U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Bureau for Africa
Office of Sustainable Development
Rosslyn, VA 22209

Date: 12/9/97

To: SANDY THURMAN

Phone:

Fax: 202·254·9835

From: ALEX ROSS

Phone: 703·235 4153

Fax: (703) 235-4466

Number of Pages Including Cover Sheet: 7

Message

December 9, 1997

NOTE TO SANDY THURMAN

Subject: South Africa Trip: Rhodes University--INFORMATION

I received the attached fax from the USAID mission today. You may or may not have seen this as yet. You should be aware of the memo sent from Alan Vos to Dr. Pete Milligan (see attached) that provides you with a sense of how the visit is being perceived. Alan works for Management Sciences for Health, the US based contractor that is implementing the USAID supported Equity Project in the Eastern Cape. Equity is the $50 M health systems development project that should not be confused with the new $10 M program for HIV/AIDS. Also, please note that the Equity Project also supports some HIV/AIDS activities as part of its overall $50 M package, for which Alan is responsible. Dr. Milligan is the principal deputy for the Eastern Cape Provincial Health Department. Alan states in his memo the desire to use your visit to make a case for choosing the Eastern Cape as a focus province for the new USAID HIV/AIDS program, and mentions a competition among two other provinces, Gauteng and the Western Cape. Alan may or may not know that on Friday, November 28, the national Department of Health met with provincial representatives and chose the three focus provinces for USAID's intervention. They are: Mpumalanga, NorthWest, and Kwazulu-Natal. The Eastern Cape province was not one of the focus provinces. However, there will be some activities supported by USAID for which all provinces will have access to, but not with the same intensity as those taking place in the three focus provinces (also referred to as model provinces). I will try to identify additional information concerning this perception.

Also, just as a small note. The invitation (attached) indicates that the USAID $10 M is a "grant." Although this is a technicality, it will not be a grant. Rather, USAID will work with a contractor (hence a contract or cooperative agreement), who will in turn hire local South African institutions and individuals to help implement the program.

Alex Ross
USAID Bureau for Africa
USDHHS/OS/OPHS/OIRH

Attachments

MANAGEMENT SCIENCES

P.O. BOX 214

5605

Phone 083-306-7709
Fax (041) 55-4138

December 09, 1997

Dr. Pete Milligan
Deputy Permanent Secretary of Health
Bisho

Fax: (0401) 950-072

Dear Dr. Milligan,

Refers: **Visit of Sandy Furman , Director of US AIDS Policy to Rhodes 18 December 1997.**

I was contacted Aletta de Villiers, the Director of Marketing and Communications at Rhodes, about the visit of Sandy Furman to the Province. Evidently she is coming as a guest of Dr. David Woods, to find out about the HIV/AIDS situation in the Province, see attached.

Marlene Poolman is in Cape Town on a course this week, I contacted her there and told her about the visit, and asked if I should contact you, to inform you about the event. She agreed I should, as it is quite important for the Province.

According to my discussion with Aletta de Villiers, Ms Furman's visit also, although the documentation from Rhodes does not mention it, is also to make a recommendation as to which province will be chosen to launch the $10 million USAID grants package for AIDS. Evidently there is fierce competition from Gauteng and the Western Cape to have the launches in one of those two provinces.
The Eastern Cape is being given an opportunity to make its needs known, with the hope of having the launch in our province.

I have alerted NACOSA and NAPWA to this and have suggested to Ms de Villiers that through Marlene she invite the ATIC managers and representatives from the Regions to the meeting. With Marlene being away this could be difficult, and I request that perhaps you could put these wheels in motion.

I will have Ms de Villiers fax invitation directly to you for Dr. Stumpet and the MEC.

Please contact me on my cell -082-307-7709- for any discussion.

Sincerely yours,

Alan Vos
HIV/AIDS/STD & TB Adviser

RHODES UNIVERSITY

AIDS

NOTICE OF INVITATION

TO AIDS EDUCATION, RESEARCH, PREVENTION, CAREGIVING AND ACTION ORGANISATIONS IN THE EASTERN CAPE

To attend a meeting with

Ms Sandy Thurman, Presidential Adviser and Director of the Office of National AIDS Policy in Washington DC, USA

Ms Thurman is closely associated with the $10m US AIDS grant to South Africa. She is keen to gather an informal picture of AIDS patterns in the Eastern Cape, as well as of education, research, prevention and caregiving activities in the region.

The meeting will be held on Thursday 18 December, and will be followed by a finger lunch.

Date: Thursday 18 December 1997
Time: 10h00 - 14h00
Venue: Arts Major Lecture Theatre, Rhodes University, Grahamstown

Note: We recommend that each group send one representative, and that you bring with you written information about AIDS and your organisation to leave with Ms Thurman.

To confirm your attendance and facilitate catering, please telephone Shelly Samuel at Rhodes University, Marketing and Communications Division on (0461) 31 8520, or fax her on (0461) 31 1902

RHODES UNIVERSITY

MARKETING AND COMMUNICATIONS • Tel: (0461) 31 8513 • Fax: (0461) 31 1902 • e-mail: Adad@giraffe.ru.ac.za

Fax to:
Fax number:
From: Aletta de Villiers, Director, Marketing and Communications
Subject: Eastern Cape discussion meeting with US AIDS policy director
Date: 8 December 1997

Ms Sandy Thurman, director of the office of US AIDS policy, will be visiting Rhodes University in the Eastern Cape on 18th December as the guest of the university's Vice-Chancellor Dr David Woods.

Ms Thurman is closely associated with the $10 million US AIDS grant to South Africa and will be visiting the country this month together with US Secretary of State Madeleine Allbright. Ms Thurman will be making a special trip to Rhodes which she will use as the central base where she can gather a full picture of AIDS patterns in the province, as well as of education, research, prevention and caregiving activities in the region.

Your contribution to her knowledge would be valued, and you are invited to attend a discussion meeting with Sandy Thurman on Thursday 18th December in the Arts Major Lecture Theatre, Rhodes University, Grahamstown. The discussions will include a finger lunch in the University's Senior Common Room. Please bring any relevant documentation with you which you would like to leave with Ms Thurman.

The Office of National AIDS policy in the USA is responsible for co-ordinating federal policy and programmes on HIV/AIDS, and with building partnerships between federal agencies, the AIDS community, AIDS service providers, state and local officials and major business leaders. The objective of the Office is to increase the rate of progress in treatment and education, and to maintain the focus on science and scientific research. Ms Thurman is a highly experienced and recognised expert on AIDS issues in the USA.

The meeting represents a unique opportunity for us to help advance the fight against AIDS in the Eastern Cape. I hope we will see you there.

Yours sincerely

Aletta de Villiers

ALETTA DE VILLIERS

To facilitate catering, please confirm your attendance by telephoning Shelly Samuel on 0461 - 318520 or fax 0461 - 311902.

RHODES UNIVERSITY
MARKETING AND COMMUNICATIONS [illegible] (046) 31 1902 • e-mail: adjm@giraffe.ru.ac.za

Programme for the visit to Rhodes University and Grahamstown area, Eastern Cape, as the guest of the Vice-Chancellor of Rhodes University, of

Ms Sandy Thurman, Director of the Office of the United States of America National AIDS Policy and Presidential Advisor on AIDS issues

Wednesday 17 December 1997

15.10
Arrive Port Elizabeth airport, collected by Ms Aletta de Villiers, Director of Marketing at Rhodes University, and taken to The Lodge, Grahamstown, the home of her hosts Dr David and Mrs Charlotte Woods. Private informal braai evening with invited guests.

Thursday 18 December 1997

08.00
Social history tour of Grahamstown with Mrs Helen Holleman of the Black Sash.

10.00 - 12.30
Tea and meeting with all interested parties - AIDS educators, researchers, caregivers, action groups etc. While as many groups as possible will have been identified and invited, the short notice for the visit means that some are bound to have been missed out. For this reason, advertisements have been placed in the local East Cape media to allow everyone involved to hear about the meeting. Media coverage will also help ensure participation by all.
Venue: Arts Major Lecture Theatre, Rhodes University Campus

12.30 - 14h00
Finger lunch for all those who attend the meeting and wish to stay on.
Venue: Senior Common Room, Rhodes Main Administration Building

14.00
DRAMAID production excerpts and discussion. DRAMAID is a joint project of Rhodes University and the Grahamstown Foundation, funded by the National Department of Health. This drama production is taken into the rural schools as part of a Youth Education programme on AIDS.
Venue: 1820 Settlers Monument

15.15
Tea and tour of Grahamstown Foundation projects at the Monument, with Janet Buckland.

18.00
Traditional Xhosa evening arranged privately.

Friday 19th December 1997

08.30
Visit to Temba TB hospital in Grahamstown and Marjorie Parrish hospital in Port Alfred with Pastor Mike Lazar, Provincial Manager SANTA, Eastern Cape.

12.00
Private visit to Shamwari Game Reserve. Depart Saturday 20 December.

August 1999

Dear Sandy.

