

Subj: RE: ADMINISTRATION - TESTIMONY BEFORE CONGRESS! Date: 5/21/01 5:22:45 PM Pacific Daylight Time From: emgutman@cfl.rr.com (Mike Gutman) Reply-to: emgutman@cfl.rr.com To: jwbroatch@aol.com

Dear J.W.

I do neuropsychiatric pain management and have scores of patients with RSD and in most cases they would not have the improved quality of life they have, without the long acting opioids they receive from me and other pain management specialists. Congress should endorse the use of appropriate medications including opioids for making the lives of pain-ridden patients better, not worse. Freedom from pain is as inviolate as the pursuit of life, liberty and the pursuit of happiness. How can you be happy, if you are in pain!

Count me in your messages to Congress.

Sincerely,

Mike Gutman, M.D.
 711 W. Colonial Dr.
 Orlando, FL 32804
 407-999-0051

-----Original Message-----

From: roomblue@megalink.net [mailto:roomblue@megalink.net]
 Sent: Sunday, May 20, 2001 9:48 AM
 To: CoCoMN346@aol.com
 Subject: ADMINISTRATION - TESTIMONY BEFORE CONGRESS!

Hey everyone, Keith here. We need your help.

On June 14-15, 2001, an advisory committee of the Federal Drug Administration (FDA) will meet to discuss the risk versus benefits of using opioid analgesics for the treatment of pain.

The RSDSA will be testifying. What he needs from us is written testimony from the RSD community, the medical community, other individuals struggling with other types of chronic pain and their families who share our concern that the FDA will limit the availability of opiate analgesics for patients with chronic pain.

RSDSA intends to offer both oral and written testimony advocating that the

FDA not restrict the availability of these medications in response to the

recent media coverage of the oxycontin controversy. For some, oxycontin is the only opioid analgesic that has had an efficacious effect on their RSD/CRPS pain.

Jim Broatch will also present the committee with written testimony from the RSD community, the medical community, other individuals struggling with other types of chronic pain and their families who share our concern that the FDA will limit the availability of opiate analgesics for patients with chronic pain.

This is a very important opportunity for us to let Congress know our views on chronic pain and the medications we need to improve the quality of our lives and to show the difference between us and the people out there who use them to get high.

Please e-mail your comments to jwbroatch@aol.com
or mail them to
RSDSA, PO Box 502,
Milford, Connecticut 06460.

Thanks everyone,
Keith
www.rsdhope.org

PS Feel free to pass this email around to any lists or groups that might help. Let's inundate them with emails and letters.

To be removed from this mailing list, simply reply to this email with REMOVE in the subject line.

----- Headers -----

Return-Path: <emgutman@cfl.rr.com>
 Received: from rly-ye04.mx.aol.com (rly-ye04.mail.aol.com [172.18.151.201]) by air-ye01.mail.aol.com (v78.50) with ESMTP; Mon, 21 May 2001 20:22:45 -0400
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 for <jwbroatch@aol.com>; Mon, 21 May 2001 20:22:05 -0400 (EDT)
 Reply-To: <emgutman@cfl.rr.com>
 From: "Mike Gutman" <emgutman@cfl.rr.com>
 To: <jwbroatch@aol.com>
 Subject: RE: ADMINISTRATION - TESTIMONY BEFORE CONGRESS!
 Date: Mon, 21 May 2001 20:05:23 -0400
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Tuesday, May 22, 2001 America Online: Jwbroatch

Subj: Help put out the FIRE Date: 5/21/01 6:12:12 PM Pacific Daylight Time From: bluebird71_@excite.com (sharon elliott) Reply-to: bluebird71_@excite.com To: jwbroatch@aol.com

Please tell congress that pain medication that helps alleviate anyones pain should be kept available. I can no longer take oxycontin, but while I could it helped to make my life bearable. I now have no pain medication that I can take. I've had RSD for eleven years now, if it hadn't been for oxycontin and oxycodone I probably wouldn't be here today. We are in the process of trying to find something that will work as the pain is spreading and increasing. I've got a new neighbor now that through me she has discovered that she has RSD also. She asked what I take for pain I told her about oxycontin, she now has some relief.

Good luck in your efforts.
Sincerely,

Sharon Elliott
12657 Indio Ave.
orofino, ID 83544

bluebird71_@excite.com

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 Message-ID: <4639617.990493909749.JavaMail.imal@pugsly.excite.com>
 Date: Mon, 21 May 2001 18:11:49 -0700 (PDT)
 From: sharon elliott <bluebird71_@excite.com>
 Reply-To: <bluebird71_@excite.com>
 To: jwbroatch@aol.com
 Subject: Help put out the FIRE
 Mime-Version: 1.0
 Content-Type: text/plain; charset=us-ascii
 Content-Transfer-Encoding: 7bit
 X-Mailer: Excite Inbox

Tuesday, May 22, 2001 America Online: Jwbroatch

Subj: Painkillers Date: 5/21/01 6:33:02 PM Pacific Daylight Time From: pocus6311@earthlink.net (Lorena Bailey) Reply-to: pocus6311@earthlink.net To: jwbroatch@aol.com

In regards to the inquiry on pain medications: I have had total body RSD (Reflex Sympathetic Dystrophy) for 8 years. I have worked full time, obtained a promotion, and have continued to get excellent reviews. I do receive accommodations on the job for my disability and occasionally take narcotic painkillers. As a result, I am able to remain on the job, taking very few sick days for pain. If the painkillers were not at my disposal, I would be forced to take time off from work, possibly to the point of jeopardizing my job and my career.

Sincerely,

--- Lorena Bailey

--- pocus6311@earthlink.net

--- EarthLink: It's your Internet.

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Return-Path: <pocus6311@earthlink.net>

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Received: from snipe.mail.pas.earthlink.net (snipe.mail.pas.earthlink.net [207.217.120.62]) by rly-zc03.mx.aol.com (v77_r1.36) with ESMTP; Mon, 21 May 2001 21:32:48 -0400

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Message-ID: <412001522213248100@earthlink.net>

X-EM-Version: 5, 0, 0, 0

X-EM-Registration: #3003520714B31D032830

X-Priority:

Reply-To: pocus6311@earthlink.net

X-Mailer: EarthLink MailBox 5.03.42 (Windows)

From: "Lorena Bailey" <pocus6311@earthlink.net>

To: jwbroatch@aol.com

Subject: Painkillers

Date: Mon, 21 May 2001 20:32:48 -0500

MIME-Version: 1.0

Content-Type: multipart/alternative;

boundary="-----_NextPart_84815C5ABAF209EF376268C8"

Subj:	oxycontin and the FDA
Date:	5/21/01 8:05:19 PM Pacific Daylight Time
From:	Twee974311
To:	Jwbroatch

I have RSD and have had it for 8 years. I have been taking oxycontin for about 5 of those years. It is the only thing that helps me. I thought that we were supposed to be moving forward by allowing the medical community to treat pain more readily and I need the help that oxycontin gives me. I am allergic to NSAIDS and nothing else seems to help me by damping the pain so that I can at least move around. I would rather have a slight physical dependance to something over having my kidneys and liver destroyed by NSAIDS. Denying access to opiod painkillers to people who really need it would be taking a step backward in the treatment of pain.

Bob Bertran and spouse

Subj: Re: Medication Date: 5/21/01 8:27:11 PM Pacific Daylight Time From: starr@getatlas.com (Ginger Grant) Reply-to: starr@getatlas.com (Ginger Grant) To: jwbroatch@aol.com

The world of "users" is far different than the world of those dealing with chronic pain. Not only does chronic pain affect the patient but also the patient's family. If not for the use of pain pills, I would probably not be alive to send this email, or my husband would've left me, or my children would basically not have had a mother. Pain does not always last forever (although it does come and go at different levels) but I don't know a single person who would rather not have the need for medication. Even with meds the quality of life is not so great. There are many things one cannot do as a result of the side effects. But at least the chronic pain sufferer is not paralyzed and is able to do some things. Congress needs to understand that even if some of us do require pain medication for all our lives, it is not for pleasure, but for survival. Sincerely, Ginger Grant, starr@getatlas.com
P.S. I have been living with chronic pain since 1997. If ibuprofin works on any given day, I will take that. My medication varies as does the severity of my pain. Never have I abused any medication for the purpose of pleasure.

----- Headers -----

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Received: from getatlas.com (webmail.atlascomm.net [208.234.153.5]) by rly-za01.mx.aol.com (v77_r1.36) with ESMTP; Mon, 21 May 2001 23:27:08 2000
Received: from monorailpc [63.83.151.188] by getatlas.com (SMTPD32-6.05) id ACF0257011E; Mon, 21 May 2001 22:28:48 -0500
Message-ID: <000901c0e26f\$668c6ca0\$bc97533f@monorailpc>
Reply-To: "Ginger Grant" <starr@getatlas.com>
From: "Ginger Grant" <starr@getatlas.com>
To: <jwbroatch@aol.com>
Subject: Re: Medication
Date: Mon, 21 May 2001 22:29:24 -0500
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Content-Transfer-Encoding: 7bit
X-Priority: 3
X-MSMail-Priority: Normal
X-Mailer: Microsoft Outlook Express 5.00.2919.6600
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2919.6600

Subj:	JIM...Hope this helps you if I can do anything else please let me know. Steven
Date:	5/22/01 3:58:43 AM Pacific Daylight Time
From:	Scugmister
To:	Jwbroatch

Jim:

I have had RSD for over 28 years. The first fifteen years of that was without almost any medication to speak of. For people that don't know the pain of RSD let me try to put it into words. RSD pain is beyond any pain I have ever felt, at it's best it is like a sharp burning pain that never stops and when I flare it is like liquid fire in my joints that travels up my leg to my knee and then travels to my hip and into my lower back. This pain is such that even a light breeze hitting the area sends me into a fit of agony. After going to the SF pain clinic for over three years we came to the conclusion that the RSD just had to good a hold on me so all we could do was try to control it the best we could. We tried everything and I mean everything, but all that seemed to work was opioid type pain killers. I must tell you that the pain got so bad many time that I did try to take my life, anything would have been better then that pain. I know take Darvon, Vicadin, MsContin, Zoloft, and Elival. Without taking this medication every four hours I would not be here and if anyone ever took it away the result would be my death, because there is no way I will ever go back to living the kind of life I had to live before I started taking the medication I now take. There are so many in pain that are not given the chance to live any kind of life because some people think they know what is best for someone else. And most of these people have never been in any kind of pain. If any of these people had to live with this pain for even a half hour they would be screaming for pain medication. Even with pain medication some people can't take the pain, and so many I have known have taken their own lives. In stead of worrying about someone getting hooked on a drug, why don't we start having some compassion and use what God has given us to try and ease the pain all of us are having. People that are truly in pain cannot get hooked as the pain gives the medication something to work on. It is the people that are not in pain that get hooked do to the fact that the medication they are taking has nothing to work on. When you are in pain 24/7 life turns into a curse. Opioid pain medication opens up life again for those that pain has chosen. Like I said before, if they only knew what it was like there wouldn't be any discussion about whether pain meds should be given or not. Please let the doctors do their jobs, they know what they are doing and when they give someone opioid pain meds it is for a damn good reason. They are trying their best to give that person some kind of life again. Please don't sentence people to a living hell, these meds work so for God sake let them work. If you stop giving these meds you will be the cause of many deaths, you'd better think about that really hard because it is the truth. RSD can be a death sentence without the right pain medication. Not every med works for everyone. Where darvon Vicadin and MsContin work for me they may not work for the next person. It may take oxycontin or something else. Please don't take my right to have my pain controlled away from me, if the shoe was on the other foot I would do my best to see that everyone in pain had the right to try any opioid until they found what worked for them. I know I am going to be in pain for the rest of my life all I ask is give me the tools to fight this let my doctor use what he or she thinks will work. Step back and let them do their jobs. I am one person that tells you opioid drugs work on people that are in pain 24/7, they work where I have found nothing else that even starts to work...

Mr. Steven N. Kuppinger

Subj: Medications and RSD Date: 5/22/01 4:49:59 AM Pacific Daylight Time From: davmoinfl@webtv.net (Lonnie Albino) To: jwbroatch@aol.com

Dear Sir,

Keith Orsini has asked that RSD support groups write to you before you testify at Congress about opiate drugs. I was officially dx. with RSD in October of 1999.

I received the dx. from Dr A. Kirkpatrick. I was to go home to my Doctor to prescribe any pain medications needed. I could not find one Doctor to help me. I was totally bedridden for a year in constant severe pain. I would lay in bed and cry all day or if perhaps I got the chance to nap as my body couldn't deal with the pain and would give in to sleep from exhaustion from fighting the constant pain. I would lay on the bed moaning and crying in my sleep. I watched my husband stand by with the expression...What can I do? I wrote our State's Capitol Florida and explained the misery I was in and the improper pain control I was getting. I asked why it is a crime to let animals suffer but human beings are left to suffer from such severe pain you had no life and to watch your husband and child cry for you is cruel and ended my e-mail with.....if I had been a horse I would have been shot a long time ago!.....We became so desperate for help we packed up and moved to a different state leaving our family and friends behind but found a Dr who didn't believe in letting humans suffer. I finally could go in the car with family for a nice short Sunday drive and to be able to get dressed and even get to eat out!!! I know this doesn't seem like a lot but was wonderful to be with my family and do something as a family. To have some semblance of life not wracked with pain constantly was a blessing. I could enjoy my son and he was not afraid because Mommy wasn't crying.

People have to experience this horrible constant pain to realize what this does to you and the ONLY thing that has helped give relief is an opiate drug. I am not in bed all day only part of it but my son will sit on bed with me and talk and ask homework questions. Yes this means a lot to me. We have moved back to Florida as I have found a wonderful caring Doctor who is compassionate and listens and tries to help be as pain free as possible as she knows how RSD rips your life...as you once knew it....but willing to help me to be able to deal with the ever constant pain. I can honestly say I am not sure where I would be today without my Dr.'s

compassionate and my sweet family. My RSD now has spread to right leg, ankle and foot also across back and spine. I know if one person in Congress or just one of their loved ones had to deal with this Monster of a disease called RSD they would want their family member as comfortable as they could be and not watching them suffer unmercifully from the constant pain. I pray I have helped in some small way and I send best wishes your way and thank you so much for helping the RSD cause!

Sincerely

Holly Albino
 941/484-7719
 Nokomis, FL

----- Headers -----

Return-Path: <davmoinfl@webtv.net>

Tuesday, May 22, 2001 America Online: Jwbroatch

Subj: Medication for rsd patients Date: 5/22/01 4:23:24 PM Pacific Daylight Time From: terry@apol.net (Terry) To: jwbroatch@aol.com

To whom it may concern:

I have had RSD for the past 4 years the only medication that has ever worked for me is oxiconden. If you have never dealt with chronic pain than you have no right to take away the only medication that does anything for some people

Thank you listening
Terry Benoit

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Return-Path: <terry@apol.net>
 Received: from rly-yg04.mx.aol.com (rly-yg04.mail.aol.com [172.18.147.4]) by air-yg02.mail.aol.com (v77_r1.36) with ESMTP; Tue, 22 May 2001 19:23:24 -0400
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 From: "Terry" <terry@apol.net>
 To: <jwbroatch@aol.com>
 Subject: Medication for rsd patients
 Date: Tue, 22 May 2001 19:28:19 -0700
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Subj: pain medication limitations Date: 5/22/01 5:21:35 PM Pacific Daylight Time From: gpjudd@webtv.net (Pamela Judd) To: jwbroatch@aol.com

Dear Sirs,

I am a Reflex Sympathetic Dystrophy patient. I have had this disease for nearly 8 years. Before I had a life and viewed people with "invisible" health problems as complainers. I now am eating my own words, so to speak. I cannot explain to you the amount of pain I sometimes am in. I never know when it will flare up and when it does I need medication to help me live through it. I use to think that people who committed suicide rather than deal with pain were people who where big babies and couldn't take life. But, again, I am eating my words. I still do not condone suicide as a means to an end, but I do understand the need to make the pain go away.

Please stop for a moment and imagine the worse pain you have ever experienced. Now, imagine this pain at the same level 24 hours and 7 days a week. Believe me, you would end up doing only who knows what to get relief. If the doctors, who are suppose to be there to help us, have their hands tied with what kind of medication they are or are not allowed to give and how much and how often. What are we, whose lives are effected by unrelenting pain, suppose to do???

Please help us to keep fighting. As long as we have the medicines we need it will be easier for us to hold out, and prayerfully there will be a cure right a round the corner.

Thank you for your time,
P. Judd

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 From: gpjudd@webtv.net (Pamela Judd)
 Date: Tue, 22 May 2001 19:21:14 -0500 (CDT)
 To: jwbroatch@aol.com
 Subject: pain medication limitations
 Message-ID: <13939-3B0B027A-6085@storefull-262.iap.bryant.webtv.net>

Tuesday, May 22, 2001 America Online: Jwbroatch

Subj: Oxycotin Date: 5/22/01 7:04:22 PM Pacific Daylight Time From: anneb2_@hotmail.com (lo briggs) To: jwbroatch@aol.com

I am on Oxycotin also. This is for controlling the pain levels during the day. I have tried many others, but this seems to level out the pain. There are so many people with cancer even just now getting on Oxycotin. One is my Uncle who is a vet. They just started him out with 5mg three times during the day to continue the suppressing of the severe pain he has. I don't know that only 15mg will do it...and they may have to up the dose. If you take this med away completely to those who do need it, would in my view be very cruel.

This is not the only medication that is being on the block for discussion..I know. There are others out there. But, oxycotin is now "the drug" that is being abused by addicts outside the rim of pain control needed for chronic pain, diseases. That is the Issue. And I believe the major one. Not that this medication does not work, but the abuse of it on the streets. But, are you willing to stop it for those that are in Need of it to control pain levels, and Cancer, etc...because of the Addicts?

Why don't you just control the it by all who goes and gets this medication require a drivers lic./social security card to prove I.D. when they pick up their Medication. And also,,,, Instead of this being in a Pharmacy on shelves for others to try to steal...Controlled substances in a Cage that is sensor motioned, with alarms. I know of this being done in Evansville for a company that I will not say "who" in this letter. I worked at a Company that cleaned Offices, warehouse/shipping, etc. We had to be cleared before we could even walk into the place to clean it. IF they forgot to tell the Security we were in there to clean...within five minutes police with guns drawn would be there until we where cleared as to Who we were. My point is there is a way. But, it has to be worked out for all.

Don't give in to Addicts/pushers on the street. Hear our voice of reason...and concern over this matter. You are looking at the faces of thousands who will be in fear of losing medications that was hard to find that worked for them. Also, for those who are dying. And.... Those who are fighting for a life as normal of one as they can. You already took one medication that FDA said does not make a difference...they were wrong...It made a difference in my life. When you lived in the country...posion ivy with me was bad. Severe. Only the booster shots helped. FDA said it was not making a difference...They were wrong... Don't make another on serious one even more "SERIOUS" mistake by doing this.

Thank you for your time...Anneb

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Return-Path: <anneb2_@hotmail.com>

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Received: from hotmail.com (f235.law8.hotmail.com [216.33.241.235]) by rly-yb02.mx.aol.com (v77_r1.36) with ESMTP; Tue, 22 May 2001 22:04:01 -0400

Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
Tue, 22 May 2001 19:04:00 -0700

Received: from 24.240.186.50 by lw8fd.law8.hotmail.msn.com with HTTP; Wed, 23 May 2001 02:04:00 GMT

X-Originating-IP: [24.240.186.50]

From: "lo briggs" <anneb2_@hotmail.com>

Tuesday, May 22, 2001 America Online: Jwbroatch

Subject: **Re: oxycontin use**
Date: 5/20/01 9:30:04 PM Pacific Daylight Time
From: angel55@stargate.net (Marcia A. Lamia)
Reply-to: angel55@stargate.net (Marcia A. Lamia)
To: jwbroatch@aol.com

I am writing to let you know that I have had RSD for 5 years now and have developed MS secondary to the RSD. If it were not for the daily dose of the oxycontin I would not be able to move at all. It has not only helped with the pain level but also helps relieve the chest tightness and the dyspnea I experience trying to do an activity, such as cleaning my house. I still have to have help with most of the heavy cleaning around the house, but I can at least keep up with the cleaning with less pain and the ability to breathe easier. I have tried so many other medications for the pain and the muscle cramps that I get. The oxycontin is the only one that has helped me maintain so level of dignity and keeping the pain to a certain level, with out using the Stadol, which made me unable to function at all.

I don't understand why it is ok to go to any street corner if one wants to and get the medication or marijuana illegally. But it is not ok to get it from your doctor and do it the legal way, by having a doctor monitor the amount you take and how they write out the script for more. I never ask for any re-fills from the doctor, I always go back and talk with her about how I am doing with the pain and is the does at where I am comfortable. I am an RN and I watched many poor souls die in pain, because the doctor refused to give them anything for pain. Some animal shelters are more humane than the doctors of the rules and regulations by the government about what medications I need to help me get through the day and hopefully enjoy the day. Have they lost all perspective about compassion and helping those who are ill. I would not think they would want one of their family members who had a chronic illness to "just live with the pain", other than have some thing to help them with their pain. But I guess it is now acceptable in today's society to read the paper and read about another actor in Hollywood who has once again entered drug rehab. When you have money things such as this are now acceptable, but the average person who has a chronic pain illness is just considered a junkie? I don't see the justice there at all. I legally seek help from a doctor and is monitored by the doctor and I am the criminal? I think it is time the government wake up, after all we are the ones voting you into office and paying your salary.

