

## Quest #25 August 1997

### WEB PAGE - UPDATE (geek report) -

**By: Al Neilson**

Since the Web page was constructed two months ago, we have received **3,000 hits**. When I checked to see what our ranking (pecking order) is, according to the various popular search engines available, we rank No. 1 and 2 for the most part, and within the top 100 at the very least for the most obvious search words used. This means that, however you slice it, when you are looking for ME/FM information, using the popular search engines on the web, you will most likely come up with the National ME/FM Action Network. According to me (resident computer geek), this means the whole world is watching and our position in the ME or FM arena on the web is highly visible.

If you have the opportunity or the wherewithal to log into our web page, please let us know what you think of it -- by using the e-mail form under the "Contact" button. Your comments and suggestions will be highly welcomed. Our Web address is: <http://www3.sympatico.ca/me-fm.action/>

### THE NEXT STEP - MEDICAL PROFESSIONALS' PARTICIPATION - UPDATE

As of September 30th, 1997 we have received **151 replies** from doctors across Canada who are diagnosing and treating ME/FM. Of those 151 replies, only 4 will see new patients as they are swamped. We hope that as we receive more responses, other doctors are willing and/or able to help more ME/FM patients.

Our Laboratory Centre for Disease Control (LCDC) is very interested in the fact that the medical profession is joining our 'quest' for a standardized clinical diagnosis for ME/FM and requested that we keep them advised of developments.

We therefore urge each and every support group to hand a copy of our medical petition to each of their members, requesting that they in turn make

copies for as many doctors as they see. The replies have been very positive and encouraging but we need

YOUR help. If you need a copy of our letter to be signed by a medical professional, please let us know.

### LABORATORY CENTRE FOR DISEASE CONTROL- UPDATE

We had a meeting with an official of the LCDC on July 28th, 1997 for two hours. As mentioned above, they were very impressed by the fact that we were able to get the assistance of the medical profession.

We also told them that we were trying to establish approximately how many ME/FM people there are in Canada who are ill with ME and FM through asking every support group to let us know how many people are in their group (whether or not they attend meetings or not). LCDC are very interested in those figures and we therefore again urge all groups to let us know these required figures. Remember that your individual figures will not be broadcast, just the total amounts by province.

As of September we have received replies from **41 support groups**, representing **4729 ME/FM** people. This means there are over 300 support groups who have not yet contacted us to report their

numbers. Please take a few minutes and drop us a note.

**MYOSYMMETRIES INTERNATIONAL:** A leader in the Application of Biofeedback Technologies to the Treatment of Chronic Muscle Pain Syndromes. Information available for physicians and the general public. Please contact Myosymmetries International (Edmonton) Inc., 212 Denton Centre, 14925 - 111 Avenue, Edmonton, Alberta T5N 2P6 Canada - Tel. (403) 483-8542 - Fax (403) 483-8691.

**Tip: Did you know that the Ontario March of Dimes has support services available for adults who have physical disabilities under The Attendant Services Programs of Ontario March of Dimes? For more information, please call them at: 1-800-263-3463**

{ed note: This service is not available in any other province, under the March of Dimes. If there is similar help in other provinces, please let us know}

### **WORLD HEALTH ORGANIZATION'S (WHO) CLASSIFICATION OF DISABLEMENT**

The term DISABLEMENT is currently used as an "umbrella term" which covers all three dimensions: impairments, disabilities, and handicaps.

#### **Definitions:**

**Impairment:** any abnormality of psychological or physical functions or of appearance.

(1009 items)

**Disability:** an interference with the performance of an activity by an individual in relation to the (338 items) immediate environment.

**Handicap:** a societal disadvantage for a given individual, that limits or prevents the performance of (72 items) a social role or participation.

Scientifically, a disease is generally described by its signs and symptoms, but the whole impact of an illness is better understood in terms of the disability. Traditionally scientists have measured the outcomes of health conditions and care using mortality and morbidity. Recently the focus on the outcomes of health care is shifting to assessment of functioning, or the ability of patients (how they perform in their daily lives).

[Ed note: The above are excerpts from WHO's 'Towards a common language for disablements: ICIDH'. To get a copy write to: **Dr. T.B. Üstün, Scientist, World Health Organization, Division of Mental Health and Prevention of substance Abuse, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland.**]

#### **PERSONALS:**

To Linda and Arno F. Good luck on your new endeavors. What a nice way to start all over again. Best wishes and do keep in touch.

