. Similar to the Gospel, each person must ultimately discern the truth in their own heart, and plausible deniability will be a problematic obstacle for many. However, the precedent and propensity for this type of outrage is not lacking in annals such as agent orange, Jacob's ladder, and Ms. Every's boys (syphilis experiments on black males).

1ST AMENDMENT

Among other things, the 1st Amendment to the United States Constitution protects freedom of speech. Throughout history, this precept has surfaced as a defining characteristic of the American way of life.

However, the right to free speech yields when a claim of national security is positioned. In this context, the potential for abuse is enormous and specious national security claims can be used to cover-up criminal wrongdoing by a handful of top-level, above the law, cigar-smoking, DOD politicians, scientists and equipment contractors who secretly navigate in the arena of germ/biological warfare instrumentation.

Diminished Accountability

In the context of health-care administration, accountability is intended to encompass civil, criminal and ethical. However, the practical application of this configuration

remains an illusion.

CIVIL

Through a complicated maze of damage award caps, exculpatory clauses, standards of care, statutes of repose and immunity statutes, health care practitioners are provided numerous barriers against civil accountability to their patients. Furthermore, some members of the medical community have even resorted to employing certain offshore devices, such as trusts or bank accounts, to defraud legitimate patient claims and concurrently avoid paying medical malpractice premiums. In typical 20th century fashion, these individuals do not want to be held responsible for their actions.

Michigan State University In an obscene example of hidden immunity, physicians affiliated with Michigan State University (MSU), wherever situated in the state, including private offices and notwithstanding that there was no disclosure of their affiliation to the patient have no direct accountability to their patients through the state courts from a civil liability standpoint. This absence of accountability is enjoyed only because MSU does not own a hospital, and is derived directly from a state law that is generally far removed from the patients who are unwittingly treated at the clinical center facility. See the Governmental Tort Liability Act, Michigan Compiled Laws 691.1407, and Vargo v Sauer, MD, 215 Mich App 389, 547 NW2d 40 (1996).

Unsurprisingly, numerous of the infectious disease sub-specialists (there are only 12 board-certified pediatric ID sub-specialists in the entire state of Michigan), who would be situated to understand and treat the various mycoplasma diseases, maintain some type of affiliation with the MSU clinical center and the legislated immunity. Currently, the only way to obtain civil redress is by pleading in the Court of Claims and having the cause thereafter removed, a rather elaborate approach that is seldom understood or employed by most legal practitioners.

Employee Retirement Income And Security Act Under ERISA, a federal law, patients cannot sue their health maintenance organizations for wrongful death or malpractice--notwithstanding bad faith--where the health insurance premiums are paid for by their employer. This astonishing scenario presently affects millions of people in the work force in our country.

CRIMINAL

Health care practitioners are rarely charged with offenses through our criminal justice system although manslaughter, which is defined as the gross negligent or reckless causing of death, occurs each and every day across this country in the context of health care administration. In addition to certain valid considerations, this result reflects an atmosphere of money and politics.

ETHICAL

Licensing authorities have the ability to exercise some quality control over implementation of the medical profession. Oftentimes, an act which cannot be pursued as a civil or criminal action might also be rejected as a violation of the professional responsibilities standards.
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In an obscene example of hidden immunity, physicians at the Michigan State University (MSU) clinical center, which treats patients from all walks of life and geographic area and is entirely separate from the Olin student health center, have no direct accountability to their patients through the state courts from a civil liability standpoint. This absence of accountability is enjoyed only because MSU does not own a hospital, and is derived directly from a state law that is generally far removed from the patients who are unwittingly treated at the clinical center facility. See the Governmental Tort Liability Act, Michigan Compiled Laws 691.1407, and Vargo v Sauer, MD, 215 Mich App 389, 547 NW2d 40 (1996).
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Adulterated Stream of Medical Information

The adulterated stream of medical information applies to both patients and physicians alike.

PATIENTS

Patients are faced with numerous practical obstacles concerning health care trust, access to medical records, HMO gag orders and impossible systems of insurance referral.

Trust

Similar to the attorney-client, husband-wife or other such relationship, the medical relationship is supposed to be founded upon trust. This concept has two important subparts, competence and willful deception, and the media is not without a function on this topic.

Competence

A typical practicing physician, while going through medical school, gets exposed to only a paragraph or two about mycoplasmas. In contrast, the *Uniformed Services University for the Health Sciences*, also known as the Military Medical College, which is located in Bethesda, Maryland, provides extensive education on mycoplasmas to its students through the mechanism of a Pathology Syllabus VI (see 1993-1994 and earlier editions). Of course, this results an alarming professional competence discrepancy for mycoplasma diagnostic and therapeutic services.

