Dear honorable Senators of the Senate Committee on Health,

Thank you for hearing about my treatment troubles in Oregon to acquire care yesterday. I hear this all the time in my support group of 4,300 patients, Lyme Disease Eugene Oregon.

1) I visited with Dr. Brenda Ormesher Mid 2013, who disparaged Igenex Laboratory and claimed their test results were not valid. She ended my appointment after 8 minutes, with ZERO treatment. She is an Infectious Disease MD, here in Eugene. http://www.peacehealth.org/apps/physician/PhysicianDetail.aspx?ProviderID=5070

2) My PCP Dr. Jill Chapman, Peace Health clinic manager refused me care for Lyme & Babesia infections in 2013. I have ALL the 'Patient Connection' emails which show this. I did file a formal Oregon Medical Board complaint for failure to treat.

She fired me as a patient and since then Peace Health has me Blacklisted. I am no longer eligible to be seen by Peace Health PCPs. https://www.peacehealth.org/phmg/eugene-springfield/Pages/Default.aspx

3) My current PCP is Lane County Public Health. They too, several doctors have refused care for my infections. They actually had a secret meeting to discuss my case. I asked to attend and was denied. They have never met with me to discuss the results of that meeting. Today, they still refuse any care for me even though I've begged to show me the pathway towards treatment. http://www.lanecounty.org/departments/hhs/pubhlth/Pages/default.aspx

4) I did travel to California to see care from a Lyme Literate MD in Redwood City, which I paid out of pocket. Those doctors prescribed be Doxycycline, I was allowed 60-days. Apparently that's the current limits of Medicare for the next 12-month period.

I've attached my Igenex test results. Please upload these into the exhibits for SB 916.

I've also attached a letter formated by Dr. Sugden from California stating how badly I need medical care to prevent ER visits due to my Lyme Cardis. None has been received yet.

Thank you for researching this. When we say there is no MD or NP treatment in Oregon, it's true.

**Please, someone show me the pathway towards care for my infections in Oregon.**

DiveGirl Deb aka Deb Elder

IGeneX, Inc.
795 SAN ANTONIO ROAD
PALO ALTO, CA 94303
(800)832-3200

PATIENT: DEBIE
AGE: SEX: F

SAMPLE ID:

DRWN: 04/22/13
RCVD: 04/25/13
PRNT: 05/21/13

EUGENE, OR
97401

DIRECTOR: JYOTSNA SHAH, PhD

| TEST NAME | RESULT | UNITS |
|---|---|---|

LYME IgM WESTERN BLOT .....

REVISED 10/18/12

IGeneX interpretation is based on internal validation studies. By IGeneX criteria, IgM WB is considered positive if two or more of the double starred bands below are present. The IgM WB is considered negative if less than 2 starred bands are present. A positive result suggests exposure to B burgdorferi. By CDC/NYS criteria, IgM WB is reported positive if 2 of the following bands are present:23-25,39,41kDa. The IgM WB is negative if less than 2 bands are present.

LIMITATION: Positive result for 31 and/or 34kDa may be present after Lyme vaccination in uninfected persons. Positive result for 83/93 kDa and 41kDa may be present in persons infected with HSV,EBV,HCV and/or syphilis (RPR+)and may give false (+) results.

****PRESENCE OF ONLY ONE DOUBLE STARRED BAND OR INDETERMINATE DOUBLE STARRED BANDS IN A NEGATIVE REPORT MAY INDICATE CLINICAL SIGNIFICANCE.****
THEREFORE, WE RECOMMEND TESTING WITH ANOTHER METHOD AND/OR RETEST IN 4-6 WEEKS.

BAND INTENSITY: Negative (-): No band detected. Indeterminate (IND): Band present with intensity < calibration standard. Positive (1+ to 4+): Band present at an intensity > or = to calibration standard.

| | |
|---|---|
| IGENEX IGM RESULT | POSITIVE |
| CDC/NYS RESULT | NEGATIVE |
| 18 kDa. | ++ |
| **23-25 kDa. | - |
| 28 kDa. | - |
| 30 kDa. | - |
| **31 kDa. | + |
| **34 kDa. | ++ |
| **39 kDa. | IND |
| **41 kDa. | IND |
| 45 kDa. | - |
| 58 kDa. | + |
| 66 kDa. | - |
| **83-93 kDa. | IND |

Diagnosis should not be based on laboratory tests alone. Results should be interpreted in conjunction with clinical symptoms and patient history.

Continued on next page

PACIFIC FRONTIER
MEDICAL

May 29, 2014

RE: Debie S. Elder
DOB: 12/26/1961

To Whom It May Concern:

I am writing on behalf of my patient Debie S. Elder. Debie is a current patient and undergoing treatment at our office. She is positive for Lyme disease. Please see enclosed test results. She has the possibility of chlamydia of the heart, both of which would require her to use Doxycycline. Mepron and/or Malarone treat the Babesia which you can review her lab as well. These medications are recommended to prevent future emergency room visits. Please take this into consideration.

If you have any questions please contact me at 650-474-2130.

Sincerely,

Steven Harris, MD/ Jennifer Sugden, ND

Pacific Frontier Medical •570 Price Ave. Suite 200, Redwood City, CA 94063 • Phone (650) 474-2130 Fax (650) 716-0604

IGeneX, Inc.
795 SAN ANTONIO ROAD
PALO ALTO, CA 94303
(800)832-3200

PATIENT: DEBIE
DOB:
SEX: F

SAMPLE ID:

DRWN: 03/24/14
RCVD: 03/27/14
PRNT: 04/09/14

EUGENE, OR
97401

DIRECTOR: JYOTSNA SHAH, PhD

| TEST NAME | RESULT | UNITS |
|---|---|---|

B. duncani IFA (G/M) .....REVISED 11/25/2013

The Babesia duncani immunofluorescent antibody test is used to detect IgM and IgG antibodies to B. duncani in human serum.

Interpretation (titers)

IgM <20 Negative IgG <40 Negative

IgM at a titer of 20 may or may not indicate active infection.

IgM > or = 40 indicates active infection.

IgG > or = 40 to <160 may or may not suggest active infection. In patients with previously high titers, such titers may indicate resolving infection.

IgG > or = 160 indicates active infection.

Presence of IgM and IgG together also indicates active infection.

There is a low level of cross-reaction between B. duncani and B. microti IFA tests. In geographic regions where both species are present, we recommend that patient sera be tested by both B. duncani and B. microti IFA tests.

A single negative IFA test does not rule out infection. Paired testing of acute and convalescent sera collected six to eight weeks apart is recommended for accurate diagnosis.

This test was developed and its performance characteristics determined by IGeneX, Inc. It has not been cleared or approved by the FDA. The FDA has determined that such approval is not necessary. The test is used for clinical purposes and should not be regarded as investigational or for research. IGeneX, Inc. is licensed by CMS and NYS to perform high complexity clinicial laboratory testing.

| | | |
|---|---|---|
| B duncani IgM | 20 | |
| B duncani IgG | 80 | |

Diagnosis should not be based on laboratory tests alone. Results should be interpreted in conjunction with clinical symptoms and patient history.

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