To: Wendy P. All communications with our organization are confidential. Even if someone contacts us on your behalf, we would not even acknowledge that we know you, unless otherwise requested by you.

## **ANNOUNCEMENT - NEW TESTING PROGRAM FOR ME AND FM:**

"The Institute for Molecular Medicine is pleased to announce the founding of our new support group "The Friends of the Institute". Membership in this group is open to anyone with a concern for their health and chronic human diseases.

Membership in the "Friends of the Institute" will entitle the member to receive a quarterly newsletter and the opportunity to join one of our research studies as a participant. This participation will include testing for chronic diseases such as Chronic Fatigue Syndrome/Fibromyalgia and Gulf War Illness.

You may join "Friends of the Institute" with a tax-deductible contribution of any size. In order to participate in our research studies you must have accrued support contributions of at least \$150. This level of support will entitle you to a forensic PCR for mycoplasmal infection. At the \$300 level you will be entitled to the PCR for mycoplasmal infection and a further PCR test for the specific mycoplasmal species. This will be most useful for your Doctor in determining your therapy.

We sincerely hope that you will take advantage of this exciting new opportunity to participate with us in the investigation of these debilitating diseases. We firmly believe that through research and investigation we can find solutions to these vexing problems. We earnestly seek your participation so that you can be part of the exciting work that Dr. Garth L. Nicolson has undertaken here at the Institute for Molecular Medical. For further information visit our website at **[www.immed.org](http://www.immed.org)**"

Please mail your contribution to: The Institute for Molecular Medicine, PO Box 52470, Irvine, CA 92619-2470 U.S.A. - Tel. (714) 476-0204 - Fax (714) 752-7347.

## **NUTRITIONAL BASIS FOR ME AND FM - By: Philipa D. Corning, B.Sc., Ph.D. - PART II:**

### **Poor Nutrition:**

Unfortunately, we do not give the immune system the proper nutrients it needs to do its repairs. The nutrient quality of our food has decreased since our grandparents' day. For example, a cup of spinach in 1948 contained 158 mg of iron, today the same cup of spinach contains 2 mg. To get the same amount of iron, we would have to eat 79 cups of spinach! This indicates that we can suffer from malnutrition by consuming food purchased at the supermarket and convenience stores. Their nutrient value is very poor.

Fresh produce is grown in soil lacking nutrients. The use of chemical fertilizers since 1945 allows farmers to plant the same crop on the same field year after year, while putting only the nitrogen, phosphorus, and potassium contained in commercial fertilizer back into the soil. As a result, both the macro and trace minerals (e.g., iron, zinc, molybdenum, chromium, just to name a few) necessary for many cell functions have been removed from the soil. Plants can grow quite well on these poor soils, because they do not need most of these nutrients, as we do, in order to prosper. They simply absorb the minerals that remain in the soil and provide them to us in a chelated form (i.e., wrapped in a protein molecule).

Another factor contributing to the poor nutritional quality of produce is that it is picked too early in order to get it to distant markets. Fruits and vegetables, harvested before ripening is complete, are immature, and many nutrients are prevented from developing.

This situation can be alleviated by consuming organically grown food and/or ingesting a well designed combination of natural vitamin and chelated mineral supplements as well as essential oils, coenzyme Q10, garlic, and other carefully selected natural products.

### Free Radicals:

These are "molecular terrorists" that are very unstable because they lack one electron. Since electrons come in pairs, the free radical desperately needs another as soon as it is formed. For this reason it takes one away from the nearest molecule that it can find. In doing so, they cause immense damage to cellular material (e.g., cell membrane, enzymes, cell structures, and even the genetic material itself - DNA) leading to illness and disease. They are formed naturally as one of the by-products of cellular metabolism, and are intensified by pollutants, food additives and preservatives, drugs, over-exercise, tobacco smoke, pesticides, increased ultraviolet radiation (due to decreased ozone), etc. They are also produced by the immune system to fight bacteria and viruses.

The most dangerous free radical formed is the "oxygen radical". It gives rise to "oxygen-damaged" protein. The substances most significantly damaged in this manner are the enzymes that are involved in all cellular processes. These include those involved in two critical processes: the production of energy and the repair of DNA. This latter case is discussed in more detail under sugar-damaged protein (next section).

The only way to reduce the damage caused by free radicals is to increase the intake of substances called antioxidants. These substances disarm free radicals before they cause damage. Some examples of well known antioxidants are vitamins A, C, and E, and beta-carotene. We cannot get enough of them by eating fruit and vegetables that contain them to handle the load of free radicals that bombard our cells today.

