ATTACHMENT C

RESPONDENT’S ARGUMENT REGARDING THE PETITION FOR RECONSIDERATION
August 2, 2019

Respondent’s Argument

Dear Cheree Swedensky:

Please submit the following written argument to the Board for their consideration at their August 21st meeting.

From the moment I found an embedded and engorged deer tick in my side with a large reddened oval area around it a day or two after a foot patrol in the park as the Supervising Ranger at Empire Mine State Historic Park in 2008, my life and health took a devastating downturn that continues to this day. This was made much worse by the worker’s comp clinic doctor, Dr. Deitchman, I saw that day. Even though I had in addition to it a fever and headache, he insisted that Lyme disease did not exist in the area we were in (Sierra foothills). This despite me telling him I knew people who had contracted the disease. He refused to prescribe me antibiotics. By the time the tick and my blood titer work came back positive for Lyme Disease a couple of weeks later and he finally prescribed me antibiotics, I was in the full throes of the disease. And I believe my immune system was overwhelmed by the disease during the delay in treatment.

There are so many symptoms, I have struggled with since—tinnitus, anxiety, insomnia, brain fog, balance loss, vertigo, altered level of consciousness (feeling like I am not all there and I might pass out), Postural Orthostatic Tachycardia Syndrome (POTS), pericardial effusion (fluid around my heart), migraines and numerous auto-immune disorders. One of the worst symptoms is the chronic insomnia—at most being able to get four or five hours of broken sleep, constantly awakened by heart palpitations, tinnitus, body temperature swings, and stress hormones. That takes a negative toll on my mood and relationships, and ability to think straight.

Many of these symptoms were confusing to me and many of the medical conditions took a decade or more to be diagnosed. For instance, after I contracted Lyme disease I did not understand why when I would exercise on a machine with a heart rate sensor I started getting readings that would jump back and forth all over the place, from lows of 30 to highs of 210. This never occurred before I contracted Lyme. The same thing was happening with my blood pressure on a home monitor or drug store monitors.

I purchased a heart monitor with a chest strap and the same thing happened while exercising. I purchased a new more expensive one and the same thing occurred. I tried to explain it to cardiologists but they shrugged it off. It took almost ten years to get a diagnosis of POTS from Dr. Uddin at Scripps in San Diego. She said my dysautonomic condition could be caused by Lyme Disease. She gave me a referral to my rheumatologist, Dr. Shikhman. Prior to Lyme Disease, all of my ECG’s were normal. Now they show me having had a septal infarct (heart attack) at some point (Please see attachments 1 and 2). This finding has been verified on different dates and machines to rule out equipment or technician error. I believe the chronic stress on my heart of autonomic nervous system dysfunction causing wild swings in my heart rate and blood pressure, plus the poor sleep quality led to it.

For the first several years after I contracted Lyme I needed to have hope that I could get better and return to working in parks in some capacity. That is why I cancelled my initial disability application. Despite spending countless hours searching, I was unable to find a Lyme Disease
specialist in California that would take Worker's comp insurance or my medical insurance, so I also did not have a good understanding of what was going wrong with me. I did my best to treat myself with healthy eating and light exercise in the mornings and anti-inflammatory health supplements, but symptoms and conditions persisted.

In addition to the health problems listed above, an MRI found that I had lesions and a slight FLAIR hyperintensity on portions of my brain. I have also since my initial Lyme Disease diagnosis, been diagnosed with Meniere's Disease, psoriasis, alopecia and arthritis.

I still test positive for a low level of Lyme disease, according to my rheumatologist, Dr. Shikhman. He said it will continue to cause health problems. He also said I test a high positive for a Bartonella infection, a relatively common co-infection of Lyme Disease. I was never tested for co-infections initially. He said it is even harder to treat than Lyme disease. For me there is a negative amplified effect psychologically as well as physically from dealing with multiple chronic diseases at once.

I do not feel it is right to hold me to a reasonably prudent standard of whether someone would have cancelled their disability application or taken years to reapply. I have been struggling for years to get treatment and answers for what has happened to me since I contracted Lyme disease in 2008. It is hard to explain to doctors and others the negative impacts from having to try and cope with all of the the symptoms and conditions that have hit me since. Each doctor may only attempt to treat the symptoms of one component. That is part of the struggle of living with Post Treatment Chronic Lyme Disease Syndrome.

I am imploring that the board please reconsider declining my reapplication for disability. I now understand that it would never have been safe for me to work again. But it took me many years to understand and accept this. I was only 48 at the time of my diagnosis. I was not ready yet to be retired. I felt like admitting I was disabled by these conditions would be admitting defeat. It can be extremely hard because few people understand what I am coping with and I don't personally know any of those people. I do my best to try and function for my family and friends and pets, and keep my struggles to myself as much as I can to not burden them. But it is a challenge to get through each day. By the afternoon and evening I am beyond exhausted and it's difficult to think straight. I try to get what I can get done in the mornings, but it's hard when normal people want to get together in the evening for instance. With the exception of psoriasis, my conditions don't show on the outside, and people forget and don't understand.

Post Treatment Lyme Disease Syndrome is very real for those of us who struggle with it every day. As time goes on more doctors are starting to understand this. It is very hurtful when doctors are dismissive because large scale scientific studies have not been done and clear answers are not there. There are no standard, proven treatments. I hope in the future there will be more improvements with research and treatments for all of the autoimmune diseases that can develop after a major infection like Lyme Disease overwhelms the immune system.

I am an honest, hard-working person. I was a peace officer who was disabled by something that happened while working. I loved working for State Parks. I wanted to get better and get back to work. And yes it took me many years to let go of that hope.

Thank you for your consideration.

Sincerely,

Susan Chase

Two attachments
12-LEAD ECG - Details

Study Result

Impression
Normal sinus rhythm
Low voltage QRS
Septal infarct, age undetermined
Abnormal ECG
When compared with ECG of 7/19/18
No significant change was found

Images
Scan on 3/15/2019 7:08 AM
Scan on 3/16/2019 4:51 PM

Component Results

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General Information

Ordered by Julie Ann Papatheofanis, MD
Collected on 03/11/2019 7:46 AM
Resulted on 03/16/2019 4:51 PM
Result Status: Final result

This test result has been released by an automatic process.
Study Result

Narrative

Cardiac Monitor: ziotapch
Enrollment Period: Start date is 11/28/2018
Total Analysis Time: 12/12/2018

The patient demonstrates underlying sinus rhythm with average heart rate of 65, minimum heart rate of 45, maximum heart rate of 111 beats per minute. There were 3 brief episodes of supraventricular tachycardia, the fastest lasting 6 beats at a rate of 179, the longest lasting 8 beats at a rate of 122, consistent with atrial tachycardia. There was rare atrial and ventricular ectopy both less than 1%. There were no significant pauses, no malignant arrhythmia.

Symptoms reported appear to correlate with sinus rhythm with atrial and ventricular ectopy.

Overall: Underlying sinus rhythm with brief episodes of atrial tachycardia longest lasting 8 beats, and symptomatic premature atrial and premature ventricular contractions less than 1% total. No malignant pauses, no high-grade conduction abnormality, no malignant arrhythmia.

Images
Scan on 1/9/2019 6:38 PM

Component Results
There is no component information for this result.

General Information

Ordered by Poulina Qazi Uddin, MD
Resulted on 01/09/2019 6:36 PM
Result Status: Final result

This test result has been released by an automatic process.

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