In the United States District Court
State of Washington

Plaintiffs: Michael Swenson, recently divorced, and Other such victims (in a class action tort)

) HUMANITARIAN,
) CONSTITUTIONAL,
) NATIONAL/INTERNATIONAL
) CIVIL RIGHTS VIOLATIONS

Vs.

) CASE
) No. CV-07-305-EFS

Defendants: The United States Government, Idaho State Government, Washington State Government, Idaho and Washington State Medical Review Boards, Deaconess Medical Center and certain staff, Kootenai Medical Center, Dr. David Wait and certain staff, Verizon, Pharmaceutical Companies, Bonner County General Hospital and certain staff, Brian Koch of the Sandpoint Police Department, Dr. Michael Cruz, Dr. Timothy Chestnut, Dr. James Joy, Dr. William Correll, Lincoln Life Insurance Co., Dr. Scott Burgstahler,

21 **Regina Danielsson, Les Schwab Sandpoint (certain staff),)**

22 **Manhattan Life Insurance Co., Cancer Care Northwest,)**

23 **Dr. Robert Laugan and assistant Linda Smith of Cancer)**

24 **Care Northwest, MCI,)**

25 **City of Bonners Ferry, Glenn and Katherine Westbrook,)**

26 **Sandpoint Urgent Care, Dr. Hernandez,)**

27 **Dr. Stephen Puffer; other Defendants more specifically)**

28 **To be named by Motion(s) of Discovery based on submitted)**

29 **Evidence.)**

30

31 I preface this complaint with an apology in advance to kind, innocent, decent souls for
32 the details I am about to relate. I have debated long and hard whether the pain of hearing
33 the events that have transpired are more damaging than to remain silent and possibly let
34 these things spread to other innocent victims. It might not have been so hard, but friends,
35 family, colleagues and authorities have systematically disbelieved me and instead of
36 helping me; though I've sacrificed all, have chosen to disbelieve me to my personal harm
37 and that of many innocent others, rather than do something to make sure this doesn't
38 happen to anyone else. In fact, there is such a string of crimes and corruption that has
39 been perpetrated against my recently divorced wife and I that the telling of them would
40 almost certainly preclude any serious hearing by the Court because the level of evil is
41 simply that incredible to decent, law-abiding citizens. So with no intellectual promise
42 that anything will be different now, I have determined that even if I'm hated and

In the United States District Court
State of Washington

Plaintiff(s): Michael Swenson, recently divorced due to the criminal activity cited in my complaint	)	
v.	)	**Motion for Change in Venue**
Defendants: The United States Government, et. al.	)	

Plaintiff, is representing himself in a matter of serious violation of plaintiffs civil rights and constitutional law. While portions of the crimes against plaintiff took place in the State of Washington and hence some of the Defendants live and/or work therein, the crimes continued against Plaintiff in the State of Idaho, where Plaintiff resides. Due to the crimes against Plaintiff, he is seriously ill (considered by the medical community as terminally ill) The conditions were set off, worsened and allowed to continue to an extent as to attempt to deprive the Plaintiff of his life by the actions and/or negligence of the defendants. Conspiracy has occurred across state lines and because of the civil rights violations and constitutional issues, the matter can be tried in one Court. Plaintiff moves that the trial occur in the State of Idaho, as traveling regularly under the severe impairment to his health such distances to Washington is virtually impossible and seriously life-threatening for the Plaintiff. Plaintiff also moves for expedition of trial date due to the seriousness of the Complaint and health status.

Michael Swenson

Notary / Witness of Signature

Notary Public in Washington
Residing at Spokane
Expires: Feb 16, 2008

MATTHEW J. TYSOR
Commission Expires
NOTARY
PUBLIC
FEB. 16, 2008
STATE OF WASHINGTON

UNITED STATES DISTRICT COURT

District of Idaho

Michael Eugene Swenson

SUMMONS IN A CIVIL ACTION

V.

United States Gov't, et al.

CASE NUMBER:

07-402 -N-MHW

TO: (Name and address of Defendant)

United States Government, U.S. Attorney Generals Office, U.S. Department of Justice, 950 Pennsylvania Av NW, Washington, DC 20530-0001
(AskDOJ@usdoj.gov, 202-353-1555, main board 202-514-2000)

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Michael Swenson
P.O Box 129
Dover, ID 83825

an answer to the complaint which is served on you with this summons, within ninety days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

Cameron S. Burke

CLERK

(By) DEPUTY CLERK

10/1/07

DATE

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State of Idaho

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divorced, and Other such victims	**) CONSTITUTIONAL,**
(in a class action tort)	**) NATIONAL/INTERNATIONAL**
	) CIVIL RIGHTS VIOLATIONS
Vs.	**) CASE**
	) No._07-402-N-MHW_

Defendants: The United States Government,)
Idaho State Government, Washington State Government,)
Idaho and Washington State Medical Review Boards,)
Deaconess Medical Center and certain staff,)
Kootenai Medical Center, Dr. David Wait)
and certain staff, Verizon, Pharmaceutical Companies,)
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31 I preface this complaint with an apology in advance to kind, innocent, decent souls for
32 the details I am about to relate. I have debated long and hard whether the pain of hearing
33 the events that have transpired are more damaging than to remain silent and possibly let
34 these things spread to other innocent victims. It might not have been so hard, but friends,
35 family, colleagues and authorities have systematically disbelieved me and instead of
36 helping me; though I've sacrificed all, have chosen to disbelieve me to my personal harm
37 and that of many innocent others, rather than do something to make sure this doesn't
38 happen to anyone else. In fact, there is such a string of crimes and corruption that has
39 been perpetrated against my recently divorced wife and I that the telling of them would
40 almost certainly preclude any serious hearing by the Court because the level of evil is
41 simply that incredible to decent, law-abiding citizens. So with no intellectual promise
42 that anything will be different now, I have determined that even if I'm hated and

43 disbelieved for what I must relate; and even if I'm sent to my possible death or torture of
44 mind and health by the administration of chemical lobotomizers in some mental ward
45 (because the events of what has happened to me are so terrible, it's easier for sane and
46 decent folks to think I went crazy than that evil and corruption has reached such
47 extremes); or murdered elsewhere, that I must nevertheless try with all that I am to do
48 what I can to prevent this from happening to anyone else and to make innocent citizens
49 aware; so they can better look out for themselves and their estates. I am not suicidal; nor
50 do I have any pleasure in suffering and torture; this is the most difficult thing by far I
51 have ever faced and I make this complaint with all seriousness and gravity and fully
52 realizing I am risking literally all I possess and my own life in the telling of it. I do not
53 have any agenda than the hope to save innocent souls, my loved ones and I from further
54 persecution and death. Let it be known in heaven above and in the earth below that I
55 declare these things by faith in GOD alone and that in that faith as others, if need be I am
56 willing to sacrifice my very life to fight this kind of evil; if only in the hope that it may
57 save even one innocent from similar evil or worse, than my wife and I have endured thus
58 far. In the name of Jesus Christ, YAHOSHUAH, May our Lord bring in righteous souls
59 to help me round up the perpetrators of these atrocities. Amen.
60
61 In a cause of action where there are violations of national and international law,
62 humanitarian and civil rights, Plaintiff(s) submit that the constitutional right that no
63 citizen is to be deprived of life or liberty without due process of law is at the heart of this
64 matter. Plaintiff(s) are representing themselves and do not preclude others (like victims)
65 who may or may not have legal representation in joining this cause of action. (Hereafter

66 understood that "Plaintiff" refers to complainants in this class action tort) Plaintiff is a lay
67 person with only a cursory knowledge of the law and court procedures; not a licensed
68 attorney. Plaintiff therefore requests leniency regarding not dismissing this just cause for
69 any technical or presentational lack of following any specific guidelines and procedures.
70 Plaintiff knows that there is a statute of limitations regarding submitting certain claims,
71 but contends the facts surrounding this cause have been continuous and ongoing to this
72 date and that due to extreme illness the initial facts weren't clearly discovered until less
73 than a year ago (at the time I began typing this but I've been deathly ill and the
74 compilation of the evidence together with the circumstances surrounding our recent
75 divorce has prevented any earlier filing); upon which the Plaintiff notified as many
76 authorities as he was able to on a local, state, and national level through the Summer and
77 Fall of 2006; to date no authorities have contacted me to investigate these serious crimes.
78 I am concerned that if I submit the transmission logs proving the faxes I sent to these
79 various offices, that it may result in even more retaliation and crimes against me; so I
80 would prefer to submit the rest of them once the full compilation of the sensitive
81 evidence is entered and verified for the Court; hopefully by some volunteer assistants on
82 my side, because this is a monument al undertaking for one individual. Moreover,
83 plaintiff believes there is not a statute of limitation for homicide and contends that the
84 events that have taken place are in fact resulting in a slow, tortuous demise. In other
85 words, just because someone hasn't shot me doesn't mean that if someone poisons a
86 person or gives them a deadly disease that takes a long time to actually kill the person,
87 that it isn't homicide. In my case, due to my hereditary condition, that had to have been
88 known by the perpetrators (and whether it was or not, their acts against me have literally

89 placed me in a position where I am fighting to stay alive long enough so that they can't
90 torture and murder others in this fashion). More facts are even still being discovered as
91 crimes increase against us. It may have been coincidence but my dog was shot recently
92 and supposedly hit by a car even though he died after a second shot sounding identical to
93 the first was fired about a month after the first shooting incident. I just buried him and
94 under the circumstances there is a strong possibility the message was to discourage me
95 from filing this complaint. Facts surrounding this conspiracy complaint are still
96 expanding virtually daily. Therefore, Plaintiff reserves the right to amend the complaint
97 in the event more crimes are discovered or perpetrated prior to or during trial. Plaintiff
98 has attached an affidavit that is supportable in a court of law with exhibits of documents,
99 digital images, artifacts, and by scientific proof demonstrated therein. Plaintiff asks the
100 court to issue subpoenas as necessary and grant motions of discovery of any and all
101 correspondence, communications, reports, medical records from the defendants involving
102 this cause or mention plaintiffs in any way. That is to include phone records, mail, email,
103 notes, video or any other recorded media involving plaintiff and defendants for the
104 duration from initial contact with plaintiff until such date as this is resolved. Plaintiff
105 asks the court to issue summons for the defendants to appear in court as expeditiously as
106 possible. The nature of the complaint is extremely serious and the defendants so listed
107 have proved willing to threaten witnesses into silence and destroy and/or alter evidence.
108 Proof exists of these allegations. Frightened witnesses may not come forward until it is
109 evident there is enough publicity and protection concerning their welfare. That doesn't
110 mean they don't exist, they will be watching to see if I can prove my lack of diagnosis
111 leaving me to die in excruciating pain and unable to get proper medical care until this is

112 resolved. I have locked away safely the exhibits, some of which are so technologically
113 advanced they require a microscope to analyze. My reason for stating this is that the
114 evidence I have accumulated is so sensitive (and so convicting) it could be easily "lost"
115 or destroyed by representatives of the defendants listed. In addition, the evidence it not
116 so easily recognized as such by the general populace. My extreme curiosity and path of
117 life has exposed me to a lot of uncommon knowledge, I'm finding out as I point out
118 evidence to others and they don't have enough prior knowledge to recognize that what
119 I'm saying is true. A prime example is that license plates with numbers like "333",
120 "4444", "5555", and I suspect "007", "0013", or "00…" are reserved for government
121 issue, but unless someone in authority confirms this, who would know it to be true? I
122 found out from a DMV agent that repeated numbers were reserved government issue (at
123 least at the time I sought such a plate) and so when many vehicles like this started
124 following my truck everywhere I went shortly after visiting the Wilson's website, it
125 alarmed me. I started taking photos of all of them while driving and that alarmed my
126 wife, who was not aware that such plates were reserved for government officials. Since I
127 hadn't broken any laws and since this occurred primarily after discovering that I was
128 dying from undiagnosed "Wilson's Disease" and then increased after notifying
129 authorities via my affidavit of the homicide attempt in the hospital, and when authorities
130 conducted no investigation and made no arrests, to be trailed by government employees
131 felt very threatening to me. Since my wife had never found that information out, she
132 wasn't just going to take my word for it and this has been my greatest problem. People I
133 meet and have tried to explain all of this to, simply don't possess the same knowledge I
134 do. I'm not saying I'm more intelligent, quite the contrary, I know I'm less educated, and

135 if I were intelligent, I would've found some way to pass what I have learned on to them.
136 Often the people I'm trying to explain this to are more educated and so they
137 automatically don't take what I have to say seriously, because they haven't come across
138 such knowledge before. It might be true of me, if they tried to point out something of
139 their personal knowledge to which I'd never been exposed. But I am telling the truth and
140 if given the opportunity I believe I can prove it in Court or I would not be risking all to do
141 so. This is an extremely dangerous case. I am not fabricating any of the claims for some
142 selfish reason. In fact, I realize just by filing this complaint I am putting myself in grave
143 peril, but to not file is to leave others, many others (I suspect number in the tens of
144 thousands right here in the Inland Northwest, millions in the United States and hundreds
145 of millions worldwide); including my loved ones closest to me, in the same peril or
146 worse. I detest being put in the position of a whistle blower, but I am only one person
147 and the perpetrators many, the victims and potential victims massive if I do not warn or
148 attempt to warn unsuspecting innocents by every means available to me. So far all my
149 efforts seem to have been in vain; so I am literally beseeching the mercy of the Court for
150 a chance to PROVE my allegations as soon as possible (before I die from the ailments or
151 by some unnatural method). Due to my health, I petition the Court to try these matters
152 within the city of Sandpoint, ID altogether rather than separately in various jurisdictions,
153 because I am too ill to travel distances regularly. I realize, I may die in process of
154 attempting to prove this, but I must do so; my conscience will not allow me to do
155 otherwise. I also petition the court to give me an expeditious appearance; for each day
156 that passes gives my adversaries another chance at silencing me; or my health to fail
157 altogether making it impossible for me to testify and present the stacks of evidence I've

158 gathered. Another reason, why some of the evidence must needs be presented during the
159 actual trial, is the vast resources of the United States government can work at threatening
160 and bribing witnesses and discrediting the evidence or coming up with excuses as teams
161 work at deceiving the public.
162
163 Plaintiff alleges in brief a conspiracy by our governing authorities and certain medical
164 practitioners to keep the general public in ignorance of a rather common hereditary
165 condition that can result in or manifest all manner of illnesses many of which are
166 terminal. Plaintiff alleges that the motivation for this practice is that it is highly
167 profitable for the pharmaceutical industry, medical industry and government (FDA and
168 stock holders, and those taking bribes) to treat the many symptoms rather than inform the
169 public of one of the leading and common causes of terminal conditions. Analogous to
170 AIDS before it was widely known, many would die of unrelated conditions due to the
171 weakening of the immune system. The hereditary condition being falsely called and
172 labeled a disease is referred to as Wilson's Disease. It is a condition genetically passed
173 on that affects an individuals' blood. It impairs proper functioning of the blood through
174 immature and improper formation of the red blood cells among other things. The details
175 of the condition and the results it has on the body as blood failure causes various organs
176 to also fail are described in detail in the attached affidavit and can be readily determined
177 through study of the research material compiled to date. This intentional lack of
178 informing the public results in profits in the billions for pharmaceutical companies, and
179 medical practitioners, when the condition, if known, is readily and rather inexpensively
180 treatable by life long maintenance; if the individual becomes aware they have the genetic

181 trait before they development end stage terminal symptoms. This general cover-up has
182 resulted in my personal travesty. I can prove many medical practitioners and even
183 government "agents" have been working against me in my efforts to obtain an honest
184 diagnosis for myself and my loved ones.
185 Furthermore, plaintiff alleges that local (Deaconess Hospital in Spokane) medical
186 practitioners willingly tried to murder him by administering an incompatible blood
187 transfusion against his express verbal and written instructions, tying him down on a
188 gurney and sticking an intubation tube down his throat such that he could not cry out for
189 help or defend himself. The act resulted in two episodes of pulmonary edema and cardiac
190 arrest. Further the attack left the plaintiff with temporary memory loss and a fight to stay
191 alive ever since. Plaintiff can prove he has the hereditary condition known as "Wilson's
192 Disease" in a court of law but local practitioners in an attempt to cover up the murder
193 attempt have conspired with their fellow colleagues and also pressured by governing
194 authorities (because of the intentional public cover-up) to leave plaintiff undiagnosed
195 and dying. Plaintiff is seriously ill and instead of filing a law suit when he finally
196 discovered the truth of all that has transpired, sent his signed affidavit to the attorney
197 generals of both states, and to appropriate local authorities in Idaho and Washington and
198 on a federal level. Plaintiff sent affidavit to governor's offices, the House of
199 Representatives, the Senate, all State Medical Review Boards, the hospitals involved,
200 attorneys, Department of Health and Human Services, Office of Civil Rights and more to
201 be demonstrated in court that Plaintiff attempted to exhaust criminal remedies and
202 administrative chains and save the unsuspecting public from inhumane torture and death
203 as a result of these corrupt and illegal practices for money.

204

205 Plaintiff was kidnapped by deception and illegally confined, intentionally discrediting the
206 Plaintiff; so as not to be believed. While I have reasons to suspect (I worked in
207 restaurants for years and unfortunately, sometimes food spoils and has to be thrown out;
208 anyone who has ever eaten bad food or water knows what it's like to suffer from food
209 poisoning and suddenly I started having those symptoms rather regularly), I've survived
210 multiple assassination attempts by poisoning, it is extremely difficult for me to prove
211 because corrupt agents either threaten or bribe citizens into a false lab reports (or switch
212 blood or urine samples prior to analysis) and show them a nearly 20 year old conviction
213 that makes them think they're not participating in murder, just the death of a less than
214 desirable ex-convict. It's never mentioned that I spent my entire incarceration studying
215 the Holy Bible and obtained my ministers license and ordination. It doesn't matter that
216 I've spent the years working honestly ever since. It doesn't matter that I have made
217 every effort to live uprightly in sincere repentance for the errors I made when younger
218 and ignorant of the truth of GOD, Heaven and hell. There were/are eyewitnesses and
219 others that can verify these allegations besides the ones I personally witnessed but I have
220 learned that after a visit from these corrupt authorities the eyewitnesses are often scared,
221 bribed or threatened so that they may not come forward, but I hope when the time comes
222 they will to save innocent lives and possibly keep this nation from falling; for corruption
223 this awful if allowed to spread and grow unchecked will cause it to crumble like rust eats
224 a structure until it collapses). Ultimately, this is how it all works. An unsuspecting
225 victim or victims come in for a health related condition, by skillful questions, physicians
226 determine the victims estate and level of will preparation, if they are well connected with

227 friends and family or not and can easily murder them by administering an incompatible
228 blood transfusion that causes an acute hemolytic response (or by some other lethal
229 "accident"). With no witnesses, the victim(s) simply "accidentally" dies during even a
230 "minor" surgical procedure. If they are single or only a couple and no witnesses, the
231 perpetrators know where the victim(s) lives from the paperwork and having the keys can
232 easily loot any personal and real property (victim automatically dies "intestate" and I
233 *suspect* is where at least some of the many government sponsored estate auctions are
234 coming from). The fact that corrupt medical practitioners tried to take my life and then
235 tried again to cover it up, is provable in a court of law (should investigators look into
236 these allegations seriously much more evidence than I have accumulated to date would be
237 obtained). So one spouse dies and then the other and corrupt officials tell the sweet
238 unsuspecting public or any friends or relatives that might come forward, that the spouse
239 must've died of a broken heart, etc. (when probably poisoned, perhaps lethal
240 prescriptions or given a hot shot similar to what they use to put animals "to sleep").
241 Corrupt authorities are first on the scene of crimes and can readily designate cause of
242 death; so it is a REAL threat if they are criminals. In hospitals, doctors designate the
243 cause of death and out, police first arrive on the scene. Decent citizens, believers in God,
244 don't expect this kind of hideous corruption and simply want to live quiet, peaceful, law-
245 abiding lives; thus their innocence and naiveté makes them easy targets to this kind of
246 criminal activity. I firmly believe I can successfully prove in court the willful (and in
247 some cases negligent) intent to leave me undiagnosed and dying of the terminal
248 condition, "Wilson's Disease", as I state. My conclusion after everything that has

249 happened that our government is negligent at best and willfully corrupt at worst I believe
250 reasonably minded individuals will agree with after beholding all the evidence.
251
252 Furthermore, Plaintiff requests that all evidence be inventoried at a future date as close to
253 trial as possible with mutual legal representatives (or in my case might need to be
254 volunteers as I may be without means to compensate legal counsel if and when I might
255 survive to testify in Court) with video cameras connected to off site servers (location
256 unknown to the state (defendants)) are present to make certain evidence is fully
257 catalogued and not damaged, destroyed or lost. I know this might seem unbelievable
258 because most of the time a case of this nature isn't brought by just one person but an
259 entire firm with resources and teams of professionals, but my requests are serious and
260 necessary under these extreme circumstances. Plaintiff requests that the evidence be
261 publicly recorded by various forms of media, print, radio and television broadcasters with
262 the strict compliance of simply documenting should the "state" intentionally or
263 unintentionally misplace/destroy the evidence. Plaintiff seeks to prove one allegation at a
264 time in order to establish completely the conclusions set forth in this most serious
265 complaint and in order to allow the court as soon as possible to determine if my
266 allegations merit further attention and time. If I am murdered or die because of the lack
267 of proper medical care soon, please make certain my wife is not in any danger or under
268 any threat of retaliation; an honest FBI investigation needs to be conducted to ensure her
269 safety from other persons in governing powers that have become criminals. I state this
270 because certain events that have transpired recently between us and many conversations
271 have left me reading between the lines that she may already be under coercion to get me

272 to stop pursuing this in an effort to save my life. While I am grateful for her genuine
273 concern, I can not without clear conscience before God remain silent. I, therefore, ask
274 that the Court make sure she is kept safe from any illegal retaliation on account of this
275 decision of mine. For her and innocent others, I risk now my freedom, my properties,
276 my possessions and my life. I told her when I gave her my love and my vows that I
277 would fight to the death for her. While I never anticipated such odds, such horror, I hope
278 she now realizes that this is the very best I can do under the circumstances and that with
279 this act I am keeping my commitment to her. PLEASE DO NOT DISMISS THIS
280 CAUSE SIMPLY BECAUSE IT'S SO HORRIBLE THAT IT'S EASIER IN YOUR
281 MIND TO THINK ONE MAN HAS GONE INSANE THAN TO BELIEVE
282 CORRUPTION HAS SPREAD INTO SUCH GRAVE EXTREMES. TO DO SO MAY
283 ENDANGER YOUR OWN LIFE AND THAT OF YOUR LOVED ONES SINCE NOW
284 YOU HAVE BEEN MADE AWARE. IT IS OF THE UTMOST IMPORTANCE THAT
285 RIGHTEOUS AUTHORITIES ARE CALLED IN IMMEDIATELY TO
286 INVESTIGATE. DO NOT LET THEM CREMATE MY BODY BEFORE A PANEL
287 OF ANY WILLING CORONERS(I WOULD PREFER OF THE FAITH TO ENSURE
288 THEY HAVEN'T BEEN THREATENED OR BRIBED INTO FALSIFYING ANY
289 POTENTIAL AUTOPSY) DETERMINE IF I WAS TELLING THE TRUTH ABOUT
290 BOTH WILSON'S AND POSSIBLY VARIOUS POISONS. If an analysis of my blood
291 is to be checked for toxins prior to my demise, then it should be done anonymously and at
292 a lab in a large city where many other anonymous patients are screened for the same, the
293 lab specialists told if they fail to correctly diagnose the blood samples for toxins that they
294 will be fired and bank accounts investigated for any bribes. Then if nothing turns up

295 rescreened at an anonymous international lab the samples sent randomly and
296 anonymously. Any then coming back positive would show either the incompetence or
297 corruption unfortunately in so many as officials threaten lives and or bribe to cover up the
298 truth. I have every confidence that He who has preserved my wife and I thus far is more
299 than able to keep us alive, but and if it is His will that either of us depart, I, at least, will
300 do so with a clear conscience that even though I may not be believed I did my very best
301 to defend my wife, the freedoms our fore fathers bled and died for, and the souls of many
302 who are suffering already on account of the facts contained herein.
303
304 FACT, I am dying of undiagnosed terminal condition; (possibly conditions), that I can
305 scientifically prove virtually before anyone with eyes to see.
306
307 FACT, the lack of diagnosis is resulting in inhumane, excruciating pain, unable to work
308 and provide for myself and family. (which will result in death by exposure and/or
309 starvation if left homeless).
310
311 FACT, the lack of diagnosis has resulted in libel and slander in my community, among
312 former colleagues, early leave of absence, wrongful incarceration, incredible marital
313 stress (now divorce), and the mis-diagnosis is a threat to my freedom and life because it's
314 so discrediting I couldn't return to my profession in this community even if I became
315 well enough and because others might actually believe it and become fearful of me, even
316 though I pose no threat to them whatsoever and in fact, am sacrificing my own welfare to
317 actually help them.

318 FACT, the lack of diagnosis is preventing me from obtaining long term medical care with
319 possible chance of recovery, and any disability insurance (prepayment of life insurance
320 policy(ies)) that might help me with the burden of day to day living expenses. Now I've
321 lost my health insurance because I simply couldn't afford it any longer. So now as a
322 result of ongoing suffering from the acts against me my life is further threatened because
323 I actually need highly specialized medical care, that probably is no where in the Medicaid
324 coverage if I could actually get it. In other words, I believe I know the treatments I need
325 but because of this I simply can not afford it and the government might think some other
326 treatment would be in my best interest when it isn't. (For example, practitioners
327 regularly prescribed chemotherapy and radiation therapy for certain types of cancers and
328 other ailments; these are the accepted government authorized treatments, but statistics
329 show a 96% death rate in a short period of time to those accepting such torture, when the
330 facts are that alternative treatments have a much better success rate of actual recovery! In
331 fact, I personally met a man recently that participated in a study in which he and over
332 twenty other terminally ill patients with cancer were actually cured with some type of
333 grape seed extract, but has the public been made aware of the tests and results (I bet those
334 in the upper echelons of our government and society have).
335
336 FACT, after sending my affidavit to federal authorities and even the US attorney
337 general's office, I received a message on my answering service that stated this was all in
338 place as a form of "population management…it works perfectly." This recording and
339 others have been retained to be submitted as evidence along with a vast amount of data
340 and proof of the allegations set forth in my complaint and affidavit.

341

342 FACT, the life insurance policies are serving as motivation for these corrupt officials to
343 declare that we died intestate, auction our properties (or "bid" on them for themselves)
344 and rob us of our personal property when we pass. My source tells me they usually
345 prefer that one spouse dies first, then under threat once the policy pays, rob the survivor
346 and get them to name (marry) one of the criminals (again under threat) as a beneficiary
347 before that surviving spouse dies as well. My phones were/are bugged, my home, my
348 autos, I can't go anywhere without the authorities knowing and thereby even contacting
349 an attorney results in ongoing threats and cover-ups. (By the time an investigation is
350 done, my property might be cleared/cleaned; so time is of the utmost importance). Please
351 help me quickly! I will need help organizing all the evidence because my health has
352 declined so severely, basic tasks are becoming nearly impossible. (It took many months,
353 phone calls and letters to finally get the policy canceled, but I shouldn't have had to
354 cancel my insurance policies in the first place; if I had gotten an honest diagnosis the
355 policies would have allowed me to draw against them so I wouldn't be spending my last
356 days facing losing everything I worked for and possibly ending up homeless dying under
357 a tree somewhere).

358

359 FACT, various media outlets I attempted to put the word out publicly, were also
360 threatened into silence.

361

362 FACT, Manhattan Life Insurance company has some corruption in it that even though I
363 am the sole owner and haven't paid on the policy for months and have specifically

364 requested in writing many times and responded to direct company procedures to do so,
365 REFUSES to terminate the policy! I want the criminal(s) arrested and charged with their
366 part in conspiracy to commit homicide as well as all the violations regarding life
367 insurance and contract laws. (This policy was finally terminated but must be monitored
368 that it is not reinstated, except by me under Court order, should by God's Grace I survive
369 and prove these allegations. As long as the plan to rob innocent people of their estates by
370 unconventional methods of murder, I want no financial incentive to motivate these
371 criminals in offices of public trust further against me). I want the remainder of my estate
372 to be Court ordered to pay for my full body burial, any legitimate debts, and the rest to
373 pay for a full page of advertising on the back of every major newspaper in the world
374 starting with highest circulation; depicting regionally ethnic eyes with Kayser-Fleischer
375 rings and the symptoms on how to recognize Wilson's Disease to the general public. It
376 should also include advice ranging from least expensive to most on what to do if an
377 individual suspects they have this hereditary condition. This will and testament I put in
378 place, if I die, prior to Court appearance or if I fail in my attempt to prove these
379 allegations and expire afterward. If I am successful, miraculously, by God's grace, then I
380 reserve the right to alter my will, because if successful, my wife and I may be properly
381 restored in holy matrimony and I would of course wish to look well on her, and provide
382 rest to her soul after these incredible trials. Until that time, it's not that I don't care for
383 her, I just don't want any further reasons for the criminals who have attempted to murder
384 me to go after her as well.
385

386 FACT, I was illegally confined and an attempt of lethal medication prescribed by a
387 corrupt medical practitioner, David Wait, at Kootenai Medical Center, who coached my
388 wife into saying she was afraid of me in order to place me on an administrative hold and
389 then walked over and diagnosed me with a serious condition without even asking me any
390 questions. He had already written down the diagnosis before he even met me and had
391 very dangerous pharmaceuticals (chemical lobotomizers) all ready to administer to me.
392 All three final prescriptions carried a lethal warning not to be administered to anyone
393 with known liver complications of which the jaundice in the sclera of my eyes and skin
394 readily indicated I possess.
395
396 FACT, medical practitioners at Kootenai Medical Center, automatically libeled me with
397 incorrect diagnoses, without doing any fact checking into any of my allegations. One
398 even wrote that I had delusions of grandeur simply for telling her what profession I was
399 in and the transactions I was negotiating. She never attempted to verify that I was simply
400 telling the truth and due to my public profession was why I wanted to be referred to under
401 an alias while illegally confined there. It is my opinion that there are subjective and
402 monetary reasons to find anyone brought to their attention with some form of illness
403 whether or not it is the correct diagnosis. I would like to know how many of these
404 practitioners have ever diagnosed anyone but themselves, friends or family without any
405 ailment as proof. (It has been my experience that virtually everyone except the secular
406 diagnosing physician has some form of mental illness but themselves). Only after a
407 patient/victim agrees with their world view or opinions is the patient "healed".
408

409 FACT, because I have been unable to obtain a correct and honest diagnosis of my
410 medical condition(s), my personal acquaintances once considered friends prior to the
411 events that transpired, believed that I was making it all up and so one told me that I
412 would finally get to see a specialist on Wilson's at Kootenai Medical Center, swearing to
413 GOD that was the case and telling me I had to sign paperwork that essentially admitted
414 me into the Behavioral Health Clinic by lying to me. That resulted in my illegal
415 confinement which also resulted in a medical bill of nearly $16,000 dollars.
416
417 FACT, my credit is being systematically destroyed by these who have intentionally tried
418 to murder me and is still in process because of both my inability and unwillingness to pay
419 for my attempted homicide, illegal detainment, libel and slander of my personal character
420 and ongoing torture.
421
422 FACT, a local law enforcement officer, Brian Koch, Sandpoint Police Department
423 threatened me with criminal charges and arrest for merely trying to obtain necessary
424 medical care. He wanted to issue false stalking charges, contributing to my pain and
425 suffering by denial of medical care and denial of access to a practice that is publicly
426 advertised and open to the public for treatment. It wouldn't have been so serious but this
427 practitioner is the only one that I know of in our town providing this needed treatment.
428 Regardless, the only one that came personally recommended by acquaintances of mine.
429 Even though this is a constitutionally protected right (not to be denied/deprived of life
430 without due process), various levels of the US government down to local authorities are
431 not upholding the law and enabling sexual discrimination resulting in severe pain,

432 anguish and outside of a miracle from GOD, my soon coming demise. Even if the
433 treatment only gave a few days, weeks or months to my life expectancy, this denial is
434 serious and previous cases have said that such can result in criminal charges of
435 aggravated assault or worse if such denial results in the death of the victim.
436
437 FACT, after notifying the local authorities by my affidavit, instead of calls and
438 investigations and seeking what proof I had, they began to tail gate me and otherwise,
439 follow me as I occasionally conducted my business in town.
440
441 FACT, I have repeatedly tried to cancel our life insurance policy to get the bounty off our
442 heads and even though I have tried to explain the situation to them, I can not get them to
443 comply. I fully understand why people want to disbelieve these allegations that are
444 identical to the crimes perpetrated in Nazi Germany just prior to and during WWII. (I
445 finally succeeded in getting the policy canceled for the safety of my wife and I in at least
446 making it less tempting to follow through with their initial attempts). I fully understand
447 that people don't really question authorities believing that there couldn't be such
448 prevalent corruption as to put a death machine in place via hospitals, mental wards,
449 insurance agencies and governing authorities gone bad. Literally trillions of dollars are
450 changing hands through inheritances and this is how they do it; if people don't have
451 proper witnesses, friends and TRUSTED, honest executors in place. For this reason, I am
452 requesting that my wife and brother be placed under witness protection (at least if
453 anything, arrest or death happens to any of us the authorities (corrupt feds can and have
454 been documented to pressure locals into helping them) are THOROUGHLY investigated)

455 away from local authorities (I'm not accusing them all, it only takes a few corrupt ones to
456 spoil the bunch) until this can be resolved. In addition, because I'm naming one of the
457 local authorities in my complaint, other officers might be tempted to illegally retaliate,
458 rather than realizing if they were in my place, fighting for their life and that of others
459 suffering in ignorance because we have not been informed by our trusted and publicly
460 paid for officials, that they might just be doing the same. We pay for them to look out for
461 us and they are profiteering by leaving us in ignorance over a serious hereditary trait that
462 if they had told us all might save us from early deaths and a lifetime of unnecessary and
463 unexplained pain and suffering! They may not feel they are in danger now, but since I'm
464 filing this formal complaint, they might agree in the future; I'm only asking for their
465 protection should an unnatural and untimely demise occur before, during or shortly after I
466 testify should God grant me the strength to hold on that long.
467
468 The corruption is actually so hideous and horrific; I fully understand why the court would
469 want to dismiss my claim outright. I am filing as an effort TO SIMPLY BE ALLOWED
470 TO PROVE THESE ALLEGATIONS BEFORE I DIE! I am well aware the Court might
471 want audio visual footage of the crimes, but in such cases, such proof is rare indeed, an
472 investigation needs to be conducted that those who look into such crimes can readily
473 uncover the truth of my allegations.
474
475 FACT, I am so seriously ill it sometimes takes me months just to travel into town fifteen
476 minutes away (but I am determined and God-willing to prove these allegations or die
477 trying), for that reason even though the events transpired first in Spokane, WA, I need a

478 change in venue as the ongoing events continue in the state of Idaho and are most
479 prevalent now within this state and as the events are all linked and violate victims
480 constitutional rights and cross state lines that this be tried in my local jurisdiction, as a
481 federal (constitutional) matter AS SOON AS POSSIBLE! I have been desperately trying
482 to regain my health only to find it continuously waning, I am using the last of my strength
483 to do everything in my power to alert the public and defend innocent millions as well as
484 my closest loved ones the best way I know how. I may be uniquely qualified to take on
485 this task, and I can not meet my Maker (I am an ordained and licensed minister of the
486 Gospel of Jesus the Christ, called to the ministry over 18 years ago) without having given
487 my very best effort to try and make sure this doesn't happen to anyone else. I also
488 confess that I am an ex-convict and that is where my cursory knowledge of the law comes
489 from. I know that confessing this might make it all the easier to ignore my plea, treat it
490 as frivolous or fallacious, but my past history does not change the fact that I have hard
491 evidence and detailed eye witness testimony to prove these allegations. I also believe
492 that my life on closer scrutiny since my conviction will tend to make me more credible;
493 not less. I fully realize I am fighting a monumental situation but I have confidence that
494 the Savior of my soul, Jesus the Christ, is able to Aide, Save and Deliver me and for the
495 sake of others cause me to Triumph. I also trust Him to make certain that there are still
496 enough just and honest people left on earth and in the Judicial Branch of the United
497 States to reasonably allow me to present the evidence I've gathered; if not for my own
498 sake; for those who might suffer likewise or worse if something isn't done to stop it right
499 away. PLEASE HELP ME BY EXPEDITING MY REQUEST TO HAVE THE
500 EVIDENCE INVENTORIED BY MANY WITNESSES ON BOTH SIDES AND

501 COPIES RETAINED BY PUBLIC MEDIA SOURCES THAT CAN NOT RELEASE
502 THE INFORMATION UNLESS INTENTIONAL or UNINTENTIONAL
503 DESTRUCTION OF EVIDENCE OCCURS.
504
505 FACT, transceiver devices have been found on my real property, fly by military-looking
506 helicopters and men in camouflage photographed on my property similar to tactics used
507 by Special Forces of the US government or trained mercenaries.
508
509 FACT, technological cameras so advanced they must be controlled by the government
510 (some the size of a grain of ground black pepper) have been found in my dwelling and
511 are safely locked away as further evidence that the Patriotic Act is now well in use and is
512 spying on innocent American citizens in even their bedrooms and bathrooms (no privacy
513 anywhere even when you're intimate with your own spouse or utilizing the commode).
514
515 FACT, medical records have been deleted and altered and information including digital
516 images on x-rays purposely withheld from me that would further prove these allegations,
517 but that forensic science can verify.
518
519 FACT, my computer systems have been hacked; specific, condemning files deleted and
520 otherwise tampered with in an effort to destroy convicting evidence.
521
522 FACT, readily observable blood morphology has been mis-diagnosed by a medical lab
523 tech of more than twenty years experience and a nationally respected hematologist,

524 indicating gross incompetence, negligence or at worst willful intent. While the former
525 might be able to pass as incompetent or negligent, the latter either didn't look at my
526 blood (sample could have been switched by his assistant who drew the blood) or he
527 willfully mis-diagnosed and is participating in the conspiracy of my ongoing torture and
528 demise. My local doctor tainted the findings of the oncologist/hematologist by telling
529 him in advance (though to the best of my knowledge, Burgstahler, the corrupt local
530 practitioner, never looked at my blood) that no spherocytosis is present when anyone with
531 eyes to see can determine easily that it is.
532
533 FACT, unjustified billing by MCI corporation when they were not my authorized carrier
534 in the amount of $6,774.93 has occurred in an attempt to deplete my financial reserves,
535 ruin my credit, and sever my ability to communicate with others of this ongoing
536 malicious conspiracy because of out of control greed and corruption. Allied Interstate,
537 P.O. Box 361477 Columbus, OH 43236 has been threatening my credit and to collect on
538 this unjust, unfounded bill.
539
540 FACT, Northern Lights, a local utility company, changed it's policy to more than
541 doubling (because of rampant GREED) the expense to install power with the same effort
542 to exhaust my financial reserves and I suspect violates FTC law.
543
544 FACT, another utility (City of Bonners Ferry) suddenly took over water and sewer for
545 some vacant lots I own (how I'm staying solvent by selling) and without my agreement
546 started billing for said services and threatening to take my meter and hook-ups away;

547 destroy my credit, if I didn't pay their unilateral take over of my appurtenances that I
548 already owned; bought and paid for. I recently signed the paperwork under duress that
549 they wanted me to, because I simply don't possess the strength to take on that lesser
550 battle and this at the same time. My point is that a vast and ongoing series of events from
551 a wide variety of entities have occurred against me with the effort to discredit, bankrupt,
552 and utterly destroy me altogether and are ongoing against me that all have one thing in
553 common, direct connections with money interests and corrupt governing authorities from
554 the highest branches on down to the local level.
555
556 I REITERATE THAT I AM NOT PETITIONING THE COURT TO ONLY BELIEVE
557 MY SWORN AFFIDAVIT, BUT THAT I SIMPLY BE ALLOWED TO PROVE
558 THESE ALLEGATIONS!
559
560 I beg the Court's leniency and consider that I am only one citizen working against many
561 criminals, with virtually unlimited resources. Please allow me to prove in chronological
562 order the sequence of events; to-wit to allow me to prove I have been left undiagnosed,
563 misdiagnosed, which has brought about the other crimes. If I can not prove that I have
564 been left undiagnosed and then the homicide attempt in the hospital, then the cover-up by
565 the mis-diagnosis at NIBH, I most likely will not have then the credibility to prove the
566 other crimes or the ability to bring forth eyewitnesses. I still hope there are stings and the
567 perpetrators and entities herein are investigated and I hope that even should I fail or die
568 prior to proving these allegations that hospitals are examined across America and all
569 "accidental" deaths made public. I think the statistics will shock Americans into

570 demanding audio-visual monitoring of all visits to medical facilities by citizens. I would
571 hope citizens could have their own secure i.p. address to send and store the file by loved
572 ones present or remote as well as a large database monitored by various forms of public
573 media to keep those in public trust honest!
574
575 For the reasons set forth in the attached affidavit and in this cause of action, plaintiff
576 seeks the following remedies in detail from the defendants.
577
578 **DEFENDANTS**: Together with any Pharmaceutical companies found intentionally
579 adding harmful substances to their medications and/or manufacturing lethal substances
580 for human (victims) consumption, United States Government, U.S. Attorney Generals
581 Office, U.S. Department of Justice, 950 Pennsylvania Av NW, Washington, DC 20530-
582 0001
583
584 **COMPLAINT**: Participation via FDA and government/corporate ties to approve
585 potentially lethal and known harmful substances for human ingestion being
586 systematically forced upon unsuspecting public and willfully utilized to keep people sick
587 and dying or to murder by same poisonous substances in private and public hospitals and
588 government subsidized institutions. I personally witnessed this attempt to destroy my
589 mind and my life and saw it being done to others.
590
591 **REMEDY**: Together with all the other violations by the United States Government (in
592 collusion with corrupt corporations, utilities, pharmaceuticals, telecommunications,

593 medical industries) a Ten Trillion Dollar Victims Fund be set aside; One Trillion of
594 which to be designated for immediate not for profit Wilson's Hereditary Condition
595 Research and Treatment Organization, including an initial awareness campaign in the
596 media and in all public schools. The trillion dollar fund is also to implement an
597 immediate testing of any willing citizens at no cost to the deceived public. The
598 remaining nine trillion to compensate the victims of torture and death by this corrupt
599 greed of collusion between the FDA, other parts of our government, pharmaceutical
600 industry and criminals in the medical industry. This fund is to be obtained by the
601 liquidation of assets of the criminals and criminal entities exposed in this suit and not to
602 be obtained by tax payer burden. It MUST be made illegal to approve any
603 pharmaceuticals that have poisons (harmful side effects that are INTENTIONALLY
604 added (in order to cause some other ailment in the victim in order to get them to buy
605 more medications which make them more ill and so on) and not inherent in the beneficial
606 part of the medication) in them and especially any substance that carries a LETHAL
607 WARNING it's so toxic!
608
609 **COMPLAINT**: U.S. Government via FTC is allowing the corrupt practice of billing the
610 public "basic monthly fees" when no service is being provided or simply has the potential
611 of being provided when the victim has no way of stopping the billing or choosing a utility
612 provider that does not extort money unilaterally from them at the threat of destroying
613 personal credit if the owner elects not to pay when they never agreed to the service
614 provided or the fees assessed. (Government is violating anti-trust laws and allowing
615 monopolies to exist in utilities and telecommunications industries) They have utilized

this control of these industries to destroy my credit and harass and bill me excessively in order to get me to drop this complaint. (Events occurred following my attempt to notify existing authorities on a local, state, and federal level of the criminal activities being perpetrated against me). Additionally, a local CO-OP (Northern Lights) providing electricity, went from charging citizens to install power one year, to the next charging them the same fee and making them install the infrastructure as well, effectively doubling the cost in an over night decision and forcing individuals to pay to expand their network and holdings. The government is supposed to be watching these regulated industries and preventing excessive billing due to the monopolies now in existence.

REMEDY: NO MONOPOLIES ALLOWED IN UTILITIES, TELECOMMUNICATIONS OR ANY OTHER INDUSTRY; NO UNILATERAL MANDATORY MONTHLY FEES IF NO SERVICE IS PROVIDED OR USED BY A POTENTIAL CUSTOMER. NO CONNECTIONS (FINANCIALLY, BRIBES, SPECIAL INTEREST DONATIONS, GOVERNMENT AWARDED CONTRACTS FOR PERSONAL KICK BACKS), RAQUETEERING IS ILLEGAL WHETHER OR NOT IT IS DONE BY CITIZENS WITHIN THE GOVERNMENT OR NOT) BETWEEN GOVERNMENT OFFICIALS AND CORPORATE INTERESTS. Every violation brought forth by a citizen awards the citizen with no less than one percent of the gross revenue of the guilty person and/or entity for that year. (Thus, if one hundred citizens have a legitimate complaint, no gross receipts for the violator(s) that year).

638 **DEFENDANT**: U.S. Government Department of Health and Welfare, Office of Civil
639 Rights, and Human Services. 200 Independence Av S.W., Washington, DC 20201
640 **COMPLAINT**: Plaintiff contacted repeatedly the various offices that were supposed to
641 have jurisdictional authority regarding discrimination, civil rights violations, denial of
642 medical care, and was given the systematic bureaucratic run around of apathetic
643 individuals who collect regular pay checks and benefits that the majority of the public can
644 only dream of. Yet when we go to them for help all our tax paying dollars get is are
645 excuses as to why each and every individual that is supposed to have authority to do
646 something simply can't or won't. I have compiled letters signed by specific individuals.
647 Perhaps decent individuals are hampered by too many minor codes that cloud and
648 confuse their judgment as to what are the weightiest matters of law and life. Perhaps
649 these same individuals are over-worked due to all the others who don't. Regardless, if a
650 restaurant and hotel and any service open to the public can't discriminate, then it
651 shouldn't matter whether a medical practitioner is licensed or not to fall under the
652 jurisdiction of civil rights violations. If anything it's MORE serious not less when
653 someone is discriminated against in that manner (seeking necessary medical care).
654 **REMEDY SOUGHT**: People not doing their job, disrespecting the public, issuing letters
655 systematically of why they can't or won't help legitimate victims, should be fired and
656 potentially made to realize criminal and civil liability for the ongoing suffering their
657 apathy causes. They should be replaced by people that RECOGNIZE the general public
658 needs hard hitting advocates, not sit on your butts, collect cushy checks and count the
659 days to retirement, individuals who have forgotten what it's like to slave in the real world
660 for the mighty buck. By stating this I do not mean in any way to infer that all

661 government employees are somehow lazy, unfortunately for me and many of us, many
662 are paid and told to make it difficult to get assistance even when we need it. So it is not
663 them to whom I address this charge, but to the ones setting such policies in place. Public
664 should be allowed to file complaints with a review agency against anyone not seriously
665 looking into the cause of someone who sick and dying spends the energy to contact them
666 about SERIOUS VIOLATIONS THEY DO HAVE JURISDICTION OVER! Too many
667 complaints should cause consequences varying from loss in pay, demotion, job loss, to
668 criminal and civil liability.
669 **DEFENDANT**: U.S. Government various agencies like NSA, CIA (obtained by Motion
670 of Discovery for registered owners of the licensed vehicles and persons photographed).
671 **COMPLAINT**: U.S. Government, agents wrongful use of the Patriot Act to conspire
672 against innocent citizens (can even invade private homes and with devices spy on (watch
673 and/or listen to) their intimate unions with their spouses and then lustfully seek to
674 interfere in the marital relationship, remember spies are subject to temptations just like
675 any human being; we can not allow imperfect beings to spy on our private moments!)
676 who try to expose criminal activity being perpetrated by those sworn to serve and protect
677 us. Plaintiff requests a complete list of identities of those registered owners of the many
678 government vehicles photographed tailing, impeding or at locations where agents
679 swapped positions with the usual employees to perpetrate cover-ups and other crimes
680 against Plaintiff(s). Specifically, they did damage to a vehicle and had staff at Les
681 Schwab, participate in criminal activity by driving damaged vehicle, that I had to pay to
682 fix, off site, for the purpose of spying by going through personal artifacts (attempt key
683 traces) and by installing transceiver device(s). Specifically, intercepting many requests

684 for administrative review by the hospitals involved, colluding with medical practitioners
685 to leave me undiagnosed, obtain and alter or delete medical records, in all ways various
686 agents have invaded places of day to day contact like hospitals, Home Depot, Walmart,
687 Title Companies and other locations to spy; gather information and persuade to drop
688 telling others about what has happened to me. They even invaded local churches to
689 slander me when I tried to tell others. Furthermore, because I was aware of their spying
690 in restaurants, Home Depot, Walmart and the like and their ability to systematically
691 freeze bank accounts, I purposely started using cash, so they couldn't readily see my
692 account numbers. Then I found out they actually stole a legitimate donation to my local
693 church by telling the unsuspecting pastor that the money was counterfeit. If there is in
694 fact counterfeit money being circulated in Sandpoint, I suspect it is by corrupt banking
695 officials. I pointed out what I thought was discrepancies in certain notes to the issuing
696 bank and they commented that they weren't aware of the changes I showed them, but that
697 in their opinion the notes were genuine. Regardless, agents have been going around to
698 unsuspecting victims and claiming counterfeit money just so they can pocket legitimate
699 notes. Any retailer or person so accosted should take a photograph of the person and
700 their I.D. and call in local authorities as well as the U.S. Treasury department to verify.
701 Corruption is rampant these days, the public needs to be aware that not all criminals
702 appear as such and from my experience, some of the worst are those we would generally
703 like to think less likely to be so. My point is that these agents have been working hard to
704 go to restaurants to lift finger prints and lip prints, and have fenced in refuse depots to
705 gather more information by going through trash and obtain circumstantial evidence in an
706 attempt to frame me with discrediting acts (like the usual false accusation of dealing

707 drugs; so they can freeze assets and steal real and personal property, and it appears to me
708 that they're attempting to falsely accuse me of being a counterfeit producer) if I should
709 actually live long enough to present my case. From a confidential source, I have heard
710 that they even will obtain a job as a cook or server in a restaurant the unsuspecting victim
711 frequents in order to poison their food and/or beverage. I have become seriously ill (over
712 and above my present state of declined health) now upon several occasions after eating
713 out. Government vehicles have been seen grouped together at these restaurants and
714 photographed upon several occasions. If my relatives (wife and/or brother) or I die in the
715 near future, a full toxicology should be done and the evidence used to convict the
716 defendants involved. It should be noted that the invasion of vast numbers of these
717 government vehicles following me, impeding me, and changing personnel where I
718 regularly conduct my shopping, eating and medical care occurred immediately after I
719 notified the Wilson's Disease International Organization of my address. If divorce has
720 occurred and it's found that corrupt authorities actually pressured my wife in an attempt
721 to silence me, in the future, and as a result of these actions and properties divided already,
722 I seek full restoration of my marriage (if she is still willing after all this unbelievable
723 stress, and we're both still alive after enduring all this) and all assets lost be returned to
724 my or our possession (depending on her willingness) as a result of these malicious acts to
725 discredit and destroy. (In an effort to silence witnesses by distraction, emotional anguish
726 or stress related death). I hope I'll live long enough to see justice done and righteousness
727 restored in the places of public service as it ought to be. My struggle, as a minister is to
728 recognize that to corrupt officials it may just be about their jobs and the money; that
729 destroying lives, in their thinking, carries no consequences in this life or the next and to

730 try and keep my integrity and sanity regardless of the overwhelming filth and corruption
731 I've unwillingly found myself in. So at my personal humiliation (in that I have not the
732 strength (due to my undiagnosed serious ailment(s)); even if I wanted to try and clean this
733 all up myself and unfortunately even if I did; it is unacceptable in this society (in other
734 words if a citizen defends himself and/or family against corrupt agents and/or police and
735 other criminals in society such as these murdering "doctors", we are killed or put in
736 prison even if such have become extreme criminals and if we try and tell other officials
737 we're slandered and liabled as "snitches" or "rats"; thus in the natural realm when
738 officials become criminals, citizens are in a virtual no win situation. That is why my
739 confidence is in the supernatural - ALMIGHTY GOD!!!) and having exhausted every
740 means I know how, I stand in faith that whether I live to see my day in court or not, that
741 GOD and CHRIST JESUS my LORD, will begin rectifying situations such as this all
742 over the globe and comfort the innocent victims with the knowledge that one day evil
743 such as this will be no more and we will live in peace and joy.
744
745 **DEFENDANT**: Idaho State Government, Office of Attorney General, Statehouse, Boise,
746 ID 83720-1000
747 **COMPLAINT**: Plaintiff notified the governor's office, the state attorney general's
748 office, the senators and representatives of the state; no response by phone, fax, email or
749 U.S. mail was obtained; not even a cursory investigation to the best of the Plaintiff's
750 knowledge. Innocent citizens are being murdered in state hospitals and tortured in mental
751 wards and no matter how hard I've tried, I can't seem to get anyone to realize the
752 incredible seriousness of the situation!

753 **REMEDY SOUGHT**: Personally, I think when authorities through negligence or
754 otherwise contribute to the suffering and deaths of the citizens they've sworn to protect
755 there should be criminal and civil consequences by the offending persons. What I'd
756 really like to see is an immediate review and personal publicized interviews with all
757 citizens being held in hospitals, mental wards, government subsidized institutions to
758 determine how many have been slain, brutalized, and otherwise had their civil and
759 constitutional rights violated by these incredibly evil practices being perpetrated on
760 unsuspecting innocents.
761
762 **DEFENDANT**: Washington State Government, Office of Attorney General, P.O. Box
763 40100, 1125 Washington St. SE Olympia, WA 98504-0100
764 **COMPLAINT**: I notified the state attorney's general office, no phone calls, no arrests,
765 that MURDERERS are free to kill at will at Deaconess Medical Center, and to this day
766 these individuals as far as I know have not been investigated or had any under cover
767 stings done to verify my allegations. Personally, I think this is occurring across the
768 nation from a witness I talked with and under cover stings should immediately go in
769 place in every hospital across the United States as well as thorough investigations into all
770 "accidental" deaths or premature (before national average) and find the location of the
771 bodies of the deceased (especially those that did not have connections of friends and
772 relatives). In addition, I contacted certain representatives and the governor's office as
773 well. The events that occurred were too well rehearsed to be an isolated incident, and the
774 people involved believe too well backed (by corrupt officials practicing "population
775 management").

776 **REMEDY SOUGHT**: An immediate review of all deaths occurring in hospitals,
777 objective coroners verify causes of death and near death experiences, and made into
778 public documentaries. All "accidental" deaths, the "accidental" death records of
779 attending anesthesiologists, and the ages of the victims to be fully publicized and made
780 available to the public and to anyone who asks attempting to obtain treatment at a
781 hospital. Any record that defies the laws of probability, have perpetrators
782 inconspicuously monitored at all times and the most aggravated sentences possible given
783 to the convicted who think it's okay to torture and murder people when they are at their
784 most vulnerable (sedated and/or unconscious). In addition, the hospital internationally
785 exposed that has allowed such murderous practices to occur within it's corridors meant to
786 restore health; not take life! Repeated violations, should bring severe criminal and civil
787 liabilities upon all those administrators who don't see that every death is thoroughly
788 investigated and any corruption dealt with sternly and swiftly. Any state officials who
789 don't take every complaint such as this seriously, should suffer criminal and civil
790 consequences; because, at best, they are negligent in allowing such evil to continue or at
791 worst corrupt participants.
792
793 **DEFENDANT**: State Medical Review Boards, Federation of State Medical Boards of the
794 United States, Inc. P.O. Box 619850, Dallas, TX 75261-9850
795 **COMPLAINT**: Plaintiff notified by fax **all** State Medical Review Boards, a couple
796 responded to the effect that they could or would do nothing out of their lack of concern or
797 jurisdictional ability to deal with. I notified them such that they could investigate in
798 hospitals across their state (where they do have jurisdiction) and determine if similar

799 practices were occurring and clean up the corruption, the criminals, the murderers. Who
800 knows, maybe one of their friends or relatives might be the next victim.
801 **REMEDY SOUGHT**: Medical Boards should be much more involved in making sure
802 those they license are ethically treating their patients, and I believe should be mandating
803 off site server surveillance of licensed practitioners. Such surveillance recordings should
804 be available for live viewing of friends and relatives of anyone undergoing surgery or
805 obtaining treatment of any kind at the hospital or by the licensed practitioner.
806 Furthermore, all patients should be allowed to have at least one trusted person with them
807 with access to an emergency 911 phone AT ALL TIMES; especially during sedation. It
808 is one thing to have legitimate accidents, it's quite another to intentionally murder
809 helpless victims.
810
811 **DEFENDANT:** Deaconess Medical Center, 800 W. Fifth Av., Spokane, WA 99204 and
812 owned Johnson-Roundtree Collection Agency, 711 E. 3rd Av, P.O. Box 264, Spokane,
813 WA 99210-0264
814 **COMPLAINT:** Deaconess has and to Plaintiff's knowledge still employs murderers,
815 people who falsify and delete medical records and do not uphold acceptable standards of
816 medical practice, lie to patients/victims and on top of it all has the audacity to bill for
817 attempted homicide.
818 **REMEDY SOUGHT:** Immediate arrest of all involved in my attempted homicide and if
819 they were unrepentant of their serious crimes, death by incompatible blood transfusion,
820 strapped down on a gurney with an intubation tube forced down their throat. The
821 procedure should be filmed and shown to all practitioners and the public; that if they do

822 that to anyone else, then they will have it done to them. But it is my wish that they make
823 sure they don't die right away. Keep them alive, but give no medical care, no treatment,
824 instead give them mockery, ridicule, have physicians tell them that nothing is wrong with
825 them as their immune system attacks their own cells due to the confusion of so much
826 incompatible administered blood (graft versus host immune response giving lupus like
827 symptoms). Document their slow, tortuous deaths. Alright, in a purely just world, these
828 would reap what they've sown. Truth is we are instructed to be merciful, but these can
829 not be allowed to do this to anyone else, cruel and unusual is a drastic understatement to
830 what's been done to me. Now I know others suffer and have suffered and I'm not stating
831 that mine is worse; just something that should not be occurring in a "civilized" society.
832 Those involved should have their assets liquidated and placed into the victims fund,
833 because they kill, then steal possessions and property in order to have gathered those
834 assets. Any hospital administrators not investigating deaths, but aware these "accidental"
835 deaths are occurring should share in the fate of those performing these hideous atrocities.
836 Any nurses, assistants, etc. everyone, who is administering lethal doses, or improper
837 transfusions, or shots, I.V.'s etc. to murder innocent victims needs to be arrested and
838 confined as the murderous criminals that they are. I am so angry with those who
839 perpetrated this on me, I would request that if this makes it to trial and they get on the
840 stand, that I be allowed to question them from another location via remote media such as
841 cameras and television in the court room. Even in my weakened state, I do not altogether
842 trust myself to maintain control when I've been in tortuous pain for years now, lost my
843 career, my marriage, my reputation, my health and may yet die on account of their
844 actions. Part of the reason, I have not gone and picketed the hospital is my severe illness,

845 part I am concerned they may haul me in to some room and make good on their first
846 attempts, part that I may be further wrongly persecuted for attempting to make a citizens
847 arrest of the murderers involved and that would only put me in prison and really wouldn't
848 help much of anyone at all. I'm just trying to be honest; and ask that I not be placed in
849 such a position of testing my self control under the circumstances. Once this is proven,
850 that an immediate investigation be done at the expense of all who are convicted (and
851 ongoing convictions fund further investigations) on deaths in hospitals and institutions
852 across America, and the records of various attending anesthesiologists made public, such
853 that people can choose who from or where they wish to receive treatment. There also
854 should be review of all death certificates and the unmarked graves of those that have died
855 in state mental institutions have the corpses examined against what was the documented
856 cause of death, officer reports of death scenes, and coroner reports by a new not for profit
857 entity comprised of the public and make the findings public as to the accuracy/inaccuracy
858 (all of the cover-ups of serious criminal activity in America).
859 Plaintiff petitions the court to subpoena employment records that were present in the days
860 prior to surgery when I requested in writing no blood transfusion be given me; only if I
861 was in imminent danger of dying from blood loss and had to be O+ only regardless or
862 none at all! (They were concerned that I wrote that on the form well in advance of the
863 surgery, showing premeditation in advance to murder me by one). In addition, the staff
864 records of all who participated in my tests and surgery at Deaconess. I know Dr. Frank
865 Joy, Dr. Michael Cruz, Dr. Timothy Chestnut are all involved to a greater or lesser
866 extent, but I want to know all the assistants that were present and especially the two who
867 tried to murder me a second time. Any funds paid by me regarding related charges be

868 returned to me in full. (I paid in strongest protest only trying to keep further injury to my
869 person by damaging my credit). Any compensatory and/or punitive damages the Court
870 awards. Plaintiff requests a subpoena of the documentation (the signed transfusion
871 permission/denial form) presented by the hospital to my insurance company, Mega Life
872 and Health, P.O. Box 982009, North Richland Hills, TX 76182 1-800-527-5504 be issued
873 and the presumed matching document from Deaconess be examined forensically against
874 it.
875
876 **DEFENDANT:** Kootenai Medical Center, North Idaho Behavioral Health, 2003 Lincoln
877 Way, Coeur d'Alene, ID 83815
878 **COMPLAINT:** The Medical Center is employing murderers, and individuals that are
879 inflicting cruel and unusual treatment (torture) on innocent citizens. I personally
880 witnessed administration of medications so toxic that they caused individuals to lose
881 cognitive abilities and others were near death due to the poisoning. I met individuals who
882 testified one after another, that if you didn't take your prescriptions of brain damaging,
883 organ damaging and life threatening substances, the "doctors" would have you committed
884 and sent to an isolated state hospital where many failed to make it out alive. They
885 testified of abuse, sexual abuse, inhumane torture of being deprived of clothing, food and
886 water and sanitation (made to defecate and urinate in a locked room) if you did not
887 "cooperate" and take the substances. They testified of aggravated assault on their persons
888 and physically forced to take these poisons whether they wanted them or not. They
889 testified that checks would be missing once released and thefts from their accounts. They
890 testified of collusion between attorneys, medical practitioners and their spouses to deplete

891 inheritances or other personal and real property with no one to represent the victims as
892 the conspirators got wealthy from their suffering and deaths. They testified one after
893 another that medical malpractice was a common thread that put many of these people in
894 these institutions in order to discredit them, rob them and either brainwash or murder
895 them into silencing their legitimate complaints. Here I had thought to obtain help from
896 the authorities and doctors, only to find that the love of money is causing a death machine
897 of the kind the worst nightmares are made of. I sadly watched as these victims in order to
898 save their lives lied to doctors (about the truth they knew as to why they were being
899 victimized) or if they didn't lie, they had their medications increased so dramatically that
900 they began to drool and stare blankly so the brainwashing could take hold. I was on my
901 way to a kangaroo court (judges, according to the victims, in the know about this,
902 routinely send them away for their cut in the profits or silence money). I apologize to the
903 people of integrity and mean no insult wantonly on any profession, but within every
904 profession there is only as much integrity as the persons within it and to think that in this
905 materialistic society people are bribable or can be threatened is naïve. What chance does
906 an assaulted, victimized, drugged into a stupor, poor individual have against criminal
907 conspiracy and people so arrogant that anyone with even remotely a different world view
908 must be destroyed. I have yet to find one secular psychologist that didn't think anyone
909 who believes in God is intellectually inferior at best or mentally ill at worse but these are
910 the individuals primarily making such determinations of torture and death in the form of
911 "treatment" for those who disagree with their flippant, dangerous diagnoses! And then
912 the poor soul is dragged into an even more stressful setting that if they weren't so
913 severely assaulted by these slanders and libels and drugs (and other crimes mentioned)

914 they might actually be able to defend themselves even though attacked by a whole group
915 of individuals that feel their own world view is so correct that anyone who believes
916 different is a personal threat to their own egos and so strive to convince the judge. The
917 judge looks at the poor individual drooling on themselves on account of the prescribed
918 poisons and naturally gives more credibility to these individuals with letters after their
919 names. I would wager not one of these judges really realize the torture and possible
920 death sentences they issue as they follow these smooth talking quacks. I also would
921 wager they have never once set foot in the institutions they sentence so many to, in order
922 to actually perceive the consequences of their decisions for individuals so traumatized
923 and victimized it's a virtual impossibility to defend themselves even though they are fully
924 aware they're being tortured to death! I experienced personally, that these practices are
925 in place as potentially lethal substances were prescribed me, as doctor(s) that know I have
926 Wilson's deny it and diagnose an unrelated mental condition (or if they don't know their
927 incredible incompetence is LIFE THREATENING), in an effort to silence me from
928 telling others or keep me locked up; so as not to expose these unbelievably horrible
929 illegal activities. I saw first hand that they were giving lethal doses (doses causing such
930 severe organ damage, it was physically observable to the eye) as one studied the victims
931 that were obviously being dragged to a premature death thereby. These people have no
932 voice, no representative and the cruel and unusual treatment is horrific and must stop
933 immediately.
934 As soon as I realized that there was no Wilson's Expert there to correctly diagnose me
935 and that I had been deceived into signing admission and responsibility papers thereby, I
936 requested immediate release from the hospital. Dr. David Wait then called my wife and

937 told her the only way he could keep me there legally is if she told him that she felt
938 threatened by me or was afraid of me (that should not be sufficient to violate the fifth
939 amendment of the US Constitution; as a lot of people are "afraid" or "fearful" of others
940 but we do not deprive those they're afraid of, of freedom; only when there is real cause
941 and proof of crime)! Because no doctor to that date (and this) had either been honest
942 enough or competent enough to correctly diagnose me, she thought something might be
943 wrong with me mentally and so I heard her reluctantly consent to the prompting of Dr.
944 Wait. He then smiling came out immediately to announce smugly that he was placing me
945 on administrative hold and that I was not free to leave. He then gave me choices of
946 prescriptions that all (except one, lithium, and then he shortly thereafter removed that
947 non-lethal choice) carried lethal warnings and specific instructions not to be given to
948 anyone with liver complications when it was obvious I had such. I refused them all
949 outright and then he was threatening me with commitment to a state institution. It was
950 then that the other victims started to warn me not to let them commit me or I may not live
951 through it, as others that they had known personally.
952 **REMEDY SOUGHT:** Immediate investigation of all mental institutions. No
953 prescriptions given to anyone that prescribing physicians won't take themselves. No
954 prescriptions forced upon anyone against their will. Any institutions where there is found
955 a history of early demise (before the statistical national average) of the patients, all
956 responsible persons arrested for as many counts of aggravated assault and homicide as
957 the investigations uncover. Immediate prohibition of any practices of surgery, electro-
958 shock therapy, drugs, brain-washing or any other torture/treatment against the consent of
959 the patient. Immediate prohibition against slander and libel (diagnosing with a mental

960 condition) of people with different religious beliefs than the diagnosing physician or
961 simply because the physician invalidates or disagrees with the patients' religious beliefs
962 (even if they claim to be in the same faith, for example there are many "Christians" today
963 that don't believe in the power of GOD and abilities of GOD (that just as we, HE sees,
964 hears, and still speaks; all those stating otherwise are saying they, a created being, are
965 greater than the Creator; but for anyone telling a secular psychologist or psychiatrist that
966 God speaks, sends dreams, visions is automatically diagnosed as delusional or
967 hallucinogenic thus IMMEDIATELY VIOLATING THE FIRST AMENDMENT OF
968 THE UNITED STATES CONSTITUTION!) So even a psychologist or psychiatrist
969 professing to be a Christian might not be but still call themselves such simply because
970 they were born into the tradition or occasionally go to church or if their in a crowd and it
971 seems to be the band wagon thing to do). Regardless, it has been my recent experience
972 that the practice is already in place of libeling, slandering and prescribing life threatening
973 treatments simply because a person disagrees with the worldview or philosophy of these
974 so called physicians. Immediate prohibition of any and all prescriptions that the
975 prescribing physician wouldn't take themselves in the same dosage they're trying to force
976 someone else to take must be implemented. People and physicians in their arrogance
977 may think they know what is best for their patients or others, but everyone has the right to
978 choose for themselves what they consider is in their best interest or our Creator wouldn't
979 have given us the ability to make decisions at all. (Secular humanist psychologists don't
980 believe in the existence of GOD, and have a tendency to diagnose with a mental
981 condition anyone who does; especially if they express the reality of a relationship with
982 the Almighty). It is a GRAVE violation that deprives people of what they choose to put

983 into their bodies and is in my opinion as severe a crime of violating a person as assault or
984 perhaps approaches even rape as physically and psychologically life threatening; if
985 doctors are so enthused and FDA so approves let's see them ingest the poisons FIRST!
986 Begin scrutinizing the health care industry immediately to make certain no more sadistic,
987 (no more cruel and unusual death practices for profit or sick pleasure, or to cover up of
988 "mistakes") people are allowed to torture and put to death any more innocent people
989 either through negligence or intent. Perhaps health care professionals that are in
990 particularly difficult professions, such as dealing with people in great pain, who yell and
991 scream at them as a result of their personal suffering need to have schedules that give
992 them regular lengthy breaks from enduring the results of people being in such pain; so
993 that they are not adversely affected (like slowly thinking that by killing these people they
994 are doing the victims, themselves and society a favor). I believe that it is possible that
995 relatively decent individuals if exposed to a constant bombardment of people who in
996 great pain might be rude, loud or short tempered might become adversely affected
997 enough to do things that when they first started their profession they would never have
998 imagined. It may be necessary to give them regular breaks like one week on one week
999 off and a month or two spa vacation annually for those exposed to especially difficult
1000 situations in their jobs like being around great emotional or physical pain and death on a
1001 regular basis (this might include professions like homicide investigators or even law
1002 enforcement or corrections officers in particularly violent and verbally abusive
1003 situations). It is necessary in my opinion that surveillance of the health care and law
1004 enforcement professions by public not for profit agencies begin immediately every where
1005 to make certain hideous torture, cruel and unusual treatment, and sadistic or otherwise

1006 homicides in our nation; through individuals in these professions, comes to a halt. Every
1007 person that checks into any hospital whether public or private, is bodily accounted for
1008 and the body can physically be located (doesn't disappear and has no evidence of murder
1009 or abuse in any way). Interviews, need to begin in all "mental health" institutions of all
1010 patients/victims and they need to have their personal complaints seriously investigated no
1011 matter how insane or horrible their accusations may sound. I also seek punitive damages
1012 at the personal expense of the perpetrators like Dr. Wait to compensate me for my illegal
1013 incarceration at the average going rate for illegal incarceration in the United States
1014 currently. Any other punitive damages the Court may decide to issue as a result of
1015 adding to the stress/destruction of my marriage and covering up by attempting to poison
1016 me to death (through FDA approved lethal medications) the crimes he has committed and
1017 those who are murdering and attempting to murder others in hospitals in the region.
1018 The attempt to collect close to $16,000 for my illegal confinement, discrediting mis-
1019 diagnosis and ongoing conspiracy to commit homicide through lack of diagnosis or
1020 harmful prescriptions must cease. The debt must be erased and my credit restored. I seek
1021 injunctive relief from all collections attempts in this regard with a strict order not to
1022 damage my credit until this matter has been resolved. I further seek injunctive restraint
1023 from anyone who might try to illegally retaliate and either imprison or place me in any
1024 institution such as this or any jail until this matter has been resolved. I have committed
1025 no crimes but these criminals have made it obviously clear they don't care about the law,
1026 only preserving money through the growing death machine just like was in place in Nazi
1027 Germany prior to open persecution. Any funds paid by me regarding this be returned to
1028 me in full.

1029

1030 **DEFENDANT:** Bonner County General Hospital, 520 N. 3rd Av, Sandpoint, ID 83864

1031 **COMPLAINT:** Lab tech, Anita, could not or would not diagnose easily observable
1032 cellular morphology indicative of Wilson's. In fact, it could be so prevalent up here in
1033 the northwest that technicians think the morphology to be normal, but it is still
1034 inexcusable to leave patients undiagnosed either in ignorance or with intent. Radiologists
1035 have omitted images and left obvious indicators of "Wilson's Disease" in my images
1036 undiagnosed and without remark. Radiologists, who I had never seen before asked me if
1037 I was still urinating BEFORE any x-rays were taken. No review was afforded me though
1038 petitioned. No administrative review given though requested. "Staff", if that's what they
1039 can be called, were systematically changed from the real employees of Bonner General,
1040 in order to continue to cover up. I believe federal agents, impersonate medical
1041 practitioners when in such cases as mine, someone stumbles into such a scam being
1042 perpetrated on the unsuspecting populace at large by corrupt politicians, corporations,
1043 and other entities of public trust such as the health care, some law enforcement and
1044 insurance industries.

1045 **REMEDY SOUGHT:** I believe the lab tech did it in ignorance; she should be trained on
1046 how to recognize the condition and tested that she no longer ignores obvious
1047 spherocytosis and Rouleaux formation in anyone who submits a sample for any reason at
1048 Bonner County General. The radiologists however, omitted with intent and gave a
1049 precursory knowledge of my state of health prior to any images and are thereby guilty of
1050 conspiracy to commit murder through lack of diagnosis willfully leaving me in tortuous
1051 pain and untreated. I seek immediate injunctive relief against collections or damaging

1052 credit. The missing images from the CT/MRI scans be produced. Correct diagnosis
1053 obtained. Any funds paid by me regarding these procedures be returned. No hospitals or
1054 any places of business allow agents to flash badges and impersonate personnel for any
1055 reason! Agents for the government are just that, not trained personnel in all fields and the
1056 general public should be able to obtain treatment from legitimate professionals; not
1057 impersonators. Furthermore, agents are already a tax payer burden and shouldn't be
1058 taking jobs from the tax payers on top of the pay they already draw by temporarily or
1059 more permanently gaining employment in the fair market place strictly as a cover for
1060 their true profession or to spy upon unsuspecting innocent citizens.
1061 Training and retraining of medical lab techs in this nation (and hopefully across the
1062 globe) on how to recognize the morphology and lab result indicators of the hereditary
1063 condition being falsely labeled "Wilson's Disease". As all defendants, personal
1064 contribution of those found guilty through negligence or intent to the victims fund and
1065 such then dispersed at the discretion of the court. (The award should not come at
1066 consequence to increased medical fees or tax payer dollars but from the liquidation of
1067 personal assets held by the guilty!).
1068 Proposal: the defendant could remedy by accurately diagnosing the lab results, cellular
1069 morphology, MRI and CT scan imagery, within no more than thirty days after receipt of
1070 this complaint. Never again allow agents to impersonate any employees. Actually, I am
1071 extremely distrustful of all hospitals because of all that's happened to me recently; so I
1072 don't know how they could get another blood sample to analyze if they don't already
1073 have a previous one. But they could get a Wilson's expert to review and accurately
1074 diagnose the lab reports and images on file of my internal organs and brain. I would give

1075 the blood sample(s) myself from a sterilized sealed needle randomly drawn from the
1076 manufacturers sealed box and a vacuum tube provided me, but I no longer trust anyone
1077 else to do it and DEFINITELY no injections, medications or I.V.s without my first
1078 thorough research of what is being proffered to me.
1079
1080 **DEFENDANT:** Brian Koch of the Sandpoint Police Department, 1123 Lake St.
1081 Sandpoint, ID 83864
1082 **COMPLAINT:** Officer Koch threatened me with false charges if I continued to seek
1083 treatment from the only hydro-therapist in town. (Only reason I know I needed the
1084 treatment is by reading, analyzing my stool, and by recommendation after having
1085 cleansed my liver and gall bladder from gall stones. I've never had the treatment done,
1086 there is no perverse agenda; just necessary medical care that I'm being arbitrarily (I
1087 suspect has to do with gender) denied to my own prolonged pain and suffering and poor
1088 health as toxins that could be removed are still in my system as a result. He has thereby
1089 violated laws regarding discrimination, and by denial of medical care can be charged with
1090 aggravated assault and homicide; should I pass away from my untreated ailments for his
1091 part in the conspiracy to leave me undiagnosed, untreated and dying.
1092 **REMEDY SOUGHT:** Objective, fair treatment and protection under the law for **all**
1093 citizens. That I no longer be prohibited from obtaining necessary medical care because
1094 of some individual that chooses to think perversely rather than objectively. I begged for
1095 an appointment and even offered extra wages because I know the serious condition of my
1096 state of health to no avail. In a state of extremely poor health why should someone have
1097 to travel prolonged distances to someone they don't know or trust, when a recommended

1098 practitioner is nearby? The law should have informed her that as long as she treats the
1099 public it is illegal to discriminate. Arrests made, permanently banned from law
1100 enforcement across the nation and personal contribution from the assets of all convicted
1101 in this conspiracy either by negligence or intent to the victims fund at the discretion of the
1102 court. I further request injunctive relief; a restraining order be issued from any additional
1103 police retaliation (and any affiliates or other law enforcement departments) until this goes
1104 to trial and that my wife and brother be protected also from retaliation because it's
1105 difficult to know who can be trusted under these circumstances.
1106
1107 **DEFENDANT:** Dr. Michael Cruz, 217 W Cataldo Av, Spokane, WA 99210
1108 **COMPLAINT:** Dr. Cruz queried me as to my personal estate and status of will
1109 preparation prior to surgery. He also coerced permission for blood transfusion when I
1110 didn't want any blood products to be given me. He is guilty of participation in
1111 premeditated homicide. (The technicality of attempted is somewhat ambiguous since I
1112 was clinically dead twice, even though the record only shows once). However, as long as
1113 I'm still breathing it might only be considered attempted, but should I die from the
1114 untreated hereditary condition I have that the charge should be upgraded to first degree
1115 homicide. (In my opinion, of one of the worst kinds because it involves slow and tortuous
1116 prolonged suffering due to the method),
1117 **REMEDY SOUGHT:** Arrest, imprisonment or death penalty if he fails to repent and
1118 obtain salvation through the Living Lord Jesus the Christ. Return of the fee for service to
1119 me. Liquidation of all personal assets belonging to Cruz or entities owned by him; to be
1120 deposited in the victims fund, because his approach was practiced and I'm obviously not

1121 the first victim. Undercover investigations need to be conducted nationally and hopefully
1122 across the globe to make sure this isn't going on elsewhere. Any defendants transferring
1123 their assets to others as of the filing date of this complaint to be nullified and made part of
1124 the victims fund. (No sheltering assets by any of the defendants, through a fore
1125 knowledge of guilt to avoid the consequences).
1126
1127 **DEFENDANT:** Dr. Timothy Chestnut, 801 W 5th Ste 504, Spokane, WA 99210
1128 **COMPLAINT:** If anyone knew that I had suffered from an acute adverse hemolytic
1129 response, this pulmonologist, who boasted of time in the Mayo Clinic, did. He chose
1130 rather to hide the truth from my wife and I and claimed some kind of "rare" response. He
1131 is an accomplice, because he knows what was done to me and made no attempt to alert
1132 authorities or tell me the truth that I might obtain accurate diagnosis and necessary proper
1133 medical care.
1134 **REMEDY SOUGHT:** Arrest and sentencing as an accomplice. Liquidation of personal
1135 assets to be placed in the victims fund.
1136
1137 **DEFENDANT:** Dr. Frank Joy, 1415 N Houk Rd Ste A, Spokane, WA 99210
1138 **COMPLAINT:** Dr. Joy on day of surgery, via carefully worded questioning, confirmed
1139 status of my estate and will preparation and with premeditation gave the order to
1140 administer the three units of incompatible blood transfusion with intent to kill me. This
1141 was successfully done and suffocation and cardiac arrest resulted twice. He is guilty of
1142 premeditated homicide. It is only by a miracle from God Almighty that I'm alive to tell
1143 of it. He was well practiced, cold, apathetic.

1144 **REMEDY SOUGHT:** Arrest and death penalty (if I had my way would be by
1145 incompatible blood transfusion with an intubation tube jammed down his throat and then
1146 filmed so people would know if they did the same, they would die likewise). This
1147 individual was the most practiced and I believe has the largest quantity of homicides
1148 under his belt and is why I request the strictest penalty, if he fails to repent. I request
1149 liquidation of personal assets and contribution made to the victims fund. In addition, the
1150 two assistants that mocked and snickered at me as they suffocated me to death need to
1151 likewise receive the same consequences. An immediate investigation needs to be done in
1152 all hospitals on any premature deaths regardless of what medical practitioners claimed in
1153 the death certificate report.
1154
1155 **DEFENDANT:** Dr. William Corell, 3424 S Grand Av, Spokane, WA 99210
1156 **COMPLAINT:** Guilty of negligent medical practice when I showed him outright that I
1157 possessed the signs and symptoms of "Wilson's Disease" and the lab results confirmed
1158 and yet he was still unable or unwilling to make proper diagnosis. His participation
1159 through negligence or intent has resulted in unbelievable pain and suffering and my
1160 marriage in jeopardy as my wife was/is unwilling to believe so much incompetence or
1161 intent to cover up could continuously result in improper diagnosis. Furthermore, Dr.
1162 Correll forwarded confidential correspondence between myself and him to Lincoln Life
1163 Insurance Co.; resulting in denial of the issuance of the policy.
1164 **REMEDY SOUGHT:** Mandatory participation in annual meetings and colleges that
1165 train practitioners on how to recognize the hereditary condition being called "Wilson's
1166 Disease". Training on how to help people locally with the condition and doors open to

1167 all who have the condition whether or not they can afford the appointment.

1168 Reimbursement at his personal expense of the $1.25 million dollar policy he cost me as a

1169 result of the violation of doctor/patient confidentiality. Said amount to be designated to a

1170 Wilson's awareness foundation research and treatment center of which at least 1 million

1171 of which goes toward immediate media awareness for the public of this condition, unless

1172 I so designate by will at a latter date.

1173

1174 **DEFENDANT:** Lincoln National Life Insurance Co., 350 Church St., Hartford, CT

1175 06103-1106

1176 **COMPLAINT:** Failed to issue policy by relying on confidential information illegally

1177 provided by Dr. William Corell.

1178 **REMEDY SOUGHT:** Issuance of policy (if plaintiff prevails and

1179 murderers/conspirators arrested; so as not to be in even greater danger from the

1180 unbelievable greed of these individuals) from the date of denial with my responsibility to

1181 bring premium payments current. Beneficiary to be a not for profit organization, initially

1182 of not more than eight modestly compensated individuals (of which; if I'm alive, am to

1183 have the over sight of and right to choose my successor(s)) and rest volunteers (so that at

1184 least 90% of the money goes toward the awareness campaign directly such as purchasing

1185 full page ads in newspapers with color images of eyes showing what Kayser-Fleischer

1186 rings look like) comprised of only those who have the testimony of Jesus the Christ as

1187 their personal Lord and Savior with the initial responsibility of making the global public

1188 aware of the condition being called "Wilson's Disease" and in accurately testing those

1189 who come forward as a result.

1190

1191 **DEFENDANT:** Dr. Scott Burgstahler

1192 **COMPLAINT:** Medical Negligence, Malpractice, Libel, Slander, willful mis-diagnosis
1193 possibly to blackmail the perpetrators from Deaconess, intentional skewing to prejudice
1194 medical findings, lying about a serious request for a review by an expert of obvious
1195 omissions of findings on MRI and CT scan imagery and mockery (cruel and unusual
1196 treatment) of a patient in serious condition.

1197 **REMEDY SOUGHT:** Retraining on how to correctly recognize and identify the
1198 physical and medical signs of a person with the hereditary condition of "Wilson's
1199 Disease". Automatic referral without fee to anyone who can't afford (has no medical
1200 insurance), in this area for laboratory testing to verify if the local populace has the
1201 condition or not. Retraining on the best inexpensive care these persons can do for
1202 themselves that find out they have the condition. Arrest for his part in the aggravated
1203 assault and possible homicide conspiracy if this person did intentionally participate in
1204 leaving me undiagnosed and dying and was not just doing so in ignorance.

1205

1206 **DEFENDANT:** Regina Danielsson, 510 N 4th Av, Sandpoint, ID 83864

1207 **COMPLAINT:** Over a period of months, I sought an appointment with Ms. Danielsson
1208 as the only recommended, and to my knowledge, the only competent person providing
1209 colon hydro therapy to the public in my town. Due to the extreme toxicity, and pain in
1210 my colon following the homicide attempt at Deaconess and furthermore, after I read I
1211 needed to do so after my liver gallbladder cleanse I sought treatment from Ms.
1212 Danielsson. I have been unable to obtain an appointment to this date. I am still suffering

1213 in great pain as a result. Books I have read state that this is an absolutely necessary
1214 treatment for a person with my history and in my condition. In desperation, after being
1215 ignored by Ms. Danielsson, I started to leave messages between weeks that would go by
1216 with no appointment, that I was willing to pay her extra if she would just treat me. Some
1217 might believe that an enema accomplishes the same thing, but from what I read the
1218 treatment cleanses a large portion of the intestines and not just the rectum and portion of
1219 the colon as a self administered enema might. I am not some pervert, I do not have any
1220 ulterior motive, I simply need the medical care that to this date I have received no reason
1221 for being denied.
1222 She complained to the police which brought in Officer Koch to participate in her illegal
1223 discrimination, willfully denying me necessary medical care; amounting to prolonging
1224 my suffering, and leading to eventual serious ailments or death.
1225 **REMEDY SOUGHT:** TREATMENT! And that if Ms. Danielsson indeed has a
1226 problem treating the male sex that she would train competent assistants that don't
1227 because from what I can tell, by observing skin conditions and eyes and other tell tale
1228 signs, many people in this region need this care including men. If she yet refuses to treat
1229 me, I want her criminally charged with aggravated assault, and potentially her
1230 participation in my unlawful demise in violation of my God Given, humanitarian, and
1231 constitutional rights. If she does treat me, then no charges, but still needs to train
1232 someone who doesn't discriminate against men. Furthermore, I want her observations of
1233 my internal condition well documented for the court.
1234
1235 **DEFENDANT:** Les Schwab Sandpoint, 279 Bonner Mall Way, Ponderay, ID 83852

1236 **COMPLAINT:** One day while parked in the parking lot across the street near Staples
1237 Sandpoint, my brother and I parked and went into shop. When we came out and started
1238 to drive away, the Subaru we were in had been obviously tampered with while in the
1239 parking lot to such a degree it was mandatory to take it immediately across the street to
1240 Les Schwab. The staff there were obviously expecting us. This gave me grave concern
1241 as immediately someone ran out and sped off the main lot with the car and into the back
1242 shop. When I tried to trail my car, a government plated vehicle pulled up, two young
1243 men laughed and started to close up the back structure as if it was funny or some game
1244 that they were involved in. I was confronted when I said I wanted to see what they were
1245 doing with my car with a lie that it wasn't in the back shop when I saw them pull it in
1246 there. I went back into the main shop and told the assistant manager on duty that if my
1247 car wasn't returned immediately, I would call the police and file a formal complaint. A
1248 phone call was made and suddenly it was back. The shop was busy, they were expecting
1249 us, the reason it was pulled into the back is that government agents were rummaging
1250 through the vehicle and either installing a transceiver, looking for keys to trace, or some
1251 other illegal activity not properly authorized under the so called "Patriot Act", and these
1252 agents had manipulated the staff at Les Schwab to commit a felony. I filed a formal
1253 complaint with the names of those involved with the Better Business Bureau and never
1254 received a response to date.
1255 **REMEDY SOUGHT:** Those that tamper with vehicles and have foreknowledge of
1256 vehicular tampering and drive a vehicle off the property to participate in illegal searches
1257 or additional tampering have committed felonies. They should be arrested and fired. The
1258 manager on duty and the assistant manager had full knowledge. They have participated

1259 in conspiracy and illegal activities against my person and property. It should be
1260 broadcast throughout all corporations that they are not to be coerced into any illegal
1261 unauthorized activities, especially felony activities against any person by any so called
1262 government agents. The money spent on the repair of the damage should be reimbursed
1263 because they expected to gain income by knowledge of illegal activity and did not
1264 correctly report it to proper authorities. This should be reimbursed even though I did not
1265 let Les Schwab effect the repair because of the circumstances. It should be reimbursed
1266 because for *expected* gain, staff were coerced into participating in felonies against my
1267 person and property. The court is requested to issue a subpoena of the staff on duty at the
1268 date and time in question and a copy of the complaint filed with the Better Business
1269 Bureau that never received a response.
1270
1271 **DEFENDANT:** Manhattan Life Insurance Co., P.O. Box 5416, Cincinnati, OH 45201-
1272 5416; 11815 N. Pennsylvania St. Carmel, IN 46032 (Certificate of Authority LC629)
1273 **COMPLAINT:** I requested by phone and in writing the cancellation of the policy I had
1274 with them, because due to the attempt on my life by the medical practitioners and the
1275 ongoing cover up; it soon became apparent that money was the motivator. Out of
1276 concern for my wife and I, I deduced that motivation would be less likely if the bounty
1277 was taken off of our heads. Think about how many people have died for far less than an
1278 estate or life insurance policies, then think about all the scandals and corruption that has
1279 been taking place in our government in recent history, ask yourselves with trillions of
1280 dollars changing hands by inheritance and in our greedy, instant gratification society if
1281 what I'm stating isn't a serious possibility (and in my case has happened). Think about

1282 the advantage they have! License to kill, authority to spy on citizens, monitor their real
1283 property holdings and assets, bank accounts, etc. Tell me seriously that you believe there
1284 are NO criminals in our government! The righteous ones I call out to immediately
1285 investigate this area and across the nation (it could be they chose remote north Idaho
1286 before larger cities or perhaps it's already in practice across the nation, but men and
1287 woman of integrity in public trust, PLEASE help bring this nation back from all this evil!
1288 This was the exact type of events that transpired just before the holocaust of World War
1289 II. I am sacrificing all to warn innocent Americans, PLEASE DON'T IGNORE THIS
1290 ALARM! At the very least they can loot personal property of the victims and if friends
1291 or relatives come forward, they can just say they must have been robbed (and either
1292 blame it on some other poor victim or leave the case unsolved). I'm not claiming that all
1293 law enforcement is guilty or corrupt, but it only takes a few, AND IF THOSE FEW GET
1294 AWAY WITH IT BECAUSE NO ONE TAKES ME SERIOUSLY, IT WILL SPREAD!
1295 If anything happens to myself or my wife (battery, rape, our deaths, ANYTHING,
1296 investigators should find out where ALL law enforcement of federal, state and even local
1297 levels were at the time of the crime)! I HATE HAVING TO POINT THIS OUT, I
1298 REALLY LIVED IN A FANTASY WORLD THAT PEOPLE GOT INTO THE
1299 HEALTH CARE PROFESSIONS BECAUSE THEY CARED ABOUT OTHERS AND
1300 THAT LAW ENFORCEMENT WERE ALL THE "GOOD GUYS"! I AM REALLY
1301 DISAPPOINTED OF THE SHATTERED FILTER ON REALITY I HAD. I kept
1302 thinking when we'd see abuse of authority on the news that it was just a few gone bad,
1303 BUT JUST A FEW IN PUBLIC TRUST GONE BAD CAN PERPETRATE SERIOUS
1304 CRIMES AGAINST INNOCENT CITIZENS WITHOUT GIVING US MUCH

1305 RECOURSE TO DEFEND OURSELVES! AND SADLY IF WE DO ACTUALLY
1306 DEFEND OUR LIVES FROM CRIMINALS IN AUTHORITY, WE CAN BE
1307 MISTAKENLY LABELED AS A CRIMINAL OURSELVES AND SHOT TO DEATH
1308 BY RIGHTEOUS AUTHORITIES JUST FOR POINTING OUT THAT SOME OF
1309 THEIR COWORKERS MIGHT BE SERIOUS LAW BREAKERS! Corrupt authorities
1310 could've put pressure on someone working at Manhattan Life and was the reason why I
1311 had such a difficult time (took months) canceling my policy. Manhattan Life did not
1312 heed my requests or take them seriously. Therefore, if I and/or my wife are murdered in
1313 the near future (or arrested for some false accusations and then murdered while confined)
1314 our estate absolutely can not go to any part of the government and the people at
1315 Manhattan Life that ignored my requests, should also be charged for their part in our
1316 deaths as well as any overt criminals that are disguising themselves as law enforcement
1317 officers. This company after months issued me a letter stating my policy was canceled
1318 but I am not certain that the responsible parties shouldn't be charged with the aggravated
1319 assault and the threat upon my life during the delayed response of months to cancel.
1320 **REMEDY SOUGHT:** By inference from my source(s), on top of the serious crimes
1321 I've personally experienced; other serious crimes are possibly being perpetrated here and
1322 are actually a standard of practice; so other jurisdictions must be notified and investigated
1323 to make certain there are no corrupt officials giving their jurisdiction a bad name. This is
1324 identical to the activities of the Third Reich just before open persecution and
1325 concentration camps and must be put to a stop immediately or I believe will repeat right
1326 here in the United States. If I live through this, miraculously, then at a future date I
1327 would like to be able to bring my premium current that I was forced to try to cancel due

1328 to these extreme crimes and designate the beneficiaries and record them with trusted
1329 executor(s) at that time. I am seriously concerned that when there is so much corruption,
1330 that life insurance policy reviewers might be bribed or threatened to participate in state
1331 pay off scams like this; therefore there must be an agency that reviews all so called
1332 "intestate" pay offs and make certain NO ONE employed by the insurance company is
1333 getting any personal kick backs! I see a terrible death machine for profit looming on the
1334 horizon; if it isn't already in place; and there is not open and public review of all deaths
1335 and where personal property, real property and life insurance monies actually end up
1336 (with regards to all so called intestate demises). There should be implemented
1337 immediately a change in law that does not make the state ever to benefit financially even
1338 in the event of "intestate". It should be mandatory and a matter of public review that all
1339 citizens designate some charity(ies) (the list to choose from can not be generated by or
1340 have any connection to do with "the state"/government, and a review of all such charities
1341 be publicly conducted at regular intervals to make sure the same problem doesn't just
1342 move over to them) of their choosing should they not have wills or survivors as
1343 beneficiaries and that their choice(s) remain undisclosed in the safest confidence until the
1344 time of "death" (upon which representatives from relatives and the many charities behold
1345 the opening of the document simultaneously). The state, law enforcement, doctors,
1346 coroners, etc. should NEVER have access to personal or real property of the deceased.
1347 To do so GUARANTEES corruption and profiteering off homicide and perhaps will
1348 evolve due to unprecedented greed into mass murder that surpasses the atrocities of
1349 World War II, if something isn't done right away to stop this.
1350

1351 **DEFENDANT:** Cancer Care Northwest, Dr. Robert Laugan, assistant Linda Smith,
1352 12615 E. Mission Av Ste. 200, Spokane, WA 99210
1353 **COMPLAINT:** Dr. Laugan refused to run the diagnostic tests to determine absolutely if
1354 I had the hereditary condition known as Wilson's Disease. After years of suffering, and
1355 at great duress I had finally obtained an appointment with a so called hematologist that
1356 was nationally recognized and considered at least by a couple practitioners to be the
1357 specialist to see. He didn't even read the simple tests he could've conducted easily that I
1358 was willing to pay for and was specifically requesting be done. He reluctantly agreed to
1359 look at my blood morphology to determine if I had one of the symptoms of the condition,
1360 spherocytosis. I know for a fact I have the condition having been previously diagnosed
1361 and having viewed my own blood in the past and recently. I was a medical lab tech in the
1362 Army and I know how to identify this condition. Here was a specialist that couldn't
1363 recognize a condition that any child or person with eyes that see can readily do. I then
1364 found out Burgstahler had told him not to find the condition, skewing objective results. I
1365 also found out that Linda Smith handled the samples and that Dr. Laugan didn't review
1366 the sample until the following day. With all of the other government interference and
1367 cover up, it was not out of the realm of possibility that either my blood sample had been
1368 switched or that Dr. Laugan's life had been threatened as others not to correctly diagnose
1369 me. Either way, I gave Cancer Care Northwest every chance to see me again, follow my
1370 blood from my arm or finger directly to the slide with no possibility of switching slide or
1371 sample in order to accurately view my blood and make accurate determination. I gave
1372 repeated opportunity over a period of months to Dr. Laugan to correctly diagnose me and
1373 run the simple tests involved in determining "Wilson's Disease". Cancer Care Northwest

1374 and Dr, Laugan left me undiagnosed, untreated, suffering and dying. In addition, I noted
1375 many of his patients have the condition that are dying from various forms of cancer and
1376 yet are not being treated or informed of the root connection and cause as a result of this
1377 facilities willful negligence and ignorance on how to identify this prevalent condition in
1378 this region of the country. In addition, I noted by a recent viewing of my blood
1379 morphology that I may have also developed a form of Leukemia I believe is referred to as
1380 M5 Type 2.
1381 **REMEDY SOUGHT:** An ACCURATE DIAGNOSIS! As a result of this so called
1382 experts inability to identify obvious conditions of my blood, my wife and friends,
1383 colleagues and community all think that I don't know what I'm talking about; so much so
1384 they think I'm not sane or that I have some mental condition. It has caused me not only
1385 an inability to obtain financial aid for myself with "terminal" condition(s), but to incur
1386 slander and libel, job loss, marital stress of unimaginable proportions, illegal
1387 confinement, emotional and prolonged physical suffering that few can even imagine (who
1388 haven't suffered with these conditions left untreated). I have had to spend thousands of
1389 dollars desperately trying to treat myself and educate myself and at the same time salvage
1390 my marriage, so incredibly under attack due to all the illegal actions of the participants
1391 who for greed, don't care about the MANY lives they are destroying and leaving in
1392 unimaginable pain and suffering. I am prepared to drop any damages against Dr. Laugan
1393 and Cancer Care Northwest, if and only if, Dr. Laugan will see me again, ready to
1394 immediately run the tests at my appearance and diagnose at my appearance, by drawing
1395 my blood personally and going directly to the slide; allowing me to view it and take
1396 digital images of it; so that if he still can't recognize OBVIOUS morphology, I can know

1397 with perfect certainty that his life must have been threatened and confirm the willful
1398 conspiracy that is so obviously in place. If he does accurately diagnose me, then I can
1399 obtain preliminary payment on my life insurance policy (if I can get it reinstated under
1400 the circumstances), disability, and can finally rest and perhaps miraculously recover my
1401 strength or at least be comforted in my death rather than forsaken by friends, family,
1402 acquaintances, and my own wife because they think I'm not terminally ill at all thanks to
1403 all the incompetence, negligence or at worst homicidal, very sadistic conspiracy. I
1404 request that Cancer Care Northwest have their staff retrained on how to recognize the
1405 obvious physical symptoms of the condition and then how to diagnostically test and treat
1406 the condition here locally, because it is obvious to me after much research that many
1407 (tens of thousands) who live here in the northwest have the hereditary condition being
1408 wrongly called Wilson's Disease. Begin scrutinizing the health care industry to make
1409 certain no more sadistic, (no more cruel and unusual death practices for profit or sick
1410 pleasure) people are allowed to torture and put to death any more innocent people either
1411 through negligence or intent. Perhaps health care professionals that are in a particularly
1412 difficult professions, such as dealing with people in great pain, who yell and scream at
1413 them as a result of their personal suffering need to have schedules that give them regular
1414 lengthy breaks from enduring the results of people being in such pain; so that they are not
1415 adversely affected (like slowly thinking that by killing these people they are doing the
1416 victims, themselves and society a favor). I believe that it is possible that relatively decent
1417 individuals if exposed to a constant bombardment of people who in great pain might be
1418 rude, loud or short tempered might become adversely affected enough to do things that
1419 when they first started their profession they would never have imagined. It may be

1420 necessary to give them regular breaks like one week on one week off and a month or two
1421 spa vacation for those exposed to especially difficult situations in their jobs like being
1422 around great emotional or physical pain and death on a regular basis. It is necessary in
1423 my opinion that surveillance of the health care industry by public not for profit agencies
1424 begin immediately every where to make certain hideous torture, cruel and unusual
1425 treatment, and sadistic or otherwise homicides in the industry come to a halt. Every
1426 person that checks into any hospital whether public or private, is bodily accounted for
1427 and the body can physically be located (doesn't disappear and has no evidence of murder
1428 or abuse in any way). Interviews, need to begin in all "mental health" institutions of all
1429 patients/victims and they need to have their personal complaints seriously investigated no
1430 matter how insane or horrible their accusations may sound. I HAVE REITERATED
1431 THESE SUGGESTIONS OF REMEDIES ON PURPOSE! Many in this region appear to
1432 be suffering from "Wilson's Disease" and could potentially become a victim like unto
1433 me. I am able to make this extrapolation based on the fact that everywhere I go I observe
1434 a large percentage of the people with the most obvious of the physical signs and
1435 symptoms. If Dr. Laugan and Cancer Care Northwest refuses still to make absolutely
1436 certain they have analyzed MY blood and analyzed it correctly, then I want him, his
1437 assistant (who I believe had access to the blood samples and switched them with
1438 "normal" blood), and those who systematically blocked me from obtaining necessary
1439 diagnosis, treatment, and long term care necessary for those in such terminal condition(s);
1440 to be likewise charged with their part in the conspiracy leaving me in tortuous pain and
1441 dying. (Aggravated assault, to negligent or premeditated homicide should I rest ("die")
1442 before obtaining diagnosis and treatment). Also that those found guilty have their assets

1443 liquidated and placed in the victims fund, that I would like to see one trillion of which
1444 pay for the ongoing investigations across the nation (and hopefully becomes global).
1445
1446 **DEFENDANT:** MCI and Verizon, MCI/Worldcom, 205 N Michigan Av Ste 2700,
1447 Chicago, IL 60601-5924, Verizon, 1095 Avenue of the Americas, New York, New York
1448 10036
1449 **COMPLAINT:** MCI billed me over $6000 illegally and refused to cease collections
1450 attempts and damaged my personal credit. They were not the authorized carrier at the
1451 time of the charges they have billed me for. Verizon refused to assist me in telling them
1452 plainly that they were not the authorized carrier. Verizon acknowledged that they were in
1453 fact the authorized carrier but made the excuse that I must've dialed some special
1454 numbers in order to bypass the plan I had just called and put intentionally in place just so
1455 I could pay thousands of dollars extra (sarcastically stated). In addition, Verizon
1456 regularly generated bills in excess of their most expensive pay plan advertised and even
1457 though seriously ill I spent days of my time trying to get the excessive charges reversed
1458 to no avail. Their willful participation in depleting my funds and destroying my credit
1459 and attempting to cease my ability to communicate with others smacks so strongly of
1460 government meddling under the circumstances (since I know they have coerced others
1461 and that they have ties via the FTC with all telecommunications industries (especially
1462 since the "Patriot Act")); that I must conclude that there is simply no way coincidentally
1463 all that has happened to me has just by pure chance occurred simultaneously and without
1464 conspiracy.

