

**Public Comment
Karen Lambert**

HIV-Negative AIDS: CFIDS, ME, or AIDS?

I have Chronic Fatigue Immune Dysfunction Syndrome (CFS/CFIDS/ME) and NON-HIV AIDS, idiopathic CD lymphocytopenia. With these two clinical diagnoses, I believe that makes me living proof that the AIDS-like CFS/ME is transmissible, something that the medical establishment seems unable to admit or to acknowledge. I also believe it makes me living proof that CFS and NON-HIV AIDS are the same mysterious immune disorder.

Three years ago, after a heterosexual sexual encounter, I became seriously ill with what looks like the natural disease progression of AIDS. After an "acute infection" and a "period of asymptomatic health," I have fallen extremely ill to an unrelenting, progressively-worsening AIDS-like demise. I can pinpoint exactly when I was infected with my "chronic viral syndrome of unknown etiology" and because the "acute infection" stage was so distinguishable, I can also pinpoint exactly when my undiagnosed pathogen left my body and infected yet another host.

Increasingly, I have become concerned that my systemic diagnosis is caught up in the treacherous politics of CFS/ME and AIDS. Most people with CFS/ME do not like to talk about the many symptoms and immune abnormalities that they share with AIDS patients. I also suspect that most ailing patients would rather be told that they have the very mysterious CFS than to be told that they have AIDS.

I have a Master's degree. I am a director at my firm. I used to be a triathlete. I have never used IV drugs. I have never traveled abroad. I can count my sexual partners on two hands. Statistically speaking, I know that my undiagnosed infectious and communicable disease is not rare...so, you tell me, if they are not in the miscellaneous CFS/ME category, where are all these other immunosuppressed people?

Anyone with CFIDS, who does not consider the possibility that CFS/ME will eventually progress to a NON-HIV AIDS diagnosis, is very well trumping their own ability to diagnosis the root cause of their illness.

Why isn't CFS/ME a reportable disease overseen by our public health department? Why are CFS and ME (i.e., the same exact disorder) suspiciously categorized as two separate illnesses on a worldwide level (i.e., by ICD codes)? Doesn't anyone else but me, very clearly see, the catastrophic cover-up going on here?

Why are we not reading about NON-HIV AIDS cases (and/or the AIDS-like nature of CFIDS) on the front pages of every newspaper in the world? And if CFS/ME is NON-HIV AIDS, then, depending on who you believe, there are anywhere between 500,000 - 14,000,000 Americans out there with a transmissible illness. If that is what it truly is, our new form of AIDS dwarfs the 'original' AIDS epidemic ---> TENFOLD.

I am not afraid to say that I have AIDS without HIV --> idiopathic CD lymphocytopenia. I am

equally as unafraid of saying the most obvious thing about CFS/ME: IT SURE DOES LOOK LIKE AIDS TO ME.

If it takes courage to think and to say the things that I do, I hope that there will be a miraculous outbreak of bravery from coast-to-coast. I stopped fighting for myself a long, long time ago. I fight for humanity.

I demand a CFS/HIV revolution. Vive La Revolución.

CFSgate = AIDSgate

The medical establishment will have you believe that Chronic Fatigue Syndrome/Myalgic Encephalomyelitis (CFS/ME) is some sort of mysterious illness, but it's no mystery to me; CFS/ME leads to NON-HIV AIDS, idiopathic CD lymphocytopenia (ICL), a clinical diagnosis I possess.

How can the AIDS establishment continue with a stale "*it's caused by HIV*" theory when there are ICL cases cited in medical journals dating back to 1992? While millions of ailing immunodeficient CFS/ME patients get belittled and neglected, perfectly healthy HIV+ people are allocated billions of dollars in taxpayer money. How can it make sense to anyone?

In the U.S. last year, the NIH spent \$3.1 Billion of our tax money drugging perfectly healthy HIV+ people. Sick, ailing immunodeficient (some of us dying) CFIDS patients received \$6 Million. How can it make sense to you? *source: report.nih.gov/categorical_spending.aspx*

It's so easy to see that the medical establishment simply has these paradigms (CFIDS, HIV) inverted. AIDS patients are simply more CFIDS patients, who also happen to harbor a seemingly harmless virus, HIV. AIDS patients are just the tip of the CFIDS iceberg, and it's already well-documented that HIV is not the cause.

How else do you explain why there is no CFS/ME pandemic in the HIV+ population? CFS/ME does not discriminate. The answer is that there is; any otherwise perfectly healthy HIV+ person that is: 1) symptomatic, 2) better on ARV's, and/or 3) severely immunosuppressed (AIDS)...

...is a CFIDS patient.

Putting causal pathogens aside, simply rename CFIDS, ME, and AIDS all to be "low natural killer cell disease" and only diagnosis patients with "low NK cells" with it. Everyone would clearly see that:

CFIDS + ME + AIDS = low NK cell disease = one catastrophic pandemic * * not caused by HIV

Allied government sold-out global public health for sake of profit --> industry, oil, and Orwellian greed. If I weren't only 25% alive, I often wonder if I should '*Occupy*' the White House.

Now that the mystery has been solved, could we please stop wasting time and re-allocate all HIV funding into CFIDS/ME/AIDS research?

7 Step Plan to resolving our World's catastrophic public health disaster:

1. Demand research funding parity for CFIDS with AIDS.
2. Suggest that CFIDS & AIDS be researched together by scientists rather than as separate entities.
3. Urge the CDC to move their AIDS division under the CFS/ME umbrella so they research all the infections that AIDS and CFIDS have in common.
4. Urge that AIDS organizations (like Amfar) include CFS under their umbrellas so that CFS advocates don't have to reinvent the wheel.
5. Demand that the White House, Fauci and the Director of NIH make a public statement that (just from what we know today) in terms of the immune dysfunction and human suffering, CFIDS/ME is just as serious a public health problem as AIDS.
6. Request that an annual international joint CFIDS/ME/AIDS conference be held by the W.H.O.
7. Suggest that next December 1st be declared the first "World CFS/ME/AIDS Day."