Sincerely,
Marcia A. Lamia, RN

----- Headers -----

Return-Path: <angel55@stargate.net>
Received: from rly-zc03.mx.aol.com (rly-zc03.mail.aol.com [172.31.33.3]) by air-zc01.mail.aol.com (v78.49) with ESMTP; Mon, 21 May 2001 00:30:04 -0400
Received: from smtp2.mx.pitdc1.stargate.net (smtp2.mx.pitdc1.stargate.net [206.210.69.142]) by rly-zc03.mx.aol.com (v77_r1.36) with ESMTP; Mon, 21 May 2001 00:29:30 -0400
Received: (qmail 25021 invoked from network); 21 May 2001 04:28:59 -0000
Received: from unknown (HELO 0018537722) (208.40.151.134) by smtp2.mx.pitdc1.stargate.net with SMTP; 21 May 2001 04:28:59 -0000
Message-ID: <001001c0e1c7\$2c9e7ea0\$869728d0@0018537722>
Reply-To: "Marcia A. Lamia" <angel55@stargate.net>
From: "Marcia A. Lamia" <angel55@stargate.net>
To: <jwbroatch@aol.com>
Subject: Re: oxycontin use
Date: Mon, 21 May 2001 00:25:11 -0700
MIME-Version: 1.0
Content-Type: multipart/alternative;
boundary="-----_NextPart_000_000D_01C0E18C.7F763C20"
X-Priority: 3
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X-Mailer: Microsoft Outlook Express 5.00.2615.200
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2615.200

Monday, May 21, 2001 America Online: Jwbroatch

Subj: We are with you, Jim! Date: 5/20/01 7:28:50 PM Pacific Daylight Time From: cjhenry67@Hovac.com (Jane & Charlie Henry) To: jwbroatch@aol.com

Hello Jim,

We are hoping that the scare of oxycontin will not have the FDA limit the availability of oxycontin to patients like my husband who has RSDS/CRPS. He has not had any problems with oxycontin, and we don't feel that the FDA should take oxycontin away, or limit its use to people who have chronic pain.

The kids or people who are abusing oxycontin have nothing in common with chronic pain sufferers.

The abusers are using oxycontin to obtain a "high" from a medication. My husband has never gotten a "high" from using oxycontin, but it has helped push his pain back somewhat, sort of taken the edge off his pain, so that he can have less pain than he had before taking the oxycontin.

There are so many people out there with chronic pain 24 hours a day, seven days a week. It would be horrendous if the oxycontin would be limited in dispensing to the chronic pain sufferers that really need the medication to try to live a more or less normal life in spite of the constant pain.

There are so many people we know who have RSDS/CRPS that are trying to live a near-normal life with the help of opiates to reduce some of their pain-so that they are able to live an almost normal life. My husband and I started an RSDS Support Group up in Ohio and we know that the pain of this disease is so intense that the patients need something that can help in taking some of the intense pain away, or at least back the pain off for several hours.

The RSDS Support Groups should write en-masse to you with tons of letters and e-mails to be given to the FDA and have them told in no uncertain terms that the RSD'ers and the chronic pain sufferers need their opiates to just stay sort of human.

We usually have trouble getting his oxycontin as it is now, since we are only able to receive a one-month's supply, and with a new mail-order plan, the first two months the pills took 22 days to arrive at our house. needless to say, we had to make an hour's drive to the specialists' office to have him write out a prescription for a two weeks supply, so my husband could get his pills and be able to get his pain under a little control.

An RSDS/CRPS caregiver, Jane

----- Headers -----

Return-Path: <cjhenry67@Hovac.com>
 Received: from rly-yb04.mx.aol.com (rly-yb04.mail.aol.com [172.18.146.4]) by air-yb05.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 22:28:50 -0400
 Received: from mail.cstone.net (mail.cstone.net [209.145.64.80]) by rly-yb04.mx.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 22:28:42 2000
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 Message-Id: <200105210228.f4L2SeB94101@mail.cstone.net>
 X-Mailer: Microsoft Outlook Express for Macintosh - 4.01 (295)
 Date: Sun, 20 May 2001 22:22:11 -0400
 Subject: We are with you, Jim!
 From: "Jane & Charlie Henry" <cjhenry67@Hovac.com>
 To: jwbroatch@aol.com
 Mime-version: 1.0
 X-Priority: 3

Monday, May 21, 2001 America Online: Jwbroatch

Subj: Chronic Pain and Opiate medication Date: 5/20/01 7:19:05 PM Pacific Daylight Time From: scoville@usmo.com (Scoville Family) To: jwbroatch@aol.com

I would like to speak to the issue of opiate medications from two perspectives.

Until October 1999 I was a registered nurse. I worked ICU/Intermediate ICU and Oncology. I saw the benefits if opiate based drugs, when they are used for the purpose they were intended. Cancer patient, post surgical patients and those afflicted with a condition involving chronic pain. If you have ever been one of these, or had a loved one who's only release from pain is medication, then you know of the release it can give.

Now for the other perspective. In October of 1999 I sustained a rather minor injury, while taking care of a patient. The result of that injury was RSD/CRPS. There are times when the only relief that I can get from the excruciating, burning pain is with opiate based pain meds. The government will not ban guns, and they ruin more lives with their misuse, than most legal medications.

It is an unfortunate state if the human race that "a few" will ultimately mess it up for "the many"

If there is justice the FDA can not, should not be allowed to remove opiate based medication and plunge millions of pain suffers to wallow in the hell that is severe, debilitation pain.

Thank you for hearing me out on this.

Linda A Scoville

Stanton. MO.

----- Headers -----

Return-Path: <scoville@usmo.com>

Received: from rly-xb03.mx.aol.com (rly-xb03.mail.aol.com [172.20.105.104]) by air-xb03.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 22:19:05 -0400

Received: from smtp06.mail.onemain.com (smtp-out003.onemain.com [63.208.208.73]) by rly-xb03.mx.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 22:18:43 2000

Received: (qmail 6266 invoked from network); 21 May 2001 02:18:25 -0000

Received: from ppp040114.usmo.com (HELO i1r5p9) ([209.248.40.114]) (envelope-sender <scoville@usmo.com>)

by smtp06.mail.onemain.com (qmail-ldap-1.03) with SMTP
for <jwbroatch@aol.com>; 21 May 2001 02:18:25 -0000

Monday, May 21, 2001 America Online: Jwbroatch

Subj: Use of Opioids in Chronic Pain Date: 5/20/01 5:05:16 PM Pacific Daylight Time From: syates35@home.com (sue yates) To: jwbroatch@aol.com

The use of opioids in chronic pain has great benefit. Pain is a disease in and of itself and opioids are the best medication for the disease. I have RSD in my left leg and spent a very painful seven months without opioids while I was being diagnosed and then finding a physician who would provide me with the proper treatment. The pain was so severe that I could barely get out of bed. I seriously considered suicide as I could not bear the pain. Once I was seen at a pain clinic, specialists in dealing with pain, I was prescribed opioids and I had a life again. I still live with pain, but with the opioids it is bearable.

I believe that any risk of using opioids pain is very low. A large long term study of addiction resulting from the use of opioids concluded the risk was less than 1% that a person would become addicted. The use of medications by a person not in pain for the purpose of getting high is a totally different issue than prescribing them for pain patients. Denying opioids to those in severe pain due to a few people using them for a different purpose is both ineffective and in my view immoral. Focus on the addicts using the medications improperly rather than the innocent pain patients who need these medications to live.

Sincerely,

Sue A. Yates
syates35@home.com

----- Headers -----

Return-Path: <syates35@home.com>
Received: from rly-yd01.mx.aol.com (rly-yd01.mail.aol.com [172.18.150.1]) by air-yd01.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 20:05:16 2000
Received: from femail22.sdc1.sfba.home.com (femail22.sdc1.sfba.home.com [24.0.95.147]) by rly-yd01.mx.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 20:04:55 -0400
Received: from cx1159736b.lbbck1.tx.home.com ([24.179.65.47])
by femail22.sdc1.sfba.home.com
(InterMail vM.4.01.03.20 201-229-121-120-20010223) with SMTP
id <20010521000454.QXEP17912.femail22.sdc1.sfba.home.com@cx1159736b.lbbck1.tx.home.com>
for <jwbroatch@aol.com>; Sun, 20 May 2001 17:04:54 -0700
Message-ID: <000a01c0e18a\$4a645640\$2f41b318@lbbck1.tx.home.com>
From: "sue yates" <syates35@home.com>
To: <jwbroatch@aol.com>
Subject: Use of Opioids in Chronic Pain
Date: Sun, 20 May 2001 19:09:23 -0500
MIME-Version: 1.0
Content-Type: text/plain;
charset="Windows-1252"
Content-Transfer-Encoding: 7bit
X-Priority: 3
X-MSMail-Priority: Normal
X-Mailer: Microsoft Outlook Express 5.00.2919.6600
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2919.6600

Sunday, May 20, 2001 America Online: Jwbroatch

Subj: My Opinion Date: 5/20/01 4:16:50 PM Pacific Daylight Time From: patches@tcia.net (Pat) To: jwbroatch@aol.com

Hi,

My name is Patsy Blevins and I have lived with RSA since I fell on ice in Feb. 1990. I have been on many meds that I sometimes feel like a guinea pig. My Doctor put me on oxycotin about 2 yrs ago. This is the first time that I have really had anything that helped at all. Please tell then not to take this away from us. I need this to be able to live a life that has any meaning. Until I was put on this I hurt so much that I couldn't leave the house but for just my Dr. visits and when it was absolutely necessary. Now I can go to the store and other things that I could not do. This drug does not make me high. In fact I would not even know that I am taking it if not for the pain relief. I am afraid that if they change it I will not the the relief I do now. I still have pain but not as bad as it was before the oxycotin. Why do the drug addicts always have to win? We need these meds and we do not abuse them. There is no way I would sell my pills. They are my only relief and anyone with RSD feels the same way I do. If people are getting them from their Dr. and selling them, then they are not hurting like we do. Relief from that awful pain is better than all the money that we could make selling our pills. I hope this helps people understand how precious this medicine is people with RSD.

Sincerely,
Patsy Blevins

----- Headers -----

Return-Path: <patches@tcia.net>
 Received: from rly-za02.mx.aol.com (rly-za02.mail.aol.com [172.31.36.98]) by air-za03.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 19:16:50 2000
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 From: "Pat" <patches@tcia.net>
 To: <jwbroatch@aol.com>
 Subject: My Opinion
 Date: Sun, 20 May 2001 19:14:42 -0400
 MIME-Version: 1.0
 Content-Type: multipart/alternative;
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 X-MSMail-Priority: Normal
 X-Mailer: Microsoft Outlook Express 5.50.4133.2400
 X-MimeOLE: Produced By Microsoft MimeOLE V5.50.4133.2400

Subj: RSD/CHRONIC PAIN/AND MEDS Date: 5/20/01 2:51:43 PM Pacific Daylight Time From: blondie@webzone.net (Nancy) To: jwbroatch@aol.com

Dear Sirs,

I am a disabled person with RSD, due to an auto accident in which my left arm suffered a Brachial Plexus Nerve damage. That was 2 years ago and I am in pain 24 hours a day 7 days a week, in my left arm, shoulder, neck and hand. Now I am having problems with my right neck, shoulder elbow and hand, if it weren't for my pain and other medications I wouldn't be able to accomplish anything. I am very lucky as I tolerate pain very well, and I do try to limit the pain medication I take, but without it I would go out of my mind. I have suffered severe depression due to the pain and the lack of medication to control it until my RSD was diagnosed. I know there are people who are in worse shape than I am and they really have my sympathy, if you have never been in our shoes it is very hard for you to understand and you label us as prescription drug addicts and you are so very wrong because we are a group of very brave and strong people just trying to get through the day and to get better. I sincerely hope you will not remove the medications that we need so that we may lead a semi normal life.

Sincerely,
Nancy Day

----- Headers -----

Return-Path: <blondie@webzone.net>
 Received: from rly-yb03.mx.aol.com (rly-yb03.mail.aol.com [172.18.146.3]) by air-yb05.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 17:51:43 2000
 Received: from matrix.webzone.net (matrix.webzone.net [205.219.23.25]) by rly-yb03.mx.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 17:51:19 -0400
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 Message-ID: <005801c0e176\$a5b70740\$906098d0@default>
 From: "Nancy" <blondie@webzone.net>
 To: <jwbroatch@aol.com>
 Subject: RSD/CHRONIC PAIN/AND MEDS
 Date: Sun, 20 May 2001 16:48:45 -0500
 MIME-Version: 1.0
 Content-Type: multipart/alternative;
 boundary="-----_NextPart_000_0055_01C0E14C.BBFF2AC0"
 X-Priority: 3
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 X-Mailer: Microsoft Outlook Express 5.50.4522.1200
 X-MimeOLE: Produced By Microsoft MimeOLE V5.50.4522.1200

Subj: Date: 5/20/01 1:47:35 PM Pacific Daylight Time From: <i>rjale35292@hotmail.com (rose jalette)</i> To: <i>jwbroatch@aol.com</i>

Hello.

I suffer from trigeminal neuralgia(TN) atypical facial pain and RSD. Many days I can take the pain but some days the pain is a level is increase that I need to take a pain medication. I have RSD on my righr lateral foot, the pain is very high level and I can not put any weight on foot, which I can not even do a simple thing as wash the dishes because of the pain. When my TN pain level is high I have to eat soft food and can not eat a steak or a salad. Ay one tine I lost 30lbs because I could not chew my pain. When I lost the weight everyone believe that I had sickness, because I look so frail. When a person looked healthy nobody believes there is nothing wrong with that person. Also, it is very hard to get a pain medication such as opiod drug to help a person deal the pain. Many people do abuse pain medication and the person that suffers from chronic pain they may suffers. many times a opiod drug helps a person deal with pain and helps them live a productive life. As always in life a person has to suffers because of the people that abused medication to get HIGH

Thank you,

Rose

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----- Headers -----

Return-Path: <rjale35292@hotmail.com>
 Received: from rly-xa02.mx.aol.com (rly-xa02.mail.aol.com [172.20.105.71]) by air-xa02.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 16:47:34 -0400
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 Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
 Sun, 20 May 2001 13:47:18 -0700
 Received: from 63.48.63.54 by lw10fd.law10.hotmail.msn.com with HTTP; Sun, 20 May 2001 20:47:18 GMT
 X-Originating-IP: [63.48.63.54]
 From: "rose jalette" <rjale35292@hotmail.com>
 To: jwbroatch@aol.com
 Date: Sun, 20 May 2001 20:47:18 -0000
 Mime-Version: 1.0
 Content-Type: text/html
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 X-OriginalArrivalTime: 20 May 2001 20:47:18.0284 (UTC) FILETIME=[0F20E4C0:01C0E16E]

Subj: Opiods for Chronic Pain Date: 5/20/01 1:15:54 PM Pacific Daylight Time From: rbenefam@prodigy.net (rock & elaine bene) To: jwbroatch@aol.com

Dear Mr. Broatch ,

I've was diagnosed with RSD/CRPS in the fall of 1996, and have been on various opiods since that time. I've been totally disabled since 1995, and despite having an M.B.A. in Finance, I cannot work due to severe pain.

I was on Codeine, then Morphine, and I am currently on Methadone. I've had two surgeries, and about 25 nerve blocks, which did not help the pain at all. In fact, the surgeries spread the RSD pain to my full body.

The only relief I get, is in the form of opiod medication, which takes the edge off just enough to allow me to steal precious moments during each day for myself. I have never got high or had a buzz off opiods, and opiod medication does not take me away from the reality of my life, rather, opiods allow me to participate in my life, and to function the best that I can given my strict limitations.

Limiting the availability of opiods serves only to hurt the quality of life of the millions of Chronic Pain patients who require opiods to function. The oxycontin problem cannot be solved by limiting availability because the problems associated with oxycontin abuse are symptoms of the much broader drug abuse problems which face our country and the world.

I strongly urge you to share my beliefs with the FDA, and I hope the FDA does not overreact to the Oxycontin problem by limiting the availability of opiods.

Sincerely,

Mr. Rocco Bene, Jr.

----- Headers -----

Return-Path: <rbenefam@prodigy.net>
 Received: from rly-yh05.mx.aol.com (rly-yh05.mail.aol.com [172.18.147.37]) by air-yh03.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 16:15:54 -0400
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 Message-ID: <002801c0e183\$ac508f60\$aabefe3f@monorailpc>
 From: "rock & elaine bene" <rbenefam@prodigy.net>
 To: <jwbroatch@aol.com>
 Subject: Opiods for Chronic Pain

Sunday, May 20, 2001 America Online: Jwbroatch

Subj: potition Date: 5/20/01 1:10:01 PM Pacific Daylight Time From: ssjazz9@aol.com (shannon smoyer) To: jwbroatch@aol.com

Dear Keith,

As you well know I have had RSDS/CRPS for 11 years. At this point in my life I have thought about suicide many times. The reason for this is because the FDA, DEA, and the Drs. do not understand that just because we do not have a death sentence like cancer, we do not deserve to live as pain free as possible.

It is proven that less then 1% of the people given opiates for pain on a long term basis become addicted.

The death sentence the government has given us is to live in pain daily. The kind of pain that only a person who has experienced it can comprehend. We are expected to be normal human beings when it hurts to be touched or to stand up in the morning.

I have had all the blocks and all the surgeries that are recommended for RSDS patients with no relief just spreading of the pain.

How many people have to die before the government to wakes up and says hey these people deserve to live as pain free as possible. We deserve to have families and friends, we deserve to be as normal as the next guy that does not have to live with chronic pain every day of their lives.

What do we have to do for the FDA,DEA and any other government entity to see that they are killing us by refusing to make us comfortable just because in our diagnosis it does not say this is fatal. What it does say is that most people with chronic pain commit suicide with a gun.

I have after many years found a Dr. that is not narcotic paranoid and keeps me comfortable but now I have the fight of building my body back up so that I can climb a flight of stairs or pick up a bag of groceries because all my muscles have atrophied from lack of use because of the pain.

I will only ask you to think of you child or you mother or father being in such pain they asked you to bring them a gun so they could end the pain, and you not being able to convince the DRs. or the Medical pro's that if something is not done soon she or he is going to kill themselves. Think about how helpless you felt last time your child was sick or your mother was in pain and you could do nothing but pray that someone, somewhere would hear your cries for help and give them relief. It is a real shame in this society that Drs. like Kovorkian are ridiculed and imprisoned for helping people get out of the pain of body.

Shannon Smoyer
shannon9@nep.net

----- Headers -----
Return-Path: <ssjazz9@aol.com>

Received: from rly-yd01.mx.aol.com (rly-yd01.mail.aol.com [172.18.150.1]) by air-yd05.mail.aol.com (v77_r1.36) with ESMTTP; Sun, 20 May 2001 16:10:01 -0400

Received: from smtp5.gateway.net (relaya.gateway.net [208.230.117.249]) by rly-yd01.mx.aol.com (v77_r1.36) with ESMTTP; Sun, 20 May 2001 16:09:43 -0400

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by smtp5.gateway.net (8.9.3/8.9.3) with ESMTTP id QAA19911

for <jwbroatch@aol.com>; Sun, 20 May 2001 16:09:41 -0400 (EDT)

Message-ID: <3B083219.6FA8A686@aol.com>

Sunday, May 20, 2001 America Online: Jwbroatch

Subj: DRUGS Date: 5/20/01 7:14:00 AM Pacific Daylight Time From: onegoodcook@earthlink.net (onegoodcook) To: jwbroatch@aol.com

Hello:

My name is Ann Shewcov, and I have a dystrophy of the central nervous system, called Reflex Sympathy Dystrophy.

This has severe burning pain 24 hours a day and we need our pain meds. Place yourself in our shoes, it feels like our bodies are in a vat of hot boiling water!!!!

Drs are stopping our pain meds, because of Drug Addicts. Now my Dr doesn't believe I have this pain, and I am no longer able to get pain meds. Do you think this is fair???? I would love to see the ones that are stopping us from getting our pain meds, get this for 5 minutes, never mind for life. The couldn't hack it and would be begging for a pain pill.

Please help us, we need our meds

**Thank you
Ann Shewcov**

----- Headers -----

Return-Path: <onegoodcook@earthlink.net>
 Received: from rly-xb02.mx.aol.com (rly-xb02.mail.aol.com [172.20.105.103]) by air-xb05.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 10:13:59 -0400
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 by falcon.mail.pas.earthlink.net (EL-8_9_3_3/8.9.3) with SMTP id HAA09465
 for <jwbroatch@aol.com>; Sun, 20 May 2001 07:13:30 -0700 (PDT)
 Message-ID: <001701c0e137\$c381f9e0\$c246bfa8@hppav>
 From: "onegoodcook" <onegoodcook@earthlink.net>
 To: <jwbroatch@aol.com>
 Subject: DRUGS
 Date: Sun, 20 May 2001 10:17:54 -0400
 MIME-Version: 1.0
 Content-Type: multipart/alternative;
 boundary="-----_NextPart_000_000E_01C0E116.221E11E0"
 X-Priority: 3
 X-MSMail-Priority: Normal
 X-Mailer: Microsoft Outlook Express 5.50.4522.1200
 X-MimeOLE: Produced By Microsoft MimeOLE V5.50.4522.1200

Subj: Oxycontin Date: 5/20/01 7:39:47 AM Pacific Daylight Time From: call4049@webtv.net (Cynthia Allen) To: jwbroatch@aol.com

Dear Mr. Broatch.

Hi Cindy Allen here,

I helped at the RSDA seminar that was held in Atlantic City. I am from Reading and I drove down (silly me) each day just to do registration. Keith from RSD Hope sent around an email about your fight against the FDA and opiate drugs.

I take Oxycontin but just started about 6 months ago. I made many promises to come help in Haddonfield but with still trying to work and at that time not taking any medicine for my RSD I wasn't up for the trip let alone help oce I got there.

Well I still have RSD (hey big surprise it didn't just go away)and it has spread full body, I finally gave in to Dr. James Barrett my pain Management Doctor and after 4 years of suffering and horrid side effects from other meds tried went on Oyxcontin. I take 20mg every 12 hours and on occasion take 1 oycod/apap for break thru pain which has been maybe 4 times in the 6 months I have been on this drug.

What a difference this has made in my life.

I am working more hours and can actually have a life. I am also on prozac 1- 20 mg everyday and I still must go to physical therapy 2 x's a week but I have been able to be a person physically again. I can even wear real shoes again. I lost the 30 pounds I gained from not being able to be active and people are amazed when I tell them I have RSD. My body spasms have even stopped.