1465 **REMEDY SOUGHT:** No more monopolies. No more intentional hassles (like
1466 prolonged holds on the phone, and arguing customer service reps) when someone points
1467 out billing errors. Any errors should be credited double to the victim at first and then
1468 triple and quadruple and so on for every billing error and every false defamation or
1469 assault on credit carry serious financial consequences to be paid to the victim(s). Any
1470 prolonged excessive, illegal billing practices resulting in damage to the credit of innocent
1471 consumers, should have the CEO and all acting officials suffer credit damaged
1472 proportionately and personally reimburse those they injured by these outrageous
1473 practices. No more government ties to corporate entities (no more bribes allowed
1474 period). Absolutely, no more government manipulation of the telecommunications
1475 industry or curtailing in any way a citizens right to communicate with others thereby.
1476 Every incident of the state destroying a person financially, should have all the actual
1477 people in the government that effected the destruction of credit and credibility to have
1478 their assets liquidated and paid to the victim. This is so serious that if left unchecked
1479 virtually no citizen is safe from our so called public servants (that have turned to criminal
1480 activities) who although sworn to protect and serve us, have become oppressors,
1481 persecutors, spoilers, murderers and all for the love of money – GREED!
1482
1483 **DEFENDANT:** City of Bonners Ferry Water and Sewer, 7232 Main St, Bonners Ferry,
1484 ID 83805
1485 **COMPLAINT:** During this same time of repeated excessive billing from various
1486 companies, the City of Bonners Ferry took over water and sewer for some lots that Jane
1487 and I owned. They then sent me bills for service, though the lots were vacate and not in

1488 use of water or sewer save one. We purchased the property with all water and sewer
1489 hookups paid for and meters on site. They threatened unilaterally that if we didn't pay
1490 their sudden demands, that they would remove the meters and perhaps part of the
1491 infrastructure we already paid for and owned outright as appurtenances to our property.
1492 Though we made no agreement for service, they took it upon themselves to send bills and
1493 force us to give up our already paid for hookups or pay for service we weren't using at all
1494 and couldn't afford under these circumstances. Even if we could afford, should not have
1495 to in good conscience pay for what we already purchased or suffer extortion by credit
1496 damage, liens and threats of loss of property that is owned altogether by us.
1497 **REMEDY SOUGHT:** It should be illegal to unilaterally start billing anyone without an
1498 agreement for service. It should be illegal to make someone pay for equipment and
1499 infrastructure and then extort monthly fees, then trespass, remove property paid for in full
1500 and make a person pay for it all over again. I want anyone and everyone who did so
1501 arrested for theft. I want all money paid by this extortion returned to me. I want laws
1502 passed making it illegal to bill for potential service; that if the product or service isn't
1503 actually being utilized then there can be NO FEE, NO BILL! I want any damage to my
1504 credit removed. I want any stolen meters returned. Never again should any authorities
1505 behave so ashamedly toward it's own citizens and POTENTIAL customers. Agreement
1506 for service must be bilateral and in writing. It might be acceptable to charge a minimum
1507 amount for an average use per household, just to simplify billing, but to charge when NO
1508 SERVICE is being utilized must be illegal or people will just start sending bills out to
1509 everyone simply because in their mind they have the potential to offer some necessary
1510 service. Every industry has maintenance costs, to force citizens to pay for utility

1511 expansion and installation and to pay for them to maintain their growing entity even
1512 when not using the service sets a terrifying precedence for all companies just to start
1513 billing citizens to maintain their companies or pay for their expansion. (For example, the
1514 transportation industry has trucks, etc. to maintain, we all rely on the transportation
1515 industry, we potentially use a product or service related to the transportation industry,
1516 with the insanity of the utility type billing, they could force citizens to contribute and so
1517 on until everyone would feel justified in sending monthly billing to citizens to maintain
1518 and expand their entities just like the utilities do). It violates the trade principle since the
1519 inception of man! Normally in a sane society someone offers a product or service in
1520 exchange for a fee; but the utilities charge just for the POTENTIAL use of a product or
1521 service; essentially getting away with billing when no product or service is utilized. I
1522 don't see any difference between their actions and strong arm robbery. They started
1523 sending me bills unilaterally, threatened my property that I owned and paid for in full and
1524 my credit, filed liens and forced me to pay them money; though I never agreed to and
1525 wasn't using their services! (So called legalized extortion) In order to convey one of my
1526 lots, the City forced me under duress because I didn't have any other source of income
1527 and because I'm so seriously ill and didn't have the strength to take on all these battles at
1528 once, that I was forced to pay the liens they filed against my properties, EVEN THOUGH
1529 I NEVER AGREED WITH THEM FOR SERVICE AND EVEN THOUGH ALL
1530 WATER AND SEWER HOOKUPS WERE ALREADY BOUGHT AND PAID FOR IN
1531 FULL! This is just another of many attempts to destroy me through organized
1532 conspiracy, greed and illegal abuse of government powers. Altogether, all the events that
1533 have transpired during this time smack of conspiracy of such an organized level, the

1534 federal government must be involved. I reiterate, such practices must be illegal, all
1535 money returned to me that I paid, liens lifted, credit restored, meters and any other
1536 infrastructure removed restored in full and in working order and if not done promptly
1537 arrests made of the perpetrators who trespassed and robbed me of property I owned.
1538
1539 **DEFENDANT:** Glenn and Katherine Westbrook, C/O Brigitte Westbrook, 3163 N 12th
1540 St, Coeur d'Alene, ID 83814 (Glenn and Katherine are known to reside in the Coeur
1541 d'Alene region and may have moved into their home that last I knew was under
1542 construction in the Wolf Lodge subdivision of 20 acre parcels or larger – I request the
1543 court subpoena their exact location via tax assessor's or treasurers office. The above
1544 address is the mother of Glenn Westbrook and she should know how to contact them).
1545 **COMPLAINT:** Katherine Westbrook came to my house one day after a particularly
1546 conspicuous day of government vehicles tailing, impeding and otherwise harassing me as
1547 I was taking my wife into town. My wife didn't know and perhaps still doesn't know
1548 how to recognize government issue plates. After murder attempts, coercion, agents
1549 openly replacing citizens in places of business and in hospitals, I didn't know what they
1550 were doing by tailing me and my wife. I was genuinely concerned for her safety. I
1551 photographed the plates and vehicles harassing us. Since she didn't and perhaps still
1552 doesn't know how to recognize such, she was frightened and so I dropped her off where
1553 we were meeting the Westbrooks at Kootenai Medical Center. They had told me that a
1554 Wilson's expert was there, but after all the government tailing I was genuinely concerned
1555 about going into the hospital especially since they had openly coerced others into leaving
1556 me undiagnosed and especially since my last stay in a hospital resulted in my clinical

1557 death – TWICE by overt and sadistic murderers. So I dropped my wife off and returned
1558 home. Katherine Westbrook, then met me at my house, where she swore to GOD that
1559 there really was a Wilson's expert at the Kootenai Medical Center and that I could finally
1560 get accurately diagnosed. She also swore to me that she would never leave my side and
1561 that I would not spend more than one night there, just long enough to get tested and
1562 diagnosed. Regardless, she swore to GOD, she would not leave me unattended or there
1563 for more than a day. While she was so swearing and convincing me to go and hopefully
1564 finally get tested and a correct diagnosis, I noticed a device that looked like a black
1565 plastic gas cap on the ground on my property. I intentionally picked it up by scooping it
1566 into my palm; never touching it with my fingers. I held it in my palm, it had weight that
1567 indicated metal parts sealed inside the plastic and had a glass magnifying lens in the
1568 center of the stem. It was obviously a spying device. I didn't want whoever was
1569 listening to know that I recognized what the device was as I was concerned for the safety
1570 of Katherine if they were nearby. I tossed the device on the ground mentally telling
1571 myself I would pick it up later and add it to my collection of accumulated evidence. By
1572 swearing to GOD and myself, Katherine deceived me into entering her truck and she
1573 drove me to Kootenai Medical Center. Glenn Westbrook was there and they all
1574 pretended to be looking out for agents while they deceived me into thinking they were
1575 helping me get accurately tested and diagnosed. A brunette woman with short curly hair
1576 in her 50's; with a gun in her purse came over to listen to our conversation in the waiting
1577 room and became clearly uneasy as Glenn was boasting about ripping people's heads off,
1578 if someone actually tried anything. The woman then got up and moved further away
1579 when a bald gentleman (appeared to also be in his 50's or low 60's) of wirey build sat

1580 down and spoke in hushed tones with her telling her to remain and make certain I didn't
1581 leave. She was obviously very nervous and potentially an inexperienced agent. She then
1582 came back over to continue to eavesdrop on our conversation. I was astounded that both
1583 Glenn and Katherine were so oblivious to these activities when they were both retired law
1584 enforcement. They had set up with the hospital, to have me "tested" but the real agenda
1585 was to get me into the Mental Ward of North Idaho Behavioral Health. They told me that
1586 unless I signed the paperwork committing to being responsible for payment that there
1587 was no way I'd get to see the Wilson's expert. I asked them again, to make sure they
1588 were not leaving me and that I was only getting tested for Wilson's and that after that we
1589 were all leaving together. I can not express the terror, anger and disappointment I felt as
1590 I watched them walk away realizing she/they had lied to me and GOD in order to betray
1591 me to illegal confinement. Shortly, Dr. David Wait, strolled up and had already written
1592 down a diagnosis without even having talked with me. He accused me of having some
1593 very serious mental disorder, at which pronouncement I knew I was not going to get to
1594 see an expert on Wilson's Disease and that it had all been a lie. I asked to be released
1595 immediately. Dr. Wait then got on the phone and I heard him tell my wife that unless she
1596 told him that she felt threatened by me, that he couldn't keep me. Then he returned and
1597 rather happily announced that he was placing me on administrative hold because my wife
1598 had told him she was afraid of me (having been coached by him to say so). I was
1599 illegally detained in this manner for a week. NO ONE SHOULD BE DETAINED
1600 EXCEPT BY PROOF OF A COMMITED CRIME, OTHERWISE ANYONE COULD
1601 BE LOCKED UP SIMPLY BECAUSE SOMEONE ELSE STATES THEY ARE
1602 FEARFUL (This is CLEARLY a CONSTITUTIONAL VIOLATION)! Dr. Wait gave

1603 me four drug choices and then removed the only one (lithium) that didn't carry a lethal
1604 warning for people with liver complications; of which was obvious visibly and by lab
1605 results, that I had. While there I noticed food tampering and I saved a lid that had been
1606 stabbed by needle point (as if to inject harmful poison). There also was an incident in
1607 which employees put shiny metal objects in a line on the grass leading up to my window.
1608 While there I met those who testified of outrageous cruel and unusual practices and
1609 almost didn't make it out as Dr. Wait was trying to get me committed to a state facility
1610 (in which I would have probably already been dead by now if he had succeeded). Even
1611 the tiniest amount of the prescription he ordered for me had serious side effects of
1612 swollen lips and tongue, diminished mental capacity, dizziness and numbing in my left
1613 arm.
1614 **REMEDY SOUGHT:** The Westbrooks are guilty of kidnapping through deceit with
1615 intent to defame and illegally incarcerate me in violation of my constitutional rights.
1616 They are directly responsible for coercing me to signing paperwork under false pretenses
1617 that has resulted in incredibly unjust billing of almost $16,000. I would not have gone or
1618 admitted myself for any other reason other than Katherine's oaths to GOD and the
1619 desperation I had to obtain an accurate diagnosis because the lack of it was endangering
1620 my life and my marriage. It is bad enough to know I'm seriously ill (the medical field
1621 considers terminally ill), but worse to have your wife leave you because she thinks your
1622 crazy simply because of the overt cover-up or at best criminal negligence. So during the
1623 most painful and serious struggle for my life, slander, illegal incarceration, libel, mis-
1624 diagnosis and instead of having the dignity of a comforting, understanding wife, she
1625 believes the so called physicians in the region that have failed either by negligence or

1626 intent to correctly diagnose me. So I know I'm dying, and in this great sorrow, this is
1627 how my so called friends and family treat me due to the outright GREED of others that
1628 has either left the medical field intentionally ignorant and incompetent or willfully so
1629 because it's so profitable for them all to keep the public sick and dying. The bill should
1630 be removed and any money paid returned to me, but if the court determines somehow it
1631 to be legitimate, the bill should be sent to these people. While they are guilty of a felony,
1632 I believe that they believed they were actually trying to help me although that wasn't the
1633 result and so I don't want to see them arrested, just restrained from ever doing anything
1634 like that to me again and to pay the bill if the court determines it to be valid. Since my
1635 wife and the Westbrooks are still under the misconception brought about by the lack of
1636 correct diagnosis and mis-diagnosis, I must request injunctive relief against the
1637 Westbrooks, in the form of a restraining order that they are not welcome on my property
1638 or within 1000 feet of my presence until after this matter has been resolved.
1639 **DEFENDANT:** Dr. Stephen Puffer, 502 N 2nd Av, Sandpoint, ID 83864
1640 **COMPLAINT:** I went in to Dr. Puffer's office to request an appointment months ago.
1641 He had an honest reputation in the community, was recommended by a trusted coworker
1642 and I thought I might be able to get an accurate diagnosis through him. While there an
1643 agent told the receptionist on duty that she would take care of me and to remain silent in
1644 the back. She didn't realize I could hear them talking. So I knew my request for an
1645 appointment didn't get through that afternoon. I then called several times and requested
1646 an appointment. With no excuse, once again I have been denied medical care.
1647 **REMEDY SOUGHT:** I believe Dr. Puffer can recognize spherocytosis and would like
1648 an appointment so that I can find at least one honest physician in the area; that I can make

1649 aware of how to Diagnose Wilson's hereditary condition; not only for myself but for any
1650 I might refer (I repeat I've seen MANY up here that have the obvious physical signs of
1651 the condition) to get tested simply because if a person knows before something like this
1652 happens, they can take adequate precautions and find out the best method of treatment for
1653 them before they develop something serious.
1654
1655 **DEFENDANT:** Sandpoint Urgent Care, Dr. Mark Hernandez, 302 S. 1st, Hwy 95 @
1656 Superior Sandpoint, ID 83864
1657 **COMPLAINT:** This might seem unusual in light of the circumstances, but my complaint
1658 is that after every physician in the region that I had met, either didn't even know about
1659 Wilson's or if they heard of it didn't know how to test for or recognize the obvious
1660 symptoms, this physician without running any diagnostic tests and to the best of my
1661 knowledge, hadn't seen any of my medical records, just stated outright that Wilson's was
1662 very common. This is after many months of no progress, willful cover up or extreme
1663 incompetence or negligence. Suddenly, the malpractice swung the other way. His
1664 "nurse" didn't have a permanent name tag although everyone else did. She held my arm
1665 in an intentional martial arts method form of control and disablement when taking my
1666 vitals. Dr. Hernandez acknowledged without questioning me, without running any tests,
1667 without looking at any records that I had the condition (although I would be surprised if
1668 that is in any official medical records) and gave me a prescription for pain relief for
1669 Cymbalta. I was in so much pain and had suffered so much already, that I accepted the
1670 prescription even though I really don't like taking any pharmaceutical medications. By
1671 the pendulum swinging so drastically the other way, I became concerned that this person

1672 must have been either working with agents or perhaps trying to silence me by lulling me
1673 into a false sense of security. Regardless, to suddenly agree with a patient of a terminal
1674 condition without any diagnostics, and in a region where physicians were vehemently
1675 either denying I had the condition or didn't even know about it, to stating it was common
1676 place gave more than cause for suspicion that this person could be dangerous to my
1677 health and safety if colluding with those trying to keep these events from public
1678 knowledge. I saw this as an effort to gain my trust; so that they could give me a sedative
1679 and dispose of me or confine me away in some institution where I'd either die or become
1680 a missing person or given medications to make me brain dead and then returned to streets
1681 or society. Granted I recognize that sounds like extreme paranoia, it just didn't make
1682 sense to me and I had that same terrible uneasy feeling in my inward parts as I did the
1683 day of surgery when dealing with him and his assistant. It is malpractice not to diagnose
1684 correctly, and it is malpractice to diagnose without conducting any tests. I do
1685 acknowledge that he wanted to conduct more tests later, but I was and am still seriously
1686 ill and because of his temporary name tagged nurse, the method of holding my arm
1687 (contrary to any who had done so previously and in a controlling, disabling method), his
1688 overt casual statements that a terminal hereditary condition was very common place
1689 (contrary to what is disseminated by the International web site on "Wilson's Disease")
1690 when all other physicians I had met thus far in the area barely seemed to know what it
1691 was caused me to be distrustful of him. I did not know that if I went in for more "tests"
1692 that he wouldn't try to sedate me or do some other malicious act because it is a method
1693 for those who would do so to attempt to gain your trust first to place you off guard. His
1694 lack of common place skepticism and lack of professional procedure gave me cause for

1695 great concern. Even if in fact he might have been the only physician I had met that knew
1696 that Wilson's was rather common place in this region especially but affects far more than
1697 the official website indicates as a "rare" condition (I think close to ten percent of the
1698 world's population based on extrapolation of the viewing of documentaries of the people
1699 in other nations going about their day to day lives and observing how many nationalities
1700 indicate easily observable physical symptoms of the condition and the percentage of
1701 those demonstrating versus those not demonstrating those physical signs in the many
1702 random samples). If he knew it was so common place, I didn't understand how all the
1703 other physicians didn't, and why the public didn't and why there was no awareness
1704 posters like is generated for AIDS or other serious conditions; especially in his offices.
1705 Furthermore, that if he could so easily diagnose and recognize the condition how he had
1706 failed to diagnose my own wife who was/is also a patient of his and had been in to see
1707 him quite a few more times than the one visit I had. So altogether, this made me
1708 extremely wary of ever going to see him again.
1709 **REMEDY SOUGHT:** Malpractice in all it's forms must cease. Correct diagnoses of all
1710 conditions should be obtained by methodology that other professionals can recognize and
1711 acknowledge; so long as that methodology is not harmful to the patient. Government
1712 control or coercion or persuasion of what health care professionals do or don't do must
1713 cease to be a danger to the public. The government should be making certain the public
1714 is informed, educated and is protected from corruption in the health care industries. Dr.
1715 Hernandez and any records at urgent care be obtained by subpoena to testify how he was
1716 able to diagnose me (and reveal if in fact he ever made the diagnosis); if he is willing to
1717 acknowledge it now, and if he actually can recognize that Wilson's is rather common and

1718 how to diagnose it so easily, why he failed to diagnose my wife whom he had seen more
1719 often than the one visit I had with him. Either way, he was either in collusion (in an
1720 effort to gain my trust to possibly sedate and send me back to some mental ward or
1721 hospital where they'd try and make good what they started) with or persuaded with the
1722 ongoing cover up of the corrupt medical practitioners, the attempted homicide, and the
1723 government and corporate money interests in leaving the general public in a state of
1724 ignorance of the facts surrounding Wilson's and my situation in particular; or negligent in
1725 correct procedures to diagnose myself and my wife in such a manner that we could obtain
1726 necessary medical care regarding the hereditary condition. I request a restraining order
1727 from having to conduct any further testing with this entity and Dr. and a subpoena of the
1728 medical records located at Sandpoint Urgent Care concerning my wife and I.
1729
1730 Finally, I do seek just compensation out of the victim's fund in that I've suffered real
1731 monetary damages. I was making a significant income in real estate, and multiplying it
1732 by investing, such that I was beginning to generate gross receipts in excess of $100,000
1733 annually. More importantly my net worth was increasing exponentially as I reinvested.
1734 All my earning potential ground to a halt as a direct result of these events. To type this
1735 complaint has taken supreme effort and is my best effort to fight back not only for myself
1736 but for the many unsuspecting innocents and the other victims I've already met. I seek
1737 judicial, compensatory financial damages in an amount determined by the court for the
1738 real financial losses I've suffered. I also do ask the court to consider punitive damages in
1739 my behalf, as I may lose permanently my health and life insurance and ability to obtain
1740 such and it may be very expensive to try and find treatment that may help me recover, if

1741 GOD wills. I am so injured at this point I may never recover an ability to work full time
1742 again as I suffer not only extreme physical pain and fatigue, but emotional and mental
1743 difficulties (understatement) as a result of all of this. Specifically, I've been seriously
1744 considering a living will that ensures I am never taken to any hospital even if
1745 unconscious from some accident or if I have serious injuries. It is very difficult for me to
1746 even shop or drive anywhere due to the numerous federal agents and other spies or
1747 employees for our government and my concern that they don't have my best interest at
1748 heart. While I have faith in GOD and trust in the same, my trust of people has been
1749 seriously diminished, virtually sentencing my remaining days to an existence of extreme
1750 caution when in the presence of any other people. I hope the Lord will let me see some
1751 goodness yet in others to help rectify this sorrowful outlook. I can not begin to
1752 equivocate an actual amount for the inhumane pain and suffering I've endured thus far. I
1753 leave any financial award up to the discretion of the court and only ask that it not burden
1754 innocent tax payers in any way but come directly from the many criminals and
1755 conspirators involved.
1756
1757 I affirm the truth of my allegations under penalties of perjury and I'm willing to take an
1758 internationally recognized polygraph live; answering only questions as directly pertains
1759 to the allegations set forth in this complaint and attached affidavit, from an untampered
1760 machine (no remote control devices) and by (hopefully) unbribable, unthreatened experts.
1761 Any machine not indicating I'm telling the truth to be immediately investigated by
1762 experts to make certain no tampering, and any expert announcing that I wouldn't be

1763 telling the truth should have all bank accounts and recent assets scrutinized, or family

1764 investigated to make certain no bribes or threats. I AM TELLING THE TRUTH!

1765

1766 I, Michael Swenson, do hereby set my hand and execute this document.

1767 Signed this 26th day of Sept, 2007.

1768

1769 Michael Swenson

1770

1771 On this 26th day of September, 2007, before me, the undersigned

1772 Notary Public, personally appeared Michael Swenson,

1773 personally known to me (or proved on the basis of satisfactory evidence) to be the

1774 person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to

1775 me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by

1776 his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of

1777 which the person(s) acted, executed the instrument.

1778

1779 Witness my hand and official seal.

1780

1781 Russell McHenry

1782 Notary Public in Idaho

1783 Residing at: Kootenai County

1784 Commission Expires: 8-7-2012

RUSSELL McHENRY NOTARY PUBLIC STATE OF IDAHO

Affidavit of Current and Ongoing Events Within the United States of America

I, Michael E. Swenson, being of sound mind and sober constitution, do hereby record absolute truth regarding events I have witnessed to the best of my knowledge. May God grant me the ability to accurately convey what I have witnessed so that others may easily understand and so that the wicked practices I have experienced may cease. In Jesus' (Yahoshuah's) Omnipotent Name, Amen.

In May of 2004, I went into a hospital located in the state of Washington to have a septoplasty and tonsillectomy performed in order to correct my ability to breathe correctly. I had suffered a broken nose as a child and had a severely deviated septum preventing my CPAP machine for my diagnosed sleep apnea from working as designed. Prior to surgery, I had a prescreening performed by my surgeon, Dr. Michael Cruz, 217 W Cataldo Av. Spokane, WA 509-624-2326 (this surgeon was referred to me (and present the day of surgery) by Dr. Timothy Chestnut 801 W 5th Ste 504 509-625-1915), in order to make sure surgery was appropriate for my state of health. During the prescreening, my surgeon asked some poignant questions that I believed at the time was just polite small talk. He asked me what profession I was in and whether or not I was successful at it. I replied that I was in real estate and that I had made some fortunate investments. He further inquired as to what I estimated the value of them was worth and

22 if I had a will or not yet. The questions were interjected in such a manor as to seem like
23 polite conversation rather than the serious prying into the state of my affairs that it was.
24 So I estimated somewhere between 2-3 million in holdings and that I had been too busy
25 to get a will in place and that until recently my wife and I had had no assets to protect.
26 He said something about a will might be a good idea to get in place as you never know
27 what might happen during surgery however minor it may seem. The questions continued
28 about a transfusion if one were necessary. All this questioning made me inquire as to just
29 how "routine" this kind of surgery was. He assured me that it was minor but that
30 sometimes occasions might arise that would require a transfusion. I didn't want any
31 blood products, period; but after his prodding, "Even if you were dying from blood loss?"
32 I conceded that if and only if I had lost so much blood I was in imminent danger of dying,
33 then a transfusion would be permissible. I also insisted that it had to be an exact match
34 only and no O- blood. At the time I could not remember why I was so apprehensive
35 about receiving a blood transfusion and why I was insisting it had to be an exact match
36 only, I just knew I had to.
37
38 I also had to go to the hospital, Deaconess Medical Center 800 W 5th Av Spokane, WA
39 509-458-7100, involved to have my blood prescreened and to sign a blood transfusion
40 permission form. I wrote on the form itself that I was to only be given a transfusion in
41 the event of an emergency only (that I had lost so much blood I was in danger of dying
42 from blood loss) and that it had to be "EXACT MATCH ONLY!; O+ ONLY!" I asked
43 for a copy of that form at the time and the nurse was obviously not pleased I had written
44 on the form. She went behind a wall where I could hear whispered conversation and she

45 soon came back and said that their copier was being serviced and that the nearest one was
46 some three floors away but that she would still get me a copy if I wanted it. I regret that I
47 didn't insist on it at the time but the way she said it in such an exasperated voice, I just
48 politely asked to make sure it was put in my medical record. Again, I did not remember
49 at the time why I was so apprehensive about a blood transfusion, I only knew I had to
50 insist on an "EXACT MATCH ONLY" and that I really didn't want one at all.
51
52 The day of surgery came and as a minister of the Gospel of Jesus Christ, I prayed
53 fervently, not feeling at all comfortable inside about it. Nevertheless, I knew I had to get
54 it done in order to breathe through my nose properly. Prior to going under the
55 anesthesiologist (this field of medical practice is probably most corrupt concerning
56 Wilson's because they have to be present during virtually all surgical procedures), Dr.
57 James Joy (please verify all attending physicians and assistants in the medical record and
58 daily employment records from Deaconess) 805 West 5th Ave. , Spokane, WA 509-
59 458-5800 asked me the same questions my surgeon had asked about my profession, the
60 status of my estate and whether or not I had gotten my will in place yet. Again, I
61 foolishly thought this was all just professional small talk and so answered as I had to my
62 surgeon and that my wife and I had simply been too busy to get our wills in place yet. He
63 reassured me I had nothing to worry about anyway as this was a very routine minor
64 surgery. I was more than apprehensive as he put me under and my sole comfort was that
65 I entrusted my soul to the safe keeping of our LORD.
66

67 The next thing I recall was waking up in a dark room with a young nurse/intern standing
68 next to a blood bag holder and squeezing a blood bag that was going into my I.V. I asked
69 her what happened and she replied that apparently I had lost an unusual amount of blood
70 during surgery and so they had to give me three units and she was finishing the last of the
71 three units at that time. She was standing next to a machine that I didn't recognize and so
72 I asked her what it was and she replied that it was a blood warmer because it was being
73 used to keep the blood warm that she was giving me. She continued that they had been
74 unable to locate O+ blood in the entire hospital and so they had decided to give me raw
75 O- blood rather than the frozen compacted cells and she said that raw blood was better in
76 an emergency situation. (I knew inside that was incorrect, but I felt myself slipping into
77 unconsciousness and so I muttered something about universal donor before blacking out.)
78 Next I awoke in a brightly lit room with a huge tube down my throat and I was
79 suffocating. Nurses and doctors were all around me frantic as I sat up and tried to pull the
80 tube out that was choking me. Someone was yelling, "Hold him down! Hold him down!"
81 and another, "Put him out! Put him out!" which they did. Then I awoke in what appeared
82 to be yet another room with just a young man and woman. When I awoke, I was
83 suffocating again with the tube in my throat, only this time my hands and legs were tied
84 to the gurney and I couldn't sit up or do anything but jerk around and pound my fingers
85 as loud as I could on the metal rail trying to get their attention. The woman had her back
86 to me and as I struggled, the young man smirked and turned his back on me. The woman
87 was acidly saying that acting like a wild man wouldn't help me and that they had to
88 restrain me to keep me from pulling the tube out (that was in my throat and preventing
89 me from screaming for help). My mouth filled with a thick foamy substance that began

90 running down my cheek out of my mouth as I tried franticly to get them to look at me so
91 they could see I was suffocating. As I felt the darkness closing in, I shed a tear that I was
92 unable to tell my wife I loved her one last time and had just a moment to think, "Into Thy
93 hands I commit my spirit, LORD JESUS." Then I felt my entire body seize, convulse
94 and everything went black.
95
96 I really don't like to think too much about it, I still suffer trauma every time I do.
97
98 You might be thinking at this point why has it taken him two years to tell someone about
99 this and if they really wanted him dead, why is he still alive. Well, I'll tell you that at the
100 time so much had happened to me, it took me all this time to recover enough strength and
101 cognitive ability to remember it all clearly. Let me tell you as best as I can recall exactly
102 how it happened.
103
104 I really thought I had suffocated to death at that last episode (and apparently I did), but I
105 was surprised to awaken yet again in yet another region of the hospital in I.C.U. (yet
106 another attending nurse about my height and healthy build) The story went something
107 like I had suffered pulmonary edema from the negative pressure around my lungs due to
108 my sleep apnea condition and that it was an extremely rare event and that I was very
109 lucky to have been resuscitated by a shot of adrenaline. My wife, Jane Swenson, told me
110 at the time that she had been told I had suffered pulmonary edema followed by cardiac
111 arrest twice; once for three minutes and another for five minutes without oxygen or heart
112 beat. She also told me that the attitude of all the involved doctors changed dramatically

113 after the attempt on my life; that prior to surgery they were all well-mannered and
114 friendly and afterward extremely aloof and cold. That would correspond to my memories.
115 Finally, I was transferred to yet another area of the hospital to complete recovery. I was
116 given oxygen, and they had a catheter in place. I was given intravenous hydration. I
117 asked the attending nurse why I had a slight elevated temperature, sweats followed by
118 chills, and dark brown urine and she replied that I was apparently suffering from "a slight
119 allergic response to the blood transfusion". She also said that the brown urine was from
120 the diuretic they were giving me. (I later found out these responses were all lies).
121
122 I was given prednisone and Norco (? Spelling, it's a pain medicine; I later read on the
123 Internet that diuretics and prednisone are typically used to treat Acute Hemolytic Blood
124 Transfusion Reactions) and sent home to recover. My wife and I had purchased recliners,
125 just so I could rest upright with the splints in my nose. I was very ill, my intestines felt
126 like stone and it was some time before I could eat solid foods. I drank mostly, and ate
127 very soft foods like yoghurt and cooked spinach. The time came for my splints to be
128 removed and my surgeon, Dr. Cruz, did the job. I must say that part of the surgery was a
129 success. I could breathe through my nose sufficiently for the first time in over twenty
130 five years and could actually smell things I hadn't since I was a child. Food tasted better
131 and I thought I was on my way to a successful recovery.
132
133 I did remember the part about suffocating to death with my hands tied and I notified the
134 hospital involved that if they were going to tie someone to a gurney they should've at
135 least placed an emergency button in their hand. I also stated that I didn't believe law

136 suits (strictly for personal revenge) were appropriate (due to my faith) and that I only
137 wanted to make sure they implemented that in the future so no one would go through
138 what I did. Months went by and I tried very hard to return to full time work, but it was as
139 if I just couldn't get my life force energy back no matter how hard I tried. I studied,
140 changed my diet to the very healthiest recommendations, and spent thousands of dollars
141 on the world's best supplementation products (as I'm fundamentally opposed to
142 pharmaceuticals due to all the harmful side effects and my studies concerning them in the
143 Holy Bible). I got a call from the anesthesiologist, Dr. Joy, regarding my written
144 complaint of being tied to the gurney and he assured me that had never happened and that
145 it was "psychological transference" from the previous episode I noted above and that the
146 second episode had never happened at all. I became so enraged during that phone call
147 from him, I almost decided to litigate the matter and I struggled with my faith for months
148 regarding that course of action and eventually chose to forgive them, as I really was too
149 weak to take on such a battle anyway and I wanted inner peace rather than turmoil over
150 the wrong that was done to me and the physician(s) unwilling to apologize for it but tried
151 to dismiss it with meaningless jargon.
152
153 As more time passed, I found certain supplements helped and I had some better days, but
154 overall my health was continuing to decline. Eventually, it was becoming next to
155 impossible just to make it out of bed, go to the bathroom and feed myself. Whether I
156 slept 4 hours or 14, I just never felt recharged and it was becoming impossible for me to
157 work. In between, days or weeks of not being able to do anything much at all but make a
158 few phone calls in a desperate attempt not to lose my clients, I would get on the Internet

159 and try to figure out what was going on. I started entering all my symptoms and was
160 fairly certain that somehow I had developed hepatitis. I went to see an Internist, (Dr.
161 Tepak Haw in Coeur d' Alene, ID who literally disappeared from this entire region and
162 ceased medical practice in this region shortly after diagnosing me and the direct/indirect
163 coombs test record somehow also disappeared) and had extensive blood work done. I
164 tested negative for all currently known forms of hepatitis and everything appeared rather
165 normal except for a slightly elevated ALT and cholesterol reading. There was also
166 something about the direct/indirect coombs test. What he decided was wrong with me
167 was that I had tested positive for infectious mononucleosis (I later read this can indicate
168 Wilson's). I asked him how I could've gotten mono, since I had been at home for months
169 and my wife and I had not been intimate for some time because I had been too ill. He
170 looked at me skeptically and said something about kissing or sexual contact (of which I
171 knew neither had occurred). He said I only needed to rest and offered some form of sleep
172 aid, which I picked up at the local COSTCO. I continued to study and research and
173 attempt to find natural products that would help me recover.
174
175 My short term memory was getting so bad, and the effort to get up out of a chair so
176 strenuous that by the time I stood, I was forgetting why I had made the effort in the first
177 place. I was forgetting food in the microwave, and I began to think I was developing
178 early stage Alzheimer's. At forty years of age, this was very draining that not only was I
179 physically without life force, but that mentally I was beginning to suffer as well. I thank
180 God, my wife found this product known as Lucidal. About a month after taking it
181 continuously, I woke up one morning remembering everything clearly that had happened

182 at the hospital. I wept and I wept. And then I got angry. Angry enough to begin to
183 seriously research transfusion reactions and everything that had happened to me together
184 with my progressing worsening symptoms of illness. As I did so, I came across ample
185 information that what had actually happened to me is known as an acute hemolytic
186 adverse transfusion reaction. It's a reaction that occurs when a recipient is given
187 incompatible blood and causes pulmonary edema (suffocation on your own bodily fluids)
188 followed by cardiac arrest and can result in death. Adverse transfusion reactions such as
189 this are supposed to be handled immediately so that the donor's blood and recipient's can
190 be analyzed to find out just what brought on the reaction. In my case, the Rh factor
191 incompatibility was the primary reason, but raw blood is a last resort not a first in an
192 emergency situation because of all the antigens and antibodies involved in both donor
193 and recipient. (I learned this as a medical laboratory technician in the Army when I was
194 younger). Regardless, raw O- blood was given me against my express verbal and written
195 instructions and nearly caused my instantaneous death and now is causing an even worse
196 scenario in that I'm dying in excruciating pain as a result.
197
198 Let me explain further. I continued to seek the reason(s) for my ill health as I developed
199 more and more symptoms. My dental hygienist (because this office is not involved in the
200 cover-up I will protect their identity at this time but I will say, my dentist was going to
201 examine my mouth when I called him and told him about certain conditions in my mouth
202 and told me to stop by anytime, I notified him I was coming and shortly before I arrived
203 they closed their doors, shut off the lights (although I knew they were inside because I
204 walked across the hall and the receptionist there told me she just saw them and was

205 surprised they were suddenly "closed"); in addition, this busy family practice suddenly
206 changed their normal operating hours as a result, I strongly believe they were pressured
207 by our corrupt government officials trying to keep Wilson's from public knowledge); yes,
208 the hygienist noted that I had petechiae (tiny, pin-point red dots in my inner lips and
209 mucous lining of my mouth); she said that a friend of hers had developed those shortly
210 before she was diagnosed with leukemia and that it was probably not so serious in my
211 case, but that I should look into it. Well, she didn't know it, but the symptoms I had been
212 experiencing kept directing me to leukemia on the Internet; so this didn't bode well with
213 me. As I researched this additional symptom, it only confirmed my suspicions, but
214 another topic of study reared its ugly head.
215
216 It's a hereditary condition know as **Wilson's Disease**. If you decide to research this
217 topic, I **strongly** suggest you do so from a public forum, such as a library. I didn't know
218 it at the time, but this condition is being kept from public knowledge and even from the
219 knowledge of the majority of medical practitioners (Since I sent out my affidavit sites on
220 the Internet discussing Wilson's have increased in number tremendously, but the public
221 needs to be notified by formal announcement from the government via major televised
222 media). Those in the "know" about this condition in hospitals across America may not be
223 trustworthy. (At least not the ones I've encountered). You see, a patient with Wilson's
224 will almost most certainly die from a bad transfusion. But let me continue as to how I
225 finally figured out all that had happened to me and why.
226

227 I started seeing a highly recommended physician, Dr. William Correll, 3424 S Grand Av
228 Spokane, WA 509-838-5800 ("Complimentary and Alternative Medicine") that was also
229 a naturopath in Washington. I had extensive blood analyses done and there were noted
230 issues. Still elevated ALT, extremely low testosterone levels, borderline elevations in
231 glucose and other issues that when all brought together with all the other symptoms I was
232 experiencing kept pointing to Wilson's and leukemia. But my physician discarded the
233 notion of leukemia because he said I didn't have elevated WBC's. (Not all forms cause
234 this although the majority do, but I didn't know it at the time). He diagnosed me with
235 Chronic Fatigue and Fibromyalgia and prescribed some natural herbal sleep aids and
236 herbal pain relief formulas. As I studied further on the Internet, these diagnoses seemed
237 like nothing but a catch all for conditions when physicians couldn't figure out what was
238 really wrong with their patients. (BEFORE I figured out that I had Wilson's, I applied
239 for life insurance with Lincoln and they turned me down citing that it was something in
240 this doctors medical record as the reason. They stated no specific reason, because the
241 truth of why I was turned down was that Dr. Correll violated doctor patient
242 confidentiality and sent my correspondence with him on to them; thereby he prevented
243 me from being able to look after my family as I had intended because of how bad I was
244 feeling at the time; though undiagnosed).
245
246 I began reading more on Wilson's. There were terms I didn't know the definitions of and
247 so had to find out what they meant and as I did so, I began to realize that I possessed
248 every single observable symptom of the condition. (For the sake of those reading let me
249 go over some of the major symptoms: I believe the most significant sign/symptom is

250 what are called Kayser-Fleischer rings; however the definition I read online is incorrect;
251 in simple terms it is a darker ring around the colored part of each eye of varying thickness
252 (a very narrow perfect symmetrical ring the size of a thread is probably NOT a K-F ring,
253 but a murky ring of varying thickness at times blurring into the whites of the eyes (and
254 especially if in connection with these murky or darker rings you possess virtually
255 constant blood-shot eyes or if you look closely at the whites of your eyes they are turning
256 yellowish (very light yellow is still significant!); yes, regardless of the color of this ring
257 (because the color varies due to the chromosomal color of each persons eyes, for
258 example, someone with blue eyes, most likely will have a dark blue K-F ring within the
259 iris of each eye and PERHAPS brownish discoloration as it blurs into the whites of the
260 eyes, someone with brown eyes will have very dark brown rings or may even look black,
261 green will engender dark green etc. I believe the reason for this is that your eyes are filled
262 with very fine capillaries and as they get clogged with heavy metal deposits (brought on
263 by a combination of hemachromatosis and the spherocytosis (because immature
264 RBC's(red blood cells) don't properly eliminate the toxic buildup in the cells AND the
265 Rouleaux, chain formation RBC's, further clog capillaries causing the blood-shot eyes),
266 so the metals get deposited beneath the chromosomal coloration of the iris at the outer
267 edges in varying thickness, and the brownish blur of the ring into the whites has that
268 coloration because the prominent metals being deposited are iron and copper found in
269 most foods in varying degrees. (This is why taking zinc is so important (zinc chelation-
270 binds with these heavy metals in the digestive process and helps prevent these toxic
271 build-ups in your body (liver, eyes, brain, kidneys, spleen, are usually first affected
272 because of the amount of capillaries in these) with each meal is currently one of the best

273 things someone can do who has this hereditary condition (don't take too much probably
274 most would do best with 25 mg per meal but if you eat large quantities of red meat or
275 high iron and copper content foods could be as high as 50 mg per meal). Detoxification
276 baths in 1-2 cups of Clorox bleach (Clorox has a higher purification standard than some
277 so best to stick to name brand, according to the health book I read) the amount will
278 depend on your comfort level and the size of the tub (amount of water in the tub), will
279 help pull out the metals through your skin and can help relieve the toxic aches and pains
280 associated with the poisonous accumulation in your tissues. I tried other baths, like
281 vinegar, mustard, special herbals and salts (expensive), but for me the most beneficial
282 was the Clorox baths (inexpensive). Also sweating is good, but you MUST be especially
283 careful to stay hydrated during any sauna or physical activity because the condition
284 brings less of all that cells need (including water) and in later stages, gastric dumping
285 occurs as the digestive tract fails and the body gets even less nutrients and hydration. In
286 addition, I have found purification measures by green and white teas, grape seed extract,
287 Compound X by Two Feathers, organic orange and apple juices, green apples, oatmeal
288 (and other colon therapies), folic acid, powdered vitamin C (Ultra C- Dr. James
289 Chappell's (READ HIS BOOK – "The Cure for Diabetes and Every Dis-Ease; a Promise
290 Made is a Promise Kept", "lifepak"), **honey** is a great source of energy, easily
291 assimilated, immune properties, and the enzymes aide in digestion, I use it instead of
292 sugar to sweeten everything, and cinnamon helps dramatically to level blood sugar (so I
293 lightly baste green apples in cinnamon and honey and mix it in the oatmeal after it's
294 prepared, and I brew my tea with plenty of small cinnamon sticks, ginger (helps with
295 nausea and motion sickness – I keep candied ginger in all my vehicles; so that if I'm able

296 to travel I can keep mine at bay), and honey and then chill the tea after brewing (I've
297 found a mixture of green, green chai, green orange spice, green honey lemon ginseng in
298 equal proportions to be absolutely delicious) so I can drink it until about 5:00 or so at
299 night, when I recommend going to organic apple juice with a half dropper full of liquid
300 phos to help keep your liver and gallbladder clear (for a week out of each month) or the
301 chamomile tea and honey warm (if you're not lactose intolerant a little warm milk or
302 cream in the tea helps also); half organic orange juice half purified water throughout the
303 day helps keep your depleted vitamin C levels up (important for helping your challenged
304 immune system fight off infections) are all FAR more helpful than ANY of the current
305 experimental medications I have read about thus far). In addition, manganese can help
306 with iron chelation and molybdenum can help with aluminum chelation. Regularly
307 detoxification from heavy metals should become a way of life for someone with Wilson's
308 Disease (hereditary trait). Continuing on with signs/symptoms I found a couple life long
309 issues with myself are insomnia (chamomile tea with honey, and Dr. Bell's or Dr.
310 Teitelbaum's (doctor associated with chronic fatigue and Fibromyalgia) herbal sleep
311 formula best help so far), and bouncing leg while sitting or dancing/twitching leg in bed
312 (it's so frequent and unconscious with me my wife is constantly irritated by it), in fact,
313 blinking overmuch, nervous facial or body twitches, or fingers (people with Wilson's
314 often like to keep hands in pockets or fold them together and hold them even if they're
315 unconscious about it (most are) they are controlling trembling and twitching that has
316 most likely been with them for a lifetime but becomes more pronounced with aging as the
317 metals build up in the moto-nuerological functioning of the brain, so palsies, Parkinson's,
318 and other similar disorders can develop, (online a test is provided that if you hold out

319 your hands relaxed in front of you they may flop at the wrist or fingers up and down or if
320 you lay on your back and bend your knees and keeping your feet together let your knees
321 part very relaxed that your knees may start bouncing back together as you relax and
322 spread them further apart), but for me my whole life it was my fingers that twitched as
323 my arms hung relaxed at my sides, my hands trembling and knees bouncing in this test
324 only developed after this attempt on my life. I had a teacher that has Wilson's growing
325 up that had uncontrollable muscle flexing, eye's blinking, and neck twitching; so any
326 moto-neurological issues of any kind; especially if you have K-F rings is HIGHLY
327 indicative of Wilson's. Let me stray at this point into some personality traits of people
328 I've noted with Wilson's. Most I've met so far are very talented, intelligent, often
329 dynamically strong and yet can demonstrate difficulty in concentrating, easily bored,
330 easily irritated (road rage), easily disappointed in what they perceive is incompetence in
331 others everywhere they go, very impatient (virtually incapable of waiting in long lines),
332 often feel like if they don't do it, it just won't get done right at all. As children they
333 might have been diagnosed with ADD or when older with adult attention deficit disorder.
334 Part of the reason we're irritated with others is that we are driven to succeed and be as
335 best as we can be and part of it is that because we value that in ourselves we are
336 disappointed when others are lazy or don't take their work seriously. The other reason
337 we're irritated is that we often possess heightened sensitivity (some might even consider
338 to be ESP) and so noises, bright lights, certain rough clothing or sheets, ANYTHING we
339 perceive through our senses can be EXTRA annoying. As we grow older, the constant
340 muscular (muscles tight and knotted all the time, very difficult to "relax") pain, joint
341 pain, recurring headaches/migraines, organ pain coupled (PAIN all over sometimes very

specific like an injured area, sometimes migratory) with chronic fatigue is so frustrating (due to our "type A" driven personalities) that we are often irritable even when we don't want to be (with our loved ones). Another frustration is that we think much more rapidly than we can talk and sometimes seems very hard for us to speak properly or as we would like and in extreme cases we wish others would just telecommunicate with us to save the effort. We are often concerned about our overall health, but because we are driven we are people of extremes, extreme sports, extreme learning, extreme artistry, but on the negative side can become extreme over-eaters, drug addicts, criminals, because people with Wilson's often tend to "go for it" and deem anything worth doing should be done with gusto or not at all. Back to physical signs and symptoms. I could write a volume on this topic; rather, I'm going to cover just why Wilson's is probably the number one hereditary factor linked to all manner of terminal illnesses worldwide (or I should say makes us more susceptible (medically speaking) to all terminal illnesses due to environmental poisons and toxins).

To this day, scientists are still proving the Holy Bible is the Word of the Living GOD, our Creator, as the Lord showed the prophets thousands of years ago that the earth was round (a sphere) and even the measure of it's radius, the hydro-cycle, the method of creation and biological cycles and hereditary properties (genetics), astrophysics, and, my point, stated "the life is in the blood". In healthy blood, the red blood cells are not hollow in their centers but donut shaped for a variety of reasons. In that translucent center is the ability of the cell to expand and contract as necessary through capillaries and so flow smoothly through the body. With each heart beat blood flows through main arteries

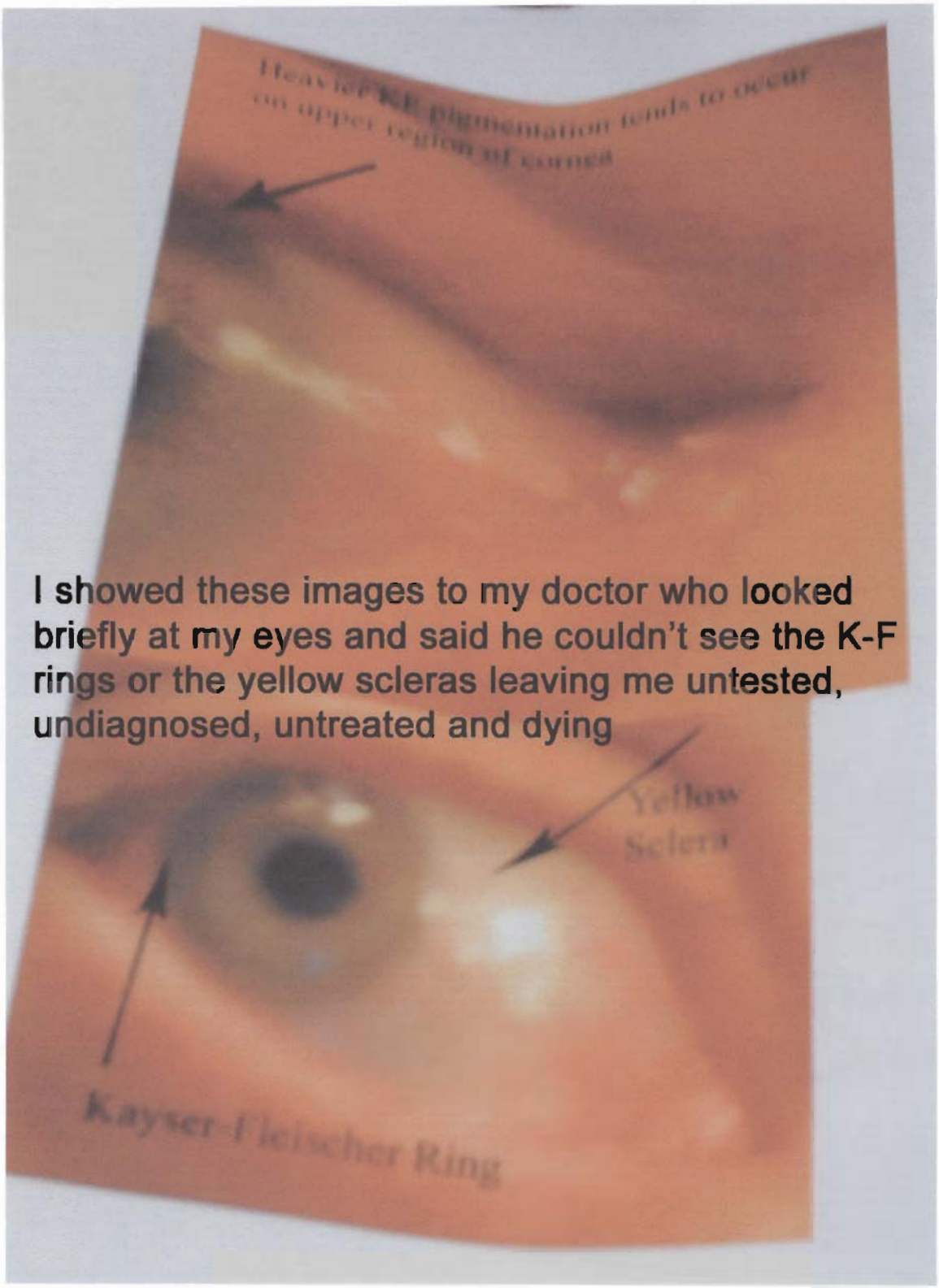
365 similar to the way traffic moves through super highways (at least when there are no
366 accidents or congestion). And then the blood picks up oxygen (and unfortunately
367 pollutants) from the lungs as we inhale and nutrients from the digestive tract like those of
368 us who travel to the store and pick up groceries to bring home or supplies for work. If all
369 goes well, we travel main thoroughfares and usually onto ever smaller streets and roads
370 until we reach our destination. In the same way blood carries what is needed to their
371 place of work (organs, muscles, bones, neural pathways, and other individual cells of the
372 body so that each is fed and receives needed inspiration (oxygen). (In the body of Christ,
373 this is like those who through prayer, receive inspiration from GOD, and through the
374 study of His Word, receive food (Spiritual Wisdom and Knowledge) for the body of
375 Christ and sent out on a mission (from the Heart), go to places to dispense what they have
376 received, to other "cells" of the body. While there hopefully, confessions of sins (toxic
377 waste) is made by those cells, people are healed of false doctrines (cancers of the body)
378 and other sins are uprooted (urination and defecation of each cell in our natural body and
379 exhalation, pollutants, toxins are removed). So the natural shows the spiritual
380 functioning and the spiritual the natural). So a blood cell interacts with another cell,
381 brings what it needs to live and then removes what is ailing it, travels to excretory organs
382 and systems to get rid of all the toxic wastes before making the rounds all over again.
383 (It's much more complicated but this gets my point across). We all get what we need to
384 work and live, we travel and share it with others, we have regular waste removal in order
385 as a society to function properly. Whether it's the natural body we're talking about, or
386 the Spiritual Body of Christ or society as a whole, "the Life is in the Blood". In Wilson's
387 however, the spherocytosis of the blood cells makes each cell smaller, harder, and round.

388 It doesn't have the pliancy it needs to squeeze through tight spots, it doesn't have the
389 hollowed center it needs to pick up oxygen and nutrients properly, and when it tries it can
390 burst or simply is inadequate for the task. As a result, cells throughout the body don't get
391 what they need to live beginning with the capillaries (tightest spots). As capillaries
392 become clogged (blood-shot, irritated, dry eyes, headaches, dry skin (especially shins
393 wrists, scalp (dandruff) and other low blood supply regions), the heart has to start beating
394 harder and more rapidly (epidemic and ever increasing high blood pressure and faster
395 resting pulse rates as more degeneration occurs). Inside organs start to suffer
396 dramatically. The liver has to take on more as toxic waste builds up in the body because
397 the small blood cells not only can't bring what each cell in the rest of the body needs to
398 stay alive, they don't have the hollow area to handle the waste removal of each cell as
399 well and so heavy metals start to build up in capillary supplied regions first (which is why
400 Kayser-Fleischer rings can vary in thickness depending on diet, environmental pollution
401 or other toxic exposure and the stage that Wilson's blood has degenerated to. It's also
402 why metal sensitivities to jewelry can develop as well as why if one person with Wilson's
403 is exposed to the same carcinogenic environment that a person who doesn't have the
404 condition is exposed to, the person with Wilson's will develop cancer first. And
405 furthermore why now that our global environment is reaching toxic levels in our air, food
406 and water why people with Wilson's are starting to die off by the millions and will
407 shortly reach epidemic proportions. People who don't have the condition might be
408 thinking all the better for them as the world's population is decreased, but when a society
409 loses its thinkers, and largely intelligent people, the whole of humanity suffers. I'm not
410 saying that people without Wilson's aren't gifted, but I believe if blood tests could still be

411 performed, president Kennedy, Howard Hughes, Einstein, Malcom X, Mohammed Ali
412 and the like (some of the world's greatest "movers and shakers") would show they all had
413 the condition. In addition, the truth of the matter is that our Creator is saying to the world
414 thereby, if you don't do something quick, you'll all end up likewise. I am not one
415 hundred percent certain, but I believe the millions that are dying in Africa right now
416 should be investigated immediately by Wilson's experts. Granted there probably is a
417 certain percentage dying of AIDS, but I listened to the testimonies of many of those
418 dying and their children and it appeared to me that many were godly, monogamous
419 people. Back to the signs/symptoms again. If your blood isn't functioning properly, and
420 organs start failing as a result, say hello to every form of terminal illness. One develops
421 diabetes, another, cirrhosis, another Alzheimer's, another asthma, another kidney failure,
422 and eventually after the mind and body deteriorates sufficiently and if the afflicted hasn't
423 died from all the other conditions they developed, the heart fails from the excessive
424 strain. In addition, as organs fail, our hormonal production is affected and menopause
425 can be more severe in woman and in men, we can suffer from a hormonal imbalance as
426 well. This imbalance in the sexes can cause women to have more masculine traits like
427 aggressive tendencies, facial hair (more body hair period) and certain parts of their
428 genitilia to shrink, and likewise men can start developing breast tissue and have their
429 genitilia shrink as well. (This is probably the most embarrassing part of Wilson's (from a
430 worldly carnal perspective); the hormonal imbalance making woman more like men and
431 men more like women – now I know a lot of people might not want to fess up to this, but
432 it is a significant symptom and shouldn't be ignored, we're all still complete in Christ and
433 after all in the beginning the male and female were one body (this is a spiritually

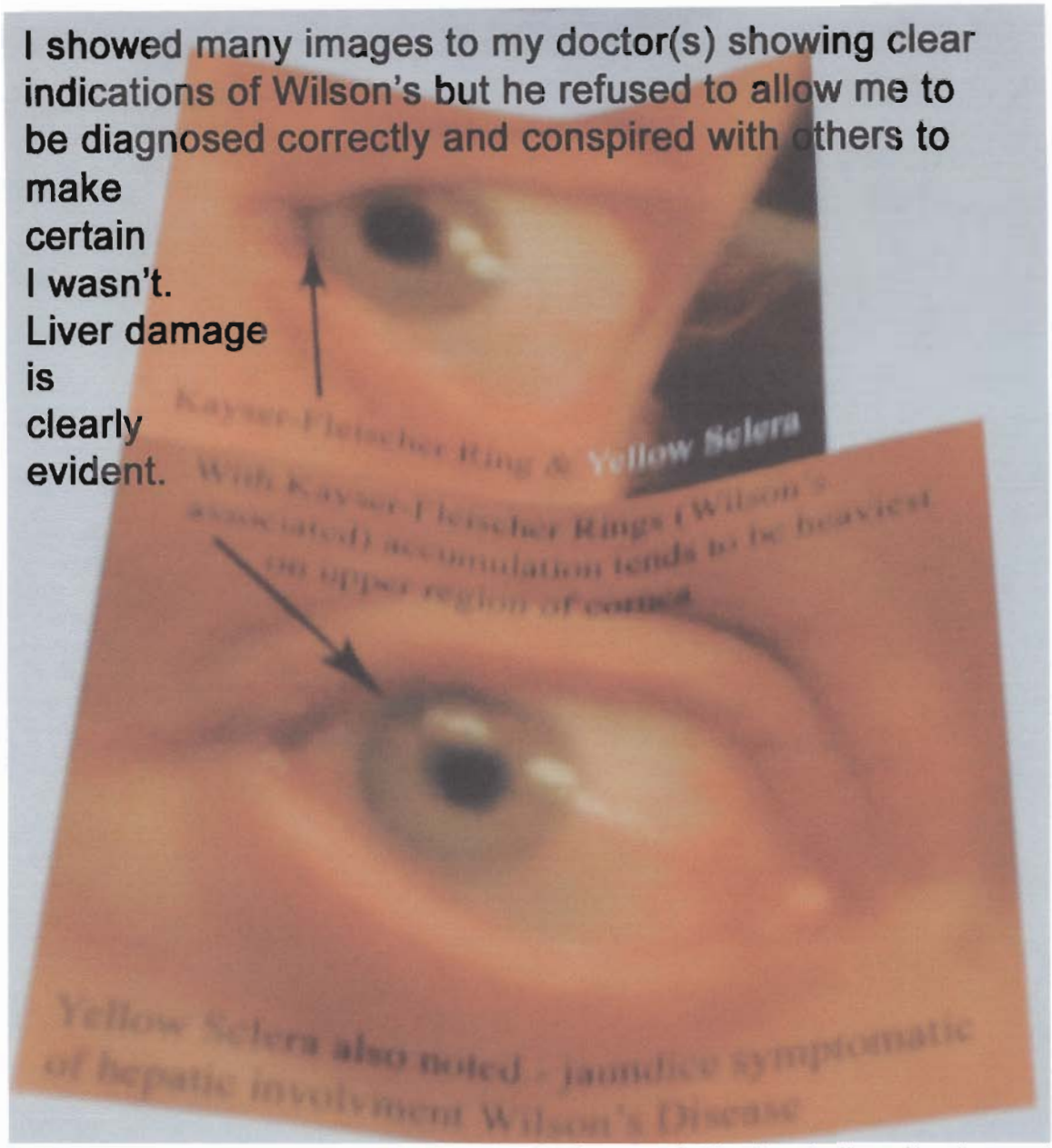
434 significant event that God, by the Holy Ghost will reveal later)! God has shown me, by
435 the power of the Holy Ghost, in numerous dreams that there are untreated millions right
436 here in the United States and that we all need to pray to Him right now and seek His Will
437 for our lives right now as never before, because our time is short. I really, really, really,
438 really don't want another soul on the planet to suffer what I have and still am going
439 through right now, but God calls us each to fulfill our purpose at our appointed moment
440 in "history".
441
442 I started seeing another physician, (I don't want to even refer to these murderous
443 conspirators as doctors, they don't deserve the title but), Dr. Scott Burgstahler, 207
444 Church St. Sandpoint, ID 208-263-6876, in order to get even more blood work done and I
445 specifically wanted the definitive tests done to determine if I, in fact, had the condition. I
446 told him it was important to have a microscopic morphology analysis done of my cells;
447 not just a computerized count. When I went to the local hospital, Bonner County
448 General, in Idaho to get this round of blood work done, I asked if I could look at my cells
449 under the microscope because I had been a lab tech in the Army and I wanted to see them
450 for myself. The lab tech at the hospital made me uneasy when she referred to herself as a
451 vampire for over twenty years (her name I believe started with an "A") I was given
452 permission to look at my blood smear on the slide and I thank God for that. As I looked,
453 I recognized abnormalities, but I couldn't place just what they were at the time. I knew
454 that there were things wrong with both my RBC's and WBC's (red and white blood
455 cells), but just what I couldn't remember because it had been almost twenty years since
456 my training. But I went home and immediately got on the Internet where I found images

457 of exactly what I had seen in my own cells. One of the conditions was spherocytosis
458 (your red blood cells are small round and immature; somewhere between 30 and 70% that
459 of a normal healthy sized cell, and not possessing the elastic translucent middle, but
460 literally sphere-shaped hence the term), another was Rouleaux Formation (causes the
461 RBC's to form chains and the formation makes it harder for them to travel through
462 capillaries and decreases the efficiency of properly functioning blood), another was that I
463 saw two WBC's (monoblasts) that had lacy cytoplasm and looked exactly what a
464 laboratory scientist had recorded on the Internet and called acute monoblastic leukemia
465 M5 type 2. I KNOW what I saw and I can show the same to ANYONE with eyes to see!
466 But the lab technician at the hospital had looked at my cells for a micro-second and
467 determined everything was "normal"; and that's what went into my medical record.
468
469 About this same time, I showed Burgstahler documentation and printed my digital diary
470 complete with color photos showing my yellowing sclera (whites of eyes), palms, and
471 arm pits, the petechiae breaking out on my arms and told him how seriously ill I felt.
472 Here are just a few of the images I showed him:



I showed these images to my doctor who looked briefly at my eyes and said he couldn't see the K-F rings or the yellow scleras leaving me untested, undiagnosed, untreated and dying

473



474
475 Instead of helping me, he mocked me, insulted me, and dismissed all easily observed
476 visual observations. He chuckled as he showed me my modified medical record from
477 Deaconess, and suggested mockingly that I might try to find an attorney. I at least got
478 him to order the MRI and CT Scan also done at Bonner General Hospital. He's the one
479 who lied to me about getting the review I requested done when I noted bone marrow
480 degeneration, untreated Wilson's indicators in the brain and other serious conditions in
481 the MRI and CT Scan. It should be noted that ever since I figured out what has been

482 going on, I have not been able to get one diagnosis signed, and even receptionists for
483 these physicians and technicians are unwilling to provide their last names as witnesses of
484 denied medical care and intentional misdiagnoses.
485
486 About this same time, I went to the physician, Dr. Correll, in Washington again with my
487 wife and told him again of my suspicions but he dismissed them even though I pointed
488 out that my lab results indicated I had the condition. (I had done further research and
489 combined all my blood work together with abnormalities therein and matched them to
490 possible conditions indicated). He prescribed an anti-depressant for my wife at the time
491 known as Cymbalta. He wanted to prescribe it for me also, but I'm so fundamentally
492 opposed to pharmaceuticals that I declined and told him once again that I wasn't
493 depressed, just in a lot of pain and extreme fatigue. When I pressed about Wilson's he
494 referred me to a hematologist in Washington. I also told him at the time that the
495 hemolytic reaction could cause all the symptoms and prolonged suffering in a Wilson's
496 patient but he apparently didn't understand how. In brief, a hemolytic reaction destroys
497 so many of the "healthy" blood cells that the unhealthy ones proliferate (upsetting the
498 "delicate balance") and causes an ever increasing decline in health as organs and tissues
499 start to die off from lack of good blood getting to them. So places with low blood supply
500 like shins become itchy and skin conditions (rashes, psoriases, etc. can develop), organs
501 with fine capillaries like eyes, become constantly blood shot, migraines develop, liver
502 and kidney conditions, etc. Anyone who has Wilson's hereditary blood condition, needs
503 to be especially careful during any surgical procedure and make certain a witness is

always present that will check the blood products to make sure they are an exact type match and preferably, the patient pre-donates their own blood for the event.

I continued to research more online and came across a term known as hemachromatosis and suddenly I remembered! I remembered why I had insisted on an exact match transfusion and why I didn't want one in the first place. I could see her squatting in front of me in the hospital back in 1988 where she had looked intently into my eyes and told me that it was very important that I remembered what she was about to tell me. This particular hematologist had discovered that I had antibodies to negative Rh factor and she explained I probably developed them at birth if I had never had a transfusion before. She also discovered that I had spherocytosis, Rouleaux formation, hemachromatosis, and suspected I might have what she called was a "rare condition known as Wilson's Disease", but at the time I could not get further testing done. I asked her why it was so important and she took the time to explain to me that with my condition, I had probably developed what she called a "delicate balance" but that a bad transfusion could upset that balance in my blood and cause organ failure, blindness, a slow painful death and eventually a heart attack if I didn't die from my other organs failing first. She said at the time there was no known cure, but that in the future there might be. Nevertheless, she said; if you remember nothing at all, remember that if you ever need a transfusion in the future you MUST insist on an EXACT MATCH ONLY, O+ ONLY! (And that's what I had remembered when I had gone in for surgery sixteen years later)

526 I started feeling so badly, that I decided when I had enough strength I was going to start
527 documenting my symptoms day by day with digital media and by diary. I also went to
528 see Burgstahler again in Idaho because I was having severe abdominal pain and bloating
529 as well as intense migraines. I had an MRI and CT scan done and obtained a digital copy
530 of the images. I was shocked when after I looked at them I found indications of bone
531 marrow degeneration, and untreated Wilson's indicators ("giant panda face" in mid brain
532 and "hummingbird sign" as well as evidences of deposits heavy metals in various cranial
533 regions and two images were missing in a region of the remaining image that looked like
534 it might be indicative of seizures) in my MRI images, further I had a dramatically
535 enlarged liver and spleen, also indicating Wilson's. Together with gallstones, jaundice
536 in my hands and yellow sclera, red swollen face, itchy rashes, petechiae appearing on my
537 skin and spider and cherry angiomas, my body was screaming that I had untreated
538 Wilson's and probably leukemia as well, but when I brought all these to my physician's
539 attention, he dismissed it all outright. I requested an immediate review of my MRI and
540 CT images by the head radiologist at the hospital where they were taken. (That reminds
541 me, when I went into get them done, the technicians asked me before they even started if
542 I was still urinating (I thought that was an extremely strange question at the time and had
543 never thought that a person could cease urinating)) But this is just another plain
544 indication that the people involved know I have Wilson's and they are all conspiring to
545 cover it up and in the process are letting me die in a way I know no one would want to
546 experience. At least in this country, pain relief is offered in such cases, but I don't trust a
547 medical practitioner now as a result not to poison me or inflict some even more tortuous
548 substance into my body; so I am left as I ever have, to trust solely in the Grace, Love and

549 Power of our Lord and Savior JESUS (YAHOSHUAH), the Only Way to be Reconciled
550 to GOD and gain Heaven!
551
552 After I learned I had gallstones, my wife found out about a product known as Compound
553 X by Two Feathers and it came with instructions on how to perform a liver/gallbladder
554 cleanse. I knew I had liver issues from the developing jaundice and I knew I had to get
555 rid of the gallstones due to all the pain I was having in the region. So I followed the
556 instructions with a slight modification due to my weight and size and got rid of the
557 gallstones and also the build up in the diverticulae of my intestines. But the instructions
558 called for hydro therapy following. I have tried unsuccessfully for months now to get
559 into see her. This practitioner is the only one I know of in my town and came
560 recommended from female colleagues. I tried by phone repeatedly to gain an
561 appointment and I finally started offering additional payment if she would only treat me.
562 I offered double, then triple and finally quadruple her normal fee. I couldn't understand
563 why she wouldn't see me; so I decided even though it is hard for me to travel to go into
564 her office and seek an appointment in person. While I waited I saw numerous patients of
565 hers and all were females. I handed her a written request for an appointment and that
566 night I received a call from a local officer threatening me with a stalking charge. (As of
567 July 09, 2006 I wish to correct the previous sentence, the call from officer Brian Koch
568 occurred after I hadn't heard from the practitioner after handing her the note; so I called
569 one more time and asked her to please grow spiritually and see me even if she had a
570 problem with treating men, because I desperately needed it, and so it was after that
571 call/message I left on her phone that the sheriff called me and not the day I handed her

572 the note). I was so incredulous that I asked him if he minded if I recorded the
573 conversation, which he allowed me to do. I then responded by faxing him evidence that
574 for a practitioner to deny medical service based on sex was a violation of federal statutes
575 and for him to prevent me from obtaining needed medical treatment was also a violation
576 thereby. I let three weeks pass in extreme patience with no call from either party and no
577 appointment; so I filed a federal complaint with the appropriate office. Next thing, I
578 started seeing police vehicles parked outside places I went to shop and along my regular
579 routes and one trailed me for no reason. I faxed them an apology that I had not intended
580 to offend any of them, I just wanted to get desperately needed medical care and that they
581 should be upholding the law and helping me obtain that appointment. As of this date, I
582 still have not been able to obtain this necessary treatment due to discrimination.
583
584 During this time, I had called the Wilson's Disease national center and was astonished to
585 get the president of the organization ("Mary", I can't remember her last name but it's on
586 her site wilsonsdisease.org (again only visit from a public forum like a library)) on the
587 line directly. When I told her my name she asked in disbelief for me to repeat my name
588 and when I did suddenly a fax tone sounded in the phone. It was as if she had been told I
589 would be calling in and that she was trying to get rid of me for some reason. I called
590 back because I wanted to get the brochures to give to my physicians that told them how
591 to diagnose Wilson's and what tests to give for definitive diagnosis. Within a few days
592 after I left my name and address, government vehicles began to appear in my home town
593 and follow me about. In addition, places I frequented suddenly would have change in
594 personnel when I walked through the door. Especially when I went back to the hospital

595 to get the review I had requested and that my local physician, Burgstahler, had said had
596 confirmed that nothing was wrong with the images. I asked for signatures and ID's of
597 those who had stated this and found out that no review was ever done at all and that my
598 physician (Burgstahler) had out rightly lied to me.
599
600 During all this, I started hearing recording devices on my phone, files proving these facts
601 were suddenly deleted off my computer (although I still have more than ample evidence
602 of ALL that I affirm in this affidavit under penalties of perjury!) I started having record
603 number of virus attacks on my various systems. One of my monitors was taken out by a
604 "death spike". People started knowing my name everywhere I went when I was mostly a
605 rather inconspicuous individual prior. Drivers of government cars started watching my
606 every move. A vehicle of mine was tampered with so that I had to take it to a local shop,
607 Les Schwab, where someone sped off with it off of the lot (I have filed a formal
608 complaint regarding this event, all pertinent names are filed with the complaint).
609
610 At first I thought all the government vehicles (I know what plate numbers are reserved
611 for federal and state officials because I tried to get them one time for spiritual reasons and
612 Department of Motor Vehicles/Licensing personnel told me I couldn't because those
613 plate numbers were designated for that purpose) was due to the fact that one of my clients
614 had told me about a website called **911whatreallyhappened.com** (if you decide to visit
615 this site make certain it is done from a public forum like a library) but the files that were
616 being deleted had to do with proving Wilson's. I finally got to see the hematologist, Dr.
617 Robert Laugan 12615 E. Mission, Ste. 200 Spokane, WA 509-228-1200, who was elderly

618 and apparently nationally recognized in his field. It had been a long road to get to see
619 him and I finally thought I was seeing someone competent enough to correctly diagnose
620 me. I handed him the clinician's guide for diagnosing Wilson's and told him I wanted to
621 be tested for two specific illnesses both of which were very serious. One was Wilson's
622 and the other leukemia. He began verbally dismissing both out of hand! I couldn't
623 believe it! He wouldn't even look at the Wilson's guide! I was both flabbergasted and
624 enraged! I had just told him through years of research and agonizing pain, I believed I
625 was suffering from two terminal illnesses and he wasn't even willing to do the tests or
626 read how really simple they were! He was saying something like he didn't know anyone
627 in the entire region who could diagnose the condition. (I was handing him the guide! It is
628 VERY easy)! And he wouldn't even take the time! My patience was gone at that point;
629 this went beyond incompetence to willful negligence or perhaps intent to let me die. I did
630 raise my voice at him at that point. He finally conceded to test my blood at least for
631 spherocytosis. When he came back with negative results, I KNEW that this was
632 INTENTIONAL COVER UP OF ALL THAT HAD OCCURRED TO ME! THERE
633 WAS NO RECORD OF THE TRANSFUSION (ALTHOUGH I HAVE IRREFUTABLE
634 EVIDENCE OF IT) AND A LEADING HEMATOLOGIST COULDN'T RECOGINIZE
635 OVER 50% AFFECTED RBC'S WITH SPHEROCYTOSIS! I KNOW he knows that I
636 have Wilson's and probably leukemia but is refusing to diagnose me or that he never
637 actually looked at my blood because the sample was switched. I got a copy of his lying
638 report in my medical record where he libeled me and quoted Dr. Burgstahler (who has
639 never looked at my blood to the best of my knowledge) stating, "just like you told me no
640 spherocytosis", PROVING Burgstahler, prejudiced the test before it was even done. In

641 addition, Burgstahler talked of psychiatric condition BEFORE even a quack diagnosed
642 me, PROVING further this man libeled/discredited and prejudiced medical evaluations of
643 me without any justifiable or legal reason. He also slandered me on the phone to the staff
644 at the radiology department when I caught him in a lie that he had never gotten the
645 review I requested and that he had said was done. The staff patronized me after talking
646 with him on the phone (why did they call him in the first place, all I did was request a
647 copy of the review). Again and again, as I have stated people are working together to
648 keep you, the public, in the dark about this serious hereditary condition, and me
649 undiagnosed (and misdiagnosed to discredit my testimony), untreated; hoping I die before
650 anyone figures out I'm telling the truth and alerts the public of this serious hereditary
651 condition that so many corrupt individuals are profiting from by leaving us all in
652 ignorance. And as a result, I will use the last of my life force and channel the great pain
653 they are causing me to be in, into telling every last soul on the planet; if I'm able; as long
654 as GOD gives me strength and keeps me alive!
655
656 So I began to put it all together. Why would the government be interested in me? Why
657 are all my physicians refusing to correctly diagnose me? Why am I dying in excruciating
658 pain? While I figured it out, my wife, Jane Swenson, my brother, James Swenson, and
659 my "friends", Glenn and Kat Westbrook, all started thinking I was "crazy" (by the way
660 this is a warning that anyone who suspects they have Wilson's should try to make it to
661 one of the specialized treatment centers just because of this reason) because all these
662 physicians were saying I'm fine when I was telling them that I had these serious
663 conditions. And they especially started thinking it when I tried to point out the

664 government conspiracy involved. Even if no one believes the active participation the
665 government has had in discrediting and attempting to silence me, the fact that the public
666 and medical professionals across state lines are unaware of or unwilling to test for, or
667 denying obvious lab results, etc. as they have consistently in mine denotes that our
668 government has failed to advise practitioners and the public of a most serious hereditary
669 condition that's been documented for nearly a century)! In other words for ignorance and
670 negligence and intent to involve so many, implies at best negligence on the part of our
671 government, leaving the public in grave and life-threatening ignorance as well as the
672 medical field! Because, they didn't know or perceive the government switching
673 personnel, following, bugging, and persuading practitioners to leave me untested and
674 undiagnosed (I will take an untampered polygraph by unbiased, non-bribable expert(s)),
675 Kat Westbrook tricked me into going to another hospital, Kootenai Medical Center, in the
676 North Idaho Behavioral Health (NIBH) division, where they swore to me an expert in
677 Wilson's was and I ended up in a mental ward where these same practitioners (co-
678 conspirators), Dr. David Wait, and possibly others involved, tried to give me chemical
679 lobotomizers seroquel, depakote, and other such harsh medications as to kill a person in
680 my condition! They kept me illegally incarcerated against my will for a week. The state
681 evaluator is biased by being told in advance by physicians their professional opinion
682 rather than coming to their own conclusions. A look at my medical records showed that
683 personnel did no fact checking but automatically presumed I was exaggerating when I
684 told them about my real estate profession at the time and just because they might not have
685 experienced or thought the government would be involved in profiteering with
686 pharmaceuticals via the FDA or be actually practicing eugenics on our society by

687 approving "medications" with LETHAL side effects doesn't mean it isn't so. More and
688 More were reading of scandals and greed and corruption, and with trillions of dollars
689 being transferred and intestate laws allowing the government to profit, this could be just
690 one of many ways to fund the imperialistic war machine being put into place similar to
691 the last World War! During that week that seemed much longer, I found out to my horror
692 that all of this was a standard of practice for corrupt medical practitioners! Patients that
693 these corrupt doctors had made "mistakes" on were routinely placed in mental wards
694 (according to the individuals I spoke with that had been in these institutions for many
695 years). They were given such strong chemicals that it made them appear so incompetent
696 no one would believe or listen to them. They were intentionally misdiagnosed with
697 serious mental conditions to discredit their testimonies to cut down on law suits and to
698 cover up actual serious crimes taking place in hospitals and mental wards across the
699 country! In the meantime, these corrupt practitioners drained the victim's financial
700 resources and through "kangaroo courts" got them routinely committed and were given
701 drugs until they were either brain dead or really dead! They were not "mentally ill" but
702 terrified victims, forced to accept harmful diagnoses and medications with the hope they
703 might actually live to make it free again, because they had watched others who fought the
704 process being chemically lobotomized, assaulted, some sexually, and still others beaten to
705 death or given lethal doses. They did this intentionally so no one would listen to or
706 believe their testimonies and so they could avoid taking responsibility for their
707 intentional/or possibly unintentional "mistakes" in medical practice! I witnessed a very
708 well organized and oiled machine of corruption first hand as a quack, David Wait,
709 diagnosed me with a serious mental illness (bipolar something) without even talking with

710 me and tried to give me lethal doses (for a person with my stage of Wilson's and possibly
711 leukemia) of serious medications. I heard him coach my wife into saying that I had
712 threatened her (when I have never done any such thing in all the years we've been
713 together) so that he could place me on administrative hold and he was rushing me to one
714 of the kangaroo courts these other poor souls were warning me about when I chose to
715 follow their advice and pretend to take the "medication" they were proffering me; so that
716 they couldn't route me to a state institution where no one would see me again. I'm NOT
717 lying! I'm NOT crazy! This is occurring regularly all over the United States according to
718 one witness in particular that had been in and out of these institutions since the sixties.
719 Furthermore, he said it was legal for them to make you urinate and defecate naked in a
720 locked room and physically force dangerous medications into your body if they chose to
721 do so. That practice is absolutely outrageous and MUST be stopped IMMEDIATELY!
722 Just put yourself for one instance in their place! Some arrogant quack pronounces you
723 insane all because you don't think the way he or she does and FORCES highly
724 dangerous, organ damaging, brain damaging, and potentially lethal substances into you
725 regardless of your personal wishes on the matter. Even IF someone needs medication
726 NO ONE should be forced to take medication the prescribing "doctor" wouldn't take
727 themselves! THAT IS MOST CERTAINLY CRUEL AND UNUSUAL PUNISHMENT
728 AS WELL AS DEPRIVATION OF LIFE, LIBERTY AND HAPPINESS WITHOUT
729 DUE PROCESS OF LAW! IF SOMEONE HASN'T ACTUALLY HURT
730 THEMSELVES OR SOMEONE ELSE WITH VISIBLE, IRREFUTABLE EVIDENCE
731 THERE IS NO WAY THEY SHOULD BE LOCKED UP UNDER ANY
732 CIRCUMSTANCES! NO ONE SHOULD BE ABLE TO CALL UP A MENTAL

733 INSTITUTION AND SAY SO AND SO IS ACTING STRANGE AND GET THEM
734 LOCKED UP JUST BY THAT! BUT IT IS HAPPENING IN THESE MENTAL
735 WARDS ALL THE TIME! I TALKED WITH INDIVIDUAL AFTER INDIVIDUAL
736 THAT HAD BEEN ILLEGALLY DETAINED IN THIS MANNER! (BESIDES
737 EXPERIENCING IT FOR MYSELF)!
738
739 I further wish to document that fiber optic cameras are located throughout NIBH where
740 all occupants are spied on 24/7 and they can take still images of the occupants at will.
741 While there I witnessed such occurring as images were taken of my face and fingers,
742 presumably so they can put my prints on some crime weapon or frame my image so that
743 they can keep me silent if people start listening to me. I don't just speculate about this, as
744 I found a listening device on my property shaped like a black plastic gas cap but had a
745 lens in the center and was heavy like metal inside. I PURPOSELY picked it up by
746 scooping it into my palm so that no fingers ever touched it and I examined it thoroughly
747 while it sat in my palm. Kat Westbrook, (when she lied to me and swore to God, she was
748 taking me to see a Wilson's expert and that I would not spend more than one night in any
749 hospital, and that she would never leave my side which was the only reason I agreed to
750 accompany her, because Christians will still lie to other Christians, but I couldn't believe
751 any one who claims to belong to Christ would give an oath to God, intending all the
752 while to break it; proving the proverb "foolish is the man who puts his trust in man, but
753 wise is the man who puts his trust in GOD"), also saw it and dismissed it. I didn't want
754 the spies to know that I knew what it was; so I tossed it planning to pick it up and submit
755 it as evidence. But while I was illegally held at NIBH, Kat went back and picked it up

756 and said it was light in weight and hollow, that it had no lense in the center of the stem. I
757 knew the spies had switched it then, because she claimed my finger prints were all over it
758 when I had never touched it with my fingers. (she is former law enforcement and is how
759 she apparently discovered my prints on it). As a result this warned me that these same
760 spies plan on framing me for something I haven't done. Furthermore, poison attempts
761 were made with my food and beverages while at NIBH and I have proof of such. In
762 addition, men deposited reflective metal pieces of some device I have never seen in the
763 grass outside and leading up to my window outside of my room while there. I don't
764 mean to state that all staff there were or are corrupt, perhaps some legitimately think it's
765 alright to give these strong chemicals to people that mostly just need to be loved, listened
766 to and filled with Jesus Christ and the Holy Ghost. I don't think secular humanity has
767 made any significant progress in the cruel and unusual punishment going on in America's
768 mental institutions; if anything, it may be getting worse as an elitist, fourth reich
769 mentality emerges that hates God's people and anyone they think are less worthy to live
770 than themselves. I reckon not many are aware that in the early 1900's in this country a
771 eugenics movement began that led to the formation of the Nazi party in Germany and
772 may have been insidiously growing in our country and others ever since. My wife came
773 and got me out of NIBH, but the misdiagnosis had so damaged our relationship that it
774 wasn't long before she was talking about a divorce. I furthermore, had to promise my
775 "Judas Iscariot", "friends" that I would take a harmful medication upon release until I
776 was better. Well I was better the instant I walked out the door, but just to make them all
777 feel that I kept my word, I actually tried to take as little as 25 mg of seroquel every day at
778 first and then every other day but it made my tongue and lips swell, my face twitch,

779 caused abdominal bloating, and gave me liver and kidney pain besides numb feeling in
780 my left arm and chest area. I informed them that the substance was harmful to me and
781 they still wanted me to take it regardless; therefore, these individuals who wish to harm
782 me are no longer welcome on my property; and if I have any say in the matter, in my
783 presence. I realize that in their ignorance they only thought they were helping me in
784 scheming against me to put me, illegally, in the mental ward; sticking me with unjust
785 medical bills in excess of $15,000, fifteen thousand dollars), but lack of knowledge that
786 extreme is in danger of depriving me of liberty and life and is why I must prove my
787 allegations or others in their ignorance could (and are) depriving me likewise. On top of
788 that, after I told them and my wife that if she valued our marriage, she would have
789 nothing to do with them, I heard them still conspiring (thinking to help me when in their
790 ignorance they are really an extreme danger to my liberty and life) against me; falsely
791 accusing me of breaking my promise to take harmful chemicals (medications) until I was
792 better. (Even though I knew the substance was very harmful, I still tried to take it
793 regardless; just because I had given my word that I would; but after it was clear to me
794 that if I continued, it might kill me, I stopped. These people in ignorance that is
795 dangerously deadly have made me so angry I'd like to see them all stuff their faces with
796 poisons they know are harmful just so they understand – not really but you get the idea.
797 From my spirit, I really just want them to repent and live unto and follow our Lord Jesus
798 Christ, Yahoshuah, all the rest of their days because right now they only think they are
799 Christians; they're (like so many others) not studying His Word (reading the Holy Bible
800 and praying for His Understanding), and not doing His Will, but are yet carnal and going
801 about daily doing whatever they want). Therefore, I am grieved to realize that many who

802 call themselves Christians are fulfilling the scripture that states, "the days will come
803 when those who kill you, think they are doing me (*GOD, the LORD*) a service" and "a
804 man's enemies/foes will be those of his own household" ((Lk 21:16, 9:1-27, 10, 12:1-56,
805 14:26-35, Mk 13:12, 8:34-38, Mt 24:9-13, 10:7-**36**-42, 16:24-28). The sad truth is that
806 Kat and Glen Westbrook also have Wilson's, but they went to a physician and their blood
807 tests were switched ("assistants" have infiltrated the few honest, knowledgeable Wilson's
808 physicians and switch the samples of those coming in to be tested for it with "normal"
809 blood samples, which is why anyone who suspects they have the condition MUST go to a
810 Wilson's treatment facility and MUST follow their drawn blood directly to the
811 microscope, never letting go of the tube until the drop is placed on the slide in front of
812 them and they SEE FOR THEMSELVES whether or not spherocytosis (and, most likely,
813 Rouleaux formation is present!) or the doctor they went to is either incompetent or is
814 intentionally lying as the ones I've visited. Again, I am ready to prove to the world that
815 these "doctors" are all woefully incompetent, intentionally negligent, or guilty of
816 conspiracy to commit murder. Unfortunately, for the ones at Deaconess, they are guilty
817 of attempted homicide (and most probably will be homicide unless there is a miraculous
818 recovery in my future). I think Burgstahler's smirk when I told him what happened, was
819 his way of blackmailing the guilty as he saw a way to make a quick buck off my suffering
820 in keeping my condition undiagnosed and in prejudicing the hematologist in Spokane.
821
822 I have tried to see yet another "doctor", a Dr. Stephen Puffer, Sandpoint, ID, but
823 apparently he's just too busy and so is using that as an excuse to refuse me medical
824 treatment. In fact, somehow, doctors think this is an acceptable practice in the United

825 States in violation of the U.S. Constitution (deprivation of life…without due process of
826 law), federal laws (and in some states, state laws as well).
827
828 Because of all the intentional cover-up, people I've told along the way that I know have
829 the condition, role their eyes at me, with very few exceptions. Why is this so hard for
830 people to comprehend? Millions are dying and are daily victims of corrupt physicians,
831 pharmaceutical manufacturers, FDA, government officials, anesthesiologists (it's been
832 estimated that some 50 fatal "mistakes" are occurring in hospitals across America
833 DAILY! – according to a televised report and book, "…health…treasures" or vice versa.
834 Heck, criminals have been known to kill others for a pack of cigarettes or a pair of shoes,
835 what makes anyone think that criminals who haven't been caught yet wouldn't be
836 tempted by millions; if not billions of dollars in profits?! I've started wondering where
837 are all these estate and art auctions we're seeing on television coming from? I'm dying, I
838 HATE attention, I'm very much a recluse and I've got nothing to gain by making this all
839 up. In fact, by disclosing this, it is only bringing me further hardship and suffering as
840 "my world" I've worked so hard to build is crumbling all around me and I'm slandered
841 and libeled for telling others I meet the truth. I'll state for the record, that if it's
842 discovered that I've told the truth and someone wants to write a book, make a movie, etc.
843 they can only do it with my permission, and after printing expenses, and compensation
844 for the author's time (not to exceed ten times federal minimum wage per hour at the time
845 it's written, and one percent of all gross sales on original publication and all reprints) and
846 expenses (receipts must be shown for out of pocket expenses to be reimbursed), ALL
847 remaining (after publication hard costs (hard costs to be reviewed by competitors any

848 misrepresentation for gain by publisher loses rights to publish and must pay the proven
849 difference to the succeeding competitor showing the fraud) and author's compensation)
850 profits are to go to charities divided equally as follows for the purpose of furthering the
851 Gospel, Feeding the Hungry, Clothing the Naked, telling the world about Wilson's, and
852 treatment and research for the same: 1) Wilson's Hereditary Condition Treatment and
853 Research Foundation (to be created by my estate executors, ONLY staff filled with the
854 Holy Ghost and have the testimony of Jesus Christ (YAHOSHUAH) allowed to work for;
855 as not for profit organization), 2) World Challenge (David Wilkerson) 3) Christian
856 Children's Fund 4) Life Outreach (James and Betty Robinson) 5) World Outreach 6)
857 Salvation Army 7) TBN 8) Kenneth Copeland Ministries 9) Wilderness Ranch Ministries,
858 Spirit Lake, ID (mimic this across the states and across the globe) 10) Oral Roberts
859 University (because of their main goal of training ministers to listen to and be guided by
860 the Holy Ghost!) 11) reprints in future must adhere to same guidelines, with publishers
861 allowed only an 11th share, but not greater than 10% profit over hard costs, rest to be
862 distributed as written above in items 1-10. Prior to and or a period of one hundred twenty
863 days following my demise for any reason, I retain full rights to author and publish, or
864 originate any other form of media regarding these events or give permission to do the
865 same, in case our Living Lord Jesus the Christ (YAHOSHUAH) decides to resurrect me
866 or have me resurrected by one or more of His Chosen Children within that time period
867 (bodily resurrection in His Holy Omnipotent Name has been occurring since He Arose
868 nearly 2000 years ago to this very day!) I know to an unbelieving world this might seem
869 like an unrealistic expectation and I'm not expecting, just I will not deny the power of
870 God should he choose to do so and I will not say He doesn't when the Holy Scriptures

871 make it clear that He does. Regardless, I must also adhere to the points 1-12 as stipulated
872 herein. After that period; if I rest and if I have not been resurrected (or if they wish to
873 represent my interests in this regardless, then they would be entitled to a 12th share), then
874 Jay Sekulow, ACLJ, and it's representatives are charged in YAHOSHUAH'S (JESUS')
875 HOLY NAME to make certain this is adhered to and as such would be entitled to an
876 equal share of any profits divided with 1-11 above. (a 12th share)
877
878 This is how the scam of all scams works. At least twenty years ago the medical field had
879 knowledge of Wilson's (probably much longer) and that there is no known cure. Viola!
880 It's the number one hereditary link to all manner terminal and non-terminal illnesses!!!!!
881 If your blood isn't healthy, neither is the rest of your body, organs start to fail, muscles,
882 joints, etc ("the life is in the blood") what a "cash cow"! Instead of telling the public
883 about the ONE very important genetic condition, so they eat right and practice zinc
884 chelation (and other safe and healthy forms of heavy metal detoxification) to pull out the
885 heavy metals/toxins/poisons that get deposited in the eyes causing Kayser-Fleischer
886 rings, and in the brain causing Alzheimer's, palsies, and other neurological and motor-
887 neurological disorders, in the spleen and liver causing hepatitis-like and toxemia
888 symptoms, cirrhosis, in joints, causing arthritis, and in other organs causing all forms of
889 digestive disorders, including diabetes, Crohn's, IBS, causing all forms of cancer, and as
890 the blood fails, high blood pressure, migraines, tremors, and eventually heart attacks; they
891 would rather bilk the public of millions and billions of dollars treating a wide variety of
892 symptoms of the one true underlying predominant connection! Normally this is all
893 treated by pharmaceuticals with INTENTIONAL harmful side effects that cause other

894 organs to fail and so on until a patient is taking thousands of dollars of drugs that are
895 killing them! Furthermore, somewhere along the way when someone died in the
896 hospitals by a bad transfusion, they figured out why. (You know they did, when someone
897 dies, they had to have looked into it) And presto! What a perfect way to off someone! It
898 looks just like an "accident"! Someone with Wilson's checks into a hospital and they
899 don't check out! Why? You ask? Consider the questions they posed to me. Are you
900 successful? What's your net worth? Assets? Do you have a will? (That reminds me they
901 also asked if I had children, which I don't) All that made me a perfect target! Why?
902 THINK! What happens if someone dies intestate? It all goes to surviving spouse. But
903 what happens if both pass? With NO ONE alive to verify what happens to it and NO
904 ONE who cares, you guessed it – the murderers and thieves end up with all of it! You
905 see when one spouse of a Wilson's victim dies, they grieve and either end up so doped up
906 they don't take care of themselves (and end up in a death camp/ mental ward) or die from
907 grief themselves (because Wilson's people tend to marry and the stress can bring on the
908 acute phase of Wilson's degeneration (an EXCRUCIATINGLY PAINFUL and left
909 untreated, can be a tortuously slow way to die)! So much so, that if I didn't believe in
910 God's ability to heal me at any moment and if I didn't care about others so much to
911 struggle long enough to let the public know; I probably would've given up).
912
913 The most terrible part of all this is that I have become somewhat of an expert on Wilson's
914 as a result and I am recognizing it in others virtually everywhere I go! Actors,
915 politicians, physicians, artists, businessmen and women, military special forces and
916 academy officers, talented and intelligent people everywhere (extreme sports, extreme

917 professions, extreme "go getters" for extreme, passionate, intelligent (not necessarily
918 "educated") people), which makes you all even more prime targets because you're
919 successful! I am MORE than serious about ALL of this! On the negative side, can
920 display extremely bad behavior as the pain in their bodies cause them to self medicate on
921 drugs or alleviate the suffering by natural methods of pain reduction, such as, sex; hence
922 can come out as promiscuous behavior or worse; if not in a godly, committed marriage. I
923 don't type this as an excuse for bad behavior, just that these behavioral issues can be
924 observed in others that don't realize one of the underlying causes is a genetic condition
925 that results in a wide variety of painful symptoms; combined with a lack of knowledge of
926 the spiritual realm and the instruction for living as declared in God's Word, the Holy
927 Bible.
928
929 (I typed this part a week ago after trying unsuccessfully for months to get diagnosed and
930 treatment, because of the government involvement, and how I have witnessed their
931 "influence" on people everywhere I go, I am convinced until the public becomes aware of
932 this, I will not be able to get an accurate diagnosis; so I'm doing what I can to make sure
933 no one else has to go through this and perhaps in the process I might eventually obtain
934 badly needed medical care if I live long enough). It is unfortunate for me that when I tried
935 to inform the public and this local community, many didn't believe me and the
936 misdiagnosis is a danger to my life and freedom, because I could be mistaken as harmful
937 to society when I actually care about people and am trying desperately to help them. It is
938 also a danger because people thinking they care about me could mistakenly think they're
939 helping me by trying to get me "committed" where I could actually die from being forced

940 to take medications that are lethal to a person in my condition. It is also a danger because
941 even if I were willing to go to a specialized treatment center for Wilson's, the experts
942 there might believe the misdiagnosis of the discrediting mental condition and take away
943 my freedom because they think I have psychiatric conditions related to Wilson's when in
944 fact, I am only telling the truth of the events that have occurred and can prove it. (When I
945 first started sending out this affidavit I left out the names; only adding them after giving
946 the conspirators every possible chance to do the right thing instead of participating in my
947 torture and eventual death either through negligence or willingly). As many people as I
948 witnessed being harmed in the mental ward, I unfortunately tend to think it is
949 premeditated by far to many and negligence of a few; regardless, I am fighting to stay
950 alive so I can get PROPER medical care being CORRECTLY diagnosed, AND to help so
951 many others that are suffering the same fate as I, due to the greed and corruption of our
952 government leaving the public in grave ignorance. You're thinking why haven't I
953 mentioned names and specific locations yet. I'll tell you. Love covers a multitude of
954 sins. I was forgiven of all the wrongs I have done and I long to forgive all these who
955 have wronged me. It is enough that I have told you all the truth of what is going on and
956 that you can each choose whether or not you will bring this terrible oppression and
957 affliction of the American public to light (and for that matter the citizens of the world). I
958 have patiently tried for months now to get correctly diagnosed but the final hematologist
959 is without excuse. There is NO WAY he's so incompetent to not recognize my
960 conditions. Since I know this, if I expose him that would make him a conspirator to
961 commit murder and he would probably spend his latter years in prison. So I am giving
962 him one final chance to correctly diagnose me by 6:00 pm PST next Wednesday July 05,

963 2006. If I haven't been correctly diagnosed by then, then he doesn't deserve the mercy
964 I've offered him in Christ Jesus our Lord and I will, for the sake of others, send full
965 details of names and locations.
966
967 In addition, I want this affidavit to serve as a release of my medical records to Paul and
968 Jan Crouch, Oprah Winfrey, Jay Sekulow of the ACLJ, Kenneth and Gloria Copeland,
969 David Wilkerson in the event of my demise for ANY reason! I AM NOT SUICIDIAL,
970 HOMICIDAL OR DO I HAVE ANY INTENT TO HARM ANY ONE! I JUST WANT
971 THIS EVIL, WICKED EXPLOITATION ALL IN THE NAME OF GREED TO STOP
972 KILLING OFF INNOCENT AMERICANS AND PEOPLE WORLDWIDE!!!! (What
973 many are labeling AIDS (in a further effort to cover up the truth and keep good and
974 caring people from looking into the many deaths) many are actually godly people dying
975 from Wilson's)!!!!!!!!!
976
977 After everything that has happened to me, I've lost my career, my ability to support
978 myself, friends and family have turned against me because they're too willing to believe
979 that people simply can't be this evil (even as I did, until all of this added up to the facts as
980 I've set forth here) and I'm in great pain every waking moment unable to obtain even my
981 own prescription for pain relief. This brings me to another point. One day I was in such
982 agony, I let my wife talk me into trying one 60 mg capsule of Cymbalta. Some time later
983 I suddenly felt a circle of pain relief originating in the center of my brain and it expanded
984 until it had pushed my migraine right out of my head, like a bulldozer shoving pain
985 completely out of my head. But then my body began to shake uncontrollably for at least

986 an hour and then what I would have to say was a miracle happened. The shaking stopped
987 and I reached down and felt my thighs. As I squeezed my quadriceps I was amazed they
988 were soft and relaxed, I began to feel my muscles all over and for the first time in my life
989 my muscles weren't rock hard. I didn't know muscles could feel that way! I asked my
990 wife to reach over and touch them and she was amazed as well! Suddenly, I was able to
991 work again for the first time in almost two years and so began an intense research of
992 about twenty hours a day while I documented and found out the truth about all that I have
993 set forth herein. The trouble is that when I found out, I tried to tell my wife and brother
994 and they thought the medication had made me paranoid! They didn't believe me! I even
995 offered to show them my blood under a microscope as proof but they think they can't
996 match a picture showing the condition from the Internet with my blood. I assure you
997 ANYONE with eyes to see even a young child could match the images! So even though
998 I had finally obtained a prescription for the first substance that brought me significant
999 pain relief, my wife threw them out without telling me! In the process, I endured pain so
1000 great one day that all I could do was scream as my muscles tightened up so severely that
1001 it caused me to curl up in a tight ball and I was unable to unclench my hands. It was
1002 then, she conceded that I needed some relief and so has allowed me my prescription but
1003 only in half doses; so that I am in extreme pain constantly but able to function enough to
1004 do very basic things like sit and type. And type I will until I find someone honest enough
1005 to put an end to this great evil once and for all.
1006
1007 May GOD protect and Grant Wisdom, Knowledge and Power to Prevail to ALL those
1008 who now come forward and tell the TRUTH about all of this that has been going on. This

1009 petition is made in the Name of JESUS (YAHOSHUAH), the One and Only CHRIST.

1010 Amen. And Amen.

1011

1012 Signed in the presence of GOD ALMIGHTY and HIS HEAVENLY HOST OF ANGELS

1013 this 30th day of June, in the year 2006 of our REIGNING KING OF THE UNIVERSE,

1014 JESUS (YAHOSHUAH), WHO SOON SHALL APPEAR IN GREAT GLORY. Amen.

1015

1016 Under penalties of perjury.

1017 

1018 Michael Swenson

1019

1020 I will get this notarized if and when the offending specialist fails to diagnose me and at

1021 that time I will provide names, locations, and further details of the terrible crimes these

1022 people have and are committing, because if I get this notarized now, then you all will be

1023 able to deduce my exact location easily before this individual has a chance to repent and

1024 do the right thing. (I am seeking someone here locally to be able to correctly diagnose the

1025 condition, because I have seen so many here that have Wilson's also and I want to be able

1026 to refer them all so they don't have to go through what I've just experienced and am still

1027 experiencing).

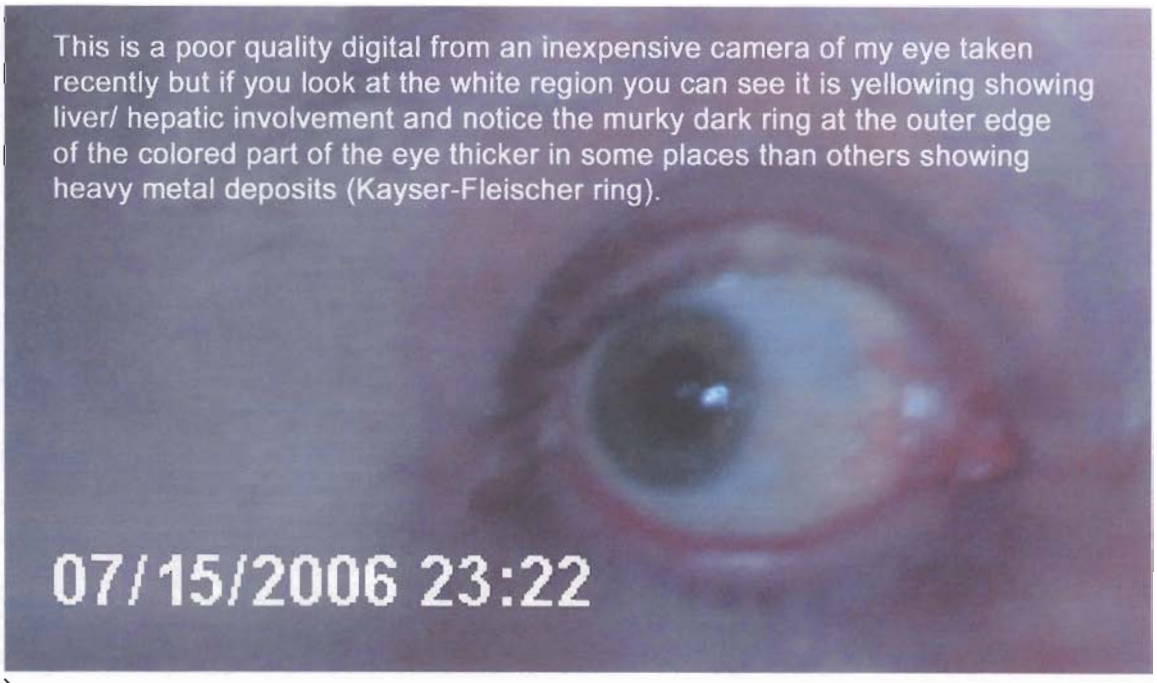
1028

1029 Notary_____ commission expires_____

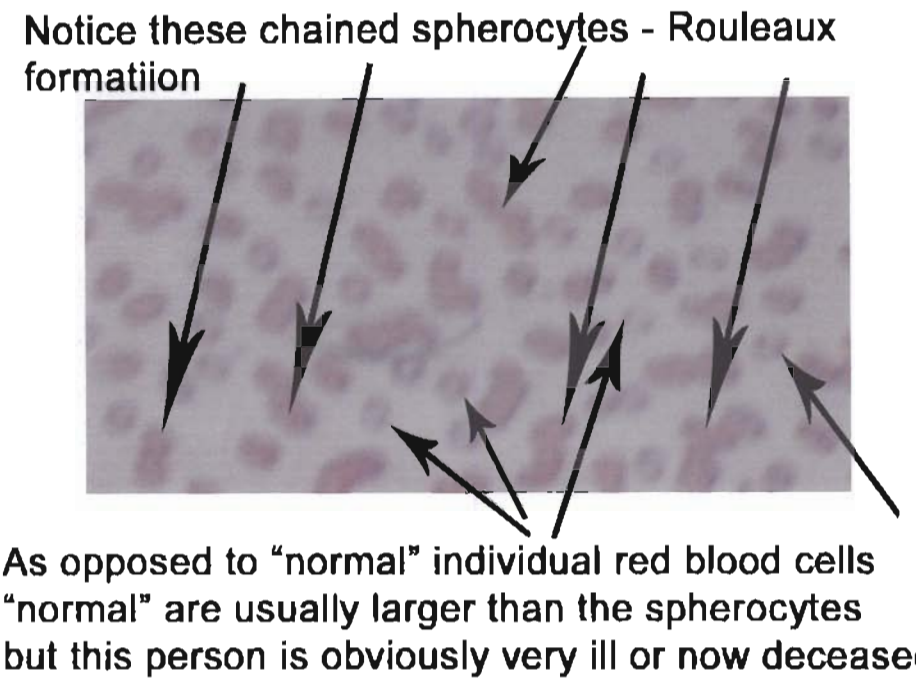
1030

1031 It is the evening of July 06, 2006, I called Dr. Laugan's office directly today at 10:24 a.m.
1032 and spoke with "Terry", a female receptionist who wouldn't give me her last name; who I
1033 had asked yesterday to make certain Dr. Laugan had gotten all my many faxes I've sent
1034 and this one that I sent last week, because if I didn't hear from him (yesterday) then he
1035 would probably be facing criminal charges and I wanted to make certain no one was
1036 intercepting the faxes and messages. Today I called one final time, asking to speak with
1037 him directly, because I thought just maybe, his nurse, Linda (Smith?, I have her name on
1038 one of my digital records) had switched the blood sample and he had looked at someone
1039 else's blood thinking it was mine (trying to give him absolutely EVERY benefit of the
1040 doubt), but Terry wouldn't refer me on and instead sent me to an "office manager", who
1041 answered "compliance" and gave a name of Marie or something like that once again, I
1042 wasn't trusting anyone who refused to give their first and last name, but during the
1043 conversation she made it clear that Dr. Laugan was aware of all my faxes, that he was
1044 aware that by continuing to leave me mis/undiagnosed he would be facing criminal
1045 charges, and pretty much that cancercarenorthwest.com in Spokane, Washington and it's
1046 members were aware of my undiagnosed situation and that they didn't consider me a
1047 patient or in need of treatment. (UNBELIEVEABLY SMUG IN THEIR SERIOUS
1048 CRIMES IF YOU ASK ME).
1049
1050 Apparently, these corrupt physicians are SO smug and they must've gotten away with
1051 this for SO long, that they don't believe there is anyone out there either honest enough or
1052 intelligent enough to figure out what they're doing and have been doing for quite some
1053 time. This means to me that the corruption is probably SO extensive, and they believe

1054 their backing by the corrupt government officials is so strong that they simply don't fear
1055 the law. So, I am placing this information in the hands of the global public at large, and I
1056 will let each of you decide on your own if you want to let these murdering thieves
1057 continue their practices of death and torture or not. I believe it is my duty to tell and
1058 continue to tell as many as I can of this great evil until I either die or my strength fails me
1059 and I am no longer able to do so.
1060
1061 Regardless, I advise ANYONE that has darker colored rings around the outer perimeter
1062 of the colored part of their eyes (often thicker in places and sometimes blurring into the
1063 whites) (Here is a recent example on mine:



1064
1065)
1066 to get health insurance with long term care and life insurance and then go to a Wilson's
1067 treatment center to get tested! Familiarize yourself with what Kayser-Fleischer rings look
1068 like and what spherocytosis looks like (smaller sphere-shaped red blood cells as opposed
1069 to the donut shaped "normal" red blood cells with translucent centers):

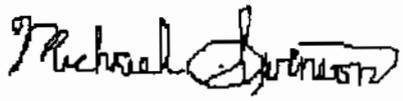


and ask the lab to let you see your blood on the spot (follow it from your arm to the slide, to the microscope to make certain the sample isn't switched. In order to be absolutely sure, make sure the technician has NOTHING in their hands and no long sleeves on to prevent "slight of hand" as much as possible. In fact; I would ask them to show you how to prepare your own slide (don't give them your tube/sample to do that!) (it is very easy), then you prick your finger yourself on the spot and drop the blood onto the CLEAN and STERILE slide (tubes may have chemicals put in them to hemolysize the blood or otherwise make it impossible for you to see your cells), focus the microscope yourself until your cells are clearly visible; if possible take a digital photo of the image by placing the lens of the camera right up to where you look into the microscope. I'm VERY serious about these measures no matter how extreme they may seem because just as criminals/some corrupt, greedy, casinos train their dealers to be card mechanics so they can cheat and steal your money at will, it is easy to train others in basic "slight of hand" techniques and switch a blood tube, blood sample or slide)! If you have both Kayser-

1085 Fleischer rings and spherocytosis don't believe them if they tell you that you don't have
1086 Wilson's! It can take a lifetime before a person develops end stage symptoms! But it can
1087 happen quicker depending on diet and environment! DO NOT ATTEMPT TO GET
1088 TESTED FOR WILSON'S IN ANYWHERE OTHER THAN A SPECIAL CENTER
1089 JUST FOR THE CONDITION! Then if you don't believe me, after you find out the
1090 truth, try to get diagnosed through a general practitioner and see how difficult it really is!
1091
1092 Finally, if there are any of you that believe in God and in His Loving Power to Heal, pray
1093 for me that He would manifest that health He purchased for us all when He was scourged
1094 some 2000 years ago, or let me go Home (to Heaven) quickly, because every waking
1095 moment of every day I am in agony; in a constant, tortuous pain, and deathly, sickly
1096 fatigue I wouldn't wish on my worst enemy.
1097
1098 All I have stated, I state realizing there are consequences for slander, libel and false
1099 accusations, both in this life but more importantly by the Divine Creator and Ruler of the
1100 Universe, the Living LORD JESUS (YAHOSHUAH), the One and Only MESSIAH, who
1101 alone comforts me with the knowledge that He shall **soon** return in great glory and if
1102 there are not those honest enough left in the world presently to put an end to these wicked
1103 practices, then I know He will!
1104
1105 Just so everyone who reads understands what I mean by Divine Consequences, GOD in
1106 His Law, the Holy Bible, the Torah, plainly states that if anyone falsely accuses another
1107 and it is proven to be a false accusation, then they should suffer the penalty they sought to

1108 bring upon the falsely accused (I guarantee, less than half the prison population would be
1109 there, if this righteous law was adhered to; for no persecutor/prosecutor would think of
1110 taking a case without irrefutable evidence; furthermore, there would have to be at least
1111 two or three eye witnesses to convict, NOT just circumstantial evidence, because
1112 circumstantial evidence can be fabricated)! In my case, this means that I am willing to
1113 suffer the penalty of first degree murder (if these herein can prove I've falsely accused
1114 them of such(some are negligent, but those a Deaconess that I mentioned and certain staff
1115 at NIBH if investigated probably have a string of patients that have died before the
1116 national average; regardless in my case certain definitely did with intent attempt to take
1117 away my life and discredit me, and leave me undiagnosed to prevent me from obtaining
1118 proper medical care to cover up their personal involvement in these serious crimes); I am
1119 that certain I can prove what I state is true. I am a real person, all of this really happened
1120 and is still happening, at times I'm so ill I float between life here in the world and going
1121 Home to be with those who Love the LORD. Blackness closes in and then, I find myself
1122 still here suffering; convinced that it is GOD's will for me to tell you all this; so you can
1123 properly start looking out for yourselves and one another and entrust yourselves to the
1124 safekeeping of our LORD and SAVIOR JESUS (YAHOSHUAH), the CHRIST, through
1125 the days ahead. While I hope I may obtain help through this my greatest trial since
1126 coming to KNOW the LORD our GOD, it is my greater motivation to do His Will and to
1127 make you aware of one of the greatest evils ever perpetrated by the wicked upon
1128 innocent, unknowing people. I realize that by informing you all of how corrupt many of
1129 our government officials (some in executive, legislative and judicial branches), medical
1130 practitioners, pharmaceutical executives, have become that I will be angering them and

1131 they have assassins and special forces, and armed and dangerous individuals that have
1132 licenses to kill (and, unfortunately for innocent citizens, enables the criminals among
1133 them to commit murder) at their disposal, but my faith is in GOD (and that there are still
1134 enough people who value freedom, honesty and integrity still residing in the United
1135 States) to deliver and keep my soul rises above them all and I do it so that none of you
1136 have to go at it alone. If you will all put the word out together, then they won't be able to
1137 single you out and take you for a prey one at a time like they have been doing. PLEASE
1138 take this warning MOST SERIOUSLY and PLEASE HELP ME SPREAD THE WORD
1139 AND LET AS MANY KNOW AS POSSIBLE! IT JUST MAY SAVE YOU OR YOUR
1140 LOVED ONES FROM A SLOW, TORTUOUS DEMISE OR UNTIMELY DEATH. I
1141 thank you for your valuable time and while I know that so many are skeptical these days
1142 (and rightly so), I pray fervently that GOD will bear these words witness and spread them
1143 abroad throughout all the earth. In YAHOSHUAH'S (commonly known in the English
1144 language as JESUS, the CHRIST) OMNIPOTENT NAME, Amen.
1145
1146 A possible explanation as to why those who attempted my murder that day in the hospital
1147 didn't succeed in both their attempts was that I had entrusted the keeping of my soul to
1148 our LORD and SAVIOR, JESUS THE CHRIST AND TRUE MESSIAH
1149 (YAHOSHUAH, MORE CORRECTLY TRANSLATED) and just perhaps HE moved on
1150 someone to come running down the hospital hall to my room that wasn't in on the scam
1151 and thereby forcing them to at least pretend to attempt to resuscitate me. I believe the
1152 truth will come out soon enough even if I have to "die" in the process.
1153

1154 I close with my mailing address and my name and I ask that if anyone figures out my
1155 home phone number to please leave it open; so that if God wills, I might obtain the call I
1156 am hoping for and obtain an accurate diagnosis; so I can get the medical treatment I
1157 desperately need.
1158
1159 Michael E. Swenson
1160 P.O. Box 129
1161 Dover, ID 83825
1162
1163 Signed this 6th day of June, 2006 in the year of our Reigning King, JESUS
1164 (YAHOSHUAH), the One and Only CHRIST.
1165
1166 
1167 Michael Swenson signed electronically 9:54 p.m. PST
1168
1169 Forgive the shaky, sloppy signature; it is getting harder for me to control my hands.
1170
1171 I will notarize this document as soon as I am able (it is getting very difficult for me to
1172 even walk; let alone travel into town) and submit to attorney generals and public at large
1173 in the world.
1174
1175 Friday December 29, 2006
1176

1177 Ongoing affidavit of conspiracy to commit murder by negligence at best and malicious
1178 intent at worst.
1179
1180 I informed local authorities via fax of my affidavit, in Spokane, City Sandpoint and
1181 Ponderay Police Departments, and Bonner County, of the fact that local practitioners in
1182 violation of federal laws were not only denying me necessary medical treatment but were
1183 in fact deleting and modifying records in an ongoing attempt to cover-up the attempted
1184 murder and my continuous torture (aggravated assault) by the guilty parties. I did by fax
1185 because, I honestly didn't know how long I would be able to stay alive or if any foul play
1186 happened they would have my sworn testimony. After all I've been through, I can't get a
1187 simple treatment done that would help me, as officer Brian Koch of the Sandpoint Police
1188 Department, 1123 Lake St. Sandpoint, ID 83864, 208-265-1482 threatened me with
1189 stalking charges merely for requesting necessary and desperately needed medical care
1190 from Regina Danielssson, 510 N 4th Ave Sandpoint 208-265-4194 or 208-263-2100. I
1191 called Ms. Danielsson's office repeatedly to schedule an appointment, mind you, weeks
1192 went by between calls, weeks turned into months, and she never scheduled me. Finally, I
1193 thought perhaps she was extremely busy, so I offered her pleading additional fees if she
1194 would only fit me in somehow. Perplexed as to why I could not obtain an appointment, I
1195 made the difficult drive (for me) into town and while waiting in her office to ask if she
1196 had gotten my messages and to make a personal plea for service, I noted she was seeing
1197 only females. Without anything else to go on, as there was from my perspective no
1198 logical reason not to grant me an appointment, I deduced she is discriminating and
1199 prefers to see only woman. This is sexual discrimination and is illegal within the United

1200 States of America. It is a clear violation of the United States Constitution which affords
1201 every citizen the right to life, liberty and the pursuit of happiness. Medical practitioners
1202 can not arbitrarily elect to prolong one citizen's life, while torturing to death another
1203 citizen by arbitrarily denying necessary medical care. It is furthermore clear violations of
1204 civil rights amendments and federal law under USRC Title 42 as well as case law that
1205 clearly delineates denial of medical care can be equivocal to aggravated assault and if the
1206 victim dies can be a form of negligent man slaughter or varying degrees of homicide.
1207 But Brian Koch of the Sandpoint Police Department ,without any justification, has
1208 elected to participate in this travesty of justice and if I die I want them both prosecuted to
1209 the fullest extent allowed by law (I state this not out of a desire for vengeance, but to
1210 fight for innocent lives suffering on account of these illegal, immoral, unethical and
1211 Divinely Damning practices). If not, and it is determined by the proper authorities that
1212 they knowingly or unknowingly contributed to my suffering by their unlawful actions I
1213 want them prosecuted to the fullest extent allowed by law for their contribution to my
1214 great suffering (aggravated assault). In fact, I intend to have this hand delivered via tort
1215 complaint to the presiding authorities and convince them of their need to uphold the law
1216 uniformly, without discrimination or bias and to investigate Ms. Danielsson, immediately
1217 either convincing her of the need to see me as soon as possible or I shall file a formal
1218 criminal complaint with the presiding attorney general and continue on up until I find
1219 someone who will recognize this great evil being perpetrated by so called law
1220 enforcement and the medical community. Furthermore, they have had my signed
1221 affidavit for over half a year and not one call, not one effort to investigate while the
1222 citizens of this community and perhaps their own relatives and children are in danger!

1223 No one knows when they might end up in a hospital and if physicians and nurses,
1224 medical care providers can alter records, delete x-rays, intentionally fail to diagnose and
1225 thereby deny anyone they see fit necessary treatment then in reality no one is safe from
1226 discrimination, negligence and apathy so great it can result in the death and torture of
1227 someone you do care about (even if obviously they don't about my life.) (Acts of overt
1228 discrediting regularly occur by corrupt authorities that threaten and pressure or bribe
1229 citizens to participate so the rest of public doesn't listen to whistle blowers sacrificing
1230 their own welfare for the sake of others) Because of this, incredible apathy to real serious
1231 crime and injustice when I'm not only trying to save my life but keep the awful events
1232 that have happened to me from happening to anyone else, I have become a very angry
1233 individual. From where I sit, people lives are in serious jeopardy, and no one is helping
1234 me bring these murderers to justice. There's no telling how many people they've killed
1235 since. And when I go to the authorities, instead of an honest investigation, they shrug it
1236 off with comments like it's not in their jurisdiction when it is; or they make statements of
1237 incredible ignorance regarding the laws they have sworn to uphold. Like when officer
1238 Koch stated to me that denial of medical care is not against the law and medical
1239 practitioners treating the public could discriminate.
1240
1241 So here I am dying in agony; trying to really help others and save others from
1242 unbelievable suffering, and some people don't care, some law enforcement doesn't care
1243 because I haven't been given even the chance to prove I'm telling the truth. So far this is
1244 what I've done despite my weakened state, I've contacted all State Medical Review
1245 Boards, in case they're unaware this practice may be occurring under their noses, I've

1246 contacted The House and Senate, individually and corporately, I sent this complaint to
1247 the State Attorney Generals involved respectively, I've requested administrative review
1248 by the hospitals involved, I've contacted local authorities, I've contacted HUNDREDS of
1249 universities nationally and internationally, I've contacted the HUNDREDS of national
1250 and international media outlets in all forms, I have attempted to tell local churches,
1251 colleagues ANYONE, THIS IS VERY SERIOUS, BUT EVERYONE JUST SEEMS TO
1252 WANT TO LIVE IN THE LAND OF MAKE BELIEVE AND PRETEND THAT BY
1253 DOING NOTHING EVERYTHING WILL BE ALRIGHT! Why don't you talk to the
1254 remaining holocaust survivors and ask them what happens when people ignore evil and
1255 do nothing. I've done more than this, but I don't want to let the conspirators know all my
1256 contacts. BUT I'M MORE THAN ENRAGED THAT NO ONE HAS CONTACTED
1257 ME TO INVESTIGATE THESE MOST SERIOUS ALLEGATIONS, WHAT THE
1258 HECK DO I HAVE TO DO?! PRAY GOD GIVE ME THE STREGTH TO MAKE THE
1259 ARRESTS MYSELF?! WHAT'S WRONG WITH OUR SYSTEM?! DON'T YOU
1260 REALIZE THAT THEY COULD BE KILLING OFF THOUSANDS IF NOT
1261 MILLIONS THIS WAY?!!!!! I MAY BE ONE OF THE FEW WHO HAVE
1262 SURVIVED THIS LONG! SOMEONE HELP ME! I MAY NOT BE ALIVE MUCH
1263 LONGER TO TESTIFY AGAINST THEM! MY FAX IS 208-265-8762.
1264
1265 IF YOU'VE TRIED TO WRITE ME AT:
1266
1267 MICHAEL SWENSON
1268 P.O. BOX 129

1269 DOVER, ID 83825

1270

1271 THEN THEY ARE INTERCEPTING MY MAIL, EASY ENOUGH TO DO BY
1272 MONITORING DISTRIBUTION CENTERS, BUT WHAT GET'S ME IS THAT NO
1273 EMAIL HAS GOTTEN THROUGH TO ME. HAS ANYONE EVEN TRIED?!

