

(ASRC Letterhead)

February 15, 1993

Bruce Hemmer, ASRC Secretary
2508 Fontaine Avenue
Charlottesville VA 22903

Dear Mr. Hemmer:

SUBJECT: December 1992 Board of Directors Minutes

Just a few comments on and corrections to the December 1992 minutes. First, although neither John nor I were able to attend the meeting, Michael Kuga had mailed a report to Chairman Dave Carter prior to the meeting.

Second, regarding ASTM: we had elected to use the cheaper alternative of having an individual ASTM member represent the voice of the ASRC, and agreed to pay the individual membership dues for Mr. Dixon for this purpose. In order to switch membership to Mr. Panches, Mr. Panches needs to submit a membership application to ASTM (available from ASTM HQ) and pay 1993 membership dues (\$50), which by previous motion should be reimbursed by the ASRC.

Regarding the ASRC Membership Meeting in Surry, VA in April: this location is 7.5 hours drive from AMRG, not counting rest or meal stops. If you wish to have any chance of AMRG members attending, you should schedule the meeting in the late afternoon/early evening hours of Saturday; please let us know of the time and exact location.

Regarding the November 1992 ASRC Simulation discussed in the Training Report: this was scheduled at the same time as the ASRC-CEM Wilderness EMT class and simulation in western Pennsylvania. This was known before the simulation was scheduled, and it was known that all of AMRG and some other ASRC Groups would participate in the official ASRC simulation held as part of the WEMT class. Therefore poor attendance at the "other" ASRC simulation should be no surprise. If we wish to hold an ASRC simulation so that AMRG will attend, and so that ASRC

members will not be drawn away from the simulation, we should not hold them the same weekend as a WEMT class. I also think that ASRC Simulations suffer from lack of publicity to individual ASRC members. Although expensive, a training mailing to each individual ASRC member once or twice a year might remedy this.

Regarding the Safety Officer report of Lyme disease from an ASRC mission: as a physician specializing in diseases such as Lyme Disease, I must observe that there is little in the published report to suggest that this person actually contracted Lyme Disease on an ASRC mission. The diagnosis was based on serological tests for Lyme Disease, and these tests are notorious for having false-positive results. The current recommendations are that acute Lyme Disease be diagnosed entirely on clinical grounds, in particular having the classic rash of Erythema Migrans; "flu-like symptoms" are not enough. The report notes that this person had been treated for Lyme Disease in the past, and we know that in particular the ELISA test may stay positive for years after treated Lyme Disease. To paraphrase a recent article:

"Resist the temptation to test patients with vague nonspecific symptoms such as fatigue, fever, myalgias, or transient arthralgias; the ELISA test remains positive for many years, even in treated patients, and a false positive test in such a patient may lead to numerous courses of unneeded antibiotics (sometimes with a placebo effect) and result in failure to diagnose the true problem." [Gerber MA, Shapiro ED. Diagnosis of Lyme disease in children. J Ped 1992; 12(1):158-62.]

Thank you.

Yours truly,

Keith Conover, M.D.
AMRG ASRC Delegate

cc: Mr. Carter, Mr. PUNCHES, Mr. Mechtel