Willful Deception

Although most health care practitioners simply do not understand mycoplasma disease, certain unethical physicians adhere to a policy - functioned upon CDC guidelines - of willful misrepresentation so as to maintain an undefined standard of care for medical malpractice purposes, and obfuscate the truth underlying mycoplasma and its association to numerous forms of human illness. Also, the handfuls of sub-specialist physicians who understand mycoplasmas - but intend to keep them a closely guarded secret - are simply closing their doors to informed patients.
With minor exception, the few laboratory facilities that maintain mycoplasma diagnostic and antibiotic sensitivity capability remain outside a commercial context. These facilities are pharmaceutical contractors and/or military operations such as Ft. Detrick, the Armed Forces Institute of Pathology, and Brooks Air Force Base. In addition, there are some educational institutions, like the University of Alabama, which are deeply involved in mycoplasma activities. With the marketplace of mycoplasma analysis groomed in this constrained fashion, misinformation can be disseminated without fear of independent contradiction.

Media

Some people are in the dangerous habit of obtaining their information from television and/or the newspapers. If something is in the media then it must be true, and if it is not in the media then it must be false. To the contrary, the media can function as an infomercial to control and shape public opinion. Not uncommonly, news reporting is filled with selective misinformation and the major media is basically a financial animal

that is manipulated by precious few individuals.

In regards to public health, the six o'clock news spoon-feeds the public carefully crafted news releases on supposed 'breakthroughs in health.' A reoccurring theme is to emphasize that the search for a cure continues. Of course, perception is not reality, and there may be much more to a picture then meets the eye. To date, the issue of mycoplasma disease has not been detailed by any major media source. The public must read between the lines to ascertain the hidden agenda.

Medical Records

In Michigan, as in numerous other states across the country, a patient's medical records are considered to be the property of the health care provider, and patient access can be denied on that basis. See McGarry v J.A. Mercier Co., 272 Mich 501, 262 NW 296 (1935). The pretextual explanations for this dynamic are numerous, and typically involve claims of patient inability to comprehend the medical information or a need to protect the patient from an erroneous interpretational analysis. At the same time, patients are deemed intellectually capable of releasing their medical records to third parties such as employers and/or insurance companies.

Of course, the attribution to impaired patient cognitive abilities is unwarranted, and a practical effect of the dynamic is to allow the unethical health provider to respond to charges of professional negligence by modifying and/or destroying incriminating patient records before their release. On this point, some medical establishments now record patient contacts on a computerized transcription, which can easily be modified and/or destroyed at any point in time, rather than the familiar handwritten narrative by the attending physician. In certain circumstances, a patient might attempt to access medical records by utilizing the authority memorialized in the *Freedom of Information Act* (5 USC 552), the *Privacy Act* (5 USC 552A) or a related enforcement litigation.

Gag Orders

Health maintenance organizations have been proposed as a method for providing health care distribution in a cost-effective fashion. Nonetheless, these operations can place severe restrictions on member physicians including dictating, on the basis of expense considerations, what treatment options can be discussed with patients. These types of physician restrictions are appropriately deemed 'gag orders,' and many patients have no idea whatsoever that their health care providers might be withholding important information on treatment options, or of the potential for consequence to their health. In the context of mycoplasma diseases, these types of limitations can amount to a death sentence.

Insurance

The treatment of mycoplasma diseases does not necessarily require a specialist of any particular sort, and many of the trained sub-specialists are the least trustworthy.

However, general practitioners may not feel comfortable treating mycoplasma disease and, in these instances, an insurance referral would be necessary to access qualified care. Of course, obtaining a referral requires approval by both your primary physician and insurance company. If either of these two obstacles lacks integrity, or if you get referred to an unethical provider, you will be unable to coordinate a meaningful healthcare relationship.

Aside from some informal private listings, there are no databases identifying health care providers who are knowledgeable and experienced about mycoplasma diseases. To the contrary, physicians can become ostracized by their peers and/or become the target of licensing investigations because they choose to openly and honestly treat mycoplasma illness. For these reasons, and relative to the vast amount of patients, there are an insufficient number of ethical physicians available to the patient community. Therefore, geographical and/or practice limitations may also factor into the referral equation.

PHYSICIANS

Except for a very small number of research scientists and MD sub-specialists, physicians can be ill-equipped to navigate the scientific and medical obstacles peculiar to our approaching 21st century medical environment. As a result, the real knowledge and understanding is routinely unavailable to the typical well-intentioned health practitioner, and it instead belongs to the PHD and/or military analyst doing sophisticated bio-technology research behind closed doors and well beyond the capability and equipment resources of an ordinary practitioner. This is particularly true in the context of laboratory analysis and medical literature as it relates to mycoplasma diseases.