This predicament can be reduced by taking antioxidants such as Pycnogenol (pine bark extract), grape seed extract, citrus bioflavonoids, vitamins A, C and E, beta-carotene, and selenium.

[Ed.note: For Part I, see newsletter #24] to be continued.....Quest #26

### **GULF WAR VETERANS - ILL AND FORGOTTEN? by Louise Richard, RN (Gulf War Veteran)**

It will soon be the seventh anniversary of the Persian Gulf War. 4500 Canadian men and women returned home as war veterans and "heroes". Now, a growing number of us are seriously ill with a slow progression of debilitating physical, psychological and emotional symptoms and a variety of chronic illnesses. What has been called Gulf War Syndrome (GWS), or Gulf War Illness (GWI) shares many of the symptoms and disabilities of both ME, FM and Multiple Chemical Sensitivities (MCS).

Like those suffering from both ME and FM, GWI veterans are finding it very difficult to convince conventional medical authorities and those government agencies charged with providing care to the disabled that we are indeed suffering from debilitating conditions which not only saw us released early from the Canadian forces, but also preventing us from taking up gainful employment in the civilian work force. In addition, we must convince the Pension Board of the Department of Veterans' Affairs (DVA) that our condition is the result of our military service. But the weight of evidence on our side is growing.

In preparation for the deployment to the Gulf area, all military members underwent stringent medical, dental and psychological screening. In common with the forces sent by the U.S. and the U.K., who have also experienced similar GWI symptoms, we received numerous immunizations, including some meant to counter bacteriological warfare agents, such as Anthrax and botulism, and were given an untried oral nerve gas prophylactic (pyridostigmine bromide) to be taken every eight hours in theatre. In addition, Canadians in the Gulf region were exposed to toxic smoke and fumes from the vast oil well fires set by the Iraqis, organophosphates, pesticides (including DEET ("OFF") and the pests which they did not defer, contaminated drinking water, residue from depleted uranium shell casings and other weapon residue. Also, medical personnel were exposed to Iraqi prisoners of war

most of whom were suffering from communicable diseases, infested with parasites, and covered with open wounds and sores. These were the known exposures. In addition, destruction of Iraqi arms and military facilities resulted in detection of chemical and biological warfare agents over wide areas of the region.

Research since GWI became apparent in the U.S.A. and the U.K. 'has turned up considerable evidence of toxic agents in Gulf War Veterans, including a microorganism called *Mycoplasma Fermentans Incognitus*, a slow-growing mycoplasma found in white blood cells of many GWI sufferers. Doctors Garth and Nancy Nicholson, of Irvine, California, have identified this microorganism and developed a course of antibiotic treatment which has proven effective for those whose treatment has been timely. They have also discovered evidence that this microorganism has been genetically engineered, possibly as a biological weapon. It could also be naturally generated from some of the prophylactic vaccines administered from synergistic effects of chemical agents. What is particularly unnerving is that the disease caused by this microorganism appears to be contagious, resulting in the infection of spouses, children and medical personnel. Another substance found in the blood of Gulf War Veterans in the U.S. is *Squalene*, an experimental agent not approved for human use. Although Squalene helps boost the immune system against illnesses such as influenza, herpes and HIV, it also causes the system to generate antibodies which can generate adverse immune reactions, attacking the patient from within.

Recent research at Duke University injected rats with the same mix of vaccines received by the Gulf War Veterans and also gave them pyridostigmine bromide. Clear evidence emerged that the synergistic effect of these substances is a severe attack on the animals' immune systems, causing many of the same symptoms found in GWI.

A list of GWI symptoms includes the following:

- Persistent or relapsing, debilitating fatigue or easy fatigability that does not resolve with rest;
- Mild fever, sore throat, intermittent fever;
- Arthralgia and Myalgia (chronic muscle and joint pains);
- Generalized muscle weakness;
- Numbness and tingling (upper and lower extremities and limbs);
- Headaches, visual disturbances, difficulty night driving, photophobia;
- Painful lymph nodes - Thyroid gland problems;
- Sleep disorder (insomnia, nightmares, agitation, can't stay asleep, early awakening...);
- Night sweats, can't regulate body temperature, hot, cold or clammy, Raynaud's disease;
- Memory loss and short term memory loss;
- Confusion, anxiety, irritability, low tolerance to stimuli, poor concentration, hazy thinking;
- Skin rashes, slow to heal, hair loss, dry skin;
- Muscle pain and spasms, tremors, fine motor skill problems, poor coordination;
- Irritable bowel syndrome (diarrhea, abdominal cramps, nausea, bloating, stomach pains,

heartburn...), weight gain or loss;

