

# **MORGELLONS: AGENTS OF INFECTION**

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Several important papers have recently been published that demonstrate the potential for a public health crisis. There is a need, which has been called for, to immediately identify at least two structural forms which have been repeatedly observed and reported on. These forms are crossing airborne and biological lines and they have now been observed in airborne, skin, dental and blood samples.

I am not aware of any public or professional comment or dialogue on the reports that have been filed in recent weeks, or of any response to the originating August 2006 paper entitled [\*Morgellons : First Observations.\*](#)

I have not been contacted by the Centers for Disease Control for any specifics on the reports. I have not been contacted by the U.S. Environmental Protection Agency for additional information, even though one of the samples under investigation is the very same airborne sample that they refused to identify several years ago. These agencies have failed in serving the public welfare for many years now. No public or private health official or professional, to my knowledge, has provided any significant feedback on the many questions that have been raised with the similarity of these samples. The ruse of foisting an assessment of "delusion" in direct contradiction to physical sampling has run its course and is no longer operable. The situation remains completely and totally inexcusable at all levels, public and private.

**As a consequence, I am forced to attempt identification as best as is possible with the limited resources that I have. This is an incomplete process and it is unlikely to ever be resolved with these limitations. I will provide what I can to date; research continues as time provides. The public will eventually be required to force the call to completion.**

**I am not offering any medical position, advice or diagnosis in the presentation of this information, nor will I. I have no medical expertise and I claim none. I will provide observations, analysis and assessment from the standpoint of an independent researcher to the most capable fashion that I can. The appeal for public and professional involvement remains standing as it has for many years now.**

**There are those that claim exotic technologies (nanotechnology, artificial intelligence, etc.) are at work in the Morgellon's issue. This may very well be true and is not unexpected in any way. However, there are some basic matters that need to be attended to. With the observations and analysis that have surfaced from this researcher of late, there is a hierarchy of investigation that needs to be pursued. It is:**

**1 Conventional scientific expertise should be applied to the problem of identification of these two forms. This includes, but is not limited to, the professions of biology, microbiology, chemistry, pathology, health and medicine.**

**2. Modified or unconventional biological forms or interaction are then reasonable to consider.**

**3. Artificial, exotic and unfamiliar technologies could be explored for any relationship to unexplainable**

events or circumstances.

Each of these must be dealt with in due order. If any individual is going to jump to number three on this list, they are going to have offer the proof in a visible, direct or comprehensive manner; even nanotechnology is quite visible with the right equipment and will require demonstration if it is involved. It will also need to be explained how numbers one and two have failed in the consideration. It is not wise to concentrate on what we cannot see or do not have access to until we have dealt with what we can see and what we do have access to. In addition, the profit motive must be excluded from the pursuit of truth on this matter.

As such, I will commence with item one of this list and I shall exhaust it to the maximum degree possible before moving on. It would seem to me that there is already "plenty of explaining" to do on level one with the information that is currently available through direct observation alone.

Now for more specifics. There are two forms that require immediate identification as to their physical nature, function and purpose. The first of these is a sub-micron repeating filament that is enclosed within a larger bounding filament. The sub-micron filaments can only be seen with fairly advanced microscopy; the bounding filament is visible to the naked eye in many cases. The second form is a circular, spherical or oblate structure that also is measuring at the micron to sub-micron level. The best estimate for the size of this structure is currently on the order of 0.5 to 0.7 microns. Size, as will be seen, is a very important factor in any identification process. If and when level one has been applied to identify these structural forms and when it has convincingly failed it will be appropriate to advance to levels two and three.

A few general principles will be helpful to set the stage for the discussion to follow:

Agents of infectious disease can include the following floral forms: bacteria, fungi, viruses, parasites, prions, rickettsiae, and chlamydiae<sup>1</sup>. These will each be examined individually with respect to the two structural forms. The discussion will eventually focus on the blood samples, as they are becoming especially problematic to explain or account for. The blood itself is generally to be regarded as a "sterile environment"<sup>2</sup>, and pathogens of any kind in the blood are not to be expected and represent a very serious health concern. No non-pathogenic forms of the flora listed above are to be found in the blood.<sup>3</sup> Therefore, if we do find any of the forms above in the blood, they are to be regarded as pathogenic and consequently of serious health concern.

Let us begin with the filament form, as the discussion is more limited based upon what can be observed with available equipment. What is known is this: The visible form is that of a "bounding filament". The diameter of the bounding filament generally ranges from 20-40 microns in thickness. The bounding filament has been identified in the airborne, skin and dental samples; it has not been demonstrated absolutely within the blood samples. A filamentous form has been observed in the blood sample from the Morgellon's individual ([Blood Testing, Laser, Morgellons & Fungus\(?\)](#)), but only to a general level and not at the magnification level that will eventually be required. Within the airborne, dental and skin fiber samples, a distinguishing feature is an "internal network" of filaments that are sub-micron in diameter. The best measurement attained thus far is on the

order of 0.7 microns (a human hair is approximately 60-100 microns thick).

A first approach is to ask whether or not the bounding or the primary filament forms can conceivably be any of the floral forms listed above. If not, we can reasonably elevate the investigation to stage two of the hierarchy. We can likely eliminate viruses in this consideration because they are not generally visible with the available equipment. Viruses are generally on the order of .01 to .10 microns; and this is beneath the range of current consideration. The largest virus identified, Mimivirus virion, measures 0.4 microns; and although this is in range of the the equipment available, there is structurally no similiarity.<sup>4</sup> The size of the bounding filament realistically further eliminates the virus consideration; we will eventually have to consider the joint existence of the bounding filament as well as the internal filament network during the identification process.

Parasites are of eukaryotic and of worm form. The size criteria alone is generally going to eliminate any know parasitic forms. Eukaryotic forms, such as protozoa, are on the order of 10 microns to 100 microns in size. If we were dealing with the bounding filament from alone, we might morel seriously examine known parasitic forms. However, the internal sub-micron filament network excludes the eukaryotic cell forms based upon size alone. In addition, there has yet to be any identification of internal cell organelles or structure characteristic of eukaryotic form. At this point, we can therefore not attach any known parasitic identity to the bounding-internal network filamentous form.

**THIS PAGE IS IN PROGRESS;**

**THE WORK ON THIS PAPER WILL CONTINUE  
AS TIME AND CIRCUMSTANCES PERMIT.**

References:

1. C. Porth, Pathophysiology, Concepts of Altered Health States, 6th Edition (Lippincott, 2002, p 310)
2. W. Strohl, Microbiology (Lippincott, 2001, p7)
3. Porth, 310.
4. Mimivirus (largest known virus),  
<http://www.rkm.com.au/VIRUS/MIMIVIRUS/index.html>

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