Laboratory Analysis

Unless a diagnostic assay is approved by the Food and Drug Administration, it is considered experimental and, on this basis, a health insurer can refuse to pay for the analysis notwithstanding that it may be required to accurately diagnose a patient's physiological impairment. In addition, many FDA-approved diagnostic assays remain in regulatory obscurity for long periods of time before obtaining approved status despite that they are clearly functional as diagnostic tools. In practical reality, if the FDA does not approve a laboratory analysis then most clinicians and their patients will not be able to benefit from the corresponding information; In the case of mycoplasma illness, this can translate into a lifetime of suffering and/or a death sentence for patients.

Stealth mycoplasmas constitute the quintessential "stealth" pathogen due to their biological subtleties and, although mycoplasmas can comprise part of the normal mucosal flora of healthy persons, a normal blood specimen should be sterile, along with cerebrospinal, pleural, abdominal, and joint fluids, and bone. Mycoplasmas can hide intra-cellularly, unlike common bacteria which typically exist intracellular, and mycoplasmas cause no inflammatory response in the host so the sed rate/ESR diagnostic assay will result negative. Mycoplasmas also evade detection by

conventional laboratory diagnostic assays that attempt to culture (grow-out) these fastidious pathogens and, as stated previously, mycoplasmas escape the immune system through various mechanisms including antigenic surface variation and molecular mimicry. Additionally, since mycoplasmas won't trigger an elevated white blood cell count, systemic mycoplasma infection will not turn up on a routine complete blood count (CBC) which doctors use to determine elevated white blood cells typically associated with a bacterial infection.

As stated, the pathogenic mycoplasmas can be very fastidious and require specialized environments to be cultured - for example, mycoplasmas grow well at high-altitude/low-pressure conditions and will otherwise culture false-negative. As a result, an uninformed and/or unethical physician may diagnose virus (particularly since no elevated white blood cell count and fact that antibody tests can also result negative until death is approaching), which can't be helped by antimicrobials, although the true problem is mycoplasma - which can be treated with certain long-term antibiotics. Only polymerase chain reaction (PCR) testing, otherwise known as dna-amplification or dna-probe, has the degree of specificity/sensitivity required to ascertain mycoplasma infections with a high degree of reliability, and a positive test confirms presence of live mycoplasma genome and active infection in a patient.

In strategic fashion, the PCR assays are generally unavailable at commercial clinical laboratories across our country, with mycoplasma cultures being the only commonly available alternative, despite that a large subset of the mentioned symptom-set patient groups are actually infected with various mycoplasma pathogens. Furthermore, by failing to approve the widely accepted PCR methodology for diagnostic purposes, the Food and Drug Administration has obstructed physician access to vital information. With minor exception, there is currently no reliable approach for a physician to differentiate between a mycoplasma and viral infection in a clinical setting.

Tests

Despite substantial adverse political pressures, there are a couple of scientific facilities that do offer the mycoplasma PCR and other critical laboratory analysis for so-called 'research' purposes. Regarding the mycoplasma PCR analysis, the correct approach is to first obtain a mycoplasma species test and, if positive, then proceed to subtype the pathogen. The other laboratory analysis include, but are not limited to, natural killer cell cytotoxic activity/function (first line of defense against cancer), absolute lymphocyte subpopulation (flow cytometry), the myelin basic protein antibody, the 2-5A Synthetase/RNase-L antiviral pathway used to confirm the presence of a chronic infection and provide a benchmark for tracking therapeutic results at the clinical level, lymphocyte immune function test also known as T-cell proliferation to mitogens, antigen and cytokine tests, and quantitative comparative PCR which measures and tracks mycoplasma-load over an antibiotic treatment protocol. Of course, the Food and Drug Administration is also withholding diagnostic approval from this analysis.

Medical Literature

A literature search on the topic of mycoplasma will produce an enormous amount of information. Interestingly, these published articles do not directly address the theme herein revealed. Of course, the medical literature shadows the availability of funding for research efforts, and the private agendas of the scientific bankrollers such as government and pharmaceutical companies. However, by gleaming pieces of the puzzle from numerous and several of the published medical literature, the complete picture herein addressed can be indirectly ascertained. Absent this backdoor approach, there will be continued clinical non-application of what science and medicine have known about mycoplasmas for a very long time.

