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CHARGE SHEET 2: THE PATENTS

Lobbying for a hearing for referral to the USDOJ for a prosecution of the Lyme disease crimes.

Descrambling the Centers for Disease Control and Prevention's (CDC's) For-Profit scientific nonsense.

AH, 2017, Charge Sheet 2: The Patents

The "Lyme Disease" Patents – the research fraud and racketeering complaint data for the DOJ to Prosecute.

Again, a little background about this Dearborn/OspA-scam, since it is the central concept or essence of the crimes: "Dearborn" refers to the 1994 CDC conference (took place in Dearborn, MI) where the testing for Lyme was falsified, or changed from that which represented the Lyme spirochete as just another relapsing fever organism…to something else entirely contrived (not even empirically perceived) and false. That event is discussed in the main "Cryme" video and the other ones in the YouTube series called "Lyme Crymes."

For years, no one in the Cabal would admit that rOspA (recombinant outer surface protein A of the Borrelia burgdorferi organism or the Lyme vaccines that came and went) was Pam3Cys, because they couldn't. If they said "OspA is Pam3Cys," everyone would know from officialdom that it was never a vaccine and the ALDF.com's (now IDSA's) whole house of cards would collapse. rOspA is a fungal antigen that causes immunosuppression – the opposite of a "vaccine." If OspA was not a vaccine, then the CDC's 1994 "Dearborn" 2-tiered testing schema was a lie.

The falsified Dearborn case definition was the lie invented to pass off bogus OspA vaccines. You can tell for sure because they left OspA and B out (A and B are encoded on the same plasmid so you can't leave out one without the other) of the diagnostic standard. One never tests for vaccine efficacy with the same antigen that is the vaccine.

For example, if someone made a recombinant measles vaccine based on a DNA sequence that coded for say, "XYZ" surface antigen, they would not use recombinant "XYZ" surface antigen in the testing schema to see if a person had measles because they would not know if the antibody band was from the organism or the vaccine.

It was known at least since the late 1980s that people with late neurologic Lyme disease ceased to produce antibodies. However, the Dearborn case definition (Steere, that is) rejected those classes of disease—early and late meningitis or chronic neurologic cases—and said instead that only the blatantly, highly immunoreactive class of Lyme victims, those with the HLA-linked or arthritis-linked or hypersensitivity-linked cases, or those who produced abundant IgG antibodies could be called a "case" of "Lyme Disease." This falsification of the testing was as much a semantics game was it was straight up research fraud from these DNA patenteers. This Dearborn event left the sickest people with no disease diagnosis.

If someone intended a monopoly on a new diseases set or an entirely new class of diseases, such as what African vector borne diseases arriving in North America were discovered to be, what would they do? They'd make sure they got all of it: vaccines, test kits, grants, funding, all future blood testing for all future potentially patentable goodies in that blood, publicity, their names on plaques and statues (like Alan Barbour), awards like an "Astute Clinician Award,"… or, they could be knighted like Simon Wessely, a psychiatrist who helps by calling all the victims of the Lyme scam and Gulf War Illness "crazy" and "terrorists," or like some US States naming, like, "Allen Steere Day" after them…

The Dearborn stunt is to the present day, the lie these criminals are trying to defend by issuing fake "guidelines" based on the fraudulent, 2001, Klempner non-retreatment report,

N Engl J Med. 2001 Jul 12;345(2):85-92.
Two controlled trials of antibiotic treatment in patients with persistent symptoms and a history of Lyme disease.
Klempner MS1, Hu LT, Evans J, Schmid CH, Johnson GM, Trevino RP, Norton D, Levy L, Wall D, McCall J, Kosinski M, Weinstein A.
http://www.ncbi.nlm.nih.gov/pubmed/11450676

And with this cabal's chronic hystrionics over the development of other tests for Lyme, etc., because that, Dearborn, will be the most serious of criminal charges – the Fraud, Negligence, and Denial of Rights via Color of Law charges. All the ALDF.com and DNA patent-owners, here, have slandered and libeled against Lyme victims, making this not simply a negligence charge. All of their derogatory slander and label and trash-talking Lyme and LYMErix victims show "intent to cause harm."

Barbour, Alan G., CDC officer and participant in the Dearborn conference, owns 30+ patents including the ImuLyme OspA patent. The ImuLyme vaccine trial report authors (Sigal, et al) and Barbour assert that one must be sure lipids are attached to all Osps or else they will not be immunogenic, yet Steere's Dearborn panel was developed from high passage G39/40 and FRG with recombinant OspA and B with no lipids attached, leaving OspA and B out of the case definition panel.