- Nervousness, dizziness, chest pains, heart palpitations and pain, racing pulse;
- Urination problems (loss bladder control, frequent infections...);
- Gynecological problems (bleeding, anemia, pain), semen problems or sex problems;
- Chemical sensitivities (cleaning products, perfumes and deodorants, dry cleaning...;
- Frequent coughing, asthma, allergies, sleep apnea, sinus problems and infections;
- Red eyes, eye pain, tears burn, eyes dry;
- Bleeding gums, TMJ problems, dental problems and infections.

There is little understanding in Canada of Gulf War Illness, and superficial care of its sufferers has been the result, despite recent undertakings to allow released Veterans to be seen at the Gulf War Clinic here in Ottawa. This does not compensate disabilities nor redress release from the forces before treatment avenues were exhausted and adequate compensation in place. No significant research is being carried out in Canada, credibility is not being given to research being done elsewhere, and pensions are being denied or restricted largely as a result of this ignorance. We have been left to fight our cases on our own. Release from the Forces without superannuation entitlement has left many Gulf War Veterans without financial resources, and their condition makes gainful employment impossible.

We need help and support. We accepted the unlimited liability inherent in serving our country in a combat zone, against an evil regime with a deserved reputation for nastiness. We have not, and are not, receiving the unlimited care, support and understanding with the acceptance of that liability. Anything which you and your groups can do to support us and bring pressure on the government to fulfill its obligations will be welcome and greatly appreciated.

[Ed. Note: Louise was a Lieutenant Navy in the Canadian Armed Forces and suffers from Gulf War Illnesses. She is now our Director for Gulf War Syndrome and Illnesses. She will be writing in future issues. To help Louise and the Gulf War Veterans, please support them by contacting your Member of Parliament and protest the treatment of our GW Veterans. In our next issue Louise will discuss what Canada has done and what she is advocating. To contact Louise - **email:** [louisegwv@wonder.ca](mailto:louisegwv@wonder.ca) or through our Network.

## **REPORT ON THE SUDBURY CONFERENCE HELD SEPTEMBER 19, 20, 1997:**

**Summary of Sudbury Lecture - by: Marjorie van de Sande (Director for Alberta)**

**The Emerging Viruses. Where are they coming from?**

**Can they be Stopped? - Dr. Leonard Horowitz**

*Dr. Horowitz is a Harvard graduate independent investigator and an internationally known authority in public health. He has authored ten books, including **Emerging Viruses - AIDS & Ebola - Nature, Accident or Intentional?***

In the 1969 United States Hearings before a Subcommittee of the Committee on Appropriations. House of Representatives, ninety-first congress, first session, and

the *Department of Defense Appropriations Hearings for 1970 on the Development of Immune-system Destroying Agents for Biological Warfare*? In this government document the Department of Defense requested funds for the development of a synthetic biological agent with no natural immunity a "super germ". The government document states:

1. Within the next 5 to 10 years, it would be possible to make a new infective microorganism which could differ in certain important aspects from any known disease-causing organisms. Most important of these is that it might be refractory to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious disease.
2. A research program to explore the feasibility of this could be completed in approximately 5 years at a total cost of \$10 million.

This "super germ" would be designed to wipe out the human immune system - the defense system against infectious diseases - leaving us susceptible to opportunistic infections such as TB, yeast, pneumonia and cancer. [Note: In this congressional hearing, Dr. Donald MacArthur also stated that his branch could develop two new synthetic viruses that would attack the human immune system, one which would be lethal and the other debilitating.}

In doing his research, Dr. Horowitz found that the World Health Organization (WHO) which is largely funded by the Rockefellers, is the "godfather" to the pharmaceutical industry and creates the standards on which the pharmaceuticals and vaccines are based. In the five years prior to 1970, viruses had been mutated and recombined so that there were over 70,000 strains. The WHO distributed these viruses to research centres, including the National Cancer Institute (NCI) and the U.S. Centers for Disease Control (CDC).

