

November 11, 2005

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Dear Dr. Hamilton:

As an infectious disease colleague for over twenty years in the Carolinas, I am corresponding to inform you of the opening of the Jemsek Clinic in January 2006 at Rosedale Medical Center in Huntersville, NC. The Clinic, which was formed in the spring of 2000, currently follows 1,000 active patients with HIV/AIDS in the Metrolina Region and projects a steady accrual rate of 200 or more HIV patients per annum for the foreseeable future. I'm certain we share common goals for the care of patients with HIV/AIDS, i.e., to create a center of excellence at many levels in order to deliver superior medical care, support and education. Consistent with this goal, we intend to remain active in clinical trials, including investigator-initiated trials such as the tenofovir, ddl, and 3tc triple nucleoside trial, which was developed at the Clinic and then presented as an oral abstract at CROI last year. At maturity, we anticipate that the clinic will consist of a group of 4 or 5 ID-trained physicians, supported by 3 or 4 physician assistants, possibly including medical research scientists as well. With this work force in place, the Clinic anticipates expanding its regional medical model for HIV consultative care, currently working efficiently in its third year of operation in Rowan County, by collaborating with additional county hospital systems throughout the Metrolina region. We are encouraged to find that our involvement in the continuing care of over 60 patients with HIV/AIDS in Rowan County has resulted in healthcare savings of more than \$500,000 over the past 2 years through reduction of emergency room visits and hospital stays compared to a matched group of patients in Rowan County who do not attend our Clinic. We will continue to speak with a public voice about the dangers of high-risk behavior in our community working through our 501(c)(3) corporation, the Jemsek Project. In addition, the Jemsek Project will continue to provide much needed case management and medical assistance not only for patients of the Jemsek Clinic, but also for those receiving care from other providers.

We hope it is clear that our interest in HIV matters, including research, is genuine. To that end, we hope that our HIV clinic community may be of interest to your department in terms of future collaborative efforts.

On another subject, you may be aware that the Clinic has been involved with the evolving recognition and clinical elucidation of Lyme Borreliosis (or as we prefer, Lyme Borreliosis Complex--LBC). The providers at the Clinic are keenly aware of the controversy generated by this diagnosis. We are also keenly aware that there are a large number of chronic disorders

known to all of us in which our scientific base is primitive and that there is an emerging interest in the role of known and yet to be discovered microbial agents in chronic illness. We believe that the clinical science in LBC lags far behind the basic science. Given our interest in the subject, we have compiled in our database all 24,000 articles written on *Borrelia burgdorferi* and related disorders. Please let us know if you ever wish to access this resource.

On behalf of the Clinic, I have reached out on several occasions to discuss what is known about this ailment. In early 2004, I was graciously invited to address a round table conference with Dr. Leah Devlin at the North Carolina Department of Public Health and engaged in a more formal presentation in the same building to Dr. Engel's group later that same year. This year in April, I was honored to address your colleagues during ID Grand Rounds at Duke University. Over the past 2-½ years, I have been invited to speak at the NCAFP Mid-Summer Family Medicine Conference, Nichols Laboratory in Capistrano CA, delivered the keynote lectures at the 4th Annual UK Lyme Conference this summer and have spoken at various Lyme support organizations around the country. Although we are not currently engaged in research, I am aware of our opportunity and obligation to publish our clinical practice data in mainstream science publications. We are in the process of creating a clinic-based research group comprised of PhD and Master's level scientists who have goals of publishing compiled patient data next year. We eagerly await the day when traditional academic centers and their funding agencies embrace the challenge of discovery in LBC and related disorders.

As a proud member of IDSA, I am particularly interested in having this prestigious and remarkably talented group update its working concepts to reflect the diversity of viewpoints on Lyme Borreliosis and the evolving science. Accordingly, I recently authored a letter sent to the new IDSA president, Dr. Martin Blaser, (*see attached*) which was signed by seven practicing infectious diseases physicians around the country. Dr. Blaser seemed quite open to facilitating this discussion and forwarded the letter to Mr. Leasure, Executive Director of IDSA. During our recent conversation, Dr. Blaser indicated that a number of other IDSA physicians have written with concerns about IDSA's current guidelines on Lyme disease.

I plan to attend the North Carolina IDS meeting in Greensboro on November 19th and will be happy to discuss these or any other topics with you personally at that time. Otherwise, I am available to speak with either you or your colleagues in a forum of your choosing should this be of interest.

Warm regards,

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Enclosures

Cc: Dr. Leah M. Devlin, Director, NC DHHS, President, ASTHO
Carmen Hooker Odom, Secretary, NC DHHS
Dr. Jeff Engel
Dr. Peter Leone
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