Design

Any one of the above-referenced issues, by itself, may be enough to warrant serious alarm. However, in the collective, the overall design appears to be an orchestrated approach towards the machinery of mycoplasmas and the public health, with the patient being crushed ruthlessly underneath a criminal and unholy production line.

EXPLANATIONS FOR MAINTENANCE OF THE DESIGN

The reasons for the current design have both legitimate and illegitimate basis.

Legitimate

Unfortunately, many countries across this planet do not adhere to the precepts outlined in the Geneva Convention or the Nuremberg Codes; in this environment, America does have a responsibility not to allow itself to become vulnerable from a technological or defense standpoint. As a result, there appear to be some bona fide national security justifications for our scientific involvement with deadly mycoplasma pathogens.

Illegitimate

The illegitimate roots of this mycoplasma design can be traced to money, politics, secrecy, germ warfare, and certain scientist's hunger for more "two-headed monkey" experiments without the corresponding public outrage, as where the townspeople charge up the mountaintop with torches to destroy the Frankenstein monster.

Treadmill

There is an old saying in the law: 'Follow the money and it will lead you to the truth.' The business of medicine is an enormous economic industry that is measurable in terms of our gross national product. As with any business, the operators must pay attention to facilitating control over revenues and expenses. From a financial statement standpoint, it might appear more sensible to treat the symptoms of all the mycoplasma diseases forever and ever, rather than to ascertain and eradicate the underlying mycoplasma causes.

By keeping patients on a symptomatic treadmill, the associated money beast is certain to keep flowing. Medicine can continue to utilize its fancy and expensive diagnostic machinery and patient protocols such as CT scans, magnetic resonance imaging, surgical biopsy, chemotherapy, and peripheral laboratory analysis. In the alternative, if mycoplasma pathogens (which, due to the immune-system escaping capabilities, generate chronic long-term conditions that involve oncogenic processes) are appropriately diagnosed, treated and cured then the pharmaceutical companies would be unable to collect the indecent

One-hundred billion in annual revenues by selling drugs designed to treat only the symptoms of these diseases. As just one example, the drug Ritalin is commonly prescribed to treat the symptoms of attention deficit hyperactivity disorder, a symptom-set disease that can result from a treatable mycoplasma central nervous system infection.

In like fashion, the established patient information vehicles, such as the Arthritis Foundation and the American Cancer Society, are often headed by professional fund-raisers who have no experience with the underlying condition and, instead, are constantly involved in fundraising efforts so as to generate research dollars that are supposed to be expended in searching for a cure. As long as the patients are kept in obscurity on the symptomatic treadmill, these fundraising efforts will continue to be well-received by good-intentioned people who want to do the right thing and obtain the associated warm and fuzzy feeling. Of course, if the etiological mycoplasma agent and treatment for these diseases was revealed, and the treadmill effectively stopped, then the bike-a-thons, walk-a-thons, tel-a-thons and other rip-off benefits, upon which entire careers have been designed, would no longer be possible from a benefactor participation standpoint.

Two-Headed Monkeys

During the 1970's, a well-known vivisection experiment took place in which a second head, cut from a living donor monkey, was grafted upon a living done monkey. The Frankenstein composite animal died after a period of minutes but the public outrage long outlived the experiment. As a result, science has been very careful about releasing this type of sick information for public consumption. Instead, the bio-technologists prefer to live and work in the shadows where they can hide their activities from decent people who might otherwise hold them accountable. Therefore, secrecy has become a normal working component of bio-technological research and development, including for the application of the mycoplasma creatures.

Social Security

Presently, it is routinely difficult to qualify for disability benefits. Where a diagnosis asserts a nonspecific label such as chronic fatigue syndrome (relative to the multiple official CFS symptoms, a misnomer proximate to lazy and calculated to deter patients

from accepting the illness) or gulf war illness, the qualification process becomes infinitely more complex. Without the ready-availability of appropriate laboratory analysis, patients can be abandoned to assert qualification based upon clinical observations by uninformed and/or unethical health care providers. If mycoplasma illnesses were openly addressed in the health care system, the disability process would become friendly to legitimate claimants. Of course, this would mean an additional financial strain on an already under funded social security system, an effect that some political powers might oppose.

Experts agree that our social security system is headed for a collapse, and that the baby-boomers will not be able to participate in retirement entitlements if the system does not enjoy a modified approach towards appropriations. The social consequences of a collapsed social security system are not amenable to precise quantification although an anarchy scenario is not inconceivable. Before his recent death, the renowned SCUBA diver Jacque Cousteau commented on the growing problem of world populations, and about how the money and power is centralized in a very small relative percentage of the peoples. Conceivably, extermination of some populace through the mechanism of spreading mycoplasma diseases could reflect a perverse political and/or national defense agenda that has been adopted by some powerful individuals who are beyond accountability in our world.