Dr. Horowitz's attention was drawn to Dr. Robert Gallo of the NCI who allegedly discovered the AIDS virus. When the United States followed by patenting the AIDS research and testing, the French Government sued them as it was proven that Dr. Gallo had stolen or cloned the AIDS virus from the French Scientist, Dr. Luc Montagnier. Dr. Gallo had been brought up for scientific misconduct or fraud four times in the past three decades. President Clinton pardoned him for scientific misconduct. 25 to 30% of Dr. Gallo's research was in conjunction with Litton Bionetics which is the 6th largest world biological army contractor.

Gallo had published a paper on reverse transcriptase that calls for life to work in reverse. Normally, the cell DNA, which holds our genetic blueprint, creates new RNA which in turn establishes new amino acids and proteins in the protein manufacturing station of the cell. Contrary to nature, a reverse transcriptase allows the DNA to be cut, and a new DNA strand to be inserted into the original DNA. Then the altered DNA calls for the production of more viruses instead of healthy cell parts. These viruses have special proteins on their surface that allows them to attach to the CD4 helper cells and T lymphocyte cells which are the quarterbacks of our immune system where they continue this process. This is the enzyme that makes the AIDS virus and leukemia.

Gallo and Litton Bionetics were also the world's experts on monkey cancer research. Gallo took a monkey cancer causing virus which was found in the Salk polio vaccines in the 1950's (and is still present in these vaccines) and human lymphoma virus which causes cancer of the lymph nodes, and combined them with virtually all known animal viruses. Their favorite virus was the feline leukemia virus which gives all the symptoms of AIDS, and the chicken leukemia/sarcoma virus which causes wasting, immune suppression and death. They cultured them in human white blood cells in some studies and fetal cells in culture in other studies which allowed them to adapt and attach to the human cells and be carried into the DNA. This is what the AIDS virus does. Some of these studies were reported to NATO scientists in Belgium in 1970.

Gallo also recombined mouse sarcoma virus and mouse leukemia virus and then inoculated it into

healthy cats. They took the mouse leukemia/sarcoma virus that was infectious to cats and injected it into human embryonic cells and then into humans suffering from leukemia. This immune suppression/leukemia/sarcoma/lymphoma complex never existed in man before 1978 when there was a simultaneous outbreak of AIDS in New York and Africa in conjunction with the hepatitis B vaccine. AIDS overlaps the Gulf War Illness. ME/FM also had its first outbreak in 1978.

Many of the vaccines were covertly tested on unsuspecting prisoners in the Huntsville Texas prison and children in the Willowbrook State School for the mentally retarded in New York. In 1974 Dr. Maurice Hilleman, in collaboration with the CDC and FDA, wanted to increase the number of human doses of the experimental hepatitis B vaccine to 200,000 doses. They grew the virus in heavily contaminated Rhesus monkeys and chimpanzees supplied by Litton Bionetics. Gay men in New York City and blacks in Africa were inoculated with this vaccine. Many died. They took blood from the ones that survived who were also contaminated from previous polio vaccinations and shipped it to Merck Sharp & Dome Research Laboratories who made the first 200,000 doses of the hepatitis B vaccine.

**This is the only theory of the origin of AIDS that reconciliates all the scientifically documented and confirmed facts as Dr. Horowitz had found the contracts.**

The Clinton administration has made it mandatory to give a hepatitis B vaccination to 12 hour-old infants. Infants do not have a mature immune system and the hepatitis B vaccine contains a highly carcinogenic enzyme. As hepatitis B is a blood-born pathogen that is nearly always transmitted sexually or by drug users, why are they inoculating infants? Thirty per cent do not develop immunity and in those that do, it only lasts five to seven years. The vaccine suppliers admit that 15% will have side effects of which approximately 1% of those reported develop serious side effects, including chronic crippling rheumatoid arthritis, brain damage and death. The CDC's own statistics indicate that only 1% of vaccine induced injuries are reported, as doctors do not want to admit this. This means that over 800,000 people, mostly children, will have serious injuries or die from vaccinations each year in the United States. It might still be possible to reject vaccinations due to religious beliefs. Children are given the hepatitis B vaccination at six years of age in Canada.

Statistics show that it is not the vaccines but rather improved hygiene and proper nutrition are the major causes for the reduction on contagious diseases. In the past 17 years, all cases of polio in the U.S. have been vaccine induced. The oral polio vaccine is said to have 170 monkey contaminate viruses per dose. There are strong indications that the increase in meningitis and sudden infant death are vaccine induced.