Now there is no way I can participate in sports (but never did) I can not run or jump rope and still have a hard time walking up steps. I am very tired and must nap in the afternoon. But over all Oxycontin has saved my life. I do not have an addictive personality and I dreaded being put on medicine but I am so grateful for the relief and getting my life somewhat back.

I am offering to come and help again and I will be able to make it now.....

Thank you for your time

Good luck fighting the FDA we need your help as always and if I can help with this fight let me know. I am a walking proof of it's miracle side.

Cindy Allen
 Reading, PA
 610-823-8007

----- Headers -----

Return-Path: <call4049@webtv.net>

Received: from rly-xd02.mx.aol.com (rly-xd02.mail.aol.com [172.20.105.167]) by air-xd02.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 10:39:47 -0400

Received: from mailsorter-105-2.iap.bryant.webtv.net (mailsorter-105-2.iap.bryant.webtv.net [209.240.198.118]) by rly-xd02.mx.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 10:39:31 2000

Received: from storefull-263.iap.bryant.webtv.net (storefull-263.iap.bryant.webtv.net [209.240.199.235]) by mailsorter-105-2.iap.bryant.webtv.net (WebTV_Postfix) with ESMTP id ADF2B2C0E2 for <jwbroatch@aol.com>; Sun, 20 May 2001 07:39:20 -0700 (PDT)

Sunday, May 20, 2001 America Online: Jwbroatch

Subj: Pain Medications Date: 5/20/01 8:31:01 AM Pacific Daylight Time From: d_dawtrey@hotmail.com (debbie dawtrey) To: jwbroatch@aol.com CC: mmclimans@hotmail.com

In regard to restricting any kind of pain medications, I feel this is a rather inhumane thing to do. I have MS, and as a director on the Board of Directors for the MS Society, I can say that taking the availability of certain medications out of the hands of those who need it, goes against all we work toward. We are committed to improving the quality of life for those living with MS, while we hope and pray for a cure.

While there are a variety of pain meds available, everyone responds to these medications differently. Not all work for everyone. I'm sure, that there are many who depend on the very medication you are seeking to remove as a viable way to control pain. People suffer horrendous pain due to a variety of illnesses and causes. Constant pain is an extremely debilitating symptom. I would suggest that anyone who seeks to ban an effective medication for chronic pain, has not, experienced such. Be grateful for that, while being compassionate for those not as fortunate.

D. Dawtrey - Individual & Family Services Director - MS Society

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Return-Path: <d_dawtrey@hotmail.com>
 Received: from rly-xb05.mx.aol.com (rly-xb05.mail.aol.com [172.20.105.106]) by air-xb01.mail.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 11:31:01 -0400
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 Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
 Sun, 20 May 2001 08:30:45 -0700
 Received: from 216.209.147.129 by lw10fd.law10.hotmail.msn.com with HTTP; Sun, 20 May 2001 15:30:44 GMT
 X-Originating-IP: [216.209.147.129]
 From: "debbie dawtrey" <d_dawtrey@hotmail.com>
 To: jwbroatch@aol.com
 Cc: mmclimans@hotmail.com
 Subject: Pain Medications
 Date: Sun, 20 May 2001 11:30:44 -0400
 Mime-Version: 1.0
 Content-Type: text/html
 Message-ID: <F173JLtosJ3lh7jtrSB0000d863@hotmail.com>
 X-OriginalArrivalTime: 20 May 2001 15:30:45.0121 (UTC) FILETIME=[D6523710:01C0E141]

Subj: testimonybefore congress/opiate analgesics
Date: 5/20/01 8:56:48 AM Pacific Daylight Time
From: rugar123@se-tel.com (sydney79n)
To: jwbroatch@aol.com
CC: jwbroatch@aol.com

Dear JW, I have been an RSD patient for 10 yrs. And a rough 10 years its been, with the controversy over the use of narcotics for chronic pain sufferers. I have been shipped from one Dr. to another, no one wants to treat me, i am harrassed by the medical community for pop drug screens, humiliated when i have to go tto the pharmacy, treated as if i am only in withdrawl if im sick. I was treated most farley by a Dr. in gainsville fla. Dr. Springer.....and my favorite was Dr. paul Wittie, who helped me more than he'll ever know. But now i live in Ky. came right to the heart of the problem didn't i. Ky. i feel will be the death of me. because of the problems they have here, i know there is a problem everywhere. But this is the only experince i can comment on. Fla. compared to Ky. i feel as though they would just rather i take a gun and kill myself, i would better the community, they would not have to put up with my medical problems then, and i wouldn't be a problem. I don't know JW someone needs to do something about this problem and fight for the survivors of this oxycontin fest. I am just gettin to tired to fight anymore.....see this is why the suicide rate is so high in rsd pts. We don't want to fight anymore just to stay alive.....I pray every day that someone out there does still have the strength to fight for the rest of us. RSDS/CRPS. If i had the strenght to fight for you i would but im going down fast here, Congress needs to put there self out in the public so they can really see what my life is without pain killers, i don't need oxycontin.....i just need something that works, and at this rate they have eaten my stomachout with 3 yrs of over use of nsaid, i cant take them now i cant even take aspirin, ibuoprophen, nothing that will upset my tummy. I have just had a colonoscopy done and endoscopy, my tummy bleeds every day. I am at the point of no return.....i am tired. i just wanted to vent a little if any thing in this letter will help you with your project please contact me if theres any thing i can do while im still here. Trying to find a path back to my life. don't know if i'll make it or not. but im willing to help if i can.....contact me if you need to at rugar123@se-tel.com and again THANK YOU FOR FIGHTING FOR US.....sydney79n

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Return-Path: <rugar123@se-tel.com>
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 by vmil.se-tel.com with SMTP; 20 May 2001 15:57:39 -0000
 Message-ID: <001001c0e145\$76066ee0\$110aa341@computer>
 From: "sydney79n" <rugar123@se-tel.com>
 To: <jwbroatch@aol.com>
 Cc: <jwbroatch@aol.com>
 Subject: testimonybefore congress/opiate analgesics
 Date: Sun, 20 May 2001 11:56:39 -0400
 MIME-Version: 1.0
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 X-MSMail-Priority: Normal
 X-Mailer: Microsoft Outlook Express 5.50.4522.1200
 X-MimeOLE: Produced By Microsoft MimeOLE V5.50.4522.1200

Subj: Pain
Date: 5/20/01 9:00:51 AM Pacific Daylight Time
From: [REDACTED]
To: jwbroach@aol.com

Hi there, my name is [REDACTED] I have been in pain for 15 years. 15 years. and I get the e-mail about the FDA. holding hearings on the subject of oxycontin and opiates. is not oxycontin the synthetic form of codine. I had little luck with that drug, it did not work for me. I use a form of continous release opiate. this is the last stop for me. I would be forced to turn to street drugs. the idea is moot because I know not where to secure those drugs nor do I think it is a good idea to use them, not for the reason you might think, but because you never know what you are getting. which is a crime. to protect the general public from a few bad apples is standard procedure. so we, meaning people with a medical need, will now suffer. I was at the end of my rope at one time. I also was a hard ass. then it hit me and I fought the good fight. I lasted for five years, till my insurance, savings, holdings, self esteem, stamina and life had all gone. I did what my DRsssssss said to do from we usually save steroids for an older man but in your case we will use that instead of pain control, even if it does not work. I was treated by so many specialists while in Shands Hospital in Gainesville that I was sure I would either die or get better. I had no idea this could last this long. I have been getting pain meds on a monthly basis. I have been assured by my DR. that he will not cut me off unless I can get through the day without them. are there not laws on the books that protect the DR. from harm if it is medically proper. I told the DR. that to worry about addiction is punishment, that will lead to a medical crisis. a person can be treated for addiction, but a corpse limits the options. I was a verry active person, now I sit here with side effects from steroids, nsaid-motrin and the whole family of drugs, destroy liver, gain 100 pounds in three months, all in front of the DRs. I am sorry but I need the FDA, DEA, or any moral help and guidance like I need a spoon full of poison. there is little left of me the way I used to be, I can barely cope with my life. I am not any weaker than anyone else, nor stronger, but try to think how you would cope with your worst nightmare comming true. you worry about being paralyzed, and the fear of what is next, add to that a throbbing, crushing, sharply dull burning never ending pain and you get a picture of my world. I am not so sure I want to keep on with this or not. the looks and remarks calls to DR. to check on the scrip. the remark nobody needs that much medicine. surrounded by idiot experts with a moral leg up on you. I will shut my mouth when any one of the so called experts can stand as much as I did before I reached my ultimate breaking point, and show me the benefits of not relieving some of the pain. the pain becomes the issue more so than the diagnosis. there is as far as I can see nothing noble about enduring pain to the point of distraction. I am not impressed with that when it is something that will get better over a short period of time. nor does it help when things are built up. oxycontin is not for me, it never stoped the pain. others are prone to its effects. those are the lucky ones and I am happy for them, but shudder when I hear about how high it gets you. the people in real bad pain do not even feel high from pain meds after the first few days to a week or so it just blunts the pain. nobody even knows I take pain meds, I do not feel like I have a high, and do not feel like having a high. I just want to stop the pain without nerve blocks that may work, or wires in my spine. why fix something that is working. I want to stop no one who wants to go the invasion route, it is not for me. the other thing I do not need is people who do not know me doing my thinking for me. and who cares if people get high? cut off their supply and to the dealers

they will go. maybe what we need is a network of people in pain securing drugs testing for purity and distribute it to the people in need that way and do it in a not for profit setup. bet that will scare some people. but what if.

That is all I have. thank you for your time. feel free to condense this or use any part just keep my name out of it.

----- Headers -----

Return-Path: <jparkertx@earthlink.net>

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Received: from scaup.mail.pas.earthlink.net (scaup.mail.pas.earthlink.net [207.217.121.49]) by rly-za04.mx.aol.com (v77_r1.36) with ESMTP; Sun, 20 May 2001 12:00:21 2000

Received: from [63.28.244.200] (1Cust200.tnt1.weslaco.tx.da.uu.net [63.28.244.200]) by scaup.mail.pas.earthlink.net (EL-8_9_3_3/8.9.3) with ESMTP id JAA24758

for <jwbroatch@aol.com>; Sun, 20 May 2001 09:00:18 -0700 (PDT)

User-Agent: Microsoft-Outlook-Express-Macintosh-Edition/5.02.2022

Date: Sun, 20 May 2001 11:03:20 -0700

Subject: Pain

From: James Parker <jparkertx@earthlink.net>

To: <jwbroatch@aol.com>

Message-ID: <B72D54F4.933%jparkertx@earthlink.net>

Mime-version: 1.0

Content-type: text/plain; charset="US-ASCII"

Content-transfer-encoding: 7bit

July 1, 2001

James Broatch M.S.W.
RSDSA
PO BOX 502
Milford, Connecticut 06460

Dear Mr. Broatch,

I have RSD in half of my body and am also a Pharmacist. I see Oxycontin and other narcotic abuse in a dual light. I would not be able to function as a person or a pharmacist without some sort of pain medication. The pain from RSD is too hard to describe and is much harder to live with. Because of the pain, I am only able to work part time and live part time.

As a Pharmacist I am too aware of narcotic, antibiotic and Soma abuse. Much of the abuse, I believe comes from a society who is against suffering. Watching tv or reading a magazine, one is bombarded with this "plop, plop, fizz, fizz" mentality. If you have a headache take a pill, stomachache take a pill, bad day have a drink, good day have a drink. We see suffering as a problem and taking pills as a solution. We want to live in a "pain free society."

When we go to the doctor, we want prescriptions. The sicker we feel, the more scripts we want. I believe because of patients pressure on the physicians, and drug company marketing we have lost the step care approach. We are using the high powered and stronger medication first.

The problem with Oxycontin and other narcotics, I feel there is misuse in some instances and there is no step care approach. Oxycontin, Percocet, Morphine **should not** be the first pain medication tried and should not be used for acute pain. I have seen doctors write Oxycontin for sinus infections, low back sprain and a tension headache. I have seen patients started on Oxycontin 40 mg three times a day as the first line therapy. I have also seen people given Lortab 10, Lorcet 10, Vicodin ES in quantities of 100 or 120 for an acute problem. (I.e. sprained back, toothache)

I believe this is where we see the abuse. People with "acute self limiting" pain taking high powered narcotics can get hooked. These people tend to get the "high feeling". Our "pain free society" tends to look the other way. The patient gets hooked on these medications and needs to shop around and get more medication or they start altering prescriptions. In the past year, I have

had to call the police on 15 people who are hooked on pain medications other than Oxycontin and have altered their prescriptions.

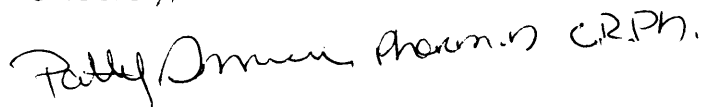
I am not against pain medication. I have seen and have helped adjust medication for cancer and RSD patients. I have helped physicians and patients try to find a balance, between living with a reduced amount of pain, without living in a fog. I have read studies which have shown that when someone is in real "chronic type" pain they don't get the high feeling and the quality of live improves. Most of the medication just take off the edge off the pain and make life a little easier. These medications give hope.

I think we as a society need to look into our need to live pain-free. It is not realistic to think that any pain medication will take away 80% - 100% of the pain. There is no medication today or ever will be that will take away all the pain. What if we change our goal at pain relief to 50 -60% pain reduction? There are medications now that will reduce pain by 50-60%.

Where I think the FDA, DEA and other medical associations need to work on is figuring out the proper balance and proper use. Physicians, pharmacist, nurses need to understand these medication, understand the doses and work together. These medications do not need to be banned, but they do need to be limited.

With pain medication, muscle relaxers, nsaid and SGB & LSB's I am living with a 50% decrease in pain. I am living life in spite of the pain. I do believe and take "holidays" from the medication. I try every other month or so to back off the medications and try taking less. I refuse to let pain or pain medication to control me.

Sincerely,



Patty Simmons Pharm.D.
400 Plover Place
Palm Harbor, FL 34683
727-786-1337

Subj:	Oxycontin
Date:	7/5/01 11:23:09 PM Pacific Daylight Time
From:	ScttCmptng
To:	Jwbroatch

I'm not a very knowledgeable person when it comes to all the names of the medications I take for my RSD but, I can honestly say that Methadone is the best medication for my Pain. I've been on it for years under close doctor supervision and "we" have tried just about everything to get control of the Pain. The only things that really work are the Methadone and Morphine (or MS-Contin). After all this time I cannot see the only true relief being taken away. I hope that this isn't going to happen and will hit the rds.org site to follow up on the situation. I had no idea that the FDA wanted to do something like this ... Guess I'll have to move to Mexico if they do take it away from us who need it.

ScttCmptng@aol.com

P.S. I'm going to contact my elected officials about this as well.

Subj: rsd Date: 7/4/01 11:07:10 PM Pacific Daylight Time From: ESTATECOMPUTERS@msn.com (mark haddad) To: jwbroatch@aol.com

i have rsd from a gun shot two my legs, some one in a bar that had a bad heart and was dieing want to see what it was like to kill some before he died he tryed to shot me in the chest but i was able to pull it down and it went thru both legs doing troma to my right leg nerve the doctor would not do anything for me thay even told me that pain meds would not work on nerve pain, i laid in bed for 6 mouths before i fond dr oakly in billings mt he said that the other doctors lied to me and he put me on morphine and with in three weeks i could walk with no help when three weeks erlyer, i was using a welol chair.

i've been getting better ever since and only limp alittle, i know and was told that if i stop the morphine i would be bed redden again, i've for gotten to take the morphine before and woke up and could not get out of bed, the 6 mouths i laid in bed i sufferd so much i could not sleep from the pain i even couldent get to the bath room cook etc i was deprest all the time thay had a nurce come out twice a week witch was not anoff . my life has inproved a hundred fold, i know i would not be here right now if it was'nt for the pain meds.

i think every doctor should have to take a pill that gives them exsterem pain for two weeks with no relivif! before thay could get thair med lic, mabe then thay mite have more compashion for those of us out thair suffing

Mark N Haddad

estatecomputers@msn.com

406-468-4070

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Received: from hotmail.com (oe155.pav0.hotmail.com [64.4.33.148]) by rly-xd02.mx.aol.com (v79.20) with ESMTTP id MAILRELAYINXD25-0705020635; Thu, 05 Jul 2001 02:06:35 -0400

Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;

Wed, 4 Jul 2001 23:06:34 -0700

X-Originating-IP: [63.10.239.146]

From: "mark haddad" <ESTATECOMPUTERS@msn.com>

To: <jwbroatch@aol.com>

Subject: rsd

Date: Thu, 5 Jul 2001 00:08:09 -0600

MIME-Version: 1.0

X-Mailer: MSN Explorer 6.10.0016.1607

Content-Type: multipart/alternative; boundary="-----_NextPart_001_0000_01C104E6.92F678A0"

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Subj:	oxycontin
Date:	7/3/01 11:52:08 AM Pacific Daylight Time
From:	One Lexis
To:	Jwbroatch

Hello,

I was dx with mps/fms after a neck injury in 1995. My pain level was so severe I was not able to function to daily living until my pain management doctor prescribe oxycontin for the pain. I now am able to do some of the stretches and water therapy class that my doctor recommends to help manage my pain level. My activity and quality of life is so much better. I do very well with the oxycontin and I have been able to maintain on the same dosage since the first day taking the oxycontin in 1999 10mg two times a day. I do not depend on the oxycontin to do all the work. My doctor has taught me other tools to work with. Biofeed back, self imagery, thought field therapy, stretching and low grade aerobic exercise, use of tennis ball, nutrition, massage, trigger points injections, water therapy and adequate sleep, management of depression (if present) etc. These are some of the tools I use every day to help manage my pain level. The oxycontin helps to take the edge of pain off so I can work with these tools. Without the oxycontin my pain level gets so severe I cannot function. I do feel forever by working with the tools I listed I feel each day I am becoming a little stronger and have more control over my pain level. When first prescribe oxycontin I was taking 20 mgs. I have found taking 10mg two times a day works much better for me. I do forever feel opioids should not become the sole focus of your treatment. I also feel education is so important when taken opioids for chronic pain. I'm very thankful to have a doctor who believes in me and who is willing to take the time to find what will work best for me to have a more functional life with FMS/MPS. It is a shame people are abusing the oxycontin but if it was not the oxycontin it would be another drug. The ones that are abusing the oxycontin I feel has had a drug problem of abuse. My doctor has his patients sign a contract with him if taking opioids. I do feel this is a very good idea helping to keep patients from seeking to get opioids from more than one doctor. My doctor also has in his contract you can only have your prescriptions fill at one drug store and not changing from one drug store to another. Thank you for taking the time to read my e-mail.

Sincerely, Lynn

Subj: Oxycontin and Prescription Narcotics Controversy Date: 7/3/01 11:20:30 AM Pacific Daylight Time From: lkfortner@hotmail.com (Lorna Fortner) To: jwbroatch@aol.com

To whom it may concern,

Regarding the prescription of narcotics for pain relief.

Whether it is Oxycontin or not, I do not feel that the FDA or any other government agency has the right to dictate what patients are given for relief. Just as a Diabetic needs insulin to live, I need narcotics to relieve my pain.

There was a time when I didn't have adequate pain control for my RSD/CRPS. I wanted to die. Getting up day after day and having only pain to look forward to for the rest of my life was not a prospect that I cared for. I'm only 49 years old. As RSDS doesn't actually kill anyone, it isn't terminal, (I've sometimes envied Cancer patients- because their pain will come to an end soon) it's like a life sentence to pain.

What healthy person has the right to force us to an existence like that? That's what it would be for me if I did not have narcotics to relieve my pain.

It isn't fair, first of all that I and many others have this dreaded illness, it isn't fair that there is so little research for something that has been documented in medical texts since the Civil War, now you want to take away the only thing that provides me the ability to carry on the process of living, too?

I pray that God will help you see that this substance was put here on this planet to alleviate the pain that nothing else will relieve. I pray that patients who suffer from Chronic pain will not be looked upon as being drug addicts for merely wanting what everyone else takes for granted - living life with relative little pain. I pray that there will be a cure for RSDS and the other chronic pain illnesses. There is research to show that very few people with chronic pain become addicted, besides. We are not taking this prescribed medication recreationally, we are taking it because we want to live.

Thank you for permitting me to share.

Sincerely,

Lorna K. Fortner

BEGIN:VCARD

VERSION:2.1

N:Fortner;Lorna;K.;Mrs.

FN:Lorna K. Fortner

ADR;HOME;;;AZ;;USA

LABEL;HOME;ENCODING=QUOTED-PRINTABLE:AZ=0D=0AUSA

X-WAB-GENDER:2

URL:<http://www.geocities.com/ftdune/dune.html>

BDAY:20000414

EMAIL;PREF;INTERNET:lkfortner@hotmail.com

EMAIL;INTERNET:ftdune@azcentral.com

EMAIL;INTERNET:ftdune@iwon.com

EMAIL;INTERNET:ftdune@yahoo.com

EMAIL;INTERNET:gfortner@isiglobal.net

REV:20010703T181902Z

END:VCARD

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Return-Path: <lkfortner@hotmail.com>

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Received: from hotmail.com (oe49.law12.hotmail.com [64.4.18.21]) by rly-xc02.mx.aol.com (v79.20) with

Tuesday, July 03, 2001 America Online: Jwbroatch

Subj: oxycontin controversy Date: 7/2/01 3:04:22 PM Pacific Daylight Time From: sxspider@msn.com (julie hensley) To: jwbroatch@aol.com

I appreciate all the RSDSA is doing concerning the oxycontin controversy with the FDA.

I have had a herniated disc in my neck for the past 10 years. Two years ago, I developed RSD following an accident when I fell from a ladder and crushed my calf in the ladder rung. This causes quite a bit of pain for me, a 38 year old single mother.