Gulf War

The military leadership, who had been boasting about terrific success during the Gulf War conflict, may be reticent to admit that Saddam Hussein has succeeded in infecting hundreds of thousands of military

Personnel with mycoplasma warfare agents that have now been brought back to our country and are circulating through the general population. Of course, this scenario presents the issue of who really won the Gulf War.

CRIMINAL

Among numerous other violations, the criminal aspects of the design involve criminal fraud, criminal negligence, falsification of patient medical records and secret human experimentation.

Fraud

Criminal Fraud has numerous definitions which contemplate the intentional omission of a material fact. See American Jurisprudence 2d and other collateral authorities. At the Michigan State University clinical center, patients are deemed to release any malpractice chose in action without a knowing, intelligent and voluntary waiver. Arguably, this nondisclosure could amount to criminal fraud although, if patients were notified of the immunity before commencing treatment, then a release would operate as an acceptable tool that could be used to facilitate responsible medical research, progress and learning at this teaching institution. In this day in age, you cannot even

transfer a piece of realty without subscribing to a property disclosure statement and, the criminal fraud concept should also apply where patients are willfully not informed about a true mycoplasma diagnosis and treatment options.

Michigan Compiled Laws 750.492a

In most states, and as reflected in Michigan Penal Code 750.492a, it is a crime for a health care provider to willfully or recklessly place in a patient's medical chart misleading or inaccurate information regarding the diagnosis, treatment, or cause of a patient's condition. These types of statutes might have particular application concerning unethical infectious disease sub-specialists, their patients and the various mycoplasma diseases.

Criminal Negligence

As stated previously, manslaughter is defined as the gross negligent or reckless causing of death. See Corpus Juris Secundum and other secondary authorities. If a patient died because of criminal negligence, then manslaughter or other more serious criminal charges would be appropriate. Failure to diagnose and treat a mycoplasma infection can sentence a lifetime of suffering, or an execution. This latter result is particularly true in the case of immunocompromised hosts (note that mycoplasmas can compromise immunity independent of any other pathogens) and/or chronic infections. However, obtaining prosecutorial cooperation will prove politically problematic.

Human Experimentation

The ramifications of 50 USC 1520, a long-standing federal statute, and similar provisions are catastrophic, and go beyond the capacity of this article.

UNHOLY

Many people want to do the right thing. Regardless, we are all subject to difficult environmental influences; as between a rock and a hard place, the modern health professional can be caught between the HMO corporate financial statement mentality, a tempting pharmaceutical company gravy-train, a government-sponsored system of research funding, and a patient's serious need for responsible diagnostic and therapeutic intervention. If our system was founded upon something other than money, such as spiritual purpose, then perhaps the decision-making process would be infinitely less complicated and more satisfying to the physician and patient alike. Perhaps this is one reason why one of the best known physicians of all time decided to author a Bible composition, the Gospel According to Luke.

Michigan Legislature

The Michigan Constitution of 1963 contains the following fundamental provision:

> "*The public health and general welfare of the people of the state are hereby declared to be matters of primary public concern. The legislature shall pass suitable laws for the protection and promotion of the public health.*"

Notwithstanding this constitutional mandate and presentation of a resolution--signed by hundreds of members of the Thomas M. Cooley law school community--memorializing

the public health emergency of mycoplasma and its association to numerous forms of human illness, members of the Michigan Legislature are stonewalling the mycoplasma issue in aggressive fashion. Unofficially, the articulated position is that mycoplasma disease does not concern state government. To the contrary, the public health crosses wolverine racial, gender, geographic, age, religious and economic barriers.

1 Corinthians 12

In the Bible, the concept of the Body of Christ is introduced in 1 Corinthians 12. With a person, each body-part has a different function - the eyes are for seeing, the ears are for hearing and the nose is for smelling. Similarly, the Body of Christ - also referred to as the Church - consists of all the people in all walks of life and are not separated from the Word of God. Apart from one another, the Body of Christ can never really be complete; as with a blind man, some important component will be an obstacle to overall mechanics. Consistent with that very old saying, divide and conquer. Only by working together, through a collective effort, and by blooming where each member is planted, can the infinite spiritual potential be realized.