Barbour's ImuLyme patent (Berstrom, Magnarelli) European Patent # (5092/88, DK)
http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=5523089.PN.&OS=PN/5523089&RS=PN/5523089

Yale's LYMErix OspA patent (5,747,294):
http://patft1.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=5747294.PN.&OS=PN/5747294&RS=PN/5747294

ImuLyme trial result (falsified; used Dearborn, blots were unreadable):

N Engl J Med. 1998 Jul 23;339(4):216-22.
A vaccine consisting of recombinant Borrelia burgdorferi outer-surface protein A to prevent Lyme disease. Recombinant Outer-Surface Protein A Lyme Disease Vaccine Study Consortium.
Sigal LH1, Zahradnik JM, Lavin P, Patella SJ, Bryant G, Haselby R, Hilton E, Kunkel M, Adler-Klein D, Doherty T, Evans J, Molloy PJ, Seidner AL, Sabetta JR, Simon HJ, Klempner MS, Mays J, Marks D, Malawista SE.
http://www.ncbi.nlm.nih.gov/pubmed/9673299

LYMErix trial result (falsified; used Dearborn, blots were unreadable):

N Engl J Med. 1998 Jul 23;339(4):209-15.
Vaccination against Lyme disease with recombinant Borrelia burgdorferi outer-surface lipoprotein A with adjuvant. Lyme Disease Vaccine Study Group.

Steere AC1, Sikand VK, Meurice F, Parenti DL, Fikrig E, Schoen RT, Nowakowski J, Schmid CH, Laukamp S, Buscarino C, Krause DS.
http://www.ncbi.nlm.nih.gov/pubmed/9673298

Barbour says OspA will not work as a vaccine due to antigenic variation, 1992:

J Exp Med. 1992 Sep 1;176(3):799-809.
Antibody-resistant mutants of Borrelia burgdorferi: in vitro selection and characterization.
Sădziene A1, Rosa PA, Thompson PA, Hogan DM, Barbour AG.
http://www.ncbi.nlm.nih.gov/pubmed/1339462

Fikrig and Flavell say OspA will not work as a vaccine due to "selection pressure" or antigenic variation, 1995:

Infect Immun. 1995 May;63(5):1658-62.
Selection of variant Borrelia burgdorferi isolates from mice immunized with outer surface protein A or B.
Fikrig E1, Tao H, Barthold SW, Flavell RA.
http://www.ncbi.nlm.nih.gov/pubmed/7729870

1992-1994. Steere Falsifies Test in Europe: uses "high passage strains" and "OspA and B without the lipid attached" to leave OspA and B out of the standard for his later monopoly on vector borne diseases testing. Only Corixa, Imugen and Yale were to be licensed to use the RICO strain patent by Dave Persing (US Patent # 6,045,804)

J Infect Dis. 1994 Feb;169(2):313-8.
Antibody responses to the three genomic groups of Borrelia burgdorferi in European Lyme borreliosis.
Dressler F1, Ackermann R, Steere AC.

"The group 1 strain of B. burgdorferi, G39/40, used in this study and in the previous study of US patients was isolated from an Ixodes damini tick in Guilford, Connecticut [21]. The group 2 strain, FRG [Federal Republic of Germany], was isolated from Ixodes ricinus near Cologne [22]. The group 3 strain, IP3, was isolated from Ixodes persulcatus near Leningrad [23]. All three strains used in this study were high passage isolates, which were classified by Richard Marconi (Rocky Mountain Laboratory, Hamilton, MT) using 16S ribosomal RNA sequence determination as described [11, 24]. The recombinant preparations of OspA and OspB used in this study were purified maltose- binding protein-Osp fusion proteins derived from group 1 strain B31 [25]. The fusion proteins contained the full-length OspA or OspB sequence without the lipid moiety or the signal sequence -"
http://www.ncbi.nlm.nih.gov/pubmed/8106763

Full Text @ http://www.actionlyme.org/STEERE_IN_EUROPE.htm
Dearborn: http://www.actionlyme.org/DEARBORN_PDF.pdf

See in the Dearborn booklet: none of the labs agreed with this Dearborn proposal in that Dearborn pdf. (Except MarDx Labs, which was given arthritis-positive blood to qualify their Western Blot strips prior to Dearborn; MarDx was then was given both vaccine trial contracts; MarDx was then sold to a company in Ireland, taking all the fraud data with them; Trinity Biotech was the name of the company that bought MarDx).