I have tried all sorts of medications, surgery and therapy. I have found that Vicodin works really well for me. I would have to agree that I have formed an addiction to this drug. However, without it I may not have been able to continue working and supporting my son. I need to do what it takes in order to remain productive. Without it, I could not do the daily tasks necessary in raising my son. Without it, my life would be miserable. I can't count the nights I would cry due to the chronic pain. I am the only one that knows the pain in which I feel. I am the one that takes countless baths in the middle of the night when the pain is too much to bear. My doctor and I should be the ones that make the decision to what pain medicine is correct for me. As long as I can function productively and not injure myself or others, Vicodin is the right medication for me.

There will always be pain medicine abusers in the system. Unfortunately, this can not be avoided. The FDA, doctors and the medical community really need to keep in mind the benefits these medicines have for people and realize that their other options are limited or ineffective. Taking away something that is beneficial for soo many does not solve the abuse problem, it merely makes many other people's lives miserable.

My best wishes go out to all the rsd patients and other chronic pain sufferers. Not to wish this type of pain on anyone, I hope someone in the FDA understands the pain that we deal with.

Julie Hensley

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----- Headers -----

Return-Path: <sxspider@msn.com>
Received: from rly-yd01.mx.aol.com (rly-yd01.mail.aol.com [172.18.150.1]) by air-yd03.mail.aol.com (v78_r3.8) with ESMTP; Mon, 02 Jul 2001 18:04:22 -0400
Received: from hotmail.com (oe58.pav0.hotmail.com [64.4.33.200]) by rly-yd01.mx.aol.com (v79.20) with ESMTP id MAILRELAYINYD16-0702180407; Mon, 02 Jul 2001 18:04:07 -0400
Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
Mon, 2 Jul 2001 15:04:06 -0700
X-Originating-IP: [206.71.105.44]
From: "julie hensley" <sxspider@msn.com>
To: <jwbroatch@aol.com>
Subject: oxycontin controversy
Date: Mon, 2 Jul 2001 18:04:13 -0700
MIME-Version: 1.0
X-Mailer: MSN Explorer 6.10.0016.1607
Content-Type: multipart/alternative; boundary="-----_NextPart_001_0000_01C10321.66760820"

Tuesday, July 03, 2001 America Online: Jwbroatch

Subj:	oxycontin
Date:	7/1/01 6:43:46 AM Pacific Daylight Time
From:	PSimmons3
To:	Jwbroatch

Hi,
I haven't used oxycontin and know of its great benefit with pain mangement. Because of the RSD, I take other kinds of narcotics. As a pharmacist I have seen its abuse. I think it is a great drug for people who truley need it.

The problem is arising in that some doctors are misusing it. Oxycontin should not be the first pain medication tried and should not be used for acute pain. Oxycontin and all pain medications should follow some step care approach. I have seen doctors write Oxycontin for sinus infections, low back sprain and a tension headache. This is where you are seeing the abuse. People without real pain can get hooked, because you get a "high feeling".

If you look at someone who is in real pain (RSD) type, you don't get the high feeling. (There are studies to prove this point) Most of the medication just take off the edge off the pain and make life a little easier. Actually that is all the medication should do, no pain medication will take away all the pain. If we are looking for a pill to take away 80% - 100% of the pain, we will not find it. If we are looking at a pill to take away 50% of the pain, we will find that in any of the medications.

Let me know, if I can help

Patty Simmons
400 Plover Place
Palm Harbor, FL 34683
727-786-1337

Subj:	opiate analgesics for treatment of pain
Date:	7/1/01 2:26:39 PM Pacific Daylight Time
From:	TheJediDroid
To:	Jwbroatch

FDA Advisory Committee:

There are many of us who live in unbearable pain 24/7. Unless you experience it yourself, or have a loved one who is going through it, I guess it is difficult to understand. I imagine I would not have been able to understand if not for going through it personally. I have been through many things in life, including childbirth, numerous times. Nothing compares to the level of the pain of RSD/CRPS (nerve pain).

You have no idea what it feels like when you cannot even stand to have clothing touch your body. If not for oxycontin, and drugs of that type many of us would be bedridden and or just want to die. We didn't ask for or want this problem. All of us would much prefer to live a normal functioning life.

Please understand the difference between someone who is DOING DRUGS (TO ESCAPE AND GET HIGH) , and those of us who NEED THESE DRUGS TO SURVIVE. When you are in so much pain, these drugs are used up to treat the pain, there is no kick or high involved. Believe me, even these drugs only scratch the surface of the pain, we are still not pain free, but they help to keep the pain level at an almost bearable level. At least we can get up, get dressed and be somewhat human.

I agree blood tests should be done regularly to be sure the drugs are not damaging organs, which in most cases that I am aware of are being done. Please don't make the doctor who tries to make his patient a bit more comfortable out to be a criminal. It is tough enough now to get the medications we need.

If you must find a cause, find the real criminals who are doing street drugs, or doctors who prescribe RX drugs to those that don't need them. Attack it at that level. PLEASE DO NOT

PROHIBIT, OR LIMIT THE USE OF DRUGS THAT ARE A LIFELINE TO THOSE IN CHRONIC PAIN.

Are you aware of the fact that the suicide rate among chronic pain patients is very high now, without the use of these drugs, who knows how many more will die.

PLEASE HEAR OUR OUTCRY. WE HAVE MORE PROBLEMS THAN WE CAN HANDLE NOW. DON'T MAKE IT HARDER.

Thank you for taking the time to hear us out.

**Sincerely,
Cathy Gellis
Los Angeles, CA**

Subj:	DONT TAKE OUR MEDS OFF OF US
Date:	6/27/01 11:38:44 PM Pacific Daylight Time
From:	MKSNanny
To:	Jwbroatch

In a message dated 6/28/2001 12:59:48 AM Eastern Daylight Time, CoCoMN346 writes:

FDA Advisory Committee:

There are many of us who live in unbearable pain 24/7. Unless you experience it yourself, or have a loved one who is going through it, I guess it is difficult to understand. I imagine I would not have been able to understand if not for going through it personally. I have been through many things in life, including childbirth, numerous times. Nothing compares to the level of the pain of RSD/CRPS (nerve pain).

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Thank you for taking the time to hear us out.

Sincerely,

MKSNANNY@AOL.COM
MARY STEPHENSON

 Forwarded Message:

Subj: Fwd: This is the email address and my letter, can't find original sry. Date: 6/27/01 9:59:48 PM Pacific Daylight Time From: CoCoMN346 To: Alexegypt, ANABELLBAM, Arleen321, Baydolph34, BIG PAW001, BRAT962, Cheryllyne, Chrys82tine, CIN4123, Cincin42, CoCoMN346, CPOOKY306, CrazyM650, CRDRun, CShoff1679, Cuds95, dale2tammy, Deedles29, Dilligaf324, Dippitydo6, Disaster86, FILTS1, Gimp2748, JesWts, JJoh691035, JulieTeli1, Leto73, LINKAYBIRDLADY, LLAMAB1, Marejohn, Megrannie8881, MKSNanny, Momfred711, MTJanny, musick1149, Nyccone, Ohmyachingjoint, Rkkmb, RosieLives40, Rsdbutterfly, RSDOHIO, RSDRoe, Rsdsafla1, sarah937, SUESueWQ, Susan I143, THUN102, Tineedog, Tooth Fairy 1976, Traysii, Try2Do2Day, twobeansca, Weaver2420, WendyLouMiller

 Forwarded Message:

Subj: This is the email address and my letter, can't find original sry. Date: 6/27/01 8:47:37 PM Pacific Daylight Time From: Marejohn To: CoCoMN346

Subj: Comments Re: opiate analgesics for treatment of pain
Date: 6/11/2001 1:22:51 AM Eastern Daylight Time
From: Marejohn
To: Jwbroatch

FDA Advisory Committee:

There are many of us who live in unbearable pain 24/7. Unless you experience it yourself, or have a loved one who is going through it, I guess it is difficult to understand. I imagine I would not have been able to understand if not for going through it personally. I have been through many things in life, including childbirth, numerous times. Nothing compares to the level of the pain of RSD/CRPS (nerve pain).

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If you must find a cause, find the real criminals who are doing street drugs, or doctors who prescribe RX drugs to those that don't need them. Attack it at that level. **PLEASE DO NOT PROHIBIT, OR LIMIT THE USE OF DRUGS THAT ARE A LIFELINE TO THOSE IN**

CHRONIC PAIN.

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PLEASE HEAR OUR OUTCRY. WE HAVE MORE PROBLEMS THAN WE CAN HANDLE NOW. DON'T MAKE IT HARDER.

Thank you for taking the time to hear us out.

Sincerely,

Subj:	oxycontin
Date:	6/27/01 6:00:29 AM Pacific Daylight Time
From:	Itsallok1
To:	Jwbroatch

My name is Mark Sams and I have a chronic pain disorder that is driving me insane because the meds. my Dr. has tried does not help. I have learned about oxycontin from a friend of mine that was in a severe car accident. I then asked my Doctor if he would try this medication and he told me he was afraid to prescribe it because of the recent media frenzy. So in closing I would like to thank the media for taking away a chance for me to live somewhat of a normal life. I had a chance to be a little more independant and for a while that chance is gone. Maybe the government will be sending me checks soon. After all I cant work when I cant move.

only choice I have to control this pain, I will do so, without any hesitation.

I find it hard to believe that the FDA is even considering limiting our access to this medication! It is obvious to me that they have never suffered from chronic pain, nor have they ever had a close family member that has suffered, or they would not even consider such a notion.

It is my experience that people, like me, that took the medication for pain, do not develop the Mental addiction. Which is so common with people that are taking the medication illegal, for the side effects. It is also my experience that, when the pain is gone, we no longer feel a need for the medication, and would prefer not to take pills of any sort, unless it is necessary.

I understand the FDA's concern that some people will buy the drug illegally, or that some people will go the Emergency Room seeking the medication. I also understand their concern that to many people will become addicted to the drug, such as happened to me. There will also be people that commit crimes in search of the drug, but I would like to know how that is different then the other "narcotic" type of drugs. I would also like them to explain to me, how they can legalize a very powerful drug such as Alcohol, and limit or even take away one of the few medications that can actually help us. It is beyond my ability to rationalize having alcohol sold in dang near every city in the USA, when the "side effects" of drinking alcohol are responsible for so many deaths. I do not understand why they would attack a medication such as Oxycontin, when so many people depend on it to continue even a partially normal way of life. I could even go so far as to accuse them of being Hypocrites, when they would even consider making marijuana legal as a prescription, because of its medical uses. For Gods sake, and the sake of the people that are suffering, lets get the facts straight and stop the idiotic sensationalism, of a problem that does not exist!

----- Headers -----

Return-Path: <ogden-groves@juno.com>
 Received: from rly-yd03.mx.aol.com (rly-yd03.mail.aol.com [172.18.150.3]) by air-yd05.mail.aol.com (v78_r3.8) with ESMTP; Tue, 26 Jun 2001 18:56:19 -0400
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 Received: (from ogden-groves@juno.com)
 by m14.boston.juno.com (queuemail) id F8V56TKE; Tue, 26 Jun 2001 18:55:27 EDT
 To: jwbroatch@aol.com
 Date: Tue, 26 Jun 2001 17:55:49 -0500
 Subject: Oxycontin Controversy
 Message-ID: <20010626.175549.-1969955.0.ogden-groves@juno.com>
 X-Mailer: Juno 5.0.27
 MIME-Version: 1.0
 Content-Type: text/plain; charset=us-ascii
 Content-Transfer-Encoding: 7bit
 X-Juno-Line-Breaks: 12,22,45,53,58,64,82
 From: Christina I ogden-groves <ogden-groves@juno.com>

Subj: **Oxycontin Controversy**
Date: 6/26/01 3:56:19 PM Pacific Daylight Time
From: ogden-groves@juno.com (Christina I ogden-groves)
To: jwbroatch@aol.com

My name is Christina Ogden-Groves and I have suffered with RSD for over 2 years now. The onset of the disease came within a month after a major car accident, in which I had an injury to my left knee that initially did not seem to be of major concern. My Orthopedic Specialist had sent me for Physical Therapy before I had a surgery on the affected knee. During therapy, I started to get pain in the area of the injury, that did not coincide with the injury. Then other symptoms started to occur such as severe swelling, reddening of the skin and the skin feeling hot to the touch. I went back to see the Orthopedic Specialist, I was fortunate that the physician recognized the symptoms as RSD and I was sent to see a RSD Specialist, whom also agreed with the initial diagnosis. Tests were run, and a definite diagnosis of RSD was reached within a week, the second month after the initial injury.

The pain that I suffered seemed to grow, and become more complicated. I went through 13 epidurals, and 2 sympathetic blocks, with little success. During that time I had gone through so many medications, I couldn't even begin to remember them all. None of the medications successfully treated the pain, and the disease continued to progress, as did the pain. The pain had gotten so bad, I could not live anything near a normal life. Even walking to the bathroom, at times, was more than I could handle. The Emergency staff at the Hospital I would go to, knew me by name, and knew my entire medical history. I was put finally put on Oxycontin, as a "last resort" effort.

The initial dose of Oxycontin was, I believe, 20mg every 12 hours. This dose gave me a considerable amount of relief, it did not "stop" the pain, but did allow me to do normal stuff such as cooking for me and my children, without the usual emergency room. I had also been given Oxycodone for the "break through" pain. As time passed, my body became used to the Oxycontin, and somehow processed it differently, resulting in having to take higher doses to achieve the same amount of pain relief. It seemed as if, each month, I was still having "Boughts" with the disease, resulting in Emergency Room Treatment, or an increased dose of the Oxycontin. Over the span of 6 months that dose of 20mg rose to 160mg. Also over this time span, I had become clinically addicted to the medication. The disease had during this time, spread to my other leg, and now affected both legs from ankle, to hip. When I had been on Oxycontin for 6 month, the Specialist decided it was time to approach the pain even more aggressively, and a Dual Bilateral Sympathectomy was performed. While hospitalized with a Spinal Block, I was not given the Oxycontin that my body had become accustomed to, and I started to show Major withdrawal symptoms, at which time I was put on Methadone. The surgery was successful, and there was no need for me to continue the Oxycontin. It took me 3 months to stop having the withdrawal symptoms. The only reason that it took that long, was because the Doctor felt the need to minimize the withdrawal symptoms and step down the Methadone, not because there was a mental addiction to the medication.

That was over a year ago now. My sympathetic system has somehow reconnected, the pain has came back, and has now spread to both arms also. That means that now both of my legs, as well as both of my arms are affected. I am currently taking Ultram, Zanaflex and Amitriptyline to "try" to control the pain. I have been very reluctant to go back on the Oxycontin, because of the past addiction. However, if that is the

Subj: oxycontin
Date: 6/24/01 8:18:00 AM Pacific Daylight Time
From: cammack4@swbell.net (Jennifer Cammack)
Reply-to: cammack4@swbell.net (Jennifer Cammack)
To: jwbroatch@aol.com

Hello,

I am Laura Cammack, the wife of Steve Cammack. Steve has RSD and for the past three years it has been unsuccessful diagnosed. By the time it was, he was to the pain level of needed a cain to walk into the doctors office. He is 36 years old, a Christian, family man, and a successful self-employed contractor. He has a high tolerance for pain, but sadly the pain that he endures with RSD is too much for him to endure. The only relief that he has found is with the use of oxycontin. In the few days that he has been taking it, I can see amazing results. His pain level is down below a 5 on a pain scale of 1-10. It has given his mind, spirit, and body a much needed rest. My husband doesn't deserve to live in severe chronic pain and oxycontin is the relief we have been praying for three years. Help is here so that he can enjoy his life again.

Thank you for reading this letter.

Laura Cammack

----- Headers -----

Return-Path: <cammack4@swbell.net>
Received: from rly-ye02.mx.aol.com (rly-ye02.mail.aol.com [172.18.151.199]) by air-ye02.mail.aol.com (v78_r3.8) with ESMTP; Sun, 24 Jun 2001 11:17:59 -0400
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Date: Sun, 24 Jun 2001 10:16:49 -0500
From: Jennifer Cammack <cammack4@swbell.net>
Subject: oxycontin
To: jwbroatch@aol.com
Reply-to: Jennifer Cammack <cammack4@swbell.net>
Message-id: <000d01c0fcc0\$b31b3900\$e51abcd0@computer>
MIME-version: 1.0
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X-MSMail-Priority: Normal
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2615.200
X-Priority: 3

Subj: **oxycodone**
Date: 6/24/01 4:35:42 PM Pacific Daylight Time
From: peppermintpat5@hotmail.com (patti roulo)
To: jwbroatch@aol.com

I do agree with you on this drug this is the only thing that I have taken the has been make me able to work. If it is taken off the market I don't know what I will do. I feel that I take it correctly. I take 1 to 2 caps. every 6 hours at 5 mg. That is not much but it helps so much if you need me to sign anything or mail any letters please let me know.

Thank you for your concern

Patricia Roulo

715 N Hickory St. Apt #2

Joliet IL 60435

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Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
Sun, 24 Jun 2001 16:35:25 -0700
Received: from 12.84.10.147 by lw2fd.hotmail.msn.com with HTTP; Sun, 24 Jun 2001 23:35:25 GMT
X-Originating-IP: [12.84.10.147]
From: "patti roulo" <peppermintpat5@hotmail.com>
To: jwbroatch@aol.com
Subject: oxycodone
Date: Sun, 24 Jun 2001 18:35:25 -0500
Mime-Version: 1.0
Content-Type: text/html
Message-ID: <LAW2-F126Rv7O55mLVB00008936@hotmail.com>
X-OriginalArrivalTime: 24 Jun 2001 23:35:25.0293 (UTC) FILETIME=[57E991D0:01C0FD06]

Subj: OXYCONTIN
Date: 6/23/01 9:51:24 AM Pacific Daylight Time
From: res074gz@gte.net (res074gz)
To: jwbroatch@aol.com

I happen to suffer from a severe case of Fibromyalgia and Myofascial Pain Syndrome. If it were not for Oxycontin and various other medications I would not have ANY quality of live. As of now I am disabled. I can't work in the yard, do my housework and various other activities due to the pain. When you have never experienced severe pain you cannot understand it. Also, pain cannot be measured so there is no proof. I have read about many suicides due to the improper treatment of pain from Fibromyalgia. The medical and public community think that you look "ok" so there must be nothing wrong with you. These people have never suffered from anything like this or they would sing a different tune. We as patients know our bodies better than anyone else and no one should be able to write in the chart that you have mild to moderate pain when you just sat there and told them you have severe pain. I have a very hard time getting out of bed many mornings due to the pain. I have numbness and tingling in both hands but mostly my left hand. I have severe pain in my left upper and middle quadrant of my back. My lower back has severe pain and my muscles are mjerwin2so very tender to touch. I have frequent headaches, irritable bowel, irritable bladder, stiff necks,,, swelling if I don't lie down in bed. I have to hire someone to clean my home, help me with things around the house such as watering the plants, filing and other things. I would not be taking the medication if I did not need it, due to side effects. I have a BSN and have worked in the critical care unit of a hospital and acute hemodialysis and I have seen many, many things. Enough to know you do not take this for fun. But we again as patients have a God and medical right to be treated for our pain and no one should have to live with pain if something can be done. This fear that Dr's have of getting a patient addicted to pain meds. needs to go out the window. They should be able to worry more about how too treat this patient so that he/she is comfortable, no matter what the age. A patient in pain is not addicted. A patient of perfect health that is taking pain medication is addicted. It is not a fine line it is a huge gully. mjerwin22@yahoo.com

----- Headers -----

Return-Path: <res074gz@gte.net>
Received: from rly-yh05.mx.aol.com (rly-yh05.mail.aol.com [172.18.147.37]) by air-yh03.mail.aol.com (v78_r3.8) with ESMTP; Sat, 23 Jun 2001 12:51:24 -0400
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Received: from oemcomputer (Isanca1-ar11-080-066.Isanca1.dsl.gte.net [4.41.80.66])
by smtp3pub.verizon.net with SMTP
for <jwbroatch@aol.com>; id LAA27583885
Sat, 23 Jun 2001 11:51:08 -0500 (CDT)
Message-ID: <001301c0fc68\$fe38af60\$42502904@vz.dsl.genuity.net>
From: "res074gz" <res074gz@gte.net>
To: <jwbroatch@aol.com>
Subject: OXYCONTIN
Date: Sat, 23 Jun 2001 21:49:02 -0700
MIME-Version: 1.0
Content-Type: multipart/alternative;
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X-MSMail-Priority: Normal
X-Mailer: Microsoft Outlook Express 5.00.2919.6600
Disposition-Notification-To: "res074gz" <res074gz@gte.net>
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2919.6600

Subj: Oxycontin and it's use in chronic pain patients
Date: 1/28/02 11:51:05 PM Eastern Standard Time
From: amhutchens@worldnet.att.net (Anita M. Hutchens)
To: jwbroatch@aol.com

To Whom It May Concern:

I have been on the drug Oxycontin for at least a year and maybe two. As my RSD/CRPS has progressed, I now take 40mgm, tid., and I still hurt.

However, Oxycontin has made a big dent in my pain, and most days, allows me to get up and walk around my house, maybe go to the grocery store. It does not make me "high". Anyone who knows about chronic pain patients knows this. RSD ranks a 42 on the Mc Gill Pain Scale. This is the highest of aof the chronic pain conditions.

As a former ER RN for 20 years(before I was injured by a drunk and combative patient), I have seen many people come in with life threatening overdoses-from aspirin to Tylenol to cocaine to pcp, to Valium to IV Jack Daniels. My point is, that if people want to get high, they will do it with whatever is available to them. Those of us who are truly suffering should not be punished because of the idiot portion of the US population. You are welcome to come to my home and film me trying to get out of bed and walk, until I have had some pain relief. It sucks!