Conclusion

This present mycoplasma situation constitutes nothing less than an offense against the public, and together we have the grass-roots power and duty to change and/or report on this evil. At a minimum standard of care, a physician should be able and/or required to order a mycoplasma/PCR diagnostic assay on a patient who presents with a systemic illness consistent with a mycoplasma symptom profile. In addition, antimicrobial sensitivity data should be available so as to enable the physician to ascertain what antibiotic to employ in the patient's long-term treatment protocol. In the meantime, there are millions and millions of children and adults, military and civilian, suffering with chronic central nervous system pathogens that cannot be diagnosed or treated due to the strategic unavailability of qualified and/or ethical health care professionals, and mycoplasma laboratory analysis.
Matthew 19:2 'and great multitudes followed him; and he healed them there'

Bibliography

MEDICAL

General

1) HLA [HISTOCOMPATIBILITY ANTIGENS] AND DISEASE ASSOCIATION, Dr. Tiwari and Dr. Paul Terasaki, 1985.
2) CRIMSON CRESCENTS - A POSSIBLE ASSOCIATION WITH THE CHRONIC FATIGUE SYNDROME, Annals of Internal Medicine, v116, n4, 15 February 1992.

Mycoplasma

General

3) MYCOPLASMAS: SOPHISTICATED, REEMERGING, AND BURDENED BY THEIR NOTORIETY, Emerging Infectious Diseases, v3, n1, January - March, 1997.

4) SEVERE MYCOPLASMA DISEASE - RARE OR UNDERDIAGNOSED?, West J Med, February, 1995, 162(2), p172-5.
5) MYCOPLASMA INTERACTION WITH LYMPHORETICULAR AND POLYMORPHONUCLEAR CELLS, Biol Nauki (USSR), 1978, (12) p16-31. [No English translation required for the extensive bibliography at the end of this article].
6) PATHOLOGY SYLLABUS VI (1993-1994 and earlier editions), Uniformed Services University for the Health Sciences aka Military Medical College, Bethesda, MD 20814].
7) MYCOPLASMAS AS AGENTS OF HUMAN DISEASE, N Engl J Med, 8 January 1981, 304(2), p80-9.
8) DERRICK EDWARD AWARD LECTURE. THE PATHOGENIC POTENTIAL OF MYCOPLASMAS: MYCOPLASMA PULMONIS AS A MODEL, Rev Infect Dis, May - June, 1982, 4 Suppl, pS18-34.
9) MYCOPLASMAS: THE PATHOGENS' PATHOGENS, Cell Immunol, 82(1), 88-97, 1983.
10) PATHOGENIC MYCOPLASMAS, Ciba Foundation Symposium, Amsterdam, 1972.
11) A REEVALUATION OF THE ROLE OF MYCOPLASMAS IN HUMAN DISEASE, Ann Rev Microbiol, 1976, v30, p169-187.
12) MYCOPLASMAS: THEIR ROLE IN HUMAN DISEASE, Sci Basis Med Annu Rev, 194-210, 1967.
13) MYCOPLASMA AND ITS PATHOGENICITY, Kansenshogaku Zasshi, 1975, 49(6), 229-231.

Cancer

14) MYCOPLASMAS AND ONCOGENESIS; PERSISTENT INFECTION AND MULTISTAGE MALIGNANT TRANSFORMATION, Proc Natl Acad Sci USA, 1995; 92: 10197-201.
15) MYCOPLASMAS AND ONCOGENESIS, Lancet, 1 June 1996, v347, n14, p1555.
16) MYCOPLASMAS AND HUMAN LEUKEMIA, Wistar Inst Symp Monogr 4, 157-165, 1965.
17) MYCOPLASMA AND LEUKEMIA, Ann N Y Acad Sci, 143(1), 557-572, 1967.
18) MYCOPLASMA-LIKE ORGANISMS IN HODGKIN'S DISEASE, Lancet, 1996, 347, 901-02.

Hominis

19) EXTRAGENITAL MYCOPLASMA HOMINIS INFECTIONS IN ADULTS, Am J Med, 1990, Sep; 89(3):275-281.
20) NONGENITOURINARY INFECTIONS CAUSED BY MYCOPLASMA HOMINIS IN ADULTS, Rev Infect Dis, May - June, 1988, v10, n3.
21) EXTRAGENITAL MYCOPLASMA HOMINIS INFECTIONS IN ADULTS: EMPHASIS ON IMMUNOSUPPRESSION, Clinical Infectious Diseases, 1993; 17 (Suppl 1):S243-9.

Immunosuppression

22) MYCOPLASMA-ASSOCIATED IMMUNOSUPPRESSION, Infect Immun, 1974, v9, p410-415.
23) THE IMMUNOSUPPRESSIVE EFFECT OF MYCOPLASMA INFECTION, Immunol, 1972, v22, p695-702.
24) MYCOPLASMA IMMUNOLOGICAL PROBLEMS, Ann NY Acad Sci, 143(1), 704-706, 1967.