1274

1275 I am amazed that people being murdered in hospitals and denial of medical care resulting
1276 in inhumane torture isn't worthy of so much as a phone call to investigate. ON TOP OF
1277 THAT, AN OFFICER HAS THE ADACITY TO THREATEN ME WITH STALKING
1278 CHARGES MERELY FOR ***BEGGING*** THE ONLY PRACTITIONER IN TOWN TO
1279 SEE ME FOR DESPERATELY NEEDED SPECIALIZED MEDICAL CARE.
1280 THOUGH IT IS ILLEGAL FOR ANYONE TO BE DENIED MEDICAL CARE
1281 BECAUSE OF DISCRIMINATION, LAW ENFORCEMENT DOESN'T MERIT MY
1282 COMPLAINT WORTH SO MUCH AS A SNUFF. THIS IS ILLEGAL ON THEIR
1283 PART AND DISCRIMINATORY. REGARDLESS, OF WHAT YOU ALL THINK OF
1284 ME, TRY TO PICTURE IF AT ALL POSSIBLE, SOMEONE YOU DO CARE ABOUT
1285 GOING THROUGH THIS. I guarantee, if I was someone's dear sweet grandma, or if I
1286 was a foxy babe strolling into the local branches with the same complaint, they would've
1287 hopped right on it! But because I somehow don't fit your mold, you think that what I've
1288 survived to tell you about could never happen to you or anyone you possibly care about.
1289 Fact is, they are only hurting themselves and their children if they have any! I've seen
1290 many of them now and they have Wilson's as well but are they doing anything to help
1291 you, themselves and the community?! The only excuse for them NOT to be upholding

1292 the law, is that they are criminals. NO ONE IN THE UNITED STATES OF AMERICA
1293 IS TO BE DEPRIVED OF LIFE OR LIBERTY WITHOUT DUE PROCESS OF LAW!
1294 YET WHEN MEDICAL PRACTITIONERS DENY NECESSARY MEDICAL CARE
1295 AND LAW ENFORCEMENT ONLY ENCOURAGES THEM, THIS VIOLATES OUR
1296 GOD GIVEN RIGHT TO LIFE AND THE HIGHEST LAWS OF OUR LAND. For this
1297 reason, if I die without having obtained the needed appointment, and if local law
1298 enforcement doesn't start investigating my allegations, immediately, I want charges of
1299 conspiracy and accessories to the crimes against me to be executed upon them all to the
1300 fullest extent of the law. They have had MONTHS to look into this, I have plenty of
1301 evidence to support my allegations; furthermore, by this time stings could have been
1302 implemented; there's no telling how many more have been murdered since the attempt on
1303 my life in 2004, but everything points that they've been getting away with it for some
1304 time and the lack of response by law enforcement on all levels has me only conclude that
1305 they know about it and is why they are not looking into it or that they believe the
1306 discrediting criminals in the medical fields I've run into. WELCOME TO THE RISE OF
1307 THE FOURTH REICH! NAZI SS OPERATED IN IDENTICAL FASHION TO SOME
1308 OF OUR ILLUSTRIOUS POLICE POWERS IN THE UNITED STATES
1309 TODAY!!!!!!!! THIS IS VERY SERIOUS, IF THE COURT FAILS TO PROPERLY
1310 AUTHORIZE AN IMMEDIATE FULL INVESTIGATION, MANY THOUSANDS OR
1311 MILLIONS COULD DIE BEFORE THE TRUTH FINALLY COMES OUT!
1312
1313 I am in such pain and so angry at what I perceive is INCREDIBLE INJUSTICE AND
1314 GRAVE DANGER TO ALL CITIZENS, that I am not communicating as politely as I

1315 would very much like to. If you took even a brief moment to study the hereditary
1316 condition of what is being labeled as Wilson's Disease, then perhaps you might
1317 understand that when people are in intense pain it affects their speech, their breathing,
1318 their facial expressions and as such you look at a dying person who hasn't any ill will
1319 toward you at all, as a danger, a threat, when all you're really seeing is the monumental
1320 agony they're going through. So forgive me please if I seem impolite; I have been
1321 DESPERATELY fighting for my life and others while murderers are to the best of my
1322 knowledge still torturing and putting others to death. I'm hurting in bones, organs, joints,
1323 and often with migraines that literally set my teeth on edge. It's not an excuse for my bad
1324 manners or to use foul language; it's just that the slightest aggravation only adds to
1325 incredible suffering. Suffering so bad, that I'm literally risking my own life and all that I
1326 have to warn others! As a matter of fact, part of the reason I confine myself to my home,
1327 is because I'm so severely fatigued it's hard for me to travel and part because I recognize
1328 I have a responsibility to stay alive long enough to testify with the hope that I can find
1329 anyone healthy enough to at least let me PROVE I'm telling the TRUTH (so they can
1330 warn others in my place should I rest before I'm able to make innocent citizens
1331 aware)!!!!!!!! I am sincerely trying to do my very best to serve GOD and actually help
1332 others before I rest and go before THE LORD, OUR REDEEMER; AND OUR MAKER.
1333
1334 I conclude at this time (more will be revealed if the Wilson's scam doesn't come to an
1335 end right now upon innocent American citizens and the citizens of the world and my
1336 Loved Ones and I get properly diagnosed; so we all can get the treatment and compassion
1337 we need as we go through the most severe and painful trial and tribulation of our lives).

1338 (millions right here in America are about to die horribly and uncomforted if this doesn't
1339 come to the Light and Attention of the few kind, caring compassionate souls left on the
1340 planet. If you're tempted to think I'm exaggerating about the numbers of people in
1341 danger, just look at the AIDS epidemic and ask yourself how many thought it would
1342 reach such levels). Yes, if they don't end this wicked persecution upon the innocent right
1343 away, even more of their heinous crimes, how and why, will be revealed together with
1344 evidence of the names of those involved. (They think they're the only ones who have
1345 been spying, they've all been under surveillance for a very long time!!!!!!!!!!!!) So
1346 consider now if you truly are a Patriot, read for yourselves the Declaration of
1347 Independence and the Bill of Rights (the First and Most Important, Foundational and
1348 Highest Laws of our Land as contained in the United States Constitution) and ask
1349 yourselves, if our forefathers, who were prepared to bleed and die for FREEDOM; who
1350 were prepared to lay down everything they held dear, their homes, their lands, their
1351 families in their JUST CAUSE; Yes, ask yourselves if those REAL PATRIOTS were
1352 prepared to FIGHT; if necessary, … **Are YOU**??!!!!!!!!!??
1353
1354 I am reminded of Patrick Henry's famous quote spoken by Inspiration from GOD, "…I
1355 KNOW NOT WHAT COURSE OTHERS MAY TAKE, BUT AS FOR ME; **GIVE ME**
1356 **LIBERTY OR GIVE ME DEATH!!!!!!!!!!!!!"**
1357
1358 **I KNOW, BEYOND ALL DOUBT, THAT IN YAHOSHUAH'S (JESUS THE**
1359 **CHRIST) OMNIPOTENT, HOLY NAME, I HAVE THE VICTORY!!!!!!!! I HAVE**
1360 **ETERNAL LIFE!!!!!!!!!!!! IT'S DEVILS THAT ARE GOING TO ULTIMATELY**

1361 **PERISH FROM THE EARTH AND BE NO MORE; NOT ME!!!!!!!!!!!! LIBERTY**

1362 **AND FREEDOM WILL REIGN IN ALL THE EARTH WHEN OUR LORD**

1363 **YAHOSHUAH APPEARS IN GREAT GLORY!!!!**

1364 **!!!!!!!!!!!!!!!!!!!!!!! AMEN, HALLELUJAH, AMEN !!!!!!!!!!!!!!!!!!!!!!!**

1365]

1366 September 23, 2006 Update continued.

1367

1368 As I have stated, I will continue to reveal more and more of what is going on until the

1369 Wilson's scam comes to an end and my loved ones and I get properly diagnosed and told

1370 what we can do and be able to obtain necessary medical care when the time comes.

1371

1372 The Patriot Act is authorizing our government to spy on it's own citizens, what people

1373 don't realize is the significance of it. They think it's limited to phone calls, email and

1374 other communications, they don't realize that their cars, homes, even bedrooms and

1375 bathrooms can be bugged. We know people aren't perfect, think of what that means.

1376 Some imperfect being subject to temptation like us all is authorized to listen in or even

1377 watch you and your wife in intimate moments! We MUST stand up for our rights or

1378 some imperfect person could end up destroying a marriage as they lust after one of the

1379 persons in the sanctified marriage through this spying! Remember, these that are

1380 authorized to spy also are licensed to use deadly force; so they could threaten one spouse

1381 or the other into sexual assault or worse! We can not empower imperfect people to spy

1382 on innocent citizens into our private lives!!!!! This is all a result of too much centralized

1383 power in the hands of corrupt individuals. America was founded as a Republic; not a

1384 Democracy and was never intended to have such enormous concentrated unrestrained
1385 power as now exists in our government. President Clinton ordered that TRUE U.S.
1386 HISTORY be taught in our public schools and I have found the David Barton of
1387 Wallbuilders, Carl Baugh, James Dobson, James Kennedy, Josh McDowell and Catherine
1388 Millard to have some of the best and correct knowledge of this subject. You can't return
1389 to your foundations as you need to, Americans, if you don't know what they were.
1390 GOD, in the Name of YAHOSHUAH bring it to pass. Amen.
1391
1392 To summarize: In May 2004 the homicide attempt resulted in two cardiac arrests by
1393 suffocating on my own bodily fluids (pulmonary edema) caused by an intentionally given
1394 incompatible blood transfusion. This resulted in also a delayed graft versus host because
1395 the 3 units was of sufficient quantity to do serious damage to my immune system and
1396 bone marrow. This resulted in the degeneration of my blood because all the excess iron
1397 brought on by the hemolysis set off heavy metal poisoning due to my hereditary
1398 condition of hemachromatosis an inclusive trait to Wilson's Disease. The instability
1399 brought on hepatic involvement jaundice and other internal damage including declining
1400 health and eventual death because I have been denied an accurate diagnosis due to the
1401 cover-up of both Wilson's and the homicide attempt. The misdiagnosis of bipolar mental
1402 condition has discredited me in the community, to law enforcement so that when I filed
1403 my affidavit no one took it seriously. This in turn prevented me from being able to help
1404 my community and the public at large as I fought to stay alive. This in turn disabled me
1405 making it impossible for me to work. Even if I became healthy enough, the misdiagnosis
1406 affects my ability to work again because I alerted the professional community who

1407 believes the misdiagnosis over my testimony. Finally, my life has been threatened by the
1408 misdiagnosis in that it discredits my testimony even to my wife (who would most likely
1409 be taking care of or helping me instead of our recent divorce); this has been more painful
1410 than the agonizing pain in my body as she was my greatest treasure on earth (despite any
1411 disagreements we may have had in the past). In Love, she was a very close second only
1412 to GOD ALMIGHTY. The damage to my marrow (adverse transfusion reaction) and
1413 resultant organ damage complications could have possibly triggered cancer in the form of
1414 leukemia as well. The atypical lymphocytes have never been explained on the lab report.
1415 It has left me with no ability to work, losing my estate, lost my health insurance and
1416 without ability now to pay for competent medical care. I realize to someone not educated
1417 in the medical field, all this might seem incredible, but to an expert this situation is in fact
1418 plausible and I have spent many hours in research fighting for my life. I do not make any
1419 of these statements whimsically, but with probably more hours of research in current
1420 medical knowledge than many actually practicing medicine; please don't ignore the
1421 attached evidence. It is a threat to my freedom in that others may mistakenly believe the
1422 misdiagnosis, and even if it was found out I had Wilson's might not deem me competent
1423 enough to make decisions regarding my own treatment or might think I have a psychiatric
1424 condition that merits detention or restraint. In all ways, the initial event has set off a
1425 continuing string of events that is inextricably leading to a possible state of homelessness
1426 and death, outside of a miracle from GOD. While the damage may now be so severe that
1427 I may not be able to recover medically (apart from faith in the Great Physician), I am
1428 compelled to testify in behalf of others; so that this doesn't happen to anyone else. It is
1429 also my hope to clear my name of the libel and slander; that I may go on to get proper

1430 medical care with my approval or to meet our Maker with my dignity and honor in tact
1431 and with a clear conscience. I repeat that in the best light all of these physicians are
1432 negligent and in my opinion, for that many people to leave me dying, slandered and
1433 libeled with misdiagnosis, it has to have an origin of negligence at best from our
1434 government in not informing the public and medical practitioners how to recognize this
1435 serious hereditary condition. I believe I have evidence that proves it isn't just negligence
1436 but willful as this genetic trait results in so much monetary gain for so many and is in
1437 keeping with the eugenics philosophy that allows for "population management". If I
1438 apply for disability under the misdiagnosis it is still freedom and life threatening for the
1439 above reasons (work, testimony discredited, possibly declared mistakenly incompetent to
1440 make health treatment decisions for myself. For example, due to the Wilson's hereditary
1441 trait and the graft versus host immune system complication, some physician might decide
1442 hastily to remove my spleen, which could kill me because of systemic viruses. I really
1443 must be allowed to make medical decisions for myself and I believe what I have attached
1444 as evidence shows that, unfortunately for me, I may be more knowledgeable about my
1445 own body and health care than some of the physicians I've visited recently). While I will
1446 continue to fight to survive and hope in God's Grace to sustain me regardless of what lies
1447 ahead, please expedite my Court appearance. Thank you.
1448
1449 Signature on following page executes this document for use if I should rest ("die") prior
1450 to making it into Court to testify, present evidence, and address/redress this grievance as
1451 provided by the highest laws of our nation.
1452

1453 I, Michael Swenson, a natural born citizen of the United States and a free born citizen in

1454 the Kingdom of GOD, do affirm the truth of these words before all in Heaven and in

1455 Earth and is herby sworn to under penalties of perjury.

1456

1457 Michael Swenson

1458

1459 On this 26th day of September, 2007, before me, the undersigned

1460 Notary Public, personally appeared Michael Swenson,

1461 personally known to me (or proved on the basis of satisfactory evidence) to be the

1462 person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to

1463 me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by

1464 his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of

1465 which the person(s) acted, executed the instrument.

1466

1467 Witness my hand and official seal.

1468 Russell McHenry

1469 RUSSELL McHENRY NOTARY PUBLIC STATE OF IDAHO

Notary Public in Idaho

1470 Residing at: Kootenai County

1471 Commission Expires: 8-7-2012

Rabbi's Note Reveals Name of Messiah..."Yehoshua" (Jesus)

The initials spell the Hebrew name of Jesus, Yehoshua. Yehoshua and Yeshua are effectively the same name, derived from the same Hebrew root of the word "salvation" as documented in Zechariah 6:11 and Ezra 3:2.

News Staff/AH *(May 29th, 2007)*

According to a report last month, in Israel Today, one of Israel's most prominent rabbis, Yitzhak Kaduri, left a sealed note with instructions to only open it a year after his death. The note was said to contain the name of the Jewish Messiah, using the letter initials of a sentence. *(Photo: Israel National News)*

Rabbi Kaduri's message read:

Concerning the letter abbreviation of the Messiah's name, ***He will lift the people and prove that His word and law are valid.***

This I have signed in the month of mercy, Yitzhak Kaduri.

The *Israel Today* report states that the *Hebrew sentence (translated above in bold) with the hidden name of the Messiah reads: Yarim Ha'Am Veyokhiakh Shedvaro Vetorato Omdim.*

The initials spell the Hebrew name of Jesus, Yehoshua. Yehoshua and Yeshua are effectively the same name, derived from the same Hebrew root of the word "salvation" as documented in Zechariah 6:11 and Ezra 3:2.

The news, which received little coverage in Israeli media, was met with mixed reactions, some declaring the note to be a fraud. However, David Dreiling, Chairman of the Israel Relief Fund, shared a similar story.

According to Dreiling, the father of his mother-in-law, who used to be the chief Orthodox Rabbi in Brooklyn, fell into a coma at 101

. He later recovered, and lived to be 106. But just before he died, he called one of his grandchildren to his bedside and revealed that while he had been in the coma, God had told him that the Messiah was "Yeshua of Nazareth."

For more information, follow the link provided.

Source: Israel Today

Ministerial Ordination

United Christian Church & Ministerial Association

Having pursued religious devotions and having given evidence of a divine call to the ministry, this certifies that

Michael E. Swenson

pledges to work for the spiritual welfare of all people and the unity of all Christian believers and is hereby granted this

Certificate of Ordination

with responsibilities, rights, privileges and benefits granted Biblically and Legally and is hereby authorized to preach the Gospel, to perform Holy Matrimony, to baptize, confirm and practice all other Biblical and Religious activities pertaining to this office in accordance with respective ordinances of residence.

Given by this Association, at the City of Cleveland, in the State of Tennessee.

Permanent ordination, certificate issued yearly.

Certified for the year 1994

License #: 19567 OMP

Original Issue: 7/2/94

SEAL

Rev. H. Richard Hall
President

Margie Muitar
General Secretary

License is still current. I am not a liar. I would not falsify a claim just for attention or any other reason!

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Authorized for the year 2007

License #: 19492 OMS Original Issue: 6/6/1994

Donald Warren

President

Rev. & Mrs. H. Richard Hall

Founders of UCMA

Academy of Health Sciences

USArmy

Diploma

has successfully completed the

Medical Laboratory Specialist (Basic) Course
311-92B10

Given at Fort Sam Houston, Texas,
from : to :

Colonel, MS, Dean
Medical Field Service School

Brigadier General, Medical Corps
Commandant

This shows my training indicating that I'm not lying when I say I can recognize various medical conditions by blood, urine and stool specimens macro and microscopically. It is unfortunate for me that friends and family don't recognize my past credentials and choose to believe strangers since they never knew I had this training.

2D DISTRICT COLORADO

COMMITTEES
BUDGET
ENERGY AND COMMERCE
CHAIRMAN, SUBCOMMITTEE ON TELECOMMUNICATIONS, CONSUMER PROTECTION AND FINANCE
SUBCOMMITTEE ON HEALTH AND THE ENVIRONMENT
SCIENCE AND TECHNOLOGY

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515

WASHINGTON OFFICE:
2484 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(202) 225-2161

DISTRICT OFFICE:
2499 WEST 72ND AVENUE
SUITE 112
WESTMINSTER, COLORADO 80030
(303) 231-6700

November 16, 1984

Mr. Michael Swenson
105 South 36th
Boulder, Colorado 80303

Dear Michael:

The selection of the Second Congressional District's nominations to the United States Service Academies is now complete. It is truly rewarding to see the number of outstanding young men and women who wish to pursue a career of service to their country, and I am very proud of the quality of the candidates that I have the opportunity to nominate for appointment to the Service Academies.

Congratulations Michael! I am pleased to inform you that I have nominated you for appointment to the United States Military Academy.

All nominations were awarded on a competitive basis, and each nomination was based exclusively on the recommendations of the Academy Advisory Committee. As you know, you will now compete with nine other nominees for the vacancy that I am permitted to fill at the Academy. If one of your competitors is selected for appointment, you may be placed in the Academy's "qualified alternate pool" and become eligible for appointment. I believe that you, as well as many other nominees, are in a good position to be appointed regardless of the Second District's quota at the Academy.

Today, I advised the Academy of my nominations. I am sure that you will hear from the admissions officer in the near future.

Again, please accept my sincere congratulations, and I will notify you if the Academy selects you for an appointment.

With best wishes,

Sincerely yours,

Tim Wirth

Timothy E. Wirth

TEW:rl

This goes to credibility of character despite my conviction, for the most part I have always tried to excel and be a positive member of society.

I was given a meritorious promotion in basic training being selected as "honor soldier" of the company.

1550
Ser 0233/ 004453
22 OCT 1986

FIRST ENDORSEMENT on SN Michael Eugene Swenson, USN, 522-92-4050
ltr of 10 OCT 1986

From: Commanding Officer, Service School Command, Great Lakes
To: Superintendent, United States Naval Academy (Nominations and Appointments Office)

Subj: NOMINATION TO THE UNITED STATES NAVAL ACADEMY AND THE NAVAL ACADEMY PREPARATORY SCHOOL

1. Seaman Swenson is most strongly recommended for direct appointment to the Naval Academy.

2. Seaman Swenson is a student under instruction at Electronics Technician (ET) Class "A" School as of 24 September 1986. His ASVAB scores are excellent and indicates he has the ability to complete all academic endeavors. He is a mature individual who expresses himself well. Intelligence, initiative and determination mark Seaman Swenson as a good candidate for appointment to the Naval Academy. Seaman Swenson presents himself as a positively motivated, self-assured individual whose knowledgeable conversation expressed his defined goals for further achievement in the Naval Service. Seaman Swenson has the potential for the professional growth necessary to fulfill the requirements of commissioned service and is capable of becoming a fine officer and he is highly motivated toward serving in the United States Navy as a commissioned officer.

3. In event of nonselection for a direct appointment, the applicant is recommended for admission to the Naval Academy Preparatory School.

RICHARD T. SLOANE
Acting

Copy to:
→ SN Swenson

I was nominated not only to West Point but also Annapolis. This goes to show I know how to recognize military personel and some devices. It also indicates, that even though I may not possess higher education degrees, that I have enough intelligence to be serious about proving my allegations.

I was the "educational petty officer" in the Navy basic training because of my desire to help others. I am not prone to lying and my motivation in filing is not only to save my own life, but predominantly altruistic.

Phi Theta Kappa

This is to Certify That

Michael Eugene Swenson

has complied with all the requirements for,
and has been inducted into the

Phi Theta Kappa Society

International Scholastic Order
of the
Two-Year College

In witness of which we have caused the great seal of this Society to be hereto affixed and inscribed our signatures.

Kathleen Christie
Faculty Advisor

Executive Director

Delta Kappa
Chapter

April 20, 2001
Date

More recent evidence that I try to excel as a positive member of society.

CERTIFICATE OF

EXCELLENCE

This Is to Certify That

MICHAEL B. SWENSON

Has Achieved Excellence in OUTSTANDING PERFORMANCE AS A

TEACHER'S AIDE

Awarded at RINCON EDUCATION this 18 day of DECEMBER 19 90

Official — D. Barnette, CEPS

Official — D. Vigil, Deputy Warden

Jo Foxworthy, CEPT

While incarcerated not only did I try to improve myself by study of the Holy Bible, but also to better others in assisting adults in obtaining their G.E.D.'s

Certificate Of Appreciation

PRESENTED TO

Michael Swenson

FOR OUTSTANDING SERVICE AS A

Teachers' Aide

ON THIS 27th DAY OF MARCH IN THE YEAR 1991 .

By : Jo Fourthy

State of Arizona

Automotive Technology

This certificate is awarded to

MICHAEL E. SWENSON

as evidence of completion of

AUTOMOTIVE TECHNOLOGY

and has the competencies evaluated

on the reverse side of this program

Awarded this 19TH day of APRIL 19 91

Program Instructor	Education Administrator	Superintendent

This goes to credibility regarding my testimony of the tampering and spying at Les Schwab. The struts were sabotaged and staff at Les Schwab were expecting us. All the events transpired as I've indicated in the complaint.

DEPARTMENT OF THE NAVY
SERVICE SCHOOL COMMAND
NAVAL TRAINING CENTER
GREAT LAKES, ILLINOIS 60088-5600

1650
Code 21
9 Sep 86

From: Commanding Officer, Service School Command, Great Lakes
To: SN Michael E. Swenson, USN

Subj: PERFORMANCE AS A STUDENT AT BASIC ELECTRICITY/ELECTRONICS SCHOOL

1. I note with pleasure your excellent academic record achieved upon your recently completed course of instruction. During your attendance at this individualized mastery course, you have consistently exceeded the average rate of progress. As a result you have graduated with an overall academic average greater than 96 percent.

2. Such sustained performance demonstrates your ability to motivate yourself and to work well on your own. You are encouraged to apply these abilities in your follow on training and in your entire Navy tour; not only will you benefit by it, but your example will encourage others to excel.

3. Well Done.

Richard H. Wyttenbach
RICHARD H. WYTTENBACH

Copy to:
Service Record

This goes to show I possess knowledge of how electronic devices work and that I can recognize some devices that the general public might not be able to (like transceivers and miniaturized spyware/cameras, reflective image films and chips. I actually scored above 98% overall finishing material that took an average of six months to complete in a couple weeks before going into more advanced training. I don't say this boastfully, just that I may absorb and detect information more rapidly and it why I'm so frustrated that even though I possess credentials, no one is giving me even the slightest credibility to listen to very carefully what I have to say and to explain to them the artifacts and devices I've collected.

CERTIFIED INTERNET WEBMASTER

CIW™

Michael E. Swenson

Having successfully passed the exams as prescribed by the CIW Certification Council and having complied with all other requirements of the CIW program, has been granted the certification

Master CIW Designer

and is entitled to all rights and privileges appertaining to that certification. In testimony whereof, the undersigned has subscribed his name as a representative of the CIW Internet certification program.

James M. Baird
James M. Baird
Chairman of the CIW Certification Council

March 2, 2002
02 32699 ES

Master CIW

The following certifications indicate that I am a professional with computers, networking, components, etc. and know how to recognize when sites have been hacked, deleted or attacked. I also know when spyware, blogging, virus, worms or other attacks have been indicated. I possess more knowledge and credentials than these indicate regarding computers. I state this not boastfully but to lend credibility to my claims and allegations regarding the government involvement with the Internet, spying and even the manufacture of components allowing them entry and "back door" entry into corporate and personal systems. (And the manipulation/deletion therefrom.)

A+ Certification™

A CompTIA Certification Program

This certification is awarded to

Michael E. Swenson

in recognition of the successful completion of the

A+ Certification™ Examination

November 21, 2000
Validation Date

COMP10377155
CompTIA ID No.

f88dtt bdd
Verification No

CompTIA

John Venator
JOHN VENATOR

CompTIA

Network+™ Certified Professional

This certifies that

Michael E. Swenson

has successfully completed the requirements to be recognized as a

Network+™ Certified Professional

on May 12, 2001

COMP10377155
CompTIA ID No.

CompTIA

Shaping Standards for a Convergent World

JOHN VENATOR, President CEO

CIW™

PROFESSIONAL

Michael E. Swenson

is recognized as a

CIW Professional

Jerry M. Baird
Chairman of the CIW Certification Board

November 3, 2001

AMERICAN BIBLE ACADEMY

Presents this Certificate to

MICHAEL SWENSON

upon successful completion of

Study Course THE STUDY OF THE GOSPEL OF JOHN

Awarded this 17TH day of DECEMBER, 19 90.

IN RECOGNITION THEREOF THIS SEAL AND PROPER SIGNATURES ARE AFFIXED

David T. Pierett
ACADEMIC DEAN

Lorraine Basye
REGISTRAR

The following shows proof that I studied toward obtaining my ministerial license continuously while incarcerated.

AMERICAN BIBLE ACADEMY

Presents this Certificate to

MICHAEL SWENSON

upon successful completion of

Study Course A STUDY OF THE BOOK OF ACTS

Awarded this 25TH day of FEBRUARY, 19 92.

IN RECOGNITION THEREOF THIS SEAL AND PROPER SIGNATURES ARE AFFIXED

David T. Pierratt
ACADEMIC DEAN

Lorraine Basye
REGISTRAR

AMERICAN BIBLE ACADEMY

Presents this Certificate to

MICHAEL SWENSON

upon successful completion of

Study Course CHRISTIAN DOCTRINE

Awarded this 7TH day of DECEMBER, 19 92.

IN RECOGNITION THEREOF THIS SEAL AND PROPER SIGNATURES ARE AFFIXED

David T. Pierott
ACADEMIC DEAN

Lorraine Basye
REGISTRAR

REHABILITATION MINISTRIES
MISSIONARY OUTREACH
BIBLE ACADEMY
AMERICAN
P.O. Box 1490 • Joplin, MO 64802 • 417/781-9100 • FAX 417/781-9532

June 1, 1994

Michael Swenson
P.O. Box 532
Louisville, CO 80027

Dear Michael,

Greetings in the name of Jesus. I am very happy to see that you have finished your workbooks on the study of Proverbs. They have been graded, and you have earned a perfect score of 100 on each workbook. Congratulations on your hard work and diligent study.

The only assignment that you must submit prior to receiving your certificate of completion is your term paper. The instructions for this paper is discussed in the course requirements section of Workbook I.

Please submit this paper as soon as possible, and once it is graded, the A.B.A. will send you a certificate of completion. Be sure to let us know where to send your graded paper and certificate of completion.

May God continue to direct your paths (Proverbs 3:5-6).

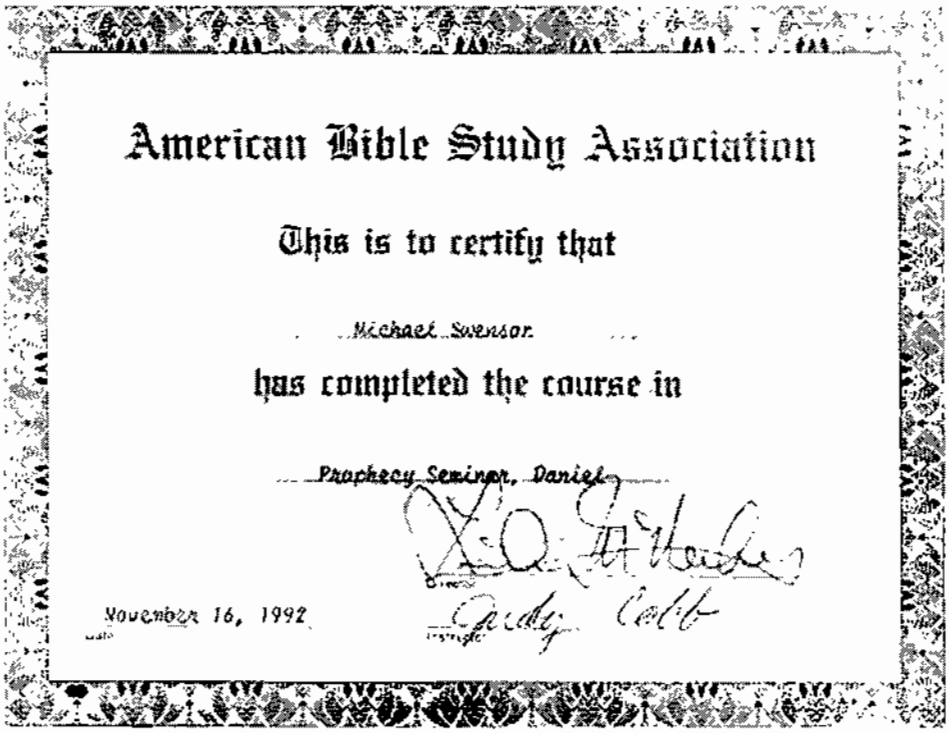
SAVED TO SERVE THE MASTER,

Joseph Welch, Director
American Bible Academy

[illegible]

An American Correctional Chaplain's Association Member

Not boastfully; just to show I seriously applied myself and don't recall ever scoring less than an "A" on my biblical studies. I take my faith very seriously and I am not using it to present myself publicly one way or another. This goes to credibility. I AM NOT LYING! (And I include conditions for taking a LIVE polygraph publicly to prove it!)



American Bible Study Association

This is to certify that

Michael Swenson

has completed the course in

Prophecy Seminar, Daniel

November 16, 1992

I diversified my studies; these certificates are but a small portion of the various institutions I obtained my theological education from.

PRISON FELLOWSHIP MINISTRIES

In recognition of participation in a
Prison Fellowship seminar

Michael Swenson

is hereby awarded this
Certificate of Participation

Study to show thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth.

2 Timothy 2:15

Area Director

March 22-24, 1991
Date

PRISON FELLOWSHIP

HELLO my name is

MICHAEL S.

In recognition of participation in the seminar

Growing In Christ

Michael Swenson

a child of God, is hereby awarded this

Certificate of Participation

on this 12th day of September, 1993

"Be strong in the Lord and in his great power. Wear the full armor of God. Wear God's armor so that you can fight against the devil's evil tricks."

Ephesians 6:10–11 New Century Version

Charles W. Colson — Chairman

Instructor

Date 9/12/93

FOR INFO.

Not only did I study, I regularly attended virtually all available Christian services.

AMERICAN BIBLE ACADEMY

Presents this Certificate to

MICHAEL E. SWENSON

upon successful completion of

Study Course PROVERBS PART 1 AND 2

Awarded this 14 day of DECEMBER, 19 94.

IN RECOGNITION THEREOF THIS SEAL AND PROPER SIGNATURES ARE AFFIXED

David F. Bierratt
ACADEMIC DEAN

Lorraine Basye
REGISTRAR

Rabbi's Note Reveals Name of Messiah..."Yehoshua" (Jesus)

The initials spell the Hebrew name of Jesus, Yehoshua. Yehoshua and Yeshua are effectively the same name, derived from the same Hebrew root of the word "salvation" as documented in Zechariah 6:11 and Ezra 3:2.

News Staff/AH *(May 29th, 2007)*

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>
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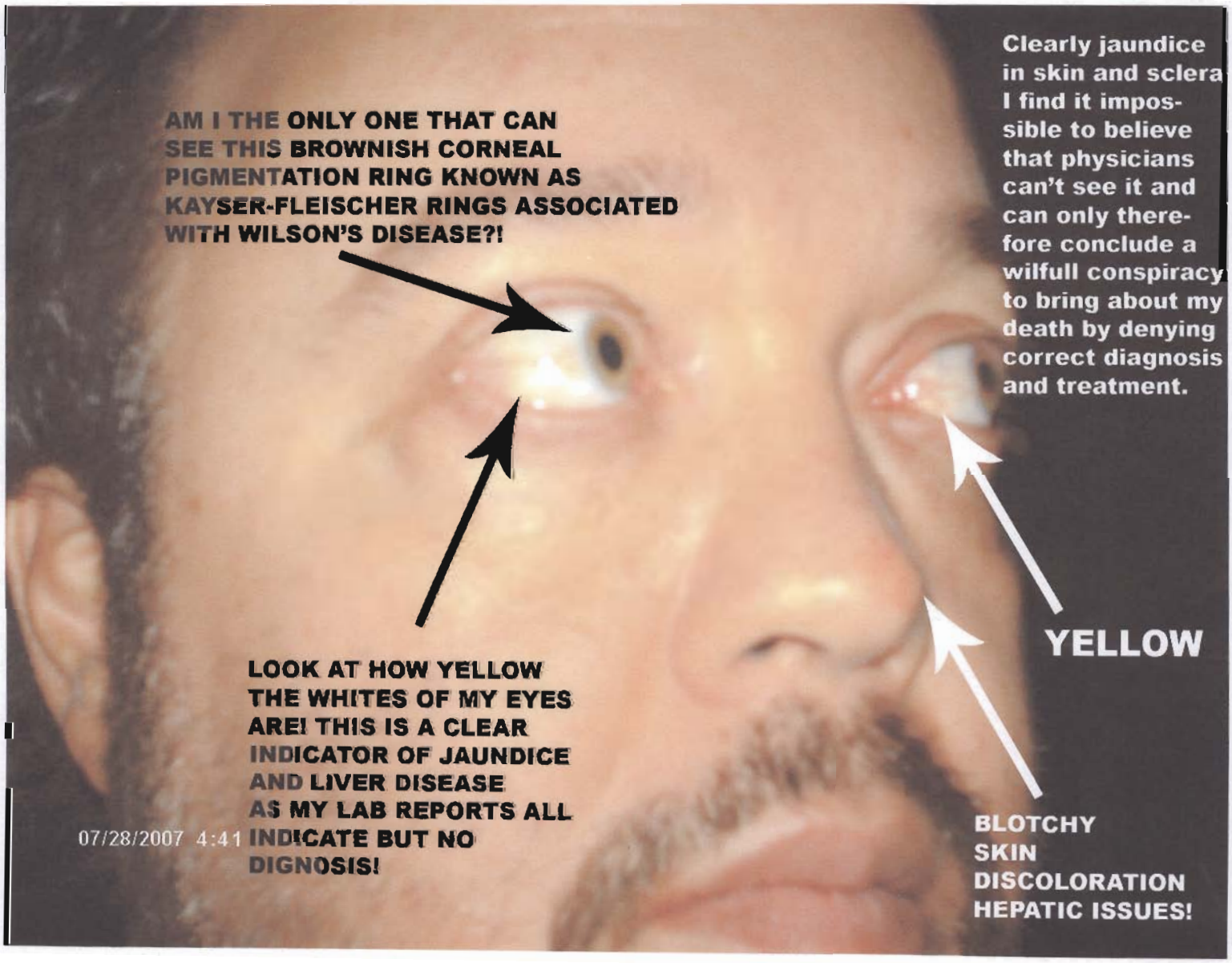
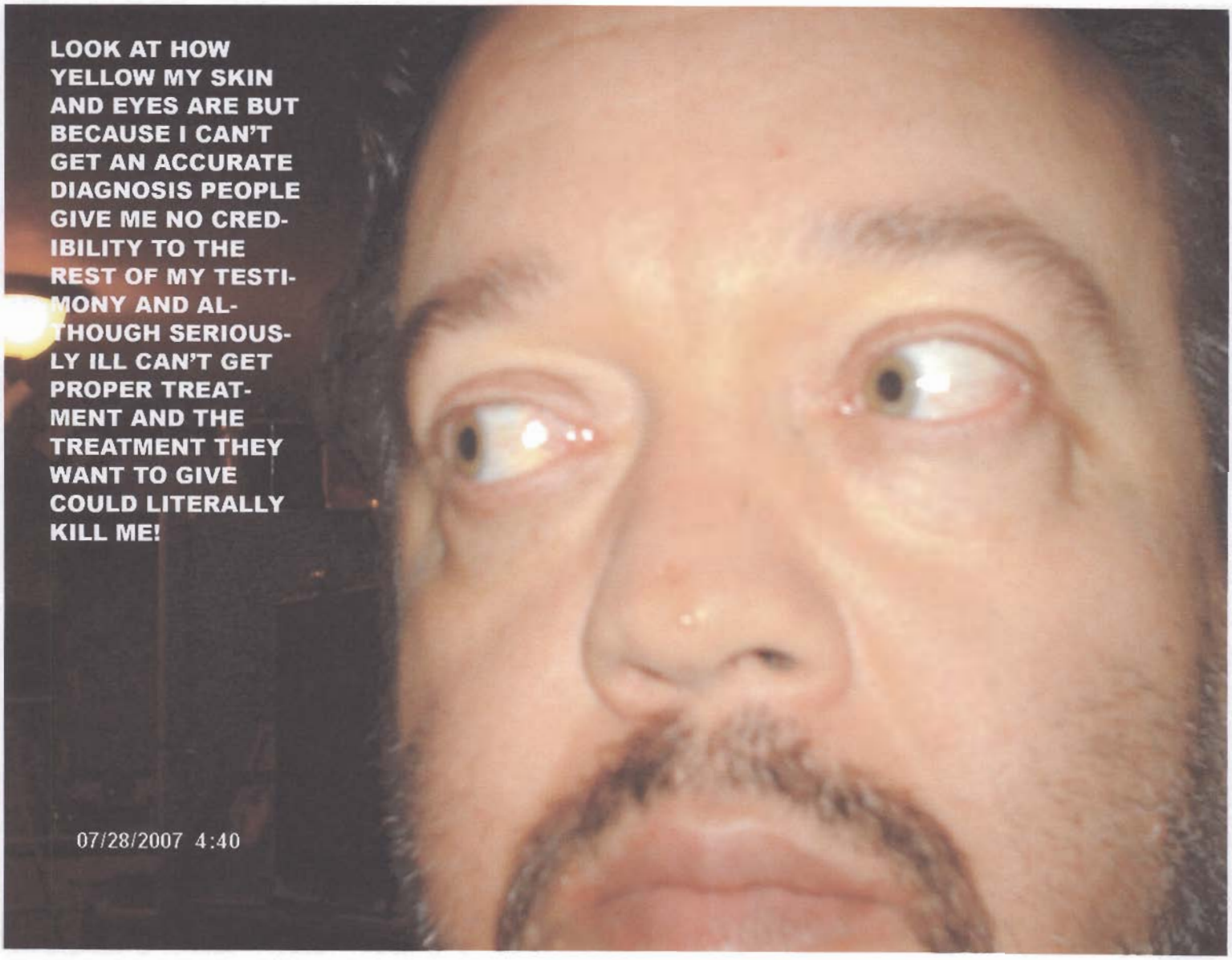
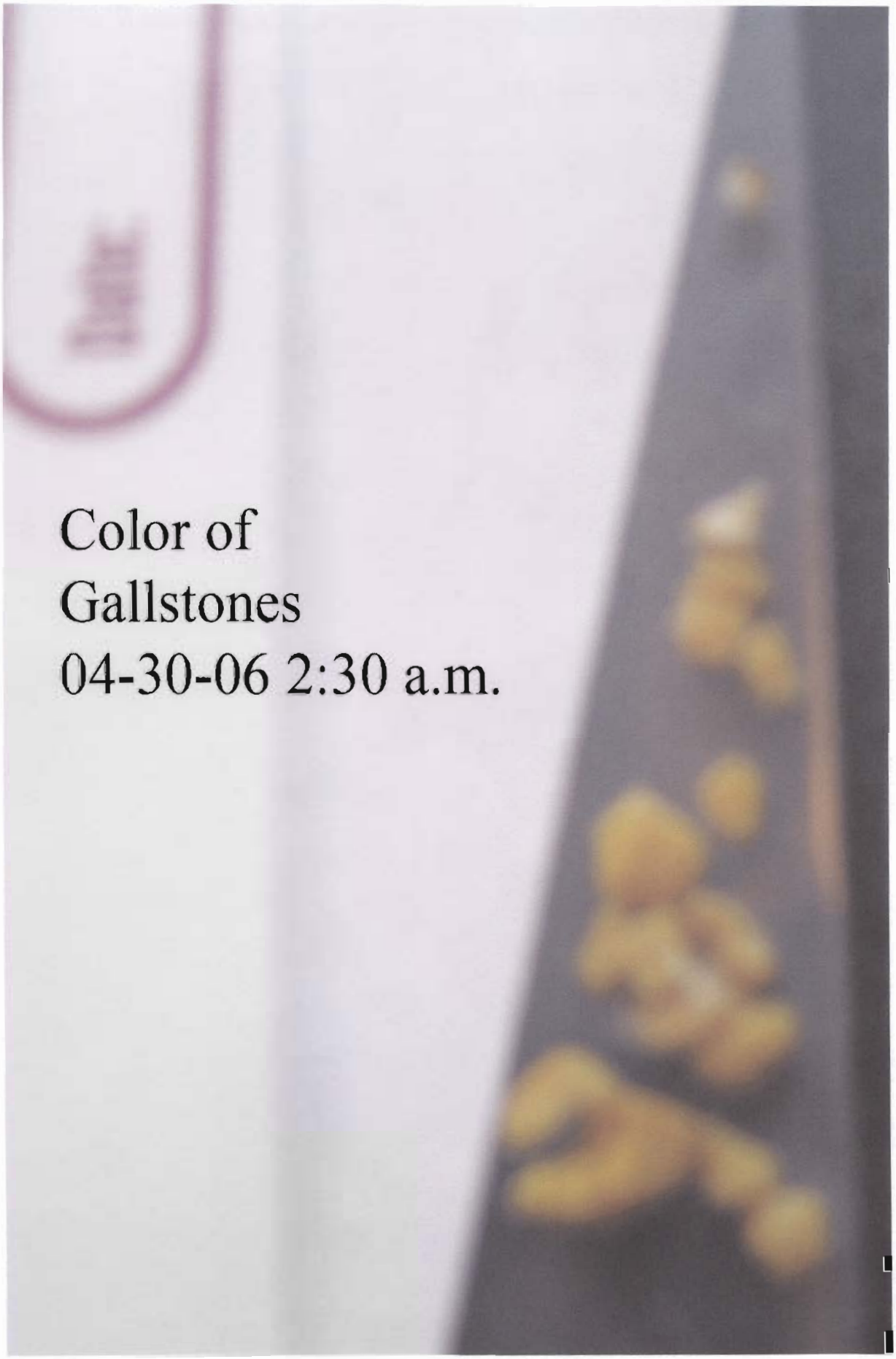
For more information, follow the link provided.

Source: Israel Today


AM I THE ONLY ONE THAT CAN SEE THIS BROWNISH CORNEAL PIGMENTATION RING KNOWN AS KAYSER-FLEISCHER RINGS ASSOCIATED WITH WILSON'S DISEASE?!
Clearly jaundice in skin and sclera I find it impossible to believe that physicians can't see it and can only therefore conclude a wilfull conspiracy to bring about my death by denying correct diagnosis and treatment.
YELLOW
LOOK AT HOW YELLOW THE WHITES OF MY EYES ARE! THIS IS A CLEAR INDICATOR OF JAUNDICE AND LIVER DISEASE AS MY LAB REPORTS ALL INDICATE BUT NO DIGNOSIS!
07/28/2007 4:41
BLOTCHY SKIN DISCOLORATION HEPATIC ISSUES!


LOOK AT HOW
YELLOW MY SKIN
AND EYES ARE BUT
BECAUSE I CAN'T
GET AN ACCURATE
DIAGNOSIS PEOPLE
GIVE ME NO CRED-
IBILITY TO THE
REST OF MY TESTI-
MONY AND AL-
THOUGH SERIOUS-
LY ILL CAN'T GET
PROPER TREAT-
MENT AND THE
TREATMENT THEY
WANT TO GIVE
COULD LITERALLY
KILL ME!
07/28/2007 4:40

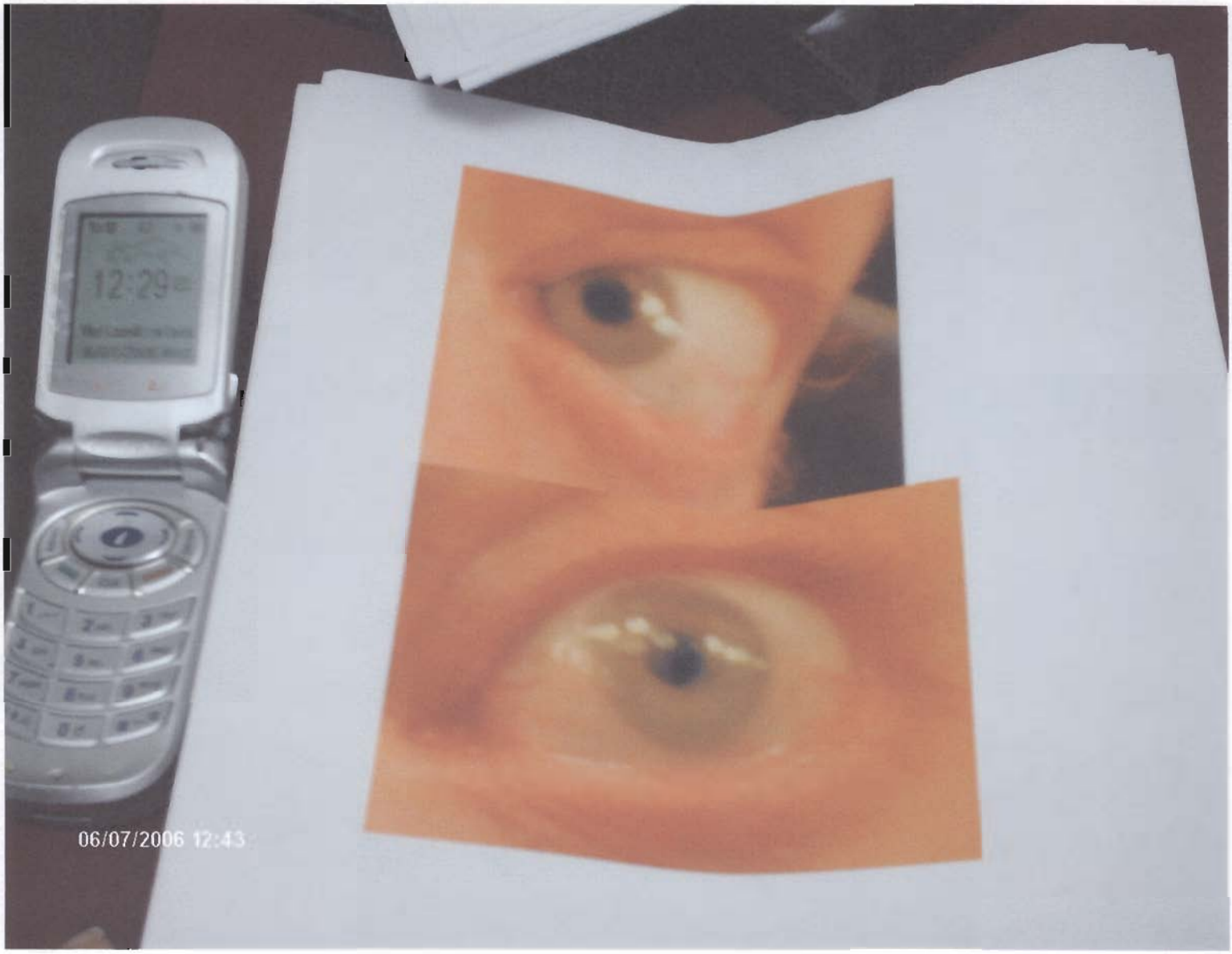


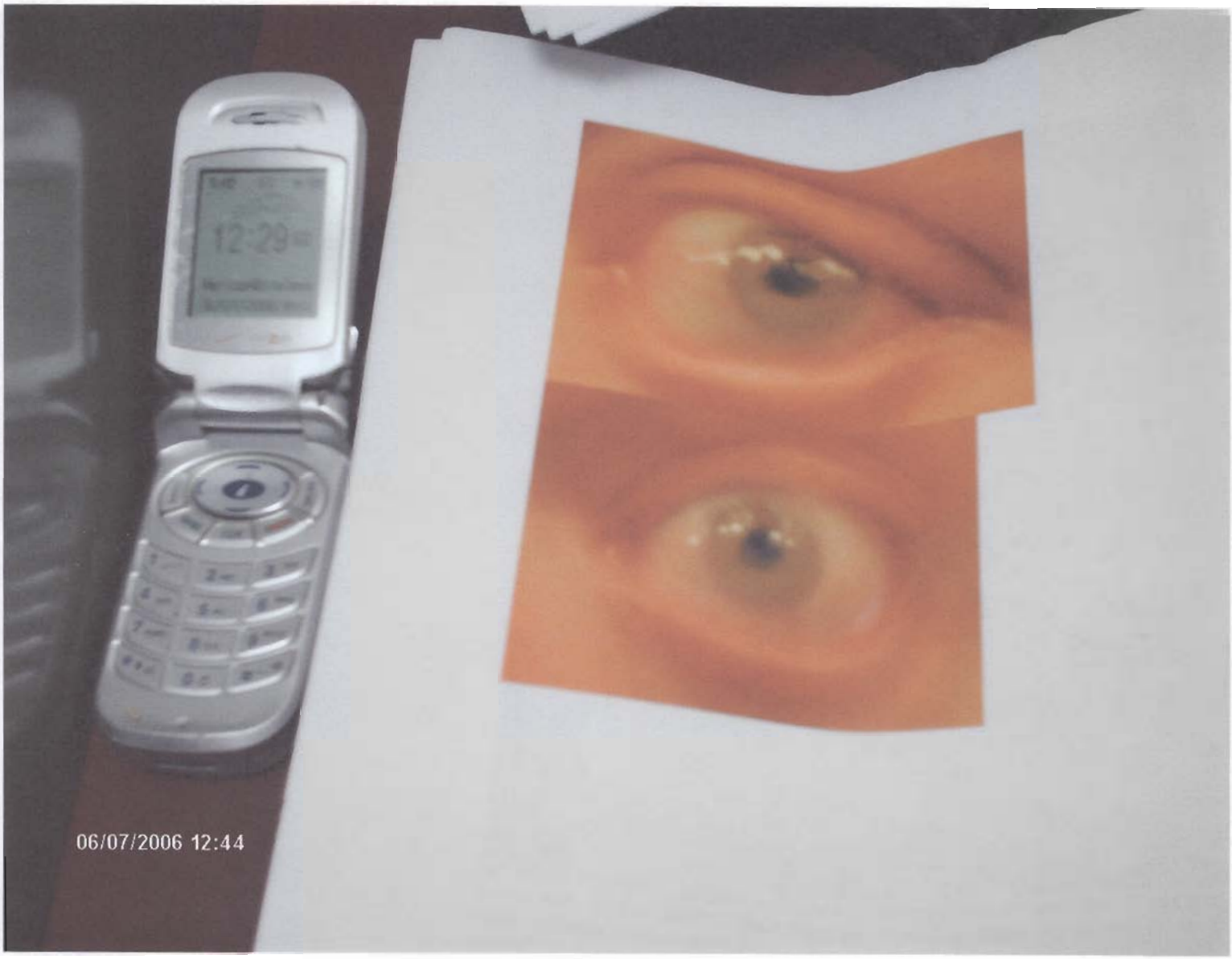
Color of
Gallstones
04-30-06 2:30 a.m.

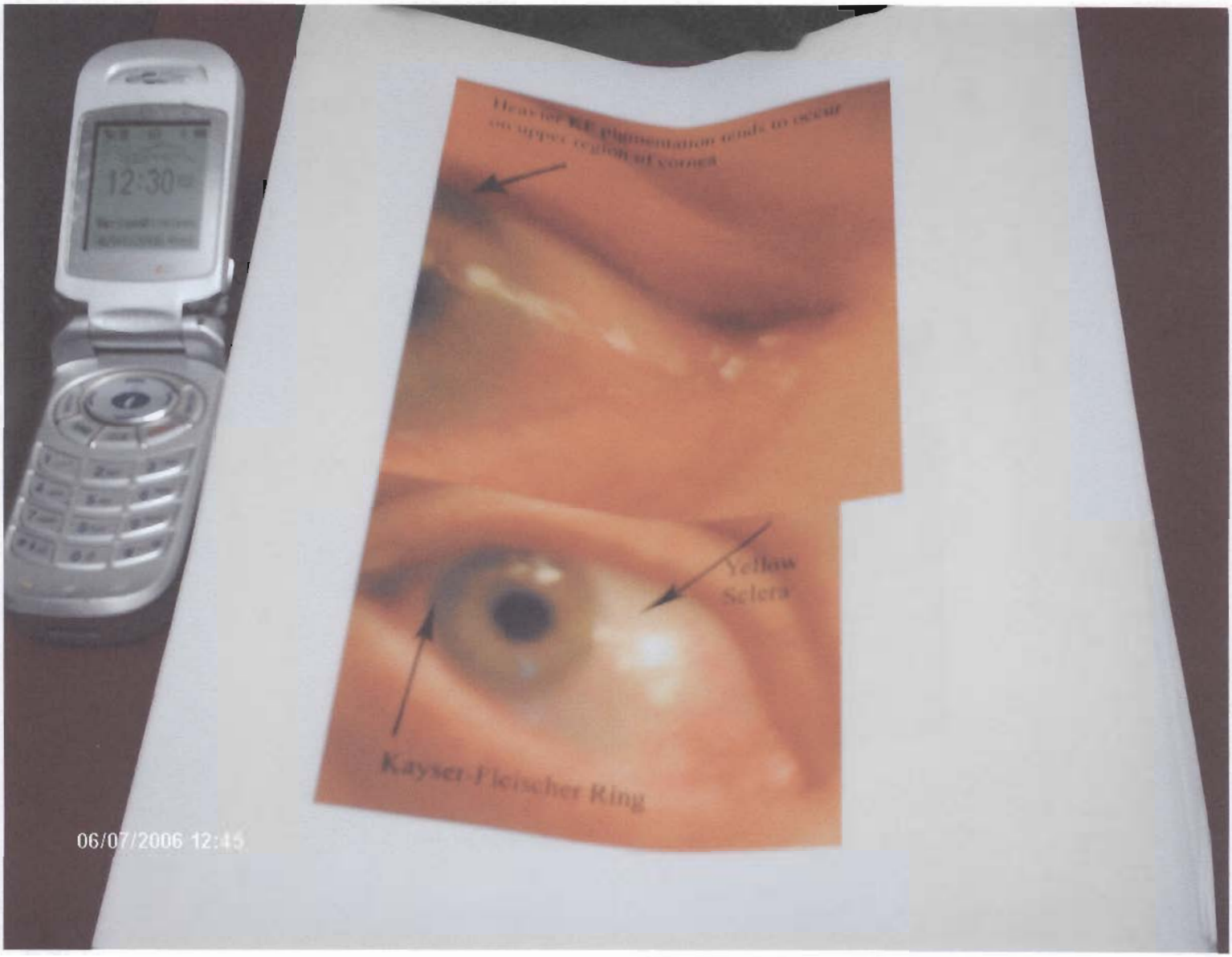
After doing the liver/gallbladder cleanse. Gallstones indicate liver complications, not just gallbladder diseases. Yellow color can indicate high cholesterol or bilirubin. Without examining inside the stones difficult to tell if originated in liver.


4/29/2006
Entrez P
Contents:
Hefty
OneZip
Date:


12:31
Yellowing Left Palm
06/07/2006 12:45


12:29
06/07/2006 12:43


12:29
06/07/2006 12:44


Yellow
Sclera
Kayser-Fleischer Ring
06/07/2006 12:45

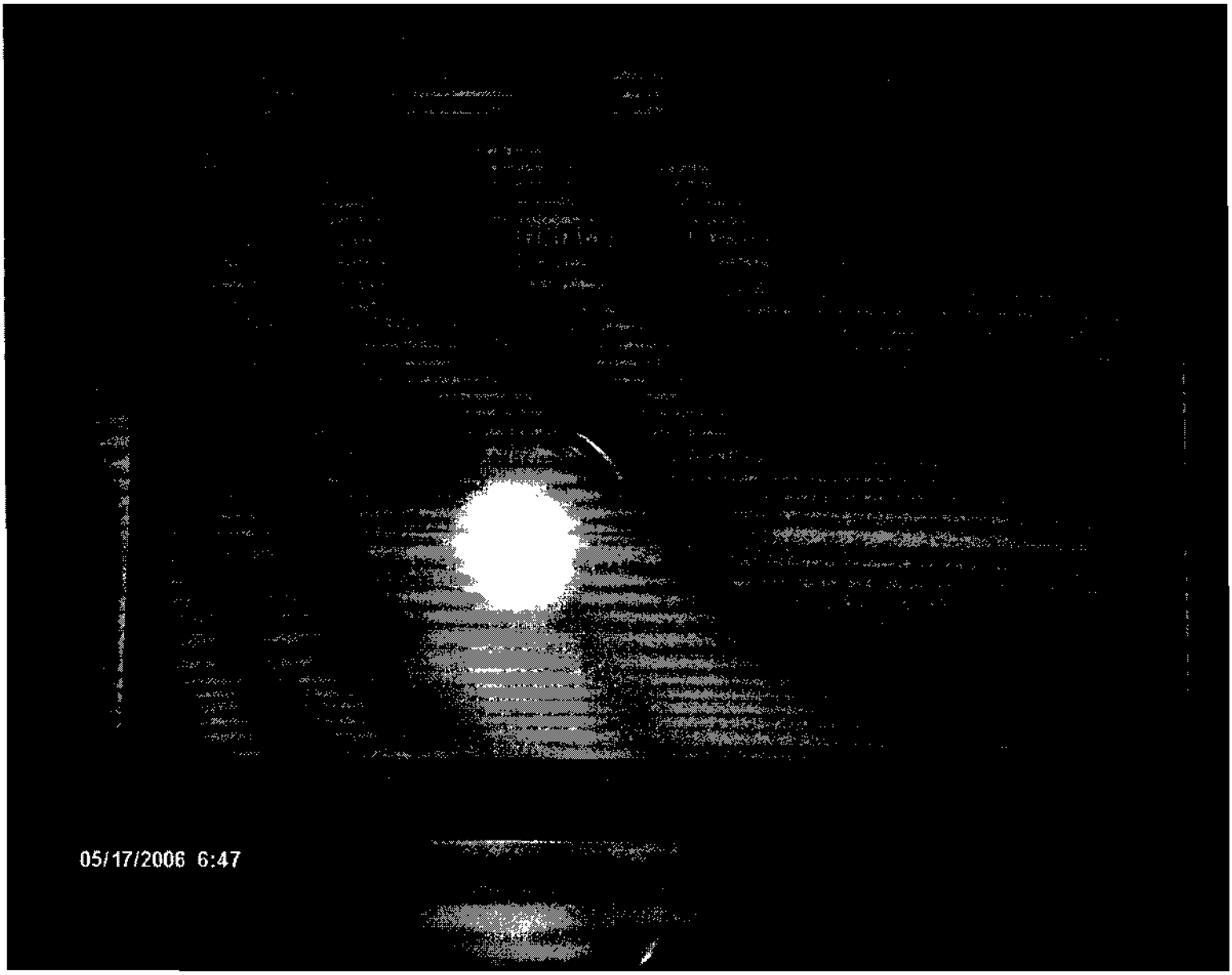
Vehicles with plates like these started appearing in abundance, following me, people/agents transplanting workers in hospitals, restaurants, banks, etc. Shortly after I visited the website and called the

president of Wilson's Disease.org Intl. Many picked up the phone - hung up on me in mid sentence by switching to a fax.

Probably just a worker's van at Hydra

I frequented this restaurant for years with no problems, but after I sent out my affidavit suffered food poisoning upon virtually every visit, and government issued plates, just happen to be there about these same incidents.

I have been working with computers for years after I visited websites wilson's disease.org and 911 what really happened room my system received virtually constant hack attacks and some files were deleted and systems crashed.



Web Results **1** - **10** of about **64,000** for **hemochromatosis linked to Wilsons**. (**0.10** seconds)

Wilson's Disease
These are hereditary **hemochromatosis** (HH), a major disorder of iron overload; **Wilson's** disease, a genetic disorder of copper overload; ...
clevelandclinicmeded.com/diseasemanagement/gastro/**wilsons/wilsons**.htm - 43k - Cached - Similar pages

[PDF] Genetic **hemochromatosis** and **Wilson'S** disease: Role for oxidant stress?
File Format: PDF/Adobe Acrobat
some 6, closely **linked** to the HLA locus. This gene ... genetic **hemochromatosis** or **Wilson's** disease. The arti-. cle by Young et a1 indicates that the mean ...
doi.wiley.com/10.1002/hep.1840210445 - Similar pages

[PDF] Preview Assessment Plagiarism Quiz #1 Page 1 of 4 Preview ...
File Format: PDF/Adobe Acrobat - View as HTML
wilson_disease.doc [**Linked** file]. n. m. l. k. j "**Wilsons** disease is mapped to ... j **Hemochromatosis** "is an inherited disorder that causes the body to absorb ...
www.umbc.edu/provost/integrity/tutorial/Biol100L_Plagiarism_quiz.pdf - Similar pages

NIH Guide: PREVENTION OF END STAGE LIVER DISEASES BY MOLECULAR ...
RESEARCH OBJECTIVES **Hemochromatosis** and **Wilson's** disease are two inherited ... human tissues cannot be identified or **linked** to individuals are excluded. ...
grants.nih.gov/grants/guide/pa-files/PA-93-002.html - 17k - Cached - Similar pages

eMedicine - Nelson Syndrome : Article by Thomas A **Wilson**, MD
Thomas A **Wilson**, MD, is a member of the following medical societies: American ..... X-**linked** adrenoleukodystrophy Ectopic secretion of ACTH **Hemochromatosis** ...
www.emedicine.com/ped/topic1558.htm - 104k - Cached - Similar pages

Role of copper, iron in diseases
Iron metabolism and its link to **hemochromatosis** is being studied as well by ... and **Wilson's** diseases are just two examples of diseases that are **linked** to ...
www.medicalnewstoday.com/articles/5315.php - 43k - Cached - Similar pages

[PDF] PII: S1521-6918(02)00148-8
File Format: PDF/Adobe Acrobat
In 1985, genetic studies **linked** the **Wilson** gene to the red. Figure 1. ..... Pietrangelo A. Physiology of iron transport and the **hemochromatosis** gene. ...
linkinghub.elsevier.com/retrieve/pii/S1521691802001488 - Similar pages

Inherited Metabolic Liver Disease
... of **hemochromatosis** and other iron overload disorders, **Wilson** disease and ... how these discoveries are **linked** to the clinical expression of disease. ...
www.medscape.com/viewarticle/502872 - Similar pages

Haplotype analysis in Australian **hemochromatosis** patients ...
Refining the position of **Wilson** disease by linkage disequilibrium with ... the fragile X mutation and two closely **linked** CA repeats suggests that fragile X ...
www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1801135 - Similar pages

[PDF] Genetic and Clinical Description of **Hemochromatosis** Probands and ...

File Format: PDF/Adobe Acrobat
P, Bourel M. Genetics of **hemochromatosis**: HLA. 19. Griffin JE, **Wilson** JD. Disorders of the testes and the .... Non-HLA-**linked hemochromatosis** in a Chinese ...
www.scripps.edu/bcmd/pdfarea/issue_08_97/barton.pdf - Similar pages

1 2 3 4 5 6 7 8 9 10 **Next**

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hemochromatosis linked to Wilsons Search

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Web Results **1** - **10** of about **66,300** for **hemochromatosis lab indicators**. (**0.12** seconds)

Hereditary **hemochromatosis**: A case study and review Clinical ...
A diagnostic **laboratory** algorithm for **hemochromatosis** testing is shown in Figure 3. ... SI levels alone are insensitive **indicators** of HH.8 ...
findarticles.com/p/articles/mi_qa3890/is_200107/ai_n8987049/pg_5 - 30k - Cached - Similar pages

Diagnosis of **Hemochromatosis** -- Kalantar-Zadeh and Luft 131 (4 ...
We take issue with the **hemochromatosis laboratory** criteria by Powell and ... µg/L in men and postmenopausal women are **indicators** for primary iron overload. ...
www.annals.org/cgi/content/full/131/4/311-a - Similar pages

[PDF] Iron and haemochromatosis
File Format: PDF/Adobe Acrobat
Laboratory indicators of abnormal iron metabolism. Table 5 summarizes values for normal ..... Early idiopathic **hemochromatosis** with absent stainable ...
www.springerlink.com/index/P406042086717607.pdf - Similar pages

[PDF] The detection of early **hemochromatosis**
File Format: PDF/Adobe Acrobat
saturation of transferrin may be useful **indicators** of. increased iron stores, they may also .... patients with **hemochromatosis**. J **Lab** Clin Med 86:479-489, ...
www.springerlink.com/index/P4P8MUP615406256.pdf - Similar pages

Association between **hemochromatosis** genotype and lead exposure ...
Blood lead concentrations in hereditary **hemochromatosis**. J **Lab** Clin Med. ... Erythrocyte porphobilinogen synthase activity as an **indicator** of lead exposure ...
www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1241970 - Similar pages

Duodenal expression of iron transport molecules in untreated ...
SF, a **laboratory indicator** of body iron stores,33,34 was significantly associated with .... Duodenal ferritin synthesis in genetic **hemochromatosis**. ...
www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1773733 - Similar pages

The Analyst - Internet Health Report: Condition: **Hemochromatosis** ...
Signs, symptoms & **indicators** of **Hemochromatosis** (Iron overload): ... **Lab** Values - Chemistries, High serum iron Elevated ferritin levels (Very) low TIBC ...
www.digitalnaturopath.com/cond/C517593.html - 49k - Cached - Similar pages

[PDF] Macrocytosis as a Consequence Alcohol Abuse among Patients in ...
File Format: PDF/Adobe Acrobat
and he might have **hemochromatosis**. Unfortunately, he was lost for. further studies. ..... Clinical and **laboratory indicators**. Can Med Assoc J 124: 1279- ...
www.blackwell-synergy.com/doi/pdf/10.1111/j.1530-0277.1991.tb00615.x - Similar pages

Diagnose-Me: Condition: **Hemochromatosis** (Iron overload)
Signs, symptoms & **indicators** of **Hemochromatosis** (Iron overload):. **Lab** Values - Cells, (Very) low sperm count. **Lab** Values - Chemistries ...
www.diagnose-me.com/cond/C518176.html - 61k - Cached - Similar pages

Association between **Hemochromatosis** Genotype and Lead Exposure ...

Regulation of intestinal iron absorption and mucosal iron kinetics in hereditary **hemochromatosis**. J **Lab** Clin Med 117(5):390-401. ...
www.ehponline.org/members/2004/6581/6581.html - 69k - Cached - Similar pages

1 2 3 4 5 6 7 8 9 10 **Next**

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hemochromatosis lab indicators Search

Gut 2000;**46**:415-419 (March)

Article

Diagnosis of Wilson's disease: an experience over three decades

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Accepted for publication 22 September 1999

BACKGROUND—Wilson's disease is a rare but treatable condition that often presents diagnostic dilemmas. These dilemmas have for the most part not been resolved by the identification and cloning of the Wilson's disease gene.
AIMS—To report our experience over three decades with patients with Wilson's disease in order to illustrate the diverse patterns of presentation and thereby broaden the approach to diagnosis.
METHODS—Clinical and laboratory findings of 30 patients with Wilson's disease were reviewed.
RESULTS—Twenty two patients presented with liver manifestations (eight with fulminant hepatic failure and 14 with chronic liver disease), three with neurological disease, and one with haemolysis; four were asymptomatic siblings of patients with Wilson's disease. Seventy per cent were diagnosed within six months of the onset of symptoms, but diagnosis was delayed for up to nine years. Age range at diagnosis was wide (7-58 years) and five patients were over 40. In patients presenting with non-fulminant disease, 18% had neither Kayser-Fleischer rings nor low caeruloplasmin concentrations. Increased liver copper concentrations were found in all but one patient who had undergone six years of penicillamine treatment. In fulminant hepatic failure (n=8) additional features helpful in the diagnosis included evidence of haemolysis, increased urinary copper (range 844-9375 μg/24 h), and a high non-caeruloplasmin copper (range 325-1743 μg/l).
CONCLUSIONS—The diagnosis of Wilson's disease still depends primarily on the evaluation of clinical and laboratory evidence of abnormal copper metabolism. No one feature is reliable, but the diagnosis can usually be made provided that it is suspected. Wilson's disease should be considered in patients of any age with obscure hepatic or neurological abnormalities.

Keywords: Wilson's disease; diagnosis; liver; fulminant hepatic failure

Shows practitioners are not well educated and trained on how to recognize WD early on. 2 out of 10 that had WD didn't have indicators like what Dr. Stevens thought was conclusive. (He refused to run a copper quantitive 24 hour test when my ceruloplasmin level fell in the normal range (even though Epstein Barr virus raises ceruloplasmin that I have been diagnosed with) So even though I had K-F rings, elevated AST, jaundice, hepto and splen

Table I— *Clinical and Laboratory Characteristics of 26 Patients with Wilson's Disease Presenting Without Fulminating Hepatic Failure.*

Characteristics	No.	Per cent
Presentation		
Abdominal pain	20	76.9
Icterus	10	38.5
Physical Findings		
Hepatomegaly	19	73.1
Kayser-Fleischer rings	16	61.3
Splenomegaly	14	53.8
Icterus	10	38.5
Ascites	6	23.1
Neurologic findings	4	15.4
Laboratory Findings		
Normal PT	26	100
Elevated AST	24	92.3
Elevated ALT	11	42.3
Anemia	12	46.2
Hypoalbuminemia	10	38.5
Hyperbilirubinemia	10	38.5
Hematuria	2	7.7

extremely

AST: Aspartate aminotransferase; ALT: Alanine aminotransferase; PT: Prothrombin time.

Clinical and laboratory findings of the patients with FHF were shown in *Table II*. All patients presented with coma and icterus. Conjugated bilirubin values ranged from 6.6 to 50.0 mg/dL (mean ± SD 27.8 ± 16.4 mg/dL). None had increased alkaline phosphatase levels. Serum AST levels were between 168 and 1366 IU/L (mean ± SD 471.5 ± 135.8 IU/L) and ALT levels between 19 and 534 IU/L (mean ± SD 136.4 ± 60.5 IU/L). Seven had Coombs negative hemolytic anemia, two had renal tubular disturbances (amino aciduria, proteinuria).

Table II— *Clinical and Laboratory Characteristics of Eight Fulminant Wilson's Disease Patients*

Characteristics	No.	Per cent
Presentation		
Icterus	8	100
Coma	8	100
Physical Findings		
Hepatomegaly	6	75
Splenomegaly	2	25
Kayser-Fleischer rings	7	87.5
Laboratory Findings		
Elevated AST	8	100
Elevated ALT	5	62.5

✓ = I have these or have had these indicated in my tests

Hyperbilirubinemia	8	100
Hemolytic anemia	7	87.5
Low ceruloplasmin	8	100

ALT: Alanine aminotransferase; AST: Aspartate aminotransferase

WLLIAM CORELL, M.D. AND ASSOCIATES
3424 SOUTH GRAND BLVL
SPOKANE, WASHINGTON 99203

DOB 4-5-66

PATIENT Michael Swenson

PHARMACY

PHONE

TREATMENT (✓)

MEDICATION ALLERGIES No Cymbalta because I have thought it affected me adversely when I didn't!

BP	IRI	LAB	REFILL	DATE	REMARKS	INITIALS
fax	343	6251	New	2-14-06	Lactis Sorbitol 100mg/2cc qd #60cc	AO/WC
Samples	Rx		New	4/18/06	Provigil 200mg #7, Rx #60 1-11 gam	AO/WC
fax	928	6614		4-28-06	Referral Dr Langer	AO/WC
See PMS	1/2	873 727	7455	New	5-3-06	Cymbalta 60mg #90 1 qd RF 0	AO/WC

Name Michael Swenson

CC:
What is main goal you wish to accomplish today? it path to wellness

SUBJ:
What symptoms have improved?
1. nothing
2.
3.

What symptoms still bother you?
1. all + added fas
2. specified diary
3.

Please describe any changes we need to know of: Soemter

Are there any specific questions you need answered?

Please Do Not Write Below This Line

OBJ.
BP- 140/62
P-
T-
HT- 72
WT- 262

PE		ROS		FHX
abnl	nl	neg	sxs	
	✓ GENL			Filed Y N
	HEENT			Pt to complete Y N
	NECK			Reviewed
	RESP			Changes? Y N
	BREAST			
	CARD			
	GI			Filed: LAB + ordered
	GU			
	RECTAL			XRAY
	EXTR			med decis (CMPLX)
	NEURO			STRFWD LO MED HI
	SKIN			

Time Spent 11:30 → 12:35 = 65 min / 45 min = Counts

4/18/06 MICHAEL SWENSON

S: Has had clinical deterioration since last visit, debilitating fatigue and increased pain and achiness consistent with FMS. He has really been unable to work now for three months, becoming increasingly concerned regarding health status. He had a workup through an internist in Sandpoint, those results are filed separately. Michael worked previously as a lab tech, examined his peripheral smear on CBC and was concerned with possible Rouleaux formation and spherocytosis. His clinical deterioration really began following complications from septoplasty and T&A 5/04. He had significant bleeding, required emergency transfusion with 3 units of O- blood. Patient is O+, concerned about long-term negative effects from transfusion reaction. At the time, he suffered acute pulmonary edema immediately postop, followed by cardiac arrest X2. Both he and his wife agree that he has never been the same since then. He would like formal hematology consultation to review his history and evaluate his peripheral smear at the present time. Regarding his mild adrenal insufficiency, he has been using natural measures to help support the adrenal glands, not really sure this has been helpful. He has been addressing insulin resistance via dietary management, has succeeded in another 7 pounds of weight loss. However, is increasingly discouraged with deteriorating health, went off the diet recently, willing to resume once again. Continues with significant sleep disturbance, note sleep apnea. He asks about a new CPAP machine that is quieter and may be better tolerated, this would be an excellent idea to explore further, and I asked him to contact Dr. Chestnut in this regard. Regarding testosterone replacement, he utilized 100 mg daily, though somewhat sporadically, found that it increased his libido but no further improvement in energy, muscle strength, etc. He realizes he did not try the hormone long enough to really evaluate fully and is willing to resume on a more consistent basis. Regarding his sleep, Teitelbaum's herbal sleep formula has provided some definite benefit. He remains strongly adverse to conventional medication intervention, though would be willing to try Provigil to address excess daytime somnolence due to sleep apnea. His wife is concerned that he remains clinically depressed, but he is quite unwilling to consider medication intervention at present.

* hospital denies transfusion altogether now. — I can prove it

↓ More dict Over ↓

Dr Don Colbert
x/wk: HoloSync Audio

Name Michael

CC:
What is main goal you wish to accomplish today? Another Step to Wellness

Now: ~3-4/10

SUBJ:

What symptoms have improved?
1. lost weight (?10# @home)
2. ? nail fungus (ThreeLac)
3. ↓ constipation

What symptoms still bother you?
1. Chronic Fatigue
2. Chronic Pain (tight mm, esp at night)
3. Lack of Concentration (but ↓ "brain fog")

Please describe any changes we need to know of: Started taking Cinnamon, Gymnema Sylvestre, bitter melon, fenugreek, Chromium picolinate, Nopalea, American Ginseng

Are there any specific questions you need answered? Need to reverse feeling of dying!

Please Do Not Write Below This Line

OBJ-
BP- 122/64
P-
T- 60
HT-
WT- 269
(↓ 6# here)

PE abnl	nl	ROS neg	sxs
	GENL		
	HEENT		
	NECK		
	RESP		
	BREAST	Sept 05	
	CARD		
	GI	10/24/05	
	GU		
	RECTAL		
	EXTR		
	NEURO		
	SKIN		

FHX
Filed (Y) N
Pt to complete Y N
Reviewed
Changes? Y (N)

Filed: LAB + ordered
XRAY
med decis (CMPLX)
STRFWD LO MED (HI)

Time Spent 10:45 → 1:00 = 1015 min / 50 min = Couns

2/14/06 MICHAEL SWENSON

S: Continues to have significant CFS symptomatologies. The improvement he described at last visit following initiation of ThreeLac unfortunately has not continued. He has been trying to follow a lower CHO diet, also added various nutrients to further support blood sugar metabolism. Has lost some weight, he believes 10 pounds at home, our scales confirm six pounds. He does believe his toenail fungus is beginning to improve on the ThreeLac. His constipation has also lessened. However, continues with significant fatigue, myalgias, and lack of concentration. He describes long-standing difficulties with focus, dating to childhood. His wife strongly suspects ADD/ADHD, though Michael tends to question that diagnosis. She also believes he has had long-standing underlying depression. Michael states that the depression is secondary to his health concerns, situational rather than endogenous. He is strongly averse to any pharmaceutical intervention, willing to pursue aggressive nutraceutical support in addressing his problems. His lab did confirm insulin resistance and hyperlipidemia, current dietary modulation is definitely appropriate. With his low testosterone, he is strongly interested in a trial of androgen replacement therapy. His secondary pituitary workup was WNL. He does have a mild adrenal insufficiency with slightly low a.m. cortisol, normal throughout the rest of the day. Also note borderline B12 and iron status, and further support is indicated. Regarding sleep apnea, suggested he make sure his CPAP is calibrated correctly, he still has significant sleep difficulties (some of which is due to challenges in wearing the CPAP device). I suggested repeat sleep consultation with a local specialist, which he might consider (though he really did not seem interested at this point). Of interest, he has been utilizing a sublingual B12 product and his levels are still suboptimal. He would be willing to utilize injection therapy to improve results. Would also like non-pharmaceutical support in sleep management, as well as addressing his myalgias. Finally, I did mention Provigil as a potentially useful adjunct. He is not willing to consider medication intervention at this point in time.

Name Michael Swenson

CC:

What is main goal you wish to accomplish today? Find out if symptoms partially due to hormonal changes + if treatment will help feel better

SUBJ:

What symptoms have improved?
1. joint pain (slight)
2. ~~tiny~~ dizzy head (slight)
3. ~~fatigue~~ (slight)

What symptoms still bother you?
1. extreme fatigue / low energy
2. unclear thinking / dizziness
3. ache / pain in body muscle / joints (chronic)

Please describe any changes we need to know of: just started taking Three Lac (probiotic treatment for candida) felt great after first day) but as well each following day - started with mangosteen juice (for normal balance) any info on candida eradication and how often testing needed for hormone treatment - can we obtain a prescription for the supplements?

Please Do Not Write Below This Line

OBJ-
BP- 110/70
P-
T-
HT- 60
WT- 275

PE abnl	nl	ROS neg	sxs
	✓ GENL		
	HEENT		
	NECK		
	RESP		
	BREAST		
	CARD		
	GI		
	GU		
	RECTAL		
	EXTR		
	NEURO		
	SKIN		

FHX
Filed (Y) N
Pt to complete Y N
Reviewed
Changes? Y (N)

Filed: LAB

XRAY
med decis (CMPLX)
STRFWD LO MED (HI)

Time Spent 11:50 → 1:00 = 70 min / 50 min = Cover

12/15/05 MICHAEL SWENSON

S: My first visit with this 39-year-old white male, see prior note by SJF for full historical detail. He has had a challenging course of chronic fatigue for the last several years, as previously documented. There has been some improvement with management of sleep apnea, though overall status has been generally unsatisfactory, with poor quality of life, decreased concentration, difficulties with work, as well as leisure activities. He has a positive symptom review for hypogonadism, and his testosterone levels are definitely quite low for his age. He had some routine lab earlier this year with no major abnormalities, but he has not had an aggressive fatigue workup, nor has he had further evaluation of pituitary function. Of interest, he has recently begun two nutritional products that appear to be helpful, the first is a Mangosteen product. The most dramatic was when he started a probiotic called Three-Lac. He felt dramatically improved by the next day, with better energy, decreased fatigue, and arthralgias, and improved mental clarity. He has not been as well for the next several days, but is encouraged thus far. Wants further information on yeast evaluation and management, and any support that could help him regain his vitality.

P: Extremely long and involved consultation this date. Reviewed history in some detail. Counseled regarding lab results and interpretation, discussed further options in evaluation and management. We had a long discussion regarding the multiple factors that could be impacting his fatigue. Gave him some further literature on PCC, discussed EBV/mono and its relationship to CFS, and went into hormone metabolism in some detail. We will need further lab clarification, have him draw FSH, LH, prolactin, ACTH, cortisol, TSH, free T3, free T4, iron studies, PSA, and B12/folic acid. He will also obtain a lipid profile fasting through Bonner General Hospital. Will also check TAP to further evaluate adrenal axis. Once these results are obtained, consultation with CV to complete prostate exam and begin appropriate hormonal support, based on lab work. Will utilize compounded testosterone if pituitary evaluation is unremarkable, otherwise might consider HCG injections. We will then need to order follow-up blood levels, and I will plan to see him back in about ~~two months for follow-up~~. next page

A: 1. CFS. 2. LOW TESTOSTERONE, ? PRIMARY VERSUS SECONDARY HYPOGONADISM. 3. PROBABLE PCC BY HISTORY.

WFC:kc
12/15/05

See next page - indicates possible Wilson's

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virus causes elevated ceruloplasmin Search Advanced Search Preferences

Web Results 1 - 10 of about 53,700 for virus causes elevated ceruloplasmin. (0.10 seconds)

MGI 3.53 - Inbred Strains: RF
High serum **ceruloplasmin** levels (2/26 in males, 1/27 in females) (Meier and MacPike, 1968) . ... Encephalomyocarditis **virus causes** diabetes mellitus (cf. ...
www.informatics.jax.org/ external/festing/mouse/docs/RF.shtml - 19k - Cached - Similar pages

MGI 3.53 - Inbred Strains: C58
Encephalomyocarditis **virus causes** diabetes mellitus (cf. ... A. D. (1968) Levels and heritability of serum **ceruloplasmin** activity in inbred strains of mice. ...
www.informatics.jax.org/ external/festing/mouse/docs/C58.shtml - 22k - Cached - Similar pages
[More results from www.informatics.jax.org]

[PDF] National Pathology Group May 2003 National Pathology Group May 2003
File Format: PDF/Adobe Acrobat
excretion, may **cause elevated** aminotransferase levels in. patients with no other symptoms of ... If the **ceruloplasmin** level is normal and Kayser-Fleischer ...
www.ampath.co.za/Documents/HepatitisEng.pdf - Similar pages

[PDF] Jaundice in Older Children and Adolescents
File Format: PDF/Adobe Acrobat
Epstein-Barr **virus** (EBV) infection can **cause** acute ..... E. The gold standard for diagnosis is an **elevated ceruloplasmin** level. ...
pedsinreview.aappublications.org/ cgi/reprint/22/7/219.pdf - Similar pages

* I have been diagnosed with EBV elevating my ceruloplasmin even though I have Wilson's Disease.

Cirrhosis - Wikipedia, the free encyclopedia
Chronic hepatitis C. Infection with this **virus causes** inflammation of and low ... Autosomal recessive disorder characterized by low serum **ceruloplasmin** and ...
en.wikipedia.org/wiki/Cirrhosis - 70k - Cached - Similar pages

Hepatitis C, Alcoholic Liver Disease, Liver Failure and Chronic ...
The interpretation of **elevated** AST and ALT levels depends upon the whole .... Blood levels of a substance called **ceruloplasmin** are usually decreased ...
www.hepatitis-central.com/hcv/labs/liverenzymes.htm - 26k - Cached - Similar pages

Blackwell Synergy - J Gastroenterol Hepatol, Volume 19 Issue 2 ...
Superinfection with hepatitis A **virus** (HAV) in chronic liver disease has been .... Case 9 had normal **ceruloplasmin** but KF rings were positive with **elevated** ...
www.blackwell-synergy.com/ doi/abs/10.1111/j.1440-1746.2004.03188.x - Similar pages

* normal ceruloplasmin but still had Wilson's!

Family, Internal Medicine, General Medical Questions: muscle enzyme
Other less common **causes** of **elevated** aminotransferase levels ... a low serum **ceruloplasmin** level, **elevated** urinary copper excretion, and high hepatic copper ...
en.allexperts.com/q/ Family-Internal-Medicine-969/muscle-enzyme-1.htm - 29k - Cached - Similar pages

Cirrhosis - Exams and Tests - Hepatitis on Yahoo! Health
Cirrhosis may **cause elevated** bilirubin levels, which **causes** jaundice. ... Serum **ceruloplasmin** testing, which may help diagnose Wilson's disease. ...
health.yahoo.com/topic/hepatitis/ symptoms/article/healthwise/aa67669 - 33k - Cached - Similar pages

[PDF] Hepatitis C **virus** does not **cause** nonalcoholic steatohepatitis
File Format: PDF/Adobe Acrobat
smooth muscle antibody, al-antitrypsin, **ceruloplasmin**,. and iron studies were negative in ....
virus: A possible **cause** of chronic hepatitis in alcoholics. ...
www.springerlink.com/index/H7U3377Q91712236.pdf - Similar pages

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New! View and manage your web history

Web Results **1** - **10** of about **96,900** for **hypogonadism wilson's disease**. (**0.10** seconds)

[Metabolic cirrhosis (hemochromatosis, **Wilson's disease** ...
The possibility of a metabolic chronic liver **disease** must always be borne ...
hypogonadism, arthropathy, myocardiopathy); or (2) **Wilson's disease** in young ...
www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&
db=PubMed&list_uids=2063117&dopt=Abstract - Similar pages

IngentaConnect Procreation ability in Wilsons **disease**
Objectives – The clinical manifestations of **Wilson's disease** (WD) take ... Infertility and amenorrhea are reported in women and **hypogonadism** in men with WD. ...
www.ingentaconnect.com/content/mksg/ane/2000/00000101/00000006/art00007 - Similar pages

ROLE OF ZINC IN CHILDREN Pediatric Oncall
Oligospermia **Hypogonadism** Poor appetite and weight loss Night blindness ... Treatment of **Wilson's disease** with zinc: XV long-term follow-up studies. ...
www.pediatriconcall.com/fordoctor/nutrition/role_of_zinc_in_children.asp - 50k - Cached - Similar pages

Frequently asked questions (faqs) about zinc- Pediatric Oncall
It is also used in treatment of **Wilson's disease**. **Wilson's disease** is an autosomal ... delayed sexual maturation and **hypogonadism**, eye and skin lesions, ...
www.pediatriconcall.com/fordoctor/nutrition/Zinc.asp - 44k - Cached - Similar pages

Baylor Neurology Case of the Month
Although the typical presentation of **Wilson's disease** involves bulbar dysfunction, ... Progressive extrapyramidal disorder with primary **hypogonadism** and ...
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Genetic and Metabolic Influences, Including Obesity, on Liver **Disease**
Wilson's disease. The high concordance of clinical symptoms among siblings of patients ... Of 49 patients with hepatic **Wilson's disease**, 32 siblings were ...
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Objectives ± The clinical manifestations of **Wilson's disease** (WD) take ... **hypogonadism** in men with WD. Our study was designed to analyse the ...
www.blackwell-synergy.com/doi/pdf/10.1034/j.1600-0404.2000.90140a.x - Similar pages

Zinc: The Biology and Therapeutics of an Ion -- Prasad 125 (2 ...
Zinc is effective as a therapeutic decoppering agent in **Wilson disease**, and it is also ... Treatment of **Wilson's disease** with zinc: III. Prevention of ...
www.annals.org/cgi/content/full/125/2/142 - Similar pages

[PDF] edigraphic.com
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dying of **Wilson disease** (WD) had excess copper in both. liver and brain (especially in the .... pancreatic function alterations and data of **hypogonadism**, ...
www.medigraphic.com/pdfs/hepato/ah-2003/ah033e.pdf - Similar pages

Zinc deficiency
... as such it has been used effectively to treat **Wilson's disease**.9 In ... with the syndrome of iron deficiency anemia, **hypogonadism**, and dwarfism. ...
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hypogonadism wilson's disease Search

10/24/05 MICHAEL SWENSON

S: Michael is a 39-year-old realtor for Sandpoint Realty who comes in to our office with the chief complaint of chronic fatigue. He states in 2003, he developed chronic fatigue, feeling extremely exhausted and this was even before he had a study for sleep apnea, which was positive, and even with using a CPAP. It has helped increase his energy some. He did have recent laboratory work done with his PCP, which was positive for mono and Epstein-Barr virus. He states that in May 2004, he had a septoplasty and a T&A, which required him to have a blood transfusion, and the fatigue has been much worse since that time. He also has difficulty with concentrating and short-term memory, and has developed digestive problems two years ago, with intermittent diarrhea and constipation, which was the same the year that he also started noticing more difficulty with his memory and concentration. In 1988, he had a bullet removed from his head, but we did not go into further details concerning this. Other than having the CPAP to have him sleep, he takes a considerable amount of supplements through Dr. Andrew Lessman, which includes a form of HGH which is in a tablet form that dissolves in water and becomes carbonated, and thinks this may also have helped to slightly increase his energy so as well. He is very interested in knowing what his testosterone levels are. He does have a decreased libido and is wanting to know if there is any other supplements or prescription medications that may help to increase his energy. He states his major stresses this past year has been the death of his grandmother, moving his brother up from Colorado with him driving over 2200 miles on the round trip. Also being involved in a head-on collision three months ago, and having a setback in his energy after having septoplasty and a T&A in 2004. He rarely drinks alcohol, does not smoke. Does not sleep well, but tries to get six or seven hours of sleep per night, but rarely feels rested upon awakening in the morning. He does walking, occasionally cutting wood about three times per week, but for very short periods of time. He also has chronic back pain from an injury in 1996, of a herniated disk L4-5 and then re-injuring his back again in 1999, and he apparently is disabled through the State of Washington.

O: A very pleasant gentleman in no acute distress. PE on file.

P: After a long discussion on Michael's very complexed medical history, he will get baseline laboratory work to include a SP 123, DHEA, stool analysis G-1, ELISA for food sensitivities, TAP, a total and free testosterone, E2, and PSA. Also when he returns for a follow-up visit, he will also arrange to have a DMPS injection for a Doctor's Data six-hour urine collection for heavy metals. He will have this done in about four weeks when he follows up with Dr. Corell to review his laboratory work, and he will have nutritional consultation with Jari Serra as well. He is given the basic protocol of supplements. He will consider this, but will continue on with his current supplements that both him and his wife take for now.

A: 1. FATIGUE. 2. DECREASED LIBIDO. 3. SLEEP DISTURBANCE. 4. MFA. 5. DYSPEPSIA, PROBABLE IBS. 6. RECENT HISTORY OF A POSITIVE TEST FOR MONONUCLEOSIS IN MARCH 2005.

SJF:jh
SF 10/24/05

false positive for mono indicative of WD! see next page!

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Wilson's disease - CNN.com
In addition, your **doctor may** want to test you if you had a parent or grandparent who died of unexplained liver **disease**. Although **Wilson's disease** is found ...
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Wilson's disease: diagnostic errors and clinical implications
Wilson's disease (WD) is a rare inherited disorder of copper metabolism with ... It is noteworthy that there were 37 patients **misdiagnosed** during first ...
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The pioneer in the T3 protocol for treating this oft-**misdiagnosed** form of thyroid ... Subclinical Thyroid **Disease May** Elevate Cardiovascular Risk ...
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Diseases **doctors misdiagnose**: Autoimmune illnesses symptoms — fatigue, ... While Hoffman-**Wilson's** hunt for a correct diagnosis **may** seem extreme, ...
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Wilson Disease
When liver symptoms are the first to appear, **Wilson disease** is often **misdiagnosed** as viral hepatitis or infectious mononucleosis. Typical symptoms **may** ...
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Not **Wilson's disease**: a review of **misdiagnosed** cases -- WALSHE and ...
Not **Wilson's disease**: a review of **misdiagnosed** cases. J.M. WALSHE and M. YEALLAND1,*. The University Department of Medicine, Addenbrooke's Hospital, ...
qjmed.oxfordjournals.org/cgi/content/abstract/88/1/55 - Similar pages

CIGNA - **Wilson's Disease**
Some individuals with **Wilson**'s **disease may** have only abnormalities of liver ... other affected individuals **may** be **misdiagnosed** with other neurological, ...
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Pulse
Doctors may misdiagnose the condition. What are the causes and risks ... **Wilson disease**, a rare **disease** causing an excess of copper in the liver, brain, ...
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University of Illinois Medical Center:Health Library
Doctors may misdiagnose the condition. ... **Wilson disease**, a rare **disease** causing an excess of copper in the liver, brain, kidneys, and corneas ...
uimc.discoveryhospital.com/main.php?id=2839 - 28k - Cached - Similar pages

Wilson's Disease - Patient UK

This feature is not pathognomonic of **Wilson's disease** as it **may** occur in **....** Walshe JM, Yealland M; Not **Wilson's disease**: a review of **misdiagnosed** cases. **...**
www.patient.co.uk/showdoc/40001292/ - 50k - Cached - Similar pages

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doctors may misdiagnose wilson's d Search

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from www.wilson's disease.org

Wilson's Disease is a genetic disorder that is fatal unless detected and treated before serious illness from copper poisoning develops. Wilson's Disease affects approximately one in 30,000 people worldwide. The genetic defect causes excessive copper accumulation in the liver or brain.

Small amounts of copper are as essential as vitamins. Copper is present in most foods (see *Copper Content of Various Foods*), and most people have much more copper than they need. Healthy people excrete copper they don't need but Wilson's Disease patients cannot.

Copper begins to accumulate immediately after birth. Excess copper attacks the liver or brain, resulting in hepatitis, psychiatric, or neurologic symptoms. The symptoms usually appear in late adolescence. Patients may have jaundice, abdominal swelling, vomiting of blood, and abdominal pain. They may have tremors and difficulty walking, talking and swallowing. They may develop all degrees of mental illness including homicidal or suicidal behavior, depression, and aggression. Women may have menstrual irregularities, absent periods, infertility, or multiple miscarriages. No matter how the disease begins, it is always fatal if it is not diagnosed and treated.

The first part of the body that copper affects is the liver. In about half of Wilson's Disease patients the liver is the only affected organ. The initial physical changes in the liver are only visible under the microscope. When hepatitis develops, patients are often thought to have infectious hepatitis or infectious mononucleosis when they actually have Wilson's Disease hepatitis. Testing for Wilson's Disease should be performed in individuals with unexplained, abnormal liver tests.

elevated ALT in all lab work + jaundice in eyes? plus "lesion" on liver + gallstones

My concern is that a judge/jury might find I do have Wilson's Disease but that my other allegations are only psychiatric symptoms/ thereby precluding a very necessary investigation and preventing me from presenting all the evidence proving the rest of my allegations.

WILSON'S DISEASE ASSOCIATION INTERNATIONAL

About Wilson's Disease

- In addition, I may not only be ill from undiagnosed/untreated WD but I may also have been poisoned for sending out my affidavit in an attempt to pre-empt me from testifying.

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poisoning develops. Wilson's Disease affects approx
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Disease hepatitis. Testing for Wilson's Disease shou
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tests.

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How is Wilson's Disease Diagnosed?

The diagnosis of Wilson's Disease is made by relativ simple tests. The tests can diagnose the disease in l symptomatic patients and people who show no sign disease. These tests can include:

- Opthalmalogic slit lamp examination for Kayse Fleischer rings
- Serum ceruloplasmin test
- 24-hour urine copper test
- Liver biopsy for histology and histochemistry a copper quantification
- Genetic testing, haplotype analysis for siblings mutation analysis.

It is important to diagnose Wilson's Disease as early possible, since severe liver damage can occur before are any signs of the disease. Individuals with Wilsor Disease may falsely appear to be in excellent health. additional information, refer to the Boston Universit Medical Campus website at www.bumc.bu.edu or c with your physician.

So no one believes you're really ill or that it's all in your head!

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How is Wilson's Disease Inherited?

Wilson's Disease is an autosomal recessive disease, means it is not sex-linked (it occurs equally in men women). In order to inherit it, both of ones parents carry a gene that each passes to the affected child. abnormal genes are required to have the disease. At one in 30,000 people of all races and nationalities h disease.

The responsible gene is located at a precisely knowr chromosome 13. The gene is called *ATP7B*. Some ca Wilson's Disease occur due to spontaneous mutatio the gene. Most are transmitted from generation to generation.

Most patients have no family history of Wilson's Dis People with only one abnormal gene are called carri Carriers (heterozygotes) may have mild, but medical insignificant, abnormalities of copper metabolism. C do not become ill and should not be treated.

More than 200 different mutations of *ATP7B* have b

identified thus far. Therefore, it has been difficult to a simple genetic screening test for Wilson's Disease. However, in a particular family, if the precise mutat identified, a genetic diagnosis is possible by haploty analysis. This requires a blood sample from both th patient and a relative. The samples are compared to other. Haplotype testing helps to find symptom-free who have the disease so that they may be treated be they become ill.

Someday a genetic test may help in genetic screenin prenatal diagnosis. However, at this time, there is n available test for these purposes.

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What is the Likelihood of Inheriting Wilson Disease?

One in 100 individuals in the general population ca one abnormal copy of the Wilson's Disease gene. Ca have one normal and one abnormal gene. All (100%) children of those afflicted with Wilson's Disease rece least one abnormal copy of the Wilson's Disease gen half (50%) of a carrier's children receive at least one abnormal copy of the Wilson's Disease gene.

Siblings of Wilson's Disease patients have a 1 in 4 c of having the disease. Since both of a siblings' parer carriers, 1/4 of the siblings' children have the disea are carriers, and 1/4 are disease free with no Wilso Disease gene.

Children of patients have a 1 in 200 chance of havi disease. A child of a Wilson's Disease patient has a chance of getting one abnormal gene. The patient's has a 1 in 100 chance of carrying the abnormal Wil Disease gene and half the time he or she will pass it

Grandchildren of patients have a 1 in 400 chance c having the disease. A grandchild of a Wilson's Disea patient has a 50% chance of getting one abnormal g since each a patient's child is a carrier. From the ot parent, a grandchild has a 1 in 200 chance of gettin gene (1/2 times 1/200, or 1/400).

Nieces and Nephews of patients with siblings who have Wilson's Disease have a 1/600 chance of havir disease. Two-thirds of unaffected siblings carry the

The risk both parents being carriers is 2/3 times 1/
1 in 150. The risk of each of their children having tl
disease is 1 in 600 (1/4 times 1/150).

Cousins of Wilson's Disease patients have a 1 in 80
chance of having the disease. Fifty percent of aunts
uncles are carriers. The risk of both parents of a cou
carrying the abnormal gene is 1/2 times 1/100, or
200. Since 1 in 4 children of two Wilson's Disease p
is afflicted, the overall risk of a cousin of a Wilson's
patient being afflicted is 1/4 times 1/200, or 1/800

All siblings and children of Wilson's Disease patient
should be tested for Wilson's Disease. Other relative
have had symptoms or laboratory tests that indicate
or neurological disease also should be tested for Wil
Disease.

People with Wilson's Disease may not have any sign
symptoms, or evidence of illness. However, people w
or non-apparent Wilson's Disease will become serio
and eventually die if they are not treated.

Testing is simple and safe. There are excellent treat
available. Failure to treat Wilson's Disease causes s
disability and eventually death.

Go to top

How is Wilson's Disease Being Treated?

Wilson's Disease is a very treatable condition. With
therapy, disease progress can be halted and oftentir
symptoms can be improved. Treatment is aimed at
removing excess accumulated copper and preventin
reaccumulation. Therapy must be lifelong. Patients
become progressively more sick from day to day, so
immediate treatment can be critical. Treatment dela
cause irreversible damage.

The newest FDA-approved drug is zinc acetate (Galz
(To link to a page about Galzin, **CLICK HERE**.) Zinc
blocking the absorption of copper in the intestinal t
This action both depletes accumulated copper and p
its reaccumulation. Zinc's effectiveness has been sh
more than 30 years of considerable experience over
major advantage of zinc therapy is its lack of side ef

Other drugs approved for use in Wilson's Disease in

This is why I think it's FAR more common than any one is telling the public. (I see K-F rings in so many peoples eyes!)

penicillamine (Cuprimine, Depen) and trientine (Syp
(To link to a page about Cuprimine and Syprine, **CL
HERE**.) Both of these drugs act by chelation or bin
copper, causing its increased urinary excretion.

Tetrathiomolybdate is another chelating drug that i
investigation for initial treatment of Wilson's Diseas
far, it has not caused the neurological worsening of
associated with penicillamine and even with trientir

Patients with severe hepatitis or liver failure may re
liver transplant. Patients being investigated or treat
Wilson's Disease should be cared for by specialists i
Wilson's Disease or by specialists in consultation wi
primary physicians.

Stopping treatment completely will result in death,
sometimes as quickly as within three months. Decr
dosage of medications also can result in unnecessa
disease progression.

Go to top

Who Can I Contact for Help?

There are healthcare professionals in a variety of co
ready to assist you in diagnosing and treating Wilso
Disease.

For a listing of physicians and institutions familiar
Wilson's Disease and/or that accept Wilson's Disea
patients, **CLICK HERE**.

For a listing of WDA Centers of Excellence, **CLICK H**

For a listing of individuals who can offer support to
Wilson's Disease patients and families, **CLICK HER**

Go to top

[illegible]	Supplement Name	Dose	Breakfast	[illegible]	Lunch	[illegible]

On Empty Stomach	Description or Use	Dose	[illegible]	Mid-am	Mid-pm	[illegible]

Name ______________________________ **Date** ____________________

PLEASE NOTE: A record of your current Supplement Schedule is not kept at the front desk of the clinic. Please bring this schedule, or a written shopping list, when you come in to purchase supplements. We have more than one brand of a given nutrient, so please know the <u>*specific*</u> *name of the supplement. If you are on DHEA capsules, you need to know the dose (10 mg, 25 mg, or 50 mg). Our staff greatly appreciates your efforts to be sure you have the right products.*

Jari Serra, R.D. • 509-838-5800

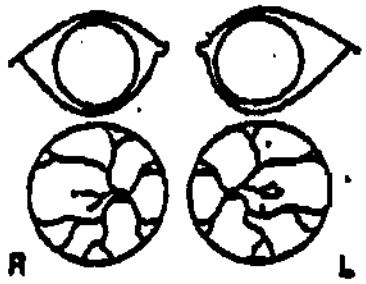
PHYSICAL EXAMINATION
CONFIDENTIAL

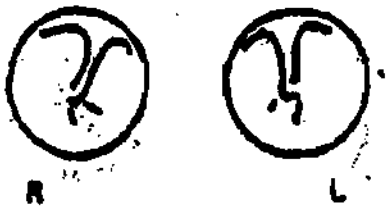
Michael Swenson
NAME
DATE 10/24/05 BY

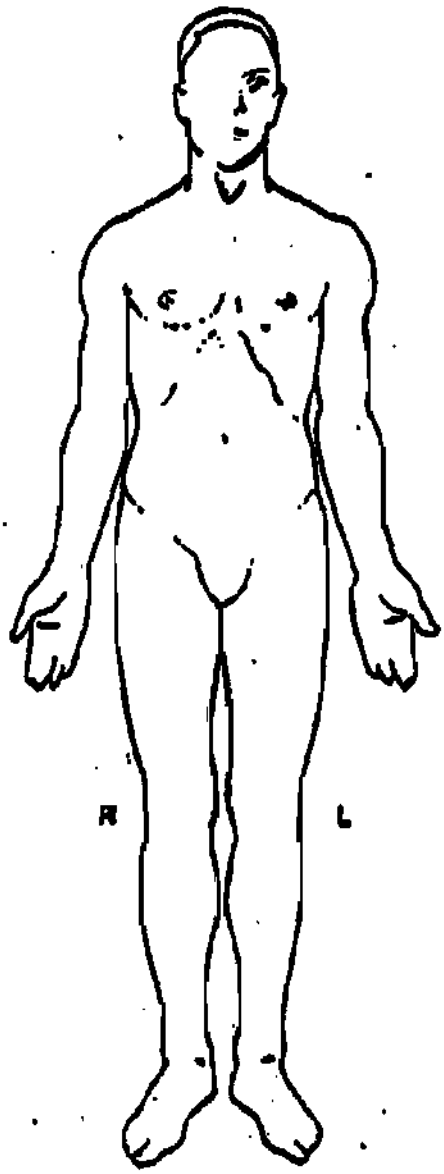
HT. ____ WT. ____ B.P. / P ____ R ____ T ____ VISION: R / L /

AGE 39

	NORMAL ✓	ABNORMAL X	INCOMPLETE O	DESCRIPTION	COMMEN
General Appearance	X	over wt			
Skin	✓				
Head	✓				
Hair	✓				
Eyes	✓				
Conjd. Sclerae	✓				
Pupils	✓				
EOMs	✓				
Fundi	O				
Vis. Field	O				
Ears	✓				
Pinna	✓				
Canals	✓				
Hearing TMS	✓				
Nose	✓				
Mouth and Throat	✓				
Teeth	✓				
Gums	✓				
Pharynx	✓				
Neck	✓				
Bam	✓				
Carotids	✓				
Thyroid	✓				
Lymph Nodes	✓				
Cervical	✓				
Axillary	O				
Inguinal	✓				
Breasts	O				
Chest	✓				
Shape	✓				
Excursions	✓				
Lungs	✓				
Palpation	O				
Auscultation	✓				
Percussion	O				
Cardiovascular	✓				
Rhythm	✓				
Palpation & PMI	✓				
Ht. Sounds	✓				
Murmur	✓				
Peripheral					







William F. Corell, M.D.
Family Practice • Holistic & Preventive Medicine • Bio-Energetics
S. 3424 Grand Blvd. • Spokane, WA 99203-2621 • (509) 838-5800 • FAX 838-4042

TESTOSTERONE CONSENT FORM

You have been prescribed testosterone, the primary androgenic [illegible]. Testosterone is responsible for the normal growth and development [illegible] organs and for maintenance of secondary sex characteristics. [illegible] the growth and maturation of the prostate, seminal vesicles, [illegible] development of male hair distribution, such as facial, pubic, chest, and [illegible] enlargement, vocal cord thickening, and alterations in body [illegible] distribution. Androgens have been reported to increase [illegible] and decrease protein [illegible] breakdown.

Symptoms associated with male hypogonadism [illegible] include the following: impotence and decreased sexual desire, [illegible] depression, and regression of secondary sexual characteristics.
Treatment with testosterone has been shown to produce positive effects on fatigue, mood and sexual function. Further, low levels of testosterone have been [illegible] in men with heart disease. You may benefit from testosterone therapy [illegible] considerations.

Testosterone replacement therapy has been [illegible] many years [illegible] with very few serious side effects. One must always balance the potential benefits of any therapy with the possibility of adverse reactions. Please consider the following in regards to testosterone therapy:

Androgens are contraindicated in men with carcinoma of the breast or known or suspected carcinoma of the prostate. Prostate abnormalities have been detected in 5% of patients taking testosterone treatment. (We recommend the simultaneous use of Saw Palmetto 320 mg/day to help prevent adverse prostate reactions.)

Edema (fluid retention), with or without congestive heart failure, may be a serious complication of androgen treatment in patients with preexisting cardiac, renal, or hepatic disease. In addition to discontinuation of the drug, diuretic therapy may be required. This is unlikely in healthy men.

Gynecomastia (benign swelling of breast tissue) frequently develops and occasionally persists in patients being treated for hypogonadism.

Testosterone may have variable effects on cholesterol and lipid levels in your blood. Liver function, prostate specific antigen, total cholesterol and HDL cholesterol should be checked periodically, as well as monitoring of testosterone and estrogen levels in your blood. In addition, Hemoglobin and hematocrit should be checked periodically to detect polycythemia (increase in red blood cells) in patients who are receiving

One-Day Food Diary for Adrenal Saliva Test

(please bring this record to your clinic follow up visit; do not send this in with your samples)

Name Michael Swenson Week Day Tuesday Date 12-20-05

Keep a detailed record of ALL foods and beverages, including alcohol. Do your best to accurately estimate serving sizes of food – using ounces, cups, teaspoons, inches, or the size of a common object. Omit supplements and meds, except for any doses of Cortef (hydrocortisone). Record exercise and any notable stressors, such as a disturbing event. All these things can cause changes in cortisol levels. Be sure to record the times of all food, exercise, and sleep. Also note how you felt this day – anxious, happy, depressed, etc.

Do you smoke cigarettes? Y (N)

Do you use any other stimulants? (Y) N

occasionally drink coffee + tea

How may hours of sleep did you get the night BEFORE this day? 7

Time	Amount	Food (be descriptive) List Cortef doses here, with the time	Exercise, sleep, etc. Note exact time of saliva samples
9:00 a.m.	nothing since 10:00 p.m. yesterday		(first sample) 8:50 a.m. 10 minute walk
10:00 a.m.	3 lrg. eggs, 1 tsp. butter (cooked in), 4 oz. turkey		
	12 oz. grapefruit juice w/ supplements (see attached supplement list)		
	8 oz. water		
12:40	6 oz water		(noon sample)
1:00 p.m.	2 lrg. hard boiled eggs, 2 med zucchini, 1 tbsp. butter		
	1 + 8 oz ginseng beverage		
2:30	1.75 oz Popcorn		
4:30	8 oz water		
4:40			(afternoon sample)
5:00	2 oz Cheetos + 1 apple		
6:15	1/2 lb. cheeseburger, bun, lettuce, pickle, 16 oz water		
11:20			(midnight sample)
11:50	2 oz Mozzarella 16 oz. water w/ threelac		

Mailed Out 12-21-05 (Test Samples)

PLEASE COMPLETE & RETURN TO OFFICE

HEALTH SCREENING QUESTIONNAIRE

William F. Corell, M.D.