Sincerely,

Anita Hutchens RN CEN

----- Headers -----

Return-Path: <amhutchens@worldnet.att.net>

Received: from rly-yc05.mx.aol.com (rly-yc05.mail.aol.com [172.18.149.37]) by air-yc05.mail.aol.com (v82.22) with ESMTP id MAILINYC52-0128235104; Mon, 28 Jan 2002 23:51:04 -0500

Received: from mtiwmhc26.worldnet.att.net (mtiwmhc26.worldnet.att.net [204.127.131.51]) by rly-yc05.mx.aol.com (v82.22) with ESMTP id MAILRELAYINYC510-0128235038; Mon, 28 Jan 2002 23:50:38 -0500

Received: from DJKQ4211 ([12.77.30.13]) by mtiwmhc26.worldnet.att.net (InterMail vM.4.01.03.27 201-229-121-127-20010626) with SMTP id <20020129045033.WQAC13869.mtiwmhc26.worldnet.att.net@DJKQ4211> for <jwbroatch@aol.com>; Tue, 29 Jan 2002 04:50:33 +0000

Message-ID: <000801c1a87b\$fe172ce0\$0000a398@DJKQ4211>

From: "Anita M. Hutchens" <amhutchens@worldnet.att.net>

To: <jwbroatch@aol.com>

Subject: Oxycontin and it's use in chronic pain patients

Date: Mon, 28 Jan 2002 23:18:21 -0500

MIME-Version: 1.0

Content-Type: multipart/alternative;

boundary="-----_NextPart_000_0005_01C1A852.13C3ACA0"

X-Priority: 3

X-MSMail-Priority: Normal

X-Mailer: Microsoft Outlook Express 6.00.2600.0000

X-MimeOLE: Produced By Microsoft MimeOLE V6.00.2600.0000

Tuesday, January 29, 2002 America Online: Jwbroatch

Subj: Oxycontin Date: 1/27/02 8:56:28 AM Eastern Standard Time From: sportsfamily@sympatico.ca (Jackie Speers) To: jwbroatch@aol.com

To Whom it May Concern:

I would like to write to tell you how much oxycontin has changed my life.

I have RSD. I have struggled with it for the past 3 years. It has been a rough 3 years, but I have managed. I have struggled through many procedures, misdiagnoses and medications. The only thing that has brought me any kind of relief is Oxycontin. Without this medication, I would not be where I am today. I can honestly say that this medication has changed my life and the life of my family's.

If you have ever broken a bone, undergone any type of surgery, or endured any type of severe pain, you could understand the need for patients of RSD to require a medication that works! Imagine you went skiing and fell and broke your leg. You go to the hospital and the doctor says to you that they have set the bone, applied a fibreglas cast to the broken limb, but he won't be able to give you a prescription for some drugs to stop your pain. He informs you that there is a drug available, but the government has put restrictions on who can receive this medication. To make matters worse, you find out that even though your bone will heal, the pain you are enduring will not be going away even after everything has healed. This is exactly what RSD is and the government tells you that you do not require this medication, even though it is the only thing that will bring you relief while you are recouperating from your injury and after the injury heals.

This scenario is similar to many RSD patients who are currently using Oxycontin. I endured 2 years of non-stop pain after breaking my leg 3 times within 6 months. My doctor would not prescribe anything stronger than an anti-inflammatory. Any type of narcotic was out of the question to him. Eventually, he did give me a prescription for Percocet, but I had to be very careful not to use them as I was afraid to run out of them and not be able to get another prescription.

Eventually, I was referred to a pain specialist. This man immediately gave me a prescription for a medication that worked! I used them and was eventually switched to Oxycontin. Believe me, my life changed forever and I am eternally grateful to this doctor. I can honestly say that he has changed my life forever. I do not walk with a cane or crutches any longer and I am able to lead a relatively normal life. I have 3 children who lead very busy lives and I can enjoy being a part of their lives.

Please, do not take away a medication from people who need it. Sometimes, as in my case, Oxycontin is the only thing that has helped. I am sure I could possibly live without it, but my children would not have the mother they deserve to have. It could be your mother, daughter, wife, son, etc. or worse yet, yourself who may get this retched disorder. I am sure that you would want it available if it happened to you. I might add, it could happen to you, don't think for a second that it can't.

By the way, I am Canadian. If you disallow this medication for this disorder, it will not effect me. However, I would not like to see anyone be denied help for this debilitating disorder. I know what it is like. Please try to be empathetic towards me and my fellow Americans with RSD.

Yours truly

Jackie Speers
 sportsfamily@sympatico.ca

----- Headers -----

Return-Path: <sportsfamily@sympatico.ca>

Received: from rly-za01.mx.aol.com (rly-za01.mail.aol.com [172.31.36.97]) by air-za01.mail.aol.com

Sunday, January 27, 2002 America Online: Jwbroatch

Subj:	oxycontin
Date:	1/26/02 1:35:27 PM Eastern Standard Time
From:	KrkMelissa@cs.com
To:	Jwbroatch

After visiting the Reflex Sympathetic Dystrophy website I thought I would take a moment to share my experience with Oxycontin, which is used in treatment of my R. S. D. My Neurologist, Pain Management Anesthesiologist, original Orthopedic physician, have tried every pain medication available. All, with the exception of the Oxycontin, have caused vomiting, migraines, and lowered blood pressure (postural hypotension). In my particular case of R. S. D. my sympathetic nervous system is more the problem than the actual site of injury, which is the inside of my right knee. I have developed postural hypotension because of this disorder, and the narcotics they have used to treat the pain have only exacerbated this condition. I am not saying that the pain in my knee is not distressing in the least, however the P.H. is a debilitating monster of it's own. Oxycontin is the only pain medication that hasn't caused the side affects I have suffered from with the other alternative pain medications. Every person who knows that I take Oxycontin has called me each time there is a special on the television regarding Oxycontin to warn me about the implication of risks of my taking this medication. My doctor suggests that I not share this information with any more people because of the stigma it is attracting. She says I do not need any more stress, or grief in my life. I have had R. S. D. since 12/27/95, have too many never blocks to count, a spinal cord stimulator implanted, and removed, physical therapy, and am currently undergoing a series of intravenous infusions of a mixture of Ketamine and versad. Terrible things to have injected into one's body, but the alternative is life threatening, mentally.

Sincerely,

Melissa Kirk

PS

I am also a recovering member of Alcoholics Anonymous since 4/8/92. I do not like the idea of putting mood altering drugs into my body, and postponed the use of them in my treatment for several years much to my Doctor's dismay. In my opinion, Oxycontin is not the addictive pain reliever we have seen on television, Good Luck!

Subj: Drug Controversy
Date: 1/28/02 11:03:43 AM Eastern Standard Time
From: Jhpepper25
To: Jwbroatch
CC: Jhpepper25

Mr. Broatch,

I am an RSD patient. I was injured on the job in August 2001. I have been to doctors and pain management specialists.

I have recently been put on the oxycontin. It seems to really help me. If they decide to take it off the market or restrict its use, I do not know what I will do.

Before I was on the oxycontin, I was taking eight Tylenol pills and other medications per day. Now, I do not have the headaches and some of the other side effects that I was experiencing. This is a wonderful drug for pain sufferers like myself.

My family even said they see a difference in my RSD and my pain due to the drug.

Please help keep it available to all the RSD patients and other pain sufferers.

Thank you for your time and efforts.

Julie Bushell

Subj:	Oxycontin use
Date:	1/20/02 7:17:07 PM Eastern Standard Time
From:	Kaptdr
To:	Jwbroatch

Hi there,

I was on oxycontin for over a year in treatment of rsd. I never once had a problem. I am now taking morphine, and its not near as effective and much harsher on my body. I was taking 40mg, twice a day. I was able to work with little problem. I still hurt from the day, but the quality of life was so much better. Just wanted to add my experience with oxycontin, I sure felt better.

Sincerely,

D.Reagle

Subj: **pain meds**
Date: 1/19/02 8:52:08 AM Eastern Standard Time
From: *nightowlmom@juno.com (barbara c bedley)*
To: *jwbroatch@aol.com*

at kaiser permenente the dr. said she would not be my dr. if i took over 3 vicadin daily. im up all hours of the night. its 4am now and im in pain and cant sleep. i also cannot take any vicadin. she gave me morphine50. mg in 12 hr. capsules but I itched so bad I quit them on her orders. It was the best med I ever took. at night I hurt so much I cant sleep and don't know what to do. There is no addiction, Ive never abused pills, they're only for pain. If I had cancer I'd probably get more for the pain because the dr. would have a diagnosis she feels more comfortable about. How could she accept the truth that it hurts so much, she would have to admit people are suffering and she contributed to this nightowlmom@juno.com.

----- Headers -----

Return-Path: <nightowlmom@juno.com>
Received: from rly-xc01.mx.aol.com (rly-xc01.mail.aol.com [172.20.105.134]) by air-xc01.mail.aol.com (v82.22) with ESMTP id MAILINXC16-0119085208; Sat, 19 Jan 2002 08:52:08 -0500
Received: from m5.jersey.juno.com (m5.jersey.juno.com [64.136.16.68]) by rly-xc01.mx.aol.com (v82.22) with ESMTP id MAILRELAYINXC16-0119085146; Sat, 19 Jan 2002 08:51:46 -0500
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Received: (from nightowlmom@juno.com) by m5.jersey.juno.com (jqueuemail) id GRH7BXDN; Sat, 19 Jan 2002 08:51:41 EST
To: jwbroatch@aol.com
Date: Sat, 19 Jan 2002 05:51:28 -0800
Subject: pain meds
Message-ID: <20020119.055128.2032.0.nightowlmom@juno.com>
X-Mailer: Juno 5.0.33
MIME-Version: 1.0
Content-Type: text/plain; charset=us-ascii
Content-Transfer-Encoding: 7bit
X-Juno-Line-Breaks: 10
From: barbara c bedley <nightowlmom@juno.com>

Subj: Oxycontin for RSD patient
Date: 1/27/02 6:57:29 PM Eastern Standard Time
From: LeAnnVillalvazo
To: Jwbroatch

I was diagnosed with RSD 6 months after having knee surgery in 1998. I complained of the extreme pain to the knee area and the Dr. dismissed it. When I went for a second opinion 6 months later, after my leg gave out on me and fractured my cheekbone, the second Dr. examined me and informed me that I had RSD. He had a bone scan test done to measure the bone density of the injured knee and the report verified his diagnosis of RSD, together with the other symptoms I was having. He gave me Oxycontin 40 mg and referred me to a Pain Clinic with a Dr. that was treating RSD patients. I had several nerve blocks done but they did not help. Dr. McClusky, at the Portland Pain Clinic informed me that the only way to control the pain was through pain medication or a medical pump. I am now taking 3 80 mg Oxycontin 3 X daily. I have been on this dose since 1999. I am so thankful for Oxycontin. It has given me back a measure of quality of life. Without it, I was unable to even get out of bed. Oxycontin does not give me bad side affects like other drugs have. It simply makes the RSD pain livable. I plead with the FDA, or any other organization that would consider removing this medication from me and other Chronic Pain patients with RSD or other medical problems that require the medication, to please be merciful. This is the only medicine I have taken that has helped remove the pain and left me with the ability to function like a normal member of society. Without it, I would be forced to go on a Methadone program, or worse. Please don't be the ones responsible for doing this to me. I agree that it should not be prescribed to people that are not in severe pain, but I believe that the FDA should have enough faith in the Medical Association and the Dr. that is familiar with each individual case to know when he/she should be prescribing the Oxycontin to their patients, after all, they did go to medical school and have earned the degrees. It is my Dr. who knows what is best for me. I beg you to keep it that way and let me continue with the quality of life Oxycontin has given my life. Thank you. Sincerely, R. My e-mail address is mrbrandy@usa.net if you have any questions you would like to ask me.

Subj: **oxycontin controversy**
Date: 1/24/02 12:16:38 AM Eastern Standard Time
From: amazinggrace_01@msn.com (donna dahlquist)
To: jwbroatch@aol.com

Dear Sir/Madam:

I have recently been diagnosed with RSDS. I was injured at work. I work as a psychiatric nurse. I was kicked by a 14 year old girl, then flew across the hallway and apparently my arm was outstretched because my RSDS is from my left shoulder down to the left hand. The severe burning sensation has spread already to the left axillary, and onto my left breast. As you can imagine, if a worker's comp doctor diagnosed me with RSDS, it is severe. The pain management Rx'd a Duragesic Patch, however, the patch caused welting, reddness, and irritation. Besides that it worked fair. Nothing was given for breakthrough pain. When I consulted the pain management doctor, he said that it was too bad because there was no other option for pain management. I sought relief by consulting my family doctor. She Rx'd oxyContin 40mg. q 12 h, and oxyIR 5 mg. q 8 h for breakthrough pain. I am getting minimal relief. I also take a host of antidepressants, and Neurotin 600 mg. tid. The Neurotin makes me feel like a zombie if I take it during the day. So I start to take it after dinner, and am a zombie until bedtime. Since reading the article, that the last 2 days of January may put a halt on oxyContin, I suspect this may be why my doctor has refused to give me an increase in the dosage. I know if the dose was stronger my quality of life would be better. I hope that just because there are a few quacks that prescribe this medication to just anyone does not cause this wonder drug to be taken off the market. Please know that people with RSDS are in excruciating pain most of the time. I can't imagine what my life will be like without it. I wonder if I could go on living with the kind of pain that I and all persons with RSDS have to live with daily. The American public just may see another Jim Jones Kool-Aid mass suicide. I am not only a professional RN, but am the wife of a minister. I believe the good Lord uses man to make life bearable for those with chronic pain. Unfortunately, some people abuse this, and it just may cause many Americans to take things into their own hands. Thanks for listening.

----- Headers -----

Return-Path: <amazinggrace_01@msn.com>
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Received: from hotmail.com (oe152.pav0.hotmail.com [64.4.33.145]) by rly-xc02.mx.aol.com (v82.22) with ESMTP id MAILRELAYINXC23-0124001605; Thu, 24 Jan 2002 00:16:05 -0500
Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
Wed, 23 Jan 2002 21:16:04 -0800
X-Originating-IP: [63.17.34.206]
From: "donna dahlquist" <amazinggrace_01@msn.com>
To: <jwbroatch@aol.com>
Subject: oxycontin controversy
Date: Thu, 24 Jan 2002 00:15:10 -0500
MIME-Version: 1.0
X-Mailer: MSN Explorer 7.00.0021.1702
Content-Type: multipart/alternative; boundary="-----_NextPart_001_0000_01C1A46C.2FC8DA40"
Message-ID: <OE152SAH2JZZJfwTXSR00011161@hotmail.com>
X-OriginalArrivalTime: 24 Jan 2002 05:16:04.0678 (UTC) FILETIME=[38B8F660:01C1A496]

Sunday, January 27, 2002 America Online: Jwbroatch

Subj: **(no subject)**
Date: 1/24/02 11:27:52 AM Eastern Standard Time
From: JKJFKSMK
To: Jwbroatch

Hi my name is john I now take oxycontin for rds it seems to bother my stomach and from what i am hearing it is very addictive also it makes me very jittery and anxious italso seems to to make my hart race (but it dose work on the pain) these side effects could just be me personaly. I dont think it should be take off the market but norcc(hydrocodone) workes (for me with out the side effects just as well) people ar differnt.

Subj: Oxycontin
Date: 1/23/02 11:44:47 PM Eastern Standard Time
From: bobby6698@hotmail.com (Bobby 6698)
To: jwbroatch@aol.com

Hello There,

I know some about Oxycontin. I took Oxycontin for about 6 months for chronic back pain. It is not the doctors fault if someone uses this drug in the wrong way or in too much of a dose. Once the drug is bought by the patient, the doctor has no control over what they do with it. When I was taking Oxycontin, my pain level was down about 35-40%. My doctor took me off of it after he did surgery back in April of 2001. They put in a Modified Specified lead wire for my Spinal Cord Stimulator. Within 4 months it quit working again. I am in worse pain now than I have ever been in and my doctor won't even think about giving me anything stronger than Lorcet 5/500. I am suppose to take 1 per day, and that's it. It's like taking candy these days since I have been on it for over 2 years now. I would give anything to be able to take Oxycontin again to get my pain level down. It works great and I believe they should be allowed to prescribe it to patients that have Chronic pain 24/7 like I do. Doctors should not be held accountable for the way some patients mistreat and misuse the drug. The people that have taken overdoses of this medicine because of misuse or taking it with other drugs like street drugs and alcohol, are the ones that have given this wonderful medicine a bad name and it ain't right for everyone to suffer because of it. I hope my input helps with this cause.

Thank You,
 Bobby

MSN Photos is the easiest way to share and print your photos:
<http://photos.msn.com/support/worldwide.aspx>

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 Wed, 23 Jan 2002 20:44:35 -0800
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 Thu, 24 Jan 2002 04:44:35 GMT
 X-Originating-IP: [67.216.114.13]
 From: "Bobby 6698" <bobby6698@hotmail.com>
 To: jwbroatch@aol.com
 Subject: Oxycontin
 Date: Wed, 23 Jan 2002 22:44:35 -0600
 Mime-Version: 1.0
 Content-Type: text/plain; format=flowed
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 X-OriginalArrivalTime: 24 Jan 2002 04:44:35.0365 (UTC) FILETIME=[D29AAD50:01C1A491]

Subj: **oxycotin yes!!!!**
Date: 1/16/02 12:51:07 AM Eastern Standard Time
From: Mcblueberry
To: Jwbroatch

most people do not understand the benefits of this drugs on people that are in pain.
i realize what is happening in the different communities in regared to this medication.
please do not allow the missuse of a few people destroy the releive that this medication gives to so many.i
take oxycotin everyday of my lfe and will contiue to take it.it is the only thing that gives me any releive at
all.we you can't move without help and there are things that need to be done like bathe,eat,go to the
bathroom,you are really thankful that you have a medication that will allow you to do those things.no,we are
not able to do much,because of being drowousy,but at least we can do things that most people take for
granted.just remember that this could be you.this medication is the best and i have been through a
few.10+yrs in pain!!!

Subj: **oxycontin**
Date: 1/22/02 5:31:56 PM Eastern Standard Time
From: *cbrett@ircc.net* (Cathy Brett)
To: *jwbroatch@aol.com*

To whom it may concern:

I am a 34y.o. female with M.S. and I have been taking oxycontin for the past year. I have found absolutley no other drug that even comes close to relieving my pain for any length of time. I have been able to take this medicine as prescribed and i fear what will happen to me if this drug is pulled. please fight for us who cannot fight for themselves.

sincerley, Ursula

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Return-Path: <cbrett@ircc.net>
Received: from rly-xb01.mx.aol.com (rly-xb01.mail.aol.com [172.20.105.102]) by air-xb05.mail.aol.com (v82.22) with ESMTP id MAILINXB58-0122173156; Tue, 22 Jan 2002 17:31:56 -0500
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Received: from boss ([24.49.17.222]) by smtprelay9.dc2.adelphia.net (Netscape Messaging Server 4.15) with SMTP id GQD11V00.TQ1 for <jwbroatch@aol.com>; Tue, 22 Jan 2002 17:08:55 -0500
Message-ID: <000801c1a391\$b7270e20\$0100a8c0@boss>
From: "Cathy Brett" <cbrett@ircc.net>
To: <jwbroatch@aol.com>
Subject: oxycontin
Date: Tue, 22 Jan 2002 17:10:51 -0500
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Content-Type: multipart/alternative;
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X-Mailer: Microsoft Outlook Express 5.00.2919.6700
X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2919.6700

Subj: Renewal
Date: 1/22/02 4:44:03 PM Eastern Standard Time
From: Messsg
To: Jwbroatch

I had originally joined rdsda sometime about a year ago and sent 15.00. I spoke with you a few months ago in regards to not receiving anything from rdsda. At that time you stated that I was not in the database so that you did add me at that time. I received a renewal notice a few days ago and can not at this time afford another 15.00. I will be attending the symposium in Tampa, FL as I live in Clearwater FL just across the bay. I and two other members of my family will be going. I know we will learn a lot. I also gave brochures I received to three of my doctors and they and/or their PA's are attending. Also my lawyer is attending. Just thought you would like to hear that there are people who really want to learn more and are more than willing to. I was dissapointed to see or hear that most of the medical community here had heard nothing about this. We are so close that I thought somehow it would have be communicated to the medical community.

Thanks

Sue Mess

Hopefully I will see you at the symposium.

Subj: RE: SS Ruling & newsletters Date: 7/23/01 9:41:43 PM Eastern Daylight Time From: ritaammons@hotmail.com (Rita Ammons) To: jwbroatch@aol.com

Jim: Here we are in the same state, please let me know how I can be on more help!! First, please send EXTRA newsletters--I have several places to place them!!!

RE: SS Draft Ruling:

Since car accident (passenger) in 1987, I have facial RSD, and it's spread into both arms & hands. I have been trying to regain strength and social skills for the past few years--but this is only possible with strong medications. Without meds, I would be bedridden, needing constant help...

Ip, I have undergone 2 detox programs, and the pain is unbearable... These narcotics have been proven necessary for my LIFE---without these meds, I don't know what I would do. It is my greatest fear to lose the one thing that makes my life liveable...As I am trying hard to get better(my days are unpredictable), but I am functioning. PLEASE let myself, and many others, have the medications that keep us HUMAN!!! Rita

Jim: would this be sufficient for the OxyContin issue, as well? Or, do you want more information? With all this going on, I AM so frightened, and I want to do as much as possible to help out, so call on me, OK? Thanks for all the work you've been doing...Rita Ammons

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 Received: from 12.90.163.74 by lw8fd.law8.hotmail.msn.com with HTTP; Tue, 24 Jul 2001 01:41:22 GMT
 X-Originating-IP: [12.90.163.74]
 From: "Rita Ammons" <ritaammons@hotmail.com>
 To: jwbroatch@aol.com
 Subject: RE: SS Ruling & newsletters
 Date: Tue, 24 Jul 2001 01:41:22 +0000
 Mime-Version: 1.0
 Content-Type: text/plain; format=flowed
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Subj: Oxycontin Date: 7/24/01 3:33:03 PM Eastern Daylight Time From: ck@fastq.com (Claudette Kobelin) Reply-to: ck@fastq.com To: jwbroatch@aol.com

My husband has been on Oxycontin for 2 months now and it does help with the pain caused by RSD. This medicine has allowed him to return to work and his mind to not be clouded. Please do what you can to keep this medicine available to people with RSD. My husband feels useful again working. He uses a walker and a wheelchair so you are aware of the many freedoms he feels he has lost. The Oxycontin has given him back work which he loves.