The CDC sent labs an invitation to participate, but then CDC blew them all off:
http://www.actionlyme.org/DEARBORNINVITATION.pdf

Barbour also patented Masters' disease or STARI while the crooks played the DNA/RNA shell game to pull the wool over Edwin Masters' eyes and to say "There is no 'Lyme' in Missouri or the south." To patent a unique species, you have to patent the flagellin gene. The same should be true for diagnostics – using unique recombinant flagella from all Borreliae.

Telford Phylogeny with Masters' Amblyomma Borrelia:

J Clin Microbiol. 2001 Feb;39(2):494-7.
Lone star tick-infecting borreliae are most closely related to the agent of bovine borreliosis.
Rich SM1, Armstrong PM, Smith RD, Telford SR 3rd.
http://www.ncbi.nlm.nih.gov/pubmed/11158095

Barbour's Patent for Masters' disease or something close to it [either lonestari or barbouri; the phylogenetic data says they are the same in 16S RNA and only slightly different in the flagellin gene (96% homology), so both evolved from theileri, which is cow relapsing fever; one species is now called barbouri and the other is called lonestari, but really they are Masters disease, since he was the one who for years claimed there was a Lyme-like illness in the south, associated with a Lyme-like rash and tick bite]:
http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=5,932,220.PN.&OS=PN/5,932,220&RS=PN/5,932,220

Johnson, Barbara J., CDC officer, Ft. Collins, CO., owner of 5 patents in Europe with SmithKline, talks about differences in HLAs of mice, referring to their tendency to produce HLA-linked hypersensitivity responses or not, meaning she is aware that the same applies to humans.
CDC's BJ Johnson oversaw this Dearborn-Falsification-of-Lyme-Testing stunt (Oct 1994). She said to not use high passage strains, yet high passage G39/40 and FRG (Federal Republic of Germany) were what Steere used to develop the Dearborn panel along with recombinant OspA and B with no lipids attached. This was done, again, to assure OspA and B were not included in the Dearborn panel, … to facilitate what Steere, Corixa, L2 Diagnostics and Imugen intended to do after LYMErix was on the market, … which was to monopolize the Lyme or tick-borne diseases testing market where "the vaccination status was unknown." RICO patent 6,045,804]

Johnson's Patents (5 in all):
http://worldwide.espacenet.com/publicationDetails/biblio?DB=worldwide.espacenet.com&II=0&ND=3&adjacent=true&locale=en_EP&FT=D&date=19931209&CC=WO&NR=9324145A1&KC=A1

Dearborn Booklet http://www.actionlyme.org/DEARBORN_PDF.pdf

Fikrig and Flavell – own both the only scientifically valid method to detect Lyme and also own the LYMErix OspA patent. ***Their FDA-valid flagellin method was not used to assess the outcome of LYMErix because they knew not only did LYMErix not work because Lyme is a Relapsing Fever organism and undergoes antigenic variation (OspA itself, Fikrig and Flavell said, undergoes antigenic variation or "selection pressure" and would be no good as a vaccine), but Pam3Cys or TLR2/1 agonists (OspA is Pam3Cys) are fungal and cause immunosuppression in most people – especially people without Steere's alleged HLA-linked hypersensitivity responses.***
OspA patent
http://patft1.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=5747294.PN.&OS=PN/5747294&RS=PN/5747294

Fikrig and Flavell's (Yale's) Valid (per FDA) flagellin method patent 5,618,533:
http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=5,618,533.PN.&OS=PN/5,618,533&RS=PN/5,618,533

The PubMed report that goes with the Yale FDA-validated flagellin method (detects 94.4% of all cases, including earliest and late neurologic), 1991:

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.
http://www.ncbi.nlm.nih.gov/pubmed/1894359

Fikrig and Flavell say OspA will not work due to antigenic variation:

Infect Immun. 1995 May;63(5):1658-62.
Selection of variant Borrelia burgdorferi isolates from mice immunized with outer surface protein A or B.
Fikrig E1, Tao H, Barthold SW, Flavell RA.
http://www.ncbi.nlm.nih.gov/pubmed/7729870

Padula and OspC – says Borrelia burgdorferi strain B31 has little to no OspC in it, meaning whoever Western Blots with this strain will be leaving OspA, B and C out of the standard. If you have those bands, you will be told you do not have Lyme, yet they are the "primary, immunodominant antigens," which was why they got the assignments A, B, C, etc. SmithKline used this strain, B31, to WB LYMErix victims and claimed to be using the Dearborn method to detect Lyme or vaccine failure.

