

June 27, 1991

William L. Roper, M.D., M.P.H.
Director
Centers for Disease Control
Department of Health and Human Services
Atlanta, Georgia 30333

Dear Dr. Roper:

Your letter of June 18, 1991, states that my letters of December 31, 1990 and February 26, 1991, "raised a number of important issues dealing with malariatherapy." I would appreciate your addressing those issues.

You refer to a 1970 "book" on venereal diseases to confirm your belief that malariatherapy was "ineffective" in neurosyphilis. According to the authors, it is a monograph, not a book, and it contains no more than five sentences about malariatherapy. Not one of those sentences is documented with a reference. You quote one line about fever therapies from those few sentences, but omit the following words that precede that line: "...some positive gains were achieved by fever therapy (particularly in neurosyphilis)...".

The second line you quote from the monograph is that "fever therapy disappeared with the advent of penicillin." That statement is not true. In my letter of February 26, 1991, I sent you documentation that your own organization, the U.S. Public Health Service, provided inocula for the injection of malaria into tens of thousands of neurosyphilis patients, ending in 1965, 20 years after the advent of penicillin.

Dr. Roper, you choose to ignore the 36 references in the 1984 scientific paper "The Malariatherapy of Neurosyphilis" by Professor Eli Chernin, Harvard School of Public Health, and the 29 references in my publication in the New England Journal of Medicine. These documents prove the effectiveness and safety of malariatherapy used to treat neurosyphilis for 60 years, as does the fact that Wagner-Jauregg won the Nobel Prize for discovering that treatment.

Based on the specious information your staff sent them in a letter of November 19, 1990, it is not surprising that your Council of State and Territorial Epidemiologists concluded that "there is currently no scientific evidence to suggest that malaria is effective therapy for Lyme disease." In addition to characterizing malariatherapy as "the obsolete and questionably effective practice of inducing malaria for the treatment of neurosyphilis during the pre-antibiotic era," that CDC letter stated the half-truth that "Reports that CDC endorses this practice (malariatherapy) for the treatment of



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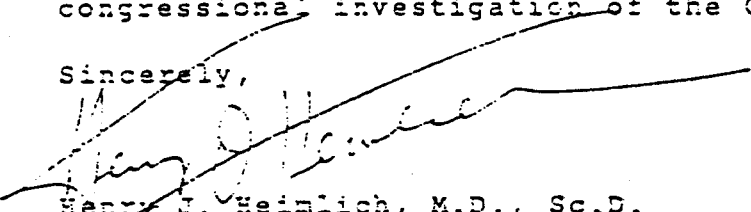
any disease, or has entered into a collaboration with Dr. Heinrich, or others to supply Plasmodium vivax for use in the treatment of Lyme disease, are false." You are well aware of the extensive correspondence in which the CDC offered to provide me with Plasmodium Vivax malaria for induction into cancer patients, as well as technology in its use. That offer was based on the proven effectiveness of malariatherapy in treating neurosyphilis.

The same November 19, 1990 CDC letter to your epidemiologists expressed concern about "The lack of a justification for experimental therapy when effective antibiotic treatment is available for Lyme disease, including CNS manifestations." In fact, Dr. Alan Steere, discoverer of Lyme disease, reported in the New England Journal of Medicine, that antibiotics are ineffective in many Lyme disease patients, particularly with CNS involvement. An NIH panel affirmed Dr. Steere's opinion. Unwarranted ineffective antibiotic treatment of Lyme disease is costing taxpayers tens, perhaps hundreds, of millions of dollars.

Whatever your reasons for disseminating inaccurate information concerning malariatherapy and Lyme disease, we can not stand by while you deny the American people the opportunity to select malariatherapy. This is the only treatment shown to have resulted in recovery, partial or complete, in patients with disabling proven advanced Lyme disease; all of these patients had undergone years of ineffective intravenous antibiotic treatment.

May I suggest that you contact me within the next two weeks for a meaningful discussion as to how we may implement, through mutual cooperation, a study of malariatherapy for Lyme disease. If I do not hear from you by then, I am sure you will agree, that for the benefit of those patients suffering and dying from Lyme disease, the matter should be submitted to an impartial body. For this reason, I will then lend my support to the Lyme disease organizations requesting a congressional investigation of the CDC's actions.

Sincerely,



Henry J. Heinrich, M.D., Sc.D.
President
Heinrich Institute

cc: Lyme disease organizations