Claudette Kobelin
 Husband Stephen Kobelin

----- Headers -----

Return-Path: <ck@fastq.com>
 Received: from rly-xd02.mx.aol.com (rly-xd02.mail.aol.com [172.20.105.167]) by air-xd05.mail.aol.com (v79.27) with ESMTP id MAILINXD52-0724153303; Tue, 24 Jul 2001 15:33:03 -0400
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 for <jwbroatch@aol.com>; Tue, 24 Jul 2001 12:36:10 -0700 (MST)
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 Date: Tue, 24 Jul 2001 12:32:33 -0700
 From: Claudette Kobelin <ck@fastq.com>
 Reply-To: ck@fastq.com
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 MIME-Version: 1.0
 To: jwbroatch@aol.com
 Subject: Oxycontin
 Content-Type: text/plain; charset=us-ascii
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Subj: MD info
Date: 5/22/01 3:14:28 PM Pacific Daylight Time
From: Rehlein007
To: Jwbroatch

Dear John,

If i understand it correctly, you will be the person that will give testimony to the FDA. I thought that I might be able to help in that being an MD I have a lot of information on the pros (mostly) and cons of the opiates. Please call me at 1-512-343-8943. I am unable to write long emails because of myRSD hand involvement but I do have something I believe to contribute, so please call me (or whomever it is at this point is going to be presenting testimony).

Michael Cap, MD, Austin RSD Support Group leader

Subj:	Opiod Controversy
Date:	7/14/01 1:07:25 PM Pacific Daylight Time
From:	Empira206
To:	Jwbroatch

Hi!

I have read about this controversy at other sites and am really concerned about it! I think I told you when we spoke on July 12th, that I wear the Duragesic Patch? **THIS IS THE ONLY** pain medication that for me, takes away the horrid burning/stabbing pain! If I couldn't have it, I have no idea what I would do! I don't know why this controversy is coming up, but I know many RSD suffers that use this patch as well as what's been nicknamed , "lollipop"--it has fentanyl in it just like the patch, and you can use it as your doctor prescribes. I have never used this drug, as it is **QUITE** expensive, but from what I hear from others, is that it is quite effective!v Just thought I would add my 2 cents!

The package you said you were going to send to me came today, July 14th and I can't thank you enough!! I hope you received the \$50 check that my husband sent you on July 13th!!

Hope all is well with you and yours and take care! "Talk" with you soon!

Sincerely,

Julie Knopf

Page 1 of 1

Subj: Oxycontin for pain
Date: 7/23/01 1:37:18 PM Pacific Daylight Time
From: pmonahan@spsmw.org (S. Pat Monahan)
Reply-to: pmonahan@spsmw.org
To: jwbroatch@aol.com

In mid April I sat at the bedside of my 53 year old niece who was dying of cancer. Thanks to Oxycontin she did not have to suffer the horrifying pain that I had watched others suffer before Oxycontin became available. I pray that Illegal Drug Users will not be able to have this wonderful drug taken off the market.

I suffered from RSDS for two years and it is now in remission. I only wish it had been available when I was in severe pain.

Thank you.
Sister Laurine Haley, SP

e-mail:lhaley@spsmw.org

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Return-Path: <pmonahan@spsmw.org>
Received: from rly-yd01.mx.aol.com (rly-yd01.mail.aol.com [172.18.150.1]) by air-yd01.mail.aol.com (v79.27) with ESMTP id MAILINYD14-0723163718; Mon, 23 Jul 2001 16:37:18 -0400
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Received: from spsmw.org ([10.1.0.146])
by spweb.spsmw.org; Mon, 23 Jul 2001 15:36:07 -0400
Message-ID: <3B5C8AB3.A5C2010D@spsmw.org>
Date: Mon, 23 Jul 2001 15:36:03 -0500
From: "S. Pat Monahan" <pmonahan@spsmw.org>
Reply-To: pmonahan@spsmw.org
Organization: Sisters of Providence
X-Mailer: Mozilla 4.72 [en] (Win95; I)
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MIME-Version: 1.0
To: jwbroatch@aol.com
Subject: Oxycontin for pain
Content-Type: text/plain; charset=us-ascii
Content-Transfer-Encoding: 7bit

Subj:	Life
Date:	7/22/01 2:41:42 PM Pacific Daylight Time
From:	Cis u 2
To:	Jwbroatch

To whom it may concern:

Recently, I had 2 carpal tunnel releases. After having the surgery, I was diagnose with RSSD and I also have osteoarthritis in both ankles, myofacial pain, and costochondritis and I have this and more painful medical problems at the age of 33 and I a male. I have popping in all my joints, muscle stiffness, and fatigue and a elevated CK level, and painful stomach cramps and diaherra when my bowels move.

As for oxycontin, I don't like taking the medicince because of some of the side effects and I like to have control of myself at all times. This is the reason, I don't drink alchol because I like to be in control of myself at all times. But with pain the only medicince, I took that made a different was oxycontin. Maybe if they stop looking at this drug as being addictive and start looking at this drug as a pain reliever. I feel that if people with RSSD or other chronic pain can't get a prescription for this medicince, alot of people are going to turn to alchol and street drugs to relieve their pain.

Here a suggestion: " What about the pharmactist delivering the medicince to the doctor's office maybe this will help elimnate some of the fraud that is happening now.

People need air , does this make it addictive?

People need water , does this make it addictive?

People with chronic pain need Oxycontin, to live some what of a normal life everyday. Even with oxycontin it still hard to live another day, but without I know I wouldn't make it another day.

Thank You,

James Thomas

Subj: oxycontin controversy Date: 7/23/01 5:21:16 AM Pacific Daylight Time From: TPMaier1 To: Jwbroatch

I was diagnosed with RSD over a year ago, my doctor started me on Oxycontin, along with a series of Sympathetic Blocks. I have to say I feel terrible when I see all of the bad attention that Oxycontin has been getting. It is such a great pain reliever for those of us who use it for that purpose. The label does not tell us to crush it up and snort/inject it; or sell it on the open drug market, it tells us to take it every so many hours for moderate to severe pain. Oxycontin has helped relieve my pain for a year (although you have to watch out for constipation, you can't ignore it) and I think that for fellow sufferers of RSD it is a fantastic drug, it helps us go about our normal (almost) day frequently! Like I said, I was on it for over a year, and had no serious problems with it, (except for some constipation/bowl problems), a competent doctor will wean a patient off of it, so withdraw symptoms will not be too bad.

Currently, I have a epidural inserted to me to control my RSD pain, and hopefully to cure it, I do not have to take Oxycontin. A 30 mg MSIR tablet is good enough for my occasional breakthrough pain, but if this treatment does not work, I would like to think that I would be able to take an appropriate drug to relieve to constant pain that RSD produces...and I think that drug is Oxycontin.

Thank You for letting me respond on this issue, I keep seeing these news reports on how terrible the drug is and I want to **scream**: You have to follow doctors orders when you are on this!

Timothy P. Maier
Perks-Reutter Associates
Regional Performing Arts Center
Owners Representative
Telephone (215) 735-4492
Fax (215) 545-5475

Subj: OXYCONTIN FOR CHRONIC PAIN
Date: 7/19/01 11:35:31 AM Pacific Daylight Time
From: nanjimmay@gilanet.com (Nancy May)
To: jwbroatch@aol.com

I urge those who have the power to keep oxycontin as a medication for the alleviation of chronic pain. I have tried many other 'pain medications' and oxycontin is the only one that has helped me be almost pain free. Please don't take away medications that work because of fear that they are addicting. Please have compassion on those who are in severe, chronic, non ending pain without this medicine. Thanks Nancy J May

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Return-Path: <nanjimmay@gilanet.com>
Received: from rly-xb03.mx.aol.com (rly-xb03.mail.aol.com [172.20.105.104]) by air-xb02.mail.aol.com (v79.27) with ESMTP id MAILINXB24-0719143531; Thu, 19 Jul 2001 14:35:31 -0400
Received: from mail.gilanet.com (mail.gilanet.com [207.66.20.40]) by rly-xb03.mx.aol.com (v79.20) with ESMTP id MAILRELAYINXB39-0719143506; Thu, 19 Jul 2001 14:35:06 -0400
Received: from 216.234.217.121.gilanet.com by mail.gilanet.com (NTMail 3.03.0017/4c.ag4n) with ESMTP id ma871350 for <jwbroatch@aol.com>; Thu, 19 Jul 2001 12:24:37 -0600
Message-ID: <000a01c11084\$f82e5cc0\$79d9ead8@nanjimmay>
From: "Nancy May" <nanjimmay@gilanet.com>
To: <jwbroatch@aol.com>
Subject: OXYCONTIN FOR CHRONIC PAIN
Date: Thu, 19 Jul 2001 11:59:36 -0700
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Content-Type: multipart/alternative;
boundary="-----_NextPart_000_0005_01C1104A.480388A0"
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X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2615.200

Subj: Oxycontin allows me to have a life that looks normal Date: 7/18/01 7:01:40 PM Pacific Daylight Time From: megmac@microsoft.com (Meg MacGougan) To: jwbroatch@aol.com

I have RSD, and the pain never stops.

When I use a combination of medications including Oxycontin and Percocet, it allows me to go to work. It allows me to get out of bed and get dressed. It allows me to carry on a conversation. It allows me to read a book. It allows me to think, to read, to speak.

Oxycontin will not be the final answer for me, my pain is still too severe so we are going to be adding Morphine. But the Oxycontin was perfect for me for 3 years. For three years I was a top performer at my company and people did not know I had RSD. The disease has progressed past that and now I will be using a wheelchair and now I need stronger pain support, but I do not take these pills for any reason other than to have a life- a life as close to normal as everyone you see on the street.

I am not an addict. If my pain went away, my reason to take these pills would go away and I would with great pleasure stop taking them. My body does have some physical dependency on the opiates so when I quit taking them, I need to reverse off of them slowly- the same way I need to reverse slowly off of Anti-depressants or anti-consultants. But I have no desire to 'pop' these time after time. It is a burned to take them, but a necessary part of my life.

In my day, I take a shower, I brush my teeth, I put on my glasses and I take Oxycontin.

Sincerely
 Meg MacGougan
 1508 N Prospect
 Tacoma WA 98406

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Return-Path: <megmac@microsoft.com>
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 Wed, 18 Jul 2001 19:01:09 -0700
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 X-MS-Has-Attach:
 X-MS-TNEF-Correlator:
 Thread-Topic: Oxycontin allows me to have a life that looks normal

Subj: Pain Medications
Date: 7/18/01 9:20:42 PM Pacific Daylight Time
From: warren.moore@fuse.net (Warren or Madge Moore)
To: jwbroatch@aol.com

Dear Sir,

I am writing you because of the horror stories we are all hearing about Oxycontin in the media. I would like to take a minute of your time to allow me to speak to you about this particular drug.

I have been diagnosed with secondary progressive Multiple Sclerosis for almost twenty three years, the diagnosis was confirmed before the invention of the MRI due to total left side paralysis that lasted for several months. Almost all of the effects of the paralysis went away after several months. The pain from the M.S. has never gone away, I do know that a person can learn to live with a certain amount of pain daily, both my primary doctor and my neurologist have told me in the last twenty two years that I seem to have a high tolerance for pain. I guess this is good news for me, the pain is always with me day and night, I haven't slept through a single night pain free in the years since diagnosis.

I guess the above was to let you know that, yes, I am well aware of some very intense pain and do use medications for this pain, Vicodin 7.5 up to five per twenty four hour period. I normally do not use the five pills allotted to me every day, I know that things can always get worse.

Last year I was having a very difficult time with spasms of the eye, it jerked from one side to the other of it's own free will, the pain was almost unbearable. It actually felt as though someone was literally pulling the eye socket from side to side. My doctor prescribed Oxycontin for me to use for a ten day period to see if it could relieve any of the pain. I took the medicine as he told me to take it, one every twelve hours along with my normal pain meds, Vicodin. The Oxycontin brought relief! At no time during this ten day period did I get "high", act drunk, lose control or anything else being attributed to this drug from "Hades" as some media have called it. I'm very sorry some people have died from mis using this medication, there is a great deal of difference in taking a medicine for help rather than for fun or to get high or whatever these people did with the drug. I do truly believe that these same people who misused the Oxycontin would have misused any other potent pain killer. In taking this one drug off the market, making it no longer available to those of us who do on occasion have need for this type pain relief is a great mistake. When used as ordered it works as it should. Why not announce to the media that all emergency rooms have cocaine available for pain relief for some people? Don't you think there would be many problems with

people misusing that drug too, including robbing emergency rooms all over the country for their own personal kicks? ANY drug can be misused by people who have serious drug problems, why not make alcohol a prescription drug, if aspirin were to be introduced today it too would be misused by some. Please take into consideration the people who do have severe chronic pain and stop this rash of "the sky is falling if we have Oxycontin" myth.

I did not intend to take up this much of your time, my apologies please. Thank you for reading this from a chronically ill person who has used Oxycontin ONE time in my life for indescribable pain.

Thank you, Sincerely, Madge H. Moore
madge.moore@fuse.net

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Return-Path: <warren.moore@fuse.net>

Received: from rly-zc01.mx.aol.com (rly-zc01.mail.aol.com [172.31.33.1]) by air-zc05.mail.aol.com (v79.27) with ESMTP id MAILINZC55-0719002042; Thu, 19 Jul 2001 00:20:42 -0400

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Message-ID: <000201c1100a\$22dcd620\$022d860a@moorews.convergys.com>

From: "Warren or Madge Moore" <warren.moore@fuse.net>

To: <jwbroatch@aol.com>

Subject: Pain Medications

Date: Thu, 19 Jul 2001 00:20:25 -0400

MIME-Version: 1.0

Content-Type: text/plain;
charset="iso-8859-1"

Content-Transfer-Encoding: 7bit

X-Priority: 3

X-MSMail-Priority: Normal

X-Mailer: Microsoft Outlook Express 4.72.3110.1

X-MimeOLE: Produced By Microsoft MimeOLE V4.72.3110.3

Subj: Support for patients in pain
Date: 7/18/01 4:56:57 PM Pacific Daylight Time
From: Romar11155
To: Jwbroatch

Is there any reason why if a person is in severe pain with a condition that cannot be cured, not be given medication to ease that pain? Once again, the misconduct of a few inhibits the welfare of the rest of us, and by this I mean drug dealers and young people who only wish for a high from this medication and mis-use it; which was developed to aid those with chronic pain. To regulate the distribution of this medication to those who really need it is wrong. Punish the ones mis-using the medication, not those for whom it is the only relief.

6/26/01

To whom it may concern:

I have been doing locum tenens work for about 7 years (after residency) and most of it was either in an urgent care setting or family practice. I have never had any difficulty with any medical board or DEA. That is until I worked at a chronic pain center in Myrtle Beach, SC. I was brought to work there by Med-Pro, a locum tenens agency, who assured me the doctor I was working for had a good reputation.

Since I had done a residency in neurology and had attended many CME's that included the recent trends in chronic nonmalignant pain and the use of long-term opioids, I felt comfortable prescribing them in the setting of a "chronic pain" clinic. As a matter of fact, without exception, the speakers at these CME's who spoke on the subject chronic nonmalignant pain were all proponents of long acting oxycodone (oxycontin) as the ideal medication because it was non-abusable and considered safe! Anyhow I reviewed the literature, looked at the 1999 policy set by the SC Board of Medical Examiners, and compared it to the clinic's protocol used at the clinic. It seemed to be above board and included all the elements included in the Medical Board's policy.

The DEA agents in South Carolina, however, unbeknownst to me at the time, don't recognize the Medical Board's authority or policy on the subject according to Linda Traube, lead investigator. I found this only after speaking with her over the phone. Her opinion was that only terminal cancer patients should be prescribed opiate medications. This of course flies in the face of DEA public testimony found at www.medsch.wisc.edu/painpolicy. I tried to find out what specifically if anything she found wrong with the practice. Other than her uninformed opinion, she would not tell me anything, she said ask an attorney. I did and he said what I was doing was proper and was done in accordance with the State Board's policy.

Of all the doctors that ever worked in that clinic, I was the most conservative with respect to prescribing opiates. The only schedule II medication I ever prescribed was Oxycontin, because it was considered safe and virtually non-abusable according to its maker Perdue-Fredrick. I routinely did urine drug screens and therapeutic opiate blood levels (to rule out diversion). I

terminated over 200 patients personally over the previous year for suspected diversion or doctor shopping. I did not tolerate being used by addicts, and made it clear to my patients that they had better be legitimate.

Over previous years I'd seen pain management specialists speak at numerous CME meetings throughout the country on the subject of opioids and its proper place in the setting of chronic non-malignant pain relief if all else failed. In the majority of our patients, "all else failed". On initial workups if the patient didn't bring adequate records or didn't agree to a trial of conservative non-opiate therapy, I didn't continue to see them as a patient.

Recently, because of the continuing news stories about oxycontin diversion and abuse, I decided to stop prescribing it altogether. I let local physicians and pharmacists know of my decision and asked that it be passed on to the DEA.

However, despite the fact that I followed the protocol approved by the SC Board of Medical Examiners and the Federation of State Medical Boards. And despite the fact that I decided to stop prescribing any Schedule II medications, within two weeks of my decision, (while either discontinuing oxycontin, or weaning it from the clinic's patients) DEA agents marched into the office unannounced and served me with a suspension. Since I was the only doctor left practicing in the clinic after DEA forced 4 physicians out on an improper address issue, patients were left with no help to wean them off medications and/or no pain specialist to continue therapy.

Prior to working in chronic pain management I never prescribed any controlled substance on a chronic or regular basis. Not in a family practice, urgent care, or neurology practice. I have never had difficulty saying "no" to patients demanding opiate medication for their pain. I practiced very conservatively. The only reason I employed opiate medication and anxiolytics on a regular basis at Comprehensive Care and Pain Management was because this was a **chronic pain management center**. This was not a family practice, an urgent care or a neurologist's office. In the setting of pain management within the appropriate parameters, these medications were life restoring to a great many people. I was told by the legal profession that what I was doing at the clinic was legal and proper. The numerous

lectures I attended during CME meetings on the subject of chronic non-malignant pain re-enforced the belief that my practice was proper. I was also re-assured by information gleaned from the American Pain Society's, the Journal of the American Medical Association's recent article on opiate use for non-malignant pain. I read and re-read the SC State Board of Medical Examiners policy, which was directly adopted from the Federation of State Medical Boards. To further re-assure myself I contacted my alma mater at UNC in Chapel Hill where I had done training in pain management. They also used opioids in the setting of chronic nonmalignant pain. So I felt assured that there should be no repercussions as long as I followed the state's pain management protocol.

In regards to Comprehensive Care and Pain Management Center the DEA chose to ignore anything that was done right. The only medical opinions they were interested in were those of the addiction specialists, who are quite opposite in their view of opiates and anxiolytics in the chronic nonmalignant pain. They see tolerance and dependence as addiction. They don't see anxiolytics as appropriate in combination with opiate medication. It is widely known that even in the organized "house of medicine" that these two groups vary widely in their opinions on the subject of pain management and chemical dependency. (See Vol. 279 No. 1, January 7, 1998, Letters to the editor). For more information on the subject of chronic pain management reference Portenoy RK. Opioid therapy for chronic nonmalignant pain: clinician's perspective. Journal of Law, Medicine & Ethics. 1996, 24:296-309. Available at http://208.234.16.94/research/mavday_jlme/24.4g.html and Schneider JP. Management of chronic non-cancer pain: a guide to appropriate use of opioids Journal of Care Management. August 1998. Available at <http://www.jenniferschneider.com/articles/opiods.html>.

In the end I am convinced that my medical records will bear out the truth. The truth being that I meticulously adhered to a standard pain management protocol and it is that protocol that is part and partial of the Federation of State Medical Boards and that of the state of South Carolina. I did not act as a "pill mill" and I plan to have my DEA return to an unrestricted status. When I do. I will no longer treat pain in the chronic setting, unless it is with only non-scheduled adjunctive medications. In the future those patients needing more treatment will be referred elsewhere. Practicing in this murky, ethical quagmire is certainly not worth the risk of having the heavy hand of

governmental regulatory agencies (such as the DEA) second-guessing my medical decisions.

The last time I heard from the DEA or the clinic, lead investigating DEA agents Cheri Crowley and Alan Alexander were taking trophy pictures of each other outside the clinic next to the sign that read “clinic closed by DEA”!

At my last count 11 physicians in Myrtle Beach have had restrictions placed on their DEA in the month of June 2001.

Dr. Benjamin Moore

Subj: FDA's Possible Restriction of Opioid Medications Date: 7/16/01 12:35:08 PM Pacific Daylight Time From: shayna1@optonline.net (janie) To: jwbroatch@aol.com File: ClearDayBkgrd.jpg (5675 bytes) DL Time (28800 bps): < 1 minute

Dear JW Broatch,

I am extremely concerned and upset at the prospect of the FDA restricting Opioid Medications from people with chronic pain.

I have Reflex Sympathetic Dystrophy Syndrome. I have had it since 1981. For the first 11 years, I was fortunate that it was episodic, and I'd have periods of relief in between each episode. However, in 1992, this suddenly changed, and there hasn't been a single day, since then, that I have been free of severe pain.

My doctor, whom I have seen since the disease reached this stage of severity, has tried every possible protocol, without success. I even have a dorsal column stimulator and a peripheral nerve stimulator implanted. They help the pain in my right hand and arm, but they do not eliminate it. In addition, my RSDS spreads and now affects both legs and feet; my eyes, causing me to develop severe photophobia; and my head, bringing on headaches that would exceed any migraine I know of.