Padula OspC patent: USPatent No. 5,620,862
http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=5,620,862.PN.&OS=PN/5,620,862&RS=PN/5,620,862

Padula "OspC – not in strain B31" PubMed report:

Infect Immun. 1993 Dec;61(12):5097-105.
Molecular characterization and expression of p23 (OspC) from a North American strain of Borrelia burgdorferi.
Padula SJ1, Sampieri A, Dias F, Szczepanski A, Ryan RW.
http://www.ncbi.nlm.nih.gov/pubmed/8225587

Persing, Schoen and the RICO-within-the-RICO patent – this patent shows the intention of Steere's Dearborn, falsified case definition (you will see later, in an announcement by the Mayo Clinic, below).
US Patent # 6,045,804
http://patft.uspto.gov/netacgi/nph-Parser?Sect1=PTO1&Sect2=HITOFF&d=PALL&p=1&u=%2Fnetahtml%2FPTO%2Fsrchnum.htm&r=1&f=G&l=50&s1=6,045,804.PN.&OS=PN/6,045,804&RS=PN/6,045,804

This patent reveals that they know LYMErix causes a systemic disease like chronic Lyme, and in this patent they reveal their intended monopoly on post-LYMErix testing for the USA and Canada as they claimed in their advertising:

"Additional uncertainty may arise if the vaccines are not completely protective; vaccinated patients with ***multisystem complaints characteristic of later presentations of Lyme disease may be difficult to distinguish from patients with vaccine failure."***
"The present invention provides a method useful to detect a B. burgdorferi infection in a subject. The method provided by the invention is particularly useful to discriminate B. burgdorferi infection from OspA vaccination, although it is sufficiently sensitive and specific to use in any general Lyme disease screening or diagnostic application. ***Thus, the method of the invention is particularly appropriate for large scale screening or diagnostic applications where only part of the subject population has been vaccinated or where the vaccination status of the population is unknown. "***

Persing and Sigal later reveal that the Western Blots in both vaccine trials were unreadable. Both vaccine trials used MarDx test strips and said they were using the Dearborn method to assess the efficacies of these vaccines. Arthur Weinstein was the Data Safety Monitor for one of those trials and was also a participant in the Dearborn scam. Obviously Weinstein never looked at any of the data he was safety-monitoring since the Western Blots were unreadable. In reality, neither OspA vaccine trial group could tell whether or not OspA prevented Lyme, so those vaccine trial reports were research fraud events and reports.

This Persing-Schoen RICO-RICO Patent 6,045,804, is also written up in this PubMed report, co-written by Yale's Robert Schoen:

J Clin Microbiol. 1997 Jan;35(1):233-8.

Borrelia burgdorferi enzyme-linked immunosorbent assay for discrimination of OspA vaccination from spirochete infection.
Zhang YQ1, Mathiesen D, Kolbert CP, Anderson J, Schoen RT, Fikrig E, Persing DH.
http://www.ncbi.nlm.nih.gov/pubmed/8968914

Dattwyler, Raymond J. - owns a patent that describes OspA as Pam3Cys. Therefore it could not have been a blood-stream-injected "vaccine," because it is a human TLR2/1 agonist. This Dattwyler patent is for an inhalation form of OspA/Pam3Cys. Lung immunity is different from injecting fungal antigens directly into the blood stream:

(US20090324638) LIVE BACTERIAL VACCINE
"A lipidation/processing reaction has been described for the intact OspA gene of B. burgdorferi. The primary translation product of the full-length B. burgdorferi OspA gene contains a hydrophobic N-terminal sequence, of 16 amino acids, which is a substrate for the attachment of a diacyl glyceryl to the sulflhydryl side chain of the adjacent cysteine (Cys) residue (at position 17). Following this attachment, cleavage by signal peptidase II and the attachment of a third fatty acid to the N-terminus occurs. The completed lipid moiety, a tripalmitoyl-S-glycerylcysteine modification, is termed Pam3Cys (or is sometimes referred to herein as Pam(3)Cys or Pam3Cys). It has been suggested that the lipid modification allows membrane localization of proteins, with polypeptide portions exposed as immune targets. In addition to serving as targets for the immune response, Pam3Cys-modified proteins, such as OspA, have been reported to act as potent inflammatory stimulants though the toll-like 2 receptor mechanism (TLR2)."
http://patentscope.wipo.int/search/en/detail.jsf?docId=US42934470&recNum=9&maxRec=30&office&prevFilter&sortOption=Pub+Date+Desc&queryString=tripalmitoyl+cysteine+or+Pam3Cys+and+Epstein-Barr&tab=NationalBiblio

