

Stram Center for Integrative Medicine

My name is Dr. Ronald L. Stram, MD and I am the Founder and Medical Director of the Stram Center for Integrative Medicine in Delmar, NY and Bennington, VT. I am board certified and have 24 years' experience practicing emergency medicine and completed the Integrative Medicine fellowship program at the University of Arizona directed by Dr. Andrew Weil in 2003. I specialize in chronic illness such as Lyme Disease and Cancer, metabolic disorders, chronic pain, and disorders of unknown etiology. I am committed to providing my patients with the best possible care integrating conventional medicine with complementary therapies including nutritional approaches for chronic and preventable diseases.

Lyme disease is the fastest growing infectious disease in the nation and the increase I've seen in patients with Chronic Lyme Disease is alarming. The existing guidelines that promote a relatively short-term antibiotic therapy, viewed as a standard of care for practicing physicians by the FDA, CDC, insurance companies and government-sponsored Lyme disease organizations, place severe limitations on treatment options for Lyme disease patients. Those of us who see patients first hand know this treatment is highly inadequate. Like many other infectious diseases such as tuberculosis or other atypical bacteria, Lyme bacteria are not always eliminated by a short course of a single antibiotic. Physicians like myself that listen to our patient complaints, witness the benefits of longer term treatments and recognize the importance of the acknowledgement and treatment of Chronic Lyme are unfortunately being intimidated to provide treatment based solely on the limited and outdated mandatory guidelines provided by the ISDA. Unless legislation including Bill H. 123 are passed that protect both Lyme patients and the physicians that treat them, the number of chronically ill will continue to rise exponentially and millions will eventually be left without a suitable means to treat their illness.

Anonymous Statement from Vermont doctor, read by Ellen Read, April 3, 2013 Joint House and Senate hearing on H123 and S112.

"As for me, I am not comfortable creating any more visibility personally as a Chronic Lyme treating doctor in Vermont. I have only a few patients that I am currently treating with long-term antibiotics, and while my results are generally good, I continue to fear 'the complaint' that prompts an investigation. I've had my share of Board scrutiny coming from complaints from disgruntled patients discharged from my primary care practice and while the medical board has been objective and fair in those instances, this is a different area, as we all know.

In our medical community I have been privately vilified by two colleagues for treating Chronic Lyme with antibiotics, and because I believe that I am helping patients, I will continue to treat and tolerate criticism, as long as they are in our primary care population. I will not put myself out as a Lyme-Literate M.D. and testifying would do that.

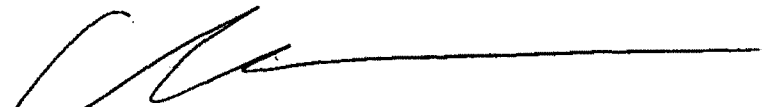
While I know that this is self-serving, I trust that you will understand that as I reach the latter few years of my career in medicine, I am more reluctant to engage in politically charged advocacy than when I was younger. I will of course follow the progress of H123 with interest, and say a few prayers for those of you fighting for this population."

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Re: Vermont Bill to protect doctors

I have been asked to comment on my experiences in treating Lyme in New Hampshire and Vermont. I have been treating patients who have been diagnosed as having chronic Lyme for well over 13 years. I have been practicing on the border for almost 30 years.

My experience is that just fewer than 50 percent of my patients live in Vermont. They have decided to see a New Hampshire doctor, because none of the available doctors in Vermont will give them antibiotics. I know of at least three doctors in Vermont who either hesitate to take on Lyme patients due to the fear of having issues with their peers or limit their treatment to diagnosis or short-term antibiotics. Patients that decide to see another doctor, away from my care for Lyme, will go to NY, or MA, or southern NH. So, just fewer than 50 percent of my total number of patients, are from Vermont and have to come here, as no physician in VT will give them antibiotics. Passing of this bill will help Vermont residents. I still hear of stories where a Vermont physician will not give any antibiotics, even for new/acute Lyme.



Rex G. Carr, MD FAAPMR