I have been too close to committing suicide twice than anyone should be. Both were precipitated by intractable pain and the failure of a treatment. I had all my arrangements made, and fortunately, realized what it would mean each time. The first time, I went to my rabbi. The second time, my RSDS doctor sent me to a psychiatrist I still visit. I didn't and don't want to end my life; **I just want to stop this pain!**

I was on oral morphine for a few years until the mega-doses I needed finally caused a reaction and I developed breathing problems. My doctor then switched me to methadone, which was as effective as morphine without physical and emotional side effects. However, four-1/2 years of taking methadone resulted in my losing so much hair, that I was on the verge of being bald. I then asked my doctor to find something to replace methadone, as I don't want to go bald. He has put me on Fentanyl Duragesic Patches, but whether I am allergic to the stuff the manufacturer uses to make the patch stick to my body, or to the medication being absorbed through the skin I am not certain. I do know, however, that even 250 u/g/h does not reduce the pain sufficiently, so I don't have to take Dilaudid every 4-hours as well. My doctor and I are discussing what medications I can take to replace the Fentanyl Patches. The two considered most like morphine in effect, that we have found, are OxyContin or Levo Dromoran. We will probably first try OxyContin, still keeping Dilaudid for breakthrough pain.

I have been told, by my doctor, who is a Pain Management Specialist and served his residency in Pain Management, that I have the most severe case of RSDS he's ever seen. I would rather that not be true, but as it is, I cannot be without powerful medications--the kind that are only found in narcotic medications--or I cannot continue to live.

The statement I just made, that without opioids available to me, I cannot continue to live, is not meant as a threat. It is a statement of fact. Even with taking morphine or methadone, I had many days where the only thing I could do was take Dilaudid every four hours. The Dilaudid was not in place of the other drugs; it supplemented them when the pain broke through. On those days, in addition to taking Dilaudid (up to 14 mg.) every four hours, I stay in bed, trying to sleep the pain away. I'm lucky, because my kids are grown and I can take to my bed.

There have been nights when nothing I take works and I walk around the house, screaming. At that point, my doctor sends me to the local Emergency Room, where he has instructed the doctors there to give me one or two injections of Demerol. The last time I was there, a couple of months ago, all the other patients near me, who had all come into the E.R. before me and had their own significant medical needs, told the doctors to take care of me **first**, as they could see how much pain I was in. And, all of this occurs while I am allowed to take major opioids all the time. **Can you imagine what it would be for me if I were not allowed to obtain these narcotic drugs?** No one can, because the pain I suffer from is beyond anyone else's comprehension.

Tuesday, July 17, 2001 America Online: Jwbroatch

However, if I am unable to attain those narcotic medications, or any others I may need at one time or another, the prospect of living through even a single day without any significant medicated relief, is so horrific, that the only recourse for me would be to end my pain--forever. And, unfortunately, the only way that would happen under those conditions (or even today's medications)--ending my pain forever, would be to kill myself.

With all I have lost, because of RSDS, I still feel I've had a good life. I have the most wonderful, adoring husband, whom I adore; I have three of the greatest offspring anyone could ever pray to have; and I have three grandchildren, who are more fantastic than anyone else's grandchildren. Just because I am living in my own personal hell, I am still able to recognize and enjoy what I have. I don't want to lose any of it. I don't want them to be without me. **But, if the FDA restricts access to those drugs to me and to all of the others who have RSDS (not even including those who have other forms of chronic pain), it had better be prepared for the massive number of suicides that will occur.**

That statement is not meant as a threat; it is an objective observation of what would have to be done by millions of us if we are denied access to strong-enough medications; i.e. narcotics or opioids, whichever you want to call it.

All I can possibly do to help myself with this situation is write letters, have others write letters on my behalf, and pray.

Sincerely,

Jane-Ellen Schneider
19 Silver Hollow
North Brunswick, NJ 08902
e-mail: shayna1@optonline.net

Many people will walk
in and out of your life
But only true friends
will leave footprints
on your heart.

----- Headers -----

Return-Path: <shayna1@optonline.net>
Received: from rly-yh03.mx.aol.com (rly-yh03.mail.aol.com [172.18.147.35]) by air-yh04.mail.aol.com (v79.27) with ESMTTP id MAILINYH44-0716153508; Mon, 16 Jul 2001 15:35:08 -0400
Received: from mta4.srv.hcvlny.cv.net (mta4.srv.hcvlny.cv.net [167.206.5.10]) by rly-yh03.mx.aol.com (v79.20) with ESMTTP id MAILRELAYINYH32-0716153449; Mon, 16 Jul 2001 15:34:49 -0400
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by mta4.srv.hcvlny.cv.net
(iPlanet Messaging Server 5.0 Patch 2 (built Dec 14 2000))
with SMTP id <0GGK00GLTZPXH2@mta4.srv.hcvlny.cv.net> for jwbroatch@aol.com;
Mon, 16 Jul 2001 15:34:45 -0400 (EDT)
Date: Mon, 16 Jul 2001 15:34:28 -0400
From: janie <shayna1@optonline.net>
Subject: FDA's Possible Restriction of Opioid Medications
To: jwbroatch@aol.com
Message-id: <001401c10e2e\$54dc6920\$753bbe18@default>
MIME-version: 1.0
X-MIMEOLE: Produced By Microsoft MimeOLE V5.00.2919.6600
X-Mailer: Microsoft Outlook Express 5.00.2919.6600
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X-Priority: 3
X-MSMail-priority: Normal

Tuesday, July 17, 2001 America Online: Jwbroatch

Subj: Oxycotin Date: 7/16/01 12:36:58 AM Pacific Daylight Time From: dawsondave@webtv.net (David July) To: jwbroatch@aol.com

Hi

My name is Angela, I am a 30 year old police officer who was injured in the line of duty. I tore my ACL and in October 2000, I underwent surgery for the repair. During my rehabilitation I was diagnosed with RSDS. I have been taking oxycotin since October 2000 and it is the only pain killer that manages to take the edge off. If I can do anything to help in your cause let me know, I need this medication for my treatment.

Sincerely,
Angela July

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Return-Path: <dawsondave@webtv.net>
Received: from rly-yh02.mx.aol.com (rly-yh02.mail.aol.com [172.18.147.34]) by air-yh02.mail.aol.com (v79.27) with ESMTP id MAILINYH210-0716033658; Mon, 16 Jul 2001 03:36:58 -0400
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Received: (from production@localhost) by storefull-128.iap.bryant.webtv.net (8.8.8-wtv-f/mt.gso.26Feb98) id AAA23516; Mon, 16 Jul 2001 00:36:36 -0700 (PDT)
X-WebTV-Signature: 1
ETAtAhUAox2m2iK0WJ8uV+1pTqaZec/4+pQCFAiTPBJ2AK+I3UrCVY19/JiGiYdk
From: dawsondave@webtv.net (David July)
Date: Mon, 16 Jul 2001 02:36:36 -0500 (CDT)
To: jwbroatch@aol.com
Subject: Oxycotin
Message-ID: <18152-3B529984-3130@storefull-128.iap.bryant.webtv.net>
Content-Disposition: Inline
Content-Type: Text/Plain; Charset=US-ASCII
Content-Transfer-Encoding: 7Bit
MIME-Version: 1.0 (WebTV)

Subj: Date: 6/22/01 2:02:42 PM Pacific Daylight Time From: m.flournoy@worldnet.att.net (Mary Flournoy) To: jwbroatch@aol.com

I have RSD and am currently taking Oramorph but have taken Oxicotin and used it as directed. It seems that the only people being hurt by the drug are the ones who scrape off the outer coating or mix it with alcohol. Those of us with severe medical problems should not be punished because of idiots in the world who take meds they don't even need.

----- Headers -----

Return-Path: <m.flournoy@worldnet.att.net>
Received: from rly-zc02.mx.aol.com (rly-zc02.mail.aol.com [172.31.33.2]) by air-zc05.mail.aol.com (v79.24) with ESMTTP id MAILINZC54-0622170242; Fri, 22 Jun 2001 17:02:42 -0400
Received: from mtiwmhc23.worldnet.att.net (mtiwmhc23.worldnet.att.net [204.127.131.48]) by rly-zc02.mx.aol.com (v79.20) with ESMTTP id MAILRELAYINZC29-0622170225; Fri, 22 Jun 2001 17:02:25 -0400
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Message-ID: <000a01c0fb5e\$a22e1300\$1f874d0c@computer>
From: "Mary Flournoy" <m.flournoy@worldnet.att.net>
To: <jwbroatch@aol.com>
Subject:
Date: Fri, 22 Jun 2001 16:02:20 -0500
MIME-Version: 1.0
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X-Priority: 3
X-MSMail-Priority: Normal
X-Mailer: Microsoft Outlook Express 5.50.4133.2400
X-MimeOLE: Produced By Microsoft MimeOLE V5.50.4133.2400

Subj: Date: 6/22/01 2:28:03 PM Pacific Daylight Time From: donnareed15@hotmail.com (donna McCullough) To: jwbroatch@aol.com

I am writing about the drug oxycontin. I have arachnoiditis of the spine and have had 5 surgeries of the spine including rods and screws to hold my spine together. This all started in 1987 and my last surgery was in 1992. I am young, 42yrs old, for all the pain I have suffered in my life. I am unable to work anymore, and I am in constant pain. The pain is horrible, burning and completely disabling. I use to take demerol and tylenol #3, which was not helpful and the side effects were horrible. I went to a pain specialist in 1995 and was put on MSContin. I developed a severe rash from it and could not take it either. I have also tried dilaudid. Between all the drugs I have had nerve blocks, physical therapy, implantation of a morphine pump, which had to be removed due to infection, and many other procedures. My doctor then put me on oxycintin 40mg 4 x's per day and percocet for break through pain. I can not tell you how this drug has changed my life. I am able to get around better, do most of my daily needs by myself without much help from my husband, I can walk and drive for short distances and I have no mental side effects from this drug. It has been a life saver for me. I had no quality of life before and now I do. I am very worried about all the media coverage and stories about abuse of this drug. I don't care if Purdue pharmacy's need to have my doctor sign something, or issue prescription pads that cannot be duplicated by abusers, what ever it takes I think would be good to keep the drug away from drug dealers and abusers, but for the thousands of people like me who have no choice and need the drug, it would be awful if they take it off the market. I know its very expensive. I don't know how abusers can afford it. It costs me several hundred dollars per month. I have medicare and it does not cover the drug. My husband and I had to declare bankruptcy since I have been unable to work and the only drawback of oxycontin is the cost to me each month from the pharmacy. My doctor is going to apply for me to get the drug from Purdue patient assistance program. If they take it off the market I am sure there will be alot more deaths from suicide from the people in chronic pain, who are helped by oxycontin. Its just plain stupid for that to happen to us! I just wanted to write my feelings in this matter and if there is anything I can do, such as write letters on behalf of oxycontin, or what ever else you may need to help keep oxycontin on the market through pharmacy's, for people who need it, I would be happy to help. Please e-mail me if you want or let me know if I can help in anyway. my e-mail address is donnareed15@hotmail.com. Sincerely, Donna, from Maryland

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Received: from hotmail.com (f68.law15.hotmail.com [64.4.23.68]) by rly-zd03.mx.aol.com (v79.20) with ESMTP id MAILRELAYINZD36-0622172738; Fri, 22 Jun 2001 17:27:38 -0400
Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
Fri, 22 Jun 2001 14:27:38 -0700
Received: from 65.14.160.114 by lw15fd.law15.hotmail.msn.com with HTTP; Fri, 22 Jun 2001 21:27:37 GMT

Saturday, June 23, 2001 America Online: Jwbroatch

Subj: Oxycontin
Date: 6/22/01 4:47:28 PM Pacific Daylight Time
From: engineer@spiricon.com (Greg Slobodzian)
Reply-to: engineer@spiricon.com (Greg Slobodzian)
To: jwbroatch@aol.com

To whom it may concern,
 I've been taking Oxycontin for about three years
 as treatment for my RSD. I've had RSD for about 15
 years and it was about 3 and a 1/2 years ago that my
 condition began to worsen. I went through about a
 dozen different meds before it was determined that
 Oxycontin would allow me to function in a somewhat
 normal manner. This drug is a God send for me
 and I'm sure for many other sufferers of RSD and
 other chronic pain conditions. Please feel free to
 use this testimonial about the benefits of Oxycontin
 to help prevent the fear mongers from screwing up
 something that has far greater benefits than imagined
 risks.

Sincerely,

+++++

Greg Slobodzian, Engr. Mgr.
 Spiricon Inc. voice 435-753-3729
 2600 North Main St. fax 435-753-5231
 Logan, Utah, 84341 email engineer@spiricon.com

+++++

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Return-Path: <engineer@spiricon.com>
 Received: from rly-zc02.mx.aol.com (rly-zc02.mail.aol.com [172.31.33.2]) by air-zc03.mail.aol.com (v79.24)
 with ESMTMP id MAILINZC34-0622194728; Fri, 22 Jun 2001 19:47:28 -0400
 Received: from io.sunrem.com (io.sunrem.com [206.81.134.52]) by rly-zc02.mx.aol.com (v79.20) with
 ESMTMP id MAILRELAYINZC22-0622194652; Fri, 22 Jun 2001 19:46:52 -0400
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 by io.sunrem.com (8.9.3/8.9.3) with SMTP id SAA21207
 for <jwbroatch@aol.com>; Fri, 22 Jun 2001 18:18:14 -0600 (MDT)
 Message-ID: <006f01c0fb74\$d6c6ba20\$6901a8c0@sun>
 Reply-To: "Greg Slobodzian" <engineer@spiricon.com>
 From: "Greg Slobodzian" <engineer@spiricon.com>
 To: <jwbroatch@aol.com>
 Subject: Oxycontin
 Date: Fri, 22 Jun 2001 17:40:49 -0600
 Organization: Spiricon Inc.
 MIME-Version: 1.0
 Content-Type: text/plain;
 charset="Windows-1252"
 Content-Transfer-Encoding: 7bit
 X-Priority: 3
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 X-Mailer: Microsoft Outlook Express 5.50.4133.2400
 X-MimeOLE: Produced By Microsoft MimeOLE V5.50.4133.2400

<p> Subj: Oxycontin for Chronic Pain Date: 6/22/01 8:23:10 PM Pacific Daylight Time From: bettekaffitz@hotmail.com (Elizabeth Kaffitz) To: jwbroatch@aol.com </p>

This is a plea to anyone and everyone who has my ability to function as a rational human being in his or her hands. According to a posting on the Clouds Online Support Group, you are the individual(s) or group considering limiting a physician's power to prescribe opioids to chronic pain patients.

Accute, short term pain serves a purpose. It warns us that there is something wrong going on somewhere in our bodies. Chronic pain has long outworn its original purpose. Whatever urgent medical condition it signaled has long since been noted. Any treatment has been provided. All that is left is the patient's pain.

Chronic pain is always there. It feeds upon itself. It makes new pathways in the brain. It makes the person in pain a prisoner with a life sentence and no chance of parole. It robs us. It robs me.

Pain specialists talk about a pain scale. One is no pain. Two is mild pain that you only notice when you aren't doing anything else. Three is pain that you can ignore if you are doing something really interesting. Ten is pain so intense that you are incoherent and unable to register anything going on around you except the pain.

The chronic pain patients I meet on "Clouds" or at the pain clinic are living with level seven or level eight pain. We do not expect to be pain free. We only hope, with treatment, to reach level three or level four. (Level four is pain that you continue to be aware of during your favorite activities, but does not prevent you from enjoying those things.)

Opioids like Oxycontin and the Duragesic Transdermal Patch are the best way to achieve that pain reduction. They provide a sustained level of pain control without any break in coverage. This means that there is neither (1) the desperation experienced by pain patients when the pain has returned but the clock says it's too soon to take the next dose of pain reliever nor (2) a physical or emotional "high" from the sudden rush of a potent drug.

There will always be people waiting to find a new drug to abuse, a new sensation to experience. They will always be able to get hold of some substance or other. They abuse alcohol. They abuse marijuana. They abuse codeine. They abuse cocaine. They abuse heroin. They abuse opioids.

This is not my fault. It is not the fault of my fellow pain patints. It makes no sense whatsoever to withhold from us a simple patch or pill that can mean the difference between a life and a living hell--just because some other people might abuse it. Some people sniff gasoline. No one has suggested banning its manufacture and proper use.

Every physician has the right and obligation to reieve his patients' pain. Every chronic pain patient has the right to expect his or her physician to reduce his or her pain to a bearable level. Luckily, we live in an age where, for most patients, that is medically possible. To have this ability

and not use it is inhumane. To have this ability but to ban its use is inhuman.

Elizabeth Anne Kaffitz
3380 Graves Road
Wellsville, NY 14895
(716) 593-6449
bettekaffitz@hotmail.com

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Received: from hotmail.com (f94.law4.hotmail.com [216.33.149.94]) by rly-xb04.mx.aol.com (v79.20) with ESMTP id MAILRELAYINXB46-0622232247; Fri, 22 Jun 2001 23:22:47 -0400
Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
Fri, 22 Jun 2001 20:22:47 -0700
Received: from 136.224.2.113 by lw4fd.law4.hotmail.msn.com with HTTP; Sat, 23 Jun 2001 03:22:46 GMT
X-Originating-IP: [136.224.2.113]
From: "Elizabeth Kaffitz" <bettekaffitz@hotmail.com>
To: jwbroatch@aol.com
Subject: Oxycontin for Chronic Pain
Date: Fri, 22 Jun 2001 23:22:46 -0400
Mime-Version: 1.0
Content-Type: text/plain; format=flowed
Message-ID: <F94IUZNAjZGXalRh9ja0000cc5f@hotmail.com>
X-OriginalArrivalTime: 23 Jun 2001 03:22:47.0142 (UTC) FILETIME=[C6430860:01C0FB93]

Subj: Re:oxycontin
Date: 6/22/01 9:25:36 PM Pacific Daylight Time
From: Emoreno1016
To: Jwbroatch

Hi,

I Have Fibro, polo, migraines, Chronic Pain, and now was just told that I have this RSD. If it was not for **oxycontin** and **Lartab** I would not be able to get out of bed. I sure hope that they do not take that away from use. I have tried every other med. that they have out here and nothing works. I still have a lot of pain, but at least I can get up and move around some.

Thanks,
Erika Moreno

Subj:	oxycontin
Date:	6/21/01 7:44:46 PM Eastern Daylight Time
From:	turk457
To:	Jwbroatch

Three cheers for Oxycontin! Over the past 2 years I have tried just about every drug you can try on my right hand. I have had the nerve blocks. The only thing that works right now is the Oxycontin 20mg. I also have OxyIR 5mg. When these pills are taken correctly, they are the best I have tried yet. If the availability of these pills are restricted, there will be nothing left to do but a sympathectomy.

Thank you.

Turk457
RSD patient since 3-2-99
Cleveland, Ohio

Subj: oxycontin Date: 6/21/01 4:04:11 PM Eastern Daylight Time From: shorty4501@hotmail.com (delores conley) To: jwbroatch@aol.com

I have been Diganosed with Stage III of Rsd, the oxycontin has been the only thing to relieve most of the pain not all of it but most of it so that i can move almost like a human being now, I have Rsd in the right hand and in the right Knee and it is getting worst this Rsd is spreading and i have all the Dr's reports to back it up almost 25 of them, i have had nerve blocks,PT,drugs,trial drugs with major side effects, i have had no side effect from the oxycontin, and i am not addicted to it either i only take it when the pain gets so bad that i can't stand it anymore,just wanted to voice my oppinion on the subject
delores conley

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Received: from hotmail.com (f248.law11.hotmail.com [64.4.17.248]) by rly-yb02.mx.aol.com (v79.20) with ESMTP id MAILRELAYINYB24-0621160400; Thu, 21 Jun 2001 16:04:00 -0400
Received: from mail pickup service by hotmail.com with Microsoft SMTPSVC;
Thu, 21 Jun 2001 13:03:59 -0700
Received: from 63.67.120.227 by lw11fd.law11.hotmail.msn.com with HTTP; Thu, 21 Jun 2001 20:03:59 GMT
X-Originating-IP: [63.67.120.227]
From: "delores conley" <shorty4501@hotmail.com>
To: jwbroatch@aol.com
Subject: oxycontin
Date: Thu, 21 Jun 2001 16:03:59 -0400
Mime-Version: 1.0
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Message-ID: <F248VwrblZz02H67yRL00010958@hotmail.com>
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Subj:	oxycontin
Date:	6/21/01 10:49:52 AM Eastern Daylight Time
From:	Octodiem
To:	Jwbroatch

As far as I'm concerned if oxycontin is banned we should also ban food, sunlight, gas, hairspray and water. All of these things should be banned because they are dangerous also. I have multiple forms of arthritis, the most painful and disabling is the cervical spine. I had no quality of life before oxycontin. There is no "fix" for my disease. I will die a slow painful death. Why not give me and others like me TIME to interact with my children. Without the meds I am in bed hoping for a comet to smash me to bits. Let the FDA, DEA, and News reporters allow me to drive nails in their joints and spine, then they have walked a mile in my shoes, only after the spikes have remained 10 years or so then they can have the insight to call us heroin addicts. Any thing can be abused. Why punish pain patients? Because we are a lot easier for the media and government to harass than real drug cartels. We don't shoot at them can't afford F. Lee Bailey and won't murder judges. All we can do is Suffer.

Subj: oxycontin Date: 6/19/01 3:48:09 PM Eastern Daylight Time From: hennings@dogday.net (Marijo) To: jwbroatch@aol.com

I have been taking oxycontin for approx 3 years. In 1993 I fell and injured my back and knees.

At this time I have undergone 9 surgeries to repair my back and one knee. At one point I lost use of my right leg due to pressure on the nerves radiating from my back. I was at one time taking 40 mg of oxy twice a day. I have since cut this dosage down to 10 mg once or twice a day. While this does not totally relieve all my pain, it puts it in a range I can deal with, by utilizing additional avenues of pain management. If I was denied the use of oxycontin, I would be forced to use other pain relievers that would make me completely bed-bound. The amounts I would need to take of other medications would make participating in a normal life impossible. As I have two children, and as I choose to be active, alert and contributing member of society, this is not an option for me.

I understand that people are abusing oxycontin and that must stop. Abuse of any drug is a detriment to the user and to the community. But taking this medication away from those it is helping would be a detriment to everyone. Unfortunately, there will always be those who choose to abuse the system, and the best we can hope for is to try and help them, through programs, education and limitations. But to remove such a beneficial medication from the many people who use it wisely, would be criminal.