CONFIDENTIAL

NAME Michael (First) Swenson (Last) Michael (Name You Would Like To Be Called) 10-23-05 (Today's Date)

Number of Children Ø Education: Highest Grade Completed: Associate Applied Science + 4yrs. college diversified studi

Occupation/Interests/Hobbies Minister of the Gospel of JESUS the CHRIST

Do you have a regular physician or other health practitioner? Yes ☐ No ☒

Who? Type?

Date last consulted: Date last physical exam:

CONCERNS What are your main problems or health concerns? Describe: 1) Onset of problem(s), 2) How has it changed over time, 3) what makes it better or worse, 4) prior treatments or consultations

2003 - Chronic Fatigue (taking supplementation (helps), better rest (helps) O2 at night with CPAP (helps) - recent blood work (tested positive for mono - no idea how contracted) - (except blood transfusion during surgery (fatigue much worse after surgery transfusion May/2004))

GOALS: What goals or results do you hope to accomplish through your consultation here?

Re-vitalized! (Rested each morning - energy clarity of thought/memory)

ILLNESSES List all your major illnesses (Including hospitalization and operations):

Year	Illness
Year	Illness
Year	Illness
Year	Illness

MEDICATIONS Do you use: Prescription Drugs ☐ Over the Counter Medicines ☐

Vitamins ☒	Laxatives ☐	Cold/Allergy Pills ☐
Minerals ☒	Antacids ☐	Sleeping Pills ☐
Herbals ☒	Aspirin ☐	Birth Control Pills ☐
Hormones/Glandulars ☒ HGH	Pain Pills ☐	Other ☐
Food Supplements ☐	Tranquilizers ☐	None of the above ☐

Please list names, dosages, and frequency of any checked above:

ALLERGIES Do you have any allergies to: possibly (don't know which - want to be tested for)

Drugs ☐ Shots ☐ Foods ☐ Chemicals ☐ Pollens/Inhalants ☐ Cosmetics/Lotions ☐ No Known Allergies ☐

Please list names and reactions experienced to any checked above: none known

HEALTH HISTORY
REVIEW OF SYSTEMS

William F. Corell, M.D.

CONFIDENTIA

Last Name

FAMILY HISTORY: Write the name of each family member below, follow the line across the page and mark an ✓ in those boxes which indicate their present state of health (good), (poor), or their death (write in the cause), and any of the illnesses that they have ever had. If married, print the names of your spouse and children in the spaces below.

	Age	Health: Good	Health: Poor	Died	Cause of Death	Allergies or asthma	Anemia	Bleeding disorder	Diabetes	Cancer or tumor	Epilepsy	Glaucoma	Genetic disease	Alcoholism	Kidney or bladder trouble	Stomach / duodenal ulcer	Nervous breakdown	Rheumatism or arthritis	High Blood pressure	Heart trouble	Stroke	Gout
Father:	67	X						ADOPTED (ALL UNKNOWN)														
Mother:	64	X																				
Brothers or Sisters:	39	X																				
Spouse:	53	X																				
Child:																						
Child:																						
Child:																						
Child:																						
All Grandparents (✓ for any affected) →																						
Father's relatives (write how many affected in each box) →																						
Mother's relatives (write how many affected in each box) →																						
YOUR HEALTH HISTORY (✓ for any of your illnesses) →																						

Additional Illnesses or Problems: Mark an ✓ in the box next to any of the following that you have now or have ever had.

- ☐ eye disease
- ☐ thyroid disease
- ☐ eczema
- ☐ asthma
- ☐ bronchitis
- ☐ emphysema
- ☐ broken bones dislocated elbow (l) broken wrist, nose
- ☐ injuries Shot in head 1988 (right temple, right sprained ankle, back (twice L4/L5) neck unknown
- ☐ pneumonia
- ☐ pancreatitis
- ☐ liver disease
- ☐ diverticulosis
- ☐ hernia
- ☐ hemorrhoids
- ☐ neuralgia or neuritis
- ☐ tension/anxiety
- ☐ depression
- ☐ childhood hyperactivity
- ☐ chicken pox
- ☐ German measles
- ☐ scarlet fever
- ☐ measles
- ☐ mumps
- ☐ polio
- ☐ rheumatic fever
- ☐ malaria
- ☐ blood transfusion
- ☑ mononucleosis recent diagnosis & request retest
- ☐ venereal disease
- ☐ yellow jaundice
- ☐ other
- ☐ _____
- ☐ _____

Have you ever been turned down for life insurance, military service or employment because of health problems? ..... ____ Yes ☒ No

Major Hospitalizations: If you have ever been hospitalized for any serious medical illness or operation, write in your most recent hospitalization below. Check this box ☐ if you have had more than three such hospitalizations. (Do not include normal pregnancies) Omit if you already have listed these on screening questionnaire.

	Year	Operation or Illness	Name of Hospital	City and State
1st hospitalization	'88	(bullet removal head)	Maricopa County	Phx. AZ
2nd hospitalization	'84	[illegible] septoplasty/tonsilectomy	[illegible] Medical Center	Spokane, WA
3rd hospitalization				

Tests and Immunizations: Mark an ✓ next to those that you have had. Enter the year when you last were given the test or "shots."

- ☐ 19__ chest x-ray
- ☐ 19__ kidney x-ray
- ☐ 19__ G.I. Series
- ☐ 19__ gallbladder x-ray
- ☐ 19__ colon x-ray
- ☐ 19__ other x-rays _____
- ☐ 19__ electrocardiogram
- ☐ 19__ TB test
- ☐ 19__ tetanus "shots"
- ☐ 19__ polio series
- ☐ 19__ measles "shots"
- ☐ 19__ mumps "shots"
- ☐ 19__ smallpox "shots"
- ☐ 19__ typhoid "shots"
- ☐ 19__ flu injections
- ☐ 19__ other military [illegible]

Comments:

PROBLEM LIST
MEDS/ALLERGY

William F. Corell, M.D.

— FOR OFFICE USE ONLY —

CONFIDENTIAL

Last Name

MAJOR CURRENT OR ACTIVE PROBLEMS			
No.	*Date of Recognition	Description	*Date Resolved
1	2003	Chronic Fatigue / Exhaustion	
2	2000	Sleep Apnea	
3	1996	Back Injury L4/L5	
4	1999	Reinjured Back (State	
5		Certified Disabled)	
6	2003	Nightly Bloating/Digestive	
7		problems	
8	2003	Difficulty Defacating	
9	2003	Difficulty Concentrating	
10	2003	Difficulty with Memory (Short term)	
11			
12			
13			
14			
15			
16			
17			

MAJOR PAST OR INACTIVE PROBLEMS	
	Description
A	Sleep Apnea
B	
C	
D	
E	
F	
G	
H	
I	
J	

ALLERGIC REACTIONS

Date	Substance	Effect

MEDICATIONS

Problem Number Or Letter	MEDICATION/SIGNATURE/ AMOUNT DISPENSED	NURSE TO REFILL	DATE Start	DATE Stop	REFILLS/DATE/INITIALS
		Y N			
17	Testosterone Pellet 100mg/pc qd	Y N	2-14-06		
		Y N			
		Y N	4/-06		
	Cymbalta 60mg qd	Y N	5-3-06		
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			
		Y N			

#102

Bonner General Hospital - Department of Radiology
520 North Third Street, P.O. Box 1448, Sandpoint, ID 83864-0877
Voice - (208) 265-1142 FAX - (208) 265-1051

Patient: SWENSON, MICHEAL E
Sex: M Age: 040Y DOB: 04/05/1966
MR#/Rad# 122871
Pat# 11279246
Location:
Pat Phone# (208)265-8762

Exam: ABDOMEN CT
Seq# 1
Exam Date: 4/12/06
Admit by: SCOTT BURGSTAHLER, MD
Atnd Phys: SCOTT BURGSTAHLER, MD
Copy to:

==========

CLINICAL HISTORY:
Abdominal and bilateral flank pain times two months.

No comparisons.

TECHNIQUE:
Using spiral technique, axial images of the abdomen were obtained after administration of oral and intravenous contrast. The patient received 100 cc of Omnipaque 300 intravenously at 2 cc per second.

FINDINGS:
The lung bases are clear. There is a subtle 1.0 cm low density lesion posterior segment right lobe of the liver. No other focal liver lesions. The biliary tree is not dilated. There are several partially calcified stones seen in the dependent portion of the gallbladder. The pancreas and spleen appear normal. No adrenal masses. The abdominal aorta and periaortic tissues appear normal. The kidneys appear normal. No stones or hydronephrosis.

There are diverticula in the colon. I see no findings of diverticulitis. The sigmoid colon and the pelvis is not imaged on this exam. The appendix is partially seen and appears normal. No ascites or free air. I see no abdominal wall hernia.

There are degenerative changes in the lower lumbosacral spine.

(Continued)

Continued From Page 1
Patient Name: SWENSON, MICHEAL E
Patient Number: 11279248 MR# 122671

IMPRESSION:

1. Cholelithiasis. No other findings of cholecystitis. The biliary tree is not dilated.
2. There is a 1.0 cm low density lesion posterior segment right lobe of the liver seen on initial imaging, delayed scanning was also performed. The lesion is not seen on the delayed images. No other focal liver lesions seen. This finding is unlikely to be clinically significant. This may be a hemangioma.
3. Diverticulosis. No findings of diverticulitis. The distal colon and the pelvis is not imaged on this exam.
4. Appendix is partially seen and appears normal.
5. Degenerative changes are seen in the lower lumbosacral spine.

MARK E. WEBER, MD 04/13/2006
rlw
Electronically Signed by MARK E. WEBER, MD (04/13/06 16:38)

Bonner General Hospital - Department of Radiology
520 North Third Street, P.O. Box 1448, Sandpoint, ID 83864-0877
Voice - (208) 265-1142 FAX - (208) 265-1051

Patient: SWENSON, MICHEAL E
Sex: M Age: 040Y DOB: 04/05/1966
MR#/Rad# 122671
Pat# 11278753
Pat Phone# (208)265-8762

Exam: BRAIN MRI
Seq# 1
Exam Date: 4-14-2006
Admit by: SCOTT BURGSTAHLER, MD
Atnd Phys: SCOTT BURGSTAHLER, MD

CLINICAL HISTORY:
Memory deficits. History of gun shot wound to head.

Comparison Head CT 9-28-04

TECHNIQUE:
Sagittal and axial T1 weighted, axial FLAIR, T2 weighted and coronary FLAIR images of the brain were obtained.

FINDINGS:
There is a defect in the frontoparietal calvarium. There is an area of underlying encephalomalacia and gliosis deep to the calvarial defect. Findings consistent with patient's history of gun shot wound.

Sulci otherwise appear normal. The ventricular system appears normal. No other focal parenchyma findings. No mass. No intracranial hemorrhage seen. No focal abnormality in the mid brain or brain stem. Posterior fossa structures appear normal. I see no abnormality in the temporal bones. Orbits appear within normal limits. There is normal flow void in vascular structures at the skull base. I see no significant findings in the sinuses.

IMPRESSION:
1. Focal calvarial defect is seen in the right frontoparietal region with underlying small area of encephalomalacia and scarring. Findings are consistent with patient's history of a gun shot wound.
2. Intracranial structures otherwise appear normal. No other significant findings. Details above.

MARK E. WEBER, MD 04/17/2006
jlb
Electronically Signed by MARK E. WEBER, MD (04/17/06 08:28)

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:35 mtk LAB#100-0148

Test Name	Results	Init	Reference Range	Units
URINALYSIS/SEROLOGY				
HIV-1/2 (RAPID)	Negative		NEGATIVE	

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*** "BURGSTAHLER, SCO" - Doctor Report ***

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: LAB LAB
Reported: 04/10/06 16:20

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762
PAGE # 1

MR# 122671 SWENSON,MICHEAL E

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:33 mtk LAB#100-0146

Test Name	Results	Init	Reference Range	Units
HEMATOLOGY				
WBC	6.8		4.0-9.6	X10*3/UL
RBC	5.68 ↑		4.06-5.80	X10*6/UL
HGB	16.9 ↑		12.9-17.5	g/dl
HCT	50.7 ↑		38.1-51.7	%
MCV	89.2		84.4-98.2	fl
MCH	29.7		28.2-33.2	pg
MCHC	33.3		32.6-35.0	g/dl
RDW	11.4		10.8-14.2	%
PLATELET CT,AUTO	286		133-357	X10*3/UL
MPV	8.4		6.8-10.8	fl
NE%	59.3		43.6-79.0	%
LY%	30.5		10.3-45.1	%
MO%	7.0		3.5-13.1	%
EO%	1.0 ↓		0.0-7.4	%
BA%	2.2 ↑		0.0-2.6	%
NE#	4.0		1.9-6.7	X10*3/UL
SED RATE	5		0-10	mm/HR
MANUAL DIFFERENTIAL				
SEG NEUTROPHILS	51		40-80	%
BAND NEUTROPHILS	1		0-9	%
LYMPHOCYTES	38 ↑		15-45	%
MONOCYTES	5		0-10	%
EOSINOPHILS	2		0-4	%
BASOPHILS	1		0-1	%
ATYPICAL LYMPHS	2 !			
RBC MORPHOLOGY			normal	
NORMAL MORPHOLOGY				
PLT ESTIMATE			Adequate	
PLATELETS APPEAR ADEQUATE				

can indicate possible lung disease! or bone marrow issues!

There should be None ?

specify please

when I was a lab tech any atypical lymphs were cause for concern and IMMEDIATE in depth evaluation but this has been completely ignored!

*** See Next Page for Additional Results ***

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: DIS DIS
Reported: 04/10/06 20:49

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:33 mtk LAB#100-0146

Test Name	Results	Init	Reference Range	Units
CARDIAC MARKERS				
CK	161		24-204	U/L
THYROID TESTS				
TSH	0.85		0.40-5.00	uIU/ml
CHEMISTRY				
SODIUM	139		136-145	mmol/L
POTASSIUM	4.2		3.5-5.1	mmol/L
CHLORIDE	103		98-109	mmol/L
CO2, TOTAL	26		21-29	mmol/L
OSMOLALITY-CALCU	280		272-295	mOsm/Kg
ANION GAP	10		3-11	MMOL/L
GLUCOSE	104		70-110	mg/dl
BUN	19		8-21	mg/dl
CREATININE	1.2		0.9-1.5	mg/dL
CALCIUM	9.7		8.5-10.5	mg/dl
TOTAL PROTEIN	7.0		6.3-8.3	g/dL
ALBUMIN	4.7		3.5-5.0	g/dl
ALK PHOSPHATASE	83		45-122	U/L
BILIRUBIN, TOTAL	0.7		0.2-1.3	mg/dl
AST	28		10-34	U/L
ALT	56	H	10-44	U/L
HBA1cRATIO (WB)	5.4		4.50-5.70	%

possible pituitary or hypothalamus issues → test with TRH injection to rule out pituitary issues

(suggest overactive thyroid) (low side) → risk factor for Alzheimer's!

borderline diabetes

kidneys not working well

coupled with K abnormal (possible kidney issues)

number of diseases possible

indicate possible injury to cells - possible damage to bones/liver/or gallstones

*** See Next Page for Additional Results ***

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: DIS DIS
Reported: 04/10/06 20:49

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762

Table 1 CLINICAL PATTERNS

Hepatic	• Asymptomatic hepatomegaly • Isolated splenomegaly • Persistently elevated AST, ALT • Fatty Liver • Acute hepatitis • Resembling autoimmune hepatitis • Cirrhosis (compensated or decompensated) • Fulminant hepatic failure
Neurological	• Movement disorders (tremor, involuntary movements) • Drooling, dysarthria • Rigid dystonia • Pseudobulbar palsy • Seizures • Migraine headaches • Insomnia
Psychiatric	• Depression • Neuroses • Personality changes • Psychosis
Other systems	• Renal abnormalities (amino aciduria and nephrolithiasis) • Skeletal abnormalities (premature osteoporosis and arthritis) • Cardiomyopathy, dysrhythmias • Pancreatitis • Hypoparathyroidism • Menstrual irregularities, infertility, repeated miscarriages

Table 2 [illegible] SCREENING

- Medical history
- Physical examination
- AST, ALT, ALP, total and conjugated bilirubin, albumin, INR, CBC, Ceruloplasmin
- Slit lamp exam for K-F Rings
- 24 hour basal urinary Cu
- Genotyping, haplotype studies based on proband

The Wilson's Disease Association funds research and facilitates and promotes the identification, education, treatment, and support of patients and other individuals affected by Wilson's Disease.

For more information please contact the:

[illegible] Association

1802 Brookside Drive
Wooster, Ohio 44691
330 264 1450
Call toll free
888 264 1450
Email: wdae@sssnet.com
www.wilsonsdisease.org

Reprinted from Hepatology, [illegible] Roberts EA, Schilsky ML. A practice guideline on Wilson disease. 2003; with permission from The American Association for the Study of Liver Diseases.

Report
Call to
Physician

226

Unexplained Hepatic, Neurologic or Psychiatric Symptoms?

elevated ALT / jaundice / hepatitis like symptoms / lesion enlarged liver / spleen

Think.....

WILSON'S DISEASE

ALGORITHM FOR ASSESSMENT OF SUSPECTED WILSON'S DISEASE

Unexplained liver disease (elevated AST, ALT, hepatomegaly)

EVALUATION FOR WILSON'S DISEASE

- AST, ALT, ALP, total and conjugated bilirubin, albumin, INR, CBC
- Serum Ceruloplasmin
- 24 hour basal urinary Cu
- Slit lamp exam for K-F rings

Neurological or psychiatric symptoms = liver disease

- Normal Ceruloplasmin
- K-F Rings absent
- Normal 24 hour basal urine Cu
- Normal Liver Function Tests

OR

- Decreased Ceruloplasmin
- K-F Rings absent
- Normal 24 hour urine Cu excretion
- Normal Liver Function Tests
- Absent neurologic/psych symptoms

- Decreased Ceruloplasmin
- K-F Rings absent
- Abnormal Liver Function Tests or
- 24 hour urine Cu > 40 ug/d or 600 nmoles/d

OR

- Decreased Ceruloplasmin
- K-F Rings absent
- Normal Liver Function Tests
- Persisting significant symptoms

OR

- Normal serum Ceruloplasmin
- K-F Rings present
- Liver Function Tests abnormal

- Decreased Ceruloplasmin
- K-F Rings present

final tests though requested by me MANY times never performed!

CONTINUE EVALUATION FOR ALTERNATIVE DIAGNOSIS

- Cu < 250 ug/d dry weight or histology typical of another hepatic disease

- Liver Biopsy with histology, histochemistry and Cu quantification

- Elevated Cu > 250 ug/d dry weight and consistent histology

DIAGNOSIS ESTABLISHED INITIATE TREATMENT AND FAMILY SCREENING (See Table 2)

Patients referred for unexplained liver disease typically have liver enlargement or abnormal serum aminotransferases.

- Those with neurologic or psychiatric symptoms consistent with Wilson Disease should have an MR scan of the head performed prior to the hepatologic evaluation.

For patients under 18 years, a penicillamine challenge test may be performed prior to liver biopsy.

Persisting significant symptoms include hemolysis, unexplained splenomegaly, extra hepatic manifestations of WD, and neurologic or psychiatric disorders. See [illegible]

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:37 mtk LAB#100-0149

Test Name	Results	Init	Reference Range	Units

REFERENCE LABORATORY

HAV AB, IGM .
Rslt: Non Reactive RR:NR Units:
HBc AB, IGM .
Rslt: Non Reactive RR:NR Units:
HCV AB SCREEN .
Rslt: Non Reactive RR:NR Units:
HEP B SURFACE AG .
Rslt: Non Reactive RR:NR Units:
HBsAG Confirm by Neutralizatio DNR
INTERPRETATION .
Rslt: See Below RR: Units:
No serologic evidence of HAV, HBV or HCV infection.

Test Performed At:
Pathology Associates Medical Lab
Spokane, WA 99204

***** Inquiry Copy *****

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: DIS DIS
Reported: 04/11/06 08:14

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:33 mtk LAB#100-0146

Test Name	Results	Init	Reference Range	Units
BLOOD BANK				
BLOOD TYPE	O			
RH	Positive			
ANTIBODY SCREEN	Negative ?		NEGATIVE	
DIRECT COOMBS	Negative		NEGATIVE	

Why have these been positive in past tests suddenly negative?!
(perhaps it was the indirect coombs that was positive)

***** Inquiry Copy *****

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: DIS DIS
Reported: 04/10/06 20:49

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762

William F. Corell, M.D.
Family Practice • Holistic & Preventive Medicine • Bio-Energetics
S. 3424 Grand Blvd. • Spokane, WA 99203-2621 • (509) 838-5800 • FAX 838-4042

TOTAL TESTOS.	FREE TESTOS.	ESTRA-DIOL (Estrone / Tot. Est)	ESTR./ FR.TEST.	DHEA-S
1100	40		2.25	
		70		700
1000				
	35		2.00	
		60		600
900				
	30		1.75	
800		70 50 130		500
	25		1.50	
700				
		40	1.35 ⊙ 11/05	400
		103 ⊙ 11/05		
	20		1.25	
600				
		45 30 60		300
500	15		1.00	
		20		200
400				
	10		0.75	
	8.1 ⊙ 11/05	25 50		
300		11 ⊙ 11/05		100
269 ⊙ 11/05	5		0.50	
200		0		0
	0		0.25	
100				

Very low — another indicator of possible WD!

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:CORELL, WILLIAM Collect:01/06/06 16:59 sml LAB#006-0140

Test Name	Results	Init	Reference Range	Units
CHEMISTRY				
GLU 2H POST PER	101		0-200	mg/dl

CW 1/7/06

*** "CORELL, WILLIAM" - Doctor Report ***

Rpt Comment:

Admit DR:CORELL, WILLIAM
Consult Dr: CORELL, WILLIAM
Sex: M Age: 39Y Room: LAB LAB
Reported: 01/06/06 18:09

Admitted: 01/06/06 14:31
ACT# OP11266708
Pt Phone:(208)265-8762

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:CORELL, WILLIAM Collect:01/06/06 14:37 JSL LAB#006-0123

Test Name	Results	Init	Reference Range	Units
CHEMISTRY				
GLUCOSE, FASTING	89		60-110	mg/dl

FASTING GLUCOSE
FPG < 110 mg/dl = Normal fasting glucose
FPG > 110 mg/dl & <126 mg/dl = Impaired fasting glucose
FPG > 126 mg/dl = Provisional diagnosis of diabetes
Must be confirmed
FPG > 140 mg/dl = WHO criteria for diabetes
FAST MUST BE AT LEAST 8 HOURS.

*** "CORELL, WILLIAM" - Doctor Report ***

Rpt Comment:

Admit DR:CORELL, WILLIAM Admitted: 01/06/06 14:31
Consult Dr: CORELL, WILLIAM ACT# OP11266708
Sex: M Age: 39Y Room: LAB LAB Pt Phone:(208)265-8762
Reported: 01/06/06 15:45 PAGE # 1
MR# 122671 SWENSON,MICHEAL E

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:CORELL, WILLIAM Collect:01/06/06 16:59 sml LAB#006-0142

Test Name	Results	Init	Reference Range	Units

REFERENCE LABORATORY

INSULIN, SAMPLE2
AAO * TIME, SAMPLE 2 : 2 hr PP insulin 1700
Rslt: 76 RR: Units:uIU/mL

Test Performed At:
Sacred Heart Medical Center
Spokane, WA 99204

*** "CORELL, WILLIAM" - Doctor Report ***

Rpt Comment:

Admit DR:CORELL, WILLIAM Admitted: 01/06/06 14:31
Consult Dr: CORELL, WILLIAM ACT# OP11266708
Sex: M Age: 39Y Room: DIS DIS Pt Phone:(208)265-8762
Reported: 01/09/06 04:31

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:CORELL, WILLIAM Collect:01/06/06 14:39 JSL LAB#006-0124

Test Name	Results	Init	Reference Range	Units

REFERENCE LABORATORY

INSULIN ASSAY
Rslt: 20 RR:6-27 Units:uIU/mL
Normals apply to fasting non diabetics.

Test Performed At:
Sacred Heart Medical Center
Spokane, WA 99204

*** "CORELL, WILLIAM" - Doctor Report ***

Rpt Comment:

Admit DR:CORELL, WILLIAM
Consult Dr: CORELL, WILLIAM
Sex: M Age: 39Y Room: DIS DIS
Reported: 01/09/06 04:31

Admitted: 01/06/06 14:31
ACT# OP11266708
Pt Phone:(208)265-8762

Diagnos-Techs, Inc

Clinical & Research Laboratory
PO BOX 389662, Tukwila, WA 98138-0662
Tel: (425) 251-0596
CLIA License # 50D0630141

Accession # 05-95385

Received : 12/27/2005
Completed: 12/28/2005
Reported : 12/28/2005

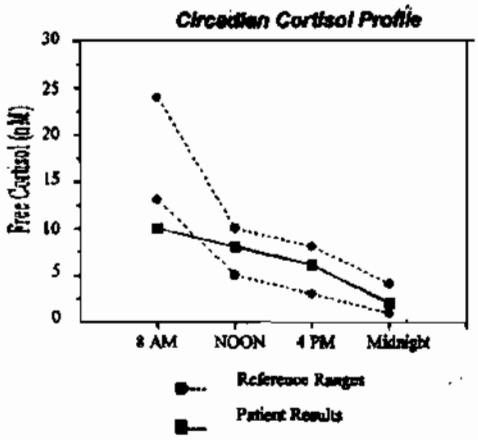
WILL CORELL AND ASSOCIATES
WILLIAM CORELL, MD
3424 S. GRAND BLVD

SPOKANE WA 99203
USA Tel: 1(509)838-5800 Fax: 1(509)838-4042

Results For:
MICHAEL SWENSON
Age : 39 Gender: Male

Patient's Tel: 208 2906176
Specimen Collected: 12/20/2005

Test	Description	Result		Ref Values
TAP	**Free Cortisol Rhythm**			
TAP	**Free Cortisol Rhythm**			
	07:00 - 08:00 AM	10	Depressed	13-24 nM
	11:00 - Noon	8	Normal	5-10 nM
	04:00 - 05:00 PM	6	Normal	3-8 nM
	11:00 - Midnight	2	Normal	1-4 nM
	Cortisol Burden:	26		***23 - 42***



Diagnosis Code: 780.71

Please Note: All examples of patient treatment or therapy are for illustrative and/or educational purpose. Use this report in context of the clinical picture before initiating hormone or other therapies.

COURTESY INTERPRETATION of test and technical support are available upon request, to Physician Only

? C/S 2/14/06 WC

report - Result TAP

EMPIRE HEALTH LABORATORIES

Telephone: (509) 473-7410

Patient	Sex	Age	Doctor		Date	Time
SWENSON,MICHAEL E	M	39	Ord by:*Corell,William F	Coll	12/15/05	14:42
Acct: V07165178			Copy sent:Puffer,Steven C	Recv:	12/15/05	14:42
Loc: VLAB				Rept:	12/22/05	00:13

Requests: CORTISOL, FERRITIN, IRON & IRON BND, MISC TEST, VITAMIN B12, T4, FREE, sTSH, ACTH, DHEA-SO4, FSH, LH, PROLACTIN, PSA

CHEMISTRY	*	LOW	NORMAL	HIGH	REFERENCE
HRS POST PRAND					
SODIUM					
POTASSIUM					
CHLORIDE					
CO2					
ANION GAP					
GLUCOSE					
CALCIUM					
PHOSPHORUS					
MAGNESIUM					
URIC ACID					
BUN					
CREATININE					
TOTAL PROTEIN					
ALBUMIN					
BILIRUBIN, TOT					
BILIRUBIN, DIR					
GAMMA GT					
ALK PHOS					
ALT					
AST					
LD					
CK					
TSH, SENSITIVE			1.15		0.49-4.67 uIU/mL
THYROXIN					
T3 RESIN UPTAKE					
T4, CORRECTED					

HEMATOLOGY	*	LOW	NORMAL	HIGH	REFERENCE
HEMOGLOBIN					
HEMATOCRIT					
RBC					
MCV					
MCH					
MCHC					
RDW					
PLATELET COUNT					
WBC					
LASER DIFF					
NEUT % (AUTO)					
LYMPH % (AUTO)					
MONO % (AUTO)					
EOS % (AUTO)					
BASO % (AUTO)					
NEUT AB (AUTO)					
LYMP AB (AUTO)					
MONO AB (AUTO)					
EOS AB (AUTO)					
BASO AB (AUTO)					
MANUAL REVIEW					

URINALYSIS	*	NORMAL	ABNORMAL	REFERENCE
SPEC GRAVITY				
PH				
PROTEIN				
GLUCOSE				
KETONES				
BLOOD				
BILIRUBIN				
LEUKOCYTES				
NITRITES				
UROBILINOGEN				
MICROSCOPIC				

OTHER DIAGNOSTIC PROCEDURES	*	RESULTS	REFERENCE
MISC TEST		(a)	
			(SEE SEP RPT FOR FREE T3; TEST PERFORMED AT PATHOLOGY ASSOCIATES MEDICAL LAB)
IRON		59 L	60-150 ug/dL
IBC		299	270-380 ug/dL
% SATURATION		20	20-55 %
FERRITIN		284 H	10-244 ng/mL
VITAMIN B12	a	465	200-1100 PG/ML
			Test performed at QUEST DIAGNOSTICS-SEATTLE

(*a) Test(s) performed at or referred by Quest Diagnostics, Incorporated.

* indicates hereditary hemochromatosis! (next page) but none of the physicians here diagnosed!

HH has been linked to WD recent!! see next pages

EMPIRE HEALTH LABORATORIES
DEACONESS MEDICAL CENTER
800 West 5th Avenue, Spokane, WA 99210-0248

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hemochromatosis lab indicators

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A diagnostic **laboratory** algorithm for **hemochromatosis** testing is shown in Figure 3. ... SI levels alone are insensitive **indicators** of HH.8 ...
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Diagnosis of **Hemochromatosis** -- Kalantar-Zadeh and Luft 131 (4 ...
We take issue with the **hemochromatosis laboratory** criteria by Powell and ... µg/L in men and postmenopausal women are **indicators** for primary iron overload. ...
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Laboratory indicators of abnormal iron metabolism. Table 5 summarizes values for normal ..... Early idiopathic **hemochromatosis** with absent stainable ...
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[PDF] The detection of early **hemochromatosis**
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saturation of transferrin may be useful **indicators** of. increased iron stores, they may also .... patients with **hemochromatosis**. J **Lab** Clin Med 86:479-489, ...
www.springerlink.com/index/P4P8MUP615406256.pdf - Similar pages

Association between **hemochromatosis** genotype and lead exposure ...
Blood lead concentrations in hereditary **hemochromatosis**. J **Lab** Clin Med. ... Erythrocyte porphobilinogen synthase activity as an **indicator** of lead exposure ...
www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1241970 - Similar pages

Duodenal expression of iron transport molecules in untreated ...
SF, a **laboratory indicator** of body iron stores,33,34 was significantly associated with .... Duodenal ferritin synthesis in genetic **hemochromatosis**. ...
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The Analyst - Internet Health Report: Condition: **Hemochromatosis** ...
Signs, symptoms & **indicators** of **Hemochromatosis** (Iron overload): ... **Lab** Values - Chemistries, High serum iron Elevated ferritin levels (Very) low TIBC ...
www.digitalnaturopath.com/cond/C517593.html - 49k - Cached - Similar pages

[PDF] Macrocytosis as a Consequence Alcohol Abuse among Patients in ...
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and he might have **hemochromatosis**. Unfortunately, he was lost for. further studies. ..... Clinical and **laboratory indicators**. Can Med Assoc J 124: 1279- ...
www.blackwell-synergy.com/doi/pdf/10.1111/j.1530-0277.1991.tb00615.x - Similar pages

Diagnose-Me: Condition: **Hemochromatosis** (Iron overload)
Signs, symptoms & **indicators** of **Hemochromatosis** (Iron overload):. **Lab** Values - Cells, (Very) low sperm count. **Lab** Values - Chemistries ...
www.diagnose-me.com/cond/C518176.html - 61k - Cached - Similar pages

Association between **Hemochromatosis** Genotype and Lead Exposure ...

Regulation of intestinal iron absorption and mucosal iron kinetics in hereditary **hemochromatosis**. J **Lab** Clin Med 117(5):390-401. ...
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1 2 3 4 5 6 7 8 9 10 **Next**

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hemochromatosis lab indicators Search

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Inherited Metabolic Liver Disease
Specifically, our view of **iron and copper overload** disorders is rapidly shifting ...
Pietrangelo A. **Hereditary** hemochromatosis-a new look at an old disease. ...
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Inherited Metabolic Liver Disease
Summary: Given the recent explosion of information on **iron and copper** metabolism and ...
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Copper overload affects **copper** and **iron** metabolism in Hep-G2 cells ...
Mechanism of increased **iron** absorption in murine model of **hereditary** ... The **iron-copper** connection: the **link** to ceruloplasmin grows stronger. ...
ajpgi.physiology.org/cgi/content/full/287/1/G27 - Similar pages
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ScienceDaily: **Iron and copper** relationship is studied
Hereditary hemochromatosis is an inherited metabolic disorder characterized by ...
Unexpected **Link** Between Gene In Liver And **Iron Overload** (December 6, ...
www.sciencedaily.com/upi/index.php?feed=Science&article=UPI-1-20070724-10490800-bc-us-**ironcopper**.xml - 76k - Jul 24, 2007 - Cached - Similar pages

Gastroenterology : Hepatic **Iron Overload** Associated With a ...
The patient presented with an asymptomatic hepatic **iron overload**, ... 8 T. Nittis and J.D. Gitlin, The **copper-iron** connection **hereditary** ...
linkinghub.elsevier.com/retrieve/pii/S0016508506007591 - Similar pages

Mechanism of increased **iron** absorption in murine model of ...
Hereditary hemochromatosis (HH) is a common autosomal recessive disorder .... **Copper overload** affects **copper** and **iron** metabolism in Hep-G2 cells ...
www.pnas.org/cgi/content/abstract/96/6/3143 - Similar pages

Blackwell Synergy - Liver Int, Volume 27 Issue 1 Page 4 - February ...
Potential protective effects of zinc in **iron overload** ... from hydrogen peroxide through the antagonism of redox-active metals such as **iron and copper** (1). ...
www.blackwell-synergy.com/doi/abs/10.1111/j.1478-3231.2006.01428.x - Similar pages

Current Opinion in Gastroenterology - Fulltext: Volume 18(3) May ...

Three selected disorders-Wilson disease, genetic hemochromatosis and other **hereditary iron overload** disorders, and α 1-antitrypsin disease-are the focus of ...
www.co-gastroenterology.com/pt/re/cogastro/fulltext.00001574-200205000-00003.htm;jsessionid=FHwTtpH5VMVT9... - Similar pages

Method of treating **iron overload** with acetaminophen - Patent 6509380
Iron overload owing to HLA-linked **hereditary** hemochromatosis can be .... and is found in ores along with nickel, silver, **copper**, **iron**, and other metals. ...
www.freepatentsonline.com/6509380.html - 83k - Cached - Similar pages

1 2 3 4 5 6 7 8 9 10 **Next**

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iron and copper metal overload here Search

Patient	Sex	Age	Doctor	Date	Time
SWENSON,MICHAEL E	M	39	Ord by:*Corell,William F	Coll: 12/15/05	14:42
Acct: V07165178			Copy sent:Puffer,Steven C	Recv: 12/15/05	14:42
Loc: VLAB				Rept: 12/22/05	00:13

Requests: CORTISOL, FERRITIN, IRON & IRON BND, MISC TEST, VITAMIN B12, T4, FREE, sTSH, ACTH, DHEA-SO4, FSH, LH, PROLACTIN, PSA

OTHER DIAGNOSTIC PROCEDURES *		RESULT	REFERENCE
			1737 AIRPORT WAY, S. SUITE 200 SEATTLE, WA 98134-1636)
T4, FREE		1.03	0.71-1.85 ng/dL
ACTH	a	17	pg/mL (Reference Range: ADULTS: 7-50
			Test performed at QUEST DIAGNOSTICS/NICHOLS 33608 ORTEGA HWY SAN JUAN CAPISTRANO, CA 92675)
CORTISOL		8.55	ug/dL AM sample: 6.2 - 29.0 ug/dL PM sample: 3.0 - 17.3 ug/dL
DATE LAST DOSE		UNK	
TIME LAST DOSE		UNK	
DHEA-SO4	a	147	110-370 MCG/DL (Test performed at QUEST DIAGNOSTICS-SEATTLE 1737 AIRPORT WAY, S. SUITE 200 SEATTLE, WA 98134-1636)
FSH		4.8	1-8 mIU/mL Male: 1 - 8 mIU/mL Female: Follicular: 4 - 13 mIU/mL Luteal: 2 - 13 mIU/mL Midcycle Peak: 5 - 22 mIU/mL Post Menopausal: 20 - 138 mIU/mL
LH		5.3	2.5-10.0 mIU/mL Male: 2.5 - 10.0 mIU/mL Female: Follicular: 1.5 - 15.5 mIU/mL Luteal: 1.0 - 16.2 mIU/mL Midcycle Peak: 11.4 - 79.7 mIU/mL Post Menopausal: 11.1 - 65.1 mIU/mL
PROLACTIN		11.3	1.6-18.8 ng/mL
PSA		0.7	<2.5 ng/mL

NOTES:

(a) SEE SEP REPORT

(*a) Test(s) performed at or referred by Quest Diagnostics, Incorporated.

PAML
PATHOLOGY ASSOCIATES MEDICAL LABORATORIES

(509) 926-2400 • (800) 541-7891 • FAX (509) 924-0002
CLIENT SERVICES (509) 927-6299 • FAX (509) 924-5127

THOMAS J. ALLERDING MD
MEDICAL DIRECTOR
FINAL REPORT

PATIENT	SEX	AGE	DOCTOR	DATE RECEIVED	LABORATORY#
SWENSON, MICHAEL	M	39	CORELL, W/EMPIRE HS	12/16/05	48057
PATIENT PHONE: NG (1215;C557*)			DOB: 04-05-1966	DATE REPORTED 12/16/05	

REQUESTS: FT3

COLLECTED 12/15/05 1442

COMMENTS:

TEST	NORM	ABNORM	UNITS	REFERENCE RANGE	LT = Less Than GT = Greater Than	REF LAB
FREE T3	3.1		pg/mL	2.3-4.2		01

**** REF LAB ****
01 PAML - Spokane, WA 99204

SWENSON, MICHAEL 387 12/15/05 387 2000 B17

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:CORELL, WILLIAM Collect:12/21/05 14:29 wga LAB#355-0078

Test Name	Results	Init	Reference Range	Units
CHEMISTRY				
CHOLESTEROL	204 H		155-200	mg/dl

A general assessment of hyperlipidemia can be established by comparing the following sex dependent risk factors:

Risk Factor	MEN CHOL/HDL	MEN LDL/HDL	WOMEN CHOL/HDL	WOMEN LDL/HDL
1/2 Average	3.43	1.00	3.27	1.47
Average Risk	4.97	3.55	4.44	3.22
2X Average	9.55	6.25	7.05	5.03
3x Average	23.39	7.99	11.04	6.14

HDL CHOLESTEROL	43		40-55	mg/dL
LDL CHOL Direct	134 H		0-100	mg/dl
LDL/HDL RATIO	3.12		0.00-3.55	
CHOL/HDL RATIO	4.74		0.00-4.97	
TRIGLYCERIDES	201 H		40-150	mg/dl

*** "CORELL, WILLIAM" - Doctor Report ***

Rpt Comment:

Admit DR:CORELL, WILLIAM
Consult Dr: CORELL, WILLIAM
Sex: M Age: 39Y Room: LAB LAB
Reported: 12/21/05 15:24

Admitted: 12/21/05 14:25
ACT# OP11264732
Pt Phone:(208)265-8762

MR# 122671 SWENSON,MICHEAL E

Quest Diagnostics Incorporated

QUEST DIAGNOSTICS INCORPORATED

PATIENT INFORMATION
SWENSON,MICHAEL E

DOB: 04/05/1966 Age: 39
GENDER: M

ID: 1111:C575

REPORT STATUS **Final**

ORDERING PHYSICIAN
CORELL, WILLEIM F

CLIENT INFORMATION
19163900
DEACONESS MED CTR/SPOKANE
LAB/SPECIMEN PROCESSING
800 W 5TH AVE
SPOKANE, WA 99204-2803

SPECIMEN INFORMATION
SPECIMEN: OW770119R
REQUISITION: 3009256
LAB REF NO:

COLLECTED: 11/11/2005 15:23
RECEIVED: 11/12/2005 14:54
REPORTED: 12/06/2005 00:14

Test Name	In Range	Out of Range	Reference Range	Lab
ESTRADIOL, ULTRA-SENSITIVE				EZ
ESTRADIOL	11		10-50 pg/mL	
ESTROGEN, TOTAL, SERUM				EZ
ESTROGENS, TOTAL, SERUM	103		pg/mL	

Reference Range:
130 OR LESS

The total estrogen assay is not recommended for use in pre-pubertal children.

appt
c WC
12/15/05
JB

C

EMPIRE HEALTH LABORATORIES

Telephone: (509) 473-7410

Patient	Sex	Age	Doctor	Date	Time
SWENSON,MICHAEL E	M	39	Ord by:*Corell,William F	Coll: 11/11/05	15:23
Acct: V07115629			Copy sent:Puffer,Steven C	Recv: 11/11/05	15:23
Loc: VLAB				Rept: 12/07/05	00:09

Requests: TESTOSTERONE TF, MISC TEST, MISC TEST

CHEMISTRY	*	LOW	NORMAL	HIGH	REFERENCE
HRS POST PRAND					
SODIUM					
POTASSIUM					
CHLORIDE					
CO2					
ANION GAP					
GLUCOSE					
CALCIUM					
PHOSPHORUS					
MAGNESIUM					
URIC ACID					
BUN					
CREATININE					
TOTAL PROTEIN					
ALBUMIN					
BILIRUBIN, TOT					
BILIRUBIN, DIR					
GAMMA GT					
ALK PHOS					
ALT					
AST					
LD					
CK					
TSH, SENSITIVE					
THYROXIN					
T3 RESIN UPTAKE					
T4, CORRECTED					

HEMATOLOGY	*	LOW	NORMAL	HIGH	REFERENCE
HEMOGLOBIN					
HEMATOCRIT					
RBC					
MCV					
MCH					
MCHC					
RDW					
PLATELET COUNT					
WBC					
LASER DIFF					
NEUT % (AUTO)					
LYMPH % (AUTO)					
MONO % (AUTO)					
EOS % (AUTO)					
BASO % (AUTO)					
NEUT AB (AUTO)					
LYMP AB (AUTO)					
MONO AB (AUTO)					
EOS AB (AUTO)					
BASO AB (AUTO)					
MANUAL REVIEW					

URINALYSIS	*	NORMAL	ABNORMAL	REFERENCE
SPEC GRAVITY				
PH				
PROTEIN				
GLUCOSE				
KETONES				
BLOOD				
BILIRUBIN				
LEUKOCYTES				
NITRITES				
UROBILINOGEN				
MICROSCOPIC				

appt. 12/15/05 WC 12/15/05 JS

① ?C/S

② Order FSH, LH, Prolactin, ACTH, cortisol (fasting

OTHER DIAGNOSTIC PROCEDURES *		RESULTS	REFERENCE
MISC TEST		(a)	(SEE SEP RPT FOR TOTAL ESTROGENS; TEST PERFORMED AT NICHOLS INSTITUTE)
MISC TEST		(b)	(SEE SEP RPT FOR ESTADIOL, ULTRASENSITIVE; TEST PERFORMED AT QUEST DIAGNOSTICS, INC.)
TESTOST, TOT	a	269	

have

mailed 12/8/05 JS

don't have

another WD indicator

(*a) Test(s) performed at Sacred Heart Medical Center
101 W 8th Ave TAP-C9, Spokane, WA 99220

EMPIRE HEALTH LABORATORIES
DEACONESS MEDICAL CENTER
800 West 5th Avenue, Spokane, WA 99210-0248

Patient	Sex	Age	Doctor		Date	Time
SWENSON,MICHAEL E	M	39	Ord by:*Corell,William F	Coll:	11/11/05	15:23
Acct: V07115629			Copy sent:Puffer,Steven C	Recv:	11/11/05	15:23
Loc: VLAB				Rept:	12/07/05	00:09

Requests: TESTOSTERONE TF, MISC TEST, MISC TEST

OTHER DIAGNOSTIC PROCEDURES *		RESULT	REFERENCE
TESTOST, FREE	a	8.1	5-40 pg/mL

NOTES:

(a) SEE SEP REPORT
(b) SEE SEP REPORT

(*a) Test(s) performed at Sacred Heart Medical Center
101 W 8th Ave TAP-C9, Spokane, WA 99220

Acta Neurologica Scandinavica

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Procreation ability in Wilson's disease
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doi:10.1034/j.1600-0404.2000.90140a.x

Abstract

Procreation ability in Wilson's disease

B. Tarnacka , M. Rodo , S. Cichy , A. Członkowska

Institute of Psychiatry and Neurology, 2nd Department of Neurology, Warsaw, Poland

Anna Członkowska, 2nd Department of Neurology, Institute of Psychiatry and Neurology, Sobieskiego 1/9, 02–957 Warsaw, Poland

Abstract

Objectives– The clinical manifestations of Wilson's disease (WD) take the form of hepatic, neurological, renal as well as hormonal disturbances. Infertility and amenorrhea are reported in women and hypogonadism in men with WD. Our study was designed to

low testosterone!

LIPID FLOW CHART — FACTORS – CORONARY HEART DISE

Formedic

Iwanson, Michael

*HISTORY OF CHD YES ☐ NO ☐ *FAMILY HISTORY OF PREMATURE CHD YES ☐ NO ☐

DATE									
*CHOLESTEROL	223								
*LDL CHOL ATP III target	149								
LDL CHOL - revised target									
*HDL CHOL	22								
*TRIGLYCERIDE	265								
*hs - CRP / *CRP									
*APO A / *APO B									
*FAST BLOOD SUGAR / *HbA1C									
ALT / AST									
LDH / A/K PO4									
BUN / CREATININE									
HT WEIGHT / BMI									
*BLOOD PRESSURE									
*CIGS DAY / ALCOHOL OZ / DAY / COFFEE CUPS / DAY									
EXERCISE ACTIVITY									
	DOSAGE /	DOSAGE /	DOSAGE /	DOSAGE /	DOSAGE /	DOSAGE /	DOSAGE /	DOSAGE /	DOSAGE /

**** Cholestech LDX ****
13 Apr 2005 11:11 A.M.
SAMPLE=Whole B.

Iwanson, Michael
Name/ID

TC=223 mg/dL
HDL=22 mg/dL
TRG=265 mg/dL
LDL=149 mg/dL
non-HDL=202 mg/dL
TC/HDL=10.2

DIET (DIETICIAN)

	(mg/dL)
Optimal	<100
Near to above optimal	100 - 129
Borderline high	130 - 159
High	160 - 189
Very High	≥190
Total Cholesterol	
Desirable	<200
Borderline high	200 - 239
High	≥240
HDL Cholesterol	
Low <40	High ≥60

	(mg/dL)
Normal	<150
Borderline high	150-199
High	200-499
Very high	≥500

non-HDL = 202
TC/HDL = 10.2

Widely accepted risk factors for coronary heart disease in postmenopausal women include: Family history of osteoporosis, Caucasian or Asian descent, slender body build, early menopause, diabetes, smoking, excessive use of alcohol, low calcium diet, sedentary lifestyle.

Supplemental calcium and/or vitamin D should be added to the diet if daily intake is inadequate.

Important Safety Information for EVISTA® (raloxifene HCl)

Contraindications—EVISTA® (raloxifene HCl) is contraindicated in women who are or may become pregnant, as it may cause fetal harm, and in nursing women. EVISTA is also contraindicated in women with active or past venous thromboembolic events (VTEs). Safety and efficacy have not been evaluated in patients with severe hepatic insufficiency.

Adverse Events—EVISTA is associated with an increased risk of VTEs, with the greatest risk for VTEs occurring during the first 4 months of treatment. Common adverse events considered to be drug-related were hot flashes and leg cramps.

Please see Contraindications, Warnings, Precautions, and Adverse Reactions sections of accompanying full prescribing information for other important safety information.

EVISTA is a registered trademark of Eli Lilly and Company
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LITHO IN CANADA

INTERIM REPORT
PATHOLOGY ASSOCIATES MEDICAL LABORATORIES
110 W Cliff Ave.
Spokane, Washington 99204

NAME: SWENSON,MICHAEL AGE: 39Y SEX: M
ACCOUNT NUMBER: IA00069092
DOCTOR: HAW MD, TAREK
ACCOUNT'S PHONE: (208)667-2663
CLIENT: NORTH IDAHO CL FOR INTERNAL ME

M77740 COLL: 04/11/2005 17:10 REC: 04/11/2005 19:06 PHYS: HAW MD, TAREK
Req# : 663000222188

Comprehensive Metabolic Panel				
Sodium	140	[135-145]	mmol/L	[01]
Potassium	4.3	[3.5-5.3]	mmol/L	[01]
Chloride	104	[98-109]	mmol/L	[01]
CO2	25	[22-29]	mmol/L	[01]
Glucose	83			[01]
	0 to 2 days premature mg/dL		30 to 90	
	0 to 2 days full term mg/dL		40 to 90	
	2 days to 1 month 105 mg/dL		60 to	
	Adults		65 to 99	
	ADA diagnostic categories for nonpregnant adults: Impaired fasting glucose: 100 to 125 mg/dL. A fasting glucose result of 126 mg/dL or greater indicates diabetes if the abnormality is confirmed on a subsequent day. A random glucose result of greater than 200 mg/dL indicates diabetes if the abnormality is confirmed on a subsequent day.			[65-99] mg/dL
BUN	16	[7-23]	mg/dL	[01]
Creatinine	1.2	[0.7-1.5]	mg/dL	[01]
Calcium	9.8	[8.5-10.5]	mg/dL	[01]
Protein, Total	7.4	[6.3-8.0]	g/dL	[01]
Albumin	5.0	[3.5-5.0]	g/dL	[01]
Bilirubin, Total	0.8	[0.1-1.5]	mg/dL	[01]
Alkaline Phosphatase	91	[38-110]	U/L	[01]
AST	39	[5-40]	U/L	[01]
ALT H	83	[5-50]	U/L	[01]
Anion Gap	11	[5-16]	mmol/L	[01]
CMP Calculations				
BUN/Creatinine Ratio	13.3	[7.0-24.0]	Ratio	[01]
Globulin	2.4	[1.8-3.5]	g/dL	[01]
A/G Ratio	2.1	[1.1-2.2]	Ratio	[01]
HIV 1/HIV 2 Antibodies				
HIV 1/HIV 2 Abs		[NR]		[01]
	Non Reactive			
	The Non Reactive HIV 1/2 antibody			

extremely high ALT - still UNEXPLAINED by all these physicians diagnosed (AND UNADDRESSED) ignored no matter how many times I pointed it out!

INTERIM REPORT
PATHOLOGY ASSOCIATES MEDICAL LABORATORIES
110 W Cliff Ave.
Spokane, Washington 99204

NAME: SWENSON,MICHAEL
ACCOUNT NUMBER: IA00069092
DOCTOR: HAW MD, TAREK
ACCOUNT'S PHONE: (208)667-2663
CLIENT: NORTH IDAHO CL FOR INTERNAL MR

AGE: 39Y SEX: M

N77740 COLL: 04/11/2005 17:10 REC: 04/11/2005 19:06 PHYS: HAW MD, TAREK
Req# : 663000222188

HIV 1/HIV 2 Antibodies (CONTINUED)

result indicates that antibodies to HIV 1/2 have not been detected in this specimen. This result does not preclude previous exposure or infection.

Hepatitis A, B, C

HAV Ab, Total [IgG and IgM]	Non Reactive	[NR]	[01]
HBs Ag Screen	Non Reactive	[NR]	[01]
HBc Ab, Total [IgG and IgM]	Non Reactive	[NR]	[01]
Hepatitis C Antibody	Non Reactive	[NR]	[01]
Interpretation	No serologic evidence of current Hepatitis A or B virus infection. Absence of antibody suggests no past Hepatitis C infection. Since antibody development may be delayed up to 6 months after infection, retesting may be indicated.		[01]
Mono Test	* Positive	[NEG]	[01]
RPR	Non Reactive	[NR]	[01]

[01] = Pathology Associates Medical Lab, Spokane, WA 99204

W65867 COLL: 04/13/2005 00:00 REC: 04/13/2005 15:10 PHYS: HAW MD, TAREK
Req# : 663000223225

Urine Time and Volume		
Collection Period/h	Unknown	h
Volume/mL	875	mL
Cortisol, Urinary Free 24 Hr	Pending	

PATIENT NAME: Swenson, Michael

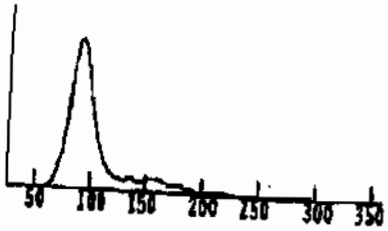
ID: 000001055
WB

04-11-05
17:12

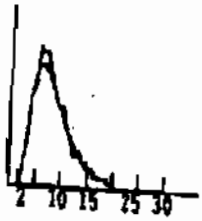
				Patient Limits 1	
WBC	7.5	*	x10^3/uL	4.5	10.5
LY	35.6	2	%	20.5	51.1
MO	4.9	2	%	1.7	9.3
GR	59.5	M	%	42.2	75.2
LY#	2.7	*	x10^3/uL	1.2	3.4
MO#	0.4	*	x10^3/uL	0.1	0.6
GR#	4.5	*	x10^3/uL	1.4	6.5
RBC	5.65		x10^6/uL	4.00	6.00
Hgb	17.7		g/dL	11.0	18.0
Hct	51.9		%	35.0	60.0
MCV	91.9		fL	80.0	99.9
MCH	31.4	H	pg	27.0	31.0
MCHC	34.2		g/dL	33.0	37.0
RDW	12.0		%	11.6	13.7
Plt	264.		x10^3/uL	150.	450.
MPV	8.7		fL	7.8	11.0

→ another WD indicator!

WBC HISTOGRAM



RBC HISTOGRAM



PLT HISTOGRAM

NORTH IDAHO CL FOR INTERNAL MED & ENDO
1015 W IRONWOOD DR STE 100
COEUR D ALENE, ID 83814

(509) 926-2400 • (800) 541-7891 • FAX (509) 924-0002
CLIENT SERVICES (509) 927-6290 • FAX (509) 924-5127

PATIENT NAME	PATIENT ID	DOB	SEX	AGE	PT. PHONE NO.	PT.LAB NO.
SWENSON, MICHAEL	IACLOIA0006809	04/05/1966	M	39 Y	208 265-8762	

PHYSICIAN	COLLECT DATE & TIME	DATE OF SERVICE	REQUISITION NO.	STATUS	PAGE
HAW MD, TAREK	04/13/2005 00:00	04/13/2005	663000223325	Final	1

COMMENTS: W65867;1TV ; UFCUQ- @Device Name: X; UFCUQ- PAML,PC012.1 * Patient ID: 2082908176 * Collection Hours: UNK * Volume: 875; UFCUQ- Routine

Diagnostic Procedure	Result In Range	Result Out of Range	Units	Reference Range	Site Code
Urine Time and Volume					
Collection Period/h	24		h		17
Corrected on 04/15 AT 1320: Previously Reported as Unknown					
Volume/mL	875		mL		
Cortisol, Urinary Free 24 Hr					
Cortisol, Urinary Free (calc)	46.5		ug/24h	10.0-80.0	17

Performing Labs
17 Sacred Heart Medical Center, Spokane, WA 99204

End of Report

Orig. Pat. ID	Name

Sample	Test	Result	Unit	Dil.	Interpr.	Status	Date	Section
SwansonMiche	FSH	7.79	mUI/ml	1:1		Correct	04/11/2005 6:25 PM	649
SwansonMiche	TSH	1.46	uUI/ml	1:1		Correct	04/13/2005 11:15 AM	644
SwansonMiche	LH	1.69	mUI/ml	1:1		Correct	04/13/2005 11:19 AM	645
SwansonMiche	FT4	13.67	pg/ml	1:1		Correct	04/13/2005 11:24 AM	646
SwansonMiche	T3	0.85	ng/ml	1:1		Correct	04/13/2005 11:25 AM	647
SwansonMiche	TES	1.66	ng/ml	1:1		Correct	04/13/2005 11:46 AM	625

LIPID FLOW CHART — RISK FACTORS – CORONARY HEART DISEASE

Swenson, Michael

Formedic

*HISTORY OF CHD YES ☐ NO ☐ — *FAMILY HISTORY OF PREMATURE CHD YES ☐ NO ☐

DATE								
*CHOLESTEROL	249							
*LDL CHOL ATP III target	159							
LDL CHOL - revised target								
*HDL CHOL	19							
*TRIGLYCERIDE	354							
*hs - CRP / *CRP								
*APO A / *APO B								
*FAST. BLOOD SUGAR / *HbA1C								
ALT / AST								
LDH / ALK PO4								
BUN / CREATININE								
HT WEIGHT / BMI								
*BLOOD PRESSURE								
*CIGS DAY / ALCOHOL OZ / DAY / COFFEE CUPS / DAY								
EXERCISE ACTIVITY								
	DOSAGE / # / REPEAT	DOSAGE / # / REPEAT	DOSAGE / # / REPEAT	DOSAGE / # / REPEAT	DOSAGE / # / REPEAT	DOSAGE / # / REPEAT	DOSAGE / # / REPEAT	DOSAGE / # / REPEAT

**** Cholestech LDX ****
11 Apr 2005 5:14 P.M.
SAMPLE=Whole B.

Swenson, Michael
Name/ID

TC=249 mg/dL
HDL=19 mg/dL
TRG=354 mg/dL
LDL=159 mg/dL
non-HDL=230 mg/dL
TC/HDL=12.9

DIET (DIETICIAN)

non HDL = 230
TC/HDL = 12.9

	mg/dL
Optimal	<100
Near to above optimal	100 - 129
Borderline high	130 - 159
High	160 - 189
Very High	≥190
Total Cholesterol	
Desirable	<200
Borderline high	200 - 239
High	≥240
HDL Cholesterol	
Low <40	High ≥60

Normal	<150
Borderline high	150-199
High	200-499
Very high	≥500

Major independent risk factors for atherosclerotic cardiovascular disease include: Family history of atherosclerotic, Cerebrovascular or Arterial disease, obesity, body build, early vitamin deficiency, smoking, excessive use of alcohol, low calorie diet, sedentary lifestyle.

Supplemental calcium and/or vitamin D should be added to the diet if daily intake is inadequate.

Important Safety Information for EVISTA® (raloxifene HCl)

Contraindications—EVISTA (raloxifene HCl) is contraindicated in women who are or may become pregnant or in any patient who is nursing. EVISTA is also contraindicated in patients with active or past venous thromboembolic events (VTE), because safety and efficacy have not been evaluated in patients with severe hepatic insufficiency.

Adverse Reactions—EVISTA is associated with an increased risk of VTE, with the additional risk for VTE occurring during the first 4 months of treatment. Common adverse events considered to be drug-related were hot flashes and leg cramps.

Please see Contraindications, Warnings, Precautions, and Adverse Reactions sections of accompanying full prescribing information for other important safety information.

LITHO IN CANADA

RUN TIME: 0146
RUN DATE: 12/26/03

EMPIRE HEALTH SERVICES
DEACONESS MEDICAL CENTER
800 West 5th Avenue, Spokane, WA 99210-0246
LABORATORY CUMULATIVE SUMMARY - DISCHARGE REPORT

* * * * * * * * * DISCHARGE SUMMARY - DO NOT DESTROY * * * * * * * * *

Name: SWENSON,MICHAEL E Age/Sex: 37/M Attend Dr: Goldberg,Harold R
Acct#: D17777285 Unit#: D000667344 Status: DIS IN Location: DMCU7 D705-1
Reg: 12/25/03 Disch: 12/25/03 DOB: 04/05/66

HEMATOLOGY
AUTOHEMATOLOGY - DIFFERENTIAL - MORPHOLOGY

	Date 12/25 Time 0131	Reference	Units
HGB	15.4	11.5-17.5	g/dL
HCT	43.0	41-53	%
RBC	4.87	4.5-5.9	mil/ul
MCV	86.5	80-100	fl
MCH	31.0	26-34	pg
MCHC	35.8	31-37	g/dl
RDW-SD	38.8	35.1-46.3	fl
PLT	249	140-440	th/uL
WBC	7.7	4.50-11.00	tK/uL
NEUT % (AUTO)	48.2		%
LYMPH % (AUTO)	44.7		%
MONO % (AUTO)	5.3		%
EOS % (AUTO)	1.3		%
BASO % (AUTO)	0.5		%
NEUT AB (AUTO)	3.7	2.0-7.7	th/ul
LYMPH AB (AUTO)	3.5	1.0-4.8	th/ul
MONO AB (AUTO)	0.4	0.1-0.4	th/ul
EOS AB (AUTO)	0.1	0-0.7	th/ul
BASO AB (AUTO)	0.0	0-0.2	th/ul
MPV	10.4	9.4-12.5	fL

CHEMISTRY
BLOOD CHEMISTRY

Date Time	SODIUM 135-146 mmol/L	POTASSIUM 3.8-5.1 mmol/L	CHLORIDE 98-108 mmol/l	CO2 23-30 mmol/l	ANION GAP 7-17
12/25 0131	136	3.8	99	28	9

Date Time	CREATININE 0.6-1.4 mg/dL	BUN 7-25 mg/dL	GLUCOSE 68-115 mg/dL	CALCIUM 8.4-10.2 mg/dL	CK, TOT 35-232 U/L
12/25 0525					378 H
12/25 0131	1.3	17	114	8.6	383 H

unaddressed!

MALE LAB FLOWSHEET

DATE	THYROID	ADRENAL	DHEA	LIPIDS	PSA	DRE
12/05					0.7	
2/06						declined

SWENSON, MICHAEL 04/10/06
Dr. Burgstahler

INITIAL VISIT HISTORY AND PHYSICAL

IDENTIFICATION: Michael is a 40-year-old male who is here for a second internal medicine opinion regarding multiple issues. His chief complaint is fatigue, sweats, fevers, chills, and myalgias following an acute cardiopulmonary arrest in Surgery

HPI: Michael states that in about 1988 he had a gunshot wound to the head, apparently this was down in Southern or Central California, he did recover from that and had minimal problems related to the prior gunshot wound. About Christmas Eve of 2003 he was sent to Spokane for an acute pulmonary problem, he was treated by Dr. Chestnut at the time. Dr. Chestnut eventually diagnosed him with sleep apnea syndrome, he was then recommended to have a nasal septoplasty by Dr. Cruz in Spokane. At the time he had the nasal septoplasty he had what sounded to be an acute cardiopulmonary arrest. He thinks it was related to the fact that they were giving him blood products, and they gave him apparently 3 units of O-negative blood. He states that he does not remember giving consent to give the blood and if he did, it was only in the event that he was to need it for lifesaving purposes. He remembers awakening with a tube, trying to remove the tube. He states that he was feeling like he was suffocating and no one was helping him. He had what he describes as 2 cardiopulmonary arrests when only one was apparently described on some discharge information that he apparently obtained. Since that time he hasn't been quite right, he has been fatigued, he has had trouble with his memory, he has had the sensation that he's got a lot of abdominal pain. When I ask him specifically what he is worried about, he's worried that he might have developed leukemia from the blood that was given, and he's worried about a long-term blood transfusion reaction. He's already been tested for hepatitis and HIV disease at least on one occasion, maybe even on two and it's been negatives so far. He does admit that he's mad at Deaconess Hospital for allowing whatever happened to happen, and he doesn't think that they're telling him the whole truth. He states that he doesn't know why he was given antibiotics or prednisone at the time. He's been on the Internet looking up transfusion reactions and he feels that it was inappropriate for his prior doctors not to offer him a Coombs' test. He also feels that his low testosterone level that's been diagnosed is also related to this transfusion reaction. His wife states that she is somewhat at her wits' end, he has been disabled, he now states that even picking up a phone and listening to it is difficult for him to do. He has trouble driving in and out of town he is so fatigued, and he's wondering what's going on. He has already seen a cardiologist, Dr. Goldman, at Spokane Cardiology, he's previously followed up with Dr. Chestnut but hasn't seen him in a long period of time. He also sees a Dr. Corel who is a homeopathic doctor out of Spokane, who's done multiple tests and has recommended treatment for Candidiasis with something called 3-Lac. He also takes oral supplements and medicines and vitamins. He takes probiotics and nasal CPAP.

PAST MEDICAL HISTORY:

SWENSON, MICHAEL 04/10/06
Dr. Burgstahler

this is false! non-smoker false wine rarely

ALLERGIES: NONE.
HABITS: Tobacco: He quit smoking several years ago.
Alcohol: About once a week he drinks a fair amount of wine.

FAMILY HISTORY: He is adopted, doesn't know of any real biologic concerns in the family.

SOCIAL HISTORY: He is a real estate agent-developer, living here in Sandpoint with his wife. They have no children.

false!

ROS: He has no nausea or vomiting but he does have some loose stools. He has not chest tightness but was worked up by the cardiologist in Spokane. No blackout spells or seizures, no new neurologic complaints other than everything hurts, and he's generally been fatigued. He does complain of myalgias and some low-grade chills and fevers. He has not had any new skin lesions although he points to a few moles on his chest.

PHYSICAL EXAMINATION

GENERAL: He's an alert, oriented, pleasant male in no acute cardiorespiratory distress.

VITALS: WEIGHT: 272. BP: 132/78.

EYES: PERR. Funduscopic exam is benign.
EARS: TMs are normal.
MOUTH & THROAT: Normal. Tongue protrudes in the midline.

NECK: Without lymphadenopathy or thyromegaly.
LUNGS: Lungs fields are clear.
HEART: RRR.
ABDOMEN: Soft, mildly tender over the liver and spleen area but no obvious hepato or splenomegaly, no abdominal bruits. He's got quite a bit of adiposity in the abdomen. He has a normal femoral area.
GU/RECTAL EXAMS: Not performed in this examinarion.
LOWER EXTREMITIES: Reveal no signs of clubbing, cyanosis or edema. He does have mycotic toenails bilaterally.

false - ANYONE looking at the xrays that is trained can see they are both enlarged!

more like ascites!

IMPRESSION:
1. History of a gunshot wound to the head.
2. History of sleep apnea syndrome.
3. History of a nasal septoplasty in 2004.
4. History of a possible transfusion reaction during the time of his nasal septoplasty.

SWENSON, MICHAEL 04/10/06
Dr. Burgstahler

5. Anger over the fact that he feels that he hasn't had a resolution or a cause of why he doesn't feel good.
6. Obesity. Weight currently 272.
7. Worsening memory loss.

RECOMMENDATIONS: Michael clearly is looking for some answers to what happened during his stay during the visit to Deaconess Hospital. I would certainly like to review some of those records myself, but for the most part I'm worried that Michael is searching for a diagnosis and it's possible that the best we can come up with is ruling out multiple medical problems. In other words, it's possible that Michael's long-term problem is a combination of sleep apnea in a chronic fatigue patient. To work this up I think he does need several lab tests, some of which have already been completed but I think would be important to repeat again, including HIV and hepatitis serologies, a CPK level, at his request a Coombs' direct and indirect test. I'm recommending we check his blood type and see if he has any specific antibodies that we need to worry about in the future. I also think a CBC with a manual differential, a CMP, thyroid level, and a glycosylated hemoglobin would be reasonable as I think he's at risk for metabolic syndrome causing some of his problem. I also think that because he is complaining of abdominal pain centrally, I think an abdominal CT scan would be reasonable, and because he's having worsening memory problems, according to his wife, and he's now unable to work, I think he needs an MRI scan of the brain.

SAB:ce

4/14/06 P/C to pt wife took msg re CT & labs; persists blood type O+; muscle enzymes neg; CBC shows normal WBC, no hints of leukemia, thyroid normal; liver & gall bladder, kidney ok; no diabetic. CT abd shows cholelithiasis; diverticulosis, small liver cyst, no tumors. Sched f/u o/v

4/17/06 P/C to pt. he brain MRI 4/14 - normal per SAB; pt will sched o/v to discuss POC in reg to seeing additional specialists

these have been constantly negative
physicians keep seeing hepatitis - like symptoms
but NO hepatitis - INDICATES WILSON'S
but still no diagnosis (as if they are
REFUSING the obvious) - this makes a reasonable
person ask WHY?!

Web Images Video News Maps Gmail more ▾ Sign in

Google

wilson's hepatitis like symptoms

Search Advanced Search Preferences

New! View and manage your web history

Web Results **1** - **10** of about **497,000** for **wilson's hepatitis like symptoms**. (**0.16** seconds)

Wilson's Disease - Wondering About **Wilson's** Disease?
The disease can also affect the liver, causing **hepatitis-like symptoms**, in which the patient may be jaundiced, or yellow-colored. If **Wilson's** disease is ...
www.dentalplans.com/Dental-Health-Articles/Wondering-About-Wilsons-Disease-.asp - 36k - Cached - Similar pages

Hepatitis - Wikipedia, the free encyclopedia
Initial features are of nonspecific flu-**like symptoms**, common to almost all .... Hemochromatosis (due to iron accumulation) and **Wilson's** disease (copper ...
en.wikipedia.org/wiki/**Hepatitis** - 77k - Cached - Similar pages

Health Search
If left untreated, **hepatitis** C can lead to cirrhosis of the liver, liver cancer and even liver failure. **Symptoms** include fatigue, aches, flu-**like symptoms**. ...
mgwsls.healthology.com/main/search.aspx?search_text=**hepatitis**&b=mgwsls.healthology.com - 80k - Cached - Similar pages

Autoimmune **Hepatitis**
Symptoms of autoimmune **hepatitis** range from mild to severe. ... **hepatitis** (such as **hepatitis** B or C) or a metabolic disease (such as **Wilson's** disease). ...
digestive.niddk.nih.gov/ddiseases/pubs/autoimmunehep/index.htm - 26k - Cached - Similar pages

Viral **Hepatitis** Overview
Acute **hepatitis** usually starts with flu-**like symptoms**. ... reaction to certain medications; metabolic disorder (such as hemochromatosis or **Wilson's** Disease) ...
www.healthsystem.virginia.edu/uvahealth/adult_digest/virhepov.cfm - 30k - Cached - Similar pages

Liver, Biliary, & Pancreatic Disorders > Viral **Hepatitis** Overview
Acute **hepatitis** usually starts with flu-**like symptoms**. ... metabolic disorder (such as hemochromatosis or **Wilson's** Disease). **Symptoms**: ...
www.methodisthealth.com/tmhs/basic.do?channelId=-1073830973&contentId=1073790761&contentType=HEAL... - 33k - Cached - Similar pages

Possible causes of the **symptoms** Back pain and Jaundice-**like** ...
More About Causes of this symptomRemove Jaundice-**like symptoms** ... Arthritis · Autoimmune **Hepatitis** · Autosomal dominant polycystic kidney disease ...
symptoms.wrongdiagnosis.com/co**symptoms**/back-pain/jaundice-**like-symptoms**.htm - 75k - Cached - Similar pages

F. Medicines - Riley Hospital for Children
Penicillamine is a commonly used medicine for **Wilson's** disease. ... the section on viral **hepatitis**, interferon causes fevers, chills, and flu-**like symptoms**, ...
rileychildrenshospital.com/document.jsp?locid=2888 - 23k - Cached - Similar pages

How to Live with **Hepatitis** - **Hepatitis** Foundation International ...
In addition to physical **symptoms**, **hepatitis** often causes emotional stress. ... **Wilson's** disease, alpha-1 antitrypsin deficiency, autoimmune **hepatitis**, ...
www.hepfi.org/living/liv_living.html - 37k - Cached - Similar pages

look at how many sites link these! but none of my physicians have!

Viral **Hepatitis**, Acute **hepatitis**, Chronic **hepatitis**, Common Liver ...
Acute **hepatitis** usually starts with flu-**like symptoms**. ... Metabolic disorders (such as Hemochromatosis or **Wilson's** Disease). **Symptoms** ...
www.livertransplantindia.com/common-liver-diseases.asp - 32k - Cached - Similar pages

1 2 3 4 5 6 7 8 9 10 **Next**

---

wilson's hepatitis like symptoms Search

In May of 2004, during a septoplasty and tonsillectomy, I suffered pulmonary edema and cardiac arrest twice. I was told I was given 3 units of O- blood. I am O+. Almost two years later I remember being told at a hospital in AZ (back in 1988) that I had antibodies against the Rh- and to make sure I was never given O- in a blood transfusion. My urine was a dark brown and temperature slightly elevated, sweats/chills. Textbook acute hemolytic reaction. My question follows, that I have been unable to fully recover ever since and in fact slowly declining in well-being until I'm barely able to function minimally (urinate and defecate without assistance and walk downstairs and upstairs in my home a couple times a day in an attempt to feed myself.) I have been unable to work for about three months now. Bleeding gums, some sporadic petechiae in inner lips upper arms, dry skin lower legs, very blood shot eyes that never clear; whites have become dark grey, bouts of diarrhea/constipation, EXTREME fatigue, shortness of breath (during days I have enough energy to walk my dog a couple hundred feet or so), memory severely impaired (intermittent with cognitive supplements occasionally helping), dizzy and nauseous constantly, occasional bright red patches of blood in nasal mucous (becoming more often recently), abdominal bloating (very severe with processed white flour products), faint, occasional blurry vision, very difficult to concentrate (used to high cognitive skills with previous IQ tests around 156), blood tests show very low testosterone (just turned 40 and level was average for men above 60), blood tests have shown sometimes positive Coombs and Ag, sometimes negative, I just looked at my blood smear last week and I believe showed textbook Rouleaux formation and spherocytosis (looked like at least 50% of RBCs were not hollowed in appearance and all very small and perfectly round, the solid RBCs were chained everywhere and intermittent separate hollowed centers in between with all still very small), a couple monoblasts looked identical to images on the Internet of monoblastic leukemia although WBCs in normal ranges, ALT recently 56, AST 28, Albumin 4.7; total protein 7, BUN 19, Glucose 104 (4 hours fasting only eggs and water in morning meal previous), ANION GAP 10, HGB 16.9, HCT 50.7, RBCs 5.68, WBC 6.8 EO% 1, BA% 2.2, 2 atypical lymphs (I think were the monoblasts) CT scan showed enlarged liver/ spleen and gallstones, suspected abundant polyps in intestinal tract, TSH has fluctuated between .42 and .85 over past three CBCs, (I used to be a lab tech back in 1984-85 which is how I talked the lab in my last test to let me look at my blood smear and how I could see abnormalities that some lab techs might (and have) missed. I am being honest and most serious. I desire to work. (I make a decent living when I am able). I want to be in good health but presently in great pain in virtually all joints and muscles and occasionally sharp pains in various regions of abdomen, yesterday I woke up and left leg was having spasms for several minutes, in recent past various extremities have gone numb for a few minutes at a time. My question to you - Can you recommend how I may obtain a diagnosis and if possible treatment as soon as possible? The local physicians here at present have been unable to render one. My health seems to be declining more rapidly no matter how hard I attempt to change my diet to proper hydration, green tea, colorful fresh vegetables, salads, vitamin B-shots, and expensive supplementation, very little red meat and chicken, no pork, mostly salmon, halibut, mahi for protein, fresh fruits, fresh salsas, occasional eggs. All the while, it seems, tests (by the numbers) indicate I should be relatively normal or perhaps only minimally ill. I also tested positive for mononucleosis (though no possible recent exposure); happily and faithfully married for past ten years. Can you give me a course of action to obtain a definite diagnosis? Can you give me possibilities of what professionals should be testing for (or to rule out) based on these described symptoms? Can you help me, please? Thank you for taking your valuable time to consider and respond.

Diary of Symptoms present in body during Health Crisis 2006

April 11, 2006 – awoke at 12:30 p.m. (went to sleep at 4:30 a.m. because I was looking at slide images online of different types of leukemia after having seen my own slide earlier today one image in particular looked like monoblastic leukemia and rouleaux formation of the RBCs seemed similar to what I observed (even though the lab tech thought blood overall looked normal, she stated a nephrologists or hematologist would have to look at the leukocytes to determine specific problems if any. Quite a lot of RBC were small and seemed like spherocytosis (autoimmune hemolytic anemia can appear this way (brought on by transfusion reaction) even though quantities of RBCs can be normal due to shape and malfunction symptoms of anemia can present)

That said, I awoke, feeling the usual headache and nausea, weakness and fatigue, pain in my joints, especially low back and ankles, and in my abdominal region, and just wished I could return to sleep rather than be bombarded with pain, weakness, and extreme fatigue throughout my body. Nevertheless I managed to sit up felt tingling in my lower right leg and skin pain (far more than it used to bother me on my right side where my dog had scratched me a couple days earlier. I hobbled with numb leg to the bathroom, urinated but couldn't defecate and after 20 minutes recovered enough strength to stand up again on my still tingling right leg and examine myself closely in the mirror. Petechiae spots were noted in mucous lining of my lower lip and whites of eyes have been a persistent dark grey with severe "blood shot" capillaries for at least two months now with no signs of clearing at anytime during that period. (They used to get bloodshot but would clear with good rest and sometimes stay somewhat white for awhile) I am dizzy, nauseated, and it takes supreme effort to write my thoughts. My abdominal area is swollen though I haven't eaten or drunken anything. Mixture of hunger coupled with a desire not to eat is unusual for me. Feel so weak and so limited mentally (lack of

one thing I never thought of until recently was my symptoms also can indicate poisoning perhaps by bad well water or food.

concentration, dizzy, headache as to prevent me from desiring to much of anything but rest and if strength permits look for a successful possible diagnosis/treatment for my ailment(s) now chronic for years but has progressed recently past several months to an inability to even work at the most enjoyable profession I've ever had. Today I feel I have enough strength to go downstairs and get some iced green tea and honey mixture I brew with cinnamon that seems to make me feel somewhat better and perhaps prepare something to eat for myself; other days I can't. One other possible observed symptom were that tiny pink dots (as if petechiae were under the skin) were noted in abundance and darker than usual on the upper portion of both arms). (New darker discolorations spots (which in past turned to moles) have started appearing on arms and chest area)

April 12, 2006 awoke 7:15 am. Fell asleep after 1:30 a.m. even with sleep aides (Dr. Bell's end fatigue formula) very difficult to get prolonged periods of uninterrupted rest. Rain on metal roof enough to awaken me. Been raining incessantly for many months this year and end of 2005. I feel terrible as usual nauseated, dizzy, slow of thought, like pressure swelling from neck up. Extreme body fatigue, difficult to walk or sit upright, head always leaning to one side on neck. Every morning inner ear itches. Blow nose white thick sinus mucous. I hate taking any pharmaceuticals but after months of being extremely fatigued I broke down and took clonazepam Dr. Haw had prescribed. It helped a little in that I got 12 hours of uninterrupted rest that gave me slightly more energy but new Dr. says not good, some type of valium. I wonder how many Dr.'s would prescribe medications they're so worried about if they suffered extreme fatigue and bodily pain (pain in your muscles, pain in your joints, pain in your head, pain in your abdominal organs). At times, I agree no need in making a world full of drug addicts, but if you can't diagnose and if you can't cure the ailment, is it really such a terrible thing to assist in relieving some of the tormenting symptoms such as lack of ability to sleep

due to invasive pains throughout the body. I also think doctors misunderstand levels of pain. I know pain. I worked in restaurants and unfortunately for me cut myself with sharp knives an embarrassingly amount of times, burned myself with hot oil, even slipping on a wet floor and submerging my entire hand in a deep fryer vat, chemically burned my leg with grill degreasing agent, burned by hot ovens and pans, fires, wood stoves, broken bones, dislocated joints, been shot in the head, kicked in the gonads, beaten in fights, had muscle strains and sprains, tendon pulls and tears, back injury that left me immobile for months and in over four years of therapy and has been chronic pain ever since, not to mention the many falls cuts, scrapes, flus most children endure. This does not speak to emotional pain, but on a purely physical pain, the head injury was so painful just the smell of perfume from a nurse walking down the hall and the sound of the footsteps was enough agony to want to leave this existence. EXTREMELY Painful, and the back injury so painful that it was impossible to crawl to a restroom to urinate or defecate; so I didn't eat for weeks and drank minimally and urinated in bottles until finally an acupuncturist came to my home and gave enough relief to make it into a spinal specialist. Some would ask why not an ambulance ride, emergency room in such cases, but when you're not so poor that your not homeless, but not so well off that you can afford health insurance, the financial set back of even emergency transportation costs only adds to and prolongs an injured persons misery. Something should be done about these outrageous expenses that take years to pay for the average American now. I'm not certain just how much I've spent attempting to get well at this most recent issue but my wife believes it's already in the tens of thousands after deductibles and co-pays. So from minor pain to pain so great that you can't think of anything else but the pain and either getting relief or going on to Heaven (dying bec. since the pain is too unbearable) I don't even complain any longer about the chronic pain in my back, but endure it's ever presence because doctors are more concerned about prescribing pain relief than in

offering patient care. So now for years like the old adage off the frog in boiling water pain has been increasing throughout my body, numbing, distracting and at times sharp and concentrated in various locations constant pain. While doctors try and figure what's wrong, it's agreeable to their moral sensibilities to let you suffer your symptoms until they become so unbearable, you are totally bed ridden and incapacitated. I repeat, I wonder if they only experienced what their patients are suffering how quickly they would reach for medications they're so very cautious to prescribe to others. So today like so many before, such a creeping gradual increase of invasive bodily pain, dizziness, and fatigue is my lot to endure. I know my God and my Lord and Savior, I must be missing an important lesson. I've been praying for answers many times daily for what seems like years now and although I hydrate, no sodas, no refined sugars, no canned goods, only fish, fresh produce, herbs, spices, and supplements from renowned individuals like Dr. Chappell, Dr. Bell, Dr. Lessman, it seems nothing is working. If the Lord is giving me time to finish a work, I wish it didn't have to be so painful, but perhaps this is the way I would attempt to do what's most important. Unfortunately, perhaps I've been concentrating too long on my own well being, it's just that I have thought that you can't give what you don't have and it is difficult for me to proclaim the Gospel of Salvation and [illegible] agonizing myself with such fatigue it's a struggle to walk from the [illegible] Pharmacy, The Cure for Every Dis-Ease, Journey to Wellness, and [illegible] but my symptoms have only gotten worse despite my best efforts [illegible] colored crispy produce, lots of salads, whole proteins, best fish, [illegible] but I am finally finding it despite my very best efforts to work and I want to work. I am on the verge of making the very highest income I've ever had only for the past two years it has been

mitigated by my inability to concentrate and put my skills to good use. This is the most I've been able to write for a long time. Last night I ate spaghetti, a homemade sauce of my brother's with fresh tomatoes, some were canned stewed, some canned tomatoe sauce, [illegible] cheese (cheeses I had cut out due to all the books and fighting Candida), and I even had some red wine [illegible] higher, in that it's been long since I could write this much. Perhaps [illegible] prescribed that is even remotely helping me progress to wellness [illegible] cat scan of my abdominal regions, perhaps something definitive [illegible] what the problem is all you can do is stand on the Word of God [illegible] Though I do and am an ardent believer, this challenge is hurting me in so many ways. It is very difficult to watch my lovely wife [illegible] have to work harder and take over all responsibilities of running this house. It is more than humiliating to admit I can no longer take care of myself and I don't know what I'd do if I were single. Lord Jesus please send competent experts to help me return to well [illegible] Life and Health You purchased with Your own suffering. If my [illegible] that I can work and be a responsible husband and minister of Your [illegible]

My inner legs, shins especially have been itching and turning red sometimes to the point of bleeding for over a year, but I never looked carefully and now can see at times these were probably breakouts of petechiae rash, some evidence this morning. I also think I remember more fully what that intelligent lab tech told me in Sept of 1988. She was concerned about an O- transfusion

specifically because she had in fact noted Rouleaux formation and moderate spherocytosis. She was concerned that such a transfusion could be especially life threatening in her opinion [illegible] words my healthy cells were working harder because of the [illegible] transfusion could disrupt what she thought as a delicate balance. I [illegible] conversation more fully that she may have been correct. [illegible] he is a New Creation!, old things are Passed Away, All things are [illegible] Word, His Lovingkindness, His Resurrected Power to raise us even [illegible]

I have been spending thousands of dollars trying to get well — I am NOT satisfied!

Michael + Jane Swenson's Daily Supplement

Use'd Only

Men's Ultimate Complete

Item 305729 (60 packets • 60 servings) $199.95

SUGGESTED USE As a comprehensive multi-vitamin-mineral supplement, consume the contents of one packet (6 capsules) with food. Because this product is non-acidic and pH balanced, you can feel comfortable taking all six capsules at one time with a complete meal. Although this product contains more than 100% of your vitamin RDI, it is not intended as a substitute for a sensible, balanced diet. For answers to questions about the use of this or any other product from Andrew Lessman's Pro-Caps Laboratories call 800.808.7311.

PRO-CAPS – The Only Choice of Professionals. In 1979 Andrew Lessman founded a nutritional supplement manufacturing company committed to creating the world's only 100% pure, additive-free supplements to meet the exacting standards of physicians and other medical, fitness and athletic professionals. Over 25 years later, Pro-Caps Laboratories continues as the only alternative to the inferior quality and additives typical of conventionally manufactured and distributed products. Today, we are proud to make directly available to you the same products that have been viewed as the first and only choice of informed nutrition and medical professionals.

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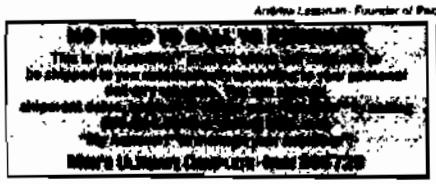
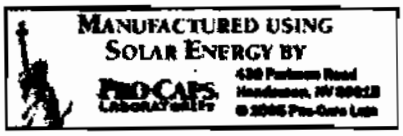
Purity. Quality. Integrity. Effectiveness.

Andrew Lessman - Founder of Pro-Caps Laboratories





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ULTIMATE COMPLETE for Men is the premiumest member of Andrew Lessman's Complete Family of Formulas, which are the world's only 100% pure, multi-vitamin-mineral supplements containing only the vitamins and minerals listed on the label and no binders, fillers, lubricants or other manufacturing additives of any kind. **ULTIMATE COMPLETE** comes as an ultra-fine powder in small, soft, easy-to-swallow capsules that, despite its high potency, is guaranteed to be gentle even to the most sensitive stomach. **ULTIMATE COMPLETE** is designed to provide all the benefits you seek from a multi-vitamin without any of the problems commonly associated with their use.

ULTIMATE COMPLETE for Men delivers more than 60 nutrients, including high levels of all essential vitamins and minerals, plus ultra-high potencies of anti-oxidants. It provides exceptional levels of all the B-Complex vitamins, including 300 mcg of Biotin, 250 mcg of B-12 and 800 mcg of Folic Acid, plus 1,000 mg of Vitamin C from non-acidic Calcium Ascorbate, along with the powerful anti-oxidant protection of a broad spectrum of carotenoids, such as Alpha-Carotene, Beta-Carotene, Lutein (4,000 mcg), Lycopene (4,000 mcg), Zeaxanthin, Phytoene and Phytofluene. Unlike many other men's formulas, we do not ignore the requirements of a man's skeleton, so Men's **Ultimate Complete** also delivers Calcium (200 mg), Magnesium (300 mg) and Boron, the nutrients needed most to support the health of the skeleton. Our unique blend of natural Vitamin E delivers all of the most important forms of Vitamin E from nature with Gamma Tocopherol being predominant. Mother Nature knows it is most beneficial to consume a blend of naturally mixed Tocopherols and not just the Alpha Tocopherol found in ordinary supplements. Emulating the balance of foods rich in Vitamin E, Men's **Ultimate Complete** supplies 400 mg of Gamma Tocopherol (not available in other leading multi-vitamins), along with 200 IU of Alpha Tocopherol and total mixed Tocopherols of almost 700 mg. Men's **Ultimate Complete** also includes the benefits of our four most popular separate formulas, **Coenzyme Q-10 Plus** and **Alpha Lipoic Acid with N-Acetyl Cysteine**, as well as our **Essential Omega-3** and **Phosphatidyl Choline (PC)**.

COENZYME Q-10 (90 mg) • ALPHA LIPOIC ACID (100 mg) • N-ACETYL CYSTEINE (250 mg) CoQ10 is a powerful anti-oxidant, which also plays a critical role in all cellular energy production. CoQ10 is present at its highest concentrations in the "hardest working" organs in the body (heart, brain, liver and kidneys) and adequate levels of CoQ10 are essential for keeping these vital organs functioning at their very best – particularly the heart. Alpha Lipoic Acid (ALA) is often referred to as the Universal Anti-Oxidant, because of its unique ability to be both water and fat soluble, making it one of the few anti-oxidants that can go virtually anywhere in your body. No modern anti-oxidant regimen is complete without the addition of both Coenzyme Q-10 and Alpha Lipoic Acid, as well as one of ALA's closest biochemical relatives, N-Acetyl Cysteine (NAC). NAC is an extremely powerful anti-oxidant, but even more importantly, it provides the fundamental building blocks for your body to produce one of its most powerful and protective internal anti-oxidants – Glutathione.

ESSENTIAL OMEGA-3 A unique blend of **Omega-3** fatty acids from specially extracted flaxseed and cold water fish oils. Your body cannot produce these vital **Omega-3** fatty acids, which must be obtained exclusively through diet or supplements. Research shows that diets high in **Omega-3** oils are associated with superior heart health, but the American diet delivers very low levels of these critical oils, which is why this formula focuses on these essential oils, including Docosahexaenoic Acid (DHA), Eicosapentaenoic Acid (EPA) and alpha Linolenic Acid. These **Omega-3** oils are required for the creation of all cell membranes and the healthy function of the cardiovascular, nervous, immune and endocrine systems.

PHOSPHATIDYL CHOLINE (PC) is the most abundant phospholipid for the structure of your liver and brain. PC is necessary for the creation of vital structures in the nervous system, including brain cells and the brain's protective sheath, as well as the neurotransmitter – acetylcholine. PC also makes up two-thirds of the functional membrane surface area in the liver and is essential for the healthy metabolism of alcohol, medicines, cholesterol and fat, as well as the excretion of all waste products. The FDA has recently chosen to recognize Choline as an essential nutrient.

ULTIMATE COMPLETE for Men does not employ difficult-to-digest tablets and instead comes as a 100% pure, additive-free, ultra-fine powder in small, soft, easy-to-swallow capsules. These micro-granulated powders are pH balanced and non-acidic to most efficiently deliver their benefits while also being gentle even to the most sensitive stomach. Lastly, our Men's **Ultimate Complete** capsules are protected from potency-robbing factors, such as light, moisture, heat and air, by our unique mylar-foil Pouch-Fresh packet.

This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

CONTAINS NO Milk, yeast, corn, wheat, gluten, sodium, salt, sugar, starch, cholesterol, emulsifier, wax, binder, filler, excipient, lubricant, cooling, diluent, flowing agent, common allergen, color, flavor, sweetener or preservative.

CONTAINS NO ADDITIVES OF ANY KIND

Liquid Supplement Facts

Serving Size 1 Packet (6 Capsules)

Amount Per Packet			%DV*
Calories 15 (Calories from Fat 15) (Total Fat 2 g)			3%
Vitamin A (as alpha and beta carotene)		7,500 IU	150%
as beta-carotene		4.2 mg	
as alpha-carotene		2.1 mg	
Vitamin E (total natural tocopherols)		694 mg	
as alpha tocopherol	200 IU	134 mg	667%
as gamma tocopherol		400 mg	
as beta/delta tocopherol		159 mg	
Lutein (liquid and powder)		4 mg (4,000 mcg)	*
Lycopene (liquid and powder)		4 mg (4,000 mcg)	*
Zeaxanthin (liquid and powder)		186 mcg	*
Phytoene - Phytofluene (liquid and powder)		658 mcg	*
Total Omega-3 Fatty Acids		360 mg	*
Fish Oil/Flaxseed Oil		599 mg	*
as Eicosapentaenoic Acid (EPA) (Omega-3)		120 mg	
as Docosahexaenoic Acid (DHA) (Omega-3)		120 mg	
as alpha-Linolenic Acid (Omega-3)		120 mg	
Phosphatidyl Choline (Soy Lecithin Oil)		175 mg	*
8% as Other Phospholipids		40 mg	

* Percent Daily Values (%DV) are based on a 2,000 calorie diet. * Daily Value not established.

Other Ingredients: Soft-gelatin capsule (Gelatin, Glycerin).

Powder Supplement Facts

Serving Size 1 Packet (6 Capsules)

Amount Per Packet		%DV*
Vitamin A (as alpha and beta carotene)	7,500 IU	150%
Vitamin C (as calcium ascorbate)	1 g (1,000 mg)	1667%
Vitamin D (as cholecalciferol)	800 IU	200%
Vitamin E (as total natural tocopherols)	694 mg	
(as natural gamma tocopherol)	400 mg	
(as natural d-alpha tocopherol)	200 IU	667%
Vitamin B1 (as thiamin hydrochloride)	25 mg	1667%
Vitamin B2 (as riboflavin)	25 mg	1471%
Niacin (as niacinamide/chromium nicotinate)	25 mg	125%
Vitamin B6 (as pyridoxine hydrochloride)	25 mg	1250%
Folic Acid	800 mcg	200%
Vitamin B12 (as cyanocobalamin)	250 mcg	4167%
Biotin	300 mcg	100%
Pantothenic Acid (as calcium pantothenate)	25 mg	250%
Calcium (as ascorbate/citrate/carbonate/pantothenate)	200 mg	20%
Magnesium (as magnesium oxide)	100 mg	25%
Zinc (as zinc citrate)	30 mg	200%
Selenium (as methionate/sodium selenite)	200 mcg	286%
Copper (as copper citrate)	2 mg	100%
Manganese (as manganese citrate)	1 mg	50%
Chromium (as chromium nicotinate)	200 mcg	167%
Molybdenum (as molybdenum aspartate)	75 mcg	100%
Boron (as boron aspartate)	300 mcg	†
Vanadium (as vanadyl sulfate)	50 mcg	†
Lutein (liquid and powder)	4 mg (4,000 mcg)	†
Lycopene (liquid and powder)	4 mg (4,000 mcg)	†
Zeaxanthin (liquid and powder)	186 mcg	†
Phytoene - Phytofluene (liquid and powder)	658 mcg	†
Coenzyme Q-10	90 mg	†
Alpha Lipoic Acid	100 mg	†
N-Acetyl Cysteine	200 mg	†

* Percent Daily Values (%DV) are based on a 2,000 calorie diet. † Daily Value not established.

Other Ingredients: Gelatin capsule.

NO ADDITIVES.

Women's Ultimate Complete

Item 305732 (60 packets • 60 servings) $199.95

SUGGESTED USE As a comprehensive multivitamin-mineral supplement, consume the contents of one packet (7 capsules) with food. Because this product is non-acidic and pH balanced, you can feel comfortable taking all seven capsules at one time with a complete meal. Although this product contains more than 100% of your vitamin RDI, it is not intended as a substitute for a sensible, balanced diet. For answers to questions about the use of this or any other product from Andrew Lessman's Pro-Caps Laboratories call 800.608.7311.

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UNSURPASSED.
Purity. Quality. Integrity. Effectiveness.

Andrew Lessman - Founder of PRO-CAPS LABORATORIES

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This is an Autoship™ product which will continue to be shipped by you periodically according to your personal delivery schedule. You can change shipment dates, quantity or cancel your Autoship™ by calling 800.608.7311 or logging on to www.procaps.com "My Account" to manage your Autoship™.
Women's Ultimate Complete • Item 305732

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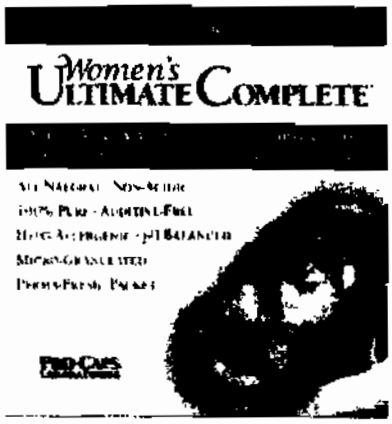

ULTIMATE COMPLETE *for Women* is the preeminent member of **Andrew Lessman's Complete Family of Formulas**, which are the world's only 100% pure multivitamin-mineral supplements containing only the vitamins and minerals listed on the label and no binders, fillers, lubricants or other manufacturing additives of any kind. **ULTIMATE COMPLETE** comes as an ultra-fine powder in small, soft, easy-to-swallow capsules that, despite its high potency, is guaranteed to be gentle even to the most sensitive stomach. **ULTIMATE COMPLETE** is designed to provide all the benefits you seek from a multivitamin without any of the problems commonly associated with their use.

ULTIMATE COMPLETE *for Women* delivers more than 45 nutrients, including high levels of all essential vitamins and minerals, plus ultra-high potencies of anti-oxidants. It provides exceptional levels of all the B-Complex vitamins, including 300 mcg of Biotin, 250 mcg of B-12 and 800 mcg of Folic Acid, plus 1,000 mg of Vitamin C from non-acidic Calcium Ascorbate, along with the powerful anti-oxidant protection of a broad spectrum of carotenoids, such as Alpha-Carotene, Beta-Carotene, Lutein (4,000 mcg), Lycopene (4,000 mcg), Zeaxanthin, Phytoene and Phytofluene. **Women's Ultimate Complete** also delivers high levels of Calcium (800 mg), Magnesium (200 mg), plus Phosphorus and Boron, the nutrients women need most to support the health of their skeleton. Our unique blend of natural Vitamin E delivers all of the most important forms of Vitamin E from nature with Gamma Tocopherol being predominant. Mother Nature knows it is most beneficial to consume a blend of natural mixed Tocopherols and not just the Alpha Tocopherol found in ordinary supplements. Emulating the balance of foods rich in Vitamin E, **Women's Ultimate Complete** supplies 400 mg of Gamma Tocopherol (not available in other leading multivitamins), along with 200 IU of Alpha Tocopherol and total mixed Tocopherols of almost 700 mg. **Women's Ultimate Complete** also includes the benefits of our four most popular separate formulas, **Coenzyme Q-10 Plus** and **Alpha Lipoic Acid with N-Acetyl Cysteine**, as well as our **Essential Omega-3** and **Phosphatidyl Choline (PC)**.

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ULTIMATE COMPLETE *for Women* does not employ difficult to digest tablets and instead comes as a 100% pure, additive-free, ultra-fine powder in a small, soft, easy-to-swallow capsule. These micro-granulated powders are pH balanced and non-acidic to most efficiently deliver their benefits while also being gentle even to the most sensitive stomachs. Lastly, our **Women's Ultimate Complete** capsules are protected from potentially-harmful factors, such as light, moisture, heat and air, by our unique mylar foil **Pouch-Fresh** packet.

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CONTAINS NO: Milk, yeast, corn, wheat, gluten, sodium, salt, sugar, starch, cholesterol, emulsifier, wax, binder, filler, excipient, lubricant, coating, diluent, flowing agent, common allergen, color, flavor, sweetener or preservative

CONTAINS NO ADDITIVES OF ANY KIND

Liquid Supplement Facts

Serving Size 1 Packet (2 Capsules)
Servings Per Container 60

Amount Per Packet			%DV*
Calories 15 (Calories from Fat 15) (Total Fat 3 g)			3%
Vitamin A (as alpha and beta carotene)		7,500 IU	150%
as beta-carotene		4.2 mg	
as alpha-carotene		2.1 mg	
Vitamin E (total natural tocopherols)		694 mg	
as alpha tocopherol	200 IU	134 mg	667%
as gamma tocopherol		400 mg	
as beta/delta tocopherol		159 mg	
Lutein (liquid and powder)		4 mg (4,000 mcg)	†
Lycopene (liquid and powder)		4 mg (4,000 mcg)	†
Zeaxanthin (liquid and powder)		186 mcg	†
Phytoene - Phytofluene (liquid and powder)		658 mcg	†
Total Omega-3 Fatty Acids		360 mg	†
Fish Oil/Flaxseed Oil		599 mg	†
as Eicosapentaenoic Acid (EPA) (Omega-3)		120 mg	
as Docosahexaenoic Acid (DHA) (Omega-3)		120 mg	
as alpha-Linolenic Acid (Omega-3)		120 mg	
Phosphatidyl Choline (Soy Lecithin Oil)		175 mg	†
8% as Other Phospholipids		40 mg	

* Percent Daily Values (%DV) are based on a 2,000 calorie diet. † Daily Value not established.

Other Ingredients: Soft-gelatin capsule (Gelatin, Glycerin).

Powder Supplement Facts

Serving Size 1 Packet (2 Capsules)
Servings Per Container 60

Amount Per Packet		%DV*
Vitamin A (as alpha and beta carotene)	7500 IU	150%
Vitamin C (as calcium ascorbate)	1 g (1,000 mg)	1667%
Vitamin D (as cholecalciferol)	800 IU	200%
Vitamin E (as total natural tocopherols)	694 mg	
(as natural gamma tocopherol)	400 mg	
(as natural d-alpha tocopherol)	200 IU	667%
Vitamin B1 (as thiamin hydrochloride)	25 mg	1667%
Vitamin B2 (as riboflavin)	25 mg	1471%
Niacin (as niacinamide/chromium nicotinate)	25 mg	125%
Vitamin B6 (as pyridoxine hydrochloride)	25 mg	1250%
Folic Acid	800 mcg	200%
Vitamin B12 (as cyanocobalamin)	250 mcg	4167%
Biotin	300 mcg	100%
Pantothenic Acid (as calcium pantothenate)	25 mg	250%
Calcium (as ascorbate/citrate/carbonate/phosphate/pantothenate)	650 mg	65%
Phosphorus (as calcium phosphate)	50 mg	5%
Magnesium (as magnesium oxide)	200 mg	50%
Zinc (as zinc citrate)	30 mg	200%
Selenium (as methionate/sodium selenite)	200 mcg	286%
Copper (as copper citrate)	2 mg	100%
Manganese (as manganese citrate)	1 mg	50%
Chromium (as chromium nicotinate)	200 mcg	167%
Molybdenum (as molybdenum aspartate)	75 mcg	100%
Boron (as boron aspartate)	1,000 mcg	†
Vanadium (as vanadyl sulfate)	50 mcg	†
Lutein (liquid and powder)	4 mg (4,000 mcg)	†
Lycopene (liquid and powder)	4 mg (4,000 mcg)	†
Zeaxanthin (liquid and powder)	186 mcg	†
Phytoene - Phytofluene (liquid and powder)	658 mcg	†
Coenzyme Q-10	90 mg	†
Alpha Lipoic Acid	100 mg	†
N-Acetyl Cysteine	200 mg	†

* Percent Daily Values (%DV) are based on a 2,000 calorie diet. † Daily Value not established.

Other Ingredients: Gelatin capsule.

NO ADDITIVES.

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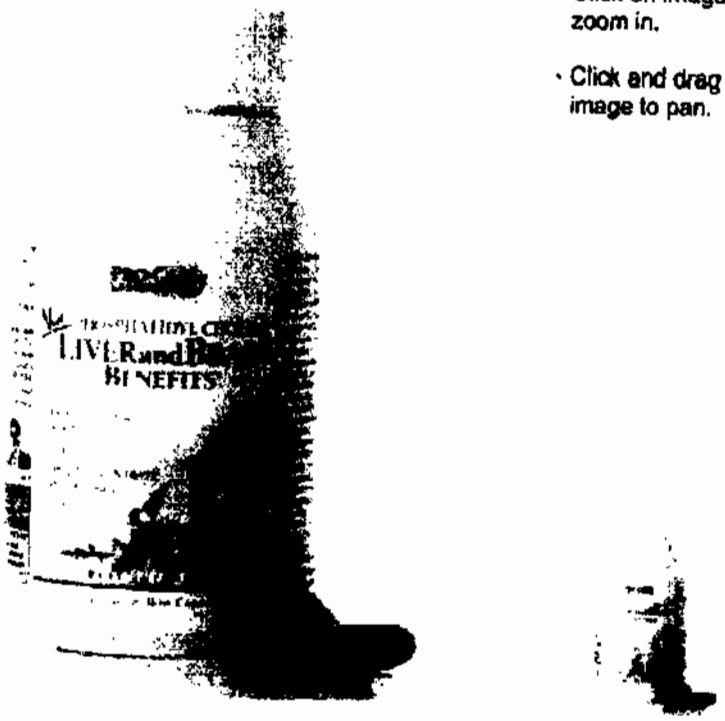

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Andrew Lessman's COENZYME Q-10 PLUS EGCG AND RESVERATROL™ is a blend of three of the most powerful naturally occurring anti-oxidants. It begins with the unparalleled anti-oxidant benefits of pure natural Coenzyme Q-10. We then extract the two most beneficial anti-oxidant molecules from Green Tea and Red Wine: **EGCG** and **Resveratrol**. Until recently, these two compounds were neither identified nor separately available, making this formula an exciting new health breakthrough.

Each of these three molecules offers research-proven anti-oxidant benefits, plus CoQ10 is also essential for life itself. In fact, CoQ10 must be present in all cells or those cells cannot produce energy and cannot survive. It is not surprising that the highest concentration of CoQ10 is found in the "hardest working" organs in the body, especially the heart, brain and liver. CoQ10 is also an extremely powerful lipid-soluble anti-oxidant, protecting our cells and membranes from free radical damage. To enhance the anti-oxidant benefits of CoQ10, we have added the two most beneficial water-soluble anti-oxidants from special extracts of Green Tea and Red Wine. These two molecules - **EGCG** and **Resveratrol** have been the subject of some of the most exciting anti-aging research and only recently are available separately. Extracts of Green Tea and Red Wine are generally only standardized for their content of polyphenols, but our new extracts are specifically standardized for their most beneficial individual anti-oxidant molecules – **EGCG** and **Resveratrol. EGCG** has been identified as the molecule primarily responsible for the myriad of health benefits associated with Green Tea. **EGCG** enhances the activity of our body's powerful natural internal anti-oxidants, which are vital to support healthy liver function and the elimination of waste. **EGCG** also supports a healthy immune system, while also protecting our heart, brain and circulatory system from oxidative damage. **Resveratrol** is found in Red Wine and is a principal part of the healthy Mediterranean diet. **Resveratrol** is also believed to be responsible for the so-called French Paradox – where the French possess far better heart health than would be expected from a "less than healthy" diet and lifestyle. Each easy-to-swallow capsule delivers high potencies of three of Mother Nature's most protective molecules, plus a full complement of the B-Complex vitamins and Vitamin C.

This statement has not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.

CONTAINS NO Milk, soy, yeast, corn, wheat, gluten, sodium, salt, sugar, starch, fat, cholesterol, oil, emulsifier, wax, binder, filler, excipient, lubricant, coating, diluent, flowing agent, common allergen, color, flavor, sweetener or preservative.

CONTAINS NO ADDITIVES OF ANY KIND

Supplement Facts

Serving Size 1 Capsule

Amount Per Serving		%DV*
Vitamin C (as calcium ascorbate)	100 mg	167%
Vitamin B1 (as thiamin hydrochloride)	5 mg	333%
Vitamin B2 (as riboflavin)	5 mg	294%
Niacin (as niacinamide)	5 mg	25%
Vitamin B6 (as pyridoxine hydrochloride)	5 mg	250%
Folic Acid	25 mcg	8%
Vitamin B12 (as cyanocobalamin)	25 mcg	417%
Biotin	25 mcg	8%
Pantothenic Acid (as calcium pantothenate)	5 mg	50%
Coenzyme Q_{10}	30 mg	†
Resveratrol	30 mg	†
Epigallocatechin Gallate (EGCG)	100 mg	†
Total Polyphenols per dose	*226 mg*	†
Total Catechins per dose	*160 mg*	†

* Percent Daily Values (%DV) are based on a 2,000 calorie diet.

† Daily Value not established.

Other Ingredients: Gelatin capsule. **NO ADDITIVES.**

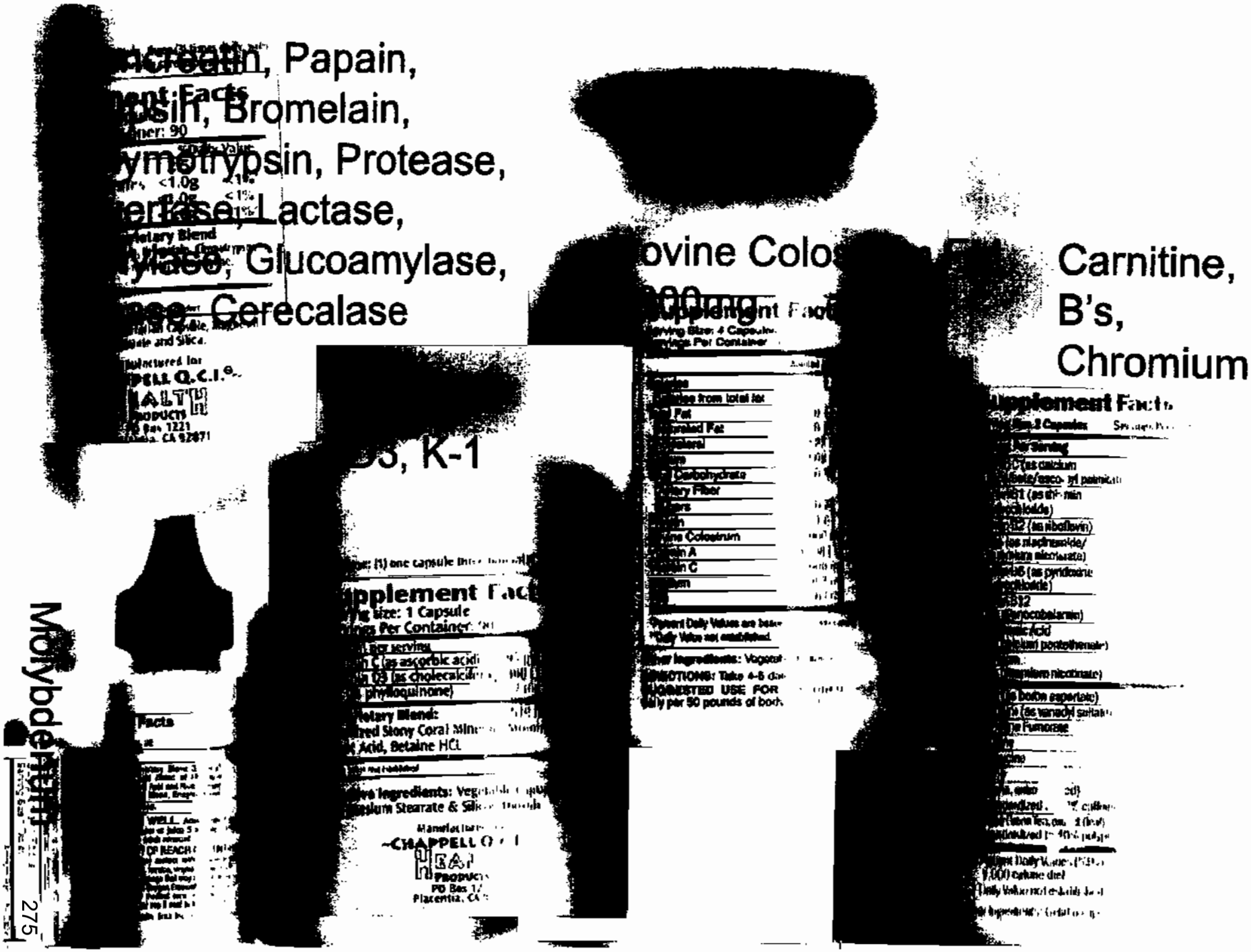
Supplement Facts

Serving Size 1 Packet (7 Capsules)

Amount Per Packet		
Glucosamine Sulfate	1.6 grams (1,600 mg)	†
MSM (as methylsulfonylmethane)	1.6 grams (1,600 mg)	†
Chondroitin Sulfate	1.2 grams (1,200 mg)	†
Turmeric, extract (root) standardized to 95% curcuminoids	120 mg	†
Silicon (as silicon dioxide and soluble organic silicon)	9 mg	†
Type II Collagen (from sternal cartilage)	10 mcg	†

† Daily Value not established.