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The Mayo Clinic advertised the RICO within the RICO – a patent of which they were the assignee and would have gotten royalties (6,045,804); CT AG and now Senator Richard Blumenthal's staff were interested to know if this RICO cabal including Yale, Imugen and Corixa ever advertised their intended monopoly on post-LYMErix blood testing for North America "where the vaccination status was unknown." This is one example. Yale also advertised this new test:

Can be found at:
https://groups.google.com/forum/#!original/sci.med.diseases.lyme/D6v-QHQdMbc/WupHjKwFilIJ

http://www.mayo.edu/comm/mcr/news/news_361.html
"Mayo Clinic Rochester News
Tuesday, August 4, 1998
"New Tests Set Standard for Diagnosing Lyme Disease
ROCHESTER, MINN. — Mayo Medical Laboratories and IMUGEN Inc. announced today the newest and most accurate test series available for diagnosing Lyme disease. The tests also are the only reliable means of diagnosing Lyme disease in people who have been vaccinated against Lyme disease.

“Mayo Medical Laboratories, the laboratory for Mayo Clinic, and IMUGEN Inc. of Norwood, Mass., are jointly offering the new proprietary tests through local hospitals and clinics. Availability of the new tests coincides with the anticipated release of new Lyme disease vaccines, such as the widely-publicized LYMErix and ImuLyme.

“In research trials, all other Lyme tests have been shown to produce false-positive results in people vaccinated against Lyme disease. Moreover, the downstream costs of medical care delivered on the basis of just one false-positive Lyme test can be as much as $15,000.

“According to Dr. David Persing, a Mayo Clinic molecular biologist involved in the discovery of the new test components, physicians now have a new and more reliable means of diagnosing patients who present with symptoms of Lyme disease.

"These tests should help reduce the human and financial costs associated with the number of undiagnosed, misdiagnosed, untreated or improperly treated patients," Dr. Persing added.

“Scientists at IMUGEN, recognized nationally as the leading reference laboratory for tick-borne diseases, are responsible for developing the highly accurate immunologic methods to utilize Dr.Persing’s discovery.

"Diagnosing Lyme disease has been highly problematic for a long time," said Victor Berardi, chief executive officer of IMUGEN, whose laboratories have performed more than a half-million Lyme disease tests. "Our new tests will greatly help physicians in distinguishing patients who are actually infected from those who aren’. Furthermore, the accuracy of these tests will not be affected by Lyme vaccine. In any case, the tests will help physicians render more appropriate and cost effective care.”

“Lyme disease is a tick-borne illness that if left undiagnosed or untreated can severely damage the human heart and nervous system. Nationally more than 16,000 cases of Lyme disease were reported to the Centers for Disease Control and Prevention (CDC) in 1996. The majority of cases were reported in New England and the Northeast. The CDC reports that the overall number of Lyme disease cases could climb to 25,710 by the year 2000.

“In a study of 10,936 people in states with a high incidence of Lyme disease, one new vaccine proved 79 percent effective at preventing Lyme disease infections after complete dosage. Given the potential popularity of the vaccine, and the recent epidemic of Lyme disease in the Northeast, the new tests offered by Mayo Medical Laboratories and IMUGEN will be of considerable value.

“The new Lyme disease tests detect multiple classes of antibody isotypes, enabling them to discriminate between the vaccine and a true Lyme infection. Existing Lyme disease tests, however, have shown to produce false-positive results in patients vaccinated for Lyme disease.

“IMUGEN Inc. of Norwood, Mass., is a pioneer in the research, development and testing of tick-borne diseases, including Lyme disease, babesiosis and ehrlichiosis. For the past decade, IMUGEN has provided clinics and hospitals in the Northeast with

high-quality serologic testing from its facilities in Norwood, Mass., and Southhampton Hospital in Southhampton, N.Y. For more information, call 781-255-0770.

“Mayo Medical Laboratories is the laboratory for Mayo Clinic and provides lab services to community-based healthcare organizations throughout the nation and world. Mayo Medical Laboratories draws from the expertise of Mayo Clinic’s 1,600 physicians and scientists who provide specialized consultation on test selection, utilization and interpretation.

“For information, call 800-533-1710.

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“Contact: “Tom Huyck “507-284-0003 (days)
“507-284-2511 (evenings)”