The advances in medicine in the past few years are overwhelming, and the new breakthroughs that are happening everyday are holding out new hope to chronic pain sufferers. I, and many others live with pain everyday, and work hard to not become burdens on our families and our community. We need the availability of these medications that allow us to function in a near normal capacity. I know of no one who deals with chronic pain, who would not give all the possess to be free from pain, even for one day. The FDA must take into account the benefits of oxycontin, as well as the dangers of abuse. The need for an intelligent, informed and compassionate decision from them is paramount.

Sincerely,

MJ Henning

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Return-Path: <hennings@dogday.net>
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 by mail.gnrac.net (8.11.3/8.11.3) with SMTP id f5JJlvT31656
 for <jwbroatch@aol.com>; Tue, 19 Jun 2001 12:47:57 -0700
 From: "Marijo" <hennings@dogday.net>
 To: <jwbroatch@aol.com>
 Subject: oxycontin
 Date: Tue, 19 Jun 2001 12:51:36 -0700

529 Aubrey Road
Keysville, Va. 23947
May 29, 2001

RSDSA
P.O.Box 502
Milford, Connecticut 06460

To Whomever It May Concern:

I am writing because I am the wife of a man who has RSDS/CRPS and he is in severe pain constantly. None of his pain medication takes the pain away, but his medicine, oxycontin, sort of backs his pain off a bit, so he can almost function as a human being. This medication, oxycontin, is helping millions of people with chronic pain and should NOT be taken off the market. Something should be done about the dope peddlers who are selling this medication on the streets to the kids that are trying to get high on it, but instead are killing themselves. The people with chronic pain, or RSDS/CRPS should not have to suffer by having their medication limited or taken off the market because some teen-agers are messing around with it.

I feel great sorrow for the families of the kids who died because of oxycontin, but I am sure that they would not want millions to suffer because of this medication being taken off the market. What medication will the FDA take off the market next because of kids trying to get high on something. Programs should be implimented to keep those kids off the street, or to get high on LIFE. My husband got RSD in 1990, but it took 22 specialists over 5 years to diagnose his condition, but then it was too late, since there is no cure. He shouldn't have to suffer more because the FDA is going to limit or take oxycontin off the market.

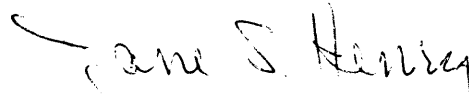
Has anyone on the FDA committee studied about chronic pain or know anything about RSDS/CRPS? It is a horrendous disease, and with so many complications that can happen with a patient, we need the FDA to get behind the patients with chronic pain and RSDS/CRPS. Have any of you FDA members gone to an RSDS Support Group to meet any people with RSDS? You would see people trying to cope with the constant pain and the handicaps that sometimes go along with the disease. You will see people in wheelchairs, with amputations, with frozen joints, with crocked limbs, and these patients try to act normal out in public, since the "John Q. Public" does not know about RSDS/CRPS and they can't fathom anyone in this much pain that they would have to take narcotics to get through the day. The public thinks that anyone who is on narcotics must be a druggie, but that is not the case. My husband, or any other person that has been prescribed by their doctor to be on oxycontin, does not get high, or even a good feeling with the drug, all they get is to have their constant, 24 hours a day, 7 days a week pain to back off a bit. They are hoping that they will be able to get

to the dinner table for their meal without being in so much pain that they have to lie on a heating pad in 95 degree weather to see if that will help their pain, when they have taken all their medication for the day. They try to get through the day just existing, since they are in too much pain to drive a car to even go to the store. Depression sets in very early in this disease, as well as insomnia. They don't get enough sleep, and what sleep they do get, is not the deep, restful sleep that most people get at night.

People with RSDS/CRPS can't control their stress level. When something bothers them, the pain sores out of control. Since this condition is on their sympathetic system, it is automatic, like your heart beat. When stress comes, their pain goes out of control. When the weather changes, they also are bothered by the barometric changes and are in severe pain, also. The suicide rate for RSDS/CRPS is 1 out of 5 because of the severe pain of this condition.

We all wish that a cure for RSDS/CRPS would be found very soon, but until that day, the people are going to need their medication to survive the basic tasks of the day. Please don't take that away from them. Please check into this problem in more depth. We would not wish this condition on anyone else, but it would help if the people who are opposed to oxycontin, were to be able to feel the pain that these people are in every second of the day and night. Maybe then, they would see the plight of the unfortunate people who have RSDS/CRPS or chronic pain.

Sincerely fighting for a cure for RSDS/CRPS,

A handwritten signature in cursive script that reads "Jane S. Henry". The signature is written in black ink and is positioned below the typed name.

Jane S. Henry, caregiver of an RSD'er

Subj: My comments for the use of Opioids for chronic pain Date: 6/20/01 4:55:14 PM Pacific Daylight Time From: kehrman@salsgiver.com (Kathie Ehrman) To: jwbroatch@aol.com

I too share a concern that the FDA will limit the use of Opioids for chronic pain. I suffer from FMS/CFS and there are times when I could not function without the pain medication my Doctor was good enough to prescribe for me. I only use it when I can't stand the pain any longer but I know that it's there if the pain becomes too bad.

Many people with chronic pain suffer allot more than I do. Please do all you can to support the use of Opiods for pain in chronic pain.

----- Headers -----

Return-Path: <kehrman@salsgiver.com>
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 by www.salsgiver.com (SGI-8.9.3/8.9.3) with SMTP id TAA11948
 for <jwbroatch@aol.com>; Wed, 20 Jun 2001 19:55:36 -0400 (EDT)
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 From: "Kathie Ehrman" <kehrman@salsgiver.com>
 To: <jwbroatch@aol.com>
 Subject: My comments for the use of Opioids for chronic pain
 Date: Wed, 20 Jun 2001 20:01:34 -0400
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Subj: Chronic Pain Date: 6/20/01 9:38:06 AM Pacific Daylight Time From: m.gray7@verizon.net (Cheryl) To: jwbroatch@aol.com

I suppose this message is coming a bit late for the testimony. However, I wanted to let you know that chronic pain patients all across America are fed up with being looked upon as "addicts" by society in general and we have decided we must speak up.

I, for instance have to wait for a minimum of one week to get an "approval" for my medication (Duragesic Patch) because I am not a cancer patient. Believe me, my pain equals that of any cancer patient! Only, I don't have the advantage of knowing I'll either be cured or die. I have the certain knowledge that I'll be living in pain for decades longer. Many chronic pain patients choose to leave this earth rather than face the pain for this many years. Logic would have it that the chronic pain patient would receive priority attention, but in fact, the reverse is true.

I think it's time to end the media feeding frenzy against chronic pain patients and change the hearts of Americans regarding the tragic daily existence lead by the chronic pain patient. Any help or suggestions for all of us would be welcome.

Sincerely,
Cheryl Gray
Lake Elsinore, CA

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From: "Cheryl" <m.gray7@verizon.net>
To: <jwbroatch@aol.com>
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Subj: Senate hearing Date: 6/20/01 5:12:30 AM Pacific Daylight Time From: jerlyn74@msn.com (Jerri Cullop) To: jwbroatch@aol.com

Hello

I've just been informed that there is a hearing concerning medicating chronic pain. My sister-in-law has fibromyalgia. There are times when she has to be hospitalized because of the pain. She needs to have access to chronic pain medication. Oxycontin helps but is a struggle for her to get...everyone wants her to stop taking it because of the news reports. She doesn't abuse the drug (or any others for that matter). She uses them for the purpose they are intended. Without them, her life would be unbearable.

Please let the powers that be know that pain medications have a purpose and people are using them accordingly. Without these drugs, many people will suffer.

Thank you
 J L Cullop
 from West Virginia

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 From: "Jerri Cullop" <jerlyn74@msn.com>
 To: <jwbroatch@aol.com>
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Subj: **2ND PAGE OXYCONTIN CONTROVERSY**
Date: 12/17/01 12:53:58 AM Eastern Standard Time
From: Angelshelp1
To: Jwbroatch

ALONG WITH POOL THERAPY AND PHYSICAL THERAPY I WAS PROGRESSING TO A POINT WHERE I COULD AT LEAST LIVE WITH RSD.

HOME CARE FOR PEOPLE LIKE MYSELF IS AN IMPORTANT ISSUE HERE. MANY OF THE PEOPLE IN MY HOME HAVE TAKEN MY MEDICATIONS, GIVEN OVERDOSES TO ME IN MY FOOD AND EVEN BROKEN INTO MY HOME TO TAKE MY MEDICATIONS.

I FIND THAT DOCTORS ARE UNSYMPATHETIC TO RSD. ONE DOCTOR ACTUALLY TOLD ME HE DID NOT UNDERSTAND MY PAIN. OTHERS REFUSED TO DEAL WITH IT.

AND MY CURRENT DOCTOR, OR MOST RECENT ONE HAS DISPATCHED TO THE LAND OF "NO DOCTOR" BECAUSE HER OFFICE STAFF COULD NOT GET MY PRESCRIPTIONS TO ME ON TIME. OXYCONTIN IS/WAS VITAL TO MY WELLNESS. I THEREFORE CONTACTED MY HEALTH INSURANCE PROVIDER AND LODGED A FORMAL COMPLAINT AGAINST HER. SO SHE DROPPED ME. THIS IS NOT UNUSUAL FOR RSD PATIENTS. AS I LEARNED FROM RSDHOPE WEB SITE. FANTASTIC PLACE - IT HAS GIVEN ME A LOT OF HOPE.

THIS DOCTOR HAD PUT ME ON MS CONTIN. TO BE HONEST IT DOES NOT HAVE THE POWER THAT OXYCONTIN DOES. SHE REFUSED TO PUT ME BACK ON OXYCONTIN BECAUSE OF THE MEDIA SCARE.

IVE TRIED TO PACK A LOT INTO THIS BUT I FEEL ITS IMPORTANT AND I THINK YOU DO ALSO. PROBLEMS I HAVE HAD: BEING HOME BOUND IN A WHEELCHAIR - TRANSPORTATION IS HORRIBLE, SOMETIMES HAVING TO SCHEDULE TWO TO THREE WEEKS IN ADVANCE. IF THE DOCTOR CAN NOT SEE ME THEN I DO NOT GET MY MEDICATIONS. AS NOW, IT HAS BEEN SINCE THE 3RD OF DEC WHEN MY HOME WAS ROBBED AND BECAUSE MS CONTIN IS A CLASS2, I COULD NOT GET THEM REPLACED. NOT UNTIL MON 12-17-01, BECAUSE THE DUE DATE WAS 12-16-01, BECAUSE I SIGNED A DRUG CONTRACT WHICH IS REQUIRED IN COLORADO.

I HOPE SOME OF THIS HELPS YOU. GOD BLESS YOU AND GOOD LUCK. WE NEED THIS MEDICATION TO EXIST IN EVERYONE ELSE'S WORLD. THANKYOU

Subj: Oxycotin
Date: 6/20/01 9:29:12 AM Pacific Daylight Time
From: ramey700@bellsouth.net (Lori J Ramey)
To: jwbroatch@aol.com

I am 31 YOA and I have RSDS My doctor refuses to give my Oxycotin , He says it is highly addictive , and tells me there are allternitives to these types of drugs . There is I buy my meds illegally . to treat my pain it is ether that or I will kill myself . I have three beautifull children I want to live but not to suffer . Please let them know I am no alone in what i do . There has to be away for them to control this drug and still treat the people that need it with out doctors fearing to prescribe it .

L Ramey , FL.

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 From: "Lori J Ramey" <ramey700@bellsouth.net>
 To: <jwbroatch@aol.com>
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Subj:	Oxycontin
Date:	8/5/01 1:26:31 PM Eastern Daylight Time
From:	SiSiRN
To:	Jwbroatch

I suffer from FMS/MPS complex. My concern that all the media hype about the abuse of Oxycontin by street users will make it unavailable to people like me who need it for pain relief. Study upon study supports use of opioids to control chronic pain and increase a person's quality of life. If a person doesn't live with chronic pain weather malignant or not, they cannot possibly understand the significance.

My doctor prescribed the use of this medication once for me but hasn't since because of his fears regarding FDA and DEA regulations. Despite the fact that the medication works for me and without the untoward affects of acetphenophen containing opioids that have more delitorious affects on my body (liver).

The bad press has GOT TO STOP! These people don't know what it is like to wake up every day feeling like you have the bad flu and then being told, buck up, get moving or it's all in your head. Human behavior dictates that we seek ways to feel better. It is part of Mazlo's (sp) higher archy of needs and is a basic instinct. Why have we become so critical of others and how can ANYONE begin to think they have the right to judge someone else's pain.

What about meth that is made from OTC medications. Have we seen those taken off the market even though they are know to cause stroke, hypertension et al? If a person is going to abuse drugs they will find their drug of choice regardless. We treat animals better than we treat ourselves. If a dog is in pain we treat it no questions asks. Why can't we be compassionate with one another? It doesn't make for good a good story line that's why!

Celeste Cooper

Subj: **Opoird Medication for RSD**
Date: 6/17/01 7:12:51 PM Pacific Daylight Time
From: whoppiejoyhappytom@email.msn.com (joytom)
To: jwbroatch@aol.com

My name is Carrie Beck. I was diagnosed with RSD about 4 months ago. I was jogging last year and noticed some thigh pain that kept getting worse. I decided when I could no longer walk to go to the local ER were I discovered I had broken my Femur. They then put in a intramedullary rod in my left femur. I was told I was able to run again. Since I love exercise I ran and then the screw dislodged and I had to have my whole surgery redone. The surgery went well except the swelling in my lower part of the leg and foot kept getting worse. Then when I went off all pain meds. I noticed all the classic RSD signs. Burning pain, not being able to sleep with a cover touching my leg, awful swelling in the lower leg and foot, foot drop. I had never heard of RSD till the Ortho. doctor told me I needed to see a pain specialised. I did that and I now know I have RSD and am doing all the painfull PT that I can do. I was on Oxycontin and it was working great, but I live in Cincinnati, and as you know the problem of all the selling originated here. So I was told 3 months ago no more Oxycontin. See the problem that I also face is I am in recovery. I have 2 years sobriety for addiction problems in the past. All my doctors are aware of this and the Oxycontin was great for me because I was taking it exactly as prescribed and I did not get the buzz I used to love. So now my docs and I faced the problem of what pain med to use now , so we are using the Fentanyl patches and except for a couple minor problems they seem to be working okay. I also go to a pain therapist and am learning hyponosis this also helps, but without Opoird pain med I know I could not handle PT. I have seen a little progress but the swelling is still considered pitting edema, and I still can not put any weight on the leg, and my foot drop is still bad. I have been on crutches now for a year.

Carrie Beck
email tomandjoy89@hotmail.com

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From: "joytom" <whoppiejoyhappytom@email.msn.com>
To: <jwbroatch@aol.com>
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Monday, June 18, 2001 America Online: Jwbroatch

Subj: oxycontin controversy-VOICES NEEDED!!!!!!!!!!!!!! Date: 6/18/01 6:26:57 PM Pacific Daylight Time From: digitalangel@adelphia.net (Digital Angel) To: jwbroatch@aol.com

A few years ago I was in an auto accident that left me with chronic pain. I was put on Oxycontin which helped me live with the pain and have somewhat a normal life, as normal as you can get with having chronic pain. BUT all that has changed since people have decided to abuse it.

After being on Oxycontin for more than a year they will no longer give it to me. I had finally found something that had brought my pain to a tolerable level and now because of the abusers I cannot get it anymore! Sure there are other drugs, but they do not control the pain as well as the Oxycontin. It won't be long before they start abusing those drugs too and they will be taken away. Where does it end? Are the people that really need it going to be left to suffer?

This whole thing really disgusts me. They should punish the abusers, NOT the people that really NEED it!!

Rhonda Blair

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To: <jwbroatch@aol.com>
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Subject: oxycontin controversy-VOICES NEEDED!!!!!!!!!!!!!!
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Tuesday, June 19, 2001 America Online: Jwbroatch

Subj: oxycontin controversy
Date: 8/29/01 11:08:06 PM Eastern Daylight Time
From: keverett@datastar.net (Krystal Everett)
To: jwbroatch@aol.com

I was injured on the job and diagnosed with RSDS. Originally I was put on Oxycontin by the doctor. It helped extremely well with the constant pain that I am going thru. The workman's compensation review board refused to approve the medication. Now I have to take a total of three different medication including morphine and still do not get the affect of the oxycontin. I actually have more pain with the three medications.

William McQueen
 Carriere, Mississppi

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 To: <jwbroatch@aol.com>
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Subj: Importance Of Oxycotin
Date: 9/3/01 6:37:46 PM Eastern Daylight Time
From: lemond@commspeed.net (Dan)
To: jwbroatch@aol.com

I am a 47 year old father of three wonderful school aged children and have been married to a wonderful woman for 20 years. I was injured in a fall in 1996. I had to have a total knee replacement of my left knee Aug, 3, 01. I have developed many other physical problems due to the fall. I have been diagnosed with Complex Regional Pain Syndrome. I have been in severe to moderate pain since 1996. After trying numerous types of pain medications I have found that the Percocet (Oxycotin) works best for me. I have had to change Physicians because of the Oxycotin scare. My previous physicians have openly told me that they were concerned about having problems with the DEA and prescribing narcotics. The Oxycotin media coverage has scared some Physicians enough that they do not consider the patient's condition and care as important as their practice. What used to be moral decisions for Doctors are now legal decisions. The patients care should not have to be decided by the DEA or local Drug Enforcement and the Physicians should not have to fear these agency's.

I have to use Oxycotin on a daily basis if I expect to do even some small type of normal activities. Some days I need one or two then there are rare days I require seven or eight. Before I found a Physician that would help me with a regular prescription and I would run out of my Oxycotin medication. I would then end up in the hospital emergency room and require an injectable pain narcotic. This has happened a few times.

Drug laws need to be enforced. Illegal drugs are a real problem in the world today. Physicians should not have to be worried about some drug agency threatening their practice. They are highly educated/trained professionals and are fully aware of the consequences involved with illegal behavior. They should not be intimidated to the point that they cannot make the appropriate decision on prescribing proper - legal medications for their patients. These medications give us a little more quality of life in our lives. Without them I would be in some Care Facility in a very short time. What kind of life would my family have then? What kind of life would I have? Who would pay for this care?

Sincerely, Dan LeMond

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 Received: (qmail 18699 invoked from network); 3 Sep 2001 22:36:41 -0000
 Received: from unknown (HELO gateway) (209.210.168.232) by 0 with SMTP; 3 Sep 2001 22:36:41 -0000
 Message-ID: <000001c134b8\$28387520\$e8a8d2d1@gateway>
 From: "Dan" <lemond@commspeed.net>
 To: <jwbroatch@aol.com>
 Subject: Importance Of Oxycotin
 Date: Mon, 3 Sep 2001 15:35:54 -0500
 MIME-Version: 1.0
 Content-Type: multipart/alternative;
 boundary="-----_NextPart_000_0007_01C1348E.1E493880"
 X-Priority: 3
 X-MSMail-Priority: Normal
 X-Mailer: Microsoft Outlook Express 5.50.4807.1700
 X-MimeOLE: Produced By Microsoft MimeOLE V5.50.4807.1700

Tuesday, September 04, 2001 America Online: Jwbroatch

Subj: stimulator and oxycotin
Date: 9/4/01 1:28:45 PM Eastern Daylight Time
From: mickey@semo.net (Michelle Smith)
Reply-to: (Michelle Smith)
To: jwbroatch@aol.com
CC: Cootie@semo.net

Hi, My name is Michelle Smith. My e-mail is . I have been diagnosed with RSD since January of this year. I have had implanted a stimulator which my Drs. tell me that it is working because I can now hold my feet still. They were looking for a 50% reduction in pain, but I have only received about a 30%. I still wake up in the middle of the night from the pain in my feet. I have to take oxycotin every 6 hours and percocet every four hours. If they make it where I can't get the oxycotin any more I don't know what they will treat me with. I am afraid to pick up my medication because of the news coverage, I am afraid of being hurt for my medication. My mother fears for my life because of the medication, oh yeah social security tells me I am able to go back to work that there is all kinds of jobs that I can perform now. They just neglect to tell me whom will hire me with the medication that I am on and the implanted stimulator. It PISSES ME off when I hear about a suit against the makers of oxycotin, because there are people put there that will abuse ANY MEDICATION that they can get from there Dr. But you take someone like me that depends on it to make one more day bearable we lose because of them. So instead of cracking down on the abusers I lose. My Dr. now (to make the government happy) wants to take me off my medication, for fear of her losing her right to prescribe me medicine I need. I don't have any money now that I haven't worked in the last 21 months because of this most HORRIBLE disease I have because of a foot specialist trying to ease my pain, I have had to spend my life's savings. But if there is anything that I can do for you that does not involve money, I am more than willing to help. Thank You for taking the time to read this. Michelle Smith 573-998-3037 My Home phone number.

----- Headers -----

Return-Path: <mickey@semo.net>
 Received: from rly-xb01.mx.aol.com (rly-xb01.mail.aol.com [172.20.105.102]) by air-xb04.mail.aol.com (v80.17) with ESMTP id MAILINXB42-0904132845; Tue, 04 Sep 2001 13:28:45 -0400
 Received: from wari.semo.net (216-41-128-73.semo.net [216.41.128.73]) by rly-xb01.mx.aol.com (v80.17) with ESMTP id MAILRELAYINXB16-0904132828; Tue, 04 Sep 2001 13:28:28 -0400
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 Message-ID: <000801c13566\$87fe2280\$65ac91d1@michelle>
 Reply-To: "Michelle Smith" <mickey@semo.net>
 From: "Michelle Smith" <mickey@semo.net>
 To: <jwbroatch@aol.com>
 Cc: <Cootie@semo.net>
 Subject: stimulator and oxycotin
 Date: Tue, 4 Sep 2001 12:23:26 -0500
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 X-Mailer: Microsoft Outlook Express 5.00.2014.211
 X-MimeOLE: Produced By Microsoft MimeOLE V5.00.2014.211