Other Ingredients: Gelatin capsule. **NO ADDITIVES.**


Papain,
Bromelain,
Protease,
Lactase,
Glucoamylase,
Cerecalase
Carnitine,
B's,
Chromium
K-1
Molybdenum

close

Supplement Facts

Serving Size 1 Capsule

Amount Per Serving		*%DV*
Vitamin C (as calcium ascorbate/ ascorbyl palmitate	60 mg	100%
Bilberry, extract (fruit) standardized to 10%/25% anthocyanins	40 mg	†
Blackberry, powder (fruit) 12:1 concentrate	40 mg	†
Black Currant, powder (fruit) 4:1 concentrate	40 mg	†
Blueberry, extract/powder (fruit) standardized to 12.5% anthocyanins/ 5:1 concentrate	40 mg	†
Cherry, extract/powder (fruit) standardized to 40% polyphenols/ 10:1 concentrate	40 mg	†
Cranberry, extract (fruit) 17:1 concentrate standardized to 35% fruit acids	40 mg	†
Elderberry, extract (fruit) standardized to 30% anthocyanins	40 mg	†
Mulberry, powder (fruit) 4:1 concentrate	40 mg	†
Raspberry, powder (fruit) 5:1 concentrate	40 mg	†
Strawberry, powder (fruit) 5:1 concentrate	40 mg	†
Grape Seed, extract (seed) standardized to 90% polyphenols	20 mg	†
Grape Skin, extract (skin) standardized to 25% polyphenols	20 mg	†

* Percent Daily Values (%DV) are based on a 2,000 calorie diet.
† Daily Value not established.

Other Ingredients: Gelatin capsule. **NO ADDITIVES.**

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Are you ready to take back Your Life?

Our Candida Treatment Secrets are simple, natural -and unique!

INGREDIENTS LIBRARY

- Threelac
- Oxygen Elements Plus
- Active Enzymes
- LHB
- Coral Complete
- Colostrum FM

Print this page or cut and paste what you need into a text doc to show any of these natural Candida treatment ingredients to your health care provider.

remember to bookmark this Candida WebSite!

ThreeLac™–Ingredients

ThreeLac Serving Size: 1 Packet

Amount Per ThreeLac Serving:

Calories 5

Total Carbohydrate 1 g

Sugars 1 g*

Vitamin C 10 mg

Thiamin .4 mg

Riboflavin .4 mg

Vitamin B-6 .4 mg

Sodium 10 mg

ThreeLac Ingredients: Bacillus Coagulans (200 million CFU), Bacillus Subtilis (25 million CFU), Enterococcus Faecalis (25 million CFU), Lemon Juice Powder, Refined Yeast Powder, Fiber.

*(There is no sugar in ThreeLac. The category called Sugars is an FDA requirement and contains any sweetness that exists in any ingredients, in this case it is in the refined yeast powder from a beet source that acts as a food source for the lactobacilli. (This is an inactive yeast and will not worsen any Candida yeast or yeast condition already present.)

Why is there YEAST in ThreeLac?

LHB™ (Lipase Herbal Blend)—Ingredients Now with vegetarian caps!

Serving Size: 1 Capsule

Chromium (as chromium picolinate 50 mcg

and chromium polynicotinate)

Garcinia (whole plant) 125 mg

Bladderwrack (algae) 38 mg

California Nettles (whole plant) 38 mg

Plantain Leaf 38 mg

Northern Prickly Ash (bark) 38 mg

Nature's Turn Enzyme Blend 73 mg

Protease 4.5 (30000 HUT)

Lipase (200 FCCLU)

Amylase (3000 DU)

Cellulase

Fenugreek Seed 20 mg

Other Ingredients: Soy Lecithin Oil Blend, Gelatin, Water.

Active Enzymes™ ,gredients Now with vegetarian caps!

Serving size 1 Capsule

750 mg per capsule

Digeseb Plus (Proprietary Blend) 450 mg

- Protease
- Carbohydrates
- Lipase

Cellulase 75 mg

Lipase 75 mg

Proprietary Enzyme Blend: 75 mg

- Xylanase
- Beta-glucanases
- Phytase
- Hemicellulases

Probiotic Blend: 75 mg

- Lactobacillus
- Biffidum
- Longum

Other Ingredients: Soy lecithin oil blend, gelatin, water

Contains No Yeast, Corn, Wheat, Milk, Sugar, Salt, Starch.

Store in a cool, dry place.

Digeseb is a trademarked, proprietary enzyme product from Specialty Enzymes and Biochemicals Co.

Oxygen Elements Plus™—Ingredients

Serving Size: 7 drops

Global Health Trax Proprietary Blend 326mg (Ionic Trace Elements, Acid Blend of Citric Acid, Gluconic Acid, Rice Vinegar, and Hydrogen Sulfate, Purified Water, Amino Acid Blend, Enzyme Blend).

Coral Complete™–Ingredients Now with vegetarian caps!

Serving Size: 2 Capsules

Amount Per Serving

Vitamin C (as ascorbic acid) 10 mg

Vitamin D (as cholecalciferol) 800 I.U.

Calcium (from coral) 460 mg

Magnesium (from coral) 116 mg

Proprietary Blend

Trace minerals from coral

Malic Acid

Betaine HCL 30 mg

Other Ingredients: Gelatin, Magnesium Stearate (from vegetable source), Silica and Cellulose (from rice bran).

Gluten Free; Each 2-capsule serving contains 1,200 mg Coral

(Coral Complete comes only from above ground Okinawan coral deposits, not the ocean floor deposit that can be contaminated).

Colostrum FM Capsules™ Now with vegetarian caps!

Serving Size: 4 Capsules

Amount Per Serving

Fat 0.8 g

Vitamin A 873 IU

Vitamin C 10 mg

Calcium 59 mg

Bovine Colostrum 2000 mg

Other Ingredients: Gelatin Capsules.

Note:

Colostrum FM is second-milking (after the calf!) and is very pure. It comes from organically fed cows, so is organic in that sense. Every batch undergoes testing for the detection of more than 65 different pesticides and all antibiotics used in the dairy industry. Our Colostrum FM maintains a zero tolerance for all these substances. It is also tested for microbes and heavy metals before being released.

NOTICE OF PRIVACY PRACTICES—ACKNOWLEDGMENT

We keep a record of the health care services we provide you. You may ask to see and copy that record. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or unless the law authorizes or compels us to do so. You may see your record or get more information about it by contacting Betsy Thompson, Office Manager.

Our Notice of Privacy Practices describes in more detail how your health information may be used and disclosed, and how you can access your information.

By my signature below I acknowledge receipt of the Notice of Privacy Practices.

[redacted] 10-24-05 11:00

Patient or legally authorized individual signature Date Time

Printed Name if signed on behalf of the patient Relationship

Notice of Privacy Practices given but acknowledgement not signed.

Employee signature Date Time

Additional Comments (if any):

This form will be retained in your medical record

Last update ___/___/___

appropriate to your condition and situation. For example, you may want to have a relationship with a family physician or internist, or possibly a pediatrician in the case of your children. Cardiac patients should have either a cardiologist or an internist or both. We are happy to cooperate with any physician who is willing to work with us.

2) WE MAKE NO REPRESENTATIONS, CLAIMS OR GUARANTEES THAT YOU WILL BE HELPED WITH YOUR MEDICAL PROBLEMS OR CONDITIONS BY UNDERGOING TREATMENT HERE. However, we will do our best to help you to accomplish your health care and wellness goals.

3) In our office, we make available nutritional supplements and other recommended products. Generally, we believe the prices are competitive with outside sources. (Please let us know if you find this not to be the case.) Mail order service is also available from our office. YOU ARE IN NO WAY OBLIGATED TO PURCHASE THESE PRODUCTS FROM THIS OFFICE. YOU ARE FREE TO PURCHASE THESE PRODUCTS FROM ANY SOURCE THAT YOU MAY CHOOSE.

Certain governmental agencies, such as the FDA and FTC, have attempted to limit the information that may be provided to clients regarding such nutritional products as may be offered for sale by their health care provider. In essence, we would be allowed to sell you any given product, but would be restricted in teaching you about the product or how to use it! By initializing this paragraph, you specifically direct the providers and staff of IMA to provide you with information as to the safe and effective use of nutritional products sold through this office, and you understand that such information may not have been reviewed or approved by the FDA or any other governmental agency.

(Please initial here): Patient Initials _____

4) Most health insurance plans today have clauses that limit coverage to "usual and customary fees for reasonable and necessary services". Because many of the treatments used in complementary and integrative medicine are not recognized by consensus mainstream medicine, we cannot guarantee the amount or availability of coverage for our services and treatments under your health care insurance coverage. You are entitled to know the cost of all services and procedures in advance.

5) The pharmaceutical industry finances the majority of conventional medical research, and an advantage to mainstream medicine is the large amount of research behind most drugs and standard therapy. There is little financial incentive for research in natural therapies, and therefore many of these modalities have fewer studies documenting their benefits. Although there is a definite safety factor in predominantly natural therapies, there may be certain risks, both known and unknown, in pursuing complementary and integrative medicine. We will strive to present *all* options to you, from both conventional and alternative/complementary medicine, so you may make intelligent, well-informed choices regarding your health care. Ultimately, you must accept the responsibility for those choices.

I have read, understand and agree to the foregoing. I agree that if I ever have any claim with respect to the services and treatment given to me by IMA, its employees and/or staff, that they shall be judged by the standards and principles of complementary, alternative and holistic medicine, and not by the standards and principles of consensus mainstream medicine. I understand that I have the right to review this Consent with a lawyer if I choose before accepting any medical services from IMA. I have executed this Consent freely and willingly, and understand its provisions. I recognize that IMA will rely upon my execution of this document in accepting me as a patient. I acknowledge receipt of a copy of this Consent.

DATE: 10-22-09 SIGNATURE: _____

PRINTED NAME: Michael Swenson

208-263-2033

William F. Corell, M.D.
Family Practice • Holistic & Preventive Medicine • Bio-Energetics

S. 3424 Grand Blvd. • Spokane, WA 99203-2621 • (509) 838-5800 • FAX 838-4042
714 Bellevue Ave. E. #703 • Seattle, WA 98102 • (206) 329-4826 or 323-4942

AUTHORIZATION TO RELEASE HEALTH CARE INFORMATION

Patient's Name: Michael Swenson Date of Birth: 04-05-66

SSN: 522-92-4090 Previous Name: _____

I request and authorize Will Corell M.D. S. 3424 Grand Spokane, WA 99203 (509) 838-5800 to release health care information of the patient named above to:

Name: Dr. Burgstahler
Address: 207 Church St.
City, State: Sandpoint, ID Zip Code: 83864

This request and authorization applies to:

_____ Health care information relating to the following treatment, condition, or dates of treatment:

_____

X All health care information

_____ OTHER: _____

I understand that my express consent is required to release any health care information relating to testing, diagnosis, and/or treatment for HIV (AIDS virus), sexually transmitted diseases. psychiatric disorders/mental health, or drug and/or alcohol use. If I have been tested, diagnosed or treated for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. you are specifically authorized to release all health care information relating to such diagnosis. testing, or treatment.

Signature of patient or patient's authorized representative — Date signed: 04-18-06

Relationship or status if signed by anyone other than patient

lead and innovate

To:	medical records	From:	TELEPRO TEAM 242
Company:	WILLIAM CORELL MD	Company:	EMSI
Fax:	1-5098384042	Fax:	800-275-6716
		Phone:	800-227-6809

Total Pages: 4 (Including this Cover Page)

Message:

Document generated for Transmission on 4/10/2006 at 1:00:56 PM.

Case#: L847172
Applicant Name: MICHAEL E SWENSON

IF A FEE IS REQUIRED AND HAS NOT ALREADY BEEN PAID, PLEASE CALL BEFORE SENDING RECORDS DUE TO COMPANY'S FEE LIMIT

Sender: EMSI
Address: PO BOX 2505
WACO TX 76702-2505

Remarks: PLEASE CALL BEFORE BILLING DUE TO FEE LIMIT & PLEASE FAX RECORDS THANK YOU

CASE#: L847172-01
TEAM: 242
DESK: 2
DATE: 4/10/2006

RECORDS REQUEST

RETURN FAX#: (800)530-0557

NAME: MICHAEL E SWENSON
SSN: 522-92-4040
DOB: 4/05/1966
STATE: ID

COMPANY: LINCOLN BENEFIT LIFE (SYS TO SYS)
ACCT#: 006993
POLICY#: 01T1662691

FACILITY: WILLIAM CORELL MD
ADDRESS: 3424 S GRAND BLVD
CITY/ST: SPOKANE, WA 99223
PH#: (509)838-5800

REQUESTER: VEPAA
U/W TEAM:

SPECIAL INSTRUCTIONS: PLEASE RETURN THIS FORM WITH RECORDS
AGENT: TAYLOR, ELAINE 2087736441 ATTN - NEED COPIES OF ALL RECORDS UNDERWRITER I D IS ALLCC FOR APPLICATION 01T1662691 UNDERWRITER ID IS WORKC FOR APPLICATIO N 01T1662691 UNDERWRITER ID IS MCNUL F

* They tested me for illegal drugs -
- I am NOT a drug addict and I don't take drugs (even legal ones are a very LAST resort for me!)
- I am not lying
- I am not crazy just the victim of extreme incompetence and corruption!

RETURN TO: PO BOX 2505 WACO TX 76702-2505
TEAM: 242 PHONE: (800)227-6807

1847172 MICHAEL E SWENSON
Case: SWENSON, MICHAEL - 01T1662691

lead and innovate

phone 1 800 227 6807 fax 1 800 275 6716

TP 24

Urgent request - Please Rush

Your patient's records are needed. Please help with your patient's insurance needs by supplying the requested records.

You may fax records toll free 1 800 275 6716—unlimited pages. Delays impact the insurance process. Please fax records within 48 hours and save call time ! Please include the coversheet with records.

Please provide status on request:

Received by:_____

Do you have records on this patient?_____

When will records be sent? The toll free fax is secure._____

Is there a fee? Please call as a fee limit may apply.

Will you accept payment by credit card?

Please send records with a bill or supply "pay to" info and address:

Thank you for your consideration and concern

1847272 MICHAEL E SWENSON
Case: SWENSON, MICHAEL - 01T1662691

Authorization for Release of Health-Related Information to

☒ Lincoln Benefit Life Company, Lincoln, NE 68501
☐ Allstate Life Insurance Company, Northbrook, IL 60062

Bar Code Here
Home Office Use Only

Bar Code Here
Home Office Use Only

Michael Eugene Swenson
Name of Applicant/patient (Please Print)

04/05/1966
Date of Birth (MM/DD/YYYY)

Name of Joint Applicant/patient (Please Print)

Date of Birth (MM/DD/YYYY)

DSC MAR 30 '06 AM11:52

"I," "me," "my" means each Applicant signing this Authorization

I authorize any health plan, physician, health care professional, hospital, clinic, laboratory, pharmacy, medical facility, Pharmacy Benefit Manager or other health care provider that has provided payment, treatment or services to me or on my behalf within the past 10 years ("My Providers") to disclose my entire medical record and any other information that may be considered protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") concerning me to The Insurance Company, its agents, employees, and representatives. This includes information on the diagnosis or treatment of Human Immunodeficiency Virus (HIV) infection and sexually transmitted diseases. This also includes information on the diagnosis and treatment of mental illness and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes.

By my signature below, I terminate any agreements I have made with My Providers to restrict my medical records and any associated HIPAA protected health information and I instruct My Providers to release and disclose my entire medical record without restriction.

This protected health information is to be disclosed under this Authorization so that The Insurance Company may: 1) underwrite my application for coverage, make eligibility, risk rating, policy issuance and enrollment determinations; 2) obtain reinsurance; 3) administer claims and determine or fulfill responsibility for coverage and provision of benefits; 4) administer coverage, and 5) conduct other legally permissible activities that relate to any coverage I have or have applied for with The Insurance Company.

This authorization shall remain in force for 30 months following the date of my signature below, and a copy of this authorization is as valid as the original. I understand that I have the right to revoke this authorization in writing, at any time, by sending a written request for revocation to The Insurance Company. I understand that a revocation is not effective if any of My Providers has relied on this authorization or to the extent that The Insurance Company has a legal right to contest a claim under an insurance policy or to contest the policy itself. I understand that any information that is disclosed pursuant to this authorization may be re-disclosed and no longer covered by certain federal rules governing privacy and confidentiality of health information.

I understand that My Providers may not refuse to provide treatment or payment for health care services if I refuse to sign this authorization. I also understand that if I refuse to sign this authorization, The Insurance Company may not be able to process my application, or if coverage has been issued may not be able to make any benefit payments. I acknowledge that I have received a copy of this authorization.

Sign Here

Applicant's Signature

03/27/2006
Date (MM/DD/YYYY)

Joint Applicant's Signature

Date (MM/DD/YYYY)

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

[redacted] Dr. William Correll or Correll

NAME OF PRACTICE OR ORGANIZATION

ADDRESS

Spokane WA

CITY STATE ZIP

PHONE 509-838-4042 FAX

To disclose the following information from the health records of:

Patient Name: Michael E. Swenson

Date of Birth: 4-5-66 Social Security #: 522-92-4090

[redacted]

Internal Medicine Associates, P.A.
207 Church Street
Sandpoint, ID 83864
PHONE: 208-263-6876 FAX: 208-263-2033

Records to be disclosed to the above entity:

- ☒ All records — All tests
- ☐ Progress notes
- ☐ ER records dating from _____ to _____
- ☐ X-ray results dating from _____ to _____
- ☐ Hospitalization dating from _____ to _____
- ☒ Laboratory results dating from 10-05 to 4-06
- ☐ EKG/Cardiac testing dating from _____ to _____
- ☐ Other _____

I understand that my records may contain information regarding the diagnosis or treatment of HIV/AID, sexually transmitted diseases, drug/alcohol abuse, mental illness, or psychiatric treatment. I give my authorization for these records to be released

RECEIVED APR 11 2006

**EXCLUDE: the following information from the records released (please initial):

_____ Drug/Alcohol abuse/treatment & diagnosis
_____ HIV/AIDS diagnosis/treatment/testing
_____ Sexually transmitted disease
_____ Mental illness or psychiatric diagnosis/treatment

For the purpose of: ☒ Continuing treatment ☐ Transferring care ☐ Other _____

FOR YOUR INFORMATION:

- This authorization shall be in force and effect for 90 days, unless otherwise specified by the patient, or which time this authorization to use or disclose this protected health information expires.
- I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to Internal Medicine Associates at 207 Church Street Sandpoint, ID 83864. I understand that a revocation is not effective to the extent of Internal Medicine Associates has relied on the use or disclosure of the protected health information.
- I understand that information used or disclosed pursuant to this authorization my be subject to redisclosure by the recipient and may no longer be protected by federal or state law.
- Internal Medicine Associates will not condition my treatment, payment, enrollment in a health plan or eligibility for benefits (if applicable) on whether I provide authorization for the requested use of disclosure.
- I understand that I have right to:
  - Inspect or copy the protected health information to be used or disclosed as permitted under federal law (or state law or the extent the state law provides greater access rights.)
  - Refuse to sign this authorization. By refusing the authorization, Internal Medicine Associates will not deny me any medical treatment.

SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE

4-10-06
DATE

RECORD RELEASE FLOW SHEET

Release to	What was sent	Date sent
Dr. Burgstahler	All records	4/28/06
Michael Swenson	All	4/28/06
EMSI	All	pending fee 4/28

DEACONESS MEDICAL CENTER

Department of Radiology

800 W. Fifth Ave. Spokane, WA 99204
Phone # (509) 473-7147
Fax # (509) 473-7511

Name: SWENSON,MICHAEL E
Phone: 208 265-8762
Phys: Cruz,Michael J
DOB: 04/05/1966 Age: 38 Sex: M
Acct: D18054668 Loc: D704 1
Exam Date: 05/28/2004 Status: DIS IN
Unit No: D000667544

EXAM#	TYPE/EXAM
000637927	RAD/CHEST PORTABLE

PORTABLE AP SUPINE CHEST

HISTORY: Ventilator management assessment.

FINDINGS: Area of infiltrate is observed within the right mid lung. The heart size is mildly enlarged. The pulmonary vascularity appears normal.

CONCLUSION: Right infrahilar pneumonitis has developed since 3-27-04.

** REPORT SIGNATURE ON FILE 06/03/2004 **
Reported And Signed By: RONALD J. COCCHIARELLA M.D.

CC: Timothy M Chestnut, M.D.; Michael J Cruz, M.D.

Dictated Date/Time: 06/02/2004 (1200)
Transcribed Date/Time: 06/02/2004 (1540)
Transcriptionist: HNK
Printed Date/Time: 06/03/2004 (1332)

1/L 5-29

LOCATION
INTENSIVE CARE UNIT

Pathology Services, P.S.

Irby V. Cossette, M.D. Franklin H. Martin, M.D. Dennis J. Small, M.D.

PATIENT: [illegible],MICHAEL E DOB: 04/05/66 LOC: INTENSIVE CARE UNIT
REF. ID: STATUS: ADM IN
SURG DR: Cruz,Michael J AGE/SEX: 38/M UNIT #: D000667544

Spec #: 04:DS4229 Submitted: 05/27/04 Received: 05/27/04

COPIES TO:
Chestnut,Timothy M
Cruz,Michael J

[redacted]

TONSILS, RIGHT AND LEFT:
- REACTIVE FOLLICULAR LYMPHOID HYPERPLASIA CONSISTENT WITH CHRONIC HYPERPLASTIC TONSILLITIS.
- CRYPT ABSCESSES, MULTIPLE, FOCALLY CONTAINING ASPERGILLUS-LIKE FUNGAL COLONIES.
- SURFACE SQUAMOUS MEMBRANE NEGATIVE FOR CYTOLOGIC ATYPIA.

{MICROSCOPIC DIAGNOSIS}
(NI)

Dictated by: Cossette,Irby V
Entered: *05/28/04 - 1150*

TISSUES:
Tonsil

GROSS EXAMINATION:
The specimen consists of two tonsils submitted in the same container. Each measures 2 cm. in greatest dimension. Each has an epithelial surface with crypts extending well down into a tan lobulated stroma. A central section from each tonsil is submitted in the same cassette.

FINAL REPORT dictated & authenticated by: Irby V Cossette, MD 05/28/04

EMPIRE HEALTH LABORATORIES - SPOKANE

5/29 292

RUN TIME: 0315
RUN DATE: 05/30/04

EMPIRE HEALTH SERVICES
DEACONESS MEDICAL CENTER
800 West 5th Avenue, Spokane, WA 99210-0248
LABORATORY CUMULATIVE SUMMARY - DISCHARGE REPORT

* * * * * * * * * DISCHARGE SUMMARY - DO NOT DESTROY * * * * * * * * *

Name: SWENSON,MICHAEL E Age/Sex: 38/M Attend Dr: Cruz,Michael J
Acct#: D18054668 Unit#: D000667544 Status: DIS IN Location: DACU7 D704-1
Reg: 05/27/04 Disch: 05/29/04 DOB: 04/05/66

HEMATOLOGY
AUTOHEMATOLOGY - DIFFERENTIAL - MORPHOLOGY

Post Op Lab!

Date / Time	05/28 0400	Reference	Units
HGB	16.5	13.5-17.5	g/dL
HCT	46.5	41-53	%
RBC	5.32	4.5-5.9	mil/ul
MCV	87.4	80-100	fl
MCH	31.0	26-34	pg
MCHC	35.5	31-37	g/dl
RDW-SD	41.0	35.1-46.3	fL
PLT	298	140-440	th/uL
WBC	17.9 H	4.5-11.0	th/uL
MPV	11.2	9.4-12.5	fL
PMNS	80.0		%
BANDS	15.0		%
LYMPHOCYTES	1.0		%
MONOCYTES	4.0		%
PLATELET EST	NORMAL	NORMAL	
ATYPICAL LYMPHS	OCC		
TOTAL CELLS CNT	100		

CHEMISTRY
BLOOD GAS ANALYSIS, ARTERIAL

Date	---------05/27		---------	Reference	Units
Time	1430	1220	1042		
PH, ART	7.390	7.370	7.260L*	7.35-7.45	
PCO2, ART	45	41	53H*	35-45	mm/Hg
PO2, ART	127 H	230 H	331 H	80-100	mm/Hg
O2 SAT, ART	98	99	99	95-99	%
BE, ART	0.9	-2.1 L	-4.3 L	-2.0-2.0	mEq/l
HCO3, ART	26.0	23.0	23.5	22-26	mEq/l
PATIENT TEMP	100.4	99.1			deg F
MODE	CPAP	AC	AC		
FIO2	40	60	100		%
RR		14	14		
PATIENT RR	23	14	14		
Vt		750	1000		ml
PEEP		6.0	6.0		cm/H2O
PRESS SUPPORT	10				cm/H2O
CPAP	7.0				cm/H2O

D18054668 - SWENSON,MICHAEL E (D000667544) DACU7 DIS IN(05/29) 38/M Cruz,Michael J

EMPIRE HEALTH SERVICES
DEACONESS MEDICAL CENTER
800 West 5th Avenue, Spokane, WA 99210-0248
LABORATORY CUMULATIVE SUMMARY - DISCHARGE REPORT

Patient: SWENSON,MICHAEL E #D18054668 (Continued)

CHEMISTRY
BLOOD CHEMISTRY

Date	Time	SODIUM 135-146 mmol/L	POTASSIUM 3.5-5.1 mmol/L	CHLORIDE 98-108 mmol/l	CO2 23-30 mmol/l	ANION GAP 7-17
05/26	0400	134 L	3.9	98	25	11

Date	Time	CREATININE 0.6-1.4 mg/dL	BUN 7-25 mg/dL	GLUCOSE 65-115 mg/dL	CALCIUM 8.4-10.2 mg/dL
05/28	0400	1.1	17	177 H	8.5

Standardized Record Form Developed By Northeastern Washington Hospital Council

DATE	NOTE: PROGESS OF CASE, COMPLICATIONS, CONSULTATIONS, CHANGE IN DIAGNOSIS, CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT.
5/22/4 1500	CHOSTNUT R PT WHARQUE WELL. CAN F & S. WILL EXTUBATE & ANESTHESIA INTERNT.
5/24	AA SWEET EXT AWAKE (PALM EDEMA) RESOLVED NEURO APPARTS INTACT MOTOR 5/5 AAOx4 PROBTX TO ADM THIS PM Q RECALL OF REHABILITATION
	Oto
5/27/04 750	Pt awake/alert. c/o pain – good pain relief c MSO_4, wife @ bedside. O_2 sat 94% on 2L O_2 via N.C. PE - oral cavity – palatal induration / sutures intact. - ~~x~~ anterior epistaxis. s/p Tonsillectomy UPPP septoplasty / turbinate reduction postop laryngospasm / palm. edema. - doing well – no recollection of post op events. - will order chlorseptic. - OK to TJF

PROGRESS NOTES

(23504)

no note of excessive bleeding - no transfusion was necessary!

posterior tonsil pillar muscle was then also notched on either side of the base of the uvula. This releases the glossopharyngeal muscle from the distal soft palate, allowing the soft palate to be released from the tethering of the posterior oropharyngeal wall. Bleeding points were controlled with needle tip Bovie cautery. Two separate over sewing stitches with 3-0 Chromic were then placed in the tonsil fossae bilaterally. This helps reapproximate both the anterior and posterior tonsil pillars. Using a 3-0 Vicryl stitch, horizontal mattress sutures were then used to approximate the reflected uvula musculature to the submucosal tissue and muscle of the distal soft palate. Reapproximation of the nasal mucosa of the soft palate to the oral mucosa of the soft palate was then performed using simple interrupted Chromic stitches. Mucosal edges were also reapproximated at the base of the uvula laterally as well as the superior portion of the tonsil fossa using horizontal mattress 4-0 Chromic stitches. The oral cavity was then suctioned clear of irrigation and debris and an esophageal tube was placed to aspirate the esophageal and gastric contents. This concluded the case.

Upon extubation the patient underwent laryngospasm followed by post-obstructive pulmonary edema. The patient required re-intubation to establish an airway and also required administration of atropine and epinephrine. The patient's oxygenation level was re-established at 99%. There was frothing of fluid in the endotracheal tube, confirming post-obstructive pulmonary edema. At that point Dr. Chestnut was called in the intensive care unit, and the patient will be transferred directly to the intensive care unit for critical care management. The situation was also explained to the patient's wife.

→ to revive heartbeat

She was told (as I remember) 2 cardiac arrests / 2 episodes of pulmonary edema!

MC/CAP/KS
TDX: 10:33 AM
TTX: 11:43 PM
D: 05/27/2004
T: 05/27/2004
BY: 1755
J: 775403
XZ: 3237337

Michael J Cruz, MD

cc: Timothy M Chestnut, MD
Dr. Goldberg - Sandpoint, ID

Digitally authenticated 05/28/04 0919 Michael J Cruz, MD

→ no mention of cardiac arrest or 2nd incident!

PATIENT: SWENSON,MICHAEL E D201-1
DOB: 04/05/66 SVC DT: 05/27/04
ACCT: D18054668 MED REC#: D000667544 ADM IN **OPERATIVE REPORT**
CC REP: 0527-0160 DEACONESS MEDICAL CENTER
Dict: Michael J Cruz, MD Y **SPOKANE, WASHINGTON**
Attnd:
THIS REPORT IS CONFIDENTIAL AND NOT TO BE RELEASED WITHOUT PROPER AUTHORIZATION.

Symptoms of Wilson's Disease

Contents:

List of symptoms of Wilson's Disease:

The list of signs and symptoms mentioned in various sources for Wilson's Disease includes the 80 symptoms listed below:

- Various neurological and behavioral symptoms - from copper damage to the brain; may be the first symptoms seen in about 60% of cases:
  - Tremor
  - Rigidity of muscles
  - Muscle weakness
  - Muscle paralysis
  - Loss of coordination
  - Drooling
  - Speech difficulty
  - Language difficulty
  - Abrupt personality change
  - Behavioral changes
  - Personality changes
  - Grossly inappropriate behavior
  - Inexplicable deterioration of school work
  - Neurosis
  - Psychosis
- Liver disease - from copper damage to the liver; the first symptoms in 40% of cases
  - Jaundice
  - Yellow eyes
  - Yellow skin
  - Swollen liver

✓ = I possess a majority of the observable symptoms including indicators that is impossible for a person to control consciously - like hypogonadism, enlarged liver/spleen, + "panda-face" mid-brain (CT scan)

- Swollen spleen
- Abdominal swelling
- Kayser-Fleischer ring - a characteristic rusty brown or greenish-gold ring around the cornea of the eye
- Brown corneal ring
- Greenish-gold corneal ring
- Low platelet count
- Low white blood cell count
- High amino acids in urine
- Protein in urine
- Uric acid in urine
- High carbohydrates in urine
- Bone thinning
- Vomiting blood
- Kayser Fleischer rings
- Dystonia
- Tremor
- Dysarthria
- Dysphagia
- Secondary hematuria
- Infertility
- Hepatic failure
- Jaundice
- Vomiting
- Hemolytic crisis → after incompatible blood transfusion!
- Arthritis
- Renal colic
- Kidney stones
- Renal tubular acidosis
- Neurological symptoms
- Weakness
- Drooling
- Mental changes
- Anarthria
- Swallowing difficulty
- Pigmented corneal periphery
- Discolored skin
- Spider angiomas
- Enlarged liver
- Enlarged spleen
- Bone changes
- Joint changes
- Muscle wasting
- Incoordination

- Choreic movements
- Dystonic spasm
- Convulsions
- Eye movement abnormalities
- Restricted upwards gaze
- Depression
- Anxiety
- Mood swings
- Walking difficulty
- Speech problems
- Clumsiness
- Trembling
- Fatigue
- Loss of appetite
- Abdominal swelling
- Psychiatric problems

Note that Wilson's Disease symptoms usually refers to various symptoms known to a patient, but the phrase Wilson's Disease signs may refer to those signs only noticable by a doctor.

More ways to research these symptoms: To research other symptoms use the symptom center, or to research causes of more than one symptom in combination, try our multi-symptom search.

Research More About Wilson's Disease

Do I have Wilson's Disease?

- Wilson's Disease: Introduction
- Wilson's Disease: Diagnostic Testing to confirm diagnosis
- Alternative diagnoses and misdiagnosis for Wilson's Disease
- How serious is it?
- Treatments for Wilson's Disease
- More about Wilson's Disease

Alternative Diagnoses List for Wilson's Disease

The list of other diseases or medical conditions that may be on the differential diagnosis list of alternative diagnoses for Wilson's Disease includes:

- Autoimmune Hepatitis
- Chronic Hepatitis C

[See the full list of 2 alternative diagnoses for Wilson's Disease]

Figure 5 : **Wilson's** disease: an update : Nature Clinical Practice ...
FIGURE 5 The typical '**face** of the **giant panda**' seen in the midbrain on T2-weighted MRI of the brain. From the following article:. **Wilson's** disease: an ...
www.nature.com/ncpneuro/journal/v2/n9/fig_tab/ncpneuro0291_F5.html - Similar pages

1 2 3 4 5 6 7 8 9 10 **Next**

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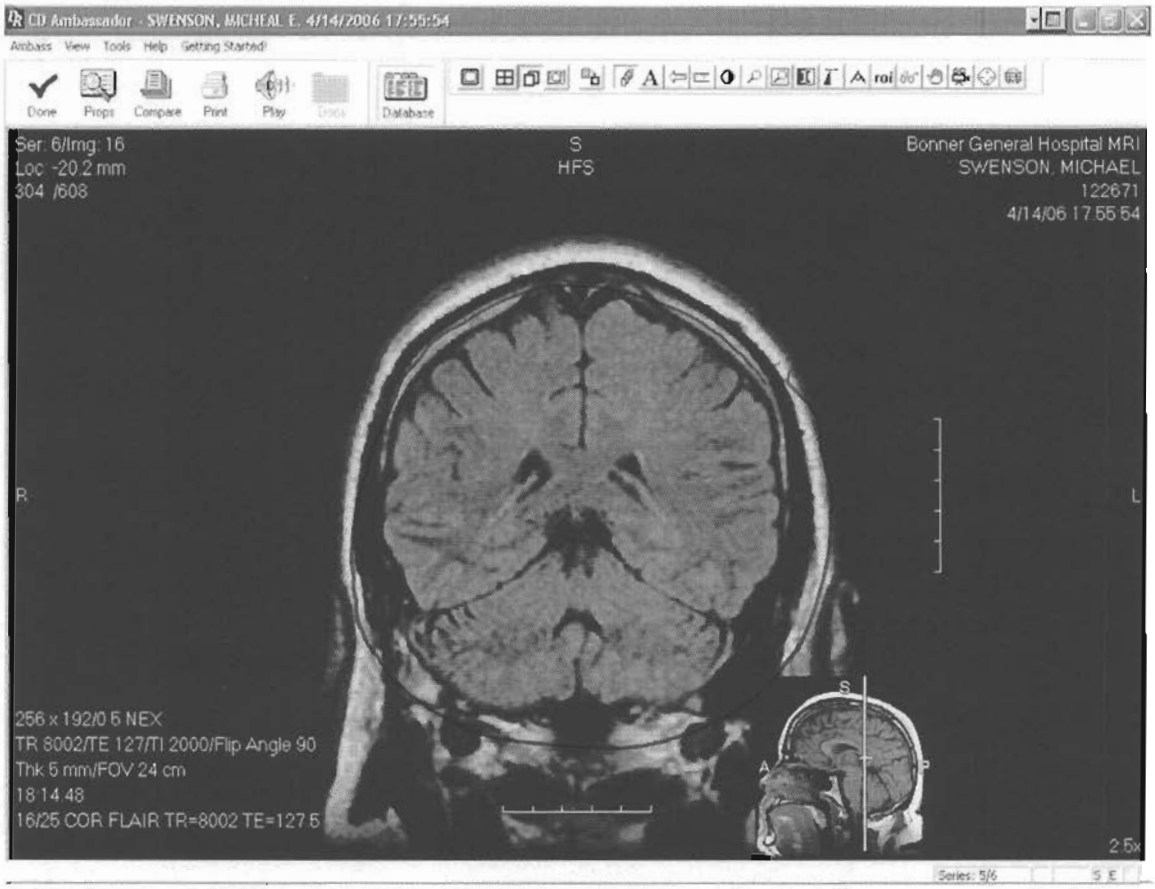
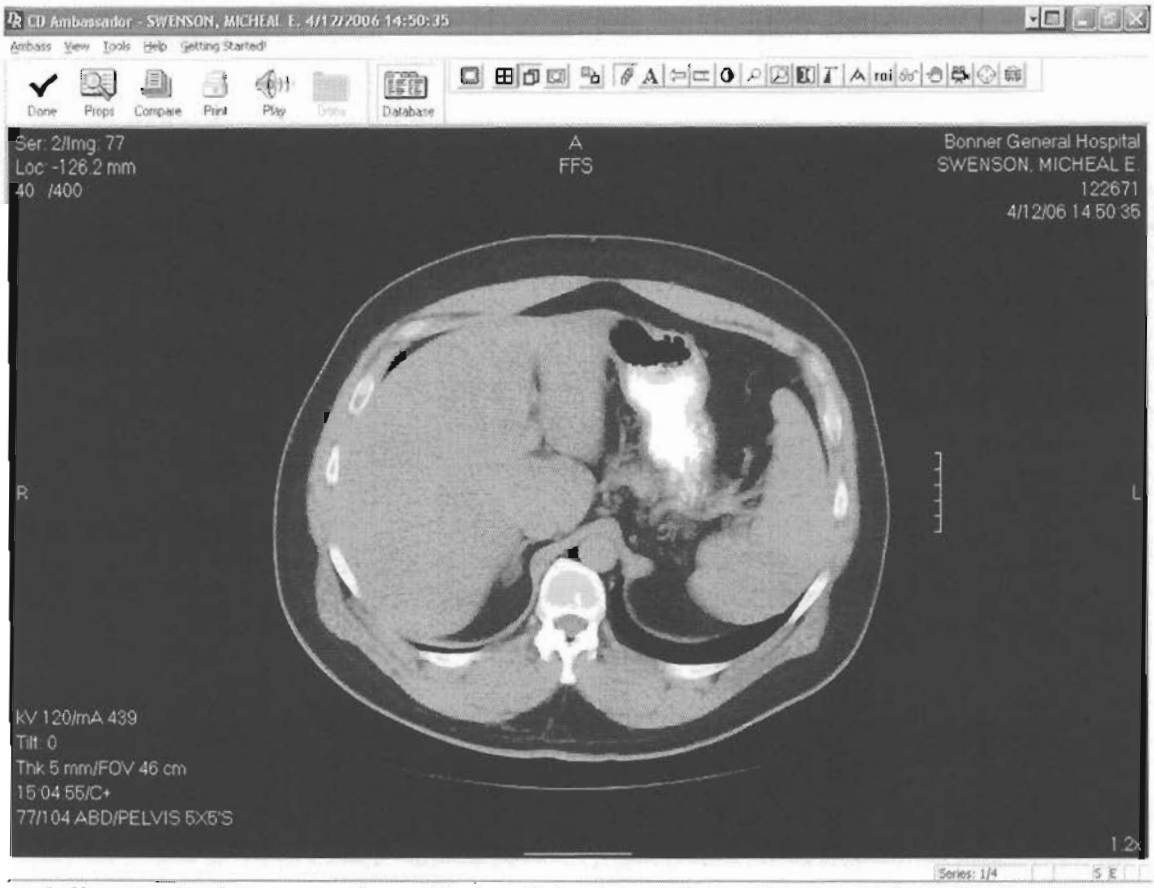
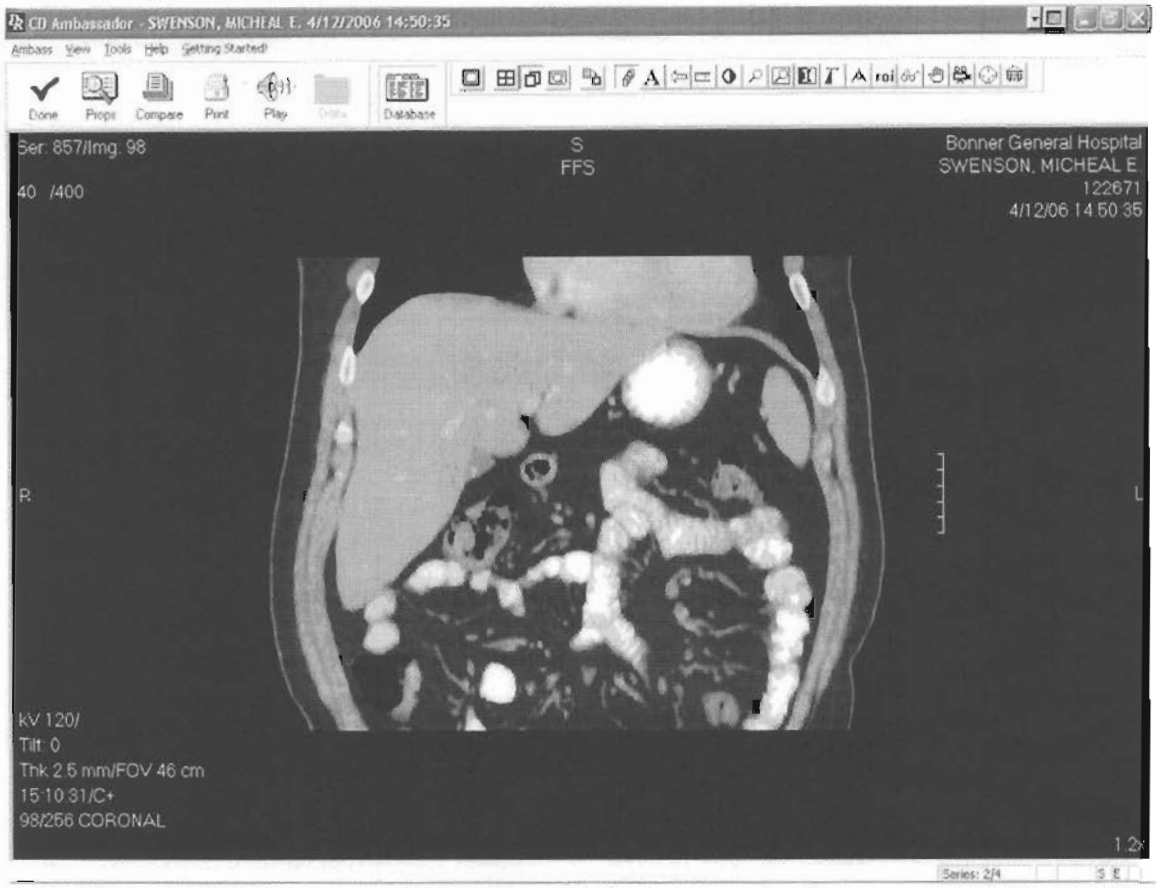
giant panda face wilson's Search



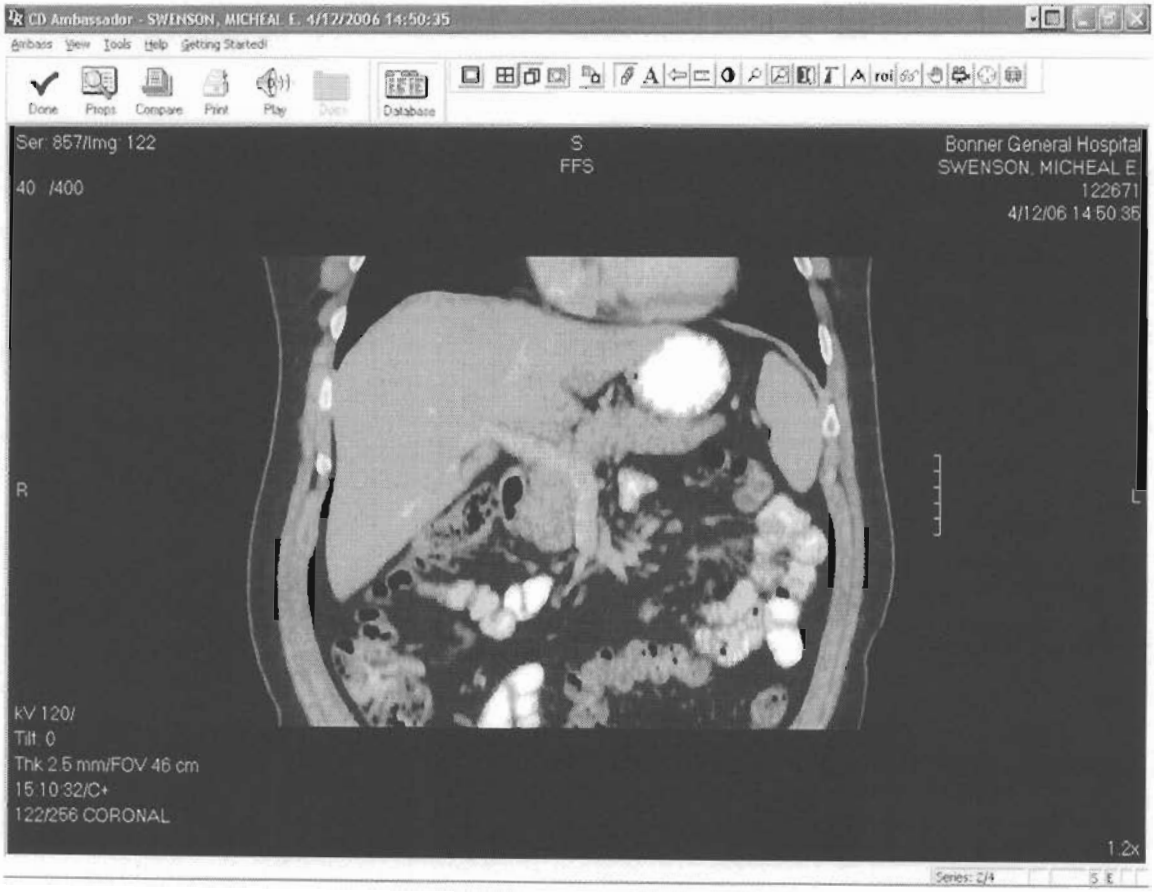
mid-brain "giant panda face" untreated wilson's disease (look at the grey matter inside the skull, I have found some look at the whole image, not just the brain; so they miss what appears to be a very obvious "text book" likeness. I only saw one example online and my xray has an even better likeness in my opinion (not that it portends well for me that the radiologist didn't note it)

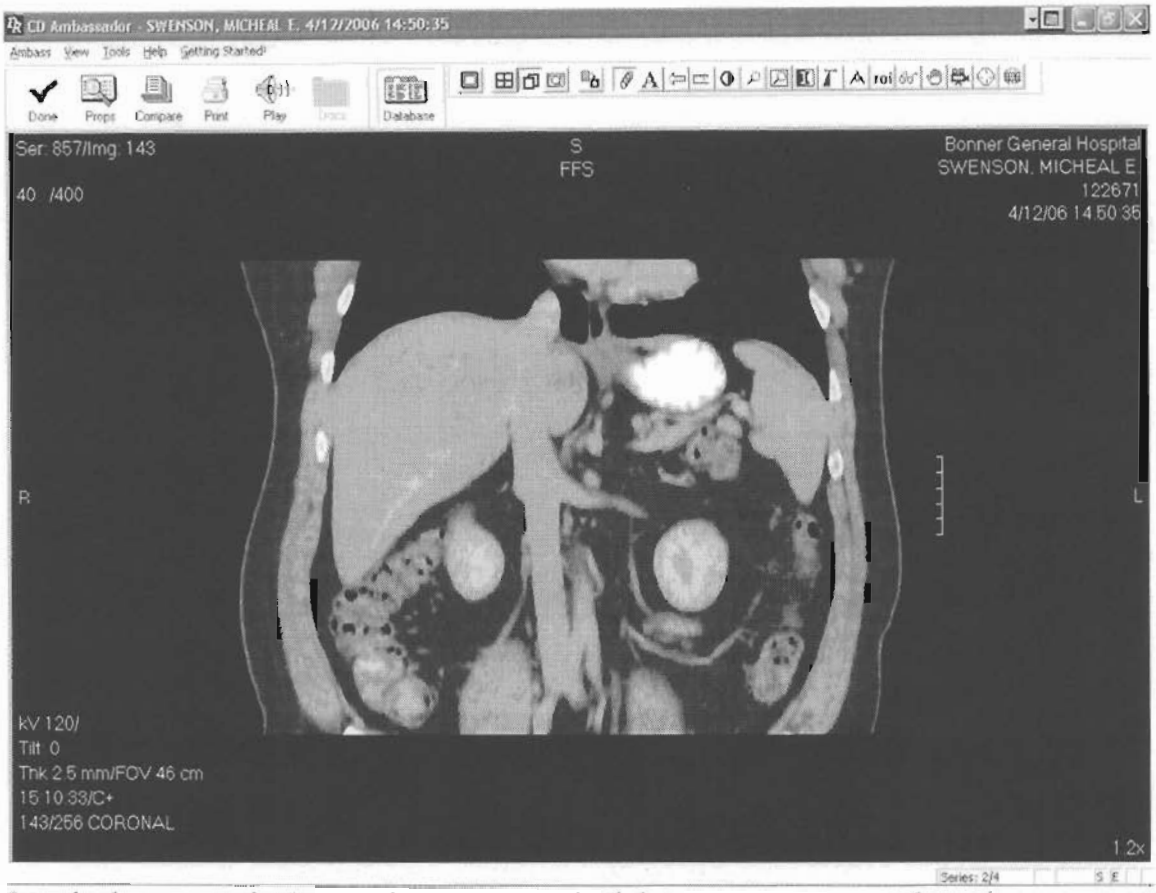


both liver and spleen are enlarged but radiologist made no note of it.

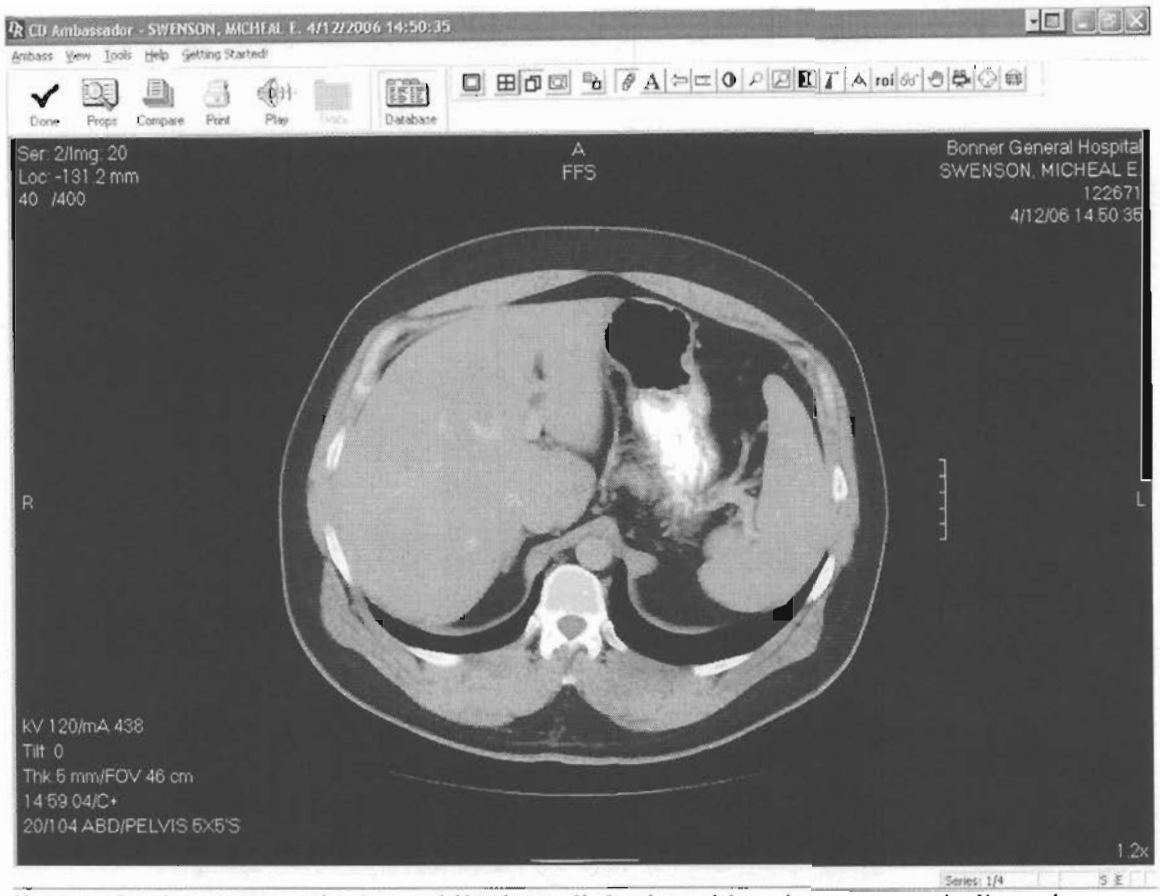


I did a dimensional measurement via the tools in the xray viewing program and calculated my weight against what is considered "normal" and "normal liver size according to the information I found on the Internet and that is how I determined even despite my size and weight my liver is enlarged (hepatomegaly).


CD Ambassador - SWENSON, MICHEAL E. 4/12/2006 14:50:35
Arbass View Tools Help Getting Started!
Done Props Compare Print Play Database
Ser: 857/Img: 122
40 /400
S
FFS
Bonner General Hospital
SWENSON, MICHEAL E
122671
4/12/06 14:50:35
R
L
kV 120/
Tilt 0
Thk 2.5 mm/FOV 46 cm
15:10:32/C+
122/256 CORONAL
1.2x

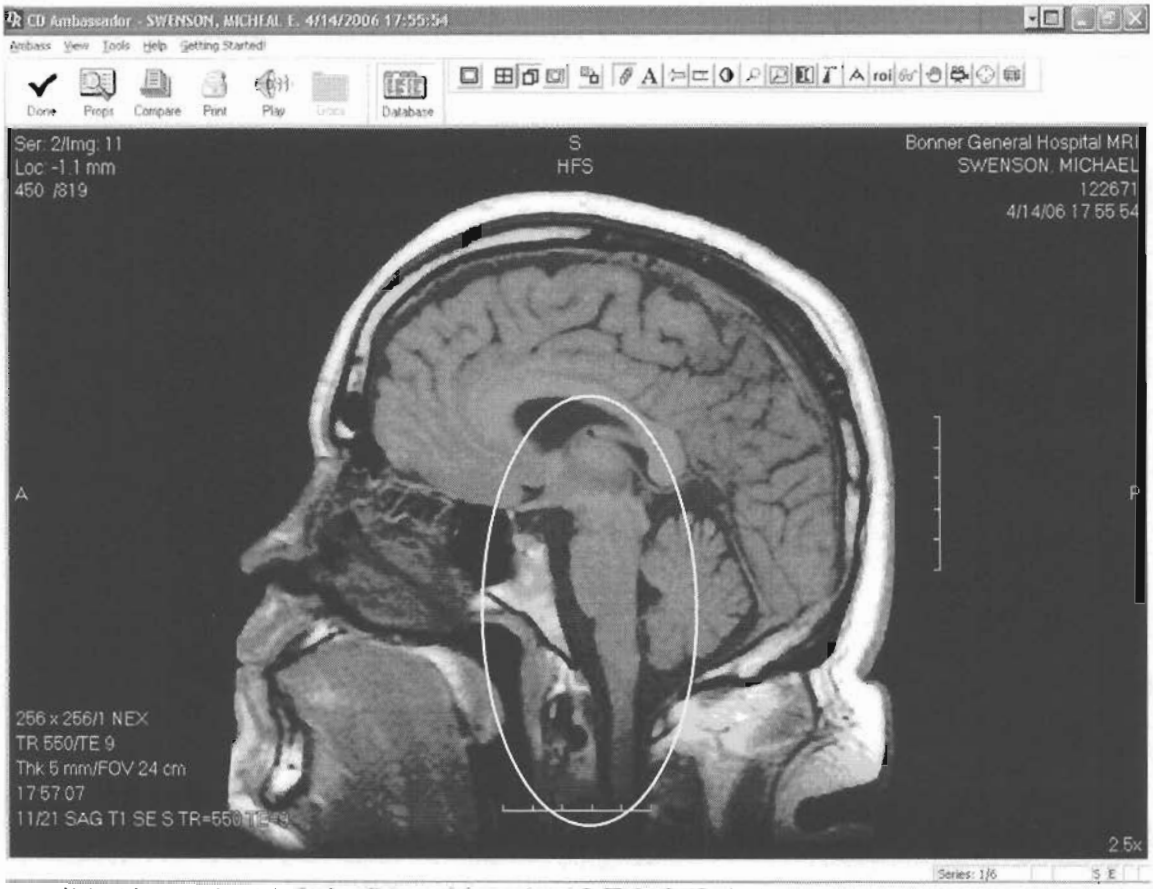


I made the same calculations for my spleen; both internal organs are enlarged (hepatomegaly and splenomegaly) indicative of Wilson's Disease, but unfortunately for me the radiologist made no note of it. And although I repeatedly asked for expert review and administrative review from the hospital and Dr. Burgstahler, it was never done. But when I went to the hospital, "staff change" occurred several times. The regular staff would be tagged and sent away while I was handled by those who are knowingly leaving me undiagnosed and dying in agony. The result has destroyed my credibility with those close to me and in the workplace and in my community, leaving me libeled, slandered and unable to return to gainful employment in my field should I actually miraculously become well enough to do so.

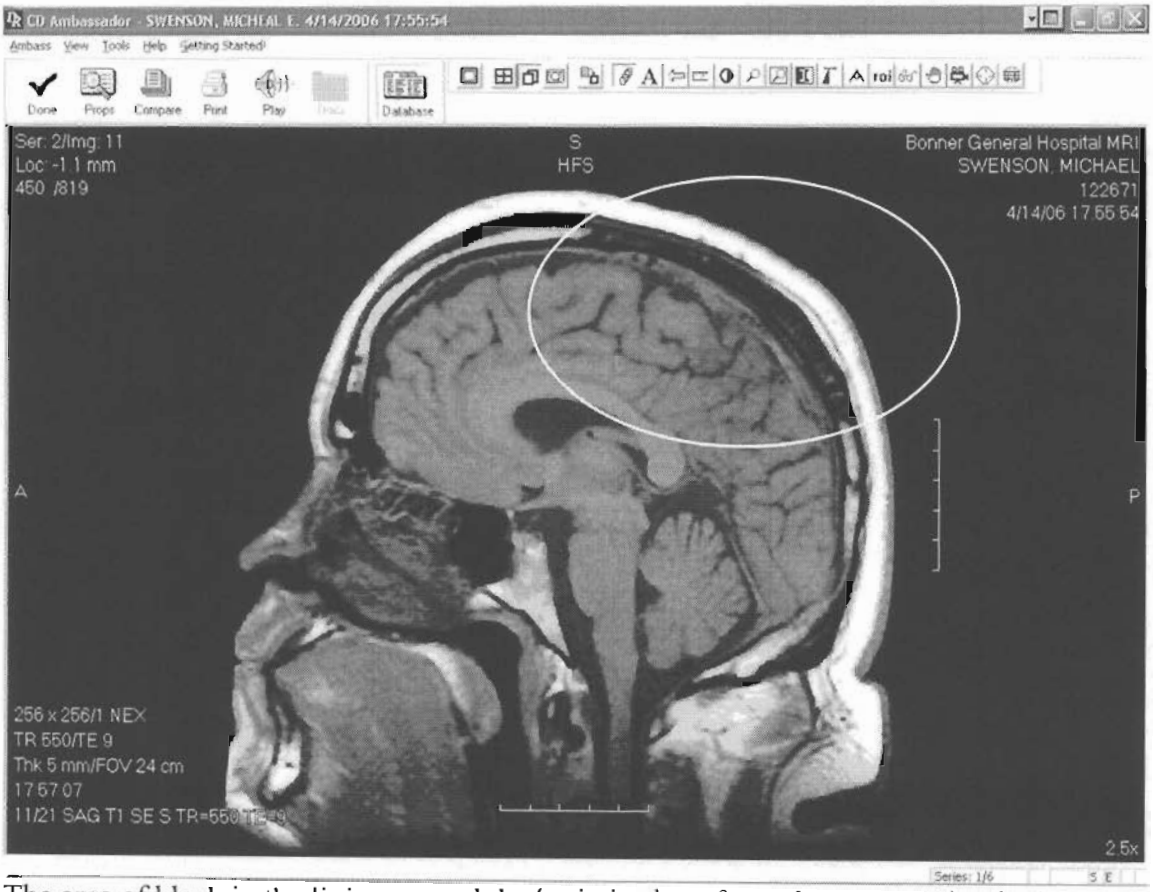


liver and spleen, respectively. While the radiologist said ascites was not indicated, not just bloating from gas but abdominal swelling and pressure whether I eat or not is also typical of undiagnosed and untreated Wilson's Disease, according to what I've read. The evidence I'm submitting, I'm sure would be blatantly obvious to an expert that at least the determining diagnostics should be done, but possessing every major observable symptom, and xray images and lab results (including blood smear morphology that was never reported as spherocytosis and Rouleaux formation indicating WD as well was never noted to date); should have been sufficient. I can show a jury and or the Court if we went to a lab or if I was allowed to bring in a microscope that my cells indicate I have spherocytosis (and so obviously a child could make the match of my blood with an online or text book image). Thus proving Burgstahler with intent libeled me and coerced false results from Dr. Laugan, again leaving me undiagnosed, untreated and dying and forsaken by friends and family as mentally ill, when this should be a time of understanding compassion and fighting to get well or at least lovingly spend our final days together. I can't even afford proper pain relief medication should I choose to take some. If I go now to a Wilson's Treatment facility (if they'd take me without insurance or means to compensate), I might be restrained due to the false assumption that I have associated psychiatric conditions, simply because no one else recognizes that I'm telling the truth. That since Wilson's disease has been recorded as early as 1912, it is either by intent or negligence on the part of our government to leave this much of the professional populace in such extreme ignorance when as far as I can tell this condition is far more common than any are telling us.

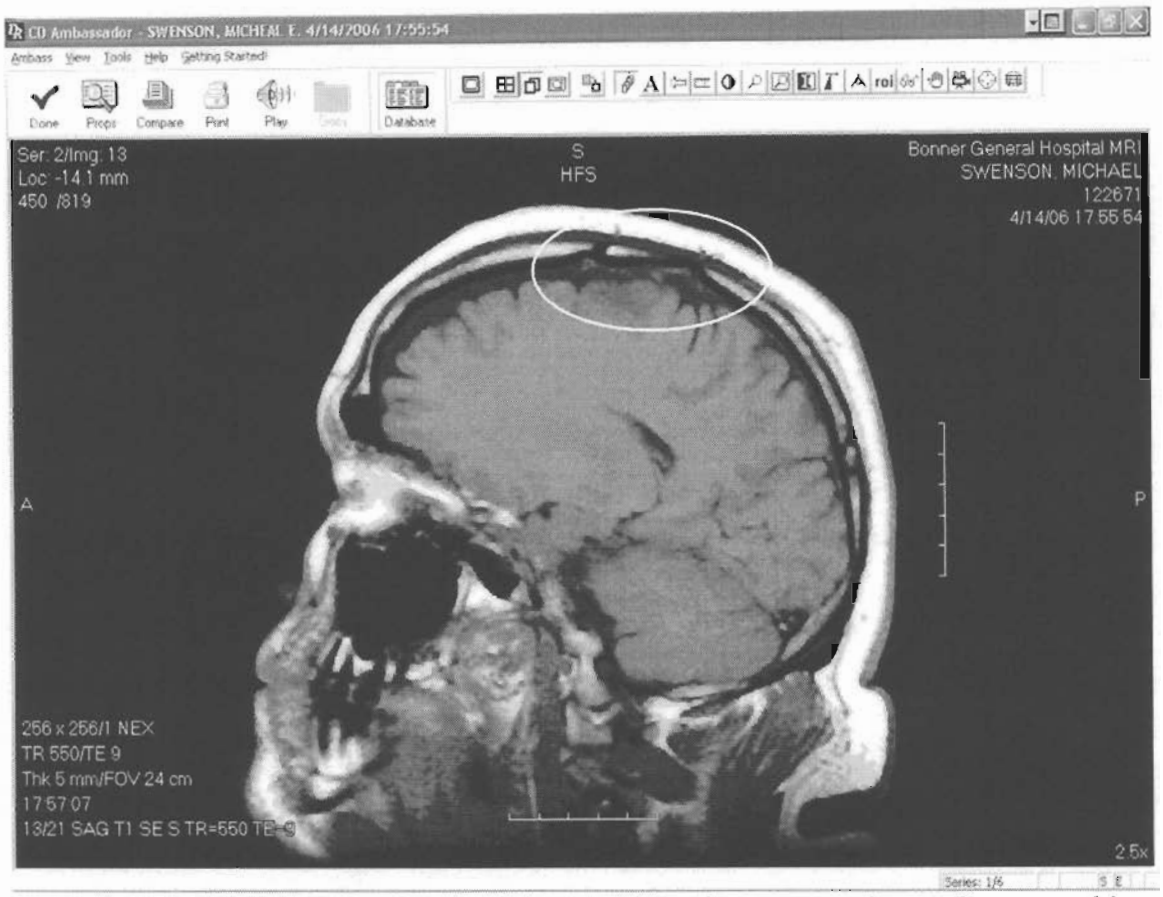
* in 1988 an honest lab tech informed me I had these conditions; hereditary hemochromatosis and she thought WD, but her findings have been deleted from my records (once again proving government involvement to cover-up this condition from public knowledge)



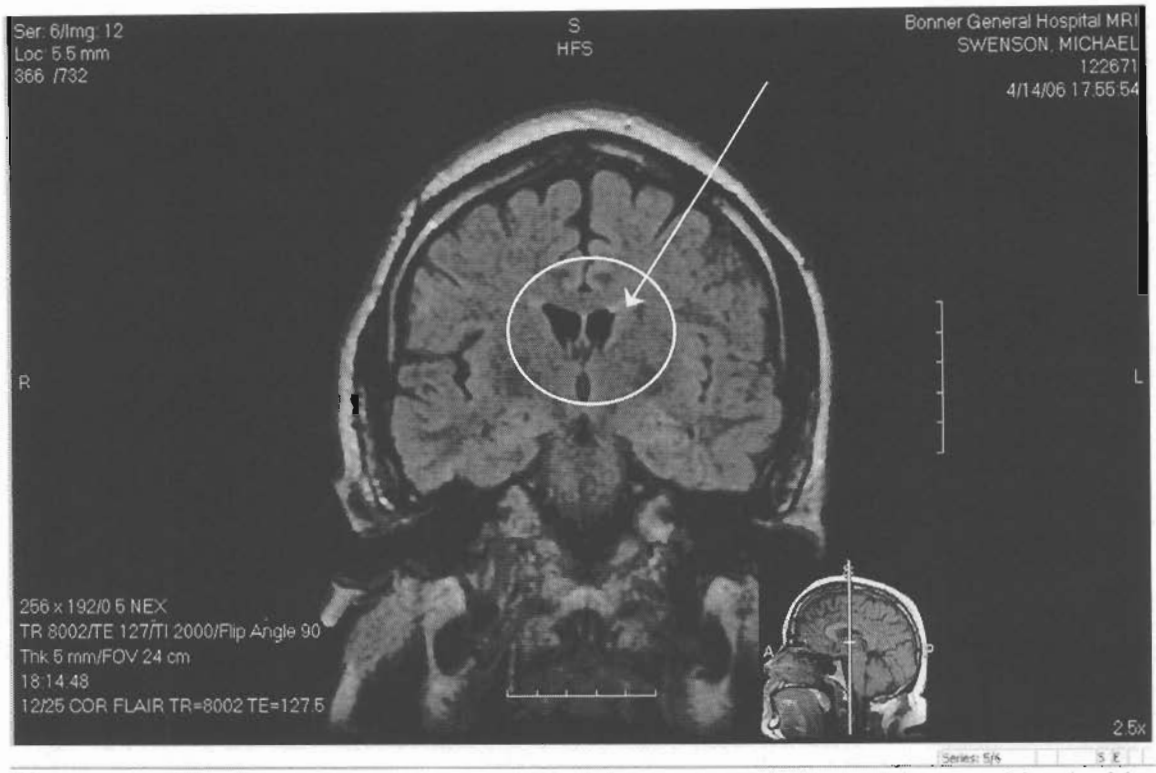
possibly "hummingbird sign" in mid-sagittal MRI circled also missed by local radiologist can point to the tremors and seizures I've been having but those are also explained by undiagnosed Wilson's Disease. I'm just pointing out that my images may not have been as thoroughly evaluated as they should have been and when I requested expert review many times, none was ever done.



The area of black in the lining around the brain is also of note but no mention in the report.



To me the discoloration of the cerebral tissue and that it appears to be swollen or pushing against the inner lining of the skull should've rendered some note. Just my images do not appear to be "normal" compared to the MRI's I've viewed online; but no expert review was granted and when I requested the radiologist sign his findings, the hospital said it wasn't policy and Dr.'s didn't sign their work. I responded then that they could've had an assistant do the work on their letterhead and with no one willing to take responsibility, how can the public be assured of honest, ethical and competent evaluations?!



The asymmetry of the region in question might be of no consequence but combined with the whitish matter, makes me want to at least have an explanation, but since I was repeatedly denied the requested review and with no one willing to take responsibility I am battling for my health and my life while I am in danger of losing all my estate with no means of getting disability or having to accept a complete defamation of character with the radical misdiagnosis; impairing my ability to get gainful employment and credibility for the rest of my natural life should I actually recover. In addition, the medications for the misdiagnosis could actually kill me as they carry a LETHAL warning to anyone with known liver/hepatic conditions (such as undiagnosed Wilson's Disease and the jaundice so easy to observe a child could see it in my eyes and at times my skin or when my face swells turning various shades of yellow, orange and/or red). With my loved ones and the community believing these physicians who have erred (and I believe as a direct result of our government not informing the public of this hereditary condition and how to recognize it or they could not possibly be lacking so much knowledge), I am literally in the battle for my life as they want me to take these dangerous medications that NO ONE should take and should NEVER have been approved (again showing government involvement and is resulting in DEATHS of many innocent souls in our mental institutions)! I am serious, just because the public doesn't look into these places doesn't mean that various forms of what was occurring in "One Flew Over the Cuckoo's Nest", still isn't occurring today! There needs to be a public eye and awareness of what is going on in America these days in the places we don't want to think about or look and it needs to happen right away before these places become full fledged death camps (as the practitioners who have conspired to silence me about the events in my complaint). Ignorance may be bliss for some but can be deadly if your loved ones or acquaintances think they are helping you, when in fact their "help" could be sentencing you to death!

Diagnosis

I believe closer to 1 in 10! - due to government cover-up!

Wilson's disease affects approximately 1 in 30,000 people worldwide. Some estimate that at least half of Wilson's disease patients are never diagnosed and die of untreated disease. It is important to diagnose Wilson's disease early, before severe damage occurs.

The liver is usually the first part of the body affected, with initial physical changes only visible through a microscope. These cases occur predominantly in children and may result in hepatitis. More than half of Wilson's disease patients also have neurological symptoms, such as tremors and difficulty walking, talking and swallowing. They may develop mental illness and they may be misdiagnosed as substance abusers. Women may have menstrual irregularities, absent periods, infertility or multiple miscarriages. No matter how the disease begins, it is always fatal if not diagnosed and treated.

because eyes are blood shot and no one is informed thanks to willful at worst negligence at best on the part of our government!

There is no single test for diagnosing Wilson's disease. A combination of symptoms and laboratory testing is used to make the diagnosis. Anyone with unexplained elevation of transaminases (an enzyme), chronic active hepatitis, or neuropsychiatric symptoms -- or who is found to have Kayser-Fleischer rings (rusty-brown colored ring in cornea) should be evaluated for Wilson's disease.

Symptoms

Symptoms of Wilson's disease can be broken down into the following categories:

Liver: Symptoms ranging from acute hepatitis to liver failure.
Neurological: Movement disorders, drooling, seizures, migraines, insomnia.
Psychiatric: Depression, neuroses, personality changes, psychosis.

All of these

none of these but others think so because they fail to acknowledge my medical condition!

Other symptoms may include:

- Kidney problems
- Skeletal problems
- Thyroid problems
- Heart, pancreas or gynecological problems
- Recurrent or unexplained fever
- Jaundice
- Shortness of breath
- Excessive tiredness
- Stiff limbs
- Difficulty swallowing
- Abdominal pain
- Bone pain
- Hemolytic anemia
- Gallstones
- Speech problems
- Abnormal movements
- Deterioration of handwriting

All

Diagnostic Tests

Testing for Wilson's disease should be performed in individuals with unexplained, abnormal liver tests. The following tests can help diagnose the disease in both symptomatic patients and people who show no signs of the disease.

- Opthamalogic slit lamp examination of Kayser-Fleisher rings (rusty-brown colored ring in cornea) for patients with neurologic manifestations
- Serum ceruloplasmin test
- Serum copper test
- 24 hour urine copper test
- Liver biopsies for histology and histochemistry and copper quantification.
- DNA testing for mutation analysis

Screening

If there is a risk for Wilson's disease, screening should be performed, although screening tests may not definitely diagnose the disease. Clinical findings and biochemical tests are necessary to establish the diagnosis.

Mayo Clinic offers clinical tests for Wilson's disease mutation screen and Wilson's disease known mutation screening. These tests are available through Mayo Medical Laboratories (opens in new window).

It is important to screen all members of a family once a case is diagnosed in the family. Children of a person with Wilson's disease have a 1 in 200 chance of having the disease. Siblings of a person with Wilson's disease have a one in four chance of carrying the same gene pattern.

Many patients may not possess the characteristic signs of the disease and may seek medical attention while their clinical disease is relatively mild. Molecular genetic testing using direct mutation analysis is very effective in identifying the abnormal gene in patients and family members, including those without definitive symptoms.

Researchers at Mayo Clinic Rochester are investigating the effectiveness and feasibility of screening for Wilson's disease in children without any symptoms or history of the disease. Read more under Research.

Image Hemochromatosis (Iron overload) Last updated: May 09, 2007 Image

THE ANALYST™

Home | FAQ | Start The Analyst

Hemochromatosis (Iron overload)

Signs, symptoms and indicators | Conditions that suggest it | Contributing risk factors | Recommendations

Dear John,

This is just one of many articles I've read studying this topic and Wilson's Disease. I apologize for sharing my own troubles with you during such a difficult time for yourself. I do pray in the Holy Name of our LORD JESUS CHRIST (YAHOSHUAH) that HE will bless you, keep you & your loved ones and even though it may seem no one cares about your own struggles, that He may yet send you comforters and genuine help. I am going to continue to pray that He will revive my soul & my health so that I may return to work and share the Faith as soon as possible.

Michael

understatement → the VAST majority are undiagnosed and uninformed!

Hereditary Hemochromatosis (HHC) is one of the most common genetic disorders in the United States, affecting approximately 1.5 million persons. HHC is characterized by increased iron absorption in the gastrointestinal tract that may cause lifelong excessive iron absorption and accumulation and serious health effects including arthritis, cirrhosis, diabetes, impotence, myocardial infarction, and death. Deposition of iron within tissues causes inflammation and subsequent fibrosis and destruction of major organs leading to organ failure and chronic disease. HHC often goes undetected and untreated until symptoms of permanent organ damage become apparent.

HHC was first recognized more than a century ago as an iron overload condition presenting as a clinical triad - type 2 diabetes mellitus, skin bronzing, and cirrhosis of the liver. Several causes for iron overload exist, the primary ones being genetically based. Secondary iron overload may be the result of excessive transfusion therapy, poorly responding anemia being treated with iron supplementation, or chronic liver disease due to alcohol abuse.

Persons with normal hemoglobin levels and iron stores absorb just enough iron to meet their daily needs and balance losses (1mg per day). No internal mechanism exists for excreting excess iron absorbed from the diet. The amount of iron absorbed is influenced by the amount of iron stored in the body, the rate and effectiveness of red blood cell creation, the amount and form of iron in the diet, and the presence of iron absorption enhancers and inhibitors in the diet. However, patients with HHC continue to absorb high amounts of dietary iron even when their bodies have enough or too much iron.

HHC patients can chronically absorb a small excess of iron each day, resulting in iron stores 10 times the normal amount by the time they are middle-aged. The body is unable to adequately chelate and store this amount of iron. Therefore, unbound iron accumulates and generates free radicals, leading to cellular injury of the liver and other organs.

Ethnic Factors

HHC is commonly underdiagnosed in white patients. In other ethnic groups, such as African Americans and Hispanics, it may not even be considered despite the presentation of signs and symptoms strongly suggestive of iron overload. The prevalence of iron overload among Hispanic persons is estimated to be as high as 5 in 1000 persons.

HHC, an autosomal recessive disorder previously considered to be rare, is now known to be the most prevalent genetic disease in individuals of northern European descent. The hemochromatosis gene is responsible for most cases of HHC. The prevalence of the homozygous genotype is estimated to be 1 in 250 persons; the prevalence of the heterozygous genotype is approximately 1 in 8 persons.

Evidence suggests that primary iron overload may be common in African Americans.

if HH may be common + is now known to be linked to WD it follows WD could be common; NOT rare!

1 in 10 that were tested! FAR more common than believe + causing MANY to suffer without knowing why! (thanks to our government + greed in keeping the populace in ignorance!

Hepatic iron excess was observed in 1.5% of African Americans during a recent autopsy series and in 10.4% of African Americans who underwent liver biopsy during medical care delivery. In a large nutrition survey among the general African American population aged 3 to 45 years, hyperferritinemia consistent with iron overload was more common among African Americans than whites.

Signs and symptoms

The first symptoms associated with iron overload are often nonspecific and the disorder may not be considered in the differential diagnosis. Consequently, the underlying cause may not be recognized and treated and organ damage may continue. At least 50% of men and 25% of women with both genes for HHC are likely to develop potentially life-threatening disease complications, especially in countries where there is high dietary intake of iron.

The clinical manifestations of HHC usually do not appear until a person is aged 40 to 60 years, when sufficient iron has accumulated to cause organ damage. Some persons have clinical manifestations by 20 years of age, but others with both genes for the disease may never have clinical signs. An estimated 67% to 94% of men and 41% of women with HHC show signs and symptoms of the disease after 40 years of age.

The use of supplementary iron and vitamin C (which increases iron absorption) may lead to earlier laboratory abnormalities and iron deposition. Conversely, blood donation, physiologic blood loss (through menstruation and pregnancy), and pathologic blood loss (for example, through peptic ulceration or inflammatory bowel disease) may decrease the amount of iron stored in the liver. However, the belief that premenopausal women cannot develop symptomatic or even life-threatening HHC is a misconception.

Many get diagnosed with other serious diseases because their genetic condition was never told to them!

Type 2 diabetes mellitus develops in about 65% of patients and is more commonly a complication in patients with a positive family history for diabetes. Hypogonadism is common in both sexes and can lead to loss of libido, impotence, amenorrhea, testicular atrophy, and loss of body hair.

Arthropathy is present in up to 50% of symptomatic patients. Occasionally, acute episodes of an inflammatory arthritis occur; some of these episodes are caused by deposits of calcium.

Diagnosis

Liver biopsy continues to be the gold standard for diagnosis and staging of HHC because it can detect the level of iron overload and identify hepatic fibrosis and cirrhosis. Many specialists prefer liver biopsy to quantitative phlebotomy, particularly when clinical or laboratory evidence of hepatic involvement is present. In patients younger than 40 years who have an serum ferritin concentration of less than 750 ng/mL and normal liver enzyme levels, phlebotomy therapy can be started without a liver biopsy. In all other cases, biopsy remains essential for diagnosis and optimal

management.

Diagnosis of HHC is commonly delayed until clinical manifestations have appeared and irreparable organ damage has occurred. Therefore, basic and continuing medical education about the disease is urgently needed. Simple screening tests, such as serum transferrin saturation and ferritin concentrations, can be helpful in discovering asymptomatic patients with iron overload.

Prognosis

The causes of death in untreated patients include cardiac failure (30%), liver failure or portal hypertension (25%), and hepatocellular carcinoma (30%). The degree of iron overload at the time of diagnosis, as well as organ dysfunction, have prognostic implications. The 5-year survival rate increases with treatment from 33% to 89%. However, discovering HHC prior to the onset of tissue or organ damage is very important. When HHC is found early and properly managed, long-term prognosis, including life expectancy, should not differ from that of persons without the disorder.

Performing iron studies on routine screening chemistry panels has become more commonplace as demonstrated by a study of 40 patients with newly diagnosed HHC prospectively referred to a tertiary university-based hepatology clinic. Clinical information, serum and liver iron studies, liver histology, and phlebotomy requirements were evaluated to see what features were most helpful in making the diagnosis.

The study documented that 83% of patients came to the attention of the medical staff as a result of routine blood screening. Of these patients, 73% were asymptomatic and 78% had normal physical examinations. Only 3 patients had cirrhosis from HHC alone, 2 patients were diabetic, and 2 patients had increased skin pigmentation. With the use of iron screening studies on routine serum chemistry panels, patients with HHC can be identified and subsequently treated before symptoms or organ damage occurs.

Signs, symptoms & indicators of Hemochromatosis (Iron overload):

Lab Values - Cells Image **(Very) low sperm count**

Symptoms - Gas-Int - General Image **(Severe) abdominal discomfort**

Symptoms - General Image **Major fatigue for over 12/major fatigue for over 3/ minor fatigue for over 3 months**
Image **Constant fatigue**
Image **Fatigue on light exertion**

Symptoms - Hair Image **Light/minimal body hair**

Symptoms - Liver / Gall Bladder Image **(Severe) pain under right side of ribs**

Symptoms - Mind - Emotional Image **Irritability**

Symptoms - Skeletal Image **Joint pain/swelling/stiffness**

Symptoms - Skin - General Image **Darker/redder skin color**
Image Image Excessive skin pigmentation (bronzing) is present in more than 90% of symptomatic patients at the time of diagnosis. Deposition of iron within the skin causes inflammation and enhances melanin production by melanocytes. Patients usually notice a generalized increased pigmentation and occasionally notice that they tan very easily. This is due to ultraviolet light exposure and iron acting synergistically to induce skin pigmentation. Fair-skinned persons, who usually tan poorly, may never develop hyperpigmentation despite large iron burdens. Ethnically dark-complexioned patients (for example, people of Mediterranean descent) can develop a striking almond-colored hue. With particularly heavy iron overload, visible iron deposits sometimes appear in the skin as a grayish discoloration.

Conditions that suggest Hemochromatosis (Iron overload):

Circulation Image **Increased Risk of Stroke**
Image Image According to a study published in Neurology, high iron levels in stroke patients may prompt more severe neurological symptoms and possibly increase

brain damage. Elevations of iron may intensify post-stroke neurological problems such as increased weakness, speech and orientation difficulties, and decreased levels of consciousness. Stroke patients with high ferritin concentrations may also have larger areas of the brain damaged due to stroke. High body iron stores may increase free radical production in brain cells, thus prompting stroke progression.

Image **Congestive Heart Failure**

Imag Image Congestive heart failure occurs in about 7% of symptomatic patients with hemochromatosis. If untreated, patients may develop an acute onset of severe congestive heart failure with rapid progression to death.

Image **Arrhythmias/Dysrhythmias**

Imag Image Cardiac arrhythmia occurs in about 7% of symptomatic hemochromatosis patients.

Hormones

Image **Hypogonadism, Male**

Imag Image The disease may lead to the development of testicular atrophy, and occurs 5 times more frequently in men than women. Aside from diabetes mellitus, testicular atrophy is probably the most common endocrine manifestation of the disease; this is secondary to iron deposition in and dysfunction of the pituitary.

noted in my medical records

Mental

Image **Depression**

Musculo-Skeletal

Image **Gout / Hyperuricemia**

Organ Health

Image **Pancreatitis**

Imag Image Chronic pancreatitis is usually caused by many years of alcohol abuse, but can also be caused by excess iron in the blood.

Image **Cirrhosis of the Liver**

Imag Image Cirrhosis is the most common severe consequence of hemochromatosis.

Image **Diabetes Type II / Risk**

Imag Image Iron deposits in the pancreas decrease insulin production which can lead to insulin dependent diabetes mellitus. Hemochromatosis is also called *bronze diabetes* because those sufferers with diabetes can express a bronze-colored tint to their

resulting in huge profits & massive sales of all kinds of organ failure, diseases & terminal conditions when it diagnosed early on people could avoid for a longer period of time the genetic condition!

skin.

Patients with hemochromatosis can also be diagnosed with liver disease, diabetes, heart disease and arthritis without the physician realizing that these diseases are the result of iron-overload. Thus, the hemochromatosis might itself go undiagnosed and untreated.

Risks

Image **Increased Risk of Liver Cancer**

Image Image Once a person's liver iron concentration reaches 400 mmol/gm (dry weight), cirrhosis is common and the risk of liver cancer and death is increased.

Image **Increased Risk of Coronary Disease / Heart Attack**

Image Image Male carriers of the common hemochromatosis gene mutation are at 2-fold risk of a first heart attack compared with noncarriers. Some 10% to 20% of the population carry at least one gene for hemochromatosis. Full-blown hemochromatosis affects about 0.5% and gene carriers usually do not know that they are at increased risk. They have almost no increase in iron stores over those without the mutation [*Circulation: Journal of the American Heart Association September 21, 1999;100*].

10-20% are carriers; if they start mixing with other carriers the population that has trait could increase exponentially but I've never heard such an important announcement from our government to it's citizenry!

Giving blood is the best way to lower iron stores, but a more recent study found no protective effect against heart attack among men who donated blood regularly. [*Circulation January 2, 2001*]

Uro-Genital

Image **Amenorrhea**

Risk factors for Hemochromatosis (Iron overload):

Recommendations for Hemochromatosis (Iron overload):

Mineral

Image **Manganese**

Image Image Manganese can protect against the free radical damage from excess iron. [*Free Radical Biology and Medicine, 1992; 13: pp.115-20*]

Nutrient

Image **IP6 - Inositol Hexaphosphate**

Image Image Supplemental IP6 may slow down the amount of iron being absorbed from the digestive tract, but only specially formulated drugs or blood loss can remove iron from the body.

Surgery/Invasive

Image **Bloodletting / Phlebotomy**

Image Image Once a diagnosis of HHC is confirmed, the excess iron should be removed and family members should be screened for the disorder. Iron overload is treated with successive phlebotomies in patients with or without clinical manifestations. The total amount of blood that must be removed to produce iron deficiency provides an estimate of total body iron load.

KEY

Image Image Weak or unproven link
Image Image Strong or generally accepted link
Image Image Proven definite or direct link
Image Image Strongly counter-indicative
Image Image Very strongly or absolutely counter-indicative
Image Image May do some good
Image Image Highly recommended

The best way to get something done is to begin. - Anonymous
Man who stand on hill with mouth open will wait long time for roast duck to drop in. - Confucius

Addictions

Image **Alcohol-related Problems**

Imag Image Use of alcohol and other hepatotoxic drugs lowers the ability of the liver to safely store iron and may accelerate the development of the liver changes seen with hemochromatosis.

Lab Values - Chemistries

Image **High serum iron**

Image **Elevated ferritin levels**

Image **(Very) low TIBC**

Imag Image While low TIBC is commonly explained by the presence of hemochromatosis, it can also be caused by hypoproteinemia from malnutrition, anemia with infection and chronic disease, and nephrosis.

Cornell actually prescribed iron supplementation for me, due to the anemic findings. I made the mistake of taking one iron supplement and my whole body turned red and started a burning sensation throughout my system. IGNORANCE can be life-threatening!

Image **Elevated liver enzymes**

Imag Image A common early sign of progressive iron overload is symptom-free elevation of liver enzymes, which can be accompanied by recurrent right-sided abdominal pain and liver enlargement. Liver disease, which is present in as many as 95% of patients with iron overload, is the most common complication.

Counter-indicators:

Image **Normal/elevated TIBC**

Imag Image While low TIBC is commonly explained by the presence of hemochromatosis, it can also be caused by hypoproteinemia from malnutrition, anemia with infection and chronic disease, and nephrosis.

Image **(Very) low serum iron or normal serum iron**

Medications

Image **Birth Control Pill / Contraceptive Issues**

Imag Image Premenopausal women using oral contraceptives may have a decreased need for supplemental iron, as the use of OCs can increase iron stores. Iron testing may be appropriate in long term users.

Organ Health

Image **Hepatitis**

Imag Image There have been reports that people with Hepatitis C have an increased risk of elevated iron levels. As such, it would be wise to run a serum ferritin test on anyone with Hepatitis C.

Symptoms - Skeletal Image **History of gout**

GLOSSARY

Acute: An illness or symptom of sudden onset, which generally has a short duration.

Anemia: A condition resulting from an unusually low number of red blood cells or too little hemoglobin in the red blood cells. The most common type is iron-deficiency anemia in which the red blood cells are reduced in size and number, and hemoglobin levels are low. Clinical symptoms include shortness of breath, lethargy and heart palpitations.

Arrhythmia: A condition caused by variation in the regular rhythm of the heartbeat. Arrhythmias may cause serious conditions such as shock and congestive heart failure, or even death.

Arthritis: Inflammation of a joint, usually accompanied by pain, swelling, and stiffness, and resulting from infection, trauma, degenerative changes, metabolic disturbances, or other causes. It occurs in various forms, such as bacterial arthritis, osteoarthritis, or rheumatoid arthritis. Osteoarthritis, the most common form, is characterized by a gradual loss of cartilage and often an overgrowth of bone at the joints.

Asymptomatic: Not showing symptoms.

Biopsy: Excision of tissue from a living being for diagnosis.

Calcium: The body's most abundant mineral. Its primary function is to help build and maintain bones and teeth. Calcium is also important to heart health, nerves, muscles and skin. Calcium helps control blood acid-alkaline balance, plays a role in cell division, muscle growth and iron utilization, activates certain enzymes, and helps transport nutrients through cell membranes. Calcium also forms a cellular cement called ground substance that helps hold cells and tissues together.

Cancer: Refers to the various types of malignant neoplasms that contain cells growing out of control and invading adjacent tissues, which may metastasize to distant tissues.

Carcinoma: Malignant growth of epithelial cells tending to infiltrate the surrounding tissue and giving rise to metastasis.

Cardiac: Pertaining to the heart, also, pertaining to the stomach area adjacent to the esophagus.

Chronic: Usually Chronic illness: Illness extending over a long period of time.

Cirrhosis: A long-term disease in which the liver becomes covered with fiber-like tissue. This causes the liver tissue to break down and become filled with fat. All functions of the liver then decrease, including the production of glucose, processing drugs and alcohol, and vitamin absorption. Stomach and bowel function, and the making of hormones are also affected.

Congestive: Pertaining to accumulation of blood or fluid within a vessel or organ.

Diabetes Mellitus: A disease with increased blood glucose levels due to lack or ineffectiveness of insulin. Diabetes is found in two forms; insulin-dependent diabetes (juvenile-onset) and non-insulin-dependent (adult-onset). Symptoms include increased thirst; increased urination; weight loss in spite of increased appetite; fatigue; nausea; vomiting; frequent infections including bladder, vaginal, and skin; blurred vision; impotence in men; bad breath; cessation of menses; diminished skin fullness. Other symptoms include bleeding gums; ear noise/buzzing; diarrhea; depression; confusion.

Enzymes: Specific protein catalysts produced by the cells that are crucial in chemical reactions and in building up or synthesizing most compounds in the body. Each enzyme performs a specific function without itself being consumed. For example, the digestive enzyme amylase acts on carbohydrates in foods to break them down.

Free Radical: A free radical is an atom or group of atoms that has at least one unpaired electron. Because another element can easily pick up this free electron and cause a chemical reaction, these free radicals can effect dramatic and destructive changes in the body. Free radicals are activated in heated and rancid oils and by radiation in the atmosphere, among other

things.

Gastrointestinal: Pertaining to the stomach, small and large intestines, colon, rectum, liver, pancreas, and gallbladder.

Gram: (gm): A metric unit of weight, there being approximately 28 grams in one ounce.

Hemochromatosis: A rare disease in which iron deposits build up throughout the body. Enlarged liver, skin discoloration, diabetes mellitus, and heart failure may occur.

Hemoglobin: The oxygen-carrying protein of the blood found in red blood cells.

Hepatitis C: Caused by an RNA flavivirus. Transmission is predominantly through broken skin on contact with infected blood or blood products, especially through needle sharing. Sexual transmission is relatively rare. Symptoms are almost always present, and very similar to those for Hepatitis B: initially flu-like, with malaise, fatigue, muscle pain and chest pain on the right side. This is followed by jaundice (slight skin yellowing), anorexia, nausea, fatigue, pale stools, dark urine and tender liver enlargement, but usually no fever.

Hepatotoxic: Being toxic or destructive to the liver.

Hypertension: High blood pressure. Hypertension increases the risk of heart attack, stroke, and kidney failure because it adds to the workload of the heart, causing it to enlarge and, over time, to weaken; in addition, it may damage the walls of the arteries.

Insulin: A hormone secreted by the pancreas in response to elevated blood glucose levels. Insulin stimulates the liver, muscles, and fat cells to remove glucose from the blood for use or storage.

Iron: An essential mineral. Prevents anemia: as a constituent of hemoglobin, transports oxygen throughout the body. Virtually all of the oxygen used by cells in the life process are brought to the cells by the hemoglobin of red blood cells. Iron is a small but most vital, component of the hemoglobin in 20,000 billion red blood cells, of which 115 million are formed every minute. Heme iron (from meat) is absorbed 10 times more readily than the ferrous or ferric form.

Melanin: A dark pigment produced in the skin. Dark-skinned individuals produce more melanin, and melanin production increases in response to sunlight, causing the skin to become darker.

Milligram: (mg): 1/1,000 of a gram by weight.

ng: Nanogram: 0.000000001 or a billionth of a gram.

Pancreatitis: Inflammation of the pancreas. Symptoms begin as those of acute pancreatitis: a gradual or sudden severe pain in the center part of the upper abdomen goes through to the back, perhaps becoming worse when eating and building to a persistent pain; nausea and vomiting; fever; jaundice (yellowing of the skin); shock; weight loss; symptoms of diabetes mellitus. Chronic pancreatitis occurs when the symptoms of acute pancreatitis continue to recur.

Pituitary: The pituitary gland is small and bean-shaped, located below the brain in the skull base very near the hypothalamus. Weighing less than one gram, the pituitary gland is often called the "master gland" since it controls the secretion of hormones by other endocrine glands.

Premenopause: The period when women of childbearing age experience relatively normal reproductive function (including regular periods).

Red Blood Cell: Any of the hemoglobin-containing cells that carry oxygen to the tissues and are responsible for the red color of blood.

Serum: The cell-free fluid of the bloodstream. It appears in a test tube after the blood clots and is often used in expressions relating to the levels of certain compounds in the blood stream.

Stroke: A sudden loss of brain function caused by a blockage or rupture of a blood vessel that supplies the brain, characterized by loss of muscular control, complete or partial loss of sensation or consciousness, dizziness, slurred speech,

or other symptoms that vary with the extent and severity of the damage to the brain. The most common manifestation is some degree of paralysis, but small strokes may occur without symptoms. Usually caused by arteriosclerosis, it often results in brain damage.

Ulcer: Lesion on the skin or mucous membrane.

Vitamin C: Also known as ascorbic acid, Vitamin C is a water-soluble antioxidant vitamin essential to the body's health. When bound to other nutrients, for example calcium, it would be referred to as "calcium ascorbate". As an antioxidant, it inhibits the formation of nitrosamines (a suspected carcinogen). Vitamin C is important for maintenance of bones, teeth, collagen and blood vessels (capillaries), enhances iron absorption and red blood cell formation, helps in the utilization of carbohydrates and synthesis of fats and proteins, aids in fighting bacterial infections, and interacts with other nutrients. It is present in citrus fruits, tomatoes, berries, potatoes and fresh, green leafy vegetables.

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proof of harsel to cancel policy and proof writing may have deteriorated is another indicator of Wilson's Disease

APRIL 13, 2007

After many months of trying to get policy canceled they sent me this letter.

MICHEAL E SWENSON
PO BOX 129
DOVER, ID 83825

Policy Number: EE9803504
Insured: MICHEAL E SWENSON

Dear Policyowner:

We are writing in response to your recent request regarding the above referenced policy number.

Part of our procedure for processing a policyholders request is to compare signatures from the policy application and any previous correspondence. This is done to protect your right as a policyholder.

Unfortunately, we are unable to process your request due to the following:

- ☒ Signature does not appear to match the previous signature on file
- ☐ Signature is not on file

Please complete the enclosed service form and have your signature notarized to include the notary public stamp or seal.

If you need assistance, please feel free to contact our Policyowner Services Department at the address or toll-free number listed below.

Sincerely,

Policyowner Services Department
Manhattan National Life Insurance Company®

Enclosure

GREAT AMERICAN LIFE INSURANCE COMPANY – 1-888-863-5891
MANHATTAN NATIONAL LIFE – 1-800-377-5672
LOYAL SPECIALTY – 1-888-863-5891
525 VINE ST • CINCINNATI, OH 45202
P.O. BOX 5416 • CINCINNATI, OH 45201-5416
FAX: (800) 859-0021 • E-MAIL: POS@GAFRI.COM

GREAT AMERICAN.
FINANCIAL RESOURCES

Policy Number: EE9803504
Insured: MICHEAL E SWENSON
Owner: MICHEAL E SWENSON

REQUEST FOR SURRENDER

I herewith surrender the above policy to the Company for cancellation of all insurance there under and hereby release and forever discharge the Company from all claims under said surrendered policy. The election to surrender the policy shall not be effective until the requested paperwork has been received by our Home Office in Cincinnati, Ohio.

FACTORS TO CONSIDER BEFORE REPLACING YOUR POLICY / STATEMENT OF UNDERSTANDING

- New Policies can be loaded with costs you don't expect. For example, have "start up" fees associated with purchasing a new policy been discussed? What "penalties" will you incur if you decide to surrender the new policy early?
- Has the "contestable period" of the new policy been discussed? Most companies can dispute the validity of a claim made within the first two years of the policy.
- Purchasing a new policy based on your current age may very well raise the cost of your premiums.
- If your health has changed you may be required to pay higher premiums for a new policy or you may be denied coverage.

If, after carefully considering these important factors, you decide to cancel your existing policy, please sign in the surrender section below This signed statement should be returned to our office to be kept on file as evidence that we have fulfilled our obligation to you.

Tabitha Lough
4/12/12

Dated at Sandpoint (City) ID (State) this 12 day of April 2007

Policyowner's Signature

522-92-4090
Social Security Number (Policyowner)

TABITHA LOUGH
NOTARY PUBLIC
STATE OF IDAHO

Policyowner Spouse's Signature (If applicable)

Date

Please note if you are in a Community Property State (AZ,CA,ID,LA,NV,NM, WA,WI), we will need the policyowner's signature and the policyowner spouse's signature.

POLICY ORIGINATED IN COLORADO!
Wife already signed on 03/23/07
Forged Cancellation from First American on that date!

GREAT AMERICAN LIFE INSURANCE COMPANY- 1-888-863-5891
MANHATTAN NATIONAL LIFE – 1-800-377-5672
LOYAL SPECIALTY- 1-888-863-5891
525 VINE ST • CINCINNATI, OH 45202
P.O BOX 5416 • CINCINNATI, OH 45201-5416
FAX: (800) 859-0021 • E-MAIL: POS@GAFRI.COM

CANCEL IMMEDIATELY! Do not accept ANY payments on this pol

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FINANCIAL RESOURCES

SIGNATURE NOTARIZATION

Name of Insured Michael Swenson Policy Number EE 9003504

Name of Owner Michael Swenson Tele. No. of Owner (208) 265-8762 or 208-290-2519

Address of Owner P.O Box 129 or 373 Flamingo Rd. Sandpt. ID 83864

City Dover State ID Zip 83825

Signature of Owner 05-09-07 Date

In order to validate the authenticity of the above signature please have this form notarized.

State of Idaho County of Bonner

On this 9 Day of May in the year 07 before me, the undersigned, a Notary Public in and for said county and state, personally appeared Michael F Swenson

who proved to me on the basis of satisfactory evidence to be the person(s) whose name Michael E Swenson is subscribed to the within instrument and acknowledged that he/she/they executed the same.

My Commission expires 01/21/12 MM/DD/YY NOTARY PUBLIC

TABITHA LOUGH
NOTARY PUBLIC
STATE OF IDAHO

GREAT AMERICAN LIFE INSURANCE COMPANY – 1-888-863-5891
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FAX: (800) 859-0021 • E-MAIL: POS@GAFRI.COM

GREAT AMERICAN.

FINANCIAL RESOURCES

APRIL 20, 2007

MICHEAL E SWENSON
PO BOX 129
DOVER, ID 83825

Policy Number: EE9803504
Insured: MICHEAL E SWENSON

Dear Policyowner:

We regret that you have canceled your valuable life insurance protection. Unfortunately, this policy does not have any cash value. Therefore, no refund will be available to you.

Thank you for the opportunity to serve your insurance needs. If you have any questions, please contact the Policyowner Services Department at the address or toll-free number listed below.

Sincerely,

Policyowner Services Department
Manhattan National Life Insurance Company®

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FAX: (800) 859-0021 • E-MAIL: POS@GAFRI.COM

U.S. government employees / law enforcement guilty of this!

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[Laws in effect as of January 7, 2003]
[Document not affected by Public Laws enacted between
January 7, 2003 and December 19, 2003]
[CITE: 42USC1985]

TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 21--CIVIL RIGHTS

SUBCHAPTER I--GENERALLY

Sec. 1985. Conspiracy to interfere with civil rights

(1) Preventing officer from performing duties

If two or more persons in any State or Territory

conspire to
prevent, by force, intimidation, or threat, any person from accepting or
holding any office, trust, or place of confidence under the United
States, or from discharging any duties thereof; or to induce by like
means any officer of the United States to leave any State, district, or
place, where his duties as an officer are required to be performed, or
to injure him in his person or property on account of his lawful
discharge of the duties of his office, or while engaged in the lawful
discharge thereof, or to injure his property so as to molest, interrupt,
hinder, or impede him in the discharge of his official duties;

(2) Obstructing justice; intimidating party, witness, or juror

If two or more persons in any State or Territory conspire to deter,
by force, intimidation, or threat, any party or witness in any court of
the United States from attending such court, or from testifying to any
matter pending therein, freely, fully, and truthfully, or to injure such
party or witness in his person or property on account of his having so
attended or testified, or to influence the verdict, presentment, or
indictment of any grand or petit juror in any such court, or to injure
such juror in his person or property on account of any verdict,
presentment, or indictment lawfully assented to by him, or of his being
or having been such juror; or if two or more persons conspire for the
purpose of impeding, hindering, obstructing, or

defeating, in any
manner, the due course of justice in any State or Territory, with intent
to deny to any citizen the equal protection of the laws, or to injure
him or his property for lawfully enforcing, or attempting to enforce,
the right of any person, or class of persons, to the equal protection of
the laws;

(3) Depriving persons of rights or privileges

If two or more persons in any State or Territory conspire or go in
disguise on the highway or on the premises of another, for the purpose
of depriving, either directly or indirectly, any person or class of
persons of the equal protection of the laws, or of equal privileges and
immunities under the laws; or for the purpose of

preventing or hindering
the constituted authorities of any State or Territory
from giving or
securing to all persons within such State or
Territory the equal
protection of the laws; or if two or more persons
conspire to prevent by
force, intimidation, or threat, any citizen who is
lawfully entitled to
vote, from giving his support or advocacy in a legal
manner, toward or
in favor of the election of any lawfully qualified
person as an elector
for President or Vice President, or as a Member of
Congress of the
United States; or to injure any citizen in person or
property on account
of such support or advocacy; in any case of
conspiracy set forth in this
section, if one or more persons engaged therein do,
or cause to be done,
any act in furtherance of the object of such

conspiracy, whereby another
is injured in his person or property, or deprived of having and
exercising any right or privilege of a citizen of the United States, the
party so injured or deprived may have an action for the recovery of
damages occasioned by such injury or deprivation, against any one or
more of the conspirators.

Corneal and Conjunctival Problems

Central corneal ulce
vision. Scarring due to
visual impairment. The
epithelium, often but r
cells appearing as a pa

1. ***Bacterial keratitis*** C
culture.
   - Pneumococcal corneal
grey ulcer with fairly c
There is active ulcerati
at the trailing border.
   - **Pseudomonas** cornea
rapidly from the site o
large hypopyon. Infiltr
usually superficial at fi
abrasion or use of soft
noted following use of
   - Moraxella liquefaciens
involving the lower pa
small or non-existent a
with alcoholism, diabetes or other forms of immunosuppression.
   - Beta-haemolytic Strep. C surrounding corneal stroma often infiltrated and
   - Staph. aureus/epidermidis and Strep. viridans corneal ulcers C now seen
indolent, with hypopyon and some surrounding corneal infiltration.

Treat with topical antibiotic.

2. ***Fungal keratitis*** Also increased in frequency due to use of topical steroids. Ulcer
marked inflammation of the eye with superficial ulceration and satellite lesions ev

3. ***Viral keratitis***
   - ***Herpes simplex keratitis*** C common cause of corneal blindness. Occurs
95% cases. Presents with irritation, photophobia and watering eyes. May
simplex causes corneal anaesthesia so symptoms may not be that great.
the dendritic ulcer with a typical linear branching pattern with feathery ed
ulceration affecting large area of the cornea. May be ghost-like images (s
involvement is usually in the form of disciform keratitis, and oedematous,
vascularisation. In advanced forms may cause corneal thinning and perfo
antiviral agents aciclovir or ganciclovir (refer for specialist treatment). [3] M
epithelium. Severe, recurrent infections may lead to scarring requiring ke
   - ***Varicella-zoster viral keratitis*** - primary varicella corneal infection is ra
with keratouveitis, can be severe in the elderly. Treated with systemic ac
   - ***Adenovirus keratitis*** Usually with conjunctivitis with the same organism
fluorescein staining. Often followed by sub-epithelial opacities.

4. ***Acanthamoeba keratitis*** Free-living protozoa lives in polluted water. Infection n
redness and photophobia and indulent corneal ulceration, stromal ring. Diagnosec

* Varies in color as eye color varies but common misconception is brownish rings only!

Vitamin A deficiency (keratomalacia) Bilateral centrally located, grey, indolent ulcer a
Cornea becomes soft and necrotic with perforation being common. Vitamin A deficiency ca
eye causes Bitot spot, a foamy, wedge-shaped area in the conjunctiva usually on the tem

Chlamydial keratitis Main form is trachoma, a major cause of blindness worldwide. First
cornea, then micropannus (corneal vascularisation), sub-epithelial round opacities (tracho
pannus and extensive, diffuse sub-epithelial scarring. Treatment is with sulphonamides.

Sjogrens syndrome Characterised by epithelial filaments in the lower quadrants of the c
substitutes.

Degenerative corneal disorders Uncommon or rare conditions include keratoconus, Te
Salzmanns nodular degeneration.

Arcus senilis Benign, very common disorder that appears most commonly in the elderly
concentrated in the superficial and deep layers of the cornea.
Presents, asymptomatically as hazy grey ring approx. 2mm wide just inside the edge of tl

Peripheral corneal ulcers

- ***Marginal infiltrates and ulcers*** Usually secondary to bacterial conjunctivitis not
  infiltrates with a clear gap between the limbus and may ulcerate and vascularise l
- ***Moorens ulcer*** Probably autoimmune in origin. Typically occurs in old age and ap
  peripheral cornea. Unilateral in 60-80% cases and often results in loss of the eye.
- ***Recurrent corneal erosion*** Typically patients wakes early in the morning with p
  Caused by opening of eyelids in the morning pulling off loose epithelium. May be
  corneal dystrophy. Treat with pressure bandage on eye to promote healing, with
  Prevent recurrence with bedtime ocular lubricant and daytime artificial tears. Corr
- ***Krukenbergs spindle*** Brown uveal pigment in both eyes in vertical spindle-shap
  monitoring for glaucoma advised.
  Blood staining C occasionally occurs as a complication following trauma and due t
  blurred vision. Usually clears gradually over 1-2 years.
- ***Kayser-Fleischer ring*** Varies from red to green, blue, yellow or brown. 1-3mm
- ***Iron lines*** Localised deposit of iron for which the Hudson-Stahli line is most comr
  thirds of the cornea where lids close in otherwise healthy elderly patients.

Conjunctivitis Commonest eye disease may be either due to infection or allergy.

1. ***Allergic conjunctivitis*** Accounts for 15% of all eye problems in general practice
   possibly with a burning sensation or mild photophobia. Affects both eyes with red
   (oedematous round swellings) on inside of eyelids. Either seasonal often associate
   house dust mites.
   Rarer forms are atopic keratoconjunctivitis C a serious chronic allergic eye disease
   mainly due to presence of soft contact lenses or other foreign body. Vernal keratc
   of atopy, more common in hot dry climates.

   Treatment is by avoiding the allergen if possible, not wearing contact lenses, cold
   levocabastine for rapid release of symptoms.[4] Other ocular antihistamines may be
   combination of antazoline and xylometazoline is recommended for short-term use
   recommend mast cell stabilisers, e.g. sodium cromoglycate or, if unresponsive, lo
   undiagnosed red eye. All antihistamines are useful with associated systemic symp

2. ***Infective conjunctivitis*** Presents with inflammation of the conjunctiva lining the
   - Bacterial conjunctivitis C in adults mainly due to Staph. spp., also Strep.
     with main cause H.influenzae, Strep. pneumoniae and Moraxella catarrhal
   - Viral C more common in adults, usually associated with URTI mainly due t
     ophthalmia neonatorum due to gonorrhoea or chlamydia infection within f
     from foreign countries.

   Patient presents with eye discomfort described as burning or gritty, normal vision
   glued together in the morning by discharge. Examination shows red eye with a m
   in viral infection. May affect one or both eyes but usually starts in one and spread
   lymphadenopathy with cobblestone elevations on the tarsal conjunctiva.

   Although condition is self-limiting, often treat to avoid possibilities of corneal invo
   on not sharing towels etc. If remains unilateral for more than a few days consider

Where there is severe injection, marked discomfort, copious discharge or haemor referral.

Prodigy guidelines recommend topical antibacterial preparations in most cases (e Chloramphenicol is treatment of choice in the UK with fusidic acid as an alternativ Aminoglycosides should be reserved for cases where sensitivity of infecting organ ocular infections.

References Used

1. General Ophthalmology. 13th Eds. Vaughan DG et al.
2. Parmar P, Salman A, Kalavathy CM, et al; Pneumococcal keratitis: a clinical profil
3. Wilhelmus KR; Interventions for herpes simplex virus epithelial keratitis.;*Cochran*
4. Prodigy guideline - Allergic conjunctivitis
5. Prodigy guideline - Infective conjunctivitis

Acknowledgements *EMIS is grateful to doctoronline.nhs.uk for facilitating draft authori independent Mentor GP authoring team. ?EMIS 2003.*

C of Disease Glossary Terms

Childhood Deafness-There are two types of hearing loss, sensorineural and conductiv

Certification in General Practice-Although usually straightforward, the provision of c

Crush Syndrome-Bywaters' syndrome (first described in BMJ 1941 after London Blitz).