Central Nervous System

25) THE FOCAL ENCEPHALOPATHIES ASSOCIATED WITH MYCOPLASMA PNEUMONIAE, Can J Neurol Sci, 1993, Nov; 20(4):319-323.
26) ISOLATION OF MYCOPLASMA HOMINIS FROM A BRAIN ABSCESS, J Clin Microbiol (USA), April 1997, 35(4), p992-4.
27) MYCOPLASMA AND EPIDEMIC GROUP A MENINGOCOCCAL MENINGITIS, Journal of the American Medical Association, 9 January 1991, v265, p212(1).
28) MYCOPLASMA INFECTION SIMULATING ACUTE MENINGOCOCCEMIA, Archives of Dermatology, September 1983, 119: 786-788.
29) UREAPLASMA AND MYCOPLASMA CNS INFECTIONS IN NEWBORN BABIES, Lancet, 17 March 1990, 335(8690), p658-9.

Autoimmune

30) SEPTIC ARTHRITIS AND BACTEREMIA DUE TO MYCOPLASMA RESISTANT TO ANTIMICROBAL THERAPY IN A PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS, Clin Infect Dis (USA), September 1992, 15(3), p402-7.
Arthritides
31) MYCOPLASMA INFECTIONS AS MODELS OF CHRONIC JOINT INFLAMMATION, Arthritis Rheum (USA), December 1979, 22(12), p1375-81.
32) POSSIBLE ROLE OF MYCOPLASMA FERMENTANS IN PATHOGENESIS OF RHEUMATOID ARTHRITIS, Lancet, 1970, v11, p277.
33) IMMUNOLOGICAL REACTIVITY TO MYCOPLASMA FERMENTANS IN PATIENTS WITH RHEUMATOID ARTHRITIS, Ann Rheum Dis, 1971, v30, p271-273.
34) DO MYCOPLASMAS CAUSE RHEUMATIC DISEASE?, Infect and Immunol in the Rheum Diseases, 1976, p177-186.
35) STERNOTOMY INFECTIONS [CHOSTOCHONDERITIS] WITH MYCOPLASMA HOMINIS, Ann Intern Med (USA), February 1987, 106(2), p204-8.
Acquired Immune Deficiency Syndrome
36) TREAT MYCOPLASMA TO IMPROVE AIDS, ADVISES MONTAGNIER, Drug Topics, v134, n17, p23(2), 3 September 1990.
37) AIDS-ASSOCIATED MYCOPLASMAS, Annu Rev Microbiol, 1994, 48: 687-712.
38) ASSOCIATION OF THE VIRUS-LIKE INFECTIOUS AGENT [MYCOPLASMA] ORIGINALLY REPORTED IN PATIENTS WITH AIDS WITH ACUTE FATAL DISEASE IN PREVIOUSLY HEALTHY NON-AIDS PATIENTS, American Journal of Tropical Medicine and Hygiene, September 1989, v41, n3, p364-376.
Gulf War Illness
39) ENGINEERED MYCOPLASMAS AS CAUSE OF AIDS AND GULF WAR SYNDROME, Rethinking AIDS, July, 1995.
40) DIAGNOSIS AND TREATMENT OF MYCOPLASMAL INFECTIONS IN PERSIAN GULF WAR ILLNESS-CFIDS PATIENTS, Int J Occup Med Immunol Tox, 1996, 5:69-78.
Urogenital
41) MYCOPLASMA HOMINIS AND INFLAMMATORY DISEASES OF THE PELVIS. IN VITRO LEUKOCYTE STIMULATION BY EXPOSURE TO MYCOPLASMA HOMINIS, MMW Munch Med Wochenschr, 117(24), 1045-1046, 1975.
Laboratory

42) HISTAMINE RELEASE FROM HUMAN LEUKOCYTES WHEN STIMULATED BY MYCOPLASMA SALIVARIUM, Infect Immun, 1975, v11, p595-597.
43) MYCOPLASMA INHIBITION OF PHYTOHEMAGGLUTININ STIMULATION OF LYMPHOCYTES, Science, 1968, v161, p1148-1149.