The government cannot tell the health practitioners that the vaccines are contaminated due to propriety laws and non-disclosure agreements with the pharmaceutical industry. Therefore, most physicians are unaware of the vaccine contamination.

{Note: This article is a combination of quotes and paraphrasing of excerpts from Dr. Horowitz's talk and video. Although I believe it to be accurate, neither the national ME/FM Action Network nor I take responsibility for any errors. Marjorie van de Sande}.

#### **INTER-GROUP/CONTACT COMMUNICATION:**

**NEW NAME & ADDRESS:** ECOHEALTH NUTRITION CENTRE (formerly Ecofresh Shoppes Inc.) has moved to: 135 Lakeshore Road, Oakville, ON L6K 1E5 - They have a new toll-free number 1-888-EFA-6660 - Fax (905) 849-7444. This centre has discount prices on Efamol Evening Primrose Oil as well as on other natural health products. For information and prices, please call the above toll-free number or (905) 848-1674 - Fax (905) 849-7444.

**NEW ADDRESS:** MULTIPLE CHEMICAL SENSITIVITIES: **MCS Referral & Resources**, 508



Westgate Road, Baltimore, MD 21229-2343 - Tel. (410) 362-6400 - Fax (410) 362-6401

**NEW ADDRESS & PHONE NO. - CONNECTICUT CFIDS ASSOCIATION., INC.,** 63 Park Ave.,  
Enfield, CT 06082 U.S.A. - Tel. (860) 657-8441

**BOOKS/REPORTS/NEWSLETTERS/VIDEOS:**

**ME/FM EXERCISE VIDEO by Dawn Jones, B.Sc., M.Sc., R.D. \$25.00 plus \$6.00 S & H.**

To order or for more information, please contact: BETTER LIFE NOW INC., P.O. Box 67142  
Northland Village P.O., Calgary, Alberta T2L 2L2 - Tel. (403) 289-2271 - Fax (403) 289-3471 -

E-mail: jonesd@cadvision.com - Web: <http://www.cadvision.com/jonesd/index.html>

**VIDEO of Satelite Conference held in September '97 - \$6.00 U.S.** (includes postage & handling).  
Please send your cheque to the National CFIDS Foundation, 103 Aletha Rd., Needham, MA 02191  
U.S.A.

**BOARD OF DIRECTORS - NEW APPOINTMENT:**

**J. RANDY VALOIS** has been appointed to our Board of Directors as Director of Advocacy. Randy, who is also disabled, has pledged to help people who suffer from ME/FM with their disability pensions i.e. WCB, CPP etc. Randy will provide much-needed help to those disabled and requiring assistance in obtaining their rights. Randy can be reached at **(807) 767-3965 or email: [jvalois@flash.Lakeheadu.Ca](mailto:jvalois@flash.Lakeheadu.Ca)**

**'HASTI NOTES' - A QUICK WAY TO SEND A MESSAGE**

A package of four different cards was designed for us by Mary Harris of Peterborough, a ME person. The front of the card shows a picture of a turtle and the back of this card contains information on who we are and how to obtain information on ME/FM. **Cost: \$4.00 per package.** Contact us for ordering these 'Hasti Notes' and have the satisfaction of helping our organization at the same time .

**Our World**

RELAPSE: Restricted Restriction

FM: Few Muscular Means

ME: Minimum Exertion -

**MEMBERSHIP: \$20.00 per year which includes newsletters every two months. Please show your support by becoming a member or by making a donation.**

**ELECTRONIC MAIL:** our e-mail address: [ag922@freenet.carleton.ca](mailto:ag922@freenet.carleton.ca)

**WEB:** <http://www3.sympatico.ca/me-fm/action/>

**A free Guide** to the many information resources available via Computer for chronic Fatigue syndrome/Myalgic Encephalomyelitis and Fibromyalgia. For an individual the guide shows where to get information and have discussions with others interested in ME/CFS and FM. For a Support Group, the guide is a resource for obtaining newsletter articles for your newsletters, and to

communicate with other support groups. You can obtain a free copy by mailing a self-addressed stamped envelope to:

In Canada: CFS/ME Computer Networking Project, 3332 McCarthy Road, P.O. Box 37045, Ottawa, Ontario K1V 0W0, Canada.

In the United States: CFS/ME Computer Networking Project, P.O. Box 11347, Washington, DC 20008-0547 U.S.A. Please note that for mailing outside of Canada please include an International Reply Coupon.

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