Controlled Drugs-There is a separate article covering Managing Drug Abusers in Prima

Chronic urinary retention-Usually results from bladder outlet obstruction, the causes

Congenital Heart Disease in Adults-Adult congenital heart disease, ACDH, grown u rang

Cardiogenic Shock-Synonyms: Acute left ventricular failure with hypotension, acute h

Coma and Vegetative State-Synonyms: Persistent unconsciousness, persistent vege

Cholera Vaccination-Background Cholera is an acute water-borne diarrhoeal infection

Caesarean Section-Caesarian section rates have been steadily increasing due to a hig

CAN COPPER TOXICITY AFFECT POST POLIO?

written by Tessa Jupp RN Causes a wide variety of serious ailments!

References: Nutritional Medicine:fact & fiction Dr Tabrizian 2002 West Aust., Hyperhealth CD-Rom 2002. Trace Elements & Other Essential Nutrients Mertz 1986 NY, Websites -Dr P Eck. Dr L Wilson. Interclinical Hair Analysis

What has this got to do with Polio??

Not only can some of the polio health problems we are experiencing be linked to copper levels but because excess copper interferes with our ability to use many other vitamins and minerals - including carnitine production in the body - areas that have been affected by polio can be made worse by the effect copper excess has on problems like spinal degeneration, scoliosis, joint degeneration, osteo-arthritis, tendon and muscle function.

We never stop learning and here is a new word to add to our vocabulary - **"hypercupremia".**
Hyper = excess; cupr = copper; emia = blood; so - it means **"excess copper in the blood".**

There is a lot written about both copper deficiency and copper toxicity. This is a very complex subject that is well covered in Dr Igor Tabrizian's book - (2002 edition available from the Polio Office for $12).

I have been trying to find space and time to cover it in our newsletter all year and finally have a summary to whet your appetite to try to find out more about this. There are various web sites that look at hair analysis and the inter-relationship of minerals in the body. Many other minerals may be blocked or lowered by excess copper in the body. In fact when I look at a number of symptoms said to ocur with high copper, they really signify imbalances in other minerals and vitamins. The best way to present this is in lists so that you can see how this may be affecting you and others in your families.

But first, look at some of these interesting points

INTERESTING POINTS

* Hair loss is commonly associated with copper toxicity.

* Certain types of anaemia are caused by copper excess, because it stops iron from doing its job in haemoglobin and oxygen transport.

* Stubborn weight problems are often caused by a slowed metabolic rate (ie slow oxidiser), which results from high copper levels. → So prevalent in our society - perhaps the unmentioned contributing factor is Wilson's!

* Copper excess causes liver degeneration.

* High copper promotes arthritic symptoms.

* Copper toxicity is associated with depression. but notice that psych drugs are dangerous!

* Gastric ulcers can result from the low zinc caused by high copper levels. PAIN!

* Copper imbalance can cause cancers, thrush, fibroids, ovarian cysts, gall bladder, migraines. → Can cause other ENDOCRINAL conditions!

SOURCES OF COPPER

1. **In our water supply**
(Tap water has high copper if the bath water has a bluish tinge or is milky looking. Blue-green stain under taps in bath or basin means high copper. May need to use filtered or spring water for drinking and cooking. NB Can also be absorbed from bath water)

2. **Medicinal Drugs**
(Drugs that increase oestrogen - ie HRT or the Pill will increase copper retention - also sedatives. tranquillisers and psychotic drugs.) Dangerous for someone with Wilson's!

3. **Cigarette Smoking**

4. **Xenoestrogens** - (false oestrogens)
(Environmental ie in pesticides etc sprayed on foods, plastic ware used in the kitchen including plastic wraps, plates, cups, drink bottles, lunch boxes etc. Petroleum products including car fumes. We can't get away from them! They're all around us)

5. **High Copper to Zinc foods**
(such as chocolate, avocados, grapes, almonds, peanuts, mushrooms, crab, crayfish, legumes)

6. **Parental transmission & pregnancy**
(Children can inherit copper toxicity from parents who have excess copper problems. Copper normally increases with pregnancy so if pregnancies are close, the next child can be more affected. High copper lowers or blocks other minerals and so can interfere with or block carnitine production in the body too, as this is dependant on mineral availability)

Other Factors that increase copper levels
1. **Stress**
2. **Sluggish metabolism** - slow oxidiser
3. **Reduced meat/protein intake**
4. **Irregular meals** - slows metabolism
5. **Severe viral infections**
6. **Vitamin/mineral deficiencies**

Thought by many to only be brownish in color can actually vary in pigmentation just as eye color varies!

SIGNS & SYMPTOMS

EYES SIGNS
grey-green or brownish-coloured ring on edge of iris is called - **Kayser-Fleischer ring** - and indicates very high copper if seen with naked eye.

a milky-white ring seen within the iris indicates high cholesterol and is caused by the deposition of oil or fat in the cornea - copper raises cholesterol.

a bluish tinge to the white of the eye is a better indicator of low iron (causing anaemia) than pallor. And low iron can also be caused by high copper.

SKIN SIGNS
a reddish tinge to the skin indicates high copper (according to Dr Tabrizian.)

stretch marks and white spots on fingernails occur when zinc is low & copper lowers zinc levels.

MUSCULO-SKELETAL
scoliosis - (progression of - in polios)
spinal degeneration (**pinched nerve**, slipped disc)
joint degeneration - minerals deposited in joints
osteo-arthritis, **joint pain**, swelling, stiffness
lax tendons (RSI, dbl-jointed, hip dysplasia, flat feet)

BRAIN
foggy, detached feeling, problems concentrating
insomnia - as mind racing (high copper:low zinc)
frontal headaches/migraines (high copper:low Mg)
moodiness, confusion, emotionally unstable/volatile
rt brained, dyslexia, ADD, learning difficulties, autism
dizziness (low molybdenum, manganese, B6)
depression, mood swings, schizophrenia, suicidal

GUT
nausea, vomiting, diarrhoea, **increased cholesterol, gall bladder problems**, **gastric reflux**, dyspepsia, liver cirrhosis, jaundice, poor digestion, **chronic constipation, bloating, loss of appetite**, anorexia, bulimia, ulcerative colitis, **cancers**

HORMONAL
increased oestrogen dominance - **anxiety**, agitation, **fluid retention**, defensive, indecisive, depressed
PMT, **menopause symptoms**, post natal depression heavy prolonged periods or absent, miscarriages, infertility, thrush, candida, sore breasts, **cancers**
adrenal exhaustion - fatigue, high blood pressure
low thyroid - fatigue, feel the cold, sluggish
reduced metabolic rate - **fatigue, weight gain**
poor resistance to infections - persistent colds/flus
symptoms of scurvy - **bruising**, bleeding gums
insulin resistance, high blood sugar, **diabetes**

** look at all these common ailments! Could it be we're not being told about this one problem on purpose! Money maker treating all the symptoms rather than addressing a common causal hereditary factor!

It seems that most things that are wrong with us can be caused by a copper imbalance. In fact, it can throw everything else out of kilter and so a lot of the disease symptoms are the result of multiple mineral and vitamin deficiencies. What can we do about it?

TREATMENTS

HAIR ANALYSIS

This is one of the only ways that copper imbalance can be picked up and not many doctors are using this as a diagnostic tool. Anyone can get a hair analysis done. It costs $100 and involves cutting off a certain length and amount at the nape of the neck. Call OSWA for more information. Having got our results we then need some expert advice. Dr Tabrizian uses hair analysis but is booked out into the second half of 2003 already. But he has a couple of other doctors joining him to help with the workload though.

SLOW OXIDISERS
One of the things picked up in the hair analysis is the fact that the body has gone into starvation

mode and is conserving energy. This is both due to high copper and also allows more copper to accumulate. To get rid of copper we need to speed up the metabolism.

Normal metabolism is balanced. When we are under stress the metabolism speeds up - our fight & flight response - Fast Oxidiser. This usually happens in younger people and can produce the typical Type A personality - the over-achiever. If we continue in this state for too long though, we reach exhaustion level. The body can't maintain it and we slip down to the Slow Oxidiser - Type B personality - older person - not coping any more - exhausted.

FAST OXIDISER	SLOW OXIDISER
jittery, high strung	sluggish, fatigue, worn out
apple shaped body	pear shaped body
carries weight higher	carries weight lower
slim arms & legs	carries fat on hips & legs
high energy - alarm state	low energy - exhausted
extrovert - socialiser	introvert -loner
acute aches & pains	chronic aches & pains
prone to rheumatics	prone to osteo-arthritis
must have breakfast	doesn't want breakfast
hungry - must eat often	not hungry - no appetite
likes salty foods	thirsty - drinks a lot
sweet foods are too sweet	craves sweet & sour foods
needs fat & protein	needs protein, veg, fruit
avoid carbohydrate, spices	avoid dairy & fats & sweets

TREATMENT PROTOCOL

1. Take extra zinc and molybdenum to reduce copper.
2. Use good multi-vitamin/mineral to excrete copper (Dr Tabrizian suggests Oxichel and several others.)
3. Filter copper from drinking water - or use Spring.
4. Reduce high copper to zinc foods in diet.
5. Reduce exposure to (xeno)/oestrogens around you.
6. Replace vitamins (esp B's, C) minerals, amino acids.
7. Stimulate oxidation - ie increase protein foods in diet, eat 6 small meals a day, increase exercise to limitations

RETURN TO MAIN PAGE

All: 1 Review: 0

1: Rinsho Shinkeigaku. 2005 Nov;45(11):947-51.

[MRI diagnosis of neurodegenerative disorders]

[Article in Japanese]

Iwata M.

Department of Neurology, Tokyo Women's Medical University.

Routine use of high field MRI has greatly contributed to the clinical diagnosis of neurodegenerative disorders, because MRI enables to visualize degenerative process showing either atrophy of the specific areas or degeneration of specific structures. Among many specific MRI signs which have been hitherto proposed to be diagnostic for certain neurodegenerative disorders, the author discussed here some clinically useful ones with neuropathological interpretations. "Humming-bird sign" is highly diagnostic for progressive supranuclear palsy (PSP) because it represents focal atrophy of the rostro-dorsal portion of mid-brain tegmentum where the neural centers for vertical gaze specifically affected in PSP are located. Un-treated Wilson disease patients show frequently "face of giant panda sign" of mid-brain which disappears after successful treatment. Although the sign is pathognomonic for Wilson disease, neuropathological entity of this MRI abnormality has not been known yet. MRI enables to discriminate two types of cerebellar atrophies; cerebellipetal atrophy in which ponto-, spino- and olivo-cerebellar fibers are lost, and cerebellofugal atrophy in which loss of Purkinje cells is the main pathological process. In cerebellipetal atrophy, cerebellar white matter shows T2 high signal due to the degeneration of nerve fibers in it but T2 low signal of dentate nucleus is usually well preserved. This combination of degenerative process realized" black teeth sign" of dentate nucleus in MRI. On the other hand, cerbellofugal atrophy shows "white teeth sign" of dentate nucleus, because the loss of Purkinje cell axons causes signal change of dentate nucleus where the axons of Purkinje cells are concentrating. "White teeth sign" could also be observed in case of the degeneration of dentate nucleus itself, like in DRPLA, but differential diagnosis between Purkinje cell loss and dentate degeneration is not so difficult, because the atrophy of the superior cerebellar peduncle is detectable in the latter but never seen in the former condition.

What "successful treatment?" I want to know ASAP!

PMID: 16447770 [PubMed - indexed for MEDLINE]

SWENSON, MICHAEL
122671
4/14/06 17:55:54

R

L

S

A

P

256 x 192/0.5 NEX
TR 8002/TE 127/TI 2000/Flip Angle 90
Thk 5 mm/FOV 24 cm
18:14:48
16/25 COR FLAIR TR=8002 TE=127.5

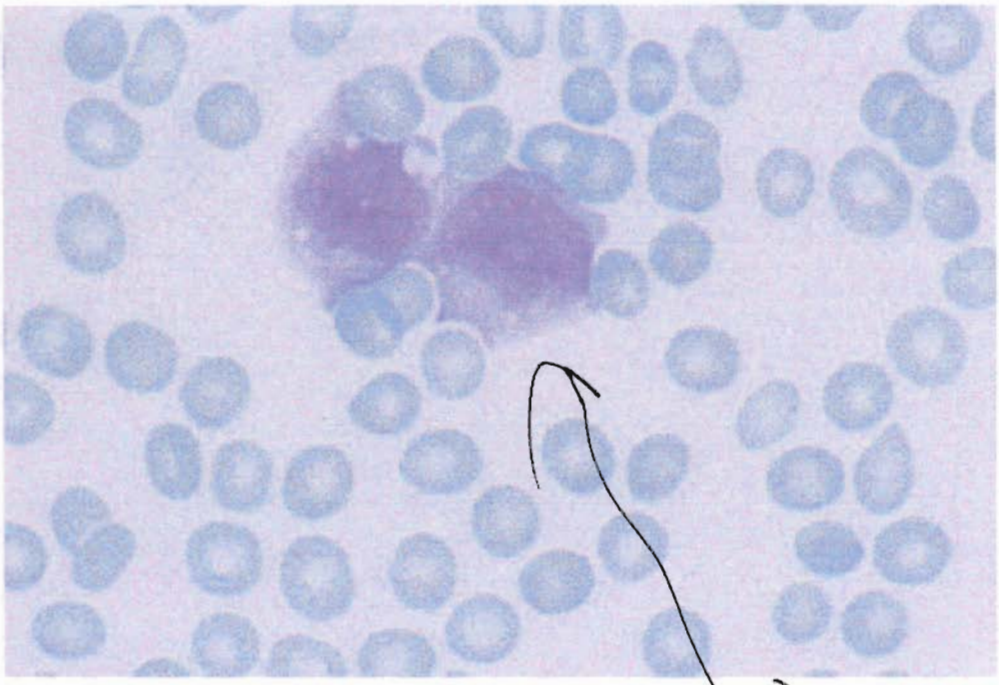
122671 M 40 SWENSON MICHEAL 4/14/2006 MR MRI BRAIN W/O CON R N

BURGSTAHLER, SCOTT A. 47 Page 1 of 1 Bonner General Hospital

"Giant Panda" face associated with Wilson's untreated

The physical examination of a patient with abnormal liver test results should concentrate on signs suggestive of specific causes of liver disease and signs of decompensated cirrhosis (table 2). Alcoholic liver disease, hemochromatosis, and primary biliary cirrhosis are more commonly associated with hepatomegaly than are other diseases. Skin hyperpigmentation and arthralgias may be seen in hemochromatosis. Kayser-Fleischer rings and neurologic motor abnormalities can be seen in Wilson's disease. In the later stages of many different liver diseases, signs of cirrhosis may become evident. These include muscle wasting, jaundice, spider angiomas, palmar erythema, gynecomastia, testicular atrophy, ascites, asterixis, and splenomegaly.

- All of these unfortunately (I posses:



- forehead prominence caused by increase marrow mass in response to demand for more RBC's due (to anemia symptoms - (not necessarily anemia!)
- my platelets all appeared rectangular rather than rounded
- Granulocytopenia - I saw very few (one) though scanned whole slide (no eosinophils or basophils)

Acute monoblastic leukemia (M5)!

- test for M5 marker molecules!
- chromosome analysis
- Find out amount of leukocyte alkaline phosphatase

I know saw cells that looked like these! (2 Atypical Lymphs!)

(I thought they were squished WBC's in the slide making process)

- spherocytosis (small round RBC's)

↑ MCHC — Note!

RBC's in condition of autoimmune hemolytic anemia can appear this way! (nucleus all small and almost perfectly round!) (Can cause anemia symptoms without anemia present!)

(Also didn't look for "toxic granulation")

(dual RBC graph)

reticulocytosis ↑ MCV (in response to anemia) after transfusion reaction

http://www.cc.uoa.gr/health/pathology/aoh/images/1290.jpg

(I may not have leukemia but petechiae and these cells observed merit further testing!)

4/11/2006

FAX JOURNAL REPORT

TIME : 06/10/2006 11:27
NAME : EAGLESLANDING
FAX : 2082658763
TEL : 2082658762
SER.# : 000J5J699997

NO.	DATE	TIME	FAX NO./NAME	DURATION	PAGE(S)	RESULT	COMMENT	
	06/08	23:08		07:43	09	OK	RX	ECM
#001	06/09	16:55	15099286614	35	01	OK	TX	ECM
#002	06/09	16:57	15099286614	36	01	OK	TX	ECM
#003	06/09	16:58	15099286614	35	01	OK	TX	ECM
	06/10	10:39	5093634591	28	01	OK	RX	ECM
#004	06/10	11:20	15098381079	01:23	03	OK	TX	ECM

BUSY: BUSY/NO RESPONSE
NG : POOR LINE CONDITION / OUT OF MEMORY
CV : COVERPAGE
POL : POLLING
RET : RETRIEVAL
PC : PC-FAX

Incident at Les Schwab definitely had government involvement!

Page 1 of 3

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CUSTOMER COMPLAINT

PLEASE COMPLETE ALL SECTIONS

DATE PROBLEM OCCURRED: 06/08/06

SPOKE TO WHOM: (Betsy Ross) Larry Enright (manager) Josh Edlund (Asst. manager)

PRODUCT INVOLVED: Les Schwab Tire Center

BRAND NAME OR MFG:

ACCT. OR POLICY #: James Cavin or Gavin (driver)

DATE PURCHASED:

AMOUNT INVOLVED: $334

NAME OF SALESPERSON: (208) 265-8762

ADVERTISING INVOLVED: (208) 265-5915

COMPANY PHONE NUMBER:

CUSTOMER HOME PHONE:

CUSTOMER WORK PHONE:

COMPANY NAME•ADDRESS•CITY•STATE•ZIP
Les Schwab Tire Center
279 Bonner Mall Wy
Sandpoint, ID 83864

CUSTOMER NAME•ADDRESS•CITY•STATE•ZIP
Michael Swanson
393 Flamingo Rd.
Sandpoint, ID 83864

PLEASE DESCRIBE YOUR COMPLAINT:
either on 06/07/06 or 06/08/06, my brother James & I, drove into Bonner Mall parking lot in our '95 subaru. There was an very intermittent problem with the rear suspension upon entering the lot. We went into Staples; when we came out to drive away, the problem was suddenly so bad, we HAD to drive across the street to Les Schwab. Larry Enright was EXPECTING us! He took the keys and without asking us much of anything had James Cavin or Gavin drive the subaru off the crash lot!! (continued →)

WHAT SETTLEMENT WOULD YOU CONSIDER FAIR?
Larry Enright, Josh Edlund, James Gavin and all involved personnel get FIRED! and possibly jail sentences!

SIGNATURE: [signature]

DATE: June 10, 2006 a.d.

I ran out the door when James started to drive off because he was "burning rubber" so to speak instead of driving cautiously. A blue SUV pulled in and watched me as I followed my car off the lot to the truck center located behind the main lot and across the alley. I watched him pull it into the west side garage entry. The blue SUV had government plates something like 7B-B7444 or-B4777 (I wrote it down elsewhere). As I approached the truck structure, two younger gentlemen with blond short cropped hair smiled at me as they pulled the doors shut and disappeared inside (like this was some kind of amusing game to them). Then Josh Edlund came out of the NW corner (facing north) door and stopped me from following my car into the shop to see what they were doing. He was hostile and not like himself in the past and there was no good reason not to let me look inside the shop if they weren't doing something wrong/illegal. Then I immediately went back to the main store across the alley and told Larry Enright (manager) if my car didn't show up presently I would be filing a formal complaint. Lo and behold, James Crum (Gavin) came zipping right up. When I asked him where he had gone with my car (now belonging to James, my brother), he stated he had driven it to the alignment center located in the rear of the main building. I then replied that I had seen him drive it off the lot to the second structure in the back across the alley. He blushed obviously caught in a lie. Then as we stepped inside an estimate of $334 and change was ALREADY waiting! This ALL took place in less than 5 minutes from arrival!! (continued)

Regardless, of the reason, Les Schwab; nor any of it's employees had my permission to drive the vehicle off the lot (and in my opinion) this constitutes grand theft; furthermore, they were doing something to the vehicle that they went at length to lie about and cover up. (it is burglary to enter into a store with intent to commit a crime of theft and I'm sure if there is intent to commit a crime to someone's personal property such as reading private information, tracing keys, planting transceiver tracking devices on any number of things other than that which they were supposed to do; that there is also additional crimes being committed!) In addition, they called my wife to complain about me being angry with them for doing this adding additional hardship to our marriage. If an full investigation isn't done, I will be contacting the FTC and looking into civil and criminal proceedings. I contacted Steve Duke, who is in charge of overseeing customer complaints with Les Schwab with the only result being Josh Edland lying to me on the phone today concerning these events! I AM SORELY DISAPPOINTED IN THESE RECENT EVENTS because I have enjoyed doing business with Les Schwab Tire Centers over the years and given thousands of dollars to them because of their prompt courteous service and warranties but until the shop is cleaned up here, I'll have to take my business elsewhere and I have a big mouth and will be telling my acquaintances to watch out! (for criminals now work at Les Schwab Sandpoint.

→ Jaques Cavey or Gavin (Dave) Josh Edlund Asst. Man. Fred

moved tires into truck area near then large enough for Subaru 5:45 p.m. (Seen (signed)

Limbaugh Huber & Darlene
866 Bottle Bay Rd Sagle....263-0157
J W 470 Sunnyside Ctf Rd Sdpt....263-0322
Limberg Edward 311 School Rd Hope....264-5162
Lincare Inc
3115 N Government Way Suite 7 Coeur d'Alene....765-3422
Lincare Inc 421 Main St Sdpt....255-2238
Linck Caleb 1050 N Kootenai Rd Sandpoint....255-1052
Lincks Don & Sharon Bon Fy....267-2549
Lincoln J Priest River....263-0311
Lind Wm J & Rosalind Prst Rvr....263-2333
Lindahl Lin & Ed 117 E Shoreline Ln Sagle....265-8916
Linda's Hair Salon 6420 Kootenai Bon Fy....267-3058
Lindberg John & Shirley Npls....267-2992
Lindemann Phil Bonners Ferry....267-1273
Sally 21317 Hwy 2 Sdpt....263-7065
Lindemood Madeline & Joseph Moyie Springs....267-8719
Lindenbach Jackie Sagle....265-2775
Lindenberg Paul & Stephanie Sandpoint....255-1717
Lindgren B & J Porthill....267-7159
Janice Sagle....263-4979
M Sdpt....263-3542

Lisaius Dave 853 Derr Island Rd Clk Frk....266-1595
Lisenbee M 925 Jefferson Ave Sandpoint....255-5340
Lister M D Sdpt....265-5889
Listug George & Marjorie 523 Pine Ln Hope....264-0106

Larry Eve/Sat Betsy Ross 06/10/06 Who 10:25 drove my Subaru off the lot? Verizon!

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Rodney & Barbara Rd 30-B Bon Fy....267-2842
LeRoux Jim E 73 Nancy Rd Sdpt....263-3484
Lesage A D 109 S 2nd Av Sdpt....263-3481
Leslie Mike Moyie Springs....267-7557
Les Schwab Tire Centers
Bonners Ferry
6804 Denver St....267-2411
Sandpoint
279 Bonner Mall Wy....265-4518
Lessinger Rebecca 810 McGhee Rd Kootenai....265-4698
Lester M Kootenai....263-2160
Robert 1000 Ridley Vlg Rd Sandpoint....263-5225
Lethrud Olaf Hwy 95 N Bon Fy....267-5230
Valerie & Marty 6733 Chippewa Dr Bon Fy....267-6134
Letourneau Dale & Dar....263-7039
Dar Sdpt....263-6118
Thomas J 604 Oak St Sandpoint....263-7432
Leverich G Cocolalla....263-2386
Levesque K 1404 W Main St Sandpoint....255-4004
Levig Leslie & Jeannette Bon Fy....267-2028
Levig Nursery Kings Row Bon Fy....267-2136
Levora Brian & Andrea
3596 Upr Pack Rvr Rd Sdpt....263-7238
Lewers C Sandpoint....265-2760
K Sdpt....263-6589

Lewis Gerald H Jr DVM Kootenai Cutoff Rd Sdpt. 263-2145
Lewis Heath 403 Marion Ave Sandpoint....263-1260
J Sdpt....265-8315

LEWIS JAMES B DMD
2023 Pine St Sdpt....**265-4558**

Lewis James & Geraldine Sagle....265-2517
Jon Sagle....265-4355
L Sandpoint....265-0758
Lorraine 216 Muskrat Lake Rd Sagle....255-1304
M & L Sandpoint....263-0529
Nick 112 Rd 22 Bon Fy....267-0766
P Sdpt....263-7599
Paula 271 Sugar Mountain Rd Sandpoint....265-6307
S....263-6250
Susie 285 Private Dr Sagle....263-4834
William S 2724 Blacktail Rd Cocolalla....263-7796
Zackary 715 Cedar St Sandpoint....263-0399
Leyden Chris & April Bon Fy....267-0788
Leyva Leo P & Janey Npls....267-0622
Libbers William & Melissa
168 Springfield Way Sagle....263-6271
Libbey Larry & Melva Npls....267-5095
Robt 2668 N Kootenai Rd Sdpt....263-5391
Libby April Sandpoint....265-9688
Ray Sdpt....265-4497
Lichty Bob & Janine Old Orchard Rd Cocolalla....263-0105
Lickert Kimber & Glen 582 Mtn View Rd Clk Frk....266-1689
Lien David T 72 Cedar Dr Sandpoint....255-5423
Liermann Dennis Npls....267-7208
Dennis & Jennifer Rd 8 Npls....267-705
John Bon Fy....267-718
Ruth Npls....267-275
Travis & Laree Rd 6 Npls....267-948
Lies Gary 1153 Rd 74 Moyie Springs....267-297
Howard 501 S Ella Ave Sdpt....263-33
Scott & Sherri 76 Robin Dr Sagle....263-58
Shane & Heather Sagle....265-1
Shawn & Wendi 602 Olive Av Sdpt....263-8
Lietha Milton Porthill....267-5350
Lieuallen Douglas S 1135 Lwr Syringa Hgts Sdpt. 263-0
Michelle 1503 Northshore Dr Sdpt....265-
W Sdpt....263-1

LIFE CARE CENTER SANDPOINT

SANDPOINT AND VICINITY

SWENSON, MICHAEL 05/19/06
Dr. Burgstahler

CHART ENTRY: Michael apparently called today, suggesting that I call him back at a number that he wasn't at. He states that he's convinced he's got leukemia and Wilson's disease, and is planning to sue us for wrongful death if he dies of this disease.

I had called his wife within the past week, she states that she is very worried about his psychologic condition, he is certainly becoming delusional, paranoid and somewhat psychotic, she doesn't know what to do for him.

I suspect what she needs to do is get him into a psychiatric treatment plan. I don't feel that I can reassure him that he doesn't have certain diseases, and I think until he becomes more stable psychiatrically I don't think we'll be able to effect his physical condition much. He has been told he has gallbladder disease and stones, and subsequently he apparently has seen Dr. Correll again in Spokane and was given a prescription for Cymbalta. Unfortunately I don't know if he's taking this anymore or not.

SAB:ce

5/24/06 faxed records to KMC ER. Dr Burns - [illegible]

These are lies proving conspiracy by definition!
I have only stated I am certain about lack of diagnosis for Wilson's Disease and that perhaps I developed early onset of leukemia as a result of that lack of diagnosis and systematic prevention of proper treatment.
The only reason wife thinks I'm delusional is because she believes these lying doctors! (covering up the attempted homicide at Deaconess)
They are hoping I die before anyone gives me a chance to poove it!
* Unexplained liver/gallbladder disease

I can prove they did! And that they have obviously covered up the attempted homicide!

SWENSON, MICHAEL 04/24/06
Dr. Burgstahler

CHIEF COMPLAINT: Feels lousy

HPI: Michael came in to see me for the very first time with his wife on 4/10/06 complaining that something happened during the time he had his surgery back in May 2004. I did receive records from Deaconess Medical Center, it says nothing about giving him a blood transfusion, which he claims triggered hereditary spherocytosis in him. He's also upset with our lab because he states that they only did a cursory look at his labs, and he thinks that the technicians at our hospital don't know what they were doing when they did his x-rays, and so far he's had an MRI scan of the brain and a CT scan of the abdomen.

After reviewing all of his findings, Michael generally has evidence of an old gunshot wound to his temple, he has gallstones, he certainly had a period of time where he was anoxic in May of 2004, but seemed to recovery with ventilator management and support, but he seems to still be very much stressed over the whole issue. He apparently still has sleep apnea syndrome.

RECOMMENDATIONS AND MEDICAL DECISION MAKING: I tried to address with Michael the possibility of him being depressed and anxious. He absolutely does not want to talk about depression, he actually gets angry when we talk about depression. He states that what his firm wishes are is to go see the oncologist because he's convinced that somebody didn't look at his blood smear right. He's convinced he has hereditary spherocytosis and that's why his bilirubin is elevated. I reviewed his bilirubin, at .7 I've told him it's completely normal, he claims he is jaundiced and tried to convince me of this today by looking at his skin, and I see no evidence in his sclera or his skin, of jaundice.

Towards this end, he also had hepatitis serologies drawn and an HIV test because he told me he'd had a transfusion, and again, in the records I find no evidence of him ever having a transfusion. He tells me that he thinks that Deaconess Medical Center is trying to hide something from him.

I'm not sure where to go with these accusations or whether Mike wants to pursue this medically or legally, it almost doesn't matter to him as what his firm intent is is to make a firm diagnosis of hereditary spherocytosis, and although I reviewed his CBC with him today, he still doesn't seem to be convinced, and he would like to go see the doctor that Dr. Corell apparently originally tried to set him up with, which was Dr. Laugen.

LIE!

I've asked Mike what he would do if Dr. Laugen feels that he doesn't have hereditary spherocytosis, and he states he would deal with it at that time.

SAB:ce

He never looked at my blood smear morphology with me! I can show ANYONE that can see that I doesn't in fact have spherocytosis — 4/27/06 faxed letter & Records to Dr. Laugen - LM
Records from Dr Corell - LM
TPO of the lab indicators to check for HH + WD!

SWENSON, MICHAEL 04/10/06
Dr. Burgstahler

You bet I'm angry - I'm fighting for my life and the public who have been kept in ignorance

5. Anger over the fact that he feels that he hasn't had a resolution or a cause of why he doesn't feel good.
6. Obesity. Weight currently 272.
7. Worsening memory loss.

RECOMMENDATIONS: Michael clearly is looking for some answers to what happened during his stay during the visit to Deaconess Hospital. I would certainly like to review some of those records myself, but for the most part I'm worried that Michael is searching for a diagnosis and it's possible that the best we can come up with is ruling out multiple medical problems. In other words, it's possible that Michael's long-term problem is a combination of sleep apnea in a chronic fatigue patient. To work this up I think he does need several lab tests, some of which have already been completed but I think would be important to repeat again, including HIV and hepatitis serologies, a CPK level, at his request a Coombs' direct and indirect test. I'm recommending we check his blood type and see if he has any specific antibodies that we need to worry about in the future. I also think a CBC with a manual differential, a CMP, thyroid level, and a glycosylated hemoglobin would be reasonable as I think he's at risk for metabolic syndrome causing some of his problem. I also think that because he is complaining of abdominal pain centrally, I think an abdominal CT scan would be reasonable, and because he's having worsening memory problems, according to his wife, and he's now unable to work, I think he needs an MRI scan of the brain.

SAB:ce

1/14/06 Pt to pt with tech msg re CT & labs; pending blood type & muscle enzymes neg; CBC shows normal WBC, No hemato/leukemia, thyroid normal; liver & gall bladder, kidney ok; No diabetic. CT abd shows stable lithiasis, diverticulosis, small liver cyst, No tumor. Scheduled f/u c/v [illegible]

4/3/06 Pt. pt. to brain MRI 4/4 - normal per SAB, pt will schedule f/u to discuss MRI in reg to seeing additional specialists [illegible]

4/20/06 faxed records to Dr. Corell - [illegible]

APR 2 4 2006

B.P. — / 126/15 Rec'd to Dr. [illegible] Fax 12 May 1115 [illegible] sclerosis [illegible] Mission Suite 200 Fax 519-775 6614

SWENSON, MICHAEL 04/10/06
Dr. Burgstahler

ALLERGIES: NONE. → lost smoked tobacco as a teenager!
HABITS: Lie → Tobacco: He quit smoking several years ago.
Alcohol: About once a week he drinks a fair amount of wine.

FAMILY HISTORY: He is adopted, doesn't know of any real biologic concerns in the family.

SOCIAL HISTORY: He is a real estate agent-developer, living here in Sandpoint with his wife. They have no children.

ROS: He has no nausea or vomiting but he does have some loose stools. He has not chest tightness but was worked up by the cardiologist in Spokane. No blackout spells or seizures, no new neurologic complaints other than everything hurts, and he's generally been fatigued. He does complain of myalgias and some low-grade chills and fevers. He has not had any new skin lesions although he points to a few moles on his chest.

PHYSICAL EXAMINATION

GENERAL: He's an alert, oriented, pleasant male in no acute cardiorespiratory distress.

VITALS: WEIGHT: 272. BP: 132/78.

EYES: PERR. Funduscopic exam is benign.
EARS: TMs are normal.
MOUTH & THROAT: Normal. Tongue protrudes in the midline.

NECK: Without lymphadenopathy or thyromegaly.
LUNGS: Lungs fields are clear.
HEART: RRR.
ABDOMEN: Soft, mildly tender over the liver and spleen area but no obvious hepato or splenomegaly, no abdominal bruits. He's got quite a bit of adiposity in the abdomen. He has a normal femoral area.
GU/RECTAL EXAMS: Not performed in this examination.
LOWER EXTREMITIES: Reveal no signs of clubbing, cyanosis or edema. He does have mycotic toenails bilaterally.

IMPRESSION:
1. History of a gunshot wound to the head.
2. History of sleep apnea syndrome.
3. History of a nasal septoplasty in 2004.
4. History of a possible transfusion reaction during the time of his nasal septoplasty.

SWENSON, MICHAEL 04/10/06
Dr. Burgstahler

INITIAL VISIT HISTORY AND PHYSICAL

IDENTIFICATION: Michael is a 40-year-old male who is here for a second internal medicine opinion regarding multiple issues. His chief complaint is fatigue, sweats, fevers, chills, and myalgias following an acute cardiopulmonary arrest in Surgery

Arizona

HPI: Michael states that in about 1988 he had a gunshot wound to the head, apparently this was down in Southern or Central California, he did recover from that and had minimal problems related to the prior gunshot wound. About Christmas Eve of 2003 he was sent to Spokane for an acute pulmonary problem, he was treated by Dr. Chestnut at the time. Dr. Chestnut eventually diagnosed him with sleep apnea syndrome, he was then recommended to have a nasal septoplasty by Dr. Cruz in Spokane. At the time he had the nasal septoplasty he had what sounded to be an acute cardiopulmonary arrest. He thinks it was related to the fact that they were giving him blood products, and they gave him apparently 3 units of O-negative blood. He states that he does not remember giving consent to give the blood and if he did, it was only in the event that he was to need it for lifesaving purposes. He remembers awakening with a tube, trying to remove the tube. He states that he was feeling like he was suffocating and no one was helping him. He had what he describes as 2 cardiopulmonary arrests when only one was apparently described on some discharge information that he apparently obtained. Since that time he hasn't been quite right, he has been fatigued, he has had trouble with his memory, he has had the sensation that he's got a lot of abdominal pain. When I ask him specifically what he is worried about, he's worried that he might have developed leukemia from the blood that was given, and he's worried about a long-term blood transfusion reaction. He's already been tested for hepatitis and HIV disease at least on one occasion, maybe even on two and it's been negatives so far. He does admit that he's mad at Deaconess Hospital for allowing whatever happened to happen, and he doesn't think that they're telling him the whole truth. He states that he doesn't know why he was given antibiotics or prednisone at the time. He's been on the Internet looking up transfusion reactions and he feels that it was inappropriate for his prior doctors not to offer him a Coombs' test. He also feels that his low testosterone level that's been diagnosed is also related to this transfusion reaction. His wife states that she is somewhat at her wits' end, he has been disabled, he now states that even picking up a phone and listening to it is difficult for him to do. He has trouble driving in and out of town he is so fatigued, and he's wondering what's going on. He has already seen a cardiologist, Dr. Goldman, at Spokane Cardiology, he's previously followed up with Dr. Chestnut but hasn't seen him in a long period of time. He also sees a Dr. Corel who is a homeopathic doctor out of Spokane, who's done multiple tests and has recommended treatment for Candidiasis with something called 3-Lac. He also takes oral supplements and medicines and vitamins. He takes probiotics and nasal CPAP.

PAST MEDICAL HISTORY:

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:33 mtk LAB#100-0146

Test Name	Results	Init	Reference Range	Units
BLOOD BANK				
BLOOD TYPE	O			
RH	Positive			
ANTIBODY SCREEN	Negative		NEGATIVE	
DIRECT COOMBS	Negative		NEGATIVE	

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*** "BURGSTAHLER, SCO" - Doctor Report ***

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: LAB LAB
Reported: 04/10/06 20:49

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762

MR# 122671 SWENSON,MICHEAL E

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:33 mtk LAB#100-0146

Test Name	Results	Init	Reference Range	Units
CARDIAC MARKERS				
CK	161		24-204	U/L
THYROID TESTS				
TSH	0.85		0.40-5.00	uIU/ml
CHEMISTRY				
SODIUM	139		136-145	mmol/L
POTASSIUM	4.2		3.5-5.1	mmol/L
CHLORIDE	103		98-109	mmol/L
CO2, TOTAL	26		21-29	mmol/L
OSMOLALITY-CALCU	280		272-295	mOsm/Kg
ANION GAP	10		3-11	MMOL/L
GLUCOSE	104		70-110	mg/dl
BUN	19		8-21	mg/dl
CREATININE	1.2		0.9-1.5	mg/dL
CALCIUM	9.7		8.5-10.5	mg/dl
TOTAL PROTEIN	7.0		6.3-8.3	g/dL
ALBUMIN	4.7		3.5-5.0	g/dl
ALK PHOSPHATASE	83		45-122	U/L
BILIRUBIN, TOTAL	0.7		0.2-1.3	mg/dl
AST	28		10-34	U/L
ALT	56 H		10-44	U/L
HBA1cRATIO (WB)	5.4		4.50-5.70	%

Never explained - constantly ignored/overlooked and avoided whenever I point out this indicates SAPS possible liver complications!
"unexplained hepatic... think Wilson's Disease"

*** See Next Page for Additional Results ***

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: LAB LAB
Reported: 04/10/06 20:49

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:33 mtk LAB#100-0146

Test Name	Results	Init	Reference Range	Units
HEMATOLOGY				
WBC	6.8		4.0-9.6	X10*3/UL
RBC	5.68		4.06-5.80	X10*6/UL
HGB	16.9		12.9-17.5	g/dl
HCT	50.7		38.1-51.7	%
MCV	89.2		84.4-98.2	fl
MCH	29.7		28.2-33.2	pg
MCHC	33.3		32.6-35.0	g/dl
RDW	11.4		10.8-14.2	%
PLATELET CT,AUTO	286		133-357	X10*3/UL
MPV	8.4		6.8-10.8	fl
NE%	59.3		43.6-79.0	%
LY%	30.5		10.3-45.1	%
MO%	7.0		3.5-13.1	%
EO%	1.0		0.0-7.4	%
BA%	2.2		0.0-2.6	%
NE#	4.0		1.9-6.7	X10*3/UL
SED RATE	5		0-10	mm/HR
MANUAL DIFFERENTIAL				
SEG NEUTROPHILS	51		40-80	%
BAND NEUTROPHILS	1		0-9	%
LYMPHOCYTES	38		15-45	%
MONOCYTES	5		0-10	%
EOSINOPHILS	2		0-4	%
BASOPHILS	1		0-1	%
ATYPICAL LYMPHS	2	should be NONE!		
RBC MORPHOLOGY			normal	
NORMAL MORPHOLOGY				
PLT ESTIMATE			Adequate	
PLATELETS APPEAR ADEQUATE				

(85)

*** See Next Page for Additional Results ***

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: LAB LAB
Reported: 04/10/06 20:49

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762

X

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:37 mtk LAB#100-0149

Test Name	Results	Init	Reference Range	Units

REFERENCE LABORATORY

HAV AB, IGM .
Rslt: Non Reactive RR:NR Units:
HBc AB, IGM .
Rslt: Non Reactive RR:NR Units:
HCV AB SCREEN .
Rslt: Non Reactive RR:NR Units:
HEP B SURFACE AG .
Rslt: Non Reactive RR:NR Units:
HBsAG Confirm by Neutralizatio DNR
INTERPRETATION .
Rslt: See Below RR: Units:
No serologic evidence of HAV, HBV or HCV infection.

Test Performed At:
Pathology Associates Medical Lab
Spokane, WA 99204

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*** "BURGSTAHLER, SCO" - Doctor Report ***

Rpt Comment:

Admit DR:BURGSTAHLER, SCO Admitted: 04/10/06 15:29
Consult Dr: BURGSTAHLER, SCO ACT# OP11279117
Sex: M Age: 40Y Room: DIS DIS Pt Phone:(208)265-8762
Reported: 04/11/06 08:14 PAGE # 1
MR# 122671 SWENSON,MICHEAL E

Bonner General Hospital
520 North Third Avenue
Sandpoint, Idaho 83864

CONFIDENTIAL REPORT
Fax: 208-265-1288
Phone: 208-265-1182

Patient Name: SWENSON,MICHEAL E DOB:04/05/1966

Ordering Dr:BURGSTAHLER, SCO Collect:04/10/06 15:35 mtk LAB#100-0148

Test Name	Results	Init	Reference Range	Units
URINALYSIS/SEROLOGY				
HIV-1/2 (RAPID)	Negative		NEGATIVE	

I'm not a drug user; nor have I been unfaithful to my wife since the day we met. I am willing to take a polygraph.

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*** "BURGSTAHLER, SCO" - Doctor Report ***

Rpt Comment:

Admit DR:BURGSTAHLER, SCO
Consult Dr: BURGSTAHLER, SCO
Sex: M Age: 40Y Room: LAB LAB
Reported: 04/10/06 16:20

Admitted: 04/10/06 15:29
ACT# OP11279117
Pt Phone:(208)265-8762

MR# 122671 SWENSON,MICHEAL E

Bonner General Hospital - Department of Radiology
520 North Third Street, P.O. Box 1448, Sandpoint, ID 83864-0877
Voice - (208) 265-1142 FAX - (208) 265-1051

Patient: SWENSON, MICHEAL E
Sex: M Age: 040Y DOB: 04/05/1966
MR#/Rad# 122671
Pat# 11279753
Pat Phone# (208)265-8762

Exam: BRAIN MRI
Seq# 1
Exam Date: 4-14-2006
Admit by: SCOTT BURGSTAHLER, MD
Atnd Phys: SCOTT BURGSTAHLER, MD

==========

CLINICAL HISTORY:
Memory deficits. History of gun shot wound to head.

Comparison Head CT 9-28-04

TECHNIQUE:
Sagittal and axial T1 weighted, axial FLAIR, T2 weighted and coronary FLAIR images of the brain were obtained.

FINDINGS:
There is a defect in the frontoparietal calvarium. There is an area of underlying encephalomalacia and gliosis deep to the calvarial defect. Findings consistent with patient's history of gun shot wound.

Sulci otherwise appear normal. The ventricular system appears normal. No other focal parenchyma findings. No mass. No intracranial hemorrhage seen. No focal abnormality in the mid brain or brain stem. Posterior fossa structures appear normal. I see no abnormality in the temporal bones. Orbits appear within normal limits. There is normal flow void in vascular structures at the skull base. I see no significant findings in the sinuses.

IMPRESSION:
1. Focal calvarial defect is seen in the right frontoparietal region with underlying small area of encephalomalacia and scarring. Findings are consistent with patient's history of a gun shot wound.
2. Intracranial structures otherwise appear normal. No other significant findings. Details above.

MARK E. WEBER, MD 04/17/2006
jlb
Electronically Signed by MARK E. WEBER, MD (04/17/06 08:28)

/83

Bonner General Hospital - Department of Radiology
520 North Third Street, P.O. Box 1448, Sandpoint, ID 83864-0877
Voice - (208) 265-1142 FAX - (208) 265-1051

Patient: SWENSON, MICHEAL E	Exam: ABDOMEN CT
Sex: M Age: 040Y DOB: 04/05/1966	Seq# 1
MR#/Rad# 122671	Exam Date: 4/12/06
Pat# 11279246	Admit by: SCOTT BURGSTAHLER, MD
Location:	Atnd Phys: SCOTT BURGSTAHLER, MD
Pat Phone# (208)265-8762	Copy to:

CLINICAL HISTORY:
Abdominal and bilateral flank pain times two months.

No comparisons.

TECHNIQUE:
Using spiral technique, axial images of the abdomen were obtained after administration of oral and intravenous contrast. The patient received 100 cc of Omnipaque 300 intravenously at 2 cc per second.

FINDINGS:
The lung bases are clear. There is a subtle 1.0 cm low density lesion posterior segment right lobe of the liver. No other focal liver lesions. The biliary tree is not dilated. There are several partially calcified stones seen in the dependent portion of the gallbladder. The pancreas and spleen appear normal. No adrenal masses. The abdominal aorta and periaortic tissues appear normal. The kidneys appear normal. No stones or hydronephrosis.

There are diverticula in the colon. I see no findings of diverticulitis. The sigmoid colon and the pelvis is not imaged on this exam. The appendix is partially seen and appears normal. No ascites or free air. I see no abdominal wall hernia.

There are degenerative changes in the lower lumbosacral spine.

(Continued)

* Unexplained as to the cause or potential causes!

Continued From Page 1
Patient Name: SWENSON, MICHEAL E
Patient Number: 11279246 MR# 122671

IMPRESSION:

1. Cholelithiasis. No other findings of cholecystitis. The biliary tree is not dilated.
2. There is a 1.0 cm low density lesion posterior segment right lobe of the liver seen on initial imaging, delayed scanning was also performed. The lesion is not seen on the delayed images. No other focal liver lesions seen. This finding is unlikely to be clinically significant. This may be a hemangioma.
3. Diverticulosis. No findings of diverticulitis. The distal colon and the pelvis is not imaged on this exam.
4. Appendix is partially seen and appears normal.
5. Degenerative changes are seen in the lower lumbosacral spine.

Ignored!

MARK E. WEBER, MD 04/13/2006
rlw
Electronically Signed by MARK E. WEBER, MD (04/13/06 16:38)

(SAM)

* It had been many months in order to see this physician and he REFUSED to run diagnostic tests for Wilson's Disease - OF COURSE, I became angry - I'm fighting for my life and this arrogant quack wouldn't perform tests a PAYING patient asked for!

May 12, 2006

Scott A Bergstahler MD
Internal Medicine Associates
207 Church Street
Sandpoint ID 83864

RE: MICHAEL E. SWENSON
Acct. #: A061090
DOB: 4/ 5/1966

Dear Doctor Bergstahler:

I saw Mr. Swenson in consultation for your on Friday, May 12th.

As you can see from my note it was not a very comfortable interview. There were a great number of issues that the patient brought up in a very hostile and aggressive manner and he was extremely upset with me because of a problem of Wilson's disease, which I found no record of in your letter to me.

I did examine the patient's peripheral blood smear and I found no evidence of spherocytosis and there was, of course, none on your tests prior.

He is either lying or he never looked at my blood. I can PROVE to anyone who can see my blood cell morphology indicates this trait!

The patient also claimed that he had leukemia and that there was a conspiracy to cover this up. I examined his peripheral blood smear for white blood cells and there is absolutely no evidence of any leukemia.

LIAR! 06-16-06 conspiracy to cover up Wilson's not leukemia - leukemia is well known Wilson's Disease isn't!

Please note that I am very happy to help in the care of your patients, but this particular patient will not be allowed to come to our office again because of his threatening and hostile behavior toward me.

I never threatened this person I was hostile when his actions left me dying in agony!

Sincerely,

Robert H. Laugen, MD
Medical Oncologist/Hematologist
12615 E. Mission Ste 200, Spokane, WA 99216
(509) 228-1200 Fax (509) 928-6614

Electronically authenticated by ROBERT H. LAUGEN, MD on 5/23/2006 at 9:43 AM.

RHL/dkv R. 05/15/06 T. 05/18/06

Enclosure: May 12th consultation note.

(53)

Medical Oncology/Hematology

Bruce A. Cutter, M.D.
President

Stephen P. Anthony, D.O.

John R. Caton, Jr., M.D.

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(800) 866-9809
Fax (509) 228-1180

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Spokane, WA 99218
(509) 228-1400
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Fax (509) 928-6614

Deaconess Health & Ed Bldg
910 W. Fifth Avenue
Suite 102
Spokane, WA 99204
(509) 228-1600
Fax (509) 456-3213

CANCER CARE
NORTHWEST

MEDICAL ONCOLOGY/HEMATOLOGY CONSULTATION

MICHAEL E. SWENSON
ACCT. NUMBER: A061090

May 12, 2006

DATE OF BIRTH: April 05, 1966

REFERRING PHYSICIAN: Scott A. Bergstahler, MD

CHIEF COMPLAINT: Reason for referral was listed as hereditary spherocytosis but there were clearly other issues.

HISTORY OF THE PRESENT ILLNESS: Mr. Swenson was seen at the request of Dr. Bergstahler, who sent me a note on April 25th asking my help. He had been diagnosed, according to Dr. Bergstahler's letter, with hereditary spherocytosis in Phoenix but Dr. Bergstahler had seen the patient and his labs had indicated no evidence of that. We reviewed Dr. Bergstahler's records indicating that he had been seen in April with chief complaint of feels lousy. Dr. Bergstahler indicated in that letter that the patient had been upset about some blood transfusions that supposedly occurred during a surgery at Deaconess Hospital. Dr. Bergstahler indicated problems of anger, memory loss, and obesity, prior gunshot wound to the head, sleep apnea and nasoseptoplasty. Dr. Bergstahler obtained labs on April 10, 2006 and this showed a normal white count, normal hemoglobin, normal MCV, normal platelet count, normal white cell differential. HAV, HCV and other hepatitis tests all negative. HIV test negative. CT head scan on April 14, 2006 revealed focal calvarial defect right frontoparietal region, underlying small area of cephalomelacia. Abdominal CT report on April 12th showed normal spleen, liver with "subtle 1 cm low-density lesion of unknown significance" and some gallstones seen.

Burgstahler faked Langan's findings with lies proving conspiracy!

PAST SURGICAL HISTORY: The patient listed his prior surgeries as a septoplasty in 2004 and a bullet wound surgery, 1988.

CURRENT MEDICATIONS: Patient indicated in his medication list that he takes Cymbalta, zinc, folic acid, vitamins; something called Compound X, some sort of green tea preparation, occasional vitamin shots, papaya enzymes and something called Lucidal. He is under the care of Dr. Will Corell.

REVIEW OF SYSTEMS: His system review was positive in almost all areas, see list.

PHYSICAL EXAMINATION:
VITAL SIGNS: WT 262, TEMP 98, BP 147/105, PULSE 84, HT 70.

LABORATORY DATA: White blood count 7,800 with normal differential. I examined the peripheral smear personally and there were no abnormal white cells seen. Likewise, there were no significant numbers of any spherocytes seen. The hemoglobin was normal at 16 and the MCV was 88, which is normal. A platelet count was 278,000, which was normal.

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Continued...

This physician is lying outright! I only became angry when he refused to run diagnostic tests for Wilson's Disease, leaving me dying and my wife thinking I'm crazy. I'm losing all I worked for, my wife, friends, and my life because of negligence at best or premeditated conspiracy to commit homicide at worst, leaving me in tortuous pain by denial of medical care has already been determined to be aggravated assault by the Courts!

CANCER CARE NORTHWEST

SOUTH
601 S. SHERMAN ST
SPOKANE, WA 99202
(509) 228-1000
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FAX (509) 228-1180

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SPOKANE, WA 99216
(509) 228-1200
FAX (509) 928-6614

DEACONESS HEALTH & ED BLDG
910 W FIFTH AVENUE
SUITE 102
SPOKANE, WA 99204
(509) 228-1600
FAX (509) 456-3213

MICHAEL E. SWENSON
DATE: 05/12/06
DOB: April 05, 1966

NARRATIVE INTERACTIONS: The following is a narrative record of the patient's interaction with this observer. I had reviewed his records prior to entering the room to see the patient and read Dr. Bergstahler's letter asking me to consult regarding spherocytosis. When I entered the room the patient immediately began a very heated, angry, aggressive discussion of a prior surgery at Deaconess Hospital in which he claims he was given mismatched blood and that this has caused him to have leukemia and that his illnesses are all related to this problem. I attempted to go back to the issue of spherocytosis and at this point the patient became extremely upset and angry, was shouting at me, yelling and very aggressive. He began to complain that he really thought he has Wilson's disease and wanted me to run tests regarding this condition. He then went into about a five to ten minute loud aggressive heated discussion of Wilson's disease, had told me that I was a bad doctor because I was not able to help him with his Wilson' disease. He then told me he thought it was a government plot to cause people to have Wilson's disease and that there was a coverup of this and also that Deaconess Hospital was covering up his prior injury.

It should be noted that all my attempts to discuss things with him calmly and rationally were interrupted by the patient who repeatedly engaged in an extremely aggressive and hostile denunciations of me personally, as to my inability to treat him for Wilson's disease or diagnosis his for Wilson's disease. At this point I interrupted the interview, told the patient that I would review his peripheral smear for any evidence of spherocytosis, as Dr. Bergstahler had requested, and I asked the patient to please leave.

This patient is not going to be allowed to come back into this office because of his hostile and threatening verbal actions toward this observer. Further communications will be addressed with Dr. Bergstahler.

Robert H. Laugen, MD
Medical Oncologist/Hematologist

Electronically authenticated by ROBERT H. LAUGEN, MD on 5/23/2006 at 9:43 AM.

RHL/dkv

R. 05/15/06
T: 05/18/06

06-16-06

Cc: Scott A. Bergstahler, MD

Why else would the majority of the populace not know about a prevalent hereditary condition as a common factor in a wide variety of debilitating and terminal conditions? And why refuse to run the diagnostics?

I only became angry when this jerk refused to run the tests I was paying for and wouldn't read the simple tests to do to determine Wilson's! I didn't shout at him. He's a LIAR!

Sent to law enforcement Summer of 2006 through Fall 2006
(I have fax transmission logs of all I claim to have notified).

Wednesday, August 30, 2006 in the year of our Reigning King, JESUS, the CHRIST.

I, Michael Swenson, being of sound mind and sober constitution and with full understanding of the potential consequences of this action; having my entire being fixed on our REDEEMER, DELIVERER, SAVIOUR AND LOVER OF OUR SOULS, OUR TRUE COMMANDER AND CHIEF, YAHOSHUAH (JESUS CHRIST) AND HIS DIVINE REWARD, do hereby lay down my life, my will and my desires, to bring to your attention what I perceive to be one of the most serious matters ever in the history of this nation and of the whole of mankind. I have found out, through an attempt by medical practitioners to take my life, that a serious hereditary condition exists that makes people easily susceptible to murder by an improper blood transfusion. If the victim is blessed enough to survive the attempt, the slow agony of the deteriorating blood that results from the murder attempt is the equivalent of inhumane torture and eventually results in death. In attempting to get diagnosed and treated for this condition, I have discovered that the people of this nation and the world are not being told the truth about this serious genetic condition of the blood that makes those who have it more susceptible to every form of terminal illness.

Please take this matter most seriously as it just may save you or someone you love and care about from a fate worse than death.

Read all of the attached before passing judgment and I know that all who assist me in putting out the word will be BLESSED!!!!!!!!!!!!Amen.HALLELUJAH, AMEN!!!!!!!!!!!!!!!!!!!!!!!!!!(SHOUT IT)!!!!

My permission to print or broadcast the attached 28, twenty eight, page affidavit is given if and only if, the affidavit is published in it's entirety without editing, annotating, additions, deletions, or changes of any kind. **THE ONLY CHANGE(S) OF ANY KIND ALLOWED IS THE OMISSION OF ANY OR ALL OF THE PARTIES NAMED, IF YOU CHOOSE TO DO SO. OTHERWISE, I ACCEPT FULL RESPONSIBILITY, LIABILITY, AND/OR CONSEQUENCES FOR OPENLY PROCLAIMING THE IDENTITIES TO THE BEST OF MY KNOWLEDGE OF THOSE WHO HAVE PERPETRATED, CONDONED AND PARTICIPATED IN THIS EVIL ON ME (AND SO WELL PRACTICED MUST HAVE BEEN ON OTHERS AS WELL).** Any disclaimers must appear either at the beginning or ending of the publication. Any opinion, whether for or against, must be under separate heading as a separate article. If any publishes, broadcasts or distributes the affidavit by any means without adhering to these requirements then they may indeed be liable for the results; but if my instructions are followed, not only will you be helping to save lives (I am firmly convinced number in the millions in the United States of America alone), but I will not hold any who do so liable; (nor may anyone prosecute or bring tort action in my behalf against you for so doing; if and only if done verbatim); if it results in my untimely demise by those who have been participating by planned conspiracy in the unbelievable atrocities perpetrated on innocent millions because of rampant greed and corruption.

Look well to yourselves in the days ahead.

May all those who know the Lord your GOD, JESUS the CHRIST, be strengthened, encouraged and understand now why you've been suffering in silence. As such, I want the heading of the Affidavit published or distributed by any means to read, ***"Let the Suffering Silence Cease!!!!"***

Written with the gravest sincerity and in GOD'S HOLY LOVE for you all,

Michael Eugene Swenson, adopted, born Michael Doetsch; 522-92-4090

Affidavit of Current and Ongoing Events Within the United States of America

I, Michael E. Swenson, being of sound mind and sober constitution, do hereby record absolute truth regarding events I have witnessed to the best of my knowledge. May God grant me the ability to accurately convey what I have witnessed so that others may easily understand and so that the wicked practices I have experienced may cease. In Jesus' (Yahoshuah's) Omnipotent Name, Amen.

In May of 2004, I went into a hospital located in the state of Washington to have a septoplasty and tonsillectomy performed in order to correct my ability to breathe correctly. I had suffered a broken nose as a child and had a severely deviated septum preventing my CPAP machine for my diagnosed sleep apnea from working as designed. Prior to surgery, I had a prescreening performed by my surgeon, Dr. Michael Cruz, 217 W Cataldo Av. Spokane, WA 509-624-2326 (this surgeon was referred to me (and present the day of surgery) by Dr. Timothy Chestnut 801 W 5th Ste 504 509-625-1915), in order to make sure surgery was appropriate for my state of health. During the prescreening, my surgeon asked some poignant questions that I believed at the time was just polite small talk. He asked me what profession I was in and whether or not I was successful at it. I replied that I was in real estate and that I had made some fortunate investments. He further inquired as to what I estimated the value of them was worth and if I had a will or not yet. The questions were interjected in such a manor as to seem like polite conversation rather than the serious prying into the state of my affairs that it was. So I estimated somewhere between 2-3 million in holdings and that I had been too busy to get a will in place and that until recently my wife and I had had no assets to protect. He said something about a will might be a good idea to get in place as you never know what might happen during surgery however minor it may seem. The questions continued about a transfusion if one were necessary. All this questioning made me inquire as to just how "routine" this kind of surgery was. He assured me that it was minor but that sometimes occasions might arise that would require a transfusion. I didn't want any blood products, period; but after his prodding, "Even if you were dying from blood loss?" I conceded that if and only if I had lost so much blood I was in imminent danger of dying, then a transfusion would be permissible. I also insisted that it had to be an exact match only and no O- blood. At the time I could not remember why I was so apprehensive about receiving a blood transfusion and why I was insisting it had to be an exact match only, I just knew I had to.

I also had to go to the hospital, Deaconess Medical Center 800 W 5th Av Spokane, WA 509-458-7100, involved to have my blood prescreened and to sign a blood transfusion permission form. I wrote on the form itself that I was to only be given a transfusion in the event of an emergency only (that I had lost so much blood I was in danger of dying from blood loss) and that it had to be "EXACT MATCH ONLY!; O+ ONLY!" I asked for a copy of that form at the time and the nurse was obviously not pleased I had written

on the form. She went behind a wall where I could hear whispered conversation and she soon came back and said that their copier was being serviced and that the nearest one was some three floors away but that she would still get me a copy if I wanted it. I regret that I didn't insist on it at the time but the way she said it in such an exasperated voice, I just politely asked to make sure it was put in my medical record. Again, I did not remember at the time why I was so apprehensive about a blood transfusion, I only knew I had to insist on an "EXACT MATCH ONLY" and that I really didn't want one at all.

The day of surgery came and as a minister of the Gospel of Jesus Christ, I prayed fervently, not feeling at all comfortable inside about it. Nevertheless, I knew I had to get it done in order to breathe through my nose properly. Prior to going under the anesthesiologist (this field of medical practice is probably most corrupt concerning Wilson's because they have to be present during virtually all surgical procedures), Dr. James Joy (please verify all attending physicians and assistants in the medical record and daily employment records from Deaconess) 805 West 5th Ave., Spokane, WA 509-458-5800 asked me the same questions my surgeon had asked about my profession, the status of my estate and whether or not I had gotten my will in place yet. Again, I foolishly thought this was all just professional small talk and so answered as I had to my surgeon and that my wife and I had simply been too busy to get our wills in place yet. He reassured me I had nothing to worry about anyway as this was a very routine minor surgery. I was more than apprehensive as he put me under and my sole comfort was that I entrusted my soul to the safe keeping of our LORD.

The next thing I recall was waking up in a dark room with a young nurse/intern standing next to a blood bag holder and squeezing a blood bag that was going into my I.V. I asked her what happened and she replied that apparently I had lost an unusual amount of blood during surgery and so they had to give me three units and she was finishing the last of the three units at that time. She was standing next to a machine that I didn't recognize and so I asked her what it was and she replied that it was a blood warmer because it was being used to keep the blood warm that she was giving me. She continued that they had been unable to locate O+ blood in the entire hospital and so they had decided to give me raw O- blood rather than the frozen compacted cells and she said that raw blood was better in an emergency situation. (I knew inside that was incorrect, but I felt myself slipping into unconsciousness and so I muttered something about universal donor before blacking out.) Next I awoke in a brightly lit room with a huge tube down my throat and I was suffocating. Nurses and doctors were all around me frantic as I sat up and tried to pull the tube out that was choking me. Someone was yelling, "Hold him down! Hold him down!" and another, "Put him out! Put him out!" which they did. Then I awoke in what appeared to be yet another room with just a young man and woman. When I awoke, I was suffocating again with the tube in my throat, only this time my hands and legs were tied to the gurney and I couldn't sit up or do anything but jerk around and pound my fingers as loud as I could on the metal rail trying to get their attention. The woman had her back to me and as I struggled, the young man smirked and turned his back on me. The woman was acidly saying that acting like a wild man wouldn't help me and that they had to restrain me to keep me from pulling the tube out (that was in my throat and preventing me from screaming for help). My mouth filled with a thick foamy substance that began

running down my cheek out of my mouth as I tried franticly to get them to look at me so they could see I was suffocating. As I felt the darkness closing in, I shed a tear that I was unable to tell my wife I loved her one last time and had just a moment to think, "Into Thy hands I commit my spirit, LORD JESUS." Then I felt my entire body seize, convulse and everything went black.

I really don't like to think too much about it, I still suffer trauma every time I do.

You might be thinking at this point why has it taken him two years to tell someone about this and if they really wanted him dead, why is he still alive. Well, I'll tell you that at the time so much had happened to me, it took me all this time to recover enough strength and cognitive ability to remember it all clearly. Let me tell you as best as I can recall exactly how it happened.

I really thought I had suffocated to death at that last episode (and apparently I did), but I was surprised to awaken yet again in yet another region of the hospital in I.C.U. (yet another attending nurse about my height and healthy build) The story went something like I had suffered pulmonary edema from the negative pressure around my lungs due to my sleep apnea condition and that it was an extremely rare event and that I was very lucky to have been resuscitated by a shot of adrenaline. My wife, Jane Swenson, told me at the time that she had been told I had suffered pulmonary edema followed by cardiac arrest twice; once for three minutes and another for five minutes without oxygen or heart beat. She also told me that the attitude of all the involved doctors changed dramatically after the attempt on my life; that prior to surgery they were all well-mannered and friendly and afterward extremely aloof and cold. That would correspond to my memories. Finally, I was transferred to yet another area of the hospital to complete recovery. I was given oxygen, and they had a catheter in place. I was given intravenous hydration. I asked the attending nurse why I had a slight elevated temperature, sweats followed by chills, and dark brown urine and she replied that I was apparently suffering from "a slight allergic response to the blood transfusion". She also said that the brown urine was from the diuretic they were giving me. (I later found out these responses were all lies).

I was given prednisone and Norco (? Spelling, it's a pain medicine; I later read on the Internet that diuretics and prednisone are typically used to treat Acute Hemolytic Blood Transfusion Reactions) and sent home to recover. My wife and I had purchased recliners, just so I could rest upright with the splints in my nose. I was very ill, my intestines felt like stone and it was some time before I could eat solid foods. I drank mostly, and ate very soft foods like yoghurt and cooked spinach. The time came for my splints to be removed and my surgeon, Dr. Cruz, did the job. I must say that part of the surgery was a success. I could breathe through my nose sufficiently for the first time in over twenty five years and could actually smell things I hadn't since I was a child. Food tasted better and I thought I was on my way to a successful recovery.

I did remember the part about suffocating to death with my hands tied and I notified the hospital involved that if they were going to tie someone to a gurney they should've at least placed an emergency button in their hand. I also stated that I didn't believe law

suits (strictly for personal revenge) were appropriate (due to my faith) and that I only wanted to make sure they implemented that in the future so no one would go through what I did. Months went by and I tried very hard to return to full time work, but it was as if I just couldn't get my life force energy back no matter how hard I tried. I studied, changed my diet to the very healthiest recommendations, and spent thousands of dollars on the world's best supplementation products (as I'm fundamentally opposed to pharmaceuticals due to all the harmful side effects and my studies concerning them in the Holy Bible). I got a call from the anesthesiologist, Dr. Joy, regarding my written complaint of being tied to the gurney and he assured me that had never happened and that it was "psychological transference" from the previous episode I noted above and that the second episode had never happened at all. I became so enraged during that phone call from him, I almost decided to litigate the matter and I struggled with my faith for months regarding that course of action and eventually chose to forgive them, as I really was too weak to take on such a battle anyway and I wanted inner peace rather than turmoil over the wrong that was done to me and the physician(s) unwilling to apologize for it but tried to dismiss it with meaningless jargon.

As more time passed, I found certain supplements helped and I had some better days, but overall my health was continuing to decline. Eventually, it was becoming next to impossible just to make it out of bed, go to the bathroom and feed myself. Whether I slept 4 hours or 14, I just never felt recharged and it was becoming impossible for me to work. In between, days or weeks of not being able to do anything much at all but make a few phone calls in a desperate attempt not to lose my clients, I would get on the Internet and try to figure out what was going on. I started entering all my symptoms and was fairly certain that somehow I had developed hepatitis. I went to see an Internist, (Dr. Tepak Haw in Coeur d' Alene, ID who literally disappeared from this entire region and ceased medical practice in this region shortly after diagnosing me and the direct/indirect coombs test record somehow also disappeared) and had extensive blood work done. I tested negative for all currently known forms of hepatitis and everything appeared rather normal except for a slightly elevated ALT and cholesterol reading. There was also something about the direct/indirect coombs test. What he decided was wrong with me was that I had tested positive for infectious mononucleosis (I later read this can indicate Wilson's). I asked him how I could've gotten mono, since I had been at home for months and my wife and I had not been intimate for some time because I had been too ill. He looked at me skeptically and said something about kissing or sexual contact (of which I knew neither had occurred). He said I only needed to rest and offered some form of sleep aid, which I picked up at the local COSTCO. I continued to study and research and attempt to find natural products that would help me recover.

My short term memory was getting so bad, and the effort to get up out of a chair so strenuous that by the time I stood, I was forgetting why I had made the effort in the first place. I was forgetting food in the microwave, and I began to think I was developing early stage Alzheimer's. At forty years of age, this was very draining that not only was I physically without life force, but that mentally I was beginning to suffer as well. I thank God, my wife found this product known as Lucidal. About a month after taking it continuously, I woke up one morning remembering everything clearly that had happened

at the hospital. I wept and I wept. And then I got angry. Angry enough to begin to seriously research transfusion reactions and everything that had happened to me together with my progressing worsening symptoms of illness. As I did so, I came across ample information that what had actually happened to me is known as an acute hemolytic adverse transfusion reaction. It's a reaction that occurs when a recipient is given incompatible blood and causes pulmonary edema (suffocation on your own bodily fluids) followed by cardiac arrest and can result in death. Adverse transfusion reactions such as this are supposed to be handled immediately so that the donor's blood and recipient's can be analyzed to find out just what brought on the reaction. In my case, the Rh factor incompatibility was the primary reason, but raw blood is a last resort not a first in an emergency situation because of all the antigens and antibodies involved in both donor and recipient. (I learned this as a medical laboratory technician in the Army when I was younger). Regardless, raw O- blood was given me against my express verbal and written instructions and nearly caused my instantaneous death and now is causing an even worse scenario in that I'm dying in excruciating pain as a result.

Let me explain further. I continued to seek the reason(s) for my ill health as I developed more and more symptoms. My dental hygienist (because this office is not involved in the cover-up I will protect their identity at this time but I will say, my dentist was going to examine my mouth when I called him and told him about certain conditions in my mouth and told me to stop by anytime, I notified him I was coming and shortly before I arrived they closed their doors, shut off the lights (although I knew they were inside because I walked across the hall and the receptionist there told me she just saw them and was surprised they were suddenly "closed"); in addition, this busy family practice suddenly changed their normal operating hours as a result, I strongly believe they were pressured by our corrupt government officials trying to keep Wilson's from public knowledge); yes, the hygienist noted that I had petechiae (tiny, pin-point red dots in my inner lips and mucous lining of my mouth); she said that a friend of hers had developed those shortly before she was diagnosed with leukemia and that it was probably not so serious in my case, but that I should look into it. Well, she didn't know it, but the symptoms I had been experiencing kept directing me to leukemia on the Internet; so this didn't bode well with me. As I researched this additional symptom, it only confirmed my suspicions, but another topic of study reared its ugly head.

It's a hereditary condition know as **Wilson's Disease**. If you decide to research this topic, I **strongly** suggest you do so from a public forum, such as a library. I didn't know it at the time, but this condition is being kept from public knowledge and even from the knowledge of the majority of medical practitioners. Those in the "know" about this condition in hospitals across America may not be trustworthy. (At least not the ones I've encountered). You see, a patient with Wilson's will almost most certainly die from a bad transfusion. But let me continue as to how I finally figured out all that had happened to me and why.

I started seeing a highly recommended physician, Dr. William Correll, 3424 S Grand Av Spokane, WA 509-838-5800 ("Complimentary and Alternative Medicine") that was also a naturopath in Washington. I had extensive blood analyses done and there were noted

issues. Still elevated ALT, extremely low testosterone levels, borderline elevations in glucose and other issues that when all brought together with all the other symptoms I was experiencing kept pointing to Wilson's and leukemia. But my physician discarded the notion of leukemia because he said I didn't have elevated WBC's. (Not all forms cause this although the majority do, but I didn't know it at the time). He diagnosed me with Chronic Fatigue and Fibromyalgia and prescribed some natural herbal sleep aids and herbal pain relief formulas. As I studied further on the Internet, these diagnoses seemed like nothing but a catch all for conditions when physicians couldn't figure out what was really wrong with their patients. (BEFORE I figured out that I had Wilson's, I applied for life insurance with Lincoln and they turned me down citing that it was something in this doctors medical record as the reason. They stated no specific reason, because the truth of why I was turned down was that Dr. Correll violated doctor patient confidentiality and sent my correspondence with him on to them; thereby he prevented me from being able to look after my family as I had intended because of how bad I was feeling at the time; though undiagnosed).

I began reading more on Wilson's. There were terms I didn't know the definitions of and so had to find out what they meant and as I did so, I began to realize that I possessed every single observable symptom of the condition. (For the sake of those reading let me go over some of the major symptoms: I believe the most significant sign/symptom is what are called Kayser-Fleischer rings; however the definition I read online is incorrect; in simple terms it is a darker ring around the colored part of each eye of varying thickness (a very narrow perfect symmetrical ring the size of a thread is probably NOT a K-F ring, but a murky ring of varying thickness at times blurring into the whites of the eyes (and especially if in connection with these murky or darker rings you possess virtually constant blood-shot eyes or if you look closely at the whites of your eyes they are turning yellowish (very light yellow is still significant!); yes, regardless of the color of this ring (because the color varies due to the chromosomal color of each persons eyes, for example, someone with blue eyes, most likely will have a dark blue K-F ring within the iris of each eye and PERHAPS brownish discoloration as it blurs into the whites of the eyes, someone with brown eyes will have very dark brown rings or may even look black, green will engender dark green etc. I believe the reason for this is that your eyes are filled with very fine capillaries and as they get clogged with heavy metal deposits (brought on by a combination of hemachromatosis and the spherocytosis (because immature RBC's(red blood cells) don't properly eliminate the toxic buildup in the cells AND the Rouleaux, chain formation RBC's, further clog capillaries causing the blood-shot eyes), so the metals get deposited beneath the chromosomal coloration of the iris at the outer edges in varying thickness, and the brownish blur of the ring into the whites has that coloration because the prominent metals being deposited are iron and copper found in most foods in varying degrees. (This is why taking zinc is so important (zinc chelation-binds with these heavy metals in the digestive process and helps prevent these toxic build-ups in your body (liver, eyes, brain, kidneys, spleen, are usually first affected because of the amount of capillaries in these) with each meal is currently one of the best things someone can do who has this hereditary condition (don't take too much probably most would do best with 25 mg per meal but if you eat large quantities of red meat or high iron and copper content foods could be as high as 50 mg per meal). Detoxification

baths in 1-2 cups of Clorox bleach (Clorox has a higher purification standard than some so best to stick to name brand, according to the health book I read) the amount will depend on your comfort level and the size of the tub (amount of water in the tub), will help pull out the metals through your skin and can help relieve the toxic aches and pains associated with the poisonous accumulation in your tissues. I tried other baths, like vinegar, mustard, special herbals and salts (expensive), but for me the most beneficial was the Clorox baths (inexpensive). Also sweating is good, but you MUST be especially careful to stay hydrated during any sauna or physical activity because the condition brings less of all that cells need (including water) and in later stages, gastric dumping occurs as the digestive tract fails and the body gets even less nutrients and hydration. In addition, I have found purification measures by green and white teas, grape seed extract, Compound X by Two Feathers, organic orange and apple juices, green apples, oatmeal (and other colon therapies), folic acid, powdered vitamin C (Ultra C- Dr. James Chappell's (READ HIS BOOK – "The Cure for Diabetes and Every Dis-Ease; a Promise Made is a Promise Kept", "lifepak"), **honey** is a great source of energy, easily assimilated, immune properties, and the enzymes aide in digestion, I use it instead of sugar to sweeten everything, and cinnamon helps dramatically to level blood sugar (so I lightly baste green apples in cinnamon and honey and mix it in the oatmeal after it's prepared, and I brew my tea with plenty of small cinnamon sticks, ginger (helps with nausea and motion sickness – I keep candied ginger in all my vehicles; so that if I'm able to travel I can keep mine at bay), and honey and then chill the tea after brewing (I've found a mixture of green, green chai, green orange spice, green honey lemon ginseng in equal proportions to be absolutely delicious) so I can drink it until about 5:00 or so at night, when I recommend going to organic apple juice with a half dropper full of liquid phos to help keep your liver and gallbladder clear (for a week out of each month) or the chamomile tea and honey warm (if you're not lactose intolerant a little warm milk or cream in the tea helps also); half organic orange juice half purified water throughout the day helps keep your depleted vitamin C levels up (important for helping your challenged immune system fight off infections) are all FAR more helpful than ANY of the current experimental medications I have read about thus far). Continuing on with signs/symptoms I found a couple life long issues with myself are insomnia (chamomile tea with honey, and Dr. Bell's or Dr. Teitelbaum's (doctor associated with chronic fatigue and Fibromyalgia) herbal sleep formula best help so far), and bouncing leg while sitting or dancing/twitching leg in bed (it's so frequent and unconscious with me my wife is constantly irritated by it), in fact, blinking overmuch, nervous facial or body twitches, or fingers (people with Wilson's often like to keep hands in pockets or fold them together and hold them even if they're unconscious about it (most are) they are controlling trembling and twitching that has most likely been with them for a lifetime but becomes more pronounced with aging as the metals build up in the moto-nuerological functioning of the brain, so palsies, Parkinson's, and other similar disorders can develop, (online a test is provided that if you hold out your hands relaxed in front of you they may flop at the wrist or fingers up and down or if you lay on your back and bend your knees and keeping your feet together let your knees part very relaxed that your knees may start bouncing back together as you relax and spread them further apart), but for me my whole life it was my fingers that twitched as my arms hung relaxed at my sides, my hands trembling and knees bouncing in this test only developed after this attempt on my life. I

had a teacher that has Wilson's growing up that had uncontrollable muscle flexing, eye's blinking, and neck twitching; so any moto-neurological issues of any kind; especially if you have K-F rings is HIGHLY indicative of Wilson's. Let me stray at this point into some personality traits of people I've noted with Wilson's. Most I've met so far are very talented, intelligent, often dynamically strong and yet can demonstrate difficulty in concentrating, easily bored, easily irritated (road rage), easily disappointed in what they perceive is incompetence in others everywhere they go, very impatient (virtually incapable of waiting in long lines), often feel like if they don't do it, it just won't get done right at all. As children they might have been diagnosed with ADD or when older with adult attention deficit disorder. Part of the reason we're irritated with others is that we are driven to succeed and be as best as we can be and part of it is that because we value that in ourselves we are disappointed when others are lazy or don't take their work seriously. The other reason we're irritated is that we often possess heightened sensitivity (some might even consider to be ESP) and so noises, bright lights, certain rough clothing or sheets, ANYTHING we perceive through our senses can be EXTRA annoying. As we grow older, the constant muscular (muscles tight and knotted all the time, very difficult to "relax") pain, joint pain, recurring headaches/migraines, organ pain coupled (PAIN all over sometimes very specific like an injured area, sometimes migratory) with chronic fatigue is so frustrating (due to our "type A" driven personalities) that we are often irritable even when we don't want to be (with our loved ones). Another frustration is that we think much more rapidly than we can talk and sometimes seems very hard for us to speak properly or as we would like and in extreme cases we wish others would just telecommunicate with us to save the effort. We are often concerned about our overall health, but because we are driven we are people of extremes, extreme sports, extreme learning, extreme artistry, but on the negative side can become extreme over-eaters, drug addicts, criminals, because people with Wilson's often tend to "go for it" and deem anything worth doing should be done with gusto or not at all. Back to physical signs and symptoms. I could write a volume on this topic; rather, I'm going to cover just why Wilson's is the number one cause of all terminal illnesses worldwide (or I should say makes us more susceptible to all terminal illnesses).

To this day, scientists are still proving the Holy Bible is the Word of the Living GOD, our Creator, as the Lord showed the prophets thousands of years ago that the earth was round (a sphere) and even the measure of it's radius, the hydro-cycle, the method of creation and biological cycles and hereditary properties (genetics), astrophysics, and, my point, stated "the life is in the blood". In healthy blood, the red blood cells are not hollow in their centers but donut shaped for a variety of reasons. In that translucent center is the ability of the cell to expand and contract as necessary through capillaries and so flow smoothly through the body. With each heart beat blood flows through main arteries similar to the way traffic moves through super highways (at least when there are no accidents or congestion). And then the blood picks up oxygen (and unfortunately pollutants) from the lungs as we inhale and nutrients from the digestive tract like those of us who travel to the store and pick up groceries to bring home or supplies for work. If all goes well, we travel main thoroughfares and usually onto ever smaller streets and roads until we reach our destination. In the same way blood carries what is needed to their place of work (organs, muscles, bones, neural pathways, and other individual cells of the

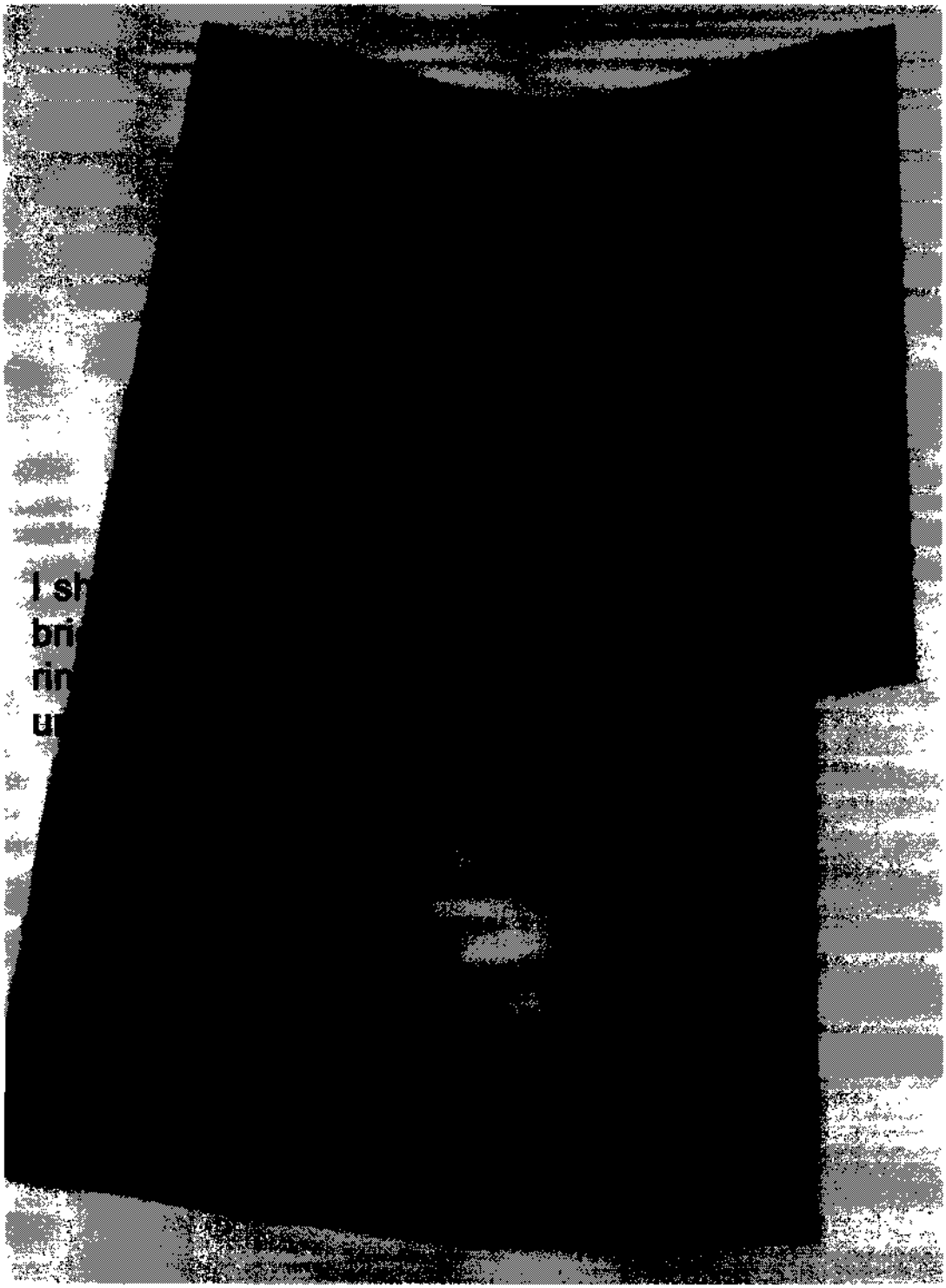
body so that each is fed and receives needed inspiration (oxygen). (In the body of Christ, this is like those who through prayer, receive inspiration from GOD, and through the study of His Word, receive food (Spiritual Wisdom and Knowledge) for the body of Christ and sent out on a mission (from the Heart), go to places to dispense what they have received, to other "cells" of the body. While there hopefully, confessions of sins (toxic waste) is made by those cells, people are healed of false doctrines (cancers of the body) and other sins are uprooted (urination and defecation of each cell in our natural body and exhalation, pollutants, toxins are removed). So the natural shows the spiritual functioning and the spiritual the natural). So a blood cell interacts with another cell, brings what it needs to live and then removes what is ailing it, travels to excretory organs and systems to get rid of all the toxic wastes before making the rounds all over again. (It's much more complicated but this gets my point across). We all get what we need to work and live, we travel and share it with others, we have regular waste removal in order as a society to function properly. Whether it's the natural body we're talking about, or the Spiritual Body of Christ or society as a whole, "the Life is in the Blood". In Wilson's however, the spherocytosis of the blood cells makes each cell smaller, harder, and round. It doesn't have the pliancy it needs to squeeze through tight spots, it doesn't have the hollowed center it needs to pick up oxygen and nutrients properly, and when it tries it can burst or simply is inadequate for the task. As a result, cells throughout the body don't get what they need to live beginning with the capillaries (tightest spots). As capillaries become clogged (blood-shot, irritated, dry eyes, headaches, dry skin (especially shins wrists, scalp (dandruff) and other low blood supply regions), the heart has to start beating harder and more rapidly (epidemic and ever increasing high blood pressure and faster resting pulse rates as more degeneration occurs). Inside organs start to suffer dramatically. The liver has to take on more as toxic waste builds up in the body because the small blood cells not only can't bring what each cell in the rest of the body needs to stay alive, they don't have the hollow area to handle the waste removal of each cell as well and so heavy metals start to build up in capillary supplied regions first (which is why Kayser-Fleischer rings can vary in thickness depending on diet, environmental pollution or other toxic exposure and the stage that Wilson's blood has degenerated to. It's also why metal sensitivities to jewelry can develop as well as why if one person with Wilson's is exposed to the same carcinogenic environment that a person who doesn't have the condition is exposed to, the person with Wilson's will develop cancer first. And furthermore why now that our global environment is reaching toxic levels in our air, food and water why people with Wilson's are starting to die off by the millions and will shortly reach epidemic proportions. People who don't have the condition might be thinking all the better for them as the world's population is decreased, but when a society loses its thinkers, and largely intelligent people, the whole of humanity suffers. I'm not saying that people without Wilson's aren't gifted, but I believe if blood tests could still be performed, president Kennedy, Howard Hughes, Einstein, Malcom X, Mohammed Ali and the like (some of the world's greatest "movers and shakers") would show they all had the condition. In addition, the truth of the matter is that our Creator is saying to the world thereby, if you don't do something quick, you'll all end up likewise. I am not one hundred percent certain, but I believe the millions that are dying in Africa right now should be investigated immediately by Wilson's experts. Granted there probably is a certain percentage dying of AIDS, but I listened to the testimonies of many of those

dying and their children and it appeared to me that many were godly, monogamous people. Back to the signs/symptoms again. If your blood isn't functioning properly, and organs start failing as a result, say hello to every form of terminal illness. One develops diabetes, another, cirrhosis, another Alzheimer's, another asthma, another kidney failure, and eventually after the mind and body deteriorates sufficiently and if the afflicted hasn't died from all the other conditions they developed, the heart fails from the excessive strain. In addition, as organs fail, our hormonal production is affected and menopause can be more severe in woman and in men, we can suffer from a hormonal imbalance as well. This imbalance in the sexes can cause women to have more masculine traits like aggressive tendencies, facial hair (more body hair period) and certain parts of their genitilia to shrink, and likewise men can start developing breast tissue and have their genitilia shrink as well. (This is probably the most embarrassing part of Wilson's (from a worldly carnal perspective); the hormonal imbalance making woman more like men and men more like women – now I know a lot of people might not want to fess up to this, but it is a significant symptom and shouldn't be ignored, we're all still complete in Christ and after all in the beginning the male and female were one body (this is a spiritually significant event that God, by the Holy Ghost will reveal later)! God has shown me, by the power of the Holy Ghost, in numerous dreams that there are untreated millions right here in the United States and that we all need to pray to Him right now and seek His Will for our lives right now as never before, because our time is short. I really, really, really, really don't want another soul on the planet to suffer what I have and still am going through right now, but God calls us each to fulfill our purpose at our appointed moment in "history".

I started seeing another physician, (I don't want to even refer to these murderous conspirators as doctors, they don't deserve the title but), Dr. Scott Burgstahler, 207 Church St. Sandpoint, ID 208-263-6876, in order to get even more blood work done and I specifically wanted the definitive tests done to determine if I, in fact, had the condition. I told him it was important to have a microscopic morphology analysis done of my cells; not just a computerized count. When I went to the local hospital, Bonner County General, in Idaho to get this round of blood work done, I asked if I could look at my cells under the microscope because I had been a lab tech in the Army and I wanted to see them for myself. The lab tech at the hospital made me uneasy when she referred to herself as a vampire for over twenty years (her name I believe started with an "A") I was given permission to look at my blood smear on the slide and I thank God for that. As I looked, I recognized abnormalities, but I couldn't place just what they were at the time. I knew that there were things wrong with both my RBC's and WBC's (red and white blood cells), but just what I couldn't remember because it had been almost twenty years since my training. But I went home and immediately got on the Internet where I found images of exactly what I had seen in my own cells. One of the conditions was spherocytosis (your red blood cells are small round and immature; somewhere between 30 and 70% that of a normal healthy sized cell, and not possessing the elastic translucent middle, but literally sphere-shaped hence the term), another was Rouleaux Formation (causes the RBC's to form chains and the formation makes it harder for them to travel through capillaries and decreases the efficiency of properly functioning blood), another was that I saw two WBC's (monoblasts) that had lacy cytoplasm and looked exactly what a

laboratory scientist had recorded on the Internet and called acute monoblastic leukemia M5 type 2. I KNOW what I saw and I can show the same to ANYONE with eyes to see! But the lab technician at the hospital had looked at my cells for a micro-second and determined everything was "normal"; and that's what went into my medical record.

About this same time, I showed Burgstahler documentation and printed my digital diary complete with color photos showing my yellowing sclera (whites of eyes), palms, and arm pits, the petechiae breaking out on my arms and told him how seriously ill I felt. Here are just a few of the images I showed him: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Instead of helping me, he mocked me, insulted me, and dismissed all easily observed visual observations. He chuckled as he showed me my modified medical record from Deaconess, and suggested mockingly that I might try to find an attorney. I at least got him to order the MRI and CT Scan also done at Bonner General Hospital. He's the one who lied to me about getting the review I requested done when I noted bone marrow degeneration, untreated Wilson's indicators in the brain and other serious conditions in the MRI and CT Scan. It should be noted that ever since I figured out what has been going on, I have not been able to get one diagnosis signed, and even receptionists for these physicians and technicians are unwilling to provide their last names as witnesses of denied medical care and intentional misdiagnoses.

About this same time, I went to the physician, Dr. Correll, in Washington again with my wife and told him again of my suspicions but he dismissed them even though I pointed

out that my lab results indicated I had the condition. (I had done further research and combined all my blood work together with abnormalities therein and matched them to possible conditions indicated). He prescribed an anti-depressant for my wife at the time known as Cymbalta. He wanted to prescribe it for me also, but I'm so fundamentally opposed to pharmaceuticals that I declined and told him once again that I wasn't depressed, just in a lot of pain and extreme fatigue. When I pressed about Wilson's he referred me to a hematologist in Washington. I also told him at the time that the hemolytic reaction could cause all the symptoms and prolonged suffering in a Wilson's patient but he apparently didn't understand how. In brief, a hemolytic reaction destroys so many of the "healthy" blood cells that the unhealthy ones proliferate (upsetting the "delicate balance") and causes an ever increasing decline in health as organs and tissues start to die off from lack of good blood getting to them. So places with low blood supply like shins become itchy and skin conditions (rashes, psoriases, etc. can develop), organs with fine capillaries like eyes, become constantly blood shot, migraines develop, liver and kidney conditions, etc. Anyone who has Wilson's hereditary blood condition, needs to be especially careful during any surgical procedure and make certain a witness is always present that will check the blood products to make sure they are an exact type match and preferably, the patient pre-donates their own blood for the event.

I continued to research more online and came across a term known as hemachromatosis and suddenly I remembered! I remembered why I had insisted on an exact match transfusion and why I didn't want one in the first place. I could see her squatting in front of me in the hospital back in 1988 where she had looked intently into my eyes and told me that it was very important that I remembered what she was about to tell me. This particular hematologist had discovered that I had antibodies to negative Rh factor and she explained I probably developed them at birth if I had never had a transfusion before. She also discovered that I had spherocytosis, Rouleaux formation, hemachromatosis, and suspected I might have what she called was a "rare condition known as Wilson's Disease", but at the time I could not get further testing done. I asked her why it was so important and she took the time to explain to me that with my condition, I had probably developed what she called a "delicate balance" but that a bad transfusion could upset that balance in my blood and cause organ failure, blindness, a slow painful death and eventually a heart attack if I didn't die from my other organs failing first. She said at the time there was no known cure, but that in the future there might be. Nevertheless, she said; if you remember nothing at all, remember that if you ever need a transfusion in the future you MUST insist on an EXACT MATCH ONLY, O+ ONLY! (And that's what I had remembered when I had gone in for surgery sixteen years later)

I started feeling so badly, that I decided when I had enough strength I was going to start documenting my symptoms day by day with digital media and by diary. I also went to see Burgstahler again in Idaho because I was having severe abdominal pain and bloating as well as intense migraines. I had an MRI and CT scan done and obtained a digital copy of the images. I was shocked when after I looked at them I found indications of bone marrow degeneration, and untreated Wilson's indicators ("giant panda face" in mid brain and "hummingbird sign" as well as evidences of deposits heavy metals in various cranial regions and two images were missing in a region of the remaining image that looked like

it might be indicative of seizures) in my MRI images, further I had a dramatically enlarged liver and spleen, also indicating Wilson's. Together with gallstones, jaundice in my hands and yellow sclera, red swollen face, itchy rashes, petechiae appearing on my skin and spider and cherry angiomas, my body was screaming that I had untreated Wilson's and probably leukemia as well, but when I brought all these to my physician's attention, he dismissed it all outright. I requested an immediate review of my MRI and CT images by the head radiologist at the hospital where they were taken. (That reminds me, when I went into get them done, the technicians asked me before they even started if I was still urinating (I thought that was an extremely strange question at the time and had never thought that a person could cease urinating)) But this is just another plain indication that the people involved know I have Wilson's and they are all conspiring to cover it up and in the process are letting me die in a way I know no one would want to experience. At least in this country, pain relief is offered in such cases, but I don't trust a medical practitioner now as a result not to poison me or inflict some even more tortuous substance into my body; so I am left as I ever have, to trust solely in the Grace, Love and Power of our Lord and Savior JESUS (YAHOSHUAH), the Only Way to be Reconciled to GOD and gain Heaven!

After I learned I had gallstones, my wife found out about a product known as Compound X by Two Feathers and it came with instructions on how to perform a liver/gallbladder cleanse. I knew I had liver issues from the developing jaundice and I knew I had to get rid of the gallstones due to all the pain I was having in the region. So I followed the instructions with a slight modification due to my weight and size and got rid of the gallstones and also the build up in the diverticulae of my intestines. But the instructions called for hydro therapy following. I have tried unsuccessfully for months now to get into see her. This practitioner is the only one I know of in my town and came recommended from female colleagues. I tried by phone repeatedly to gain an appointment and I finally started offering additional payment if she would only treat me. I offered double, then triple and finally quadruple her normal fee. I couldn't understand why she wouldn't see me; so I decided even though it is hard for me to travel to go into her office and seek an appointment in person. While I waited I saw numerous patients of hers and all were females. I handed her a written request for an appointment and that night I received a call from a local sheriff threatening me with a stalking charge. (As of July 09, 2006 I wish to correct the previous sentence, the call from the sheriff occurred after I hadn't heard from the practitioner after handing her the note; so I called one more time and asked her to please grow spiritually and see me even if she had a problem with treating men, because I desperately needed it, and so it was after that call/message I left on her phone that the sheriff called me and not the day I handed her the note). I was so incredulous that I asked him if he minded if I recorded the conversation, which he allowed me to do. I then responded by faxing him evidence that for a practitioner to deny medical service based on sex was a violation of federal statutes and for him to prevent me from obtaining needed medical treatment was also a violation thereby. I let three weeks pass in extreme patience with no call from either party and no appointment; so I filed a federal complaint with the appropriate office. Next thing, I started seeing police vehicles parked outside places I went to shop and along my regular routes and one trailed me for no reason. I faxed them an apology that I had not intended to offend any of them, I just

wanted to get desperately needed medical care and that they should be upholding the law and helping me obtain that appointment. As of this date, I still have not been able to obtain this necessary treatment due to discrimination. Regina Danielson 263-2100 510 N. 4th Ave Sandpoint, ID 83864 265-4194 the Lord add to her suffering as a result! unless she apologize (repent) to them others to treat the thousands in the NW that need this therapy! 09-02-06

During this time, I had called the Wilson's Disease national center and was astonished to get the president of the organization ("Mary", I can't remember her last name but it's on her site wilsonsdisease.org (again only visit from a public forum like a library)) on the line directly. When I told her my name she asked in disbelief for me to repeat my name and when I did suddenly a fax tone sounded in the phone. It was as if she had been told I would be calling in and that she was trying to get rid of me for some reason. I called back because I wanted to get the brochures to give to my physicians that told them how to diagnose Wilson's and what tests to give for definitive diagnosis. Within a few days after I left my name and address, government vehicles began to appear in my home town and follow me about. In addition, places I frequented suddenly would have change in personnel when I walked through the door. Especially when I went back to the hospital to get the review I had requested and that my local physician, Burgstahler, had said had confirmed that nothing was wrong with the images. I asked for signatures and ID's of those who had stated this and found out that no review was ever done at all and that my physician (Burgstahler) had out rightly lied to me.

During all this, I started hearing recording devices on my phone, files proving these facts were suddenly deleted off my computer (although I still have more than ample evidence of ALL that I affirm in this affidavit under penalties of perjury!) I started having record number of virus attacks on my various systems. One of my monitors was taken out by a "death spike". People started knowing my name everywhere I went when I was mostly a rather inconspicuous individual prior. Drivers of government cars started watching my every move. A vehicle of mine was tampered with so that I had to take it to a local shop, Les Schwab, where someone sped off with it off of the lot (I have filed a formal complaint regarding this event, all pertinent names are filed with the complaint).

At first I thought all the government vehicles (I know what plate numbers are reserved for federal and state officials because I tried to get them one time for spiritual reasons and Department of Motor Vehicles/Licensing personnel told me I couldn't because those plate numbers were designated for that purpose) was due to the fact that one of my clients had told me about a website called **911whatreallyhappened.com** (if you decide to visit this site make certain it is done from a public forum like a library) but the files that were being deleted had to do with proving Wilson's. I finally got to see the hematologist, Dr. Robert Laugan 12615 E. Mission, Ste. 200 Spokane, WA 509-228-1200, who was elderly and apparently nationally recognized in his field. It had been a long road to get to see him and I finally thought I was seeing someone competent enough to correctly diagnose me. I handed him the clinician's guide for diagnosing Wilson's and told him I wanted to be tested for two specific illnesses both of which were very serious. One was Wilson's and the other leukemia. He began verbally dismissing both out of hand! I couldn't believe it! He wouldn't even look at the Wilson's guide! I was both flabbergasted and enraged! I had just told him through years of research and agonizing pain, I believed I was suffering from two terminal illnesses and he wasn't even willing to do the tests or

read how really simple they were! He was saying something like he didn't know anyone in the entire region who could diagnose the condition. (I was handing him the guide! It is VERY easy)! And he wouldn't even take the time! My patience was gone at that point; this went beyond incompetence to willful negligence or perhaps intent to let me die. I did raise my voice at him at that point. He finally conceded to test my blood at least for spherocytosis. When he came back with negative results, I KNEW that this was INTENTIONAL COVER UP OF ALL THAT HAD OCCURRED TO ME! THERE WAS NO RECORD OF THE TRANSFUSION (ALTHOUGH I HAVE IRREFUTABLE EVIDENCE OF IT) AND A LEADING HEMATOLOGIST COULDN'T RECOGINIZE OVER 50% AFFECTED RBC'S WITH SPHEROCYTOSIS! I KNOW he knows that I have both Wilson's and leukemia but is refusing to diagnose me. I got a copy of his lying report in my medical record where he liabled me and quoted Dr. Burgstahler (who has never looked at my blood to the best of my knowledge) stating, "just like you told me no spherocytosis", PROVING Burgstahler, prejudiced the test before it was even done. In addition, Burgstahler talked of psychiatric condition BEFORE even a quack diagnosed me, PROVING further this man liabled me without reason. AND he slandered me on the phone to the staff at the radiology department when I caught him in a lie that he had never gotten the review I requested and that he had said was done. The staff patronized me after talking with him on the phone (why did they call him in the first place, all I did was request a copy of the review). Again and again, as I have stated people are working together to keep you, the public, in the dark about this serious hereditary condition. And as a result, I will use the last of my life force and channel the great pain they are causing me to be in, into telling every last soul on the planet, as long as GOD gives me strength and keeps me alive!

So I began to put it all together. Why would the government be interested in me? Why are all my physicians refusing to correctly diagnose me? Why am I dying in excruciating pain? While I figured it out, my wife, Jane Swenson, my brother, James Swenson, and my "friends", Glenn and Kat Westbrook, all started thinking I was "crazy" because all these physicians were saying I'm fine when I was telling them that I had these serious conditions. And they especially started thinking it when I tried to point out the government conspiracy involved. So they tricked me into going to another hospital, Kootenai Medical Center, in the North Idaho Behavioral Health (NIBH) division, where they swore to me an expert in Wilson's was and I ended up in a mental ward where these same practitioners (co-conspirators), Dr. David Wait, Dr. Miller possibly others involved but these two are definitely complicit, tried to give me chemical lobotomizers seroquel, depakote, and other such harsh medications as to kill a person in my condition! They kept me illegally incarcerated against my will for a week. During that week that seemed much longer, I found out to my horror that all of this was a standard of practice for corrupt medical practitioners! Patients that these corrupt doctors had made "mistakes" on were routinely placed in mental wards (according to the individuals I spoke with that had been in these institutions for many years). They were given such strong chemicals that it made them appear so incompetent no one would believe or listen to them. In the meantime, these corrupt practitioners drained the victim's financial resources and through "kangaroo courts" got them routinely committed and were given drugs until they were either brain dead or really dead! They did this intentionally so no one would listen to or

believe their testimonies and so they could avoid taking responsibility for their intentional/or possibly unintentional "mistakes" in medical practice! I witnessed a very well organized and oiled machine of corruption first hand as a quack, David Wait, diagnosed me with a serious mental illness (bipolar something) without even talking with me and tried to give me lethal doses (for a person with my stage of Wilson's and leukemia) of serious medications. I heard him coach my wife into saying that I had threatened her (when I have never done any such thing in all the years we've been together) so that he could place me on administrative hold and he was rushing me to one of the kangaroo courts these other poor souls were warning me about when I chose to follow their advice and pretend to take the "medication" they were proffering me; so that they couldn't route me to a state institution where no one would see me again. I'm NOT lying! I'm NOT crazy! This is occurring regularly all over the United States according to one witness in particular that had been in and out of these institutions since the sixties. Furthermore, he said it was legal for them to make you urinate and defecate naked in a locked room and physically force dangerous medications into your body if they chose to do so. That practice is absolutely outrageous and MUST be stopped IMMEDIATELY! Just put yourself for one instance in their place! Some arrogant quack pronounces you insane all because you don't think the way he or she does and FORCES highly dangerous, organ damaging, brain damaging, and potentially lethal substances into you regardless of your personal wishes on the matter. Even IF someone needs medication NO ONE should be forced to take medication the prescribing "doctor" wouldn't take themselves! THAT IS MOST CERTAINLY CRUEL AND UNUSUAL PUNISHMENT AS WELL AS DEPRIVATION OF LIFE, LIBERTY AND HAPPINESS WITHOUT DUE PROCESS OF LAW! IF SOMEONE HASN'T ACTUALLY HURT THEMSELVES OR SOMEONE ELSE WITH VISIBLE, IRREFUTABLE EVIDENCE THERE IS NO WAY THEY SHOULD BE LOCKED UP UNDER ANY CIRCUMSTANCES! NO ONE SHOULD BE ABLE TO CALL UP A MENTAL INSTITUTION AND SAY SO AND SO IS ACTING STRANGE AND GET THEM LOCKED UP JUST BY THAT! BUT IT IS HAPPENING IN THESE MENTAL WARDS ALL THE TIME! I TALKED WITH INDIVIDUAL AFTER INDIVIDUAL THAT HAD BEEN ILLEGALLY DETAINED IN THIS MANNER! (BESIDES EXPERIENCING IT FOR MYSELF)!

I further wish to document that fiber optic cameras are located throughout NIBH where all occupants are spied on 24/7 and they can take still images of the occupants at will. While there I witnessed such occurring as images were taken of my face and fingers, presumably so they can put my prints on some crime weapon or frame my image so that they can keep me silent if people start listening to me. I don't just speculate about this, as I found a listening device on my property shaped like a black plastic gas cap but had a lens in the center and was heavy like metal inside. I PURPOSELY picked it up by scooping it into my palm so that no fingers ever touched it and I examined it thoroughly while it sat in my palm. Kat Westbrook, (when she lied to me and swore to God, she was taking me to see a Wilson's expert and that I would not spend more than one night in any hospital, and that she would never leave my side which was the only reason I agreed to accompany her, because Christians will still lie to other Christians, but I couldn't believe any one who claims to belong to Christ would give an oath to God, intending all the

while to break it; proving the proverb "foolish is the man who puts his trust in man, but wise is the man who puts his trust in GOD"), also saw it and dismissed it. I didn't want the spies to know that I knew what it was; so I tossed it planning to pick it up and submit it as evidence. But while I was illegally held at NIBH, Kat went back and picked it up and said it was light in weight and hollow. I knew the spies had switched it then, because she claimed my finger prints were all over it when I had never touched it with my fingers. (she is former law enforcement and is how she apparently discovered my prints on it). As a result this warned me that these same spies plan on framing me for something I haven't done. Furthermore, poison attempts were made with my food and beverages while at NIBH and I have proof of such. In addition, men deposited reflective metal pieces of some device I have never seen in the grass outside and leading up to my window outside of my room while there. I don't mean to state that all staff there were or are corrupt, perhaps some legitimately think it's alright to give these strong chemicals to people that mostly just need to be loved, listened to and filled with Jesus Christ and the Holy Ghost. I don't think secular humanity has made any significant progress in the cruel and unusual punishment going on in America's mental institutions; if anything, it may be getting worse as an elitist, fourth reich mentality emerges that hates God's people and anyone they think are less worthy to live than themselves. In order to obtain my release, I had to challenge my rebellious wife, the one I'm now going through divorce and separation proceedings with (who, although I esteem for her many virtuous qualities; or I wouldn't have been with her the past decade, the majority of the time disobeys me and does whatever she feels like) and so I obtained my release by saying to her that it would be impossible for her to get me out of there. I furthermore, had to promise my "Judas Iscariot", "friends" that I would take a harmful medication upon release until I was better. Well I was better the instant I walked out the door, but just to make them all feel that I kept my word, I actually tried to take as little as 25 mg of seroquel every day at first and then every other day but it made my tongue and lips swell, my face twitch, caused abdominal bloating, and gave me liver and kidney pain besides numb feeling in my left arm and chest area. I informed them that the substance was harmful to me and they still wanted me to take it regardless; therefore, these individuals who wish to harm me are no longer welcome on my property; and if I have any say in the matter, in my presence. And IF they make it to heaven by God's Grace, that they are kept in the furthest reaches of the Universe from me, except they repent of their great evil in betraying me to my adversaries and in having the greatest part in my marital problems at present (convincing my wife to scheme against me and put me, illegally, in the mental ward; sticking me with unjust medical bills in excess of $15,000, fifteen thousand dollars). On top of that, after I told them and my wife that if she valued our marriage, she would have nothing to do with them, I heard them still conspiring against me; falsely accusing me of breaking my promise to take harmful chemicals (medications) until I was better. (Even though I knew the substance was very harmful, I still tried to take it regardless; just because I had given my word that I would; but after it was clear to me that if I continued, it might kill me, I stopped. These ignorants have made me so angry I'd like to see them all stuff their faces with poisons they know are harmful just so they understand – not really but you get the idea. From my spirit, I really just want them to repent and live unto and follow our Lord Jesus Christ, Yahoshuah, all the rest of their days because right now they only think they are Christians; they're (like so many others)

not studying His Word (reading the Holy Bible and praying for His Understanding), and not doing His Will, but are yet carnal and going about daily doing whatever they want). Therefore, I am grieved to realize that many who call themselves Christians are fulfilling the scripture that states, "the days will come when those who kill you, think they are doing me (*GOD, the LORD*) a service" and "a man's enemies/foes will be those of his own household" ((Lk 21:16, 9:1-27, 10, 12:1-56, 14:26-35, Mk 13:12, 8:34-38, Mt 24:9-13, 10:7-**36**-42, 16:24-28). The sad truth is that Kat and Glen Westbrook also have Wilson's, but they went to a physician and their blood tests were switched ("assistants" have infiltrated the few honest, knowledgeable Wilson's physicians and switch the samples of those coming in to be tested for it with "normal" blood samples, which is why anyone who suspects they have the condition MUST go to a Wilson's treatment facility and MUST follow their drawn blood directly to the microscope, never letting go of the tube until the drop is placed on the slide in front of them and they SEE FOR THEMSELVES whether or not spherocytosis is present!) or the doctor they went to is either incompetent or is intentionally lying as the ones I've visited. Again, I am ready to prove to the world that these "doctors" are all woefully incompetent, intentionally negligent, or guilty of conspiracy to commit murder. Unfortunately, for the ones at Deaconess, they are guilty of attempted homicide (and most probably will be homicide unless a miraculous recovery is in my future). I think Burgstahler's smirk when I told him what happened, was his way of blackmailing the guilty as he saw a way to make a quick buck off my suffering in keeping my condition undiagnosed and in prejudicing the hematologist in Spokane.

I have tried to see yet another "doctor", a Dr. Stephen Puffer, Sandpoint, ID, but apparently he's just too busy and so is using that as an excuse to refuse me medical treatment. In fact, somehow, doctors think this is an acceptable practice in the United States in violation of the U.S. Constitution (deprivation of life…without due process of law), federal laws (and in some states, state laws as well).