Thank you very much for having taken time to meet me, it was an honour for me. The booklet that you gave has been very informative and has made me realize just how serious the HIV/AIDS pandemic is in Africa. South African President Thabo Mbeki put it appropriately when he said "It is my problem, it is your problem." I hope that I can make some small difference during my reign. I look forward to working hand in hand with the Office of national AIDS policy.

Let us keep hope alive.

Sincerely, Mpule Kwelagobe.

Mpule Kwelagobe

Miss Universe 1999

Mpule Kwelagobe
Miss Universe 1999
725 Fifth Avenue, New York • New York 10022

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SANDRA THURMAN
DIRECTOR, OFFICE OF
NATIONAL AIDS POLICY
736 JACKSON PLACE, NW
WASHINGTON, D.C 20503.

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FOR: THURMAN/SANDY

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Access to HIV-Related Drugs

challenges and opportunities for improving selection, affordability, availability

Action Programme on Essential Drugs
World Health Organization
PCB Session on Access to Drugs
Nairobi, Kenya
16-18 November 1997

Challenges for access to HIV-related drugs

Problems in assuring availability, affordability, quality, and rational use of drugs are universal. These problems are greatest in low income countries, but middle and high income countries also are increasingly faced with difficult therapeutic and economic decisions about pharmaceuticals.

Access to HIV-related drugs presents particularly challenging political, social, ethical, economic, and medical difficulties. Many priority drugs are still on patent, are extremely costly and not presently available from international low-cost suppliers. Health systems in many developing countries struggle simply to ensure reliable access to even the most basic essential drugs.

Effective treatment also depends on people living with HIV/AIDS (PLWH) being actively involved with and well informed about their treatment, on a functioning continuum of care, and on a social support network.

Health systems must have the capacity to diagnose and monitor HIV infections and HIV-related conditions. Treatment regimes are complex and side effects are common. Proper use of HIV-related drugs requires education of doctors, nurses, pharmacists and other health providers. Improper use results in ineffective treatment. Lapses in treatment---which may result from patient factors, inadequate funds, supply system failures, or other problems--lead to emergence of resistance.

Drugs are only one element in the continuum of care. But they are an essential element. To ensure access to drugs three key objectives must be met:

1. rational selection and use;
2. affordability (financial access);
3. availability (physical access).

Rational drug selection and use

There is virtually no system in the world which offers unlimited access to all drugs. Careful selection of priority drugs is essential to ensure access to drugs. Selection focuses therapeutic decisions, professional training, public information, financing, supply and quality assurance efforts on those drugs which will have the greatest impact in a given healthcare setting.

Drug selection is a local decision for any organization involved in procuring, distributing, prescribing and dispensing drugs. This includes ministries of health, NGOs providing care, PLWH groups involved in treatment, and other healthcare organizations.

The process for rational drug selection and use follows four basis steps:

1. List the HIV-related conditions which are being routinely diagnoses in the specific healthcare setting;
2. For each condition select first and, if needed, second choice drug or non drug treatments;
3. Use the resulting standard treatments and drug list as the basis for professional and public education on appropriate local treatment of HIV-related conditions;
4. Use the resulting list as the basis for financing, quantifying of needs and distribution.

Step 1 is important because reported patterns HIV-related morbidity vary among countries and patient groups. Health Services also vary in their capacity to diagnose and monitor some HIV-related opportunistic infections and cancers.

Selection of the first and second choice treatments should be based on the best available evidence on comparative efficacy, safety, quality, local appropriateness and cost. UNAIDS and WHO provide regularly updated information to guide selection of drugs for opportunistic infections, HIV-related cancers, antiretroviral drugs and drugs for supportive care.

With over a thousand fold difference in the cost per case for prophylactic treatment of various conditions, cost is an inescapable factor. Considering drug costs alone US$ 10,000 can be used to treat 9,900 cases of HIV-related diarrhea, 1250 cases of pneumococcal pneumonia, 330 cases of tuberculosis, 110 cases of septicemia, 30 cases of PCP, 10 cases of CMV infection, or to provide CMV prophylaxis for one person for one year.

The total drug need will vary greatly among countries, depending on the HIV prevalence, HIV associated morbidity, disease progression, treatment guidelines, fertility (for mother-child transmission), and importantly drug prices.

Financing strategies---affordability

Once drug needs have been determined, affordability depends on whether the resulting cost is matched by available resources. This usually requires effective action both to decrease drug costs and to increase financial resources.

Cost reduction strategies should target source prices and, for private supply, markups to the customer. Strategies to reduce source prices paid to producers and importers include combinations of the following:

- Collection and dissemination of information on drug prices and sources. This information helps in price negotiations and in locating new supply sources
- Negotiation with Pharmaceutical companies for favourable prices, as in the case of the recently launched UNAIDS Access to HIV-Drugs Initiative.
- Competitive procurement through generic tendering and therapeutic class tendering. Therapeutic class tendering is used if there is no generic drug, but there are several patented therapeutic alternatives[1].
- Direct price control through cost-plus pricing, reference pricing, and another form of price control.

[1] Therapeutical class tendering is an alternative to the usual tendering by generic name. It is used by pharmaceutical benefit programmes in some countries to achieve better prices when no multisource(generic) drug exists, but there are several therapeutically similar alternatives which are still on patent. Development of new HIV-related drugs opens new opportunities. For example, there are more than 10 antiretrovirals on the market and over three dozen under development.

- Local production, where real production costs are lower and quality can still be maintained. For newer drugs, this often means voluntary or compulsory licensing from the original patent holder.

Mark-ups between the source and the consumer can add 50 to 100 percent to the price of a drug--and often more. When applied to an already expensive retroviral, these mark-ups result in even more people being excluded from care. Actions to control mark-ups include:

- Removing import and value added taxes;
- Minimizing the number of wholesalers (distributors) and other intermediaries;
- Limiting the margins of wholesalers or changing from fixed percentage to a flat service fee;
- Moving from the still common system of pharmacy charges (dispensing margins) based on a fixed percent to the more current system of a fixed professional fee.

Even if prices are reduced funds are still needed. Financing strategies should be based on a careful consideration of the major drug financing alternatives.

1. **Public financing:** In developed countries, two thirds of drug costs are paid from a combination of public tax funds and mandatory social insurance schemes. In contrast, public financing for health is increasing under pressure in developing countries and typically covers less than 20% of the drug bill in these countries. Strong advocacy is needed....not to reallocate funds from other health priorities, but to bring additional public funding to the health sector.
2. **Health Insurance**: While virtually 100% of the population has health insurance of some form in most developed countries, median coverage is 35% in Latin America, 10% in Asia, and less than 8% in Africa. Inclusion of drugs in general and HIV-related drugs in particular varies greatly. Mandating coverage of HIV-related drugs through well developed social security schemes such as those of some Latin American countries may prove feasible. Doing the same in Asia or Africa could have serious consequences for the long term struggle toward more equitable health financing in these regions.
3. **Out-of-pocket payments**: In developing countries, 50-90% of drugs are bought by households directly in the formal and informal private markets. Furthermore, many governments are increasingly relying on user fees to fund their curative health services. Households are unlikely to pay a large share of the total cost of HIV-related care, given the high cost of many HIV-related drugs and the reduced earning power of PLWH in developing countries.
4. **NGOs, PLWH groups and community organizations**: Solidarity funds and other such private voluntary mechanisms offer one of the most promising funding sources. North-South arrangements are developing. Such relationships can also mobilize drug donations, bearing in mind current guidelines aimed at maximizing the benefit of donations.
5. **Donor Financing**: With some exceptions bilateral and multilateral donors are turning more toward funding basic health sector reforms, and away from individual diseases and funding of recurrent costs such as drugs. Convincing arguments must be put forward to secure significant levels of funding.
   Development loans: Over the last decade World Bank lending for health has increased dramatically. Pharmaceutical lending is over US$ 300 million per year with an emphasis on providing drugs in support of broader development goals and cost effective drugs such as those for tuberculosis. But development loans are an interim measure and typically involve long delays in procurement of drugs.

Supply strategies---availability

Supply strategies must be closely linked to financial strategies and must recognize the unique features of HIV treatment. Most countries rely on a mix of public, private, and often NGO drug supply systems. Different strategies are needed for the different sectors.

Where there is a demand, the private sector is usually efficient in making drugs available--at least in urban areas. But common problems with private sector distribution include misleading and unethical promotion, irrational prescribing and self medication, high prices, purchase of small quantities by consumers, and poor quality. Action to promote access through private and NGO sectors include:

- Organization of group purchasing arrangements by PLWH groups and supply of priority HIV-related drugs by existing NGO essential drugs supply services;
- Involvement of local medical and other clinical associations in rational use of HIV-related drugs;
- Involvement of local professional associations (pharmacists- licensed drug sellers) in promoting safe dispensing and appropriate advice, especially for specialized HIV-related drugs;
- Strengthening regulatory control of drug registration, quality assurance and drug outlets;
- Initiating local partnerships with industry to self-regulate drug promotion, oversee quality in the distribution chain, and ensure availability of priority drugs.