LEGAL

44) Geneva Convention.
45) Nuremberg Codes.
46) Michigan Constitution of 1963.
47) US Constitution, 1st Amendment.
48) Trading With the Enemy Act, 50 USC Appx 1 et seq.
49) MCL 750.492a.
50) McGarry v J.A. Mercier Co., 272 Mich 501, 262 NW 296 (1935).
51) Freedom of Information Act, 5 USC 552.
52) Privacy Act, 5 USC 552A.
53) 50 USC, Ch. 32 (Chemical and Biological Warfare Program), 1520.
54) Governmental Tort Liability Act, MCL 691.1407.
55) Vargo v Sauer, MD, 215 Mich App 389, 547 NW2d 40 (1996).
56) US Senate, Hearing Before the Committee on Banking, Housing, and Urban Affairs, United States Dual-Use Exports to Iraq and Their Impact on the Health of the Persian Gulf War Veterans, S. Hrg. 103-900, 25 May 1994.
57) US Senate, U.S. Chemical and Biological Warfare-Related Dual-Use Exports to Iraq and Their Possible Impact on the Health Consequences of the Persian Gulf War, A Report of Chairman Donald W. Riegle, Jr., and Ranking Member Alfonse M. D'Amato of the Committee on Banking, Housing and Urban Affairs with Respect to Export Administration (James J. Tuite, III, Professional Staff and Special Assistant to the Chairman for National Security Issues and Dual-Use Export Policies), 25 May 1994.

Exhibits

THOMAS M. COOLEY LAW SCHOOL MYCOPLASMA RESOLUTION

During Michaelmus/1997 term, the following resolution was signed by several hundred members of the Thomas M. Cooley Law School community:

"THE BELOW DESIGNATED STUDENTS, FACULTY, AND ADMINISTRATION of Thomas M. Cooley

Law School hereby support investigation into the connection between mycoplasma and numerous forms of human illnesses including, but not limited to, Chronic Fatigue Immune Dysfunction Syndrome, Gulf War Illness, "Idiopathic" CD4 Positive T-Lymphocytopenia (a.k.a. HIV-Negative AIDS), auto-immune disorders (Lupus, MS and ALS), Epstein-Barr Virus, CMV, HHV-6, Sarcoidosis, Cancers, Lymphomas, Fibromyalgia, Arthritis, Attention Deficit Disorder, Creutzfeldt-Jakob Disease (new variant), Spongiform Encephalopathies, and Alzheimers. In addition, we request the availability of mycoplasma-sensitive laboratory testing procedures through commercial laboratories to properly diagnose (species, subtype and isolate by way of PCR/DNA-amplification) and properly treat (antimicrobial sensitivity) these suspected mycoplasma

diseases. In regards to this PUBLIC HEALTH EMERGENCY, we request immediate action from appropriate health care professionals, scientists, public officials, and our Michigan Legislature and appropriate standing committees thereof in accord with germane authorities including, but not limited to, mandating provisions of the Michigan Constitution. Further, we support the establishment of committees to address these issues, together with an appropriate level of funding therefore, through both the governmental and the private sector including the Thomas M. Cooley Student Bar Association, officers and organizations thereof."

For additional information on this topic, there is an extensive permanent addendum to the Thomas M. Cooley Student Bar Association (SBA) minutes from 16 July 1997 which is available at the Cooley SBA offices in Lansing, Michigan, 517/371-5140.

Company Profile

Life Sources is a Nevada Corporation with order fulfillment located in Fair Oaks, California and is a member of The Natural Products Association,The Health Federation, and the Citrus Heights Chamber of Commerce.

The President and Founder is Andrea McCreery, Ph.D. Dr. McCreery is currently

developing several new proprietary products to add to the Life Sources anti-aging and chronic illness system.

Her talents represent 15 years of research in nutrition, bio-energetics and Targeted Nutritional Intervention™

Based upon clinical observations, Dr. McCreery has developed several innovative products designed to slow the aging process and naturally combat chronic illnesses. Nutritional counseling is effective with ADD/ADHD, fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, weight loss, arthritis, candidiasis and more.

Life Sources specializes in Vital Hematology as a means of observing cell wall deficient forms in the living blood of clients to recommend nutritional interventions to reverse risk factors for chronic disease and nutritional deficiencies. (If an individual is interested in scheduling a consultation, please e-mail for details and fee schedules to info@life-sources.com or call the clinic at 916-536-9930.

The Life Sources clinic is located at 5006 Sunrise Blvd., Suite101, Fair Oaks, California 95628. Initial client visit includes the observation of living blood (with a video tape of the observation included), blood typing and nutritional counseling for chronic illness and potential risk factors.

Individuals interested in scheduling a seminar or group demonstration of Vital Hematology should address e-mail to info@life-sources.com.

Dr. McCreery is available for demonstrations to groups, health food stores and/or practices wishing to offer nutritional interventions to their clients and practice.

Life Sources is dedicated to quality and quantity of life and the eventual reduction of health care costs in the U.S. Client support is appreciated.