Because of all the intentional cover-up, people I've told along the way that I know have the condition, role their eyes at me, with very few exceptions. Why is this so hard for people to comprehend? Millions are dying and are daily victims of corrupt physicians, pharmaceutical manufacturers, FDA, government officials, anesthesiologists (it's been estimated that some 50 fatal "mistakes" are occurring in hospitals across America DAILY! – according to a televised report and book, "…health…treasures" or vice versa. Heck, criminals have been known to kill others for a pack of cigarettes or a pair of shoes, what makes anyone think that criminals who haven't been caught yet wouldn't be tempted by millions; if not billions of dollars in profits?! I've started wondering where are all these estate and art auctions we're seeing on television coming from? I'm dying, I HATE attention, I'm very much a recluse and I've got nothing to gain by making this all up. In fact, by disclosing this, it is only bringing me further hardship and suffering as "my world" I've worked so hard to build is crumbling all around me and I'm slandered and liabled for telling others I meet the truth. I'll state for the record, that if it's discovered that I've told the truth and someone wants to write a book, make a movie, etc. they can only do it with my permission, and after printing expenses, and compensation for the author's time (not to exceed ten times federal minimum wage per hour at the time

it's written, and one percent of all gross sales on original publication and all reprints) and expenses (receipts must be shown for out of pocket expenses to be reimbursed), ALL remaining (after publication hard costs (hard costs to be reviewed by competitors any misrepresentation by publisher loses rights to publish and must pay the proven difference to the succeeding competitor showing the fraud) and author's compensation) profits are to go to charities divided equally as follows for the purpose of furthering the Gospel, Feeding the Hungry, Clothing the Naked, telling the world about Wilson's, and treatment and research for the same: 1) Wilson's Hereditary Condition Treatment and Research Foundation (to be created by my estate executors, ONLY staff filled with the Holy Ghost and have the testimony of Jesus Christ (YAHOSHUAH) allowed to work for; as not for profit organization), 2) World Challenge (David Wilkerson) 3) Christian Children's Fund 4) Life Outreach (James Robinson) 5) World Outreach 6) Salvation Army 7) TBN 8) Kenneth Copeland Ministries 9) Wilderness Ranch Ministries, Spirit Lake, ID (mimic this across the states and across the globe) 10) Oral Roberts University (because of their main goal of training ministers to listen to and be guided by the Holy Ghost!) 11) reprints in future must adhere to same guidelines, with publishers allowed only an 11th share, but not greater than 10% profit over hard costs, rest to be distributed as written above in items 1-10. Prior to and or a period of one hundred twenty days following my demise for any reason, I retain full rights to author and publish, or originate any other form of media regarding these events or give permission to do the same, in case our Living Lord Jesus the Christ (YAHOSHUAH) decides to resurrect me or have me resurrected by one or more of His Chosen Children within that time period (bodily resurrection in His Holy Omnipotent Name has been occurring since He Arose nearly 2000 years ago to this very day!) Regardless, I must also adhere to the points 1-12 as stipulated herein. After that period; if I have not been resurrected (or if they wish to represent my interests in this regardless, then they would be entitled to a 12th share), then Jay Sekulow, ACLJ, and it's representatives are charged in YAHOSHUAH'S (JESUS') HOLY NAME to make certain this is adhered to and as such would be entitled to an equal share of any profits divided with 1-11 above. (a 12th share)

This is how the scam of all scams works. At least twenty years ago the medical field had knowledge of Wilson's (probably much longer) and that there is no known cure. Viola! It's the number one cause of all terminal illnesses!!!!! If your blood isn't healthy, neither is the rest of your body, organs start to fail, muscles, joints, etc ("the life is in the blood") what a "cash cow"! Instead of telling the public about the ONE condition, so they eat right and practice zinc chelation to pull out the heavy metals that get deposited in the eyes causing Kayser-Fleischer rings, and in the brain causing Alzheimer's, palsies, and other neurological and motor-neurological disorders, in the spleen and liver causing hepatitis-like and toxemia symptoms, in joints, causing arthritis, and in other organs causing all forms of digestive disorders, including diabetes, causing all forms of cancer, and as the blood fails, high blood pressure, migraines, tremors, and eventually heart attacks; they would rather bilk the public of millions and billions of dollars treating a wide variety of symptoms of the one true underlying predominant cause! Normally this is all treated by pharmaceuticals with INTENTIONAL harmful side effects that cause other organs to fail and so on until a patient is taking thousands of dollars of drugs that are killing them! Furthermore, somewhere along the way when someone died in the hospitals by a bad

transfusion, they figured out why. (You know they did, when someone dies, they had to have looked into it) And presto! What a perfect way to off someone! It looks just like an "accident"! Someone with Wilson's checks into a hospital and they don't check out! Why? You ask? Consider the questions they posed to me. Are you successful? What's your net worth? Assets? Do you have a will? (That reminds me they also asked if I had children, which I don't) All that made me a perfect target! Why? THINK! What happens if someone dies intestate? It all goes to surviving spouse. But what happens if both pass? With NO ONE alive to verify what happens to it and NO ONE who cares, you guessed it – the murderers and thieves end up with all of it! You see when one spouse of a Wilson's victim dies, they grieve and either end up so doped up they don't take care of themselves (and end up in a death camp/ mental ward) or die from grief themselves (because Wilson's people tend to marry and the stress can bring on the acute phase of Wilson's degeneration (an EXCRUCIATINGLY PAINFUL way to die)!)

The most terrible part of all this is that I have become somewhat of an expert on Wilson's as a result and I am recognizing it others virtually everywhere I go! Actors, politicians, physicians, artists, businessmen and women, military special forces and academy officers, all godly, talented and intelligent people everywhere (extreme sports, extreme professions, extreme "go getters" for extreme, passionate, intelligent (not necessarily "educated") people), which makes you all even more prime targets because you're successful! I am MORE than serious about ALL of this!

(I typed this part a week ago after trying unsuccessfully for months to get diagnosed and treatment, because of the government involvement, and how I have witnessed their "influence" on people everywhere I go, I am convinced until the public becomes aware of this, I will not be able to get an accurate diagnosis; so I'm doing what I can to make sure no one else has to go through this and perhaps in the process I might eventually obtain badly needed medical care if I live long enough). You're thinking why haven't I mentioned names and specific locations yet. I'll tell you. Love covers a multitude of sins. I was forgiven of all the wrongs I have done and I long to forgive all these who have wronged me. It is enough that I have told you all the truth of what is going on and that you can each choose whether or not you will bring this terrible oppression and affliction of the American public to light (and for that matter the citizens of the world). I have patiently tried for months now to get correctly diagnosed but the final hematologist is without excuse. There is NO WAY he's so incompetent to not recognize my conditions. Since I know this, if I expose him that would make him a conspirator to commit murder and he would probably spend his latter years in prison. So I am giving him one final chance to correctly diagnose me by 6:00 pm PST next Wednesday July 05, 2006. If I haven't been correctly diagnosed by then, then he doesn't deserve the mercy I've offered him in Christ Jesus our Lord and I will, for the sake of others, send full details of names and locations.

In addition, I want this affidavit to serve as a release of my medical records to Paul and Jan Crouch, Oprah Winfrey, Jay Sekulow of the ACLJ, Kenneth and Gloria Copeland, David Wilkerson in the event of my demise for ANY reason! I AM NOT SUICIDIAL, HOMICIDAL OR DO I HAVE ANY INTENT TO HARM ANY ONE! I JUST WANT

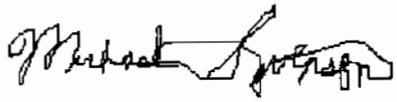
THIS EVIL, WICKED EXPLOITATION ALL IN THE NAME OF GREED TO STOP KILLING OFF INNOCENT AMERICANS AND PEOPLE WORLDWIDE!!!! (What many are labeling AIDS (in a further effort to cover up the truth and keep good and caring people from looking into the many deaths) are actually godly people dying from Wilson's)!!!!!!!!!

After everything that has happened to me, I've lost my career, my ability to support myself, friends and family have turned against me because they're too willing to believe that people simply can't be this evil (even as I did, until all of this added up to the facts as I've set forth here) and I'm in great pain every waking moment unable to obtain even my own prescription for pain relief. This brings me to another point. One day I was in such agony, I let my wife talk me into trying one 60 mg capsule of Cymbalta. Some time later I suddenly felt a circle of pain relief originating in the center of my brain and it expanded until it had pushed my migraine right out of my head, like a bulldozer shoving pain completely out of my head. But then my body began to shake uncontrollably for at least an hour and then what I would have to say was a miracle happened. The shaking stopped and I reached down and felt my thighs. As I squeezed my quadriceps I was amazed they were soft and relaxed, I began to feel my muscles all over and for the first time in my life my muscles weren't rock hard. I didn't know muscles could feel that way! I asked my wife to reach over and touch them and she was amazed as well! Suddenly, I was able to work again for the first time in almost two years and so began an intense research of about twenty hours a day while I documented and found out the truth about all that I have set forth herein. The trouble is that when I found out, I tried to tell my wife and brother and they thought the medication had made me paranoid! They didn't believe me! I even offered to show them my blood under a microscope as proof but they think they can't match a picture showing the condition from the Internet with my blood. I assure you ANYONE with eyes to see even a young child could match the images! So even though I had finally obtained a prescription for the first substance that brought me significant pain relief, my wife threw them out without telling me! In the process, I endured pain so great one day that all I could do was scream as my muscles tightened up so severely that it caused me to curl up in a tight ball and I was unable to unclench my hands. It was then, she conceded that I needed some relief and so has allowed me my prescription but only in half doses; so that I am in extreme pain constantly but able to function enough to do very basic things like sit and type. And type I will until I find someone honest enough to put an end to this great evil once and for all.

May GOD protect and Grant Wisdom, Knowledge and Power to Prevail to ALL those who now come forward and tell the TRUTH about all of this that has been going on. This petition is made in the Name of JESUS (YAHOSHUAH), the One and Only CHRIST. Amen. And Amen.

Signed in the presence of GOD ALMIGHTY and HIS HEAVENLY HOST OF ANGELS this 30th day of June, in the year 2006 of our REIGNING KING OF THE UNIVERSE, JESUS (YAHOSHUAH), WHO SOON SHALL APPEAR IN GREAT GLORY. Amen.

Under penalties of perjury.



Michael Swenson

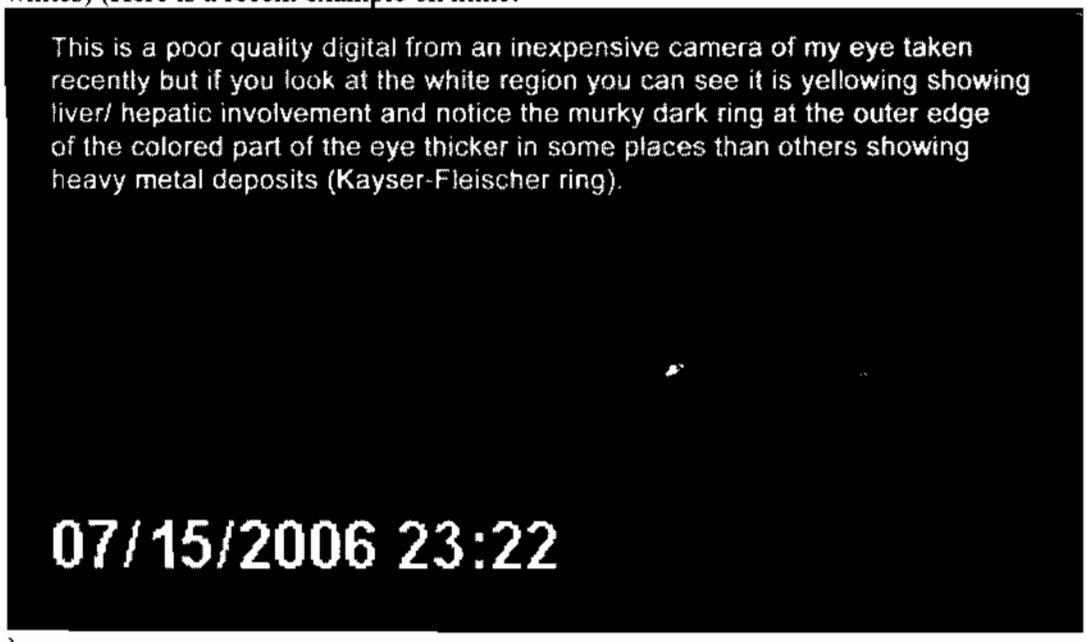
I will get this notarized if and when the offending specialist fails to diagnose me and at that time I will provide names, locations, and further details of the terrible crimes these people have and are committing, because if I get this notarized now, then you all will be able to deduce my exact location easily before this individual has a chance to repent and do the right thing. (I am seeking someone here locally to be able to correctly diagnose the condition, because I have seen so many here that have Wilson's also and I want to be able to refer them all so they don't have to go through what I've just experienced and am still experiencing).

Notary_____ commission expires_____

It is the evening of July 06, 2006, I called Dr. Laugan's office directly today at 10:24 a.m. and spoke with "Terry", a female receptionist who wouldn't give me her last name; who I had asked yesterday to make certain Dr. Laugan had gotten all my many faxes I've sent and this one that I sent last week, because if I didn't hear from him (yesterday) then he would probably be facing criminal charges and I wanted to make certain no one was intercepting the faxes and messages. Today I called one final time, asking to speak with him directly, because I thought just maybe, his nurse, Linda (Smith?, I have her name on one of my digital records) had switched the blood sample and he had looked at someone else's blood thinking it was mine (trying to give him absolutely EVERY benefit of the doubt), but Terry wouldn't refer me on and instead sent me to an "office manager", who answered "compliance" and gave a name of Marie or something like that once again, I wasn't trusting anyone who refused to give their first and last name, but during the conversation she made it clear that Dr. Laugan was aware of all my faxes, that he was aware that by continuing to leave me mis/undiagnosed he would be facing criminal charges, and pretty much that cancercarenorthwest.com in Spokane, Washington and it's members were aware of my undiagnosed situation and that they didn't consider me a patient or in need of treatment. (UNBELIEVEABLY SMUG IN THEIR SERIOUS CRIMES IF YOU ASK ME).

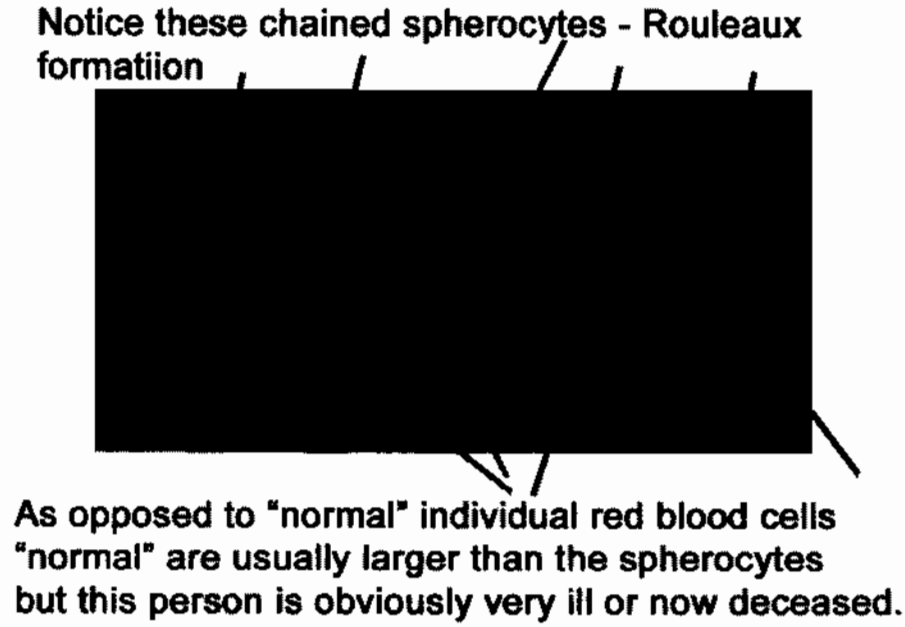
Apparently, these corrupt physicians are SO smug and they must've gotten away with this for SO long, that they don't believe there is anyone out there either honest enough or intelligent enough to figure out what they're doing and have been doing for quite some time. This means to me that the corruption is probably SO extensive, and they believe their backing by the corrupt government officials is so strong that they simply don't fear the law. So, I am placing this information in the hands of the global public at large, and I will let each of you decide on your own if you want to let these murdering thieves continue their practices of death and torture or not. I believe it is my duty to tell and continue to tell as many as I can of this great evil until I either die or my strength fails me and I am no longer able to do so.

Regardless, I advise ANYONE that has darker colored rings around the outer perimeter of the colored part of their eyes (often thicker in places and sometimes blurring into the whites) (Here is a recent example on mine:



)

to get health insurance with long term care and life insurance and then go to a Wilson's treatment center to get tested! Familiarize yourself with what Kayser-Fleischer rings look like and what spherocytosis looks like (smaller sphere-shaped red blood cells as opposed to the donut shaped "normal" red blood cells with translucent centers):



and ask the lab to let you see your blood on the spot (follow it from your arm to the slide, to the microscope to make certain the sample isn't switched. In order to be absolutely

sure, make sure the technician has NOTHING in their hands and no long sleeves on to prevent "slight of hand" as much as possible. In fact; I would ask them to show you how to prepare your own slide (don't give them your tube/sample to do that!) (it is very easy), then you prick your finger yourself on the spot and drop the blood onto the CLEAN and STERILE slide (tubes may have chemicals put in them to hemolysize the blood or otherwise make it impossible for you to see your cells), focus the microscope yourself until your cells are clearly visible; if possible take a digital photo of the image by placing the lens of the camera right up to where you look into the microscope. I'm VERY serious about these measures no matter how extreme they may seem because just as criminals/some corrupt, greedy, casinos train their dealers to be card mechanics so they can cheat and steal your money at will, it is easy to train others in basic "slight of hand" techniques and switch a blood tube, blood sample or slide)! If you have both Kayser-Fleischer rings and spherocytosis don't believe them if they tell you that you don't have Wilson's! It can take a lifetime before a person develops end stage symptoms! But it can happen quicker depending on diet and environment! DO NOT ATTEMPT TO GET TESTED FOR WILSON'S IN ANYWHERE OTHER THAN A SPECIAL CENTER JUST FOR THE CONDITION! Then if you don't believe me, after you find out the truth, try to get diagnosed through a general practitioner and see how difficult it really is!

Finally, if there are any of you that believe in God and in His Loving Power to Heal, pray for me that He would manifest that health He purchased for us all when He was scourged some 2000 years ago, or let me go Home (to Heaven) quickly, because every waking moment of every day I am in agony; in a constant, tortuous pain, and deathly, sickly fatigue I wouldn't wish on my worst enemy.

All I have stated, I state realizing there are consequences for slander, liable and false accusations, both in this life but more importantly by the Divine Creator and Ruler of the Universe, the Living LORD JESUS (YAHOSHUAH), the One and Only MESSIAH, who alone comforts me with the knowledge that He shall **soon** return in great glory and if there are not those honest enough left in the world presently to put an end to these wicked practices, then I know He will!

Just so everyone who reads understands what I mean by Divine Consequences, GOD in His Law, the Holy Bible, the Torah, plainly states that if anyone falsely accuses another and it is proven to be a false accusation, then they should suffer the penalty they sought to bring upon the falsely accused (I guarantee, less than half the prison population would be there, if this righteous law was adhered to; for no persecutor/prosecutor would think of taking a case without irrefutable evidence; furthermore, there would have to be at least two or three eye witnesses to convict, NOT just circumstantial evidence, because circumstantial evidence can be fabricated)! In my case, this means that I am willing to suffer the penalty of first degree murder (if these herein can prove I've falsely accused them of such); I am that certain I can prove what I state is true. I am a real person, all of this really happened and is still happening, at times I'm so ill I float between life here in the world and going Home to be with those who Love the LORD. Blackness closes in and then, I find myself still here suffering; convinced that it is GOD's will for me to tell you all this; so you can properly start looking out for yourselves and one another and

entrust yourselves to the safekeeping of our LORD and SAVIOR JESUS (YAHOSHUAH), the CHRIST, through the days ahead. While I hope I may obtain help through this my greatest trial since coming to KNOW the LORD our GOD, it is my greater motivation to do His Will and to make you aware of one of the greatest evils ever perpetrated by the wicked upon innocent, unknowing people. I realize that by informing you all of how corrupt many of our government officials (executive, legislative and judicial branches), medical practitioners, pharmaceutical executives, have become that I will be angering them and they have assassins and special forces at their disposal, but my faith is in GOD (and that there are still enough people who value freedom, honesty and integrity still residing in the United States) to deliver and keep my soul rises above them all and I do it so that none of you have to go at it alone. If you will all put the word out together, then they won't be able to single you out and take you for a prey one at a time like they have been doing. PLEASE take this warning MOST SERIOUSLY and PLEASE HELP ME SPREAD THE WORD AND LET AS MANY KNOW AS POSSIBLE! IT JUST MAY SAVE YOU OR YOUR LOVED ONES FROM A SLOW, TORTUOUS DEMISE OR UNTIMELY DEATH. I thank you for your valuable time and while I know that so many are skeptical these days (and rightly so), I pray fervently that GOD will bear these words witness and spread them abroad throughout all the earth. In YAHOSHUAH'S (commonly known in the English language as JESUS, the CHRIST) OMNIPOTENT NAME, Amen.

A possible explanation as to why those who attempted my murder that day in the hospital didn't succeed in both their attempts was that I had entrusted the keeping of my soul to our LORD and SAVIOR, JESUS THE CHRIST AND TRUE MESSIAH (YAHOSHUAH, MORE CORRECTLY TRANSLATED) and just perhaps HE moved on someone to come running down the hospital hall to my room that wasn't in on the scam and thereby forcing them to at least pretend to attempt to resuscitate me. I believe the truth will come out soon enough even if I have to "die" in the process.

I close with my mailing address and my name and I ask that if anyone figures out my home phone number to please leave it open; so that if God wills, I might obtain the call I am hoping for and obtain an accurate diagnosis; so I can get the medical treatment I desperately need.

Michael E. Swenson
P.O. Box 129
Dover, ID 83825

Signed this 6th day of June, 2006 in the year of our Reigning King, JESUS (YAHOSHUAH), the One and Only CHRIST.

Michael Swenson signed electronically 9:54 p.m. PST

Forgive the shaky, sloppy signature; it is getting harder for me to control my hands.

I will notarize this document as soon as I am able (it is getting very difficult for me to even walk; let alone travel into town) and submit to attorney generals and public at large in the world.

Michael Swenson

On this 1 day of September 2006, before me, the undersigned Notary Public, personally appeared Michael Swenson, personally known to me (or proved on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

KATHY G. PIZZOLATO NOTARY PUBLIC STATE OF IDAHO

KATHY G. PIZZOLATO NOTARY PUB

Notary Public in Idaho
Residing at: Boise
Commission Expires 6-28-2008

Adverse effects of transfusion

Summary

Each blood product transfused carries a small risk of an acute or late adverse effect.

- Medical officers prescribing transfusion should carefully select patients who will benefit from transfusion therapy according to established criteria. The indication for transfusion should be documented in the medical record.
- Where possible the patient/parents should be informed of the possible adverse effects that may occur.
- Staff should follow hospital procedures for the collection of pretransfusion samples and for blood administration and adhere to all steps in the process.
- Patients should be monitored closely especially at the beginning of a transfusion.
- Any adverse reaction to the transfusion of blood or blood products should be reported to the patient's treating doctor and to the hospital blood bank as soon as possible. Speed is essential because of the possible life-threatening nature of acute transfusion reactions.

The most common immediate adverse reactions to transfusion are fever, chills and urticaria. The most potentially significant reactions include acute and delayed haemolytic transfusion reactions and bacterial contamination of blood products. During the early stages of a reaction it may be difficult to ascertain the cause.

Immediate nursing management comprises stopping the transfusion, reperforming the pretransfusion checklist, documenting observations, providing immediate patient care and contacting the treating medical officer.

In certain cases of mild urticarial reactions or the presence of repeated chill-fever reactions in multiply transfused patients, the medical officer may elect to restart the transfusion after evaluation and treatment of the patient.

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Immediate Management of a Suspected Transfusion Reaction

The following table appears on the reverse of the Blood Transfusion Record which accompanies each blood product. The table provides a summary of the main requirements for immediate management of a suspected transfusion reaction.

RECOGNISE	REACT	REPORT
• Fever • Chills • Hypotension/ Hypertension • Pain (along IV infusion line, chest or back) • Acute Respiratory Distress/stridor/ wheeze • Dark urine • Bleeding, oozing (DIC) • Urticaria (hives)	Immediate Nursing Management ***STOP transfusion*** (leave IV line in place), then • Provide emergency patient care • Arrange immediate medical review • Keep IV line open with N/saline (flush IV cannula or attach side arm) • Re-perform steps 1 to 4 of pre-transfusion check (above)	• Telephone Blood Bank (RCH Xn 5829, RWH Xn 2036) • Complete the Transfusion Reaction Report Form (if reaction requires investigation, see below) • Document reaction in medical record

Reviewing medical officer to determine if transfusion may recommence (consult with on-call-haematologist if required - contact via switchboard: RCH dial 91, RWH dial 92).

If the transfusion is to be discontinued and the reaction investigated:

1. Disconnect pack from patient.
2. Complete Transfusion Reaction Report Form.
3. Obtain blood/urine samples as directed.
4. Send pack, Transfusion Reaction Report Form and samples to hospital Blood Bank.

Definitive management including further transfusion support depends on the nature/cause of the reaction.

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Investigation Requirements

- Completed Transfusion Reaction Report Form (PDF 143 KB)
- Blood pack
- Post reaction blood sample (EDTA)
- Post reaction urine sample (do not delay investigation while waiting for a urine sample)

Forward above to the hospital blood bank.

Additional samples sometimes required (as directed by haematologist-on-call)

- Blood cultures
- HLA or neutrophil antibodies (serum/gel)
- Anti-IgA antibodies (serum/gel)
- HLA typing (ACD)

Top

Immediate Adverse Effects of Transfusion

Febrile Reactions

Cause: Fever and chills during transfusion are thought to be caused by recipient antibodies reacting with white cell antigens or white cell fragments in the blood product or due to cytokines which accumulate in the blood product during storage. Fever occurs more commonly with platelet transfusion (10-30%) than red cell transfusion (1-2%).

It is important to distinguish from fever due to the patient's underlying disease or infection (check pretransfusion temperature). Fever may be the initial symptom in a more serious reaction such as bacterial contamination or haemolytic reaction.

Management: Symptomatic, paracetamol

Investigation: Fever can be the initial sign in more severe transfusion reactions (haemolytic or bacterial sepsis) and should be taken seriously.

Follow the steps 'immediate management of an acute transfusion reaction'. For isolated fever or chills in some patients, the medical officer may elect to restart the transfusion. If the fever is accompanied by significant changes in blood pressure or other signs and symptoms, the transfusion should be ceased and investigated

Check for HLA antibodies in patients having repeated febrile reactions.

Prevention: A proportion of patients who have febrile reactions will have similar reactions to subsequent transfusions. Many are prevented by leucocyte filtration (either bedside or pre-storage).

Top

Urticarial (Allergic) Reactions

Cause: Seen in approximately 1% of recipients and caused by foreign plasma proteins. On rare occasions they may be associated with laryngeal oedema and bronchospasm.

Management: If urticaria occurs in isolation (without fever and other signs), slow the rate or temporarily stop transfusion. If symptoms are bothersome, consider administering an antihistamine before restarting the transfusion. If associated with other symptoms, cease the transfusion and proceed with investigation.

Investigation: In the case of mild urticarial reactions with no other signs or symptoms, it is not necessary to submit blood specimens for investigation. It is also usually possible to restart the transfusion. Such a decision should be made after assessment by the treating doctor.

Top

Severe Allergic (Anaphylactic) Reactions

Anaphylactic and anaphylactoid reactions have signs of cardiovascular instability including hypotension, tachycardia, loss of consciousness, cardiac arrhythmia, shock and cardiac arrest. Sometimes respiratory

involvement with dyspnoea and stridor are prominent.

Cause: In some cases patients with IgA deficiency who have anti-IgA antibodies can have these reactions.

Management: Immediately stop transfusion, supportive care including airway management may be required. Adrenaline may be indicated. Usually given as 1:1000 solution, 0.01mg/kg s.c./i.m. or slow i. v. Anaphylaxis

Investigation: IgA levels and anti-IgA antibodies.

Prevention: Patients with anti-IgA antibodies require special blood products such as washed red blood cells and plasma products prepared from IgA deficient donors. Manage further transfusion in consultation with the haematologist-on-call.

Top

Acute Haemolytic Reactions

Cause: The majority of haemolytic reactions are caused by transfusion of ABO incompatible blood, eg group A, B or AB red cells to a group O patient. Most haemolytic reactions are the result of human error such as the transfusion of properly labelled blood to the wrong patient, or improper identification of pretransfusion blood samples.

Non-immune haemolysis of RBCs in the blood container or during administration can occur due to physical disruption (temperature changes, mechanical forces, non-isotonic fluid)

Symptoms: Chills, fever, pain (along IV line, back, chest), hypotension, dark urine, uncontrolled bleeding due to DIC.

Management: Immediately stop transfusion. Notify hospital blood bank urgently (another patient may also have been given the wrong blood!). These patients usually require ICU support and therapy includes vigorous treatment of hypotension and maintenance of renal blood flow.

Prevention: Proper identification of the patient from sample collection through to blood administration, proper labelling of samples and products is essential. Prevention of non-immune haemolysis requires adherence to proper handling, storage and administration of blood products.

NOTE: **ABO Haemolytic reactions are reported to DHS as a sentinal event**

Top

Bacterial Contamination

Cause: Bacteria may be introduced into the pack at the time of blood collection from sources such as donor skin, donor bacteraemia or equipment used during blood collection or processing. Bacteria may multiply during storage. Gram positive and Gram negative organisms have been implicated. Platelets are more frequently implicated than red cells.

Symptoms: Very high fever, rigors, profound hypotension, nausea and/or diarrhoea.

Management: Immediately stop the transfusion and notify the hospital blood bank. After initial supportive care, blood cultures should be taken and broad-spectrum antimicrobials commenced. Laboratory investigation will include culture of the blood pack.

Prevention: Inspect blood products prior to transfusion. Some but not all bacterially contaminated products can be recognised (clots, clumps, or abnormal colour). Maintaining appropriate cold storage of red cells in a monitored blood bank refrigerator is important. Transfusions should not proceed beyond the recommended infusion time (4 hours).

Further information: **Medilink Newsletter ARCBS Volume 5 No 2 august 2002** (PDF)

Top

Transfusion-Related Acute Lung Injury

Transfusion Related acute Lung Injury (TRALI) is a clinical diagnosis of exclusion characterised by acute respiratory distress and bilaterally symmetrical pulmonary oedema with hypoxaemia developing within 2 to 8 hours after a transfusion. A CXR shows interstitial or alveolar infiltrates when no cardiogenic or other cause of pulmonary oedema exists.

Cause: Pulmonary vascular effects are thought to occur secondary to cytokines in the transfused product or from interaction between patient white cell antigens and donor antibodies (or vice versa).

Management: Symptomatic support for respiratory distress includes oxygen administration and may require intubation and mechanical ventilation. Symptoms generally resolve over 24-48 hours.

Top

Volume Overload

Cause: Patients with cardiopulmonary disease and infants are at risk of volume overload especially during rapid transfusion.

Management: Stop the transfusion, administer oxygen and diuretics as required.

Prevention: Avoid unnecessary fluids and use appropriate infusion rates.

Top

Hypothermia

Cause: Rapid infusion of large volumes of stored blood contributes to hypothermia. Infants are particularly at risk during exchange or massive transfusion.

Prevention and Management: Appropriately maintained blood warmers should be used during massive or exchange transfusion. Additional measures include warming of other intravenous fluids and the use of devices to maintain patient body temperature.

Top

Citrate toxicity

Cause: Citrate is the anticoagulant used in blood products. It is usually rapidly metabolised by the liver. Rapid administration of large quantities of stored blood may cause hypocalcaemia and hypomagnesaemia when citrate binds calcium and magnesium. This can result in myocardial depression or coagulopathy. Patients most at risk are those with liver dysfunction or neonates with immature liver function having rapid large volume transfusion.

Management: Slowing or temporarily stopping the transfusion allows citrate to be metabolised. Replacement therapy may be required for symptomatic hypocalcaemia or hypomagnesaemia.

Top

Potassium Effects

Vehicles with plates like these started appearing in abundance, following me, people/agents transplanting workers in hospitals, restaurants, banks, etc. Shortly after I visited the website and called the

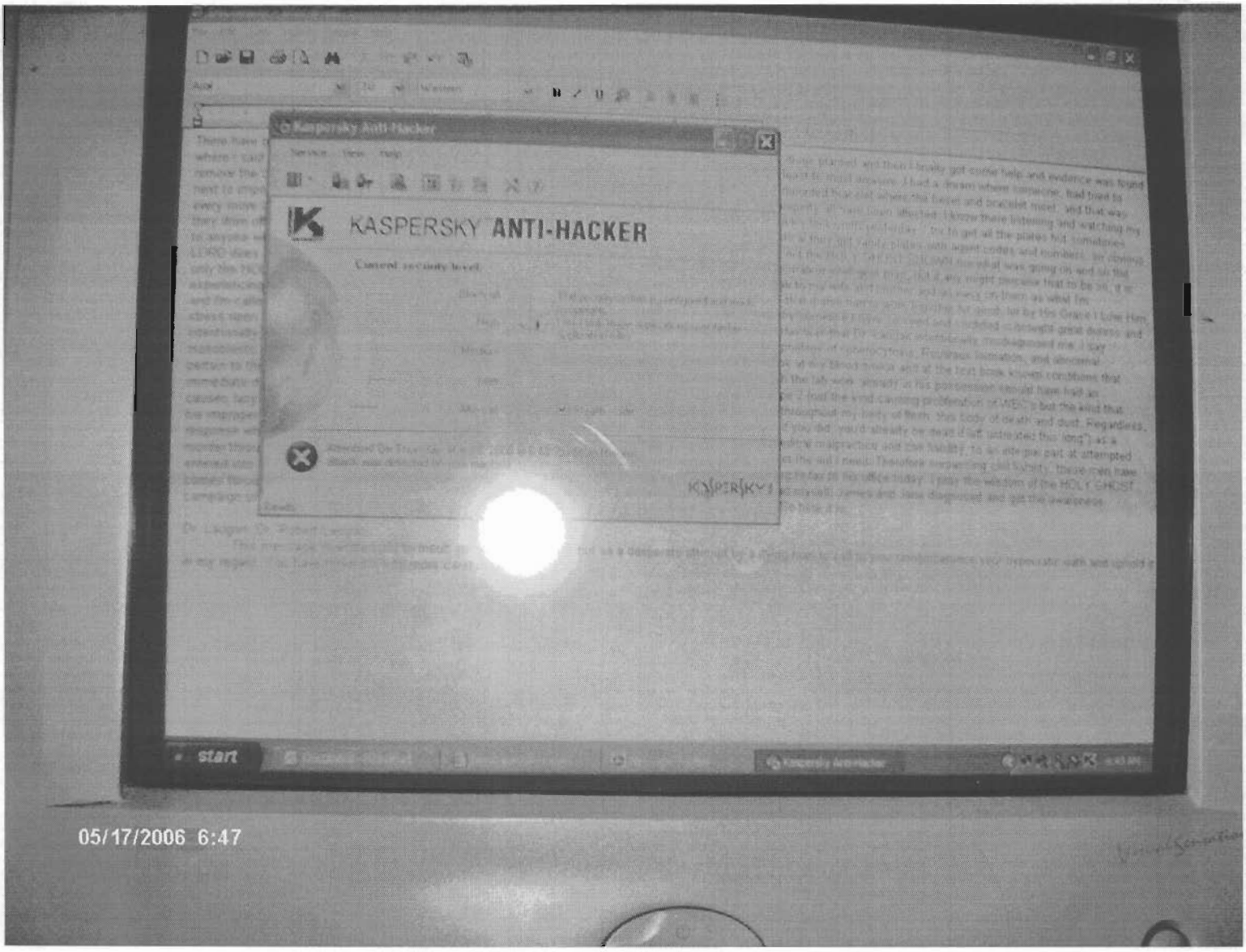
president of Wilson's Disease.org Intl. Mary picked up the phone - hung up on me in mid sentence by switching to a fax.


06/02/2006 13:16

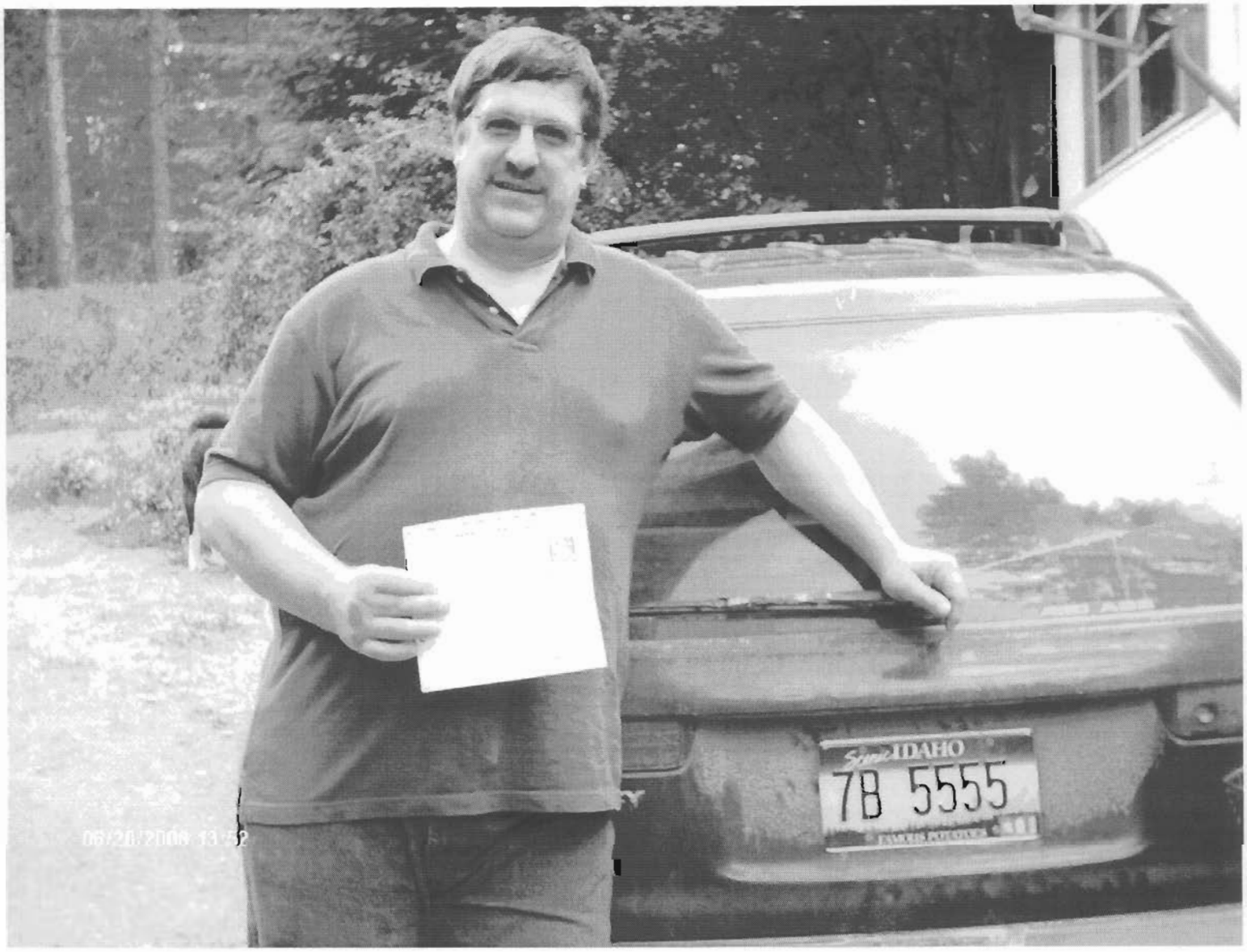
Probably just a workers van at Hydra

I frequented this restaurant for years with no problems, but after I sent out my affidavit suffered food poisoning upon virtually every visit, and government issued plates, just happen to be there about these same incidents.

I have been working with computers for years after I visited websites wilson's disease.org and 911whatreally happened.com my system received virtually constant hack attacks and some files were deleted and systems crashed.



In order to prove to my family the government was using the Patriot Act to spy on us. I told them about the government issue plates after he tried to get them but denied at first. Then when I explained why suddenly this number set became available.



It was allowed so that my family wouldn't believe me when I told them such numbered sequences were reserved for government issue. (They may have ceased from this because of my affidavit and telling others; so as to discredit me).

The fact that numbered plates reserved for government issue was given to my brother proves they have been spying on me and have been making every effort to discredit me. I have been told that agents have been spreading

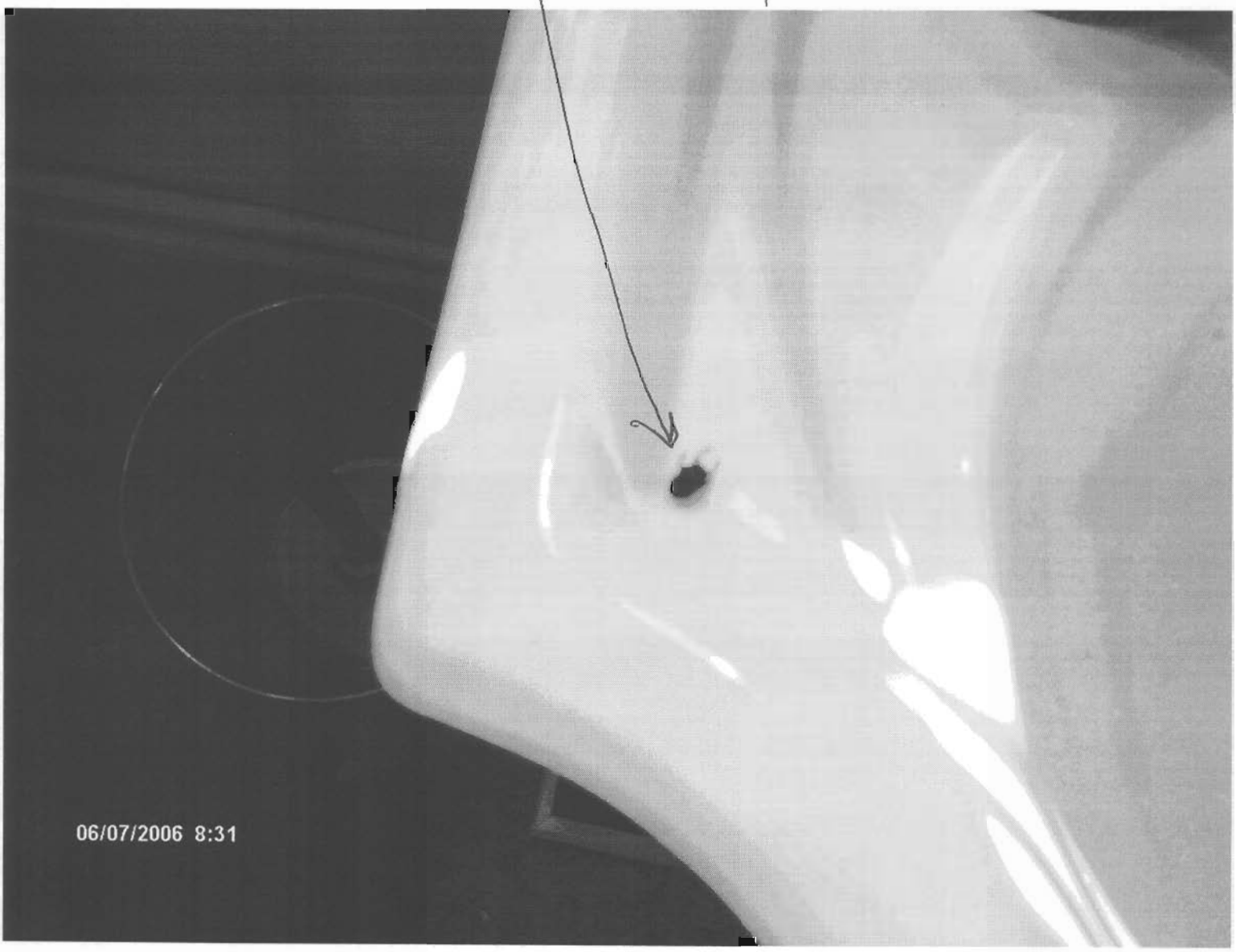
rumors of me being a drug dealer or other practicing criminal ever since I started to warn this community that government sanctioned murder was occurring in hospitals here (Deaconess and NIBH, Kootenai Medical Center. If not sanctioned, they are accessories because after notification of the homicide attempts, no investigations or arrests have been conducted; instead only discrediting of the victim. (myself)

This person with conspicuous 77877 plate number followed, parked and watched me as I got special locks for my house and a safe from the locksmith.

vehicles with plates reserved for government issue similar to this but would read -999 or -99999 instead of this one began tailing me everywhere I went last summer; shortly after I discovered the wilsonsdisease.org website and left my address on the answering machine/voice mail. possible

Many photos of vehicles with plates 7B-4444 -7777 -8888 +-0013, -0012 -006 and the like were traveling at speeds that made the digital images somewhat blurry but I believe enhancement software and background checks will clarify the images and prove I'm telling the truth. If I show the images BEFORE trial the government will come up with alibis + excuses.

this is not an antenae or leg but something man made sticking up through the body/thorax of the beetle. I saw an identical one on the science channel that was actually a camera.



Cause: Stored red cells leak potassium proportionately throughout their storage life. Irradiation of red cells increases the rate of potassium leakage. Clinically significant hyperkalaemia can occur during rapid, large volume transfusion of older red cell units in small infants and children.

Prevention: At RCH red cells are irradiated just prior to issue. Blood less than 7 days old is generally used for rapid large volume transfusion in small infants (eg cardiac surgery, ECMO, exchange transfusion)

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Summary table 'Immediate adverse effects of transfusion and their management'

Category 1: Mild Reactions			
Signs	Symptoms	Possible Cause	Immediate Management
Urticaria/rash	Pruritis (itching)	Allergic	1. Stop transfusion 2. Assess patient 3. An antihistamine may be required 4. Transfusion may be restarted if no other signs/ symptoms are present 5. If signs/symptoms worsen treat as Category 2.

Category 2: Moderately severe reactions			
Signs	Symptoms	Possible cause	Immediate Management
Flushing Urticaria Rigors Fever Restlessness Tachycardia	Anxiety Pruritis Palpitations Mild dyspnoea Headache	Allergic (moderately-severe) Febrile non-haemolytic transfusion reaction:- antibodies to white cells or platelets • antibodies to proteins including IgA • possible contamination with pyrogens and /or bacteria	1. Stop transfusion and maintain IV line with NSaline 2. Contact Medical Officer 3. Patient may require antihistamine and/or paracetamol 4. Further investigation and management according to clinical features 5. If investigation required: complete Transfusion Reaction Form and send blood pack, form and samples to blood bank

Category 3: Life threatening reactions			
Signs	Symptoms	Possible cause	Immediate Management

Rigors Fever Restlessness Hypotension Tachycardia Dark Urine Unexplained bleeding (DIC)	Anxiety Chest pain Pain at infusion site Respiratory distress Loin/back pain Headache Dyspnoea	Acute intravascular haemolysis (wrong blood) Bacterial contamination and septic shock Fluid overload Anaphylaxis Transfusion related acute lung injury (TRALI)	1. Stop transfusion and maintain IV line with NSaline 2. Contact Medical Officer (RCH MET call if appropriate) 3. Manage immediate needs: 1. fluid for hypotension 2. oxygen 3. adrenaline for anaphylaxis 4. diuretic for fluid overload 4. Complete Transfusion Reaction Form and send blood pack, form and samples to blood bank 5. Further management according to likely cause

Delayed and Long Term Averse Effects of Transfusion

Delayed Haemolysis

Cause: Patients may develop antibodies to red cell antigens. Antibodies can occur naturally, or may arise as a consequence of previous transfusion or pregnancy. A delayed haemolytic reaction occurs when a patient develops an antibody directed against an antigen on transfused red cells. The antibody may cause shortened red cell survival, with clinical features of fever, jaundice and lower than expected haemoglobin following transfusion. Most delayed haemolytic reactions produce few symptoms and may go unrecognised, however there are reports of serious consequences in critically ill patients.

Prevention: An antibody screen is performed as part of pre-transfusion testing. When an antibody is detected, it is identified and appropriate antigen negative blood is provided. Sometimes antibodies fall below detectable limits and may not be detected by pretransfusion testing.

Top

Alloimmunisation

Red Blood Cells

Patients experiencing alloantibody formation are asymptomatic. The alloantibody is discovered at the time of pretransfusion testing. Appropriate antigen negative blood will be supplied.

Prevention: alloimmunisation to the D and K (Kell) antigens is prevented by the provision of Rh(D) negative and Kell negative blood for Rh(D) negative, Kell negative patients. This is important for females with child-bearing potential as these antibodies can cause severe haemolytic disease of the newborn during pregnancy.

At risk groups: Patients with sickle cell disease or major haemoglobinopathy syndromes who are chronically transfused are at greatest risk of alloantibody formation. Prior to commencing transfusion, patients with these condition should have extended red cell phenotyping performed (EDTA sample). Blood matched for the patient's Rhesus and Kell antigens is usually supplied for transfusion

Top

Platelets

When thrombocytopenic patients do not achieve the expected post-transfusion platelet count increment they are said to be refractory. This usually occurs in patients receiving frequent platelet transfusions. There are clinical and immunological causes of platelet refractoriness. Clinical causes include; sepsis, DIC, bleeding, fever, some drugs, and enlarged spleen.

Cause: Immunological causes include the development of antibodies to human leucocyte antigens (HLA) or human platelet antigens (HPA).

Management: Immunological refractoriness can be managed by the provision of HLA or HPA matched platelets.

Prevention: Leucocyte reduction of blood products to levels less than 10^6/unit reduces the likelihood of alloimmunisation. This can be achieved through the use of prestorage or bedside leucocyte reduced blood products.

Top

MRI + CT images show bone marrow degeneration and I've had the other problems ever since the denied transfusion that resulted in pulmonary edema + cardiac arrest twice. I can prove I was given a transfusion against my direct verbal + written orders! and that the hospital is lying (record falsified)! This is a form of government sanctioned "population control" MURDER!

Transfusion associated Graft Versus-Host Disease (Ta-GVHD)

Cause: Ta-GVHD occurs when donor lymphocytes in cellular blood products engraft in a susceptible transfusion recipient. These donor lymphocytes proliferate and damage target organs especially bone marrow, skin, liver and gastrointestinal tract. The clinical syndrome comprises fever, skin rash, pancytopenia, abnormal liver function and diarrhoea and is fatal in over 80% of cases. The usual onset is 8-10 days post transfusion, with a longer interval between transfusion and onset of symptoms in infants.

The most commonly reported setting for Ta-GVHD is immunocompetent recipients of blood from biologically related (directed) or HLA identical donors. The disease is also reported in immunologically compromised patients.

Prevention: Gamma irradiation of cellular blood products (whole blood, red blood cells, platelets, granulocytes) for at risk patients.

At risk groups:

- Recipients of blood from biologically related (directed) or HLA matched donors'
- Intrauterine and all subsequent transfusion and exchange transfusion recipients
- Patients with congenital cellular immunodeficiency
- Patients receiving granulocyte transfusions
- Patients with Hodgkin's Disease
- Allogeneic and autologous Peripheral Blood Stem Cell (PBSC) and bone marrow transplant recipients
- Patients with Aplastic Anaemia receiving immunosuppression
- Patients treated with purine analogue drugs

Top

Immunomodulatory effects

Some studies suggest a link between blood transfusion and increased risk of infection and cancer recurrence. However this is currently considered unproven.

Cause: Unknown, possibly mediated by donor white cells or plasma.

Management and Prevention: Not known, possibly leucocyte depletion of blood products.

Top

Iron accumulation

Cause: Iron accumulation is a predictable consequence of chronic RBC transfusion. Organ toxicity begins when reticuloendothelial sites of iron storage become saturated. Liver and endocrine dysfunction creates significant morbidity and the most serious complication is cardiotoxicity which causes arrhythmias, and congestive heart failure. Patients receiving chronic transfusion usually have their iron status monitored and managed by their physician.

Management and Prevention: Iron chelation therapy is usually commenced early in the course of chronic transfusion therapy.

Top

Infectious Disease transmission

A variety of infectious agents may be transmitted by transfusion. Definitive evidence of transmission by transfusion requires demonstration of seroconversion or new infection in the recipient and isolation of an agent with genomic identity from both the recipient and the implicated donor. Strong presumptive evidence of transfusion transmission includes recipient seroconversion within an appropriate interval after transfusion, the recognition of appropriate infectious markers in an implicated donor on follow-up investigation, or both. Transfusion transmitted disease should be reported to the Australian Red Cross Blood Service.

Suspected transfusion-transmitted bacterial or parasitic infection (malaria) should be reported urgently in order to recall other potentially infectious blood products from the same donation.

Estimated risk of transfusion transmitted infection from Medilink, ARCBS October 2004.

Point estimates for risk of transfusion transmitted viral infection from ARCBS donations calculated using data from July 2000 to June 2003.

Virus and testing standard	Window Period (Days)	Point estimate of residual risk 'per unit'
HIV 1 and 2 antibody only	22	1 in 2,404,000
HIV antibody + NAT	9	1 in 7,299,000
HCV antibody only	66	1 in 330,000
HCV antibody + NAT	7	1 in 3,663,000
HBV	45	1 in 1,339,000
HTLV I & II	51	Considerably less than 1 in 1,000,000
vCJD		Possible. Not yet reported in Australia

Top

Transfusion Reaction Report Form (PDF 108 KB)

I think this shows that I have been extremely patient and understanding despite how I've been treated when fighting for my life! (and many others suffering without explanation!)

April 28, 2006

Dear Dr. Burgstahler,

I have given myself a few days to write intelligently about my recent visit to your office because it is becoming increasingly difficult for me to carry on verbal conversations and very draining to try to competently explain all my signs and symptoms. I will include a portion of my diary that should be taken seriously. I am not prone to exaggeration and I don't like to complain (I consider having to even tell someone I'm really in torment quite humiliating and a challenge to my faith). I have never been a lazy person and I am in great anguish over my inability to work for so long now; in the height of my earning ability. (I would submit my resume with documentation of my nominations to both West Point and Annapolis as support to this assertion; it may be found on www.designsbymichael.org) I don't know many who have worked days like the time I left home and didn't return until after 104 hours of round the clock heavy lifting of commercial and household goods. I worked that hard just so that I could keep my word to my customers and move them as scheduled when some of my crew(s) couldn't show up. I don't want to seem to boast, I just want you to understand that I don't have some angle of deception in coming to see you.

I have come to you during what I consider to be a fight for my life. I came to you needing a knowledgeable advocate. I came to you a doctor in my need (even though because of personal tragedies, I don't trust medical practitioners very much and I'm concerned that all the excess hours those in the field of health may be working is causing a decline in quality of care) Anyway, instead of advocating and assisting me in regaining my rapidly declining well-being, your skepticism, cynicism and mockery went beyond apathy and insensitivity to just out-right cruelty.

As a licensed and ordained minister of the gospel of Jesus Christ I am not prone to lying; especially about so serious a matter. My near death experience when I was shot in the head had a transformational effect on me and afterward I studied to become a minister. One thing I value greatly is a man's word and trustworthiness and that is why your remarks and attitude so greatly angered me that I really couldn't express myself intelligently afterward. I sincerely apologize for that.

I find myself somewhat in a difficult situation in that I never want to experience that again and I really don't wish to try another physician for several reasons. If you read my diary you'll see them, but mainly because I can tell during our brief meetings that you are very intelligent and come recommended from George Gauzza, my broker. I don't take his recommendations lightly. I have found him to be absolutely the wisest and by far the most compassionate, understanding employer I have ever met and I am grieved that during this time my desk sits empty when he could be earning more from a healthy person. In addition, you should be able to rely on the morphology findings that come from a local hospital; but I am certain both the lab technician and the radiologist missed tell-tale signs of serious ailments. Nevertheless, that's why I asked you if you also looked

at them. I am hoping that after you review the rest of the enclosed and when you actually get correct information and professional diagnoses you can respect that you will help me find a specialist who can assist me and help me to see them as soon as possible. I also hope it will help renew your passion for patient care and that you will listen and look carefully at and to your future patients.

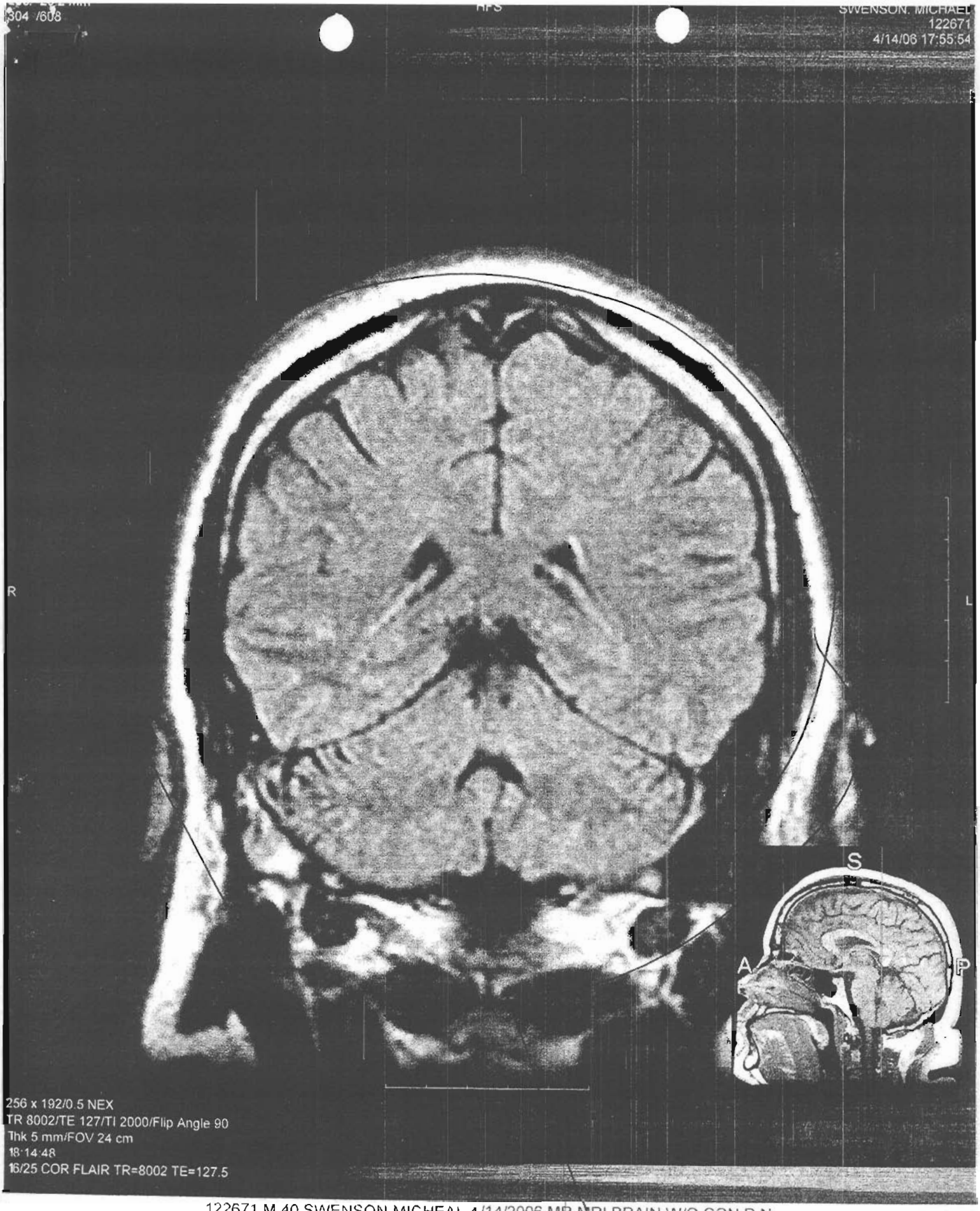
It is my opinion that every medical practice should have an Internet researcher these days and that during the prescreening questionnaire the patient should be asked for what signs and symptoms (as specific as they can be) they are having. Those should be then entered (as I have done) on a search engine like Google. Possible illnesses to question the patient further on and/or test for; or screen out, should be listed and presented to the expert or doctor prior to the visit. During the consultation the professional can therefore direct questions that help narrow the possibilities and examine (look closely at any claimed symptoms; if necessary with adequate lighting and scopes). Perhaps you could lead the way. Regardless, if you are still willing to assist me I am asking you to please do so.

I know I'm not an expert and the only reason I thought proper transfusion therapy might assist me is because I know my own blood is so compromised and because I have in fact read now in several medical journals that it can help chronic anemia sufferers. Wilson's unfortunately causes symptoms similar to acute anemia and hepatitis among so many other similarities but several unique and clinical signs are specific. I am most concerned that on top of my hereditary disorder, I may have other complications that are accelerating my present decline in overall health.

Please take a look at the enclosed images and read the literature and if you are willing (you may bill me for the time in reading and researching this out) please call me to set up an appointment when you might have some answers to the posed questions and/or might be able to offer me some relief.

Thank you; Respectfully,

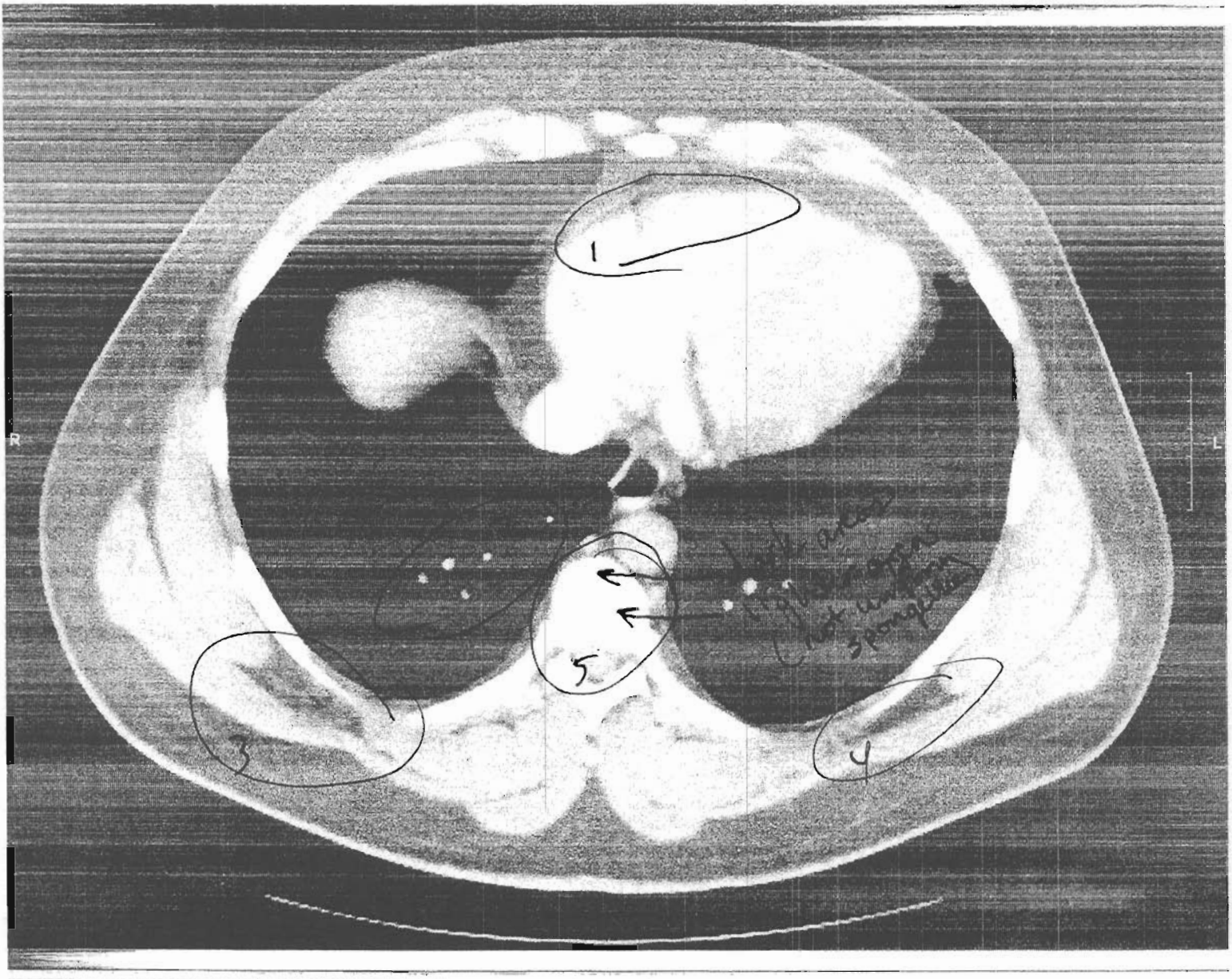
Michael Swenson



"Giant Panda" sign associated with Wilson's untreated

Loc: -61.2 mm
40 /400

1 – in this image very black regions in heart wall
2 – just making sure [redacted] lungs are normal
3,4 – viscosity appears in 3 not so visible in 4 (normal?)
5 – In several images bone marrow appeared atypical to me



6/104 ABD/PELVIS 5X5'S

122671 M 40 SWENSON MICHEAL 4/12/2005 CT CT ABDOMEN W/CONR N

Only other concern was that liver + spleen (not seen on this image) were notably larger than typical organ proportions (for example although my kidneys are smaller than a smaller person liver + spleen much larger than my

Loc: 5.5 mm
366 /732

HFS

Bonner General Hospital MT
SWENSON, MICHAEL
122671
4/14/06 17:55:54

The blackened area is not normal

R

L

S

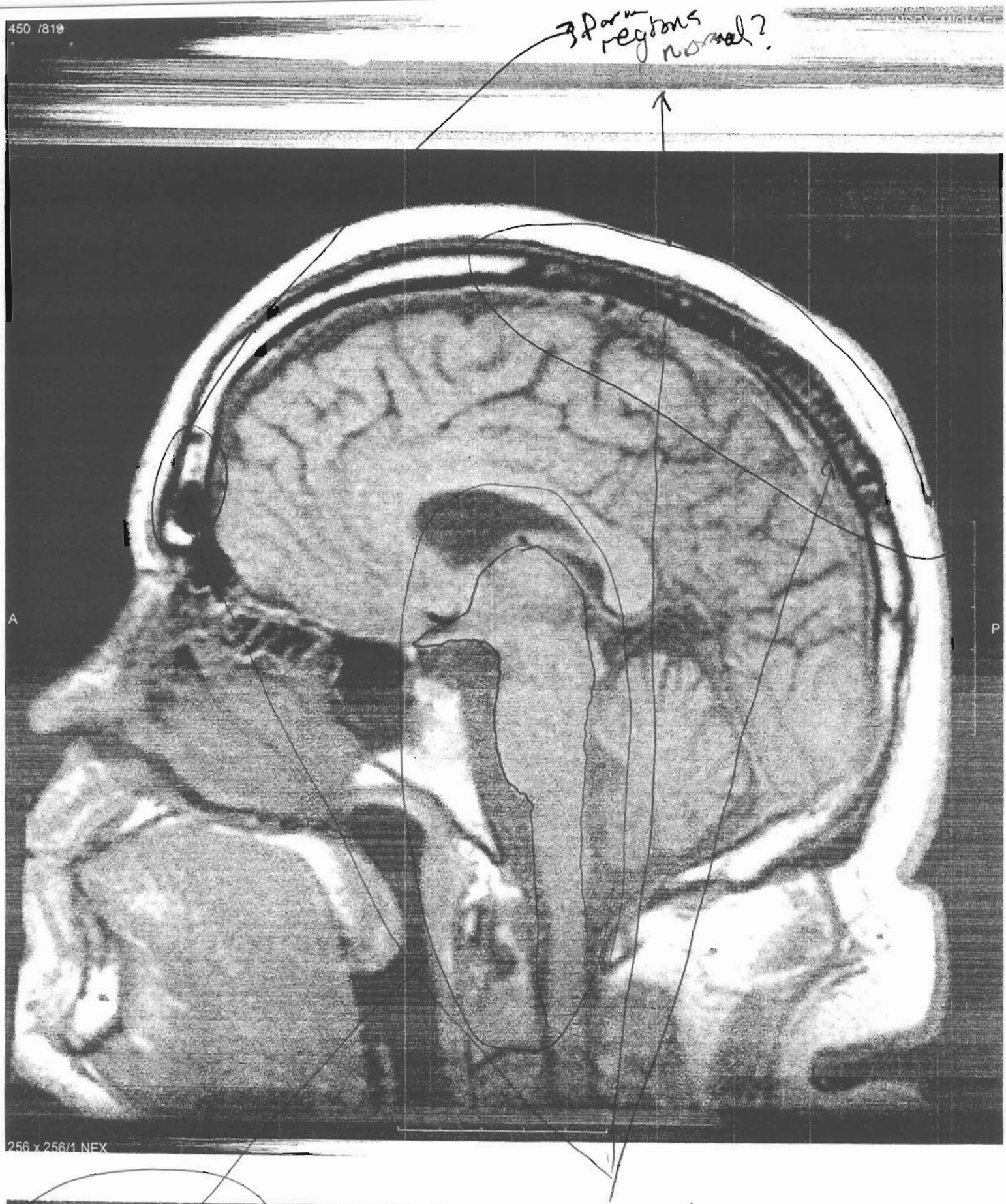
A

P

256 x 192/0.5 NEX
TR 8002/TE 127/TI 2000/Flip Angle 90
Thk 5 mm/FOV 24 cm
18:14:48
12/25 COR FLAIR TR=8002 TE=127.5

(image on either side not present)

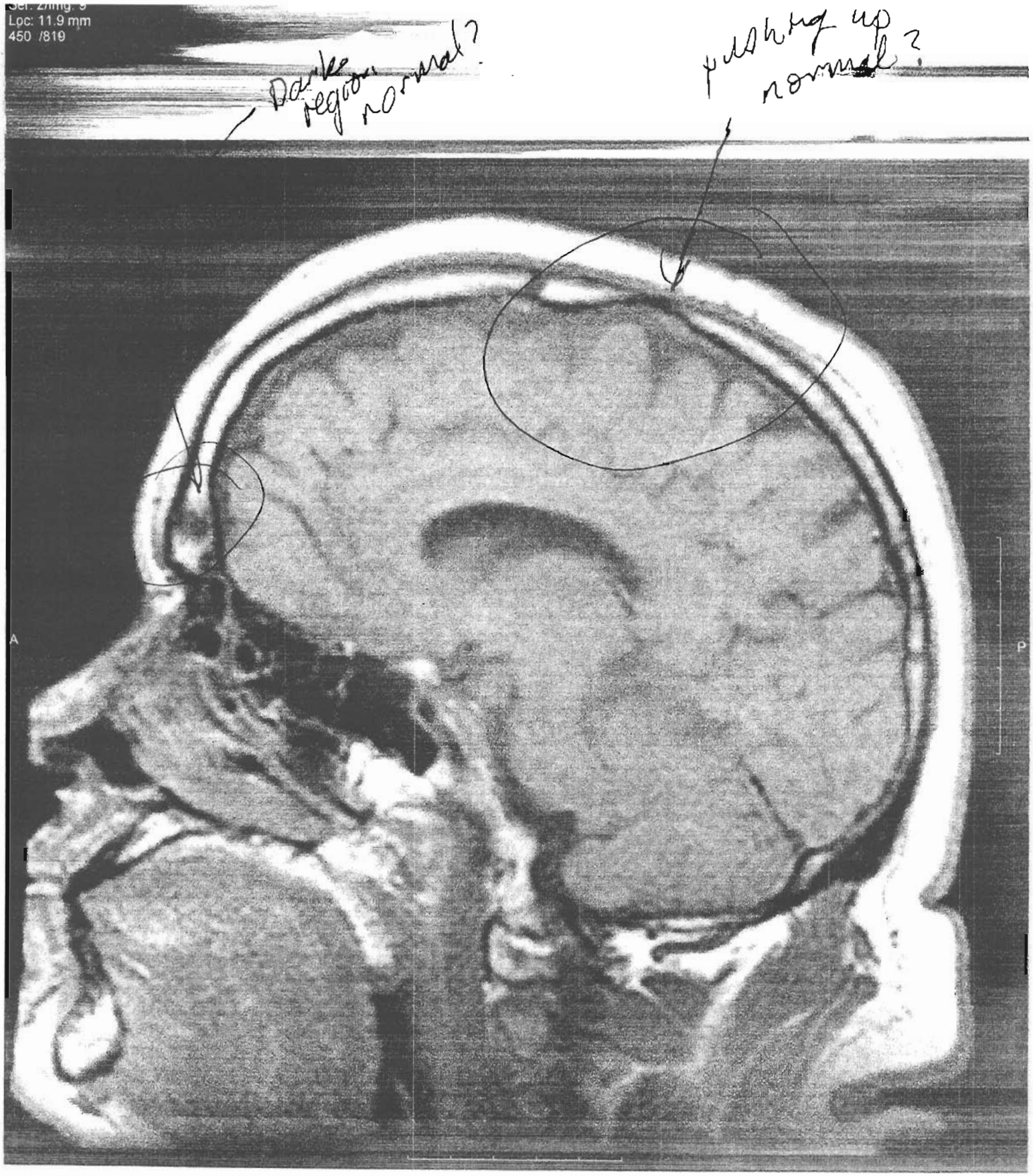
normal?



Parin regions normal?

("hummingbird sign")

These dark regions are of note but none was made.



Swelling could be indicative of viral infection and potentially cause migraines dizziness, motor issues in the region indicated.

Ser: 2/Img: 11
Loc: 20.5 mm
40 /100

HFS

SWENSON,MICHAEL E.

R

L

S

P

A

kV 140/mA 278
Tilt: 22
Thk 5 mm/FOV 23 cm
13:24:47
11/29 S 2

122671 M 38 SWENSON

WHEELER, WILLIAM O.

651

Page 1 of 1

Bonner General Hospital

normal?

This set of x-rays was ommitted when I requested another copy after certain images were missing from my first copy

Ser: 3/Img: 11
Loc: 20.5 mm
388 /1352

Are all the dark areas in marrow normal?

R

L

S

P

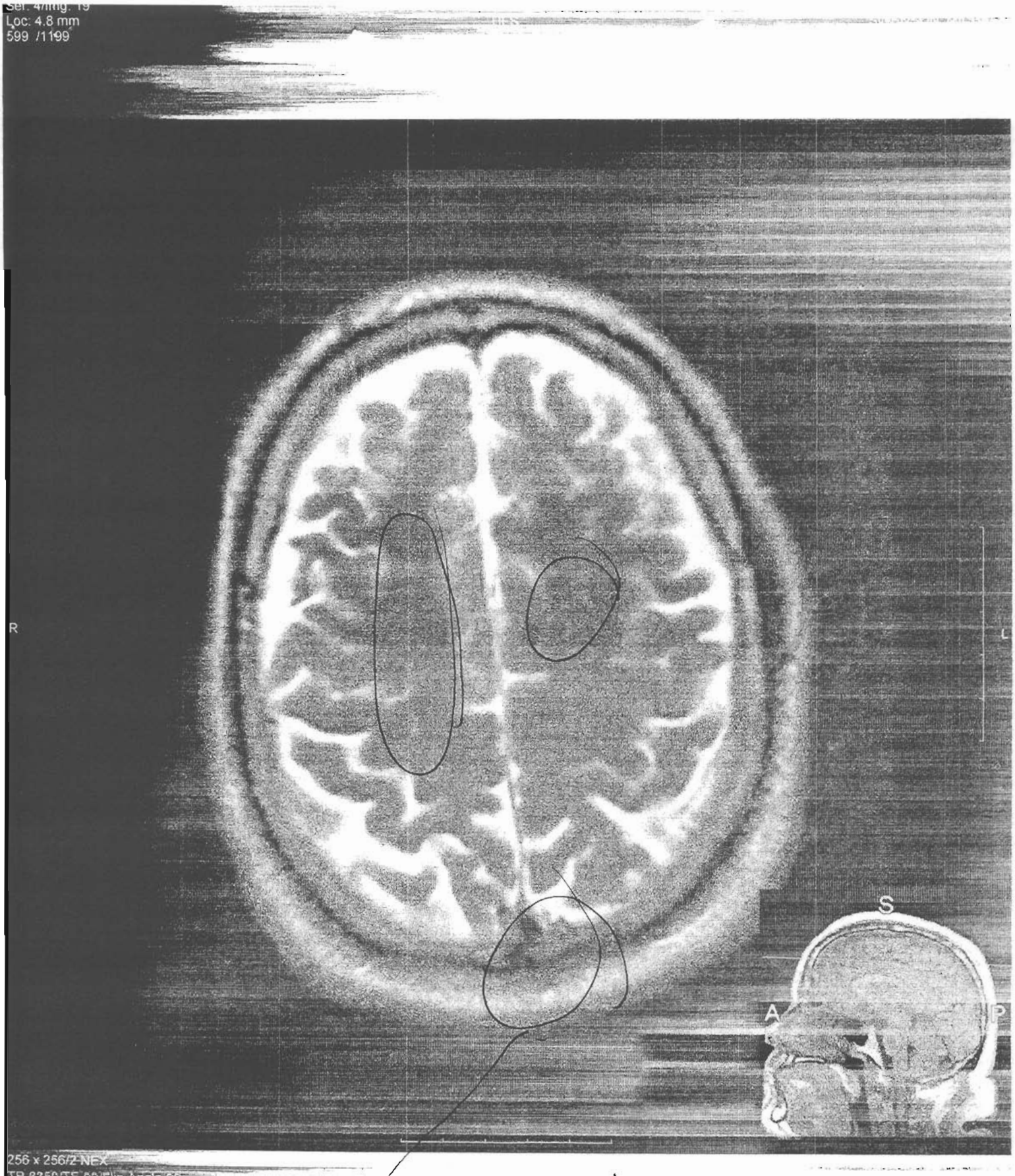
A

kV 140/mA 278
Tilt: 22

normal?

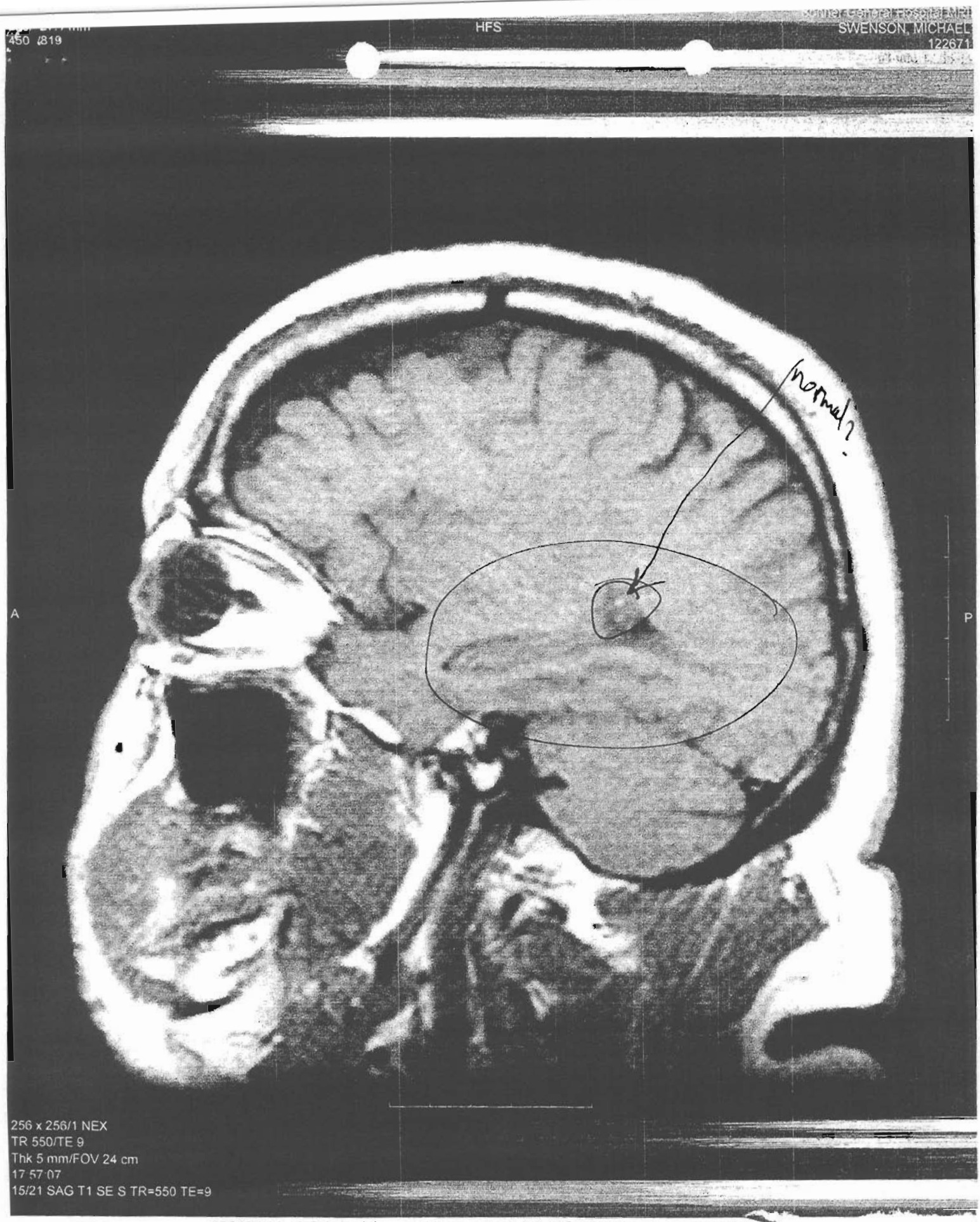
11/31 Recon 2:

122671



Is underdeveloped area normal also?

Bad printer but are all the white specs normal in this image?



122671 M 40 SWENSON MICHEAL 4/14/2006 M R MRI BRAIN W/O CONTR N

BURGSTAHLER, SCOTT A. 47 Page: 1 of 1

* motivation of "population management" recorded message

Eugenics

(idea) by **Lometa** (3.3 wk) (print) ? 1 C! Sat Nov 13 1999 at 10:20:40

Eugenics deals with the application of the laws of genetics to the improvement of the human race. Some scientists are concerned that the mitigation of natural selection and conditions in highly developed societies bring about a deterioration of genetic fitness, the relative ability of a an organism to propagate its genotype. Over the years various methods of counteracting genetic deterioration have been implemented. Under some of these circumstances conflicting points of view continue today concerning the rights of the individual versus the rights of society.

The study of improving the human race by genetics via the means of eugenics dates from ancient times. For example, in ancient Sparta, defective babies were destroyed by throwing them over cliffs in order to keep the race strong. In his Republic, Plato depicts an ideal society through the effort to improve human beings through selective breeding.

English scientist Francis Galton pioneered the use of statistics in genetic thought. In his first important book, *Hereditary Genius* (1869), Galton proposed that a system of arranged marriages between men of distinction and women of wealth would eventually produce a gifted race, but the idea never won widespread acceptance. Many people feared that a eugenics program would take away basic human rights, such as peoples' rights to marry whom they choose. Coining the term eugenics in 1883, Galton continued to expound its benefits until his death in 1911.

Since the 1950s there has been a renewed interest in the idea because certain diseases such as hemophilia and Tay-Sach's Disease are now known to be genetically transmitted. Moreover, some states in the United States have laws that are aimed at preventing persons with known defects from having children.

To date expanding eugenics programs which range from the creation of sperm banks for the genetically superior to the potential cloning of human beings, have been met with extreme resistance from the public, which often views such programs as unwarranted interference with nature or as opportunities for abuse by authoritarian regimes.

Source:

Winchester, A.M. Genetics: A Survey of the Principles of Heredity. Ed. H. Bently Glass, June Shepard. 4th ed. Boston: Houghton Mifflin Company, 1972.

(thing) by **Diabolic** (4.3 wk) (print) ? 3 C!s Mon Mar 29 2004 at 0:21:39

Leading up to Eugenics

Following the Civil War ,and Reconstruction, a turbulent time in American social history was taking place. This is not unreasonable to consider as there were many dramatic

changes taking place. Vast numbers of people were migrating from rural and farming locations into cities. The cornucopia of laborers available resulted in very straightforward exploitation of the labor force, which in turn lead to a very aggressive Labor Union system. A period of economic turmoil extended until the 1900's and vast immigration movement was underway by this time which extended until World War I and resurged again soon afterwards. The immigrants were mostly from Southern and Eastern Europe. Social Darwinism, a popular field of "science" at the time, had explained away inequality by virtue of a corrupted form of Darwin's concepts of evolution. Social Darwinism had been a major tool in the justification of racism and its influences continue to affect our culture even today.

At the time, the birth rate of the wealthy and powerful had been declining. This is significant only because this was the era of scientific practicality, the birth of statistical analysis and scientific management. It was in this era many of the humanities were renamed "social sciences." Add to this the fact that charity, social work, and religion were no more successful at ending poverty than they have ever been and a perception may be constructed construing the situation to be dire indeed. In response partially to this seemly apocalyptic state of affairs the progressivism movement began. The philosophy of progressivism was mainly that society was a logical, though complex, system which could be controlled by logical means. It heralded science and scientific thought as the panacea of all the world's ills. With the advancements in genetics and a sort of "genetics fad" in place, a new field of pseudo-science was born: Eugenics.

Eugenic theory placed the blame for all of the society's ills, and all problems pertaining to humans, as being the result of inferior genes in the problematic individuals. With this philosophy the fault for poverty fell on the poor, and the fault for imbalanced society and the ostracization of minorities fell upon the minorities themselves. In general, it blamed the victims for the problem. It ignored any possible causes stemming from the organization of social structure, class struggle, demographic balance, ethnicity, or gender, or any inabilities of any groups associated with these things to communicate or peacefully coexist with the others. The blame was placed fully upon feeble-minded individuals, as well as a number of symptoms of the problems which they were attempting to solve, such as rebellion, prostitution, and alcoholism. Coincidentally, eugenics scientists did not fall into these groups, or if they did they kept it secret.

It looks like a blatant case of puritan syndrome to me.

Restriction of Immigration

the first endeavors in Eugenics came through the practice of the restriction of immigration. Before the word "eugenics" had been invented, the thought process was already partially there. The first naturalization law enacted was in 1790, limiting citizenship to free whites; soon immigration was prohibited to those who could be clearly demonstrated to not be self-sufficient. In the 1900s Eugenics societies teamed up with immigration organizations native to the United States in order to push laws through congress to prohibit the immigration of "mongrel races" and stop them from polluting the American Gene pool. By 1917 the definition of "persons likely to become a public charge" (and thereby prohibited from immigration) was extended to include "the feeble-minded, idiots, imbeciles," or "mentally of physically defective." What this basically meant was that the port inspector had the right to stop anyone whom they thought, upon first glance, was inferior. It also meant that, if they were racist, and it is likely that most were, they would have the ability to discriminate against anyone they chose and write it off as "Feeblemindedness" to avoid any blame, assuming there was anyone present who would be offended by racism and would need to be circumvented.

Calvin Coolidge coined the phrase "America must remain American," and it was used long afterwards as a rallying point for anti-immigration sentiment. I, personally, am aghast with the terribly irony of this idea.

Marriage Laws

Miscegenation laws predated Eugenics and had been primarily used to persecute black

men of raping white women by negating any possibility of legal consent being given. The eugenics movement reinforced these laws, giving them new "legitimacy" and bringing them back to the forefront of the American consciousness. Many famous works were written warning the white population of the dangers of mixing the races and "bastardizing their bloodlines," and the government was openly and publicly on board with it. The "Scientific Justification of Racism" was quite pervasive. As a result of the Eugenics movements, definitions of who could be considered "white" were restricted in order to further control the purity of Anglo-Saxon bloodlines; specific percentages of "Native American" were deemed acceptable, specifically 1/64th part or less. This number was later relaxed to 1/16 part to ensure that all lawmakers in power at the time could be considered white. In 1942 a Virginia Miscegenation law, backed by an offshoot of the KKK proclaimed that public health problems were the result of interracial marriage; state-published pamphlets were distributed to all persons applying for marriage licenses saying as much. Not until 1967 were miscegenation laws taken off the books.

Involuntary Sterilization

In 1907 Indiana enacted a law allowing the forced sterilization of individuals on genetic grounds. In 1914 Harry Laughlin published the "Model Eugenical Sterilization Law." By that time twelve states had already enacted sterilization laws. Laughlin proposed the authorization of involuntary sterilization of those who were "Socially inadequate" or who were "maintained wholly or in part by public expense" (Welfare, Prison, Mental Hospitals, orphanages, ect...) as well as the "feebleminded, insane, criminalistic, epileptic, inebriate, diseased, blind, deaf; deformed; and dependent {...} orphans, ne'er-do-wells, tramps, the homeless and paupers."

In 1924 Virginia passed a sterilization law based on Laughlin's model, and approximately 3,000 people had been involuntarily sterilized up to that point. Virginia supported the idea that all social problems were the result of genetically inferior people and that is was necessary to sterilize "Defective persons" whose reproduction posed a "Menace to society."

Legal documents show that doctors were often called into court to testify about the character of persons whom they had never met by virtue of medical bases. Any concept of evidence in a sterilization trial was a mockery of the legal system at best. Persons accused of any offence punishable by sterilization could have the actions of their parents or grandparents held against them as evidence that they contain malignant DNA, and no quarter was given to those who had bastard children due to rape, they were classified as whores and prostitutes. The case of Buck vs. Bell was taken to The Supreme Court, which ruled in favor of forced sterilization and set a precedent legalizing it beyond question.

The Nazi German Government adopted Laughlin's model and used the legislation to sterilize 350,000 people. Laughlin was granted an honorary degree from the University of Heidelberg for his work in the scientific field of ethnic cleansing.

In 1942 the law was again challenged at the Supreme Court and was this time struck down. The case of Skinner vs. Oklahoma outlawed the compulsory sterilization of inmates and convicted felons, it did nothing to abate the other rampant methods in play.

Until the mid 1970's involuntary sterilization in mental institutions of all types was legal and over 60,000 individuals were sterilized there.

The precedent legalizing the forced sterilization of the feebleminded is still in effect.

Sources.
www.eugenicsarchive.org
Divine. America Past and Present. Longman: New York. 2002.

NATIONAL CENTER FOR POLICY ANALYSIS

Idea House

International Issues

Eugenics in Socialist Sweden

Last week it was revealed that Sweden imposed forced sterilization for 40 years, a practice that ended only in 1976. During this period, some 62,000 Swedes were sterilized in an effort to improve the quality of the Swedish people. Those of mixed race, low intelligence or with physical defects underwent forced sterilization by the state in order to prevent such qualities from being passed on. However, there is evidence that sterilization extended even to those who were merely rebellious, promiscuous or did not fit in somehow.

The philosophy underlying the Swedish policy, which has raised a storm of condemnation, is known as eugenics. Eugenics grew out of scientific advances in the field of genetics in the 19th century. As it became clear that many physical qualities are inherited, advocates of eugenics favored efforts to ensure that positive human qualities were fostered and negative ones suppressed. This was to be done by encouraging men and women with positive qualities to intermarry, while those considered defective were to be segregated or sterilized.

Who decides? It began with physicians!

The Nazis carried the practice of eugenics to its ultimate end. It could be argued that the entire Holocaust grew out of eugenic principles. Not only were 6 million Jews murdered in the process, but thousands of gypsies, homosexuals and others deemed to be inferior. At the same time, the Nazis encouraged selective breeding of those considered to be outstanding examples of the Aryan race.

When the facts about Nazi atrocities became known after World War II, there was a revulsion against eugenics for having given birth to such horrors. That is why the news that Sweden was still practicing eugenics as recently as 1976 has led to such an outcry. It also came as a shock that Sweden, long known as a liberal paradise rather than some fascistic state, should have behaved in such a patently illiberal manner. Since World War II it has been assumed that eugenics was part of the far right's philosophy, not the liberal left's.

But in fact, eugenics has always been part of the left's collectivist agenda.

- In The Open Society and Its Enemies, philosopher Karl Popper pointed out that Plato believed strongly in eugenics and urged that humans be bred like dogs to develop superior qualities.

- By the early 1900s eugenics was something of a fad among liberals in the United States, leading a number of states to pass laws requiring compulsory sterilization of those with hereditary defects.

- In 1927 the Supreme Court upheld the constitutionality of such laws in the case of Buck vs. Bell. It was in this case that liberal Justice Oliver Wendell Holmes Jr. said, "Three generations of imbeciles are enough."

In his book Social Darwinism, liberal historian Richard Hofstadter conceded that eugenics was indeed part of the liberal reform agenda. "In spite of its fundamental conservatism," Hofstadter wrote, "the eugenics craze had about it the air of a 'reform.' Like the reform movements, it accepted the principle of state action toward a common end, and spoke in terms of the collective destiny of the group rather than individual success."

But as the Nazi and Swedish examples show, it is too easy to use eugenics not just to improve

the physical quality of humans, but as a tool of social control. As Aldous Huxley wrote in the forward to his utopian horror Brave New World, eugenics can be used to control those with "dangerous thoughts about the social system" who "infect others with their discontents." After all, parents pass on not only their genes to their children, but also their knowledge, values and opinions. That is why eugenics and totalitarianism go together.

Source: Bruce Bartlett, senior fellow, National Center for Policy Analysis, September 3, 1997.

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Washington Office: 601 Pennsylvania Avenue NW, Suite 900 South Building, Washington, DC 20004 - 202/220-3082 - Fax 202/220-3096

The Inland Northwest Blood Center saves lives by p
to support transfusion and transplantation medicin

Hospitals & Physicians...

- Introduction
- Adverse Transfusion Reactions
- Risks Associated With Transfusion
- Therapeutic Apheresis Services
- ISBT 128
- Blood Donation Forms

Adverse Transfusion Reactions

Whenever an adverse transfusion reaction is suspected, the transfusion should be immediately halted and an investigation performed according to the established procedures of the institution. For institutions reporting adverse transfusion reactions to INBC for investigation, report the information using the **Transfusion Reaction Report** (PDF). For institutions that perform their own investigations, reactions may need to be reported to INBC due to attributes specific to the donor or the processing of the blood product (e.g. bacterial contamination of a blood unit, or suspected Transfusion Related Acute Lung Injury). Report the information telephonically at 509-624-8591. The following table list symptoms associated with various types of reactions.

Immediate Transfusion Reactions (minutes to hours, within 24 hours)

Type of Reaction:	Symptoms:
Immune-mediated hemolysis	Fever (increase >1C or 2F)
	Chills, rigors
	Pain (infusion site, back, flanks, chest and/or abdomen)
	Hypotension (decrease > 20 mmHg)
	Nausea, vomiting
	Dyspnea
	Flushing
	Hemoglobinemia
	Hemoglobinuria
	Bilirubinemia/bilirubinuria
	Oliguria/anuria
	Acute pancreatitis
	Shock
	Generalized bleeding (DIC)
Transfusion Associated Sepsis	Fever > 39C (increase > 2C or 3.5F)

	Chills, rigors
	Hemoglobinuria
	Oliguria/anuria
	Generalized bleeding (DIC)
	Tachycardia
	Hypotension (decrease > 20 mmHg)
	Shock
Febrile non-hemolytic reaction	Fever (increase >1C or 2F)
	Chills, rigors
Transfusion-related acute lung injury	Dyspnea
	Hypoxemia (O_2 Sat < 90% on room air)
	Infiltrates on chest radiograph
	Pulmonary edema
	Fever
	Hypotension (occasionally hypertension)
	Transient leukopenia
	Occurs within 6 hours of transfusion
	Absence of evidence of circulatory overload
Transfusion associated cardiac overload	Dyspnea
	Orthopnea
	Hypertension
	Tachycardia
	Headache
	Pulmonary edema
	Congestive heart failure
Anaphylactic Reactions	May ~~occur after only a~~ few mL of blood component
	Hypotension
	Cough, wheezing, dyspnea
	Nausea, vomiting, cramps
	Diarrhea
	Shock
Urticaria (hives)	Erythematous macular rash
	Generalized rash

Acute Adverse Transfusion Reaction coupled with my evidence - this is the true cause - not the lies presented by the murderers

	Hives
	Pruritis, itching
	Absence of fever
Non-immune hemolysis	Symptoms may be similar to immune hemolysis
	Etiology: Thermal (including
	improper storage, heating, freezing)
	Mechanical (pumps, pressure cuffs)
	Osmotic (drugs, hypotonic solution)

Delayed Transfusion Reaction (days to weeks, > 24 hours)

Type of Reaction	Symptoms
Delayed hemolytic reaction	Anemia, falling Hematocrit
	Hyperbilirubinemia, jaundice Fever, chills
	Sickle cell crisis
	Pain, dyspnea, renal failure rare
Post transfusion purpura	Sensitization to platelet antigens due to pregnancy or transfusion
	Severe thrombocytopenia
	Unresponsive to platelet transfusion
	Purpura, mucosal, GI, or CNS hemorrhage
Transfusion associated graft versus host disease	Diffuse maculopapular exanthem
	Watery diarrhea
	Fever
	Abnormal liver function tests
	Bone marrow aplasia

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pharmaceuticals lethal side effects Search Advanced Search Preferences

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DRUG MAKER PLEADS GUILTY OVER **LETHAL SIDE EFFECTS** - New York Times
DRUG MAKER PLEADS GUILTY OVER **LETHAL SIDE EFFECTS** ... In June the Philadelphia-based **pharmaceutical** giant and the three officers were charged with 14 counts ...
query.nytimes.com/gst/fullpage.html?sec=health&res=9501E2DF1338F937A25751C1A962948260 - 23k - Cached - Similar pages

Oops - Bayer forgot to tell FDA about **Lethal Side Effects** of Trasylol
Trasylol heart and kidney damage The **lethal side effects** of Trasylol became public .... of Bayer and the honesty of the **pharmaceutical** industry in general. ...
www.lawyersandsettlements.com/articles/bayer-trasylol.html - 20k - Cached - Similar pages

Yale-New Haven Hospital: HealthLINK: Cardiac October 2001
Baycol withdrawn because of fatal **side effects**. Bayer **Pharmaceuticals** has .... the possibility of finding serious or **lethal side effects** does as well. ...
www.ynhh.org/healthlink/cardiac/cardiac_10_01.html - 36k - Cached - Similar pages

Drawing A Bead On **Side Effects**
As **pharmaceutical** companies decode the secrets of **side effects**, ... The test pinpoints drugs likely to trip a potentially **lethal** chain of events, ...
www.businessweek.com/magazine/content/05_15/b3928053_mz011.htm - 61k - Cached - Similar pages

Idaho Observer: **Pharma** facade cracking over controversies
Vaccine manufacturers enjoy zero liability for permanent and even **lethal side-effects** of their vaccines. That the announcement to pass a bill protecting the ...
proliberty.com/observer/20050120.htm - 10k - Cached - Similar pages

CBG - KEYCODE BAYER #43
... **lethal side effects** involving muscular weakness and kidney failure. ... Bayer **Pharmaceutical** Division has announced plans to recall Baycol to the ...
www.cbgnetwork.org/420.html - 7k - Cached - Similar pages

Pharmaceutical Liability : Specter Specter Evans & Manogue, P.C.
However, occasionally as in the case of ephedra, dietary supplements can have **lethal side effects**. Be sure to monitor everything you are ingesting, ...
www ssem.com/product-liability/pharmaceutical-liability/pharmaceutical-liability.html - 9k - Cached - Similar pages

ALLIANCE FOR HUMAN RESEARCH PROTECTION: FDA in Action: Two **Lethal** ...
FDA officials described the cardiovascular **side effects** as "a very rare event. ... States by Valeant **Pharmaceuticals** International and in Canada by Shire. ...
ahrp.blogspot.com/2007/04/fda-in-action-two-**lethal**-drugs.html - 24k - Cached - Similar pages

[PDF] FDA Approval process under fire--PML: **Lethal side**-effect--Tysabri ...
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culture within the **pharmaceutical** industry: “It is simply amazing to ..... They did not even look into the **side effects** and this is unbelievable. ...
www.ahrp.org/cms/index2.php?option=com_content&do_pdf=1&id=92 - Similar pages

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unBelief.org
There are well-**documented** instances of it in South Korea and Indonesia in .... are the best the Web has to offer on the subject of **modern resurrections**. ...
www.unbelief.org/articles/raise_the_dead.html - 19k - Cached - Similar pages

Adrian's Blog: Daniel Ekechukwu- A **modern** day **Resurrection**?
The story is well **documented** in The **Resurrection** of Daniel Ekechukwu ... except for any profits he gets from the video) or a genuine **modern** day miracle. ...
adrianwarnock.com/2003/04/daniel-ekechukwu-**modern**-day.htm - 34k - Cached - Similar pages

Modern Day **Resurrections**??possible?
Discusion about **Modern** Day **Resurrections**??possible? in the AboveTopSecret.com website ... Many have been well **documented**. There is a book called - ...
www.belowtopsecret.com/thread128512/pg1 - 50k - Cached - Similar pages

The **Resurrection** in Mythological Context
But fiction is not the only place in which **modern resurrection** mythology is to be found. In The Birth of Tragedy Nietzsche expounded his view of the ...
societies.csc.tcd.ie/~theo/inaug.htm - 18k - Cached - Similar pages

The Jury Is In: The Ruling on Josh McDowell's "Evidence"
Now the fifth edition of a project that began in 1998, this essay explains why he finds the **Resurrection** to be an unconvincing argument for becoming a ...
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Biblical Errancy
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Terralingua -- Discussion Paper #6
In 1972, Frontier Historian W.H. Hutchinson condemned the "**resurrection** of the myth of the ... This materialist position falls short in light of **documented** ...
www.terralingua.org/DiscPapers/DiscPaper6.htm - 12k - Cached - Similar pages

JSTOR: The Islamic Understanding of Death and **Resurrection**
The final two chapters analyze **modern** Islamic writing on eschatological themes. ... The Islamic Understanding of Death and **Resurrection** achieves its purpose ...
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Egypt: On the Politics of Ancient and **Modern** Religion
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A world monograph of the genus Plectocarpon (Roccellaceae ...

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Region X - Seattle(Alaska, Idaho, Oregon, Washington)
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Office for Civil Rights

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FAX (206)615-2297
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Frequent Questions

Office for Civil Rights
FACT SHEET: KNOW YOUR CIVIL RIGHTS!
THE OFFICE FOR CIVIL RIGHTS

The Office for Civil Rights (OCR) of the U. S. Department of Health and Human Services (DHHS) enforces Federal laws that prohibit discrimination by health care and human service providers that receive funds from the DHHS. Such laws include

Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act

of 1973, Title II of the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, and the Community Service Assurance provisions of the Hill-Burton Act.

Discrimination Is Against the Law!

This Fact Sheet explains your rights to receive services and benefits in programs and activities funded by the DHHS. There are Federal civil rights laws that prohibit discrimination in such programs and activities based on:

Race Color National Origin

Disability Age Sex

Religion

Some of the institutions, programs and service providers that may receive funds from the DHHS are:

Hospitals
Medicaid and Medicare
Physicians and other health care professionals in private practice with patients assisted by Medicaid
Family Health Centers
Community Mental Health Centers
Alcohol and Drug Treatment Centers
Nursing Homes
State agencies that are responsible for administering health care
Foster Care Homes
Day Care Centers
Senior Citizen Centers
Nutrition Programs
State and local income assistance and human service agencies

HOW TO FILE A COMPLAINT OF DISCRIMINATION WITH OCR

If you believe that you have been discriminated against because of your race, color, national origin, disability, age, and in some cases sex or religion, by an entity (recipient) receiving financial assistance from the DHHS, you or your representative may file a complaint with OCR. Complaints must be filed within 180 days from the date of the alleged discriminatory act. OCR may extend the 180-day deadline if you can show "good cause." Include the following information in your written complaint, or request a Discrimination Complaint Form from OCR:

Your name, address and telephone number. You must sign your name.

If you file a complaint on someone's behalf, include your name, address, telephone number, and statement of your relationship to that person--e.g.,

spouse, attorney, friend, etc.

Name and address of the institution or agency you believe discriminated against you.

How, why and when you believe you were discriminated against.

Any other relevant information.

Send the complaint to the Regional Manager at the appropriate OCR Regional Office or to OCR Headquarters at the following address:

Director
Office for Civil Rights
U. S. Department of Health and Human Services
200 Independence Avenue, SW
H.H.H. Building, Room 509-F
Washington, D.C. 20201

Telephone : (202) 619-0403

E-Mail : ocrmail@hhs.gov

Website : http://www.hhs.gov/ocr

For information on the addresses and telephone numbers of OCR's Regional Offices, or to obtain information of a civil rights nature, please call the following toll-free OCR hotline numbers. OCR employees will make every effort to provide prompt service.

Voice : 1-800-368-1019

TDD : 1-800-537-7697

(H - 14 / June 2000)

Last revised: June 11, 2002

U.S. Department of Health & Human Services · 200 Independence Avenue, S.W. · Washington, D.C. 20201

These contacts just so I did the research in attempting to obtain responsive remedy. I have fax transmission logs to show all who I actually contacted dates and time to establish the ongoing negligence/conspiracy.

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(* indicates Public Health Service Agency)

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Phone: 202-690-7453
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FOIA Public Liaison: Michael J. Robinson

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Room 17-A-46, Parklawn Building
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Rockville, MD 20857
Phone: 301-443-5252
FOIA Officer: Darlene Christian
FOIA Public Liaison: Darlene Christian

Administration on Aging (AOA)

Freedom of Information Officer
Washington, D.C. 20201
Phone: 202-401-4634
FOIA Officer: Harry Posman
FOIA Public Liaison: Harry Posman

Administration for Children and Families (ACF)
Freedom of Information Officer
901 D Street, S.W.
7th Floor West
Aerospace Building
Washington, D.C. 20447
Phone: 202-401-9215
FOIA Officer: Kenneth J. Wolfe
FOIA Public Liaison: Jane Norris

Agency for Healthcare Research and Quality (AHRQ)
Freedom of Information Officer
540 Gaither Road
The Eisenberg Building, Room 2222
Rockville, Maryland 20850

Phone: 301-427-1866
FOIA Officer: Nancy Comfort
FOIA Public Liaison: Nancy Comfort

Centers for Disease Control and Prevention (CDC) and/or *
Agency for Toxic Substances and Disease Registry (ATSDR)
Freedom of Information Officer
1600 Clifton Road, N.E., Building 16, Room D-54
Atlanta, Georgia 30333
Phone: 404-639-7270
FOIA Officer: Lynn Armstrong
FOIA Public Liaisons: Lynn Armstrong & Katherine Norris

Centers for Medicare & Medicaid Services (CMS)
Freedom of Information Officer
North Building, Room N2-20-06
7500 Security Boulevard
Baltimore, Maryland 21244
Phone: 410-786-5353

FOIA Officer: Michael Marquis
FOIA Public Liaison: Joseph Tripline

Food and Drug Administration (FDA) *
Freedom of Information Officer
Parklawn Building, Room 6-30
5600 Fishers Lane
Rockville, Maryland 20857
Phone: 301-827-6567
FOIA Officer: Betty Dorsey
FOIA Public Liaison: Betty Dorsey

Health Resources and Services Administration (HRSA) *
Freedom of Information Officer
Parklawn Building, Room 14-15
5600 Fishers Lane
Rockville, Maryland 20857
Phone: 301-443-3376
FOIA Officer: Mona Finch
FOIA Public Liaison: Mona Finch

Indian Health Service (IHS) *
Freedom of Information Officer
12300 Twinbrook Parkway, Suite 450
Twinbrook II, Metro Plaza Building
Rockville, Maryland 20857
Phone: 301-443-1116
FOIA Officer: Hankie P. Ortiz
FOIA Public Liaison: Hankie P. Ortiz

National Institutes of Health (NIH) *
Freedom of Information Officer
Building 31, Room 5B35
9000 Rockville Pike
Bethesda, Maryland 20892
Phone: 301-496-5633
FOIA Officer: Susan Cornell
FOIA Public Liaison: Susan Cornell

Program Support Center (PSC)
Freedom of Information Officer
Parklawn Building, Room 17-A-46
5600 Fishers Lane

Rockville, Maryland 20857
Phone: 301-443-5252
FOIA Officer: Darlene Christian
FOIA Public Liaison: Darlene Christian

Substance Abuse and Mental Health Services Administration (SAMHSA) *
Freedom of Information Officer
1 Choke Cherry Road, Room 8-1042
Rockville, Maryland 20857
Phone: 240-276-2137
FOIA Officer: Jeanette Hite
FOIA Public Liaison: Jeanette Hite

TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 21--CIVIL RIGHTS

SUBCHAPTER II--PUBLIC ACCOMMODATIONS

Sec. 2000a-2. Prohibition against deprivation of, interference with, and punishment for exercising rights and privileges secured by section 2000a or 2000a-1 of this title

No person shall (a) withhold, deny, or attempt to withhold or deny,
or deprive or attempt to deprive any person of any right or privilege
secured by section 2000a or 2000a-1 of this title, or (b) intimidate,
threaten, or coerce, or attempt to intimidate,

threaten, or coerce any
person with the purpose of interfering with any
right or privilege
secured by section 2000a or 2000a-1 of this title, or
(c) punish or
attempt to punish any person for exercising or
attempting to exercise
any right or privilege secured by section 2000a or
2000a-1 of this
title.

TITLE 42--THE PUBLIC HEALTH AND WELFARE
CHAPTER 21--CIVIL RIGHTS
SUBCHAPTER I--GENERALLY

(Last updated January 8, 2004)

Sec. 1986. Action for neglect to prevent

Every person who, having knowledge that any of the wrongs conspired
to be done, and mentioned in section 1985 of this title, are about to be
committed, and having power to prevent or aid in preventing the
commission of the same, neglects or refuses so to do, if such wrongful
act be committed, shall be liable to the party injured, or his legal
representatives, for all damages caused by such wrongful act, which such
person by reasonable diligence could have prevented; and such damages
may be recovered in an action on the case; and any number of persons
guilty of such wrongful neglect or refusal may be joined as defendants
in the action; and if the death of any party be caused by any such

wrongful act and neglect, the legal representatives of the deceased
shall have such action therefor, and may recover not exceeding $5,000
damages therein, for the benefit of the widow of the deceased, if there
be one, and if there be no widow, then for the benefit of the next of
kin of the deceased. But no action under the provisions of this section
shall be sustained which is not commenced within one year after the
cause of action has accrued.

From the U.S. Code Online via GPO Access
[wais.access.gpo.gov]
[Laws in effect as of January 7, 2003]
[Document not affected by Public Laws enacted between
January 7, 2003 and December 19, 2003]
[CITE: 42USC1985]

TITLE 42--THE PUBLIC HEALTH AND WELFARE

CHAPTER 21--CIVIL RIGHTS

SUBCHAPTER I--GENERALLY

Sec. 1985. Conspiracy to interfere with civil rights

(1) Preventing officer from performing duties

If two or more persons in any State or Territory

conspire to
prevent, by force, intimidation, or threat, any person from accepting or
holding any office, trust, or place of confidence under the United
States, or from discharging any duties thereof; or to induce by like
means any officer of the United States to leave any State, district, or
place, where his duties as an officer are required to be performed, or
to injure him in his person or property on account of his lawful
discharge of the duties of his office, or while engaged in the lawful
discharge thereof, or to injure his property so as to molest, interrupt,
hinder, or impede him in the discharge of his official duties;

(2) Obstructing justice; intimidating party, witness, or juror

If two or more persons in any State or Territory conspire to deter,
by force, intimidation, or threat, any party or witness in any court of
the United States from attending such court, or from testifying to any
matter pending therein, freely, fully, and truthfully, or to injure such
party or witness in his person or property on account of his having so
attended or testified, or to influence the verdict, presentment, or
indictment of any grand or petit juror in any such court, or to injure
such juror in his person or property on account of any verdict,
presentment, or indictment lawfully assented to by him, or of his being
or having been such juror; or if two or more persons conspire for the
purpose of impeding, hindering, obstructing, or

defeating, in any
manner, the due course of justice in any State or Territory, with intent
to deny to any citizen the equal protection of the laws, or to injure
him or his property for lawfully enforcing, or attempting to enforce,
the right of any person, or class of persons, to the equal protection of
the laws;

(3) Depriving persons of rights or privileges

If two or more persons in any State or Territory conspire or go in
disguise on the highway or on the premises of another, for the purpose
of depriving, either directly or indirectly, any person or class of
persons of the equal protection of the laws, or of equal privileges and
immunities under the laws; or for the purpose of

preventing or hindering
the constituted authorities of any State or Territory from giving or
securing to all persons within such State or Territory the equal
protection of the laws; or if two or more persons conspire to prevent by
force, intimidation, or threat, any citizen who is lawfully entitled to
vote, from giving his support or advocacy in a legal manner, toward or
in favor of the election of any lawfully qualified person as an elector
for President or Vice President, or as a Member of Congress of the
United States; or to injure any citizen in person or property on account
of such support or advocacy; in any case of conspiracy set forth in this
section, if one or more persons engaged therein do, or cause to be done,
any act in furtherance of the object of such

conspiracy, whereby another
is injured in his person or property, or deprived of having and
exercising any right or privilege of a citizen of the United States, the
party so injured or deprived may have an action for the recovery of
damages occasioned by such injury or deprivation, against any one or
more of the conspirators.

admitting to spying on innocent Americans! prostitutes? implies spying on private matters!

suspected Al-Qaeda members, but also on most of the United States population.

"You keep saying that this is illegal and that most Americans don't want this program." Stated Alberto Gonzales during the Congressional hearings, "But I'm hear to tell you that most Americans do approve of this spying program. We know for a fact they do. We have millions of hours of recordings Americans talking to their spouses, children, grandparents, brothers, aunts and prostitutes about how safe they feel now that they know we are spying on the enemy."

Both parties, however, feel that this program is anti-Constitutional and that spying on anyone should not be allowed.

"It is more important to have civil rights then to be alive." Stated Senator Ted Kennedy, "So what that these guys are planning to attack us! We can't listen to their conversations without a warrant. Sure, it may take 3 days to get one, but who cares? What's more important then civil rights and freedom, I mean, except a really nice large pizza?"

When asked how they can justify spying without a warrant, Alberto Gonzales said "It was allowed when Congress authorized the President to use 'all necessary an appropriate force' against Al Qaeda. We took that as 'Do whatever you want to do, including spying.' It was your fault for approving it. Read papers in front of you next time before you approved them."

Around The Web

- CNN - Chicago Tribune - The Washington Times

Discuss This Story

Your Name:

Your Comments:

WARNING: We DO NOT review nor do we endorse any comments posted below.

Date	Comment	Name
08/15/2006	ALL OF THOSE SPYING ON INNOCENT	WAKE UP!

Attorney General Gonzales: 'Spying program is ok with most Americans. We have tapes to prove they said so.'

Politics News
Tuesday, February 7, 2006
TheDailyFarce.com - Marcelo Lewin

Admits to spying on innocent Americans

Rate This Story

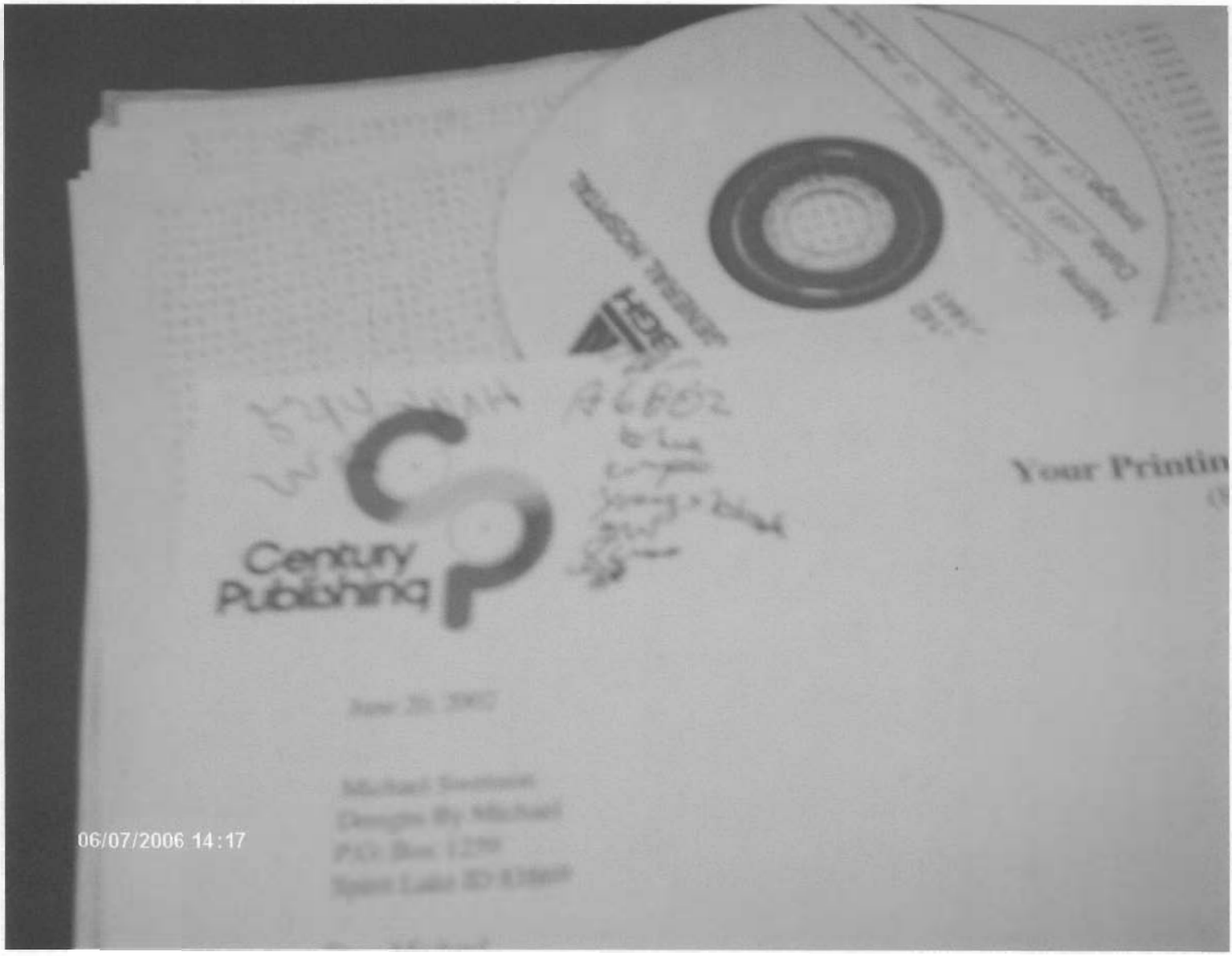
Current Rating: Liberal

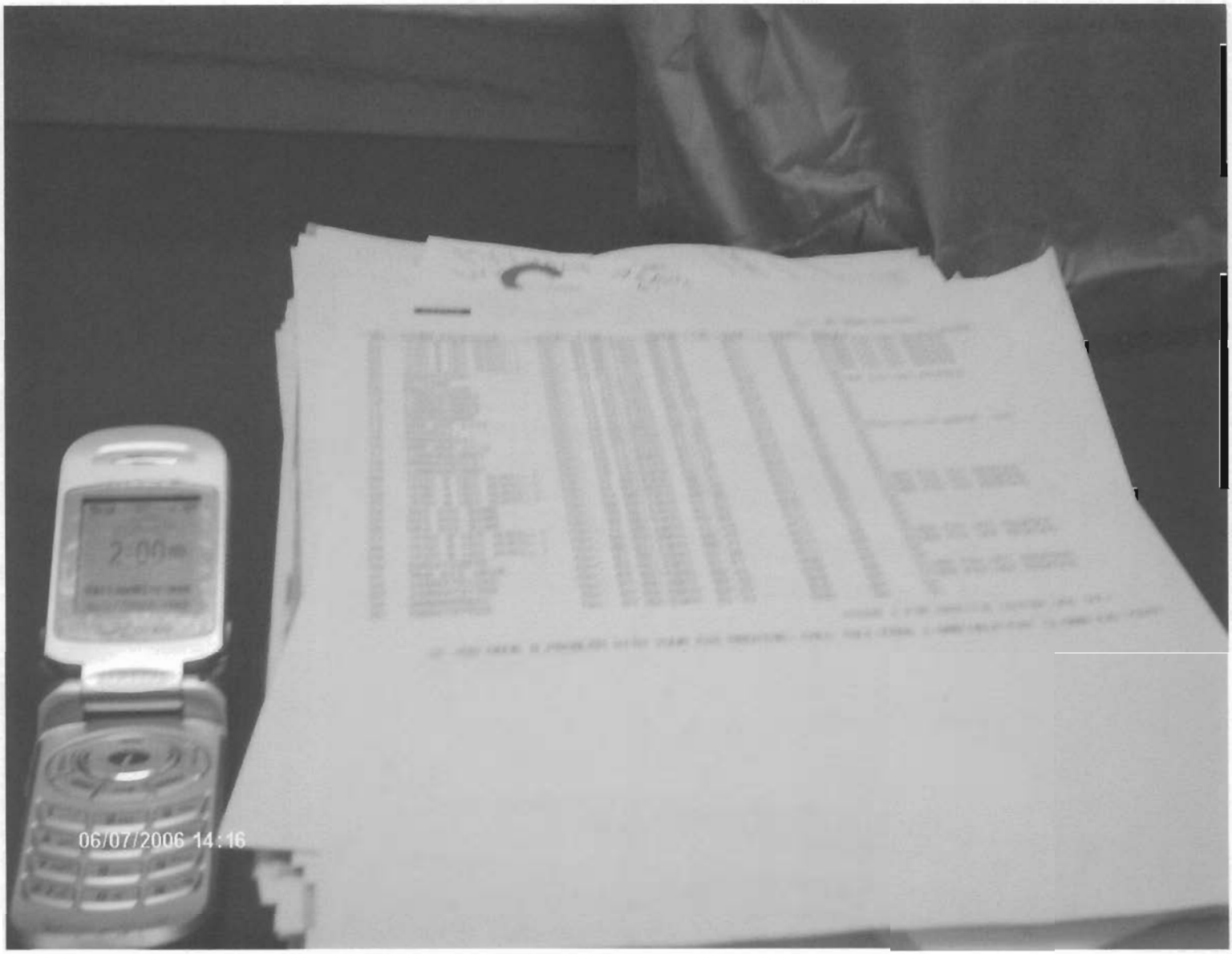
Story Features

Vote For Story

In an attempt to defend President Bush, Attorney General Alberto Gonzales inadvertently admitted that the NSA Spying program approved by President Bush has not only spied on

The review of the initial copy of CT + MRI show that images were omitted; later copies from BGH omit the whole series!

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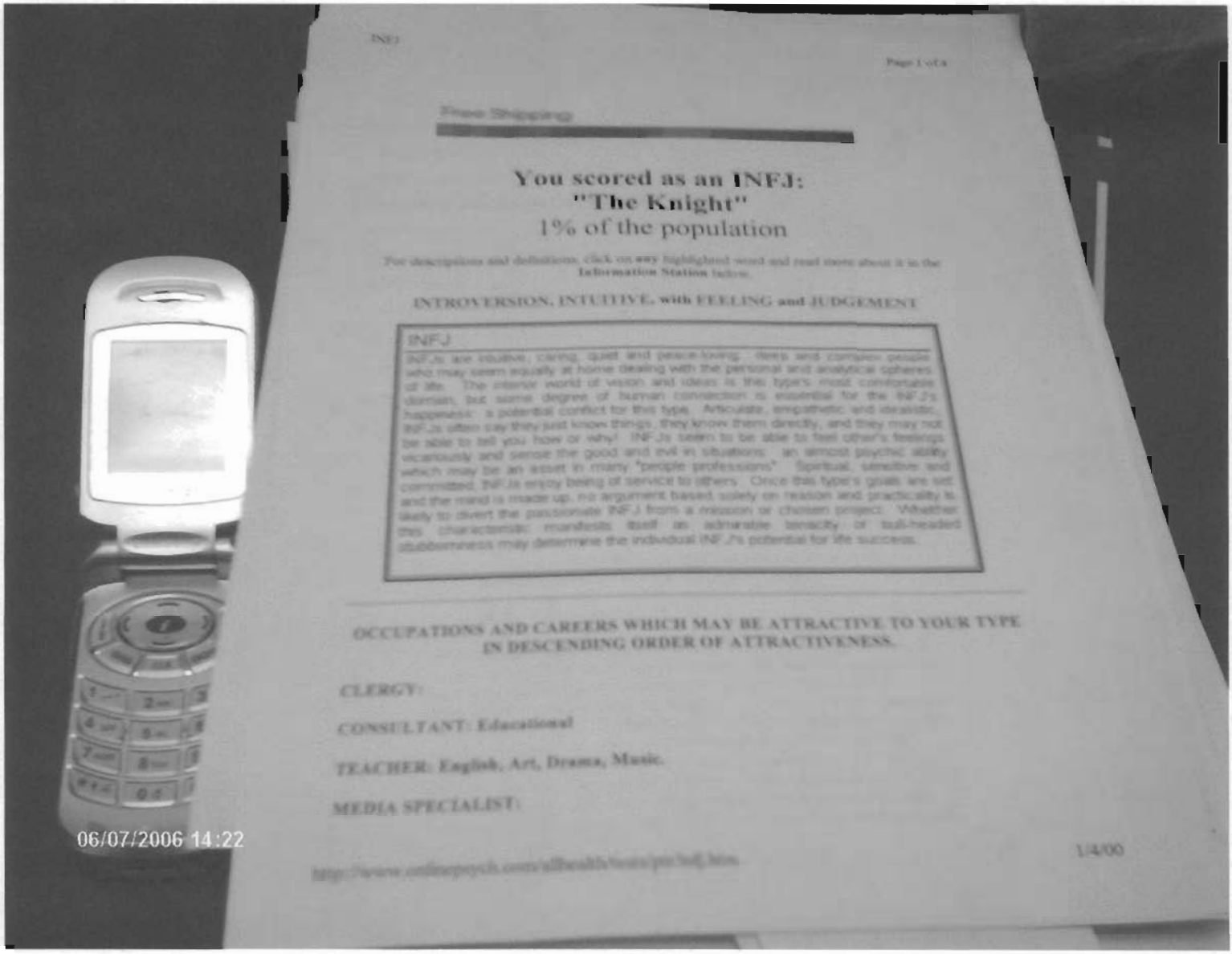
06/07/2006 14:16

My personality test indicates a person not prone to lying!



INFJ

Page 1 of 4

Free Shipping

You scored as an INFJ:
"The Knight"
1% of the population

For descriptions and definitions, click on **any** highlighted word and read more about it in the **Information Station** below.

INTROVERSION, INTUITIVE, with FEELING and JUDGEMENT

INFJ

INFJs are intuitive, caring, quiet and peace-loving... deep and complex people who may seem equally at home dealing with the personal and analytical spheres of life. The interior world of vision and ideas is this type's most comfortable domain, but some degree of human connection is essential for the INFJ's happiness: a potential conflict for this type. Articulate, empathetic and idealistic, INFJs often say they just know things, they know them directly, and they may not be able to tell you how or why! INFJs seem to be able to feel other's feelings vicariously and sense the good and evil in situations: an almost psychic ability which may be an asset in many "people professions". Spiritual, sensitive and committed, INFJs enjoy being of service to others. Once this type's goals are set and the mind is made up, no argument based solely on reason and practicality is likely to divert the passionate INFJ from a mission or chosen project. Whether this characteristic manifests itself as admirable tenacity or bull-headed stubbornness may determine the individual INFJ's potential for life success.

OCCUPATIONS AND CAREERS WHICH MAY BE ATTRACTIVE TO YOUR TYPE IN DESCENDING ORDER OF ATTRACTIVENESS.

CLERGY:

CONSULTANT: Educational

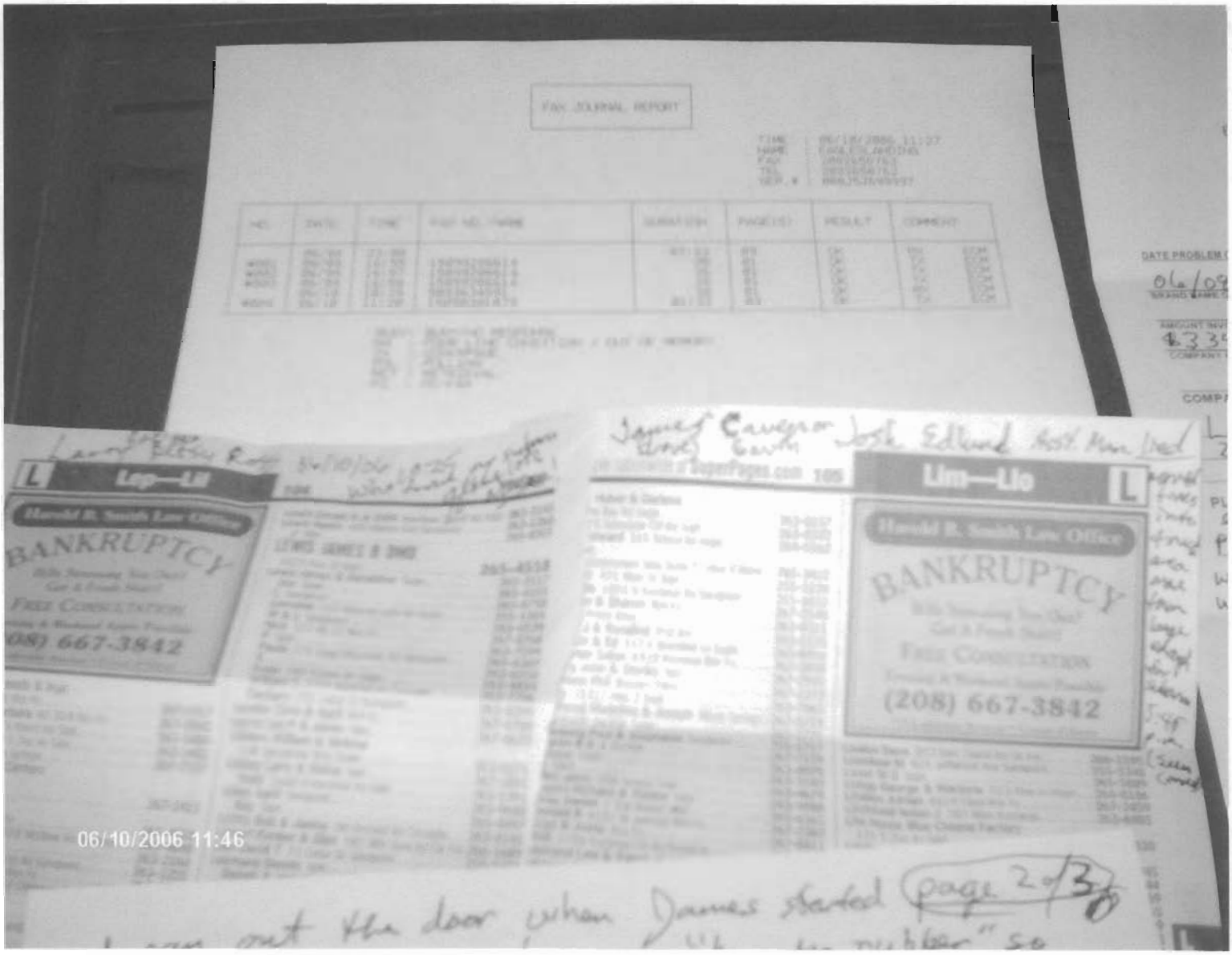
TEACHER: English, Art, Drama, Music.

MEDIA SPECIALIST:

http://www.onlinepsych.com/allhealth/tests/pro/bdj.htm

1/4/00

06/07/2006 14:22


FAX JOURNAL REPORT
Lap—Lil
Harold R. Smith Law Office
BANKRUPTCY
FREE CONSULTATION
(208) 667-3842
Lim—Lio
Harold R. Smith Law Office
BANKRUPTCY
FREE CONSULTATION
(208) 667-3842
06/10/2006 11:46
page 2 of 3

http://www.usdoj.gov/crt/cor/Pubs/compform.pdf - Microsoft Internet Explorer

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the "Notice about Investigatory Uses of Personal Information" for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

Coordination and Review Section - NYA
Civil Rights Division
United States Department of Justice
950 Pennsylvania Avenue, N.W.
Washington, D.C. 20530

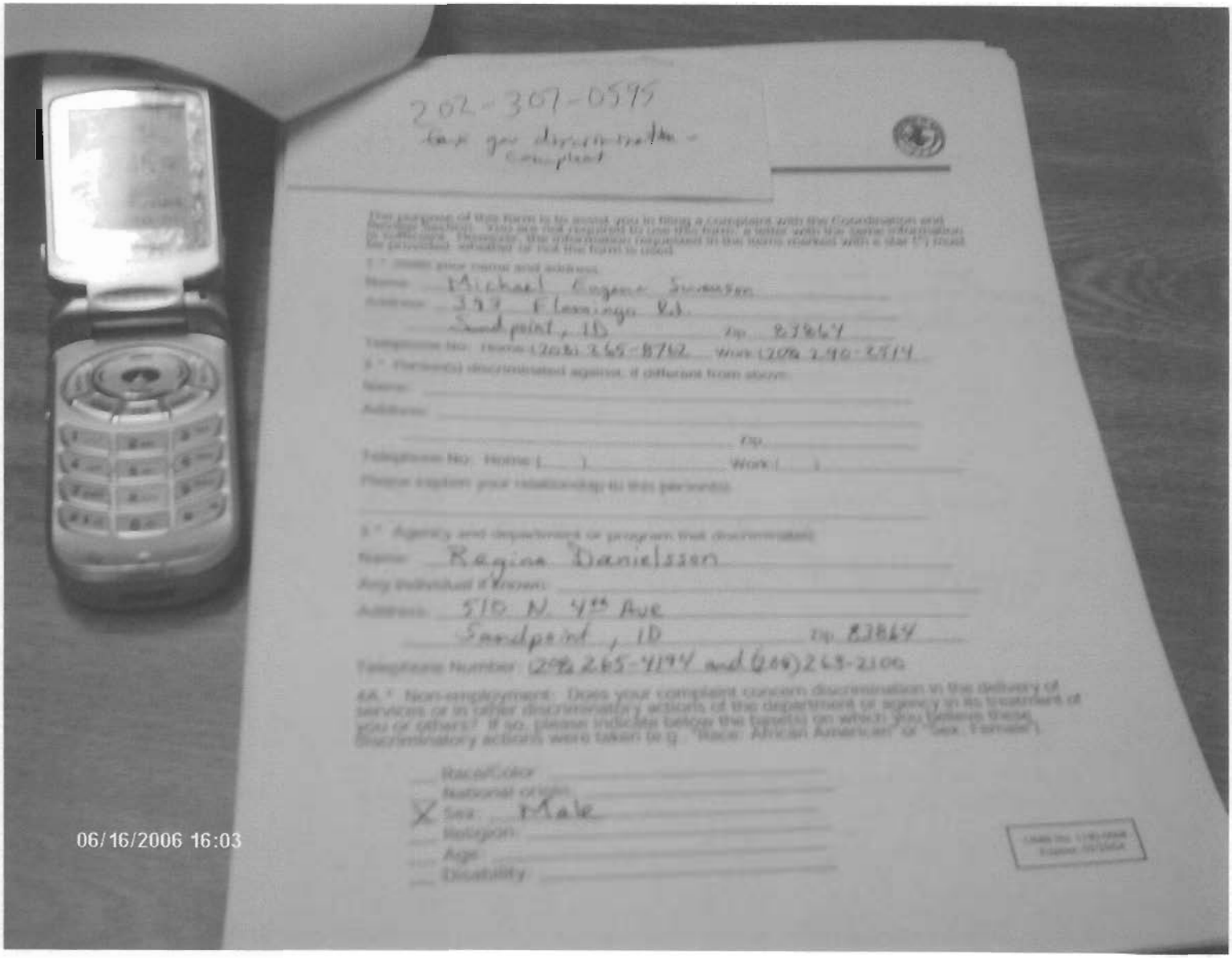
Toll-free Voice and TDD: (888) 848-5306
(202) 307-2222
TDD: (202) 307-2678

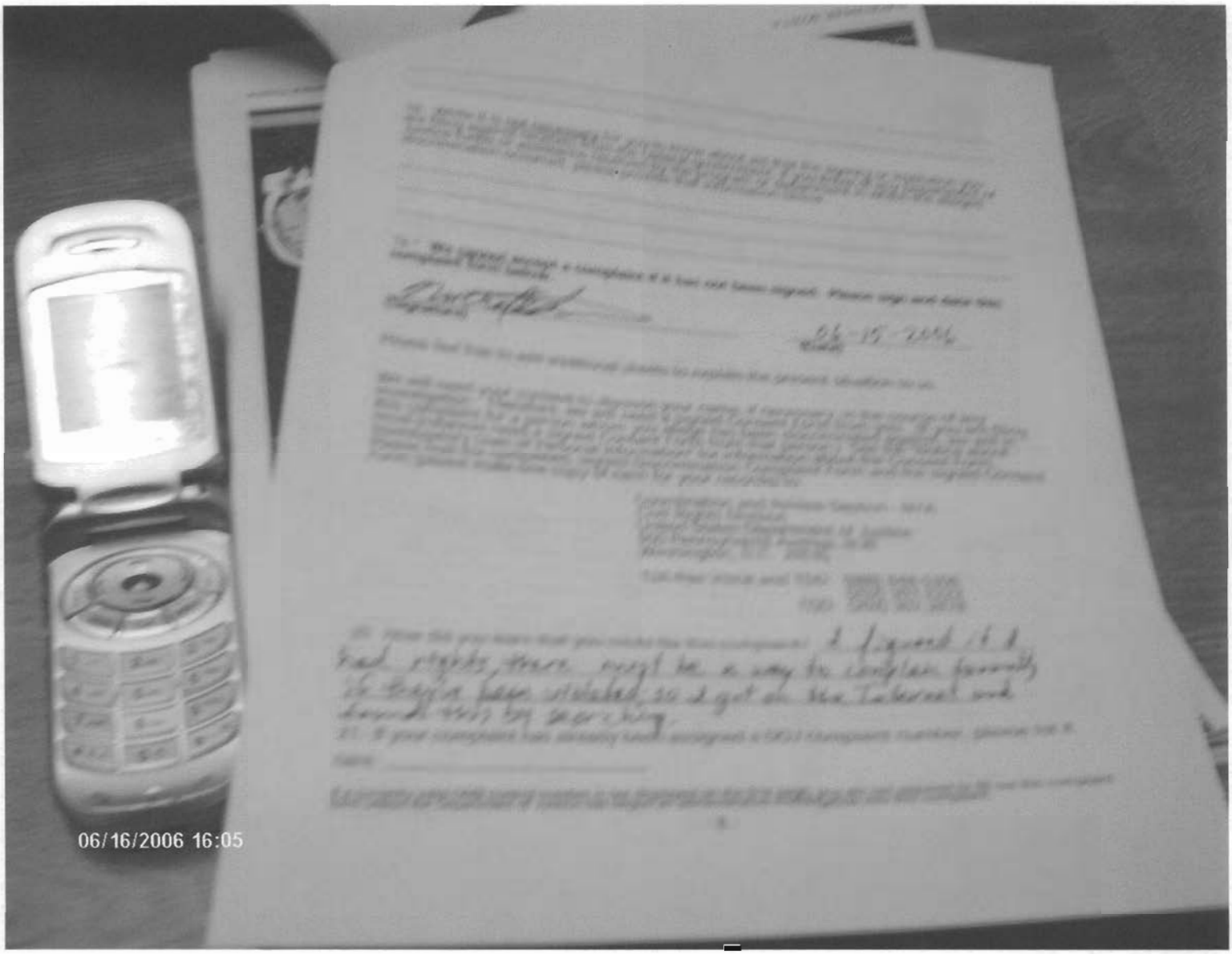
20. How did you learn that you could file this complaint? _____

_____

_____

06/15/2006 13:16


202-307-0595
Name Michael Eugene Swanson
Address 323 Flamingo Rd.
Sandpoint, ID
Zip 83864
Telephone No: Home (208) 265-8762 Work (208) 290-3514
Name Regina Danielssen
Address 510 N. 4th Ave
Sandpoint, ID
Zip 83864
Telephone Number (208) 265-4194 and (208) 263-2106
Sex Male
06/16/2006 16:03


06/16/2006 16:05

June 19, 2006 in the year of our Reigning King of the Universe, the Lord JESUS (YAHOSHUAH) who also is the CHRIST, the Anointed HOLY ONE of GOD and Defender of His People Yisrael. Amen.

To officer Bob Roche (?spelling) "Cook" and to all law enforcement officers in Sandpoint and Bonner County:

I apologize if I have caused you any hardship by filing a complaint in an effort to obtain desperately needed medical service. It is understandably difficult for you to believe that I am a terminally ill man, since my lying doctors and clinicians at Bonner General refuse to tell the truth and have slandered and libeled me concerning my mental status. I assure you before GOD, I am completely sane; I have no intention of harming myself or anyone else in anyway. In fact, I am desperately trying to get well so I can help many others suffering with this same hereditary condition known as Wilson's Disease. Really whether I live or die, the deception is over. I have empowered executors to release evidence proving the intentional coverup and attempt on my life by the medical practitioners involved, if they do not presently repent and begin telling the truth of my condition or if anything should happen to me: such as further police harassment (SPD-4 yesterday at Ben Franklin), my untimely death, or if I should not be correctly diagnosed quickly (this Wednesday) then it will all go NATIONALLY public ~~[illegible]~~ So please don't fight me when I'm only trying to save my life, my marriage and the lives of the people (children) I love and care about. Help me to get an appointment with Davidson (?name) like we should please. Thy

Thank You,

[signature] 265-5915

Michael Swanson

06/19/2006 16:36

KOOTENAI MEDICAL CENTER
2003 LINCOLN WAY
COEUR D'ALENE, ID 83814
(866)-236-8971

AMOUNT ENCLOSED	PAGE TYPE
	FINAL

SWENSON, MICHAEL E

SWENSON, MICHAEL E
393 FLAMINGO RD
SANDPOINT ID 83864

KM7658271	05/24/06	06/06/06

PSYCH - IND	8	11400.00
PHARMACY	9	212.79
LABORATORY	3	63.30
LAB CHEMISTRY	5	488.90
LAB IMMUNOLOGY	1	28.90
LAB HEMATOLOGY	1	64.25
EMERGENCY	1	436.85
EKG/ECG	1	108.05
PSYCH/GROUP THERAPY	5	1716.00
PROFESSIONAL FEE ER	1	180.00
PRO FEE EKG	1	31.15

EVIDENCE OF ILLEGAL INCARCERATION! THEY SHOULD COMPENSATE ME FOR CRUEL AND UNUSUAL PUNISHMENT + WRONGFUL IMPRISONMENT WITHOUT DUE PROCESS OF LAW!!!!!!

PATIENT ACCOUNT NO. KM7658271

TOTAL	14729.19
TOTAL CREDITS	0.00
TOTAL DUE	14729.19
ESTIMATED INSURANCE COVERAGE	0.00
ESTIMATED PATIENT DUE	14729.19

06-24-06

Kootenai Medical Center
Kootenai County EMS System
North Idaho MPI

06/24/2006 17:26

Kootenai Medical Center
Business Services

Dear Patient (Guarantor):

I would like to take this opportunity to thank you for choosing us as your provider of medical services. Please feel assured that we value you as our customer.

Payment can be made by check, money order, or credit card. If you are paying by Credit Card, please include the following:

Cardholder Name: _____
VISA ___ MASTERCARD ___ DISCOVER ___
CREDIT CARD NUMBER _____
Expiration Date _____ Today's Date _____
Patient Account Number _____
Amount Paid _____

If you are paying by check, make sure your account number is at the bottom of your check or money order, to insure that we credit the correct account.

Please send your payment to:

Kootenai Medical Center
Attn: Business Services
2003 Lincoln Way
Coeur d'Alene, ID 83814

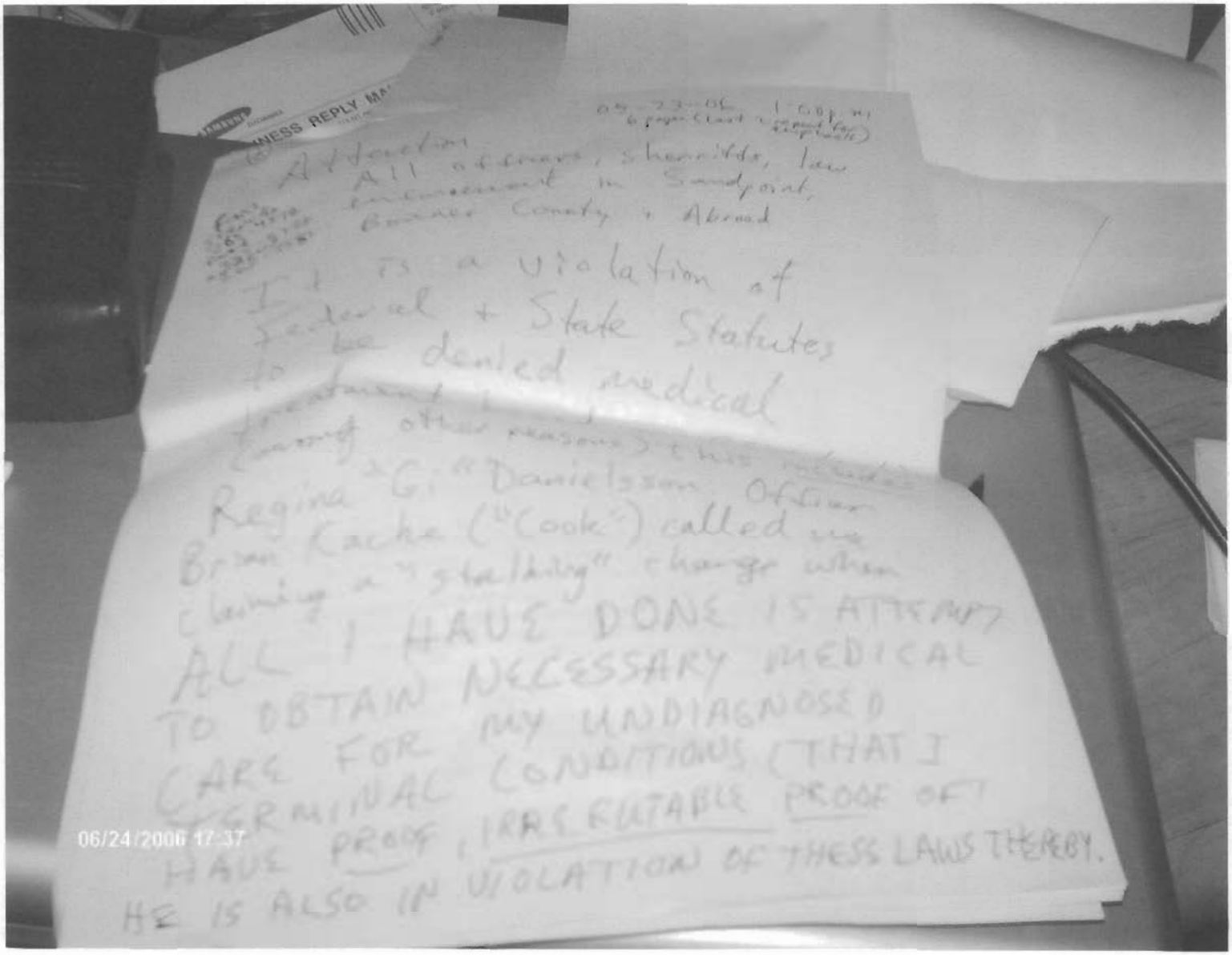
Kootenai Medical Center offers its customers four options when making their payments:

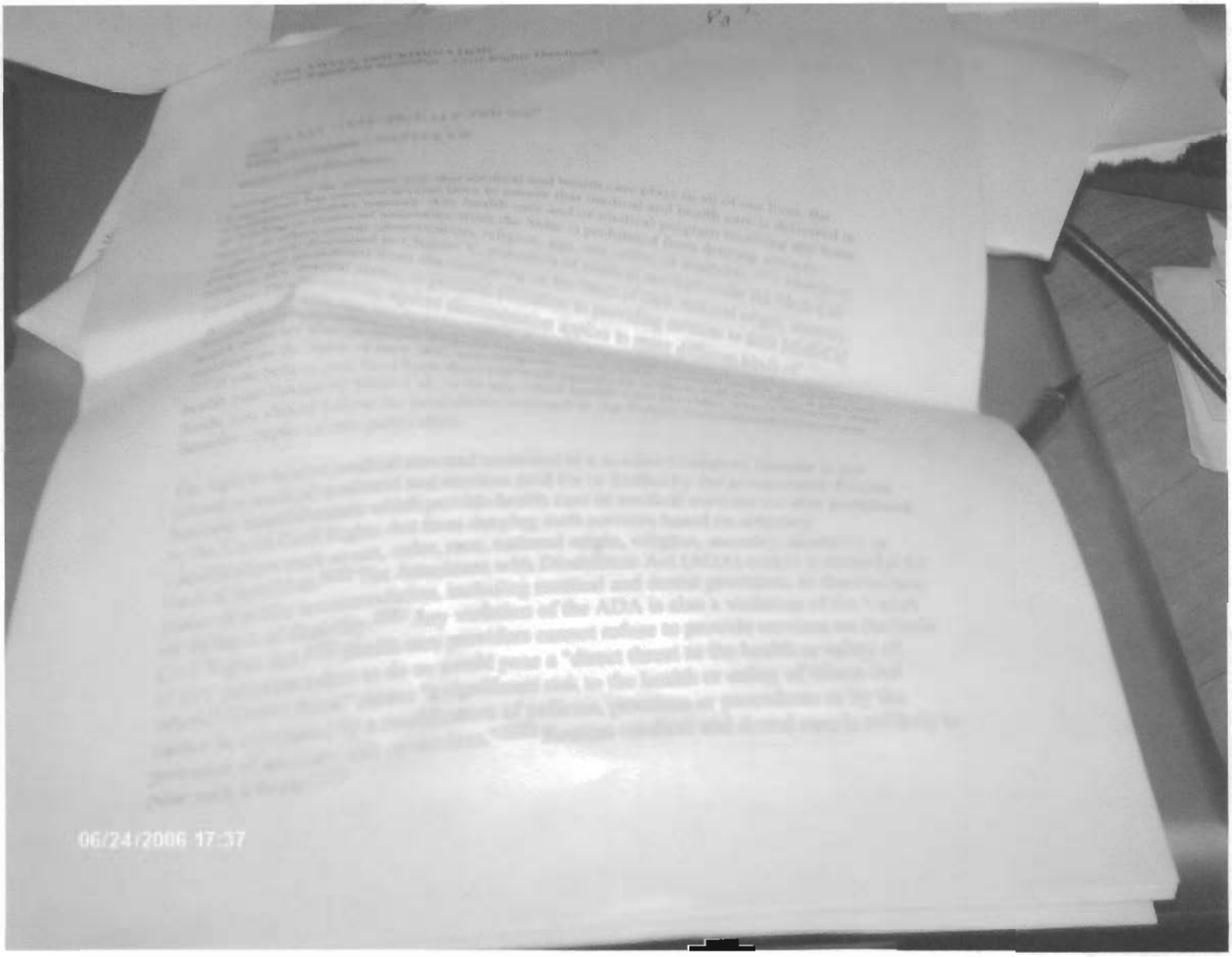
- **Option 1:** A 20% discount is offered if the account is paid in full within 30 days of the billing date.
- **Option 2:** A 10% discount is offered if the account is paid in full within 60 days of the billing date.
- **Option 3:** If a client wishes to avoid a 12% finance charge, Kootenai Medical Center will allow their customers to make payments for a period of 90 days, at the end of the 90 days, the account must be paid in full.
- **Option 4:** If the entire balance can not be paid in full within 90 days, Kootenai Medical Center will set up a monthly payment plan, at 12% annual interest.

Please contact Kootenai Medical Center for arrangements on the option of your choice.

Sincerely,

Business Services 1-866-236-8971


06/24/2006 17:37
Attention
All officers, sheriffs, law
enforcement in Sandpoint,
Bonner County + Abroad
It is a violation of
Federal + State Statutes
to be denied medical
treatment
Regina G. "Danielsson Officer
Brian Cache ("Cook") called me
claiming a "stalking" charge when
ALL I HAVE DONE IS ATTEMPT
TO OBTAIN NECESSARY MEDICAL
CARE FOR MY UNDIAGNOSED
LIFE GERMINAL CONDITIONS (THAT I
HAVE PROOF, IRREFUTABLE PROOF OF
HE IS ALSO IN VIOLATION OF THESE LAWS THEREBY.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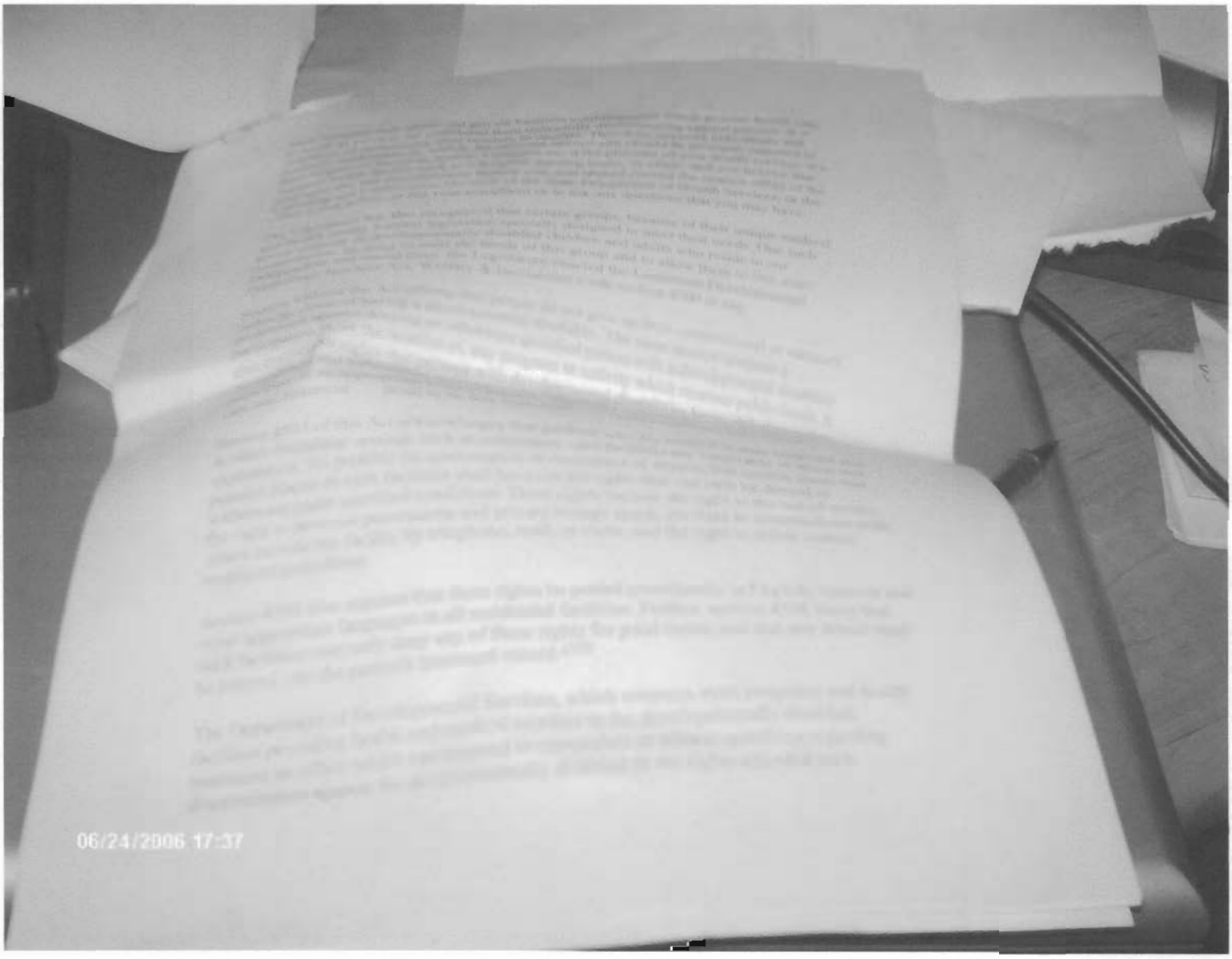
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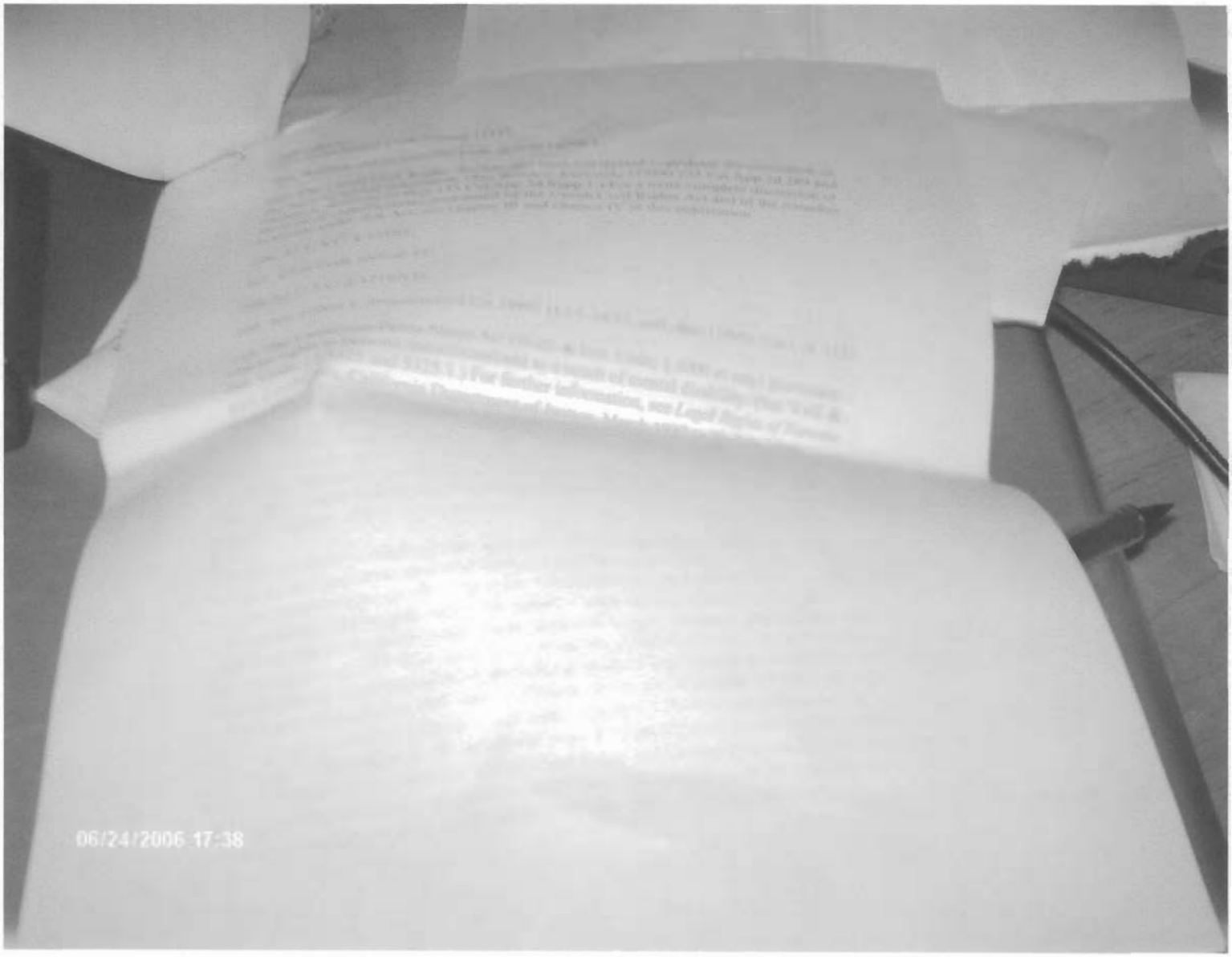

06/24/2006 17:38

06/24/2006 18:43

ST. JOSEPH'S HOSPITAL AND MEDICAL CENTER

(DISCHARGE REPORT CONTINUED)
DATE: 09/16/88 TIME: 2143

PAGE: 2

PATIENT: SWENSON,MICHAEL LOCATION: DISC ZT0101 MR #: 123463
AGE/SEX: 22 M PHYSICIAN: HARRINGTON,TIM ACCT: 44018760
BIRTHDATE: 04/03/66
SUMMARY COVERS TESTS ORDERED <= 09/08/88

********** U R I N A L Y S I S **********

TEST NAME	09/07/88	REFERENCE RANGE
COLLECTION TIME	C(0001)	
COLOR	YELLOW	
CLARITY	HAZY	
SPECIFIC GRAVITY	1.025	1.002-1.030
PH	7.0	5-8
GLUCOSE	NEG	NEGATIVE GM/DL
BILE	NEGATIVE	NEGATIVE
KETONES	1+	NEGATIVE
OCCULT BLOOD	1+	NEGATIVE
PROTEIN	1+	NEGATIVE
UROBILINOGEN	NEGATIVE	NEGATIVE
LEUK. ESTERASE	POSITIVE	NEG .2-1.0
RBC	10-25	NEGATIVE
WBC	10-25	0 - 2/HPF
TRANSITIONAL EPI	1+	0 - 2/HPF
BACTERIA	TRACE	
MUCOUS	1+	
AMORPHOUS	2+	

********** C H E M I S T R Y P R O F I L E S **********

TEST NAME	09/07/88	REFERENCE RANGE
SMAC PROFILE	C(2350)	
SODIUM	143	135-145 MEQ/L
POTASSIUM	3.6	3.5-5.5 MEQ/L
CHLORIDE	106	100-110 MEQ/L
CARBON DIOXIDE	25	25-36 MEQ/L
		RANGE MODIFIED 7/27/
BUN	19	5-25 MG/DL
GLUCOSE	111	70-110 MG/DL
CREATININE	1.5	0.7-1.5 MG/DL

high underline

(PATIENT REPORT CONTINUED ON PAGE: 3)

PERMANENT REPORT

LINCOLN BENEFIT LIFE
COMPANY

PO Box 80469
Lincoln NE 68501-0469

LINCOLN BENEFIT LIFE
AN ALLSTATE COMPANY

June 11, 2000

Michael E. Swanson
P.O. Box 129
Dover, ID 83874

Re: File Number 01T1062691

Dear Mr. Swanson

Thank you for considering Lincoln Benefit Life for your life insurance needs. We received your letter requesting disclosure for the reason we were unable to offer life insurance coverage.

Our decision was based on medical information contained in records received from Dr. William Cornell. Since medical information is confidential we will direct you to your physician for a full disclosure of the information in his records. These records are available to you through his office at 3424 S. Grand Blvd., Spokane WA 99223 (509-438-5600). His office hours are Monday, Tuesday and Thursday from 8:00 a.m. to 8:00 p.m., Wednesday from 8:00 a.m. to 7:00 p.m. and Friday from 8:00 a.m. to 1:00 p.m.

You also requested a copy of your laboratory test results, which we are including. Your physician can best explain these results.

We are sorry that our decision is not more favorable.

Regards,

Underwriting Department
Lincoln Benefit Life

This is unacceptable! No signature!
NO REASON GIVEN!

→ I was denied because Cornell sent confidential correspondence between myself & him (Doctor/patient confidentiality to Lincoln!), NOTHING else appears in any of their documentation! (Except possibly a TRAINED Wilson's Expert might see correlations!)

Lincoln Benefit Life Company
2940 South 84th Street, Lincoln, Nebraska 68506-4742 Phone 800.525.9237 Fax 888.525.8433

06/24/2006 18:56

LABONE, INC. CLIA NO.: 17D0648226 CAP ACCREDITATION NO.: 28646-01
10101 RENNER BLVD. LENEXA KS. 66219
MED. INS. DIRECTOR: RICHARD BRAUN, MD LAB DIRECTOR: CRAIG E. ELSON, MD

NAME: MICHAEL E. GREENOW
DOB/SEX/ET: 04/05/1966 M ID
ACCNT/AGENCY: KZ/
EXAMINER: MR/EXAMONE WORLD WIDE
TICKET NUMBER: 0067516682
INS TYPE/AMT: INS LIFE/$ $1,250,000
DATE PERFORMED: 04/21/2006 AE 71019742
INSURANCE REV:
H/T LAST MEAL: 03/20/2006 10:30 AM
H/T COLLECTED: 04/20/2006 8:00 PM
SERUM APPEAR: NORMAL
SOC SEC NO: 622-82-4290 ZIP:61864
DRIVERS LIC NO:CR1734682

SERUM HIV ANTIGEN/AB STATUS: NON-REACTIVE

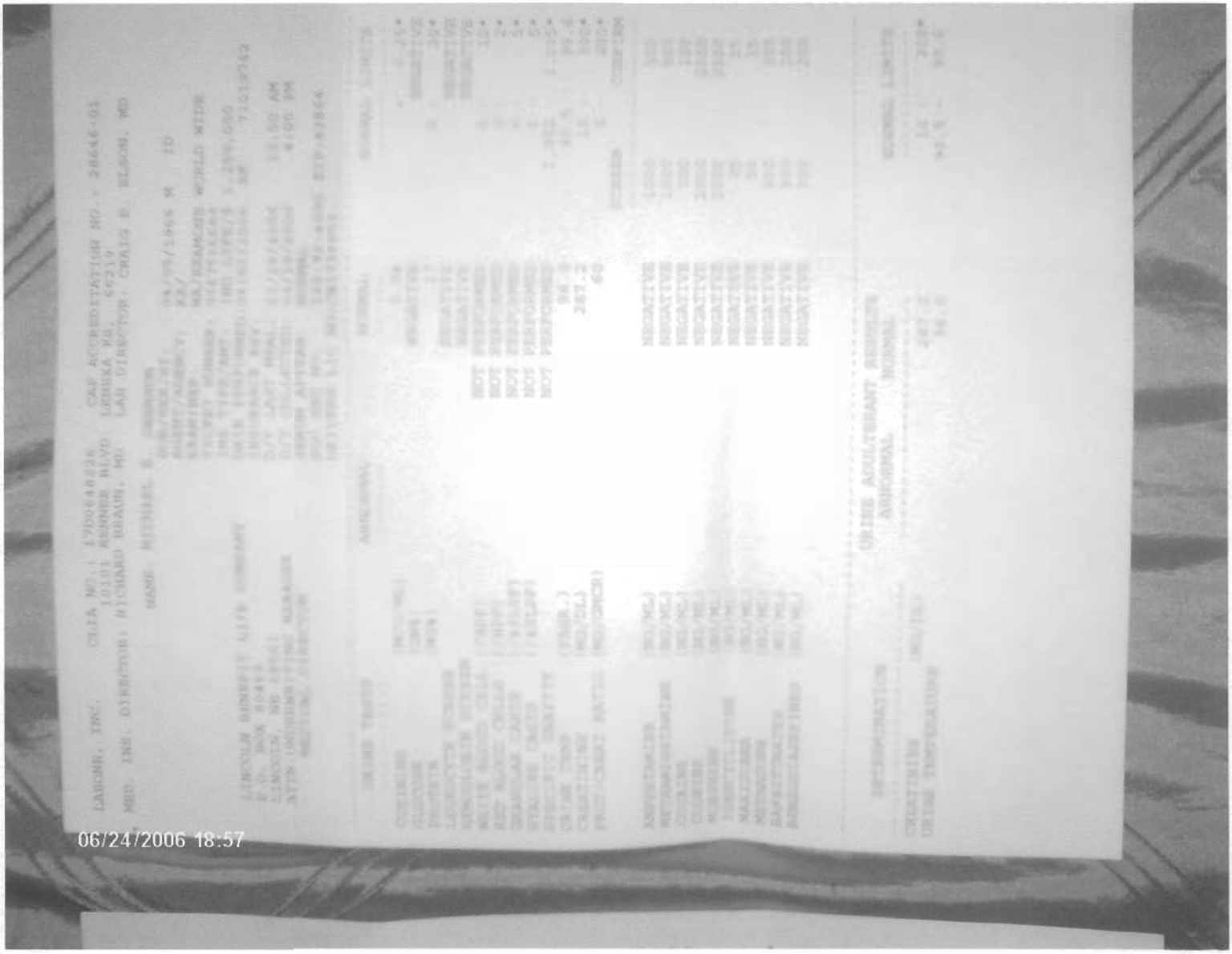
INTERPRETATION		FLEX BLOOD CHEMISTRY RESULTS -ABNORMAL-	-NORMAL- RESULT NOT VALID USE TO GLP/TOXVALID	VERAL CLINICAL RANGE	
GLUCOSE	MG/DL			65	126*
FRUCTOSAMINE	MMOL/L		2.2	1.4 -	2.6*
BUN	MG/DL		18	6.0 -	20.0*
CREATININE	MG/DL		1.3	0.5 -	1.5*
ALK. PHOS	U/L		84	20 -	125*
BILI, TOT	MG/DL		1.1	0.1 -	1.5*
SGT (AST)	U/L		24	5 -	41*
ALT (SGPT)	U/L	54 H		5 -	45
SGT (GGT)	U/L			5 -	85
TOT. PROTEIN	G/DL		26	3 -	8.5*
ALBUMIN	G/DL		7.1	4.0 -	4.3*
GLOBULIN	G/DL		4.7	2.0 -	3.0
CHOLESTEROL	MG/DL		2.4	1.0 -	4.5*
HDL CHOLESTEROL	MG/DL		197	140 -	220*
CHOL/HDL CHOL RATIO			.41	33 -	53*
TRIGLYCERIDES	MG/DL	251 H	4.8	0 -	*
				0 -	150

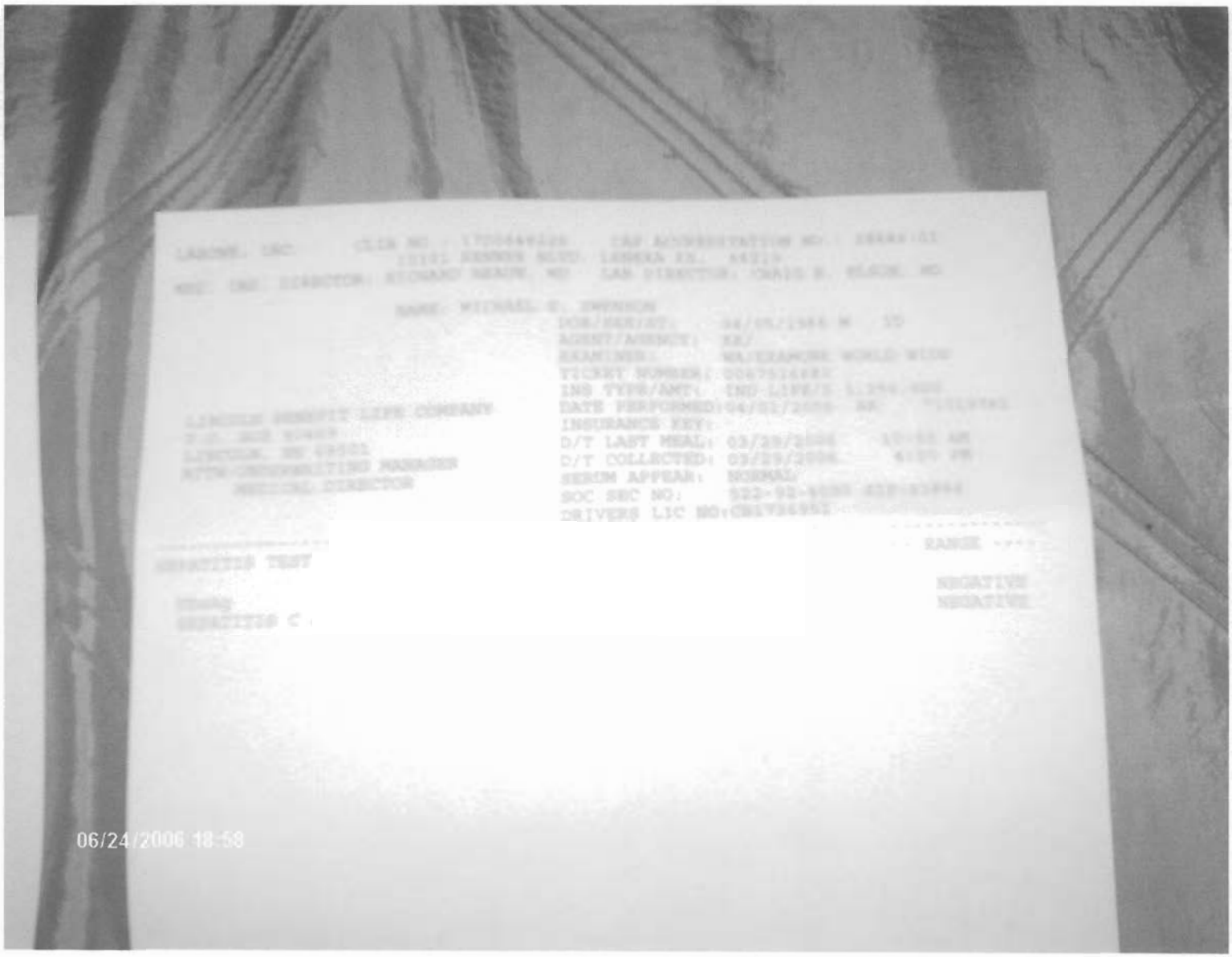
SPECIAL TESTS/DRUGS

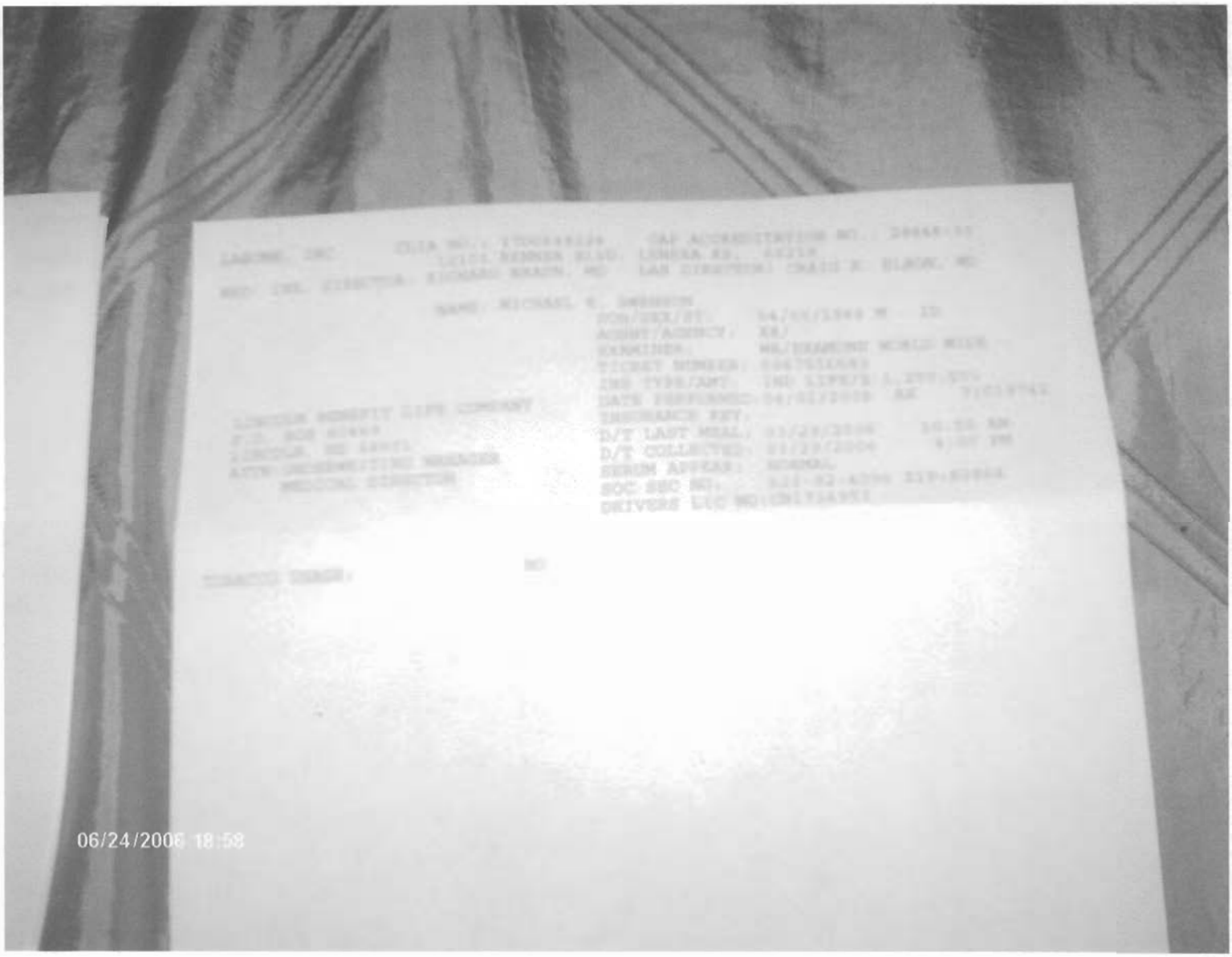
			-URINALYSIS-		REFERENCE RANGE
			GLUCOSE (DR)	NEG	NEGATIVE
			PROTEIN (DR)	33	0 - 30*
			LEUKOCYTE SCREEN	NEG	NEGATIVE
			HEMOGLOBIN SCREEN	NEG	NEGATIVE
EST.WGT	(MG/WK)	0.04	WHITE BLOOD CELLS (/HPF)	NO	0 - 10*
			RED BLOOD CELLS (/HPF)	NO	0 - 2*
COCAINE		NEG	GRANULAR CASTS (/HPF)	NO	0 - 5*
MARIJUANA		NEG	HYALINE CASTS (/HPF)	NO	0 - 5*
			SPECIFIC GRAVITY	NO	1.001 - 1.031*
			URINE TEMP(FAHRENHEIT)	94.0	90.5 - 99.5
			CREATININE (MG/DL)	257.2	10 - 300*
			PROT/CREAT (MG/MCR)	60	0 - 200*

06/24/2006 18:57

I'm not a drug user. I'm not making this up. Righteous authorities need to come and investigate my allegations and why local authorities did nothing right away!




NAME: MICHAEL E. SWANSON
AGENT/AGENCY: XX/
EXAMINER: WA/EXAMONE WORLD WIDE
INS TYPE/AMT: IND-LIFE/S
INSURANCE KEY:
D/T LAST MEAL: 03/29/2006
D/T COLLECTED: 03/29/2006
SERUM APPEAR: NORMAL
SOC SEC NO:
DRIVERS LIC NO:
RANGE
NEGATIVE
NEGATIVE
06/24/2006 18:58


06/24/2006 18:58

STATE OF IDAHO
BOARD OF MEDICINE

1755 Westgate Dr., Ste 140
Boise, Idaho 83704
(208) 327-7000
FAX (208) 327-7005
E-Mail: [illegible]
Website: [illegible]

July 3, 2006

CONFIDENTIAL

MICHAEL SWENSON

Dear Michael Swenson,

Thank you for the information you have provided on June 30, 2006.

The Idaho State Board of Medicine is a licensing and regulatory agency for physicians, physical therapists, occupational therapists, athletic trainers, physician assistants, dietitians and respiratory therapists. The Board of Medicine lacks the authority to investigate this issue since it occurred in the state of Washington. Enclosed is a brochure providing information about the Board of Medicine disciplinary process.

Thank you for allowing us to review the information you have provided. A copy of your letter will remain on file at the Board office.

Sincerely,

Executive Director

Enclosure
Professional Discipline and the Idaho State Board of Medicine

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

EXECUTIVE DIRECTOR
Latham Hughes

MEDICAL DIRECTOR
Jim H. McNatt, MD

2 Peachtree Street, N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • Fax: 404.656.9723
Website address: http://www.medicalboard.georgia.gov E-Mail: Medboard@sdh.state.ga.us

July 5, 2006

Dear Mr. Michael Swenson:

This letter is to acknowledge receipt of your correspondence. The Composite State Board of Medical Examiners is charged with the responsibility of regulating and disciplining **physicians, physician's assistants, physician residents in training, acupuncturists, auricular detoxification specialists, perfusionists and respiratory care professionals**.

Please advise our office if you give the Board permission to utilize your complaint in conducting an investigation and furnish a copy of your correspondence to the named physician for any comments. If so, **please complete, sign and return the enclosed complaint and waiver form. Both forms are needed for the Board to consider a possible inquiry**.

Please complete the forms giving a brief but detailed statement of the facts in chronological order. **Do not edit or scratch out any information preprinted on these forms**. Explain to us, if possible, why you believe the treatment you received was either a violation of the Medical Practice Act, considered by you to be unprofessional conduct, or the treatment you received was below standards.

Upon receipt of your reply, we will proceed accordingly. If you have any additional questions, please contact our office.

Sincerely yours,

JIM H MCNATT, M.D.
Medical Director

JHM/nla

Image Hemochromatosis (Iron overload) Last updated: May 09, 2007 Image

THE ANALYST™

Home | FAQ | Start The Analyst

Hemochromatosis (Iron overload)

Signs, symptoms and indicators | Conditions that suggest it | Contributing risk factors | Recommendations

Dear John,

This is just one of many articles I've read studying this topic and Wilson's Disease. I apologize for sharing my own troubles with you during such a difficult time for yourself. I do pray in the Holy Name of our LORD JESUS CHRIST (YAHOSHUAH) that HE will bless you, keep you & your loved ones and even though it may seem no one cares about your own struggles, that He may yet send you comforters and genuine help. I am going to continue to pray that He will revive my soul & my health so that I may return to work and share the Faith as soon as possible.

Michael

understatement → the VAST majority are undiagnosed and uninformed!

Hereditary Hemochromatosis (HHC) is one of the most common genetic disorders in the United States, affecting approximately 1.5 million persons. HHC is characterized by increased iron absorption in the gastrointestinal tract that may cause lifelong excessive iron absorption and accumulation and serious health effects including arthritis, cirrhosis, diabetes, impotence, myocardial infarction, and death. Deposition of iron within tissues causes inflammation and subsequent fibrosis and destruction of major organs leading to organ failure and chronic disease. HHC often goes undetected and untreated until symptoms of permanent organ damage become apparent.

HHC was first recognized more than a century ago as an iron overload condition presenting as a clinical triad - type 2 diabetes mellitus, skin bronzing, and cirrhosis of the liver. Several causes for iron overload exist, the primary ones being genetically based. Secondary iron overload may be the result of excessive transfusion therapy, poorly responding anemia being treated with iron supplementation, or chronic liver disease due to alcohol abuse.

Persons with normal hemoglobin levels and iron stores absorb just enough iron to meet their daily needs and balance losses (1mg per day). No internal mechanism exists for excreting excess iron absorbed from the diet. The amount of iron absorbed is influenced by the amount of iron stored in the body, the rate and effectiveness of red blood cell creation, the amount and form of iron in the diet, and the presence of iron absorption enhancers and inhibitors in the diet. However, patients with HHC continue to absorb high amounts of dietary iron even when their bodies have enough or too much iron.

HHC patients can chronically absorb a small excess of iron each day, resulting in iron stores 10 times the normal amount by the time they are middle-aged. The body is unable to adequately chelate and store this amount of iron. Therefore, unbound iron accumulates and generates free radicals, leading to cellular injury of the liver and other organs.

Ethnic Factors

HHC is commonly underdiagnosed in white patients. In other ethnic groups, such as African Americans and Hispanics, it may not even be considered despite the presentation of signs and symptoms strongly suggestive of iron overload. The prevalence of iron overload among Hispanic persons is estimated to be as high as 5 in 1000 persons.

HHC, an autosomal recessive disorder previously considered to be rare, is now known to be the most prevalent genetic disease in individuals of northern European descent. The hemochromatosis gene is responsible for most cases of HHC. The prevalence of the homozygous genotype is estimated to be 1 in 250 persons; the prevalence of the heterozygous genotype is approximately 1 in 8 persons.

Evidence suggests that primary iron overload may be common in African Americans.

*if HH may be common + is now known to be linked to WD it follows: WD could be common; NOT rare!

1 in 10 that were tested! FAR more common than believe + causing MANY to suffer without knowing why! (thanks to our government + greed in keeping the populace in ignorance!

Hepatic iron excess was observed in 1.5% of African Americans during a recent autopsy series and in 10.4% of African Americans who underwent liver biopsy during medical care delivery. In a large nutrition survey among the general African American population aged 3 to 45 years, hyperferritinemia consistent with iron overload was more common among African Americans than whites.

Signs and symptoms

The first symptoms associated with iron overload are often nonspecific and the disorder may not be considered in the differential diagnosis. Consequently, the underlying cause may not be recognized and treated and organ damage may continue. At least 50% of men and 25% of women with both genes for HHC are likely to develop potentially life-threatening disease complications, especially in countries where there is high dietary intake of iron.

The clinical manifestations of HHC usually do not appear until a person is aged 40 to 60 years, when sufficient iron has accumulated to cause organ damage. Some persons have clinical manifestations by 20 years of age, but others with both genes for the disease may never have clinical signs. An estimated 67% to 94% of men and 41% of women with HHC show signs and symptoms of the disease after 40 years of age.

The use of supplementary iron and vitamin C (which increases iron absorption) may lead to earlier laboratory abnormalities and iron deposition. Conversely, blood donation, physiologic blood loss (through menstruation and pregnancy), and pathologic blood loss (for example, through peptic ulceration or inflammatory bowel disease) may decrease the amount of iron stored in the liver. However, the belief that premenopausal women cannot develop symptomatic or even life-threatening HHC is a misconception.

many get diagnosed with other serious diseases because their genetic condition was never told to them!

Type 2 diabetes mellitus develops in about 65% of patients and is more commonly a complication in patients with a positive family history for diabetes. Hypogonadism is common in both sexes and can lead to loss of libido, impotence, amenorrhea, testicular atrophy, and loss of body hair.

Arthropathy is present in up to 50% of symptomatic patients. Occasionally, acute episodes of an inflammatory arthritis occur; some of these episodes are caused by deposits of calcium.

Diagnosis

Liver biopsy continues to be the gold standard for diagnosis and staging of HHC because it can detect the level of iron overload and identify hepatic fibrosis and cirrhosis. Many specialists prefer liver biopsy to quantitative phlebotomy, particularly when clinical or laboratory evidence of hepatic involvement is present. In patients younger than 40 years who have an serum ferritin concentration of less than 750 ng/mL and normal liver enzyme levels, phlebotomy therapy can be started without a liver biopsy. In all other cases, biopsy remains essential for diagnosis and optimal

management.

Diagnosis of HHC is commonly delayed until clinical manifestations have appeared and irreparable organ damage has occurred. Therefore, basic and continuing medical education about the disease is urgently needed. Simple screening tests, such as serum transferrin saturation and ferritin concentrations, can be helpful in discovering asymptomatic patients with iron overload.

Prognosis

The causes of death in untreated patients include cardiac failure (30%), liver failure or portal hypertension (25%), and hepatocellular carcinoma (30%). The degree of iron overload at the time of diagnosis, as well as organ dysfunction, have prognostic implications. The 5-year survival rate increases with treatment from 33% to 89%. However, discovering HHC prior to the onset of tissue or organ damage is very important. When HHC is found early and properly managed, long-term prognosis, including life expectancy, should not differ from that of persons without the disorder.

Performing iron studies on routine screening chemistry panels has become more commonplace as demonstrated by a study of 40 patients with newly diagnosed HHC prospectively referred to a tertiary university-based hepatology clinic. Clinical information, serum and liver iron studies, liver histology, and phlebotomy requirements were evaluated to see what features were most helpful in making the diagnosis.

The study documented that 83% of patients came to the attention of the medical staff as a result of routine blood screening. Of these patients, 73% were asymptomatic and 78% had normal physical examinations. Only 3 patients had cirrhosis from HHC alone, 2 patients were diabetic, and 2 patients had increased skin pigmentation. With the use of iron screening studies on routine serum chemistry panels, patients with HHC can be identified and subsequently treated before symptoms or organ damage occurs.

Signs, symptoms & indicators of Hemochromatosis (Iron overload):

Lab Values - Cells Image **(Very) low sperm count**

Symptoms - Gas-Int - General Image **(Severe) abdominal discomfort**

Symptoms - General Image **Major fatigue for over 12/major fatigue for over 3/ minor fatigue for over 3 months**

Image **Constant fatigue**

Image **Fatigue on light exertion**

Symptoms - Hair Image **Light/minimal body hair**

Symptoms - Liver / Gall Bladder Image **(Severe) pain under right side of ribs**

Symptoms - Mind - Emotional Image **Irritability**

Symptoms - Skeletal Image **Joint pain/swelling/stiffness**

Symptoms - Skin - General Image **Darker/redder skin color**

Imag Image Excessive skin pigmentation (bronzing) is present in more than 90% of symptomatic patients at the time of diagnosis. Deposition of iron within the skin causes inflammation and enhances melanin production by melanocytes. Patients usually notice a generalized increased pigmentation and occasionally notice that they tan very easily. This is due to ultraviolet light exposure and iron acting synergistically to induce skin pigmentation. Fair-skinned persons, who usually tan poorly, may never develop hyperpigmentation despite large iron burdens. Ethnically dark-complexioned patients (for example, people of Mediterranean descent) can develop a striking almond-colored hue. With particularly heavy iron overload, visible iron deposits sometimes appear in the skin as a grayish discoloration.

Conditions that suggest Hemochromatosis (Iron overload):

Circulation Image **Increased Risk of Stroke**

Imag Image According to a study published in Neurology, high iron levels in stroke patients may prompt more severe neurological symptoms and possibly increase

brain damage. Elevations of iron may intensify post-stroke neurological problems such as increased weakness, speech and orientation difficulties, and decreased levels of consciousness. Stroke patients with high ferritin concentrations may also have larger areas of the brain damaged due to stroke. High body iron stores may increase free radical production in brain cells, thus prompting stroke progression.

Image **Congestive Heart Failure**

Image Image Congestive heart failure occurs in about 7% of symptomatic patients with hemochromatosis. If untreated, patients may develop an acute onset of severe congestive heart failure with rapid progression to death.

Image **Arrhythmias/Dysrhythmias**

Image Image Cardiac arrhythmia occurs in about 7% of symptomatic hemochromatosis patients.

Hormones

Image **Hypogonadism, Male**

Image Image The disease may lead to the development of testicular atrophy, and occurs 5 times more frequently in men than women. Aside from diabetes mellitus, testicular atrophy is probably the most common endocrine manifestation of the disease; this is secondary to iron deposition in and dysfunction of the pituitary.

noted in my medical records

Mental

Image **Depression**

Musculo-Skeletal

Image **Gout / Hyperuricemia**

Organ Health

Image **Pancreatitis**

Image Image Chronic pancreatitis is usually caused by many years of alcohol abuse, but can also be caused by excess iron in the blood.

Image **Cirrhosis of the Liver**

Image Image Cirrhosis is the most common severe consequence of hemochromatosis.

Image **Diabetes Type II / Risk**

Image Image Iron deposits in the pancreas decrease insulin production which can lead to insulin dependent diabetes mellitus. Hemochromatosis is also called *bronze diabetes* because those sufferers with diabetes can express a bronze-colored tint to their

resulting in huge profits & manifestations of all kinds of organ failure, diseases & terminal conditions when it's diagnosed early on people could avoid for a longer period of time suffering the genetic condition!

skin.

Patients with hemochromatosis can also be diagnosed with liver disease, diabetes, heart disease and arthritis without the physician realizing that these diseases are the result of iron-overload. Thus, the hemochromatosis might itself go undiagnosed and untreated.

Risks

Image **Increased Risk of Liver Cancer**

Image Once a person's liver iron concentration reaches 400 mmol/gm (dry weight), cirrhosis is common and the risk of liver cancer and death is increased.

Image **Increased Risk of Coronary Disease / Heart Attack**

Image Male carriers of the common hemochromatosis gene mutation are at 2-fold risk of a first heart attack compared with noncarriers. Some 10% to 20% of the population carry at least one gene for hemochromatosis. Full-blown hemochromatosis affects about 0.5% and gene carriers usually do not know that they are at increased risk. They have almost no increase in iron stores over those without the mutation [*Circulation: Journal of the American Heart Association September 21, 1999;100*].

10-20% are carriers, if they start mixing into other carriers the population that has the trait could increase exponentially but I have NEVER heard such an important announcement from our government to it's citizenry!

Giving blood is the best way to lower iron stores, but a more recent study found no protective effect against heart attack among men who donated blood regularly. [*Circulation January 2, 2001*]

Uro-Genital

Image **Amenorrhea**

Risk factors for Hemochromatosis (Iron overload):

Recommendations for Hemochromatosis (Iron overload):

Mineral

Image **Manganese**

Image Image Manganese can protect against the free radical damage from excess iron. [*Free Radical Biology and Medicine, 1992; 13: pp.115-20*]

Nutrient

Image **IP6 - Inositol Hexaphosphate**

Image Image Supplemental IP6 may slow down the amount of iron being absorbed from the digestive tract, but only specially formulated drugs or blood loss can remove iron from the body.

Surgery/Invasive

Image **Bloodletting / Phlebotomy**

Image Image Once a diagnosis of HHC is confirmed, the excess iron should be removed and family members should be screened for the disorder. Iron overload is treated with successive phlebotomies in patients with or without clinical manifestations. The total amount of blood that must be removed to produce iron deficiency provides an estimate of total body iron load.

KEY

Image Image Weak or unproven link
Image Image Strong or generally accepted link
Image Image Proven definite or direct link
Image Image Strongly counter-indicative
Image Image Very strongly or absolutely counter-indicative
Image Image May do some good
Image Image Highly recommended

The best way to get something done is to begin. - Anonymous
Man who stand on hill with mouth open will wait long time for roast duck to drop in. - Confucius

Addictions

Image **Alcohol-related Problems**

Image Use of alcohol and other hepatotoxic drugs lowers the ability of the liver to safely store iron and may accelerate the development of the liver changes seen with hemochromatosis.

Lab Values - Chemistries

Image **High serum iron**

Image **Elevated ferritin levels**

Image **(Very) low TIBC**

Image While low TIBC is commonly explained by the presence of hemochromatosis, it can also be caused by hypoproteinemia from malnutrition, anemia with infection and chronic disease, and nephrosis.

Image **Elevated liver enzymes**

Image A common early sign of progressive iron overload is symptom-free elevation of liver enzymes, which can be accompanied by recurrent right-sided abdominal pain and liver enlargement. Liver disease, which is present in as many as 95% of patients with iron overload, is the most common complication.

Cornell actually prescribed iron supplementation for me, due to the anemic findings. I made the mistake of taking one iron supplement and my whole body turned red and started a burning sensation throughout my system. IGNORANCE can be life-threatening!

Counter-indicators:

Image **Normal/elevated TIBC**

Image While low TIBC is commonly explained by the presence of hemochromatosis, it can also be caused by hypoproteinemia from malnutrition, anemia with infection and chronic disease, and nephrosis.

Image **(Very) low serum iron or normal serum iron**

Medications

Image **Birth Control Pill / Contraceptive Issues**

Image Premenopausal women using oral contraceptives may have a decreased need for supplemental iron, as the use of OCs can increase iron stores. Iron testing may be appropriate in long term users.

Organ Health

Image **Hepatitis**

Image There have been reports that people with Hepatitis C have an increased risk of elevated iron levels. As such, it would be wise to run a serum ferritin test on anyone with Hepatitis C.

Symptoms - Skeletal

Image **History of gout**

GLOSSARY

Acute: An illness or symptom of sudden onset, which generally has a short duration.

Anemia: A condition resulting from an unusually low number of red blood cells or too little hemoglobin in the red blood cells. The most common type is iron-deficiency anemia in which the red blood cells are reduced in size and number, and hemoglobin levels are low. Clinical symptoms include shortness of breath, lethargy and heart palpitations.

Arrhythmia: A condition caused by variation in the regular rhythm of the heartbeat. Arrhythmias may cause serious conditions such as shock and congestive heart failure, or even death.

Arthritis: Inflammation of a joint, usually accompanied by pain, swelling, and stiffness, and resulting from infection, trauma, degenerative changes, metabolic disturbances, or other causes. It occurs in various forms, such as bacterial arthritis, osteoarthritis, or rheumatoid arthritis. Osteoarthritis, the most common form, is characterized by a gradual loss of cartilage and often an overgrowth of bone at the joints.

Asymptomatic: Not showing symptoms.

Biopsy: Excision of tissue from a living being for diagnosis.

Calcium: The body's most abundant mineral. Its primary function is to help build and maintain bones and teeth. Calcium is also important to heart health, nerves, muscles and skin. Calcium helps control blood acid-alkaline balance, plays a role in cell division, muscle growth and iron utilization, activates certain enzymes, and helps transport nutrients through cell membranes. Calcium also forms a cellular cement called ground substance that helps hold cells and tissues together.

Cancer: Refers to the various types of malignant neoplasms that contain cells growing out of control and invading adjacent tissues, which may metastasize to distant tissues.

Carcinoma: Malignant growth of epithelial cells tending to infiltrate the surrounding tissue and giving rise to metastasis.

Cardiac: Pertaining to the heart, also, pertaining to the stomach area adjacent to the esophagus.

Chronic: Usually Chronic illness: Illness extending over a long period of time.

Cirrhosis: A long-term disease in which the liver becomes covered with fiber-like tissue. This causes the liver tissue to break down and become filled with fat. All functions of the liver then decrease, including the production of glucose, processing drugs and alcohol, and vitamin absorption. Stomach and bowel function, and the making of hormones are also affected.

Congestive: Pertaining to accumulation of blood or fluid within a vessel or organ.

Diabetes Mellitus: A disease with increased blood glucose levels due to lack or ineffectiveness of insulin. Diabetes is found in two forms; insulin-dependent diabetes (juvenile-onset) and non-insulin-dependent (adult-onset). Symptoms include increased thirst; increased urination; weight loss in spite of increased appetite; fatigue; nausea; vomiting; frequent infections including bladder, vaginal, and skin; blurred vision; impotence in men; bad breath; cessation of menses; diminished skin fullness. Other symptoms include bleeding gums; ear noise/buzzing; diarrhea; depression; confusion.

Enzymes: Specific protein catalysts produced by the cells that are crucial in chemical reactions and in building up or synthesizing most compounds in the body. Each enzyme performs a specific function without itself being consumed. For example, the digestive enzyme amylase acts on carbohydrates in foods to break them down.

Free Radical: A free radical is an atom or group of atoms that has at least one unpaired electron. Because another element can easily pick up this free electron and cause a chemical reaction, these free radicals can effect dramatic and destructive changes in the body. Free radicals are activated in heated and rancid oils and by radiation in the atmosphere, among other

things.

Gastrointestinal: Pertaining to the stomach, small and large intestines, colon, rectum, liver, pancreas, and gallbladder.

Gram: (gm): A metric unit of weight, there being approximately 28 grams in one ounce.

Hemochromatosis: A rare disease in which iron deposits build up throughout the body. Enlarged liver, skin discoloration, diabetes mellitus, and heart failure may occur.

Hemoglobin: The oxygen-carrying protein of the blood found in red blood cells.

Hepatitis C: Caused by an RNA flavivirus. Transmission is predominantly through broken skin on contact with infected blood or blood products, especially through needle sharing. Sexual transmission is relatively rare. Symptoms are almost always present, and very similar to those for Hepatitis B: initially flu-like, with malaise, fatigue, muscle pain and chest pain on the right side. This is followed by jaundice (slight skin yellowing), anorexia, nausea, fatigue, pale stools, dark urine and tender liver enlargement, but usually no fever.

Hepatotoxic: Being toxic or destructive to the liver.

Hypertension: High blood pressure. Hypertension increases the risk of heart attack, stroke, and kidney failure because it adds to the workload of the heart, causing it to enlarge and, over time, to weaken; in addition, it may damage the walls of the arteries.

Insulin: A hormone secreted by the pancreas in response to elevated blood glucose levels. Insulin stimulates the liver, muscles, and fat cells to remove glucose from the blood for use or storage.

Iron: An essential mineral. Prevents anemia: as a constituent of hemoglobin, transports oxygen throughout the body. Virtually all of the oxygen used by cells in the life process are brought to the cells by the hemoglobin of red blood cells. Iron is a small but most vital, component of the hemoglobin in 20,000 billion red blood cells, of which 115 million are formed every minute. Heme iron (from meat) is absorbed 10 times more readily than the ferrous or ferric form.

Melanin: A dark pigment produced in the skin. Dark-skinned individuals produce more melanin, and melanin production increases in response to sunlight, causing the skin to become darker.

Milligram: (mg): 1/1,000 of a gram by weight.

ng: Nanogram: 0.000000001 or a billionth of a gram.

Pancreatitis: Inflammation of the pancreas. Symptoms begin as those of acute pancreatitis: a gradual or sudden severe pain in the center part of the upper abdomen goes through to the back, perhaps becoming worse when eating and building to a persistent pain; nausea and vomiting; fever; jaundice (yellowing of the skin); shock; weight loss; symptoms of diabetes mellitus. Chronic pancreatitis occurs when the symptoms of acute pancreatitis continue to recur.

Pituitary: The pituitary gland is small and bean-shaped, located below the brain in the skull base very near the hypothalamus. Weighing less than one gram, the pituitary gland is often called the "master gland" since it controls the secretion of hormones by other endocrine glands.

Premenopause: The period when women of childbearing age experience relatively normal reproductive function (including regular periods).

Red Blood Cell: Any of the hemoglobin-containing cells that carry oxygen to the tissues and are responsible for the red color of blood.

Serum: The cell-free fluid of the bloodstream. It appears in a test tube after the blood clots and is often used in expressions relating to the levels of certain compounds in the blood stream.

Stroke: A sudden loss of brain function caused by a blockage or rupture of a blood vessel that supplies the brain, characterized by loss of muscular control, complete or partial loss of sensation or consciousness, dizziness, slurred speech,

or other symptoms that vary with the extent and severity of the damage to the brain. The most common manifestation is some degree of paralysis, but small strokes may occur without symptoms. Usually caused by arteriosclerosis, it often results in brain damage.

Ulcer: Lesion on the skin or mucous membrane.

Vitamin C: Also known as ascorbic acid, Vitamin C is a water-soluble antioxidant vitamin essential to the body's health. When bound to other nutrients, for example calcium, it would be referred to as "calcium ascorbate". As an antioxidant, it inhibits the formation of nitrosamines (a suspected carcinogen). Vitamin C is important for maintenance of bones, teeth, collagen and blood vessels (capillaries), enhances iron absorption and red blood cell formation, helps in the utilization of carbohydrates and synthesis of fats and proteins, aids in fighting bacterial infections, and interacts with other nutrients. It is present in citrus fruits, tomatoes, berries, potatoes and fresh, green leafy vegetables.

As expensive as transplant surgery is, Do we really think illegal harvesting of human organs (murder) only occurs in other countries?

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Accident death rates this high defies the probability of criminal negligence and moves toward criminal intent/ (as I experienced)

The American Medical System

Is The Leading Cause Of Death And Injury In The United States

By Gary Null *PhD*, Carolyn Dean *MD ND*, Martin Feldman *MD*, Debora Rasio *MD*, Dorothy Smith *PhD*

A definitive review and close reading of medical peer-review journals, and government health statistics shows that American medicine frequently causes more harm than good. The number of people having in-hospital, adverse drug reactions (ADR) to prescribed medicine is 2.2 million. (1) Dr. Richard Besser, of the CDC, in 1995, said the number of unnecessary antibiotics prescribed annually for viral infections was 20 million. Dr. Besser, in 2003, now refers to tens of millions of unnecessary antibiotics. (2, 2a)

The number of unnecessary medical and surgical procedures performed annually is 7.5 million. (3) The number of people exposed to unnecessary hospitalization annually is 8.9 million. (4) The total number of iatrogenic [induced inadvertently by a physician or surgeon or by medical treatment or diagnostic procedures] deaths is 783,936.

The 2001 heart disease annual death rate is 699,697; the annual cancer death rate is 553,251. (5) It is evident that *the American medical system is the leading cause of death and injury in the United States*.

Introduction

Never before have the complete statistics on the multiple causes of iatrogenesis been combined in one paper. Medical science amasses tens of thousands of papers annually—each one a tiny fragment of the whole picture. To look at only one piece and try to understand the benefits and risks is to stand one inch away from an elephant and describe everything about it. You have to pull back to reveal the complete picture, such as we have done here. Each specialty, each division of medicine, keeps their own records and data on morbidity and mortality like pieces of a puzzle. But the numbers and statistics were always hiding in plain sight. We have now completed the painstaking work of reviewing thousands and thousands of studies. Finally putting the puzzle together we came up with some disturbing answers.

Is American Medicine Working?

At 14 percent of the Gross National Product, health care spending reached $1.6 trillion in 2003. (15) Considering this enormous expenditure, we should have the best medicine in the world. We should be reversing disease, preventing disease, and doing minimal harm. However, careful and objective review shows the opposite. Because of the extraordinary narrow context of medical technology through which contemporary medicine examines the human condition, we are completely missing the full picture.

Medicine is not taking into consideration the following monumentally important aspects of a healthy human organism:

(a) Stress and how it adversely affects the immune system and life processes
(b) Insufficient exercise
(c) Excessive caloric intake
(d) Highly processed and denatured foods grown in denatured and chemically damaged soil
(e) Exposure to tens of thousands of environmental toxins.

Instead of minimizing these disease-causing factors, we actually cause more illness through medical technology, diagnostic testing, overuse of medical and surgical procedures, and overuse of pharmaceutical drugs. The huge disservice of this therapeutic strategy is the result of little effort or money being appropriated for preventing disease.

Under-reporting of Iatrogenic Events

As few as 5 percent and only up to 20 percent of iatrogenic acts are ever reported. [16, 24, 25, 33,34] This implies that if medical errors were completely and accurately reported, we would have a much higher annual iatrogenic death rate than 783,936. Dr. Leape, in 1994, said his figure of 180,000 medical mistakes annually was equivalent to three jumbo-jet crashes every two days.16 Our report shows that six jumbo jets are falling out of the sky each and every day.

Correcting a Compromised System

What we must deduce from this report is that medicine is in need of complete and total reform: from the curriculum in medical schools to protecting patients from excessive medical intervention. It is quite obvious that we can't change anything if we are not honest about what needs to be changed. This report simply shows the degree to which change is required.

We are fully aware that what stands in the way of change are powerful pharmaceutical companies, medical technology companies, and special interest groups with enormous vested interests in the business of medicine. They fund medical research, support medical schools and hospitals, and advertise in medical journals. With deep pockets they entice scientists and academics to support their efforts. Such funding can sway the balance of opinion from professional caution to uncritical acceptance of a new therapy or drug.

You only have to look at the number of invested people on hospital, medical, and government health advisory boards to see conflict of interest. The public is mostly unaware of these interlocking interests. For example, a 2003 study found that nearly half of medical school faculty, who serve on Institutional Review Boards (IRB) to advise on clinical trial research, also serve as consultants to the pharmaceutical industry. [17] The authors were concerned that such representation could cause potential conflicts of interest.

A news release by Dr. Erik Campbell, the lead author, said, "Our previous research with faculty has shown us that ties to industry can affect scientific behavior, leading to such things as trade secrecy and delays in publishing research. It's possible that similar relationships with companies could affect IRB members' activities and attitudes." [18]

Medical Ethics and Conflict of Interest in Scientific Medicine

Jonathan Quick, director of Essential Drugs and Medicines Policy for the World Health Organization (WHO) wrote in a recent WHO Bulletin:

> "If clinical trials become a commercial venture in which self-interest overrules public interest and desire overrules science, then the social contract which allows research on human subjects in return for medical advances is broken." [19]

Former editor of the New England Journal of Medicine (NEJM), Dr. Marcia Angell, struggled to bring the attention of the world to the problem of commercializing scientific research in her outgoing editorial titled "Is Academic Medicine for Sale?" [20] Angell called for stronger restrictions on pharmaceutical stock ownership and other financial incentives for researchers. She said that growing conflicts of interest are tainting science.

She warned that, "When the boundaries between industry and academic medicine become as blurred as they are now, the business goals of industry influence the mission of medical schools in multiple ways." She did not discount the benefits of research but said a Faustian bargain now existed between medical

schools and the pharmaceutical industry.

Angell left the NEMJ in June 2000. Two years later, in June 2002, the NEJM announced that it would now accept *biased* journalists (those who accept money from drug companies) because it is too difficult to find ones who have no ties. Another former editor of the journal, Dr. Jerome Kassirer, said that was just not the case, that there are plenty of researchers who don't work for drug companies. [21] The ABC report said that one measurable tie between pharmaceutical companies and doctors amounts to over $2 billion a year spent for over 314,000 events that doctors attend.

The ABC report also noted that a survey of clinical trials revealed that when a drug company funds a study, there is a 90 percent chance that the drug will be perceived as effective whereas a non-drug company-funded study will show favorable results 50 percent of the time.

It appears that money can't buy you love but it can buy you any "*scientific*" result you want.

The only safeguard to reporting these studies was if the journal writers remained unbiased. That is no longer the case.

Cynthia Crossen, writer for the Wall Street Journal in 1996, published "Tainted Truth: The Manipulation of Fact in America," a book about the widespread practice of lying with statistics. [22] Commenting on the state of scientific research she said that:

> "The road to hell was paved with the flood of corporate research dollars that eagerly filled gaps left by slashed government research funding."

Her data on financial involvement showed that in 1981 the drug industry "gave" $292 million to colleges and universities for research. In 1991 it "gave" $2.1 billion.

The First Iatrogenic Study

Dr. Lucian L. Leape opened medicine's Pandora's box in his 1994 JAMA paper, "Error in Medicine." [16] He began the paper by reminiscing about Florence Nightingale's maxim—"first do no harm." But he found evidence of the opposite happening in medicine. He found that Schimmel reported in 1964 that 20 percent of hospital patients suffered iatrogenic injury, with a 20 percent fatality rate. Steel in 1981 reported that 36 percent of hospitalized patients experienced iatrogenesis with a 25 percent fatality rate and adverse drug reactions were involved in 50 percent of the injuries. Bedell in 1991 reported that 64 percent of acute heart attacks in one hospital were preventable and were mostly due to adverse drug reactions.

However, Leape focused on his and Brennan's "Harvard Medical Practice Study" published in 1991.16a They found that in 1984, in New York State, there was a 4 percent iatrogenic injury rate for patients with a 14 percent fatality rate. From the 98,609 patients injured and the 14 percent fatality rate, he estimated that in the whole of the United States 180,000 people die each year, partly as a result of iatrogenic injury. Leape compared these deaths to the equivalent of three jumbo-jet crashes every two days.

Why Leape chose to use the much lower figure of four percent injury for his analysis remains in question. Perhaps he wanted to tread lightly. If Leape had, instead, calculated the average rate among the three studies he cites (36 percent, 20 percent, and 4 percent), he would have come up with a 20 percent medical error rate. The number of fatalities that he could have presented, using an average rate of injury and his 14 percent fatality, is an annual 1,189,576 iatrogenic deaths, or over ten jumbo jets crashing

every day.

Leape acknowledged that the literature on medical error is sparse and *we are only seeing the tip of the iceberg*. He said that when errors are specifically sought out, reported rates are "distressingly high." He cited several autopsy studies with rates as high as *35 percent to 40 percent of missed diagnoses causing death*. He also commented that an intensive care unit reported an average of 1.7 errors per day per patient, and 29 percent of those errors were potentially serious or fatal.

We wonder: what is the effect on someone who daily gets the wrong medication, the wrong dose, the wrong procedure; how do we measure the accumulated burden of injury; and when the patient finally succumbs after the tenth error that week, what is entered on the death certificate?

Leape calculated the rate of error in the intensive care unit. First, he found that each patient had an average of 178 "activities" (staff/procedure/medical interactions) a day, of which 1.7 were errors, which means a 1 percent failure rate. To some this may not seem like much, but putting this into perspective, Leape cited industry standards where in aviation a 0.1 percent failure rate would mean:

- Two unsafe plane landings per day at O'Hare airport
- In the U.S. mail, 16,000 pieces of lost mail every hour
- In banking, 32,000 bank checks deducted from the wrong bank account every hour

Analyzing why there is so much medical error Leape acknowledged the lack of reporting. Unlike a jumbo-jet crash, which gets instant media coverage, hospital errors are spread out over the country in thousands of different locations. They are also perceived as isolated and unusual events. However, the most important reason that medical error is unrecognized and growing, according to Leape, was, and still is, that doctors and nurses are unequipped to deal with human error, due to the culture of medical training and practice.

Doctors are taught that mistakes are unacceptable. Medical mistakes are therefore viewed as a failure of character and any error equals negligence. We can see how a great deal of sweeping under the rug takes place since nobody is taught what to do when medical error does occur. Leape cited McIntyre and Popper who said the "infallibility model" of medicine leads to intellectual dishonesty with a need to cover up mistakes rather than admit them. There are no Grand Rounds on medical errors, no sharing of failures among doctors and no one to support them emotionally when their error harms a patient. Leape hoped his paper would encourage medicine "to fundamentally change the way they think about errors and why they occur." It's been almost a decade since this groundbreaking work, but the mistakes continue to soar.

One year later, in 1995, a report in JAMA said that:

> "Over a million patients are injured in U.S. hospitals each year, and approximately 280,000 die annually as a result of these injuries. Therefore, the iatrogenic death rate dwarfs the annual automobile accident mortality rate of 45,000 and accounts for more deaths than all other accidents combined." [23]

At a press conference in 1997 Dr. Leape released a nationwide poll on patient iatrogenesis conducted by the National Patient Safety Foundation (NPSF), which is sponsored by the American Medical Association. The survey found that more than 100 million Americans have been impacted directly and indirectly by a medical mistake. Forty-two percent were directly affected and a total of *84 percent personally knew of someone who had experienced a medical mistake*.[14] Dr. Leape is a founding

member of the NPSF.

Dr. Leape at this press conference also updated his 1994 statistics saying that medical errors in inpatient hospital settings nationwide, as of 1997, could be as high as 3 million and could cost as much as $200 billion. Leape used a 14 percent fatality rate to determine a medical error death rate of 180,000 in 1994. (16) In 1997, using Leape's base number of 3 million errors, the annual deaths could be as much as 420,000 for inpatients alone. This does not include nursing home deaths, or people in the outpatient community dying of drug side effects or as the result of medical procedures.

Only a Fraction of Medical Errors are Reported

Leape, in 1994, said that he was well aware that medical errors were not being reported. (16) According to a study in two obstetrical units in the U.K., only about one quarter of the adverse incidents on the units are ever reported for reasons of protecting staff or preserving reputations, or fear of reprisals, including law suits. (24) An analysis by Wald and Shojania found that *only 1.5 percent of all adverse events result in an incident report*, and only 6 percent of adverse drug events are identified properly.

The authors learned that the American College of Surgeons gives a very broad guess that surgical incident reports routinely capture only 5 percent to 30 percent of adverse events. In one surgical study only 20 percent of surgical complications resulted in discussion at Morbidity and Mortality Rounds.25 From these studies it appears that all the statistics that are gathered may be substantially underestimating the number of adverse drug and medical therapy incidents. It also underscores the fact that our mortality statistics are actually conservative figures.

An article in *Psychiatric Times* outlines the stakes involved with reporting medical errors. (26) They found that the public is fearful of suffering a fatal medical error, and doctors are afraid they will be sued if they report an error. This brings up the obvious question: who is reporting medical errors? Usually it is the patient or the patient's surviving family. If no one notices the error, it is never reported. Janet Heinrich, an associate director at the U.S. General Accounting Office responsible for health financing and public health issues, testifying before a House subcommittee about medical errors, said that: "The full magnitude of their threat to the American public is unknown." She added, "Gathering valid and useful information about adverse events is extremely difficult."

She acknowledged that the fear of being blamed, and the potential for legal liability, played key roles in the under-reporting of errors. The Psychiatric Times noted that the American Medical Association is strongly opposed to mandatory reporting of medical errors.26 If doctors aren't reporting, what about nurses? In a survey of nurses, they also did not report medical mistakes for fear of retaliation. (27)

Standard medical pharmacology texts admit that relatively few doctors ever report adverse drug reactions to the FDA. (28) The reasons range from not knowing such a reporting system exists to fear of being sued because they prescribed a drug that caused harm. (29)However, it is this tremendously flawed system of voluntary reporting from doctors that we depend on to know whether a drug or a medical intervention is harmful.

Pharmacology texts will also tell doctors how hard it is to separate drug side effects from disease symptoms. Treatment failure is most often attributed to the disease and not the drug or the doctor. Doctors are warned, "Probably nowhere else in professional life are mistakes so easily hidden, even from ourselves." (30) It may be hard to accept, but not difficult to understand, why *only one in twenty side effects is reported* to either hospital administrators or the FDA. (31,31a)

If hospitals admitted to the actual number of errors and mistakes, which is about 20 times what is reported, they would come under intense scrutiny. [32] Jerry Phillips, associate director of the Office of Post Marketing Drug Risk Assessment at the FDA, confirms this number. "In the broader area of adverse drug reaction data, the 250,000 reports received annually probably represent only 5 percent of the actual reactions that occur." [33] Dr. Jay Cohen, who has extensively researched adverse drug reactions, comments that because only 5 percent of adverse drug reactions are being reported, there are, in reality, *5 million medication reactions each year*.[34]

It remains that whatever figure you choose to believe about the side effects from drugs, all the experts agree that you have to multiply that by 20 to get a more accurate estimate of what is really occurring in the burgeoning "field" of iatrogenic medicine.

A 2003 survey is all the more distressing because there seems to be no improvement in error reporting even with all the attention on this topic. Dr. Dorothea Wild surveyed medical residents at a community hospital in Connecticut. She found that only half of the residents were aware that the hospital had a medical error-reporting system, and the vast majority didn't use it at all. Dr. Wild says this does not bode well for the future. If doctors don't learn error reporting in their training, they will never use it. And she adds that error reporting is the first step in finding out where the gaps in the medical system are and fixing them. That first baby step has not even begun. [35]

Public Suggestions on Iatrogenesis

In a telephone survey, 1,207 adults were asked to indicate how effective they thought the following would be in reducing preventable medical errors that resulted in serious harm: [36]

- Giving doctors more time to spend with patients: very effective 78 percent
- Requiring hospitals to develop systems to avoid medical errors: very effective 74 percent
- Better training of health professionals: very effective 73 percent
- Using only doctors specially trained in intensive care medicine on intensive care units: very effective 73 percent
- Requiring hospitals to report all serious medical errors to a state agency: very effective 71 percent
- Increasing the number of hospital nurses: very effective 69 percent
- Reducing the work hours of doctors-in-training to avoid fatigue: very effective 66 percent
- Encouraging hospitals to voluntarily report serious medical errors to a state agency: very effective 62 percent

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not a drug user!

[redacted]

[redacted]

Date	05/24/2006		
Time	2035	Reference	Units
[redacted]	[redacted]	[redacted]	

(B) Non Reactive
Test Performed by Pathology Associates Medical Lab, Spokane, WA 99204

[redacted]

Date	05/24/2006		
Time	2035	Reference	Units
[redacted]	[redacted]	[redacted]	

[redacted]

Date	05/24/2006		
Time	2029	Reference	Units
[redacted]	[redacted]	[redacted]	
> BENZODIAZEPINES	NEGATIVE	NEGATIVE	
[redacted]	[redacted]	[redacted]	
> AMPHET - GROUP	NEGATIVE	NEGATIVE	
[redacted]	[redacted]	[redacted]	
> OPIATES	NEGATIVE	NEGATIVE	
[redacted]	[redacted]	[redacted]	
> THC SCR, UR	NEGATIVE(a)	NEGATIVE	

NOTES: (a)

The test for Amphetamine is designed to report as Positive, urine samples containing Amphetamine, Methamphetamine and their metabolites at a cutoff concentration of 500 ng/mL.

Drug Screen Concentration Cutoffs:
Barb: 200 ng/mL; Benzo: 300 ng/mL; Cocaine: 300 ng/mL;
Amphet: 500 ng/mL; Methadone: 300 ng/mL;
Opiates: 300 ng/mL; PCP: 25 ng/mL; THC: 50 ng/mL

Patient SWENSON,MICHAEL E **Account No.** KM7658271
Age/Sex 40/M **Unit No.** KM00328110

Date 05/24/06 **Time** 2053 **User** Vogel,Sherry L RN

**** Interventions ****

Time:	Int/	Comment:
2053	Note	PT COOPERATIVE WITH LAB DRAW, EKG AND URINE SAMPLE. READY FOR ADMIT TO NIBH.
Time:	Int/	Comment:
Time:	Int/	Comment:

Orders

Date	Time	Procedure	Ordering Provider
05/24/06	2016	SOCIAL SERVICES CONSULT	Crook,Albert A
05/24/06	2029	CBC, PLT & AUTO DIFF	Paschall,Paul F
05/24/06	2029	COMPREHENSIVE METABOLIC PANEL	Paschall,Paul F
05/24/06	2029	DRUG SCREEN, UR	Paschall,Paul F
05/24/06	2029	ETHANOL	Paschall,Paul F
05/24/06	2029	RPR	Paschall,Paul F
05/24/06	2029	THYROID STIM HORMONE	Paschall,Paul F
05/24/06	2029	URINALYSIS	Paschall,Paul F
05/24/06	2031	EKG/ECG	Paschall,Paul F
05/24/06	2114	REGULAR	Wait,David B
05/24/06	2114	SOCIAL SERVICES CONSULT	Wait,David B
05/26/06	1531	EKG INTERP 12 LEAD MELCHIORE	Wait,David B
05/28/06	1346	DAILY PROG CHARGE I/P ADULT	Wait,David B
05/29/06	1150	DAILY PROG CHARGE I/P ADULT	Wait,David B
05/29/06	1321	REGULAR	Wait,David B
05/30/06	1320	DAILY PROG CHARGE I/P ADULT	Stevens,Thomas Jeffrey
05/30/06	2119	CERULOPLASMIN	Stevens,Thomas Jeffrey
05/31/06	1241	DAILY PROG CHARGE I/P ADULT	Stevens,Thomas Jeffrey
06/01/06	1254	DAILY PROG CHARGE I/P ADULT	Stevens,Thomas Jeffrey

Lab Results

Date	Time	Test	Result	Reference
05/24/06	2029	APPEARANCE, UR	CLEAR	
05/24/06	2029	BARBITURATE	NEGATIVE	NEGATIVE
05/24/06	2029	BENZODIAZEPINES	NEGATIVE	NEGATIVE
05/24/06	2029	BILIRUBIN, UR	NEGATIVE	NEGATIVE
05/24/06	2029	COCAINE	NEGATIVE	NEGATIVE
05/24/06	2029	COLOR, UR	YELLOW	
05/24/06	2029	DRUG SCREEN METHADONE	NEGATIVE	NEGATIVE
05/24/06	2029	DRUG SCREEN METHAMPHET/AMPHET	NEGATIVE	NEGATIVE
05/24/06	2029	DRUG SCREEN OPIATES	NEGATIVE	NEGATIVE
05/24/06	2029	DRUG SCREEN PHENCYCLIDINE	NEGATIVE	NEGATIVE
05/24/06	2029	GLUCOSE, UR, QLT	NEGATIVE	NEGATIVE
05/24/06	2029	KETONES, UR	NEGATIVE	NEGATIVE

Evidence I had trouble even getting my documents notarized!

I, Michael Swenson, do hereby set my hand and execute this document.

Signed this 21st day of Sept, 2007.

Michael Swenson

On this 21 day of September, 2007, before me, the undersigned Notary Public, personally appeared ~~Spencer B Brower~~ Voided, personally known to me (or proved on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Voided

SPENCER B BROWER
COMMISSION EXPIRES
NOTARY
PUBLIC
JULY 05, 2011
STATE OF WASHINGTON

Notary Public in ~~Idaho~~ Washington

Residing at: Spokane, Washington

Commission Expires: July 05, 2011

This is just a tiny portion of the evidence! I have hundreds of photos, technological artifacts, in addition to records, and evidence to be subpoenaed and potentionally eyewitnesses besides myself.

There is criminal activity in various branches of our government that needs immediate investigation by righteous authorities!

Even a cursory investigation with other victims (such as those wrongfully being tortured in mental institutions) will confirm the truth of my allegations. I can definitely prove conspiracy to leave undiagnosed and misdiagnosed to discredit!

I can prove the allegations of my complaint scientifically and legally. Please allow me to do so. To experts, the preliminary evidence is sufficient to prove the homicide attempt cover up and conspiracy concerning lack of diagnosis to let me die in agony untreated.

8-6-07