The ability of public health services and social security to ensure a regular supply of essential drugs varies considerably among countries. Inadequate financing and poor management are the most common pitfalls. Aside from addressing issues of rational drug use and financing, policy-makers, health officials, informed PLWH, doctors, pharmacists, and others can respond by:

- Ensuring that treatment of HIV-related conditions is addressed in national health priorities.
- Undertaking a systematic selection process through the appropriate national committee to include priority HIV-related drugs in national essential drug lists.
- Developing a reliable quantifying and costing of HIV-related drug needs.
- Obtaining advice on procurement of specialized HIV-related drugs, including information about drug prices, drug sources and managing therapeutic class tendering.
- Determining the types of facilities at which specialized HIV-related drugs can be properly used and controlled.
- Supporting the development and assessment of new supply strategies such as autonomous medical stores, primary distributor systems, and direct delivery systems.

Private, public and NGO action at the national level will benefit from international action by the UN family and others to create supportive partnerships, to regularly update information on treatment recommendations, to provide current price information on HIV-related drugs, to provide information on supply sources and to promote supply of priority HIV-related drugs by international low cost suppliers.

Improving access to HIV-related drugs

Access to HIV-related drugs depends on many factors, only some of which can be addressed through informal. private and public health systems. Within the health system, improving access depends on rational selection and use of drugs, affordability measures to increase financial resources and decrease prices and supply measures to ensure availability and quality. PLWH groups, other NGOs, the UN family, governments, the private sector, donors and development banks each have a role to play.

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Private, public and NGO action at the national level will benefit from international action by the UN family and others to create supportive partnerships, to regularly update information on treatment recommendations, to provide current price information on HIV-related drugs, to provide information on supply sources and to promote supply of priority HIV-related drugs by international low cost suppliers.

Improving access to HIV-related drugs

Access to HIV-related drugs depends on many factors, only some of which can be addressed through informal. private and public health systems. Within the health system, improving access depends on rational selection and use of drugs, affordability measures to increase financial resources and decrease prices and supply measures to ensure availability and quality. PLWH groups, other NGOs, the UN family, governments, the private sector, donors and development banks each have a role to play.

Access to Drugs for HIV/AIDS and STDs
Overview of WHO Activities

November 1997

WHO Programmes Concerned with Drugs for HIV/AIDS and STDs

(overview of programmes and examples of activities; not all programmes or activities are listed)

ASD — Office of HIV/AIDS and Sexually Transmitted Diseases

- overall coordination of WHO work in the area of HIV/AIDS and STDs and liaison with UNAIDS
- participation in regional, international meetings (Vancouver, 1996; Amsterdam, 1997, Manilla 1997, Adijan 1997, with satellites/round tables on care and medicaments etc.)
- organization of ARV (antiretroviral) consultation (April, 1997), publications of proceedings and follow-up, including 9 guidance modules for decision makers at national and international level
- sexually transmitted diseases: diagnosis, treatment guidelines, drug recommendations
- participation in European Commission Working Group on Access to Drugs for HIV in Africa/Care of HIV/AIDS: participation in INSERM initiatives on ARVs in Africa: participation in AFRO inter-country meetings on AVRs and Health Systems in Africa, Harare, 1997
- Coordinating "care for PWHAs" activities in WHO

DAP — Action Programme on Essential Drugs

(see pages 2 and 3 for additional information)

- policy, technical and country work on access to drugs, rational use, and drug quality
- review report, *HIV opportunistic infections and STDs: morbidity rates and standard treatments* (1997)
- assessment and improvement of in-country access, including manual on *Indicators for rapid assessment of access to HIV/AIDS-related drugs* (joint with UNAIDS)
- working group on access to new drugs and drug development (including ARVs)
- management of ketoconazole and miconazole donation (Janssen)
- affordability and supply issues for antiretroviral drugs (presentation at April, 1997 meeting)
- participation in regional and global meetings (various UNAIDS; Amsterdam, 1997; etc.)

DMP — Drug Management and Policies

- normative guidelines for drug quality, safety, efficacy, and information
- WHO Model List of Essential Drugs (revised every 2 years since first list in 1977; 10th list will be prepared by Expert Committee in December, 1997)
- revision of treatment guidelines manual, *Drugs used in sexually transmitted diseases and HIV infection*

GTB — Global Tuberculosis Programme

- diagnosis, treatment, and drug recommendations for tuberculosis in HIV+ individuals
- publication of *TB/HIV: A clinical manual*
- integration of TB and HIV/AIDS care in primary health care
- publication of *A Deadly Partnership: Tuberculosis in the Era of HIV* with UNAIDS (1996)
- section on HIV infection and tuberculosis in *Treatment of Tuberculosis: Guidelines for National Programmes* (1997)

RHT/MSM — Reproductive Health (Technical Support) / Maternal and Newborn Health/Safe Motherhood

- development of best practice guidelines for antenatal care, delivery, postnatal and post abortion care including section on HIV/AIDS.
- Technical paper on HIV in pregancy shortly to be published (with UNAIDS) and policy paper on HIV and pregancy in preparation(with UNAIDS)
- integration of STD care into reproductive health services/MCH

WHO Action Programme on Essential Drugs (DAP)

WHO Mission in Essential Drugs

To contribute to reduced morbidity and the mortality from common illnesses by collaborating with countries to develop and implement national drug policies and programmes which ensure equity of access to essential drugs, rational use of drugs, and drug quality, within the context of the national health policy.

Priority Activities Related to Access to Drugs

National drug policies

- establishing NDPs as a framework for action
- emphasis on multi-sectoral participatory process
- rapid movement from policy to implementation planning (masterplan) and follow-up

Economics and drug financing

- practical approaches to drug financing:
  - public financing of drugs (rationale and quantification)
  - insurance and drugs (specific features of providing drug benefits in insurance schemes)
  - user fees (protecting equity, lessons from experiences, cautions)
  - donor and development bank financing (role and cautions)
- affordability of drugs in the private sector (price information, pricing strategies and price regulation, price competition through generic drugs)
- effect of WTO (World Trade Organization), TRIPs (new patent agreements), and related measures

Access and supply strategies

- application of modern management methods
- innovative supply strategies (autonomous CMS, direct delivery, primary distributor)
- availability of drugs in the private sector (rationalization of wholesale and retail networks)
- role of NGOs in drug supply
- access to new drugs; local production; other access issues

Rational use of drugs

- local adaptation of treatment guidelines, essential drug lists
- better prescribing through undergraduate, clinical, and in-service training
- improved pharmacy and dispensing training for drug information, patient counseling
- focus on consumer and patient education

Regulation and quality assurance capacity

- innovative approaches to putting standards into practice
- improved financing, staffing, and organization of regulatory functions
- implemenation of ethical criteria for drug promotion
- promotion of drug quality management throughout the production and distribution chain

Traditional medicines

- assessment of safety and efficacy; information on proper use
- integration into national policies and programmes
- regulation and quality assurance

Action Programme on Essential Drugs

Access to HIV-related drugs

Challenges and opportunities for improving selection, affordability, availability

World Health Organization
November 1997

Challenges

Access to HIV-related drugs presents political, social, ethical, economic, medical challenges

- health systems must have capacity to diagnose and monitor
- proper use requires education of providers and patients
- treatment regimens are complex, side effects common
- many priority drugs are extremely costly and not available from international low-cost suppliers
- improper use leads to ineffective treatment and resistance
- treatment effectiveness depends on continuum of care and social support network
- barriers to access are social, political, ethical - not simply medical and economic

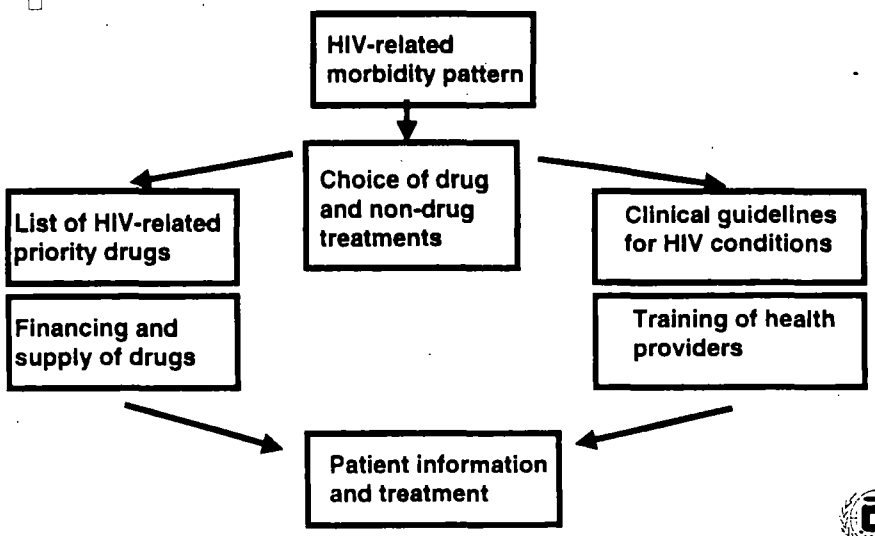
Challenges

Access to HIV-related drugs depends on rational selection and use, affordability, and availability

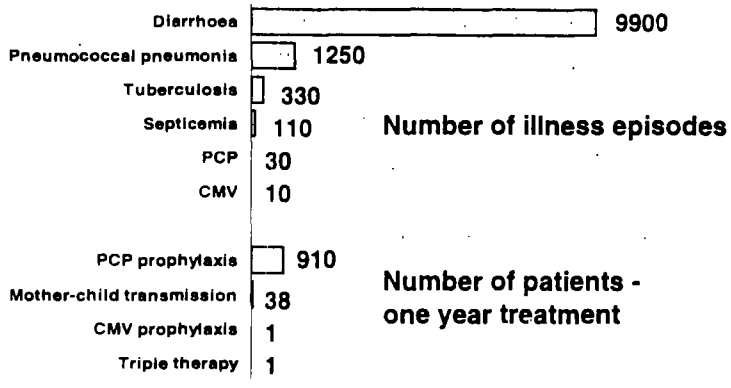
- **Therapeutic access - rational drug use**
  - select drugs based on morbidity pattern, best options
  - educate providers and the public
- **Financial access - affordability**
  - decrease prices
  - increase financial resources
- **Physical access -- availability**
  - recognize unique features of HIV treatment
  - use effective mix of public and private systems

Rational use

HIV-related morbidity pattern should guide local selection, training, supply and drug use



The number of illness episodes and patients who can be treated with US$ 10,000 varies hugely



"Affordability" varies with HIV prevalence, treatment policy, fertility, economy, health spending...and drug prices

Estimated annual ARV drug costs as percentage of total annual public drug budget

	Mat-Child Transmission	AIDS-Triple Therapy	Treatment of HIV+
Argentina	0.1	2.	5.
Colombia	0.2	7.	14.
Brazil	0.2	16.	18.
Srí Lanka	0.2	8.	15.
Philippines	0.6	16.	31.
Thailand	5.3	357.	526.
Guinea	18.0	349.	692.
Zimbabwe	35.0	616.	1221.
Cote d'Ivoire	70.6	906.	1796.

Prepared by WHO/DAP with data from: Prescott (WB), UNAIDS, WHO/DAP, WHO/RHT

Affordability

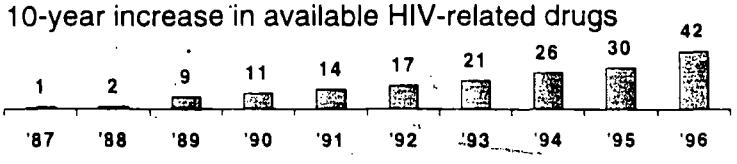
Cost reduction strategies must target source prices and mark-ups to the consumer

- **Source prices - producers and importers**
  - information - price and sources
  - negotiation
  - competition - therapeutic class tendering
  - price control
  - local production - as appropriate
- **Mark-ups to consumer**
  - taxes - importation, value added
  - wholesaler margins
  - dispensing margins - professional fee vs. percentage

Affordability

Rapidly expanding therapeutic choices provide new options and opportunities

10-year increase in available HIV-related drugs



Over 122 HIV drugs currently under development

Source: PhRMA, 1996

Affordability

Financing strategies should be based on understanding current drug financing patterns

1. Public financing
   - developed countries: 66% of drug costs
   - developing countries: usually <20%
2. Health insurance
   - Latin America 35% • Asia 10% • Africa 8%
   - inclusion of drugs & HIV varies greatly
3. Out-of-pocket payment
   - 50-90% of drugs bought by households
   - government services more dependent on user fees

Affordability

Financing strategies should be based on understanding current drug financing patterns

4. Voluntary and other local financing
   - PLWH solidarity funds - especially north-south
   - drug donations
5. Donor financing
   - more health sector, less disease focus
   - more prevention, less drug funding
6. Development loans
   - increasing WB health, pharmaceutical lending
   - generally an interim measure

Availability

Improving supply of HIV-related drugs requires different strategies for different sectors

- **Public sector**
  - information for PLWH, doctors, pharmacists, others
  - national health and drug policies
  - reliable quantification of needs
  - new supply strategies, integration
- **Private sector, NGOs**
  - information for PLWH, doctors, pharmacists, others
  - registration, quality assurance, control of outlets
  - regulation of source prices and mark-ups
  - NGO/PLWH group purchasing
  - industry partnerships for quality, promotion, supply

Conclusions

Opportunities for individual groups to contribute to rational use, affordability, availability

- **PLWH groups**
- **NGOs**
- **UN family**
- **Governments**
- **Private sector**
- **Donors and development banks**

Monday, 17 November 1997

Session 1 (8.30 - 12.30 and 13.30 - 14.30) - Item 1: Access to drugs for HIV/AIDS

Chair: Minister Zuma

8.30 - 10.00 - PRESENTATIONS AND GENERAL DISCUSSION

1. Introduction - Awa Coll-Seck, Director, Dept. of Policy, Strategy and Research, UNAIDS (10 minutes)
2. Obstacles and opportunities for access to drugs - Jonathan Quick, Director, Drug Action Programme, WHO (15 minutes)
3. UNAIDS' strategy on access to drugs - Roland Msiska, Health Systems Adviser, UNAIDS (15 minutes)

Discussion: 50 minutes

10.00 - 12.30 - GROUP WORK (DETAILS DISTRIBUTED SEPARATELY)
(tea/coffee break: 10.30)

12.30 - 13.30 - LUNCH BREAK

13.30 - 14.30 - FEEDBACK FROM WORKING GROUPS AND DISCUSSION

Session 2 (15.00 - 17.30) - Item 2: Support to country-level response to HIV/AIDS

Chair: H. Moerkerk

2(b) UN Theme Groups on HIV/AIDS

15.00 - 15.45 - PRESENTATIONS

1. Introduction and overview - Rob Moodie, Director, Dept. of Country Support, UNAIDS (5 minutes)
2. Kenya - Paul Chuke, WHO Representative in Kenya (15 minutes) on behalf of the Theme Group in Kenya
3. Uganda - Omwony Ojwok, Director General, Uganda AIDS Commission and Jim Carmichael, UNAIDS Country Programme Adviser, Entebbe (15 minutes)
4. Mexico - Patricia Uribe-Zuniga, Coordinadora General, CONASIDA (10 minutes)

15.45 - 16.00 - TEA/COFFEE BREAK

16.00 - 17.00 - DISCUSSION

17.00 - 18.00 - GROUP WORK (DETAILS DISTRIBUTED SEPARATELY)

Tuesday, 18 November 1997

9.00 - 12.00
Session 3 - Field visit

Projects to be visited, groups and logistic arrangements will be provided in advance.

12.00 - 13.00 - LUNCH (at Safari Park Hotel)

13.00 - BUS DEPARTURE FOR UN

13.30 - 14.30
Session 4 - Item 2 (continued)

Chair: H. Moerkerk

2 (b) UN Theme Groups on HIV/AIDS

Feedback from working groups and discussion.

14.30 - 16.00

2 (a) National strategic planning

PRESENTATIONS

1. Presentation on strategic planning process, recommendations of the Cosponsors and regional partner consultations - As Sy, UNAIDS' Inter-Country for Eastern and Southern Africa Team Leader, Pretoria (10 minutes)
2. Presentation of case study on Uganda planning exercise - Omwony Ojwok, Director General, Uganda AIDS Commission (15 minutes)
3. Presentation of the South Africa case study on resource mobilization - Sally Cowal, Director, Dept. of External Relations, UNAIDS (5 minutes)
4. Presentation on regional initiatives for capacity building, example of Latin America - Luiz Loures, Team Leader, Latin America and the Caribbean, UNAIDS (5 minutes)

Discussion: 55 minutes

16.00 - 16.30 - TEA/COFFEE BREAK

16.30 - 18.00
Closing Session

Chair: H. Moerkerk

- Next PCB meeting
- Other business
- Conclusions of the meeting

HUMAN
RIGHTS
CAMPAIGN

919 18th Street NW, Suite 800
Washington, DC 20006
phone 202 628 4160
fax 202 347 5323

FAX TRANSMISSION

Winnie Stachelberg
Political Director
direct dial 202 216 1549
email winnie.stachelberg@hrc.org

DATE: August 9, 1999

TO:

David Beier (456-6231)
Harold Creel (523-4224)
Monica Dixon (456-7044)
Maria Echeveste (456-6218)
Bob Hattoy (208-1821)
Fred Hochberg (205-6802)
Ron Klain (456-7044)
Joe Lockhart (456-6423)
Sylvia Matthews (395-3888)
John Podesta (456-2883)
Bruce Reed (456-5542)
Marsha Scott (456-5558)
Richard Socarides (456-6218)
Tracy Thornton (456-2604)
Sandra Thurman (456-2438)
Karen Tramontano (456-1907)
Mary Beth Cahill (456-6218)
Todd Dickinson (703-305-8664)
Philip DuFour (456-6298)
Patricia Ewing (456-2685)
Nancy Hernreich (456-6703)
Elaine Kaplan (653-5161)
Ann Lewis (456-1213)
Sean Maloney (456-2215)
Minyon Moore (456-2983)
Julian Potter (456-9054)
Paul Richard (663-7101)
Donna Shalala (690-7203)
Doug Sosnik (456-2530)
Kevin Thurm (690-7755)
Barry Toiv (456-6210)
Jesse White (884-7693)

NUMBER OF PAGES: 2 (including cover)

FROM: Winnie Stachelberg

If you have any problem with this transmission, please call (202) 628-4160.

HUMAN
RIGHTS
CAMPAIGN

July 22, 1999

Dear Faith and Fairness Colleagues:

Earlier this month, the Vatican called a priest and a nun to Rome after a 10-year investigation and ordered them to stop the gay-positive ministry they have run for two decades. Last year, the leadership of the United Methodist Church removed the Rev. Jimmy Creech as pastor of the First United Church in Omaha for blessing same-sex unions. Recently, the Mormon Church has instructed its 740,000 adherents in California to give money and other support to the Knight Initiative, a ballot measure set for March 2000 that would ban gay marriage.

And yet, the picture for gays and lesbians within the largest mainstream religions is not completely bleak – but it is shifting rapidly. That's why the Human Rights Campaign Foundation has published the report "Mixed Blessings: Organized Religion and Gay and Lesbian Americans in 1998." This is the first comprehensive look at how the 10 largest mainstream religions view gays and lesbians. It also documents some of the most important developments within those churches in the past year.

To mark the release of this report, HRC is hosting a panel discussion among religious leaders to analyze recent developments within these religions and attempt to discern whether gay Americans are making progress within mainstream religions. They will also offer their views of what's next.

Participants will include: **Rev. C. Welton Gaddy**, executive director, Interfaith Alliance (and former head of the Southern Baptist Convention); **Rev. Jimmy Creech,** United Methodist pastor who was stripped of his congregation in Omaha for blessing the union of two women; **Rev. Meg Riley,** director, Washington Office for Faith in Action for the Unitarian Universalist Association; **Rabbi David Saperstein,** director, Religious Action Center of Reform Judaism; **Lisa Bennett,** author, *Mixed Blessings, Mainstream Religion and Gay and Lesbian Americans in 1998;* and **Elizabeth Birch,** executive director, Human Rights Campaign.

It will take place Wednesday, Aug. 11, from noon to 1:30 p.m. at the National Press Club, 14th and F Streets. I hope you will be able to join us for this important discussion.

Sincerely,

Kim I. Mills
Education Director

919 18th Street NW, Suite 800 Washington, D.C. 20006
phone (202) 628 4160 *fax* (202) 347 5323 *e-mail* hrc@hrc.org

Copy to Ms. THURMAN

August 5, 1999

The Nobel Committee
Nobel Forum
Karolinska Institutet
Box 270
S-17177 Stockholm
Sweden

Ministry for Health and Social Affairs
Social Departementet
S 10333 Stockholm
Sweden

Dear Gudrun Franzén,

Attached is your letter of July 24, 1999.

Also attached is a 30 page report written by me; the attached page in bold face type partially summarizes the report's contents.

I am not a 'Dr'; I am a retired middle school librarian who served students ages 11 to 15.

Parenthetical page references in this letter will be to the 30 page report.

In the course of human events it is of little importance or consequence whether I ever receive a Nobel Prize in Medicine.

However, in the course of human events it will be of great importance and tragic consequence if the scientific world continues to ignore a medical clinical trial in which amazing anti-cancer results were achieved (Pages 4 and 5).

These results were described in one of the world's foremost and prestigious medical journals, 'The Lancet', January 12, 1980, pages 68 to 70; the name of the article is "Treatment of cancer by an inducer of reverse transformation" and was written by A. Brugarolas and M. Gosálvez.

The chemical name of the healing agent used in that trial is

Thiazolidine-4-carboxylic acid.

This acid is composed solely of harmless L-Cysteine (one half) and poisonous formaldehyde (one half).

As far as I can determine, 'The Lancet' study has been laying in the limbo of medical archives for the past two decades.

Professor Andrew V. Schally, a Nobel Laureate, does not refer to it in either one of his two studies cited in my report (Pages 1 and 2).

As you can see, he utilized Thiazolidine-4-carboxylic acid in combination with other chemicals to achieve fantastic anti-cancer results in the laboratory.

'The Lancet' article describes how this acid, alone, was used to cure human beings of cancer.

It is imperative that attention be focused upon a significant discovery of Dr. Herbert Sprince and his associates - ascorbic acid/vitamin C afforded laboratory rats phenomenal protection against lethal doses of formaldehyde (Page 6).

On (Pages 26 to 28) I cite two cases in which cancer cures were readily effected when 'mega-doses' of this acid and vitamin C were administered to the patients; esophageal cancer was cured in 5 days time and prostate cancer was cured in 8 days time.

On (Page 7) I concluded:

> "As far as I can determine, no one else in the history of science and medicine has realized that vitamin C might prove to be the golden key which could enable a cancer patient to unlock the full power of this acid within his or her body."

If my words prove true, the cure for cancer is at our finger tips, and it is my hope that the Ministry for Health and Social Affairs of the Kingdom of Sweden will investigate the possibility that the cure consists simply of the ingestion of 'mega-doses' of Thiazolidine-4-carboxylic acid and vitamin C, and 'above average' amounts of magnesium, zinc and manganese.

This acid is related to PENICILLIN because it contains a 'Thiazolidine ring'.

Thank you for giving this matter your time and attention. It will be mankind's tragic loss if 'The Lancet' study continues to be ignored and becomes lost, as it has been, in the archives of medical literature.

Yours truly,

John S. Roberts

John S. Roberts
Post Office Box H
Hobart, Indiana 46342
(219) 763-1933
United States of America

Post Script -

Attached also is the list of persons to whom I am mailing this letter and the 30 page report. If anyone else reads this letter and wishes to obtain the report, they can access it on 'The INTERNET' -

* www.jsr1936.com

Attached also is an appendix titled, 'The process of discovery'.

* The report is 30 pages long but will print out as 36 pages if accessed on 'The INTERNET'.

On page 30 there is a photograph (the original is in color) of me holding a stack of individual letters; the stack presently weighs 8 lbs.

The photograph is from an article written about me and published in the February 14, 1999 edition of the 'Sunday Post Tribune' (Northwest Indiana).

The title is:

AVID READER MAY HAVE PULSE ON DISEASE CURES -

John Roberts thinks he has disease cures.

But without an advanced degree, no one believes him.

NOBELKOMMITTÉN
KAROLINSKA INSTITUTET

Mrs Margaret H Roberts/Dr John S Roberts
Post Office Box H
Hobart, Indiana 46342
USA

Stockholm, July 24, 1999.

Dear Mrs and Dr Roberts,

The Nobel Committee for Physiology or Medicine have received your letters of June 17 and 25.

This material cannot be reviewed by the Nobel Committee as it is not part of a nomination duly submitted according to the statutes of the Nobel Foundation. Excerpts of these statutes are enclosed.

We are therefore hereby returning your papers.

Sincerely yours,

Gudrun Franzén
For the Nobel Committee

Postadress/Postal address
The Nobel Committee
Nobel Forum
Karolinska Institutet
Box 270

Gatuadress/Visiting address
Solnavägen 1 (Byggnad/Building Doktorsringen 1)
STOCKHOLM

Telefon/Phone
46-8-33 39 31
Fax 46-8-32 03 65

Telegram
nobelki

Appendix - The process of discovery

Within my thirty page report I acknowledge those people who made contributions to my research efforts, namely - **Mr. Mike Fernandez, Mrs. Helen Gutierrez, Mrs. Mary Ann Nickoloff, Mrs. Ricarda (Ricky) Ortiz, Professor Subbiah Sivam, Professor Atilla Tuncay, Mrs. Linda Wozniewski and my wife, Margaret.**

At this time I would like to pay special homage to the authors of 'The Lancet' article, namely - **A. Brugarolas** and **M. Gosálvez.**

I cannot believe that I was so obtuse as to not acknowledge them fully within my 30 page report.

In this appendix I wish to explore more fully the improbability of two discoveries -

1. There is no citation in 'MedLine' to the abstract which appears at the top of (page 6). I doubt if a cross reference to it exists in any of the multitudinous reference sources of the world's scientific and medical community.

This is how I discovered it -

I had been rereading Dr. Herbert Sprince's article, "Protective Action of Sulfur Compounds Against Aldehyde Toxicants of Cigarette Smoke", which is contained in the 'European Journal of Respiratory Diseases' (1985) 66. Suppl. 139, 102-112.

On page 107 Dr. Sprince stated: ".....Noteworthy in this regard are recent additional studies by us (11) which reveal that protection against formaldehyde lethality can be markedly increased (to 90% survivors after 72 hours) by pretreating repeatedly with high oral doses of L-ascorbic acid 'per se' prior to intubation of a lethal dose of formaldehyde. These observations warrant further investigation."

I had read it before, but this time I noted when the passage really caught my attention - 9/16/97.

The (11) in Dr. Sprince's text refers to his 11th bibliographic entry which is -

'Sprince H., Smith G.G., Rinehimer D.A. "Protection against formaldehyde toxicity by L-ascorbic acid in rats", Abstracts of 148th National Meeting of AAAS, January 3-8, 1982, Washington, D.C., 1982:151.

The complete abstract can be seen at the top of (page 6), and if my words prove true relative to the cure of cancer, the second to last sentence of this brief abstract is one of the most profound medical statements of all time -

".....Repeated high oral doses of L-ascorbic acid can protect rats appreciably against the toxicity and lethality of formaldehyde....."

2. (Pages 21 and 22) detail how I became aware of 'The Lancet' article thanks to **Professor Tuncay** and **Mrs. Nickoloff.**.

The acid mentioned in this article is Thiazolidine-4-carboxylic acid which is cited two times in 'MedLine' as being "anti-cancer" (pages 3 and 4).

284 citations (as of July 28, 1999) were noted by 'MedLine' when the following combination of words was entered -

anti-cancer acid.

'The Lancet' article is not among those listed. The word "anti-cancer" is not contained in this article.

Is it just a matter of luck or serendipity that **Mrs. Mary Ann Nickoloff** presented to me a copy of this article on Tuesday morning, about 8:00 A.M., September 9, 1997, in the **Library** of **Lake Ridge Middle School, Gary, Indiana?**

At 3:00 P.M. on Monday, September 8, 1997, I had not been giving one iota of thought to the subject of cancer.

Within less that 24 hours I had in my hands an article which will prove to be, along with vitamin C, the key to the cure of cancer, if I speak the truth.

www.jsr1936.com

On May 16, 1998, I mailed to Professor Andrew V. Schally a letter (copies were sent to President Clinton, Ms. Thurman, Secretary Shalala, Senator Lugar, Congressman Visclosky, Surgeon General Satcher, Susan Powter, Mrs. Gutierrez Mrs. Nickoloff) in which I stated:

> " Dr. Schally, I have attached two studies of which I think you and your colleagues are unaware; they are never referred to or mentioned in your various studies; nor are they mentioned in your bibliographies.
> The first study took place in Spain; the second study took place in Poland:
>
> 1. "Treatment of Cancer by an Inducer of Reverse Transformation" by A. Brugarolas and M. Gosálvez. This study was published in 'The Lancet', January 12, 1980, pages 68-70.
>
> 2. "Selective modulation of non-protein sulfhydryl levels in Ehrlich ascites tumor bearing mice" by L.B. Włodek and M. Wróbel. This study was published in 'NEOPLASMA', 43, 4, 1996, pages 259-263.
>
> Dr. Schally, as you can see, the No. 1 study deals solely with Tac; it refers to it as 'Thioproline'.
> Other 'Thiazolidine derivatives' are referred to in the No. 2 study; Tac is specifically designated as 'CF'."

The Polish study is the only recent research which I have come across which refers to 'The Lancet' article; the Polish study states in its last paragraph:

> "...The more interesting the fact is that CF (j.s.r. - Thiazolidine-4-carboxylic acid) causes reverse transformations of tumor cells and has antineoplastic effects (2,5)...."

(2) refers to a French article titled, "Effect de l'acide L-thiazolidine-4-carboxylique thiaproline sur des cellules cancéreuses en culture", and (5) refers to 'The Lancet' article.

On page 10 I concluded my letter to Professor Schally with these words:

> " It's ironic, but if my hypothesis (hypotheses 8/5/99) prove true, the chemical structure of the compounds which can cure cancer and Aids appear on the same page; see the first page of the Polish study; the compounds look like little pentagons."

I have attached the first page of the Polish study.

If I speak the truth, the chemical represented by the middle pentagon will cure HIV/AIDS, and the chemical represented by the bottom pentagon will cure cancer. j.s.r.

Selective modulation of non-protein sulfhydryl levels in Ehrlich ascites tumor bearing mice

L.B. WŁODEK, M. WRÓBEL

Institute of Medical Biochemistry, Collegium Medicum, Jagiellonian University, 31-034 Kraków, Poland

Received June 20, 1995

Thiazolidine derivatives (TD), prodrugs of L-cysteine (cys), synthesized by the condensation of cys with formaldehyde (thiazolidine-4-carboxylic acid - CF), acetaldehyde (2-methyl-thiazolidine-4-carboxylic acid - CA) and pyruvate (2-methyl--thiazolidine-2,4-dicarboxylic acid - CP), as well as amino acids thiocystine (T-cys) and cys, but not methionine (met) and $S_2O_3^{-2}$, successfully elevated non-protein sulfhydryl (NPSH) levels in livers of Ehrlich ascites tumor cells (EATC) bearing mice. At the same time, CA, promote a significant drop of NPSH concentration in EATC, whereas the other sulfur compounds (S-comp) have no effects. Thus TD and T-cys through their selective influence upon the level of NPSH in the liver and in cancer cells, seem to be the most interesting compounds for further studies on anticancer therapy.

Key words: Non-protein sulfhydryl, sulfur amino acid, thiazolidine, Ehrlich ascites, liver.

Glutathione (GSH) is the most abundant non-protein thiol and practically accounts for the whole NPSH [22]. GSH plays an important role in cellular defenses against free radicals, peroxides and electrophiles [22], thus playing an important role in tumor therapy [9, 23, 34]. The intracellular levels of GSH and the activity of its enzymes have also been reported to be in correlation with different resistance to anticancer agents [1, 4]. The rate and capacity of many GSH protective processes are dependent on its intracellular concentration. GSH alone cannot be used as a drug because it does not enter the cell [14]. Administration of cys as a rate-limiting amino acid in GSH biosynthesis [23] is not possible because it is very toxic to the central nervous system [18]. A search is still in progress for such compounds which might selectively increase the concentration of NPSH in normal tissues, i.e. exert a protective effect and on this way facilitate anticancer therapy. Our previous studies [38] showed a possibility to increase the levels of NPSH in the liver of healthy mice under the action of TD (the products of condensation of L-cys with carbonyl compounds - Fig. 1).

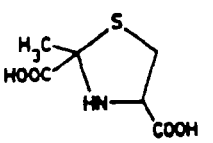
TD, as cysteine products, seem to be interesting since they can gradually release cys in an enzymatically controlled process or by nonenzymatic hydrolysis [7, 27, 39] (Fig. 1).

The aim of the present study was to examine the potential usefulness and selectivity of TD and sulfur amino acids on NPSH levels (GSH) in EATC and in the liver of mice bearing this tumor.

Materials and methods

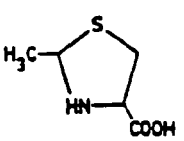
Chemicals. The following thiazolidine derivatives, products of condensation of cys with: (1) pyruvate, (2) acetaldehyde, (3) formaldehyde, were used in our experiments.

(1) CP



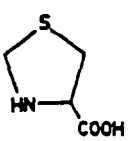
2-methyl-thiazolidine-2,4-dicarboxylic acid

(2) CA



2-methyl-thiazolidine-4-carboxylic acid

(3) CF



thiazolidine-4-carboxylic acid

Copies of this letter and 30 page report are being mailed to -

President Clinton, The White House, Washington, D.C.

Presidente Zedillo, El Palacio Nacional, Ciudad de Mexico, Estados Unidos Mexicanos

Ms. Sandra Thurman, Director, National Aids Policy Office, The White House, Washington, D.C.

The Nobel Committee, Nobel Forum, Karolinska Institutet, Stockholm, Sweden

Ministry for Health and Social Affairs, Social Departementet, Stockholm, Sweden

Professor Andrew V. Schally, Veterans Affairs Medical Center, New Orleans, Louisiana

Representative Peter J. Visclosky, State of Indiana, Washington, D.C.

Senator Richard G. Lugar, State of Indiana, Washington, D.C.

Senator Evan Bayh, State of Indiana, Washington, D.C.

Donna E. Shalala, Secretary of Health and Human Services, Washington, D.C.

David Satcher, M.D., Ph.D., Surgeon General of the United States of America, Rockville, Maryland

Harold Varmus, M.D., Director, National Institutes of Health, Bethesda, Maryland

Richard Klausner, M.D., Director, National Cancer Institute, Bethesda, Maryland

Mr. Mike Fernandez, Laredo, Texas

Mrs. Helen Gutierrez, 'The Herb Lady', Portage, Indiana

Mrs. Mary Ann Nickoloff, Lake Ridge Middle School, Gary, Indiana

Mrs. Ricarda (Ricky) Ortiz, 'Laredo Health & Organic Foods', Laredo, Texas

Professor Subbiah Sivam, Indiana University School of Medicine, Northwest, Gary, Indiana

Professor Atilla Tuncay, Indiana University School of Chemistry, Northwest, Gary, Indiana

Mrs. Linda Wozniewski, Indiana University School of Chemistry, Northwest, Gary, Indiana

Lake County Medical Society, Merrillville, Indiana

William Baldwin, Ph.D., Director, Northwest Center for Medical Education, Gary, Indiana

E. Ratcliffe Anderson, Jr., M.D., Executive Vice President, American Medical Association, Chicago, Illinois

The Cure for Cancer?

The answer might be 'Equal'/NutraSweet and L-Cysteine.

The Cure for HIV/AIDS?

The answer might be acetaldehyde. Both the NIH and CDC have said that HIV can be inactivated in the test tube by acetaldehyde.

The Cure for Alcohol Abuse?

All drinkers of alcohol should consume above average amounts of zinc, vitamin B-6 and vitamin C.

Could sufferers of Lou Gehrig's Disease benefit from 'Barleygreen'?

Could those afflicted with Macular degeneration benefit from Ginkgo biloba and zinc?

www.jsr1936.com

John S. Roberts, Post Office Box H, Hobart, Indiana (219) 763-1933, e-mail: jsr1936@jsr1936.com

The Cure for Cancer?

This report is 30 pages long.

SHOULD JOHN STACY ROBERTS BE AWARDED A NOBEL PRIZE IN MEDICINE FOR HIS RESEARCH INTO CANCER, HIV/AIDS AND ALCOHOL ABUSE?

t hiazolidine-4-carboxylic acid also known as 'Tac'

In this decade Professor Andrew Victor Schally, a Nobel Laureate, and h's colleagues have been exploring the anti-cancer possibilities of compounds which include this acid in their composition.

Thus far they have achieved very encouraging anti-cancer results in the laboratory - "...the activity of 2-pyrrolino-DOX and its conjugates was 2500 times higher than..."

Refer to: (The **emphasis** is mine, John S. Roberts.)

"**Potent** bombesin antagonists with C-terminal Leu-psi(CH2-N)-**Tac**-NH2 or its derivatives", 'Proceedings of the National Academy of Sciences of the United States of America', Vol. 91, pp.12664-12668, December, 1994.

"Design, synthesis, and 'in vitro' evaluation of cytotoxic analogs of bombesin-like peptides containing doxorubicin or its **intensely potent derivative,** 2-pyrrolinodoxorubicin", 'Proceedings of the National Academy of Sciences of the United States of America', Vol. 94, pp. 652-656, January, 1997.

This acid has other names: '4-Thiazolidine-carboxylic acid', 'Timonacic' and 'Thioproline'; Professor Schally and his colleagues, R.-Z. Cai, H. Reile and P. Armatis refer to it as **'thiazolidine-4-carboxylic acid'** and abbreviate it **'Tac';** its molecular mass is **133.18.**

Professor Schally and his colleagues are associated with the Endocrine, Polypeptide and Cancer Institute, Veterans Affairs Medical Center, New Orleans, Louisiana. (When the December, 1994 article was published.)

An examination of the December, 1994 article reveals the following:

'ac is part of the peptide structure with the Code No. **RC-3950-II.**

The structure appears thusly - [D-Phe6,13psi14,CH2-N,**Tac**14]BN-(6-14) and has a retention time of 14.63.

The formula for **RC-3950-II** is C51/H72/N14/O9/S1 and the Molecular mass is **1056.5.**

The Receptor binding for **RC-3950-II** is 0.078 and the Antagonistic activity is 1.0

The abstract concludes: ".....The best BN antagonists of this series, **RC-3950-II**....., inhibited gastrin-releasing peptide-stimulated growth of Swiss 3T3 cells with IC50 values of 1 nM and 6 nM, respectively. **Since antagonists of this class inhibit growth of various tumors in animal cancer models, some of them may have clinical applications."**

The article concludes: "...**Tac** is a closed ring analog of Met and is more **hydrophobic** than Met. The replacement of Phe with **Tac** in reduced bond BN antagonists produced improved Ki and IC50 values. **BN antagonists such as RC-3950-II may have important therapeutic applications for the treatment of various malignancies such as prostatic, gastric, and pancreatic cancer, small cell ung carcinoma, and other tumors."**

My fellow citizen, after you read the following pages you will see that " 'ac' by itself, and not in combination with any other chemicals, was ı sed to cure people of cancer 20 years ago.

The molecular mass of Professor Schally's "best BN antagonist", RC-3950-II, is 1056.5; that of 'Tac' is 133.18; less is best!

It is my hope that Professor Schally, his colleagues and the scientific and medical community of the world will investigate this unique ›henomenon - a possible, simple cure, for cancer.

'MedLine' is on 'The INTERNET'

'Medline' is published by the National Library of Medicine and contains over 9 million citations. On May, 4, 1999, there were 1,205,513 articles which mentioned the word 'cancer' at least one time. There were 2,216 articles which mentioned the word 'anti-cancer' at least one time. There were 2 articles in which the words 'anti-cancer' and 'thiazolidine-4-carboxylic acid' appear together; as you will see on the next page, this amount does not increase.

. ULY 28, 1999, compared to May 4, 1999 -

Number of citations containing the word, 'cancer' - 1,222,331- an increase of 16,818

Number of citations containing the word, 'anti-cancer' - 2280 - an increase of 64

Number of citations containing the words, 'anti-cancer' and 'thiazolidine-4-carboxylic acid' - 2.

My fellow citizen - THIS IS HOW YOU CAN SEE THE 2 CITATIONS -The following instructions are written with the assumption that you have never used a computer.

1. Look at the very first screen which appears after you have accessed 'The INTERNET'.

2. About one and a quarter inches from the top of the screen you will see a box labelled, 'Address'; on my screen it is about 9 inches long and one quarter of an inch high. Concentrate on this box.

3. Click into this box at anyplace on its 9 inch length. Click into it by moving the arrow of your 'mouse' inside it and pressing the left hand button of the mouse. When you do this a blue back ground appears in the 'Address' box. Let go of the mouse at this time.

4. Now, type into the 'Address' box the following (don't worry about making mistakes because you know you can correct them by simply pressing the 'Backspace' key of your keyboard):

www.ncbi.nlm.nih.gov/pubmed

and then press the 'Enter' button on your keyboard.

5. A screen will appear titled 'PubMed'.

6. Look underneath the words 'Search MEDLINE for', and you see an empty box about 4" long and one quarter inch high.

7. Click into this box with your arrow; a flashing line one quarter inch high appears at the far left corner of the box.

8. Type: **thiazolidine-4-carboxylic acid anti-cancer**

and don't worry about making a mistake; pressing on 'Backspace' on your keyboard will correct any mistake.

9. Click on to 'Search' with your arrow and a screen with this heading appears:

NCBI PubMed PubMed QUERY PubMed?

10. Move your arrow to the name, 'Smeyers', and click on to it with the left hand button of your mouse. You know you are properly 'clicked on' when a little hour glass appears. A passage appears which contains these words:

'anti-cancer' and '4-thiazolidine-carboxylic acid'.

11. In the upper left hand corner of the screen near the very top there is a little arrow pointing left; it says, 'Back', underneath. Direct your mouse's arrow to it and click on with the left hand button of the mouse, and you will see that this gets you back to the previous screen.

12. Now, move your arrow to the name 'Lankelma' and click on; note that this passage concludes with the words:

"...thioproline as an anti-cancer agent."

Thioproline, 4-thiazolidine-carboxylic acid and thiazolidine-4-carboxylic acid are the same thing.

Thus you have seen the two citations. Is this acid the cure for cancer?

13. Let's see. Return again to the previous screen by clicking on to the left hand, 'Back', button at the upper top left of the screen.

14. Now look at the box, it's not quite 4", which appears under 'NCBI PubMed PubMedQUERY PubMed?'.

15. Erase "thiazolidine-4-carboxylic acid anti-cancer" by clicking on to 'clear', one inch to the right.

16. Click into the blank box (Remember, a flashing line one quarter inch high will appear at the left.) and type:

hioproline cancer brugarolas

Then click on to 'Search'.

Again, if the little hour glass appears you know you have done it correctly.

You can see that the screen shows two 'Brugarolas'. There is no abstract for the first 'Brugarolas'.

17. Click on to the bottom 'Brugarolas'; this passage contains an abstract; an abstract is a summary of a scientific article; this abstract contains 3 sentences; the abstract begins and ends thusly:

"Thiazolidine-4-carboxylic acid.....Histological studies showed involution and transformation into ow-grade malignancies and disappearance of evidence of cancer."

To repeat: **"...diappearance of evidence of cancer."**

The complete article is published in 'The Lancet', January, 12, 1980, pages, 68-70; the title is:

'Treatment of cancer by an inducer of reverse transformation'.

If you obtain this article, you will find that the following passages are contained therein: (my underline)

"No toxicity was observed and all regimens were equally well tolerated. Most patients had a feeling of well-being and there was no nausea, vomiting, myelo-depression, or central-nervous-system symptoms. No changes in pulmonary, cardiac, hepatic, or renal functions were found..." page 69

"Thioproline seemed to be completely nontoxic over a wide range of doses, and had considerable antitumour effect in epidermoid carcinoma of the head and neck. Definite signs of activity were observed in epidermoid carcinoma of other regions and in other solid tumours, such as breast, renal, ovary, thyroid, and parotid cancer. page 69

"Reverse transformation seemed to affect only tumour cells, since no effect was observed in the normal skin, mucosae, or other epithelial tissues. The selective character of this action explained the absence of toxicity of thioproline treatment." page 70

Further research revealed that this acid is a bit more toxic than the authors of this article initially thought, and because of this toxicity it has been impossible, in the past, to administer orally (by swallowing) 'mega-doses' of this acid. ('The Lancet' article cites that only 5 mg/kg. daily of the acid was administered orally.)

This acid is composed of harmless L-Cysteine (one half) and poisonous formaldehyde (one half).

The following sentences are some of the most significant in the history of medical science. As far as I can determine they do not appear in 'MedLine'. They are a just a small part of the epoch research of Dr. Herbert Sprince and his associates.

This passage is found in 'Abstracts of 148th National Meeting of AAAS', January 3-8, 1982. Washington, D.C.,1982:151. 'L-ascorbic acid (LAA)' is vitamin C. The underlining was done by the authors.

"Protection against Formaldehyde Toxicity by L-Ascorbic Acid in Rats. H. Sprince, G.G. Smith, and D.A.Rinehimer (VA Med. Ctr., Coatesville, PA 19320; Depts. Psychiatry & Pharmacology, Jefferson Med. Coll., Phila., PA 19107.): Formaldehyde (FMA) is an important toxicant of cigarette smoke and currently the center of controversy as a potential human carcinogen. Previously, we reported partial protection in rats (55% survivors) by single (underline) oral doses of L-ascorbic acid (LAA) against lethal (LD95) doses of FMA. (Agents and Actions9, 407, 1979). We now report additional findings pointing to LAA as a protectant against FMA. In acute toxicity tests with male rats (ca 103 days old, wt 420 gm), LAA in saline and saline controls were orally intubated 3 times within 24 hours (at 23.5, 5, 0.5 hrs.) prior to oral intubation of an LD 95 dose of FMA in saline (= 11.0 mmoles/kg). Protection measured as percent survivors (% S) after 72 hours was: 87% S for LAA at 3 mmoles/kg vs 7% S for saline controls. LAA protection was dose-related. In chronic toxicity tests with male rats (ca 102 days old, wt 420 gm), LAA and saline controls were orally intubated 1 hour prior to an oral LD 25 dose of FMA (= 5mmoles/kg) daily 5 days/week for 4 weeks. After 4 weeks, % S and mean body weights of survivors were respectively: 90% S and 416 gm for LAA at 3 mmoles/kg vs 40% S and 352 gm for saline controls and 100% S and 452 gm for untreated controls. Conclusions: Repeated high oral doses of L-ascorbic acid can protect rats appreciably against the toxicity and lethality of formaldehyde. The protective mechanism is as yet unknown. (Supp. by U. S. Admin.)"

' 'HANKS TO Dr. SPRINCE AND HIS ASSOCIATES,

I, John Stacy Roberts, have made a most fortuitous and felicitous discovery; it is one of the most significant medical discoveries of all time -

N THE HUMAN BODY, VITAMIN C AFFORDS PROTECTION AGAINST THE DEADLY

' 'OXICITY OF FORMALDEHYDE.

In his conclusion Dr. Sprince stated, "Repeated high oral doses of L-ascorbic acid (Vitamin C) can protect rats appreciably against the toxicity and lethality of formaldehyde."

Soon I will cite two anecdotal cases which will demonstrate that human beings are equally well protected against the toxicity and lethality of formaldehyde by vitamin C. Soon I will describe a procedure. It is my hope that medical authorities will launch a clinical trial of this procedure.

If my words prove true, this discovery will allow a cancer patient to swallow **MEGA-DOSES OF THIAZOLIDINE-4-CARBOXYLIC ACID**

This acid is chemically related to **PENICILLIN.**

As far as I can determine, no one else in the history of science and medicine has realized that vitamin C might prove to be the golden key which could enable a cancer patient to unlock the full power of this acid within his or her body.

In a June 17, 1999 letter addressed to the Nobel Committee for Medicine in Stockholm, Sweden, my wife wrote:

"Dear Members of the Nobel Committee for Medicine, If a clinical trial proves that the words of my husband, John Stacy Roberts, are true relative to the manner in which solid cancerous tumors can be made to disappear from the human body, I, Margaret Vargas Roberts, think his name should be placed in nomination to receive a Nobel Prize in Medicine."

I, John S. Roberts, challenge the reader - go to any library and look in the index of every book about CANCER and I would be willing to bet that you won't find one reference to 'Thiazolidine-4-carboxylic acid'.

This acid is chemically simple to make; the following passage is from page 203 of Volume 59, January, 1937, 'American Chemical Society'. (See page 29 for a brief biography of Sarah Ratner.)

SARAH RATNER WROTE IT -

"Thiazolidine-4-carboxylic Acid. - The cysteine hydrochloride from 30 g. of cystine was dissolved in 100 cc. of water; 22 cc. of commercial 40% formaldehyde (1.1 mole) was added, and the mixture allowed to stand overnight at room temperature. On the addition of 25 cc. of pyridine, crystals soon separated. The whole was diluted with 50 cc. of alcohol and filtered. The product (28.2 g.) was recrystallized from hot water. The resulting long, colorless needles, which melt with decomposition at 196-197 degrees, are insoluble in alcohol, somewhat soluble in cold water, readily soluble in hot water, in acid and in alkali."

In my opinion, the following procedure might be effective toward curing cancer (I don't know about leukemia).

12 days of the procedure should be adequate to see if anti-cancer results are being obtained; 2 days will be devoted to preparation and 10 days will be devoted to the treatment.

Hopefully, experience will show that the phenomenal protection which vitamin C affords against formaldehyde's toxicity will enable the dosage amount to be increased beyond the 40 mg/kg. amount for adults and the 20 mg/kg. amount for children.

A PROCEDURE PROPOSED BY JOHN S. ROBERTS TO CURE CANCER (EXCEPTING LEUKEMIA) BY UTILIZING THIAZOLIDINE-4-CARBOXYLIC ACID & VITAMIN C & MAGNESIUM & ZINC & MANGANESE.

THE PROCEDURE DEMANDS THAT TWO DAYS BEFORE THE TREATMENT COMMENCES, THE PATIENT WILL HAVE SWALLOWED 10,000 mg. OF VITAMIN C EACH DAY. 10,000 mg. IS NOT TO BE SWALLOWED ALL AT ONCE, RATHER, ONE 1,000 mg. VITAMIN C TABLET WILL BE SWALLOWED EVERY HOUR UNTIL 10 ARE CONSUMED BY THE END OF THE DAY. REGULAR VITAMIN C TABLETS ARE TO BE USED, NOT TIMED RELEASE. THE TOTAL OF THE VITAMIN C SWALLOWED OVER TWO DAYS TIME WILL EQUAL 20,000 mg.

IF THE PATIENT DOES NOT SWALLOW VITAMIN C IN THE MANNER I DESCRIBE, I, JOHN S. ROBERTS, AM NOT RESPONSIBLE IF ANY HARM BEFALLS THAT PATIENT BECAUSE OF A FORMALDEHYDE OVERDOSE.

FIRST, LET'S DETERMINE HOW MUCH ACID SHOULD BE SWALLOWED BY THE PATIENT; LET'S ASSUME THAT THE PATIENT IS A 150 lb. (68 kg.) ADULT.

THE MERCK INDEX STATES THIS ABOUT THE LETHAL DOSAGE (LD) AMOUNT FOR THIS ACID -

"LD 50 ORALLY IN MICE: 400 mg/kg."

THE MERCK INDEX STATES THIS ABOUT THE LETHAL DOSAGE (LD) AMOUNT FOR 'TYLENOL' -

"LD 50 IN MICE (mg/kg): 338 ORALLY..."

THE SMALLER THE NUMBER, THE MORE TOXIC THE SUBSTANCE.

TYLENOL IS MORE TOXIC THAN THIS ACID!

FOR ADULTS, LET'S START OUT BY ADMINISTERING 40 mg/kg. FOR CHILDREN, LET'S START OUT BY ADMINISTERING 20 mg/kg.

EVERYDAY A 150 lb. ADULT WOULD SWALLOW 2720 mg. (40 mg. x 68 kg. equals 2720 mg.) OF THE ACID. THIS WOULD NOT BE SWALLOWED ALL AT ONCE BUT WOULD BE SPACED OUT TO THREE SEPARATE OCCASIONS DURING THE DAY.

'O REPEAT, THE TREATMENT WILL ONLY BEGIN AFTER THE PATIENT HAS SWALLOWED A TOTAL OF 20,000 mg. OF VITAMIN C (NOT TIMED RELEASE).

'HE 10 DAYS OF TREATMENT -

AGAIN, I AM ASSUMING THAT THE PATIENT IS A 150 lb. ADULT. THE PATIENT WILL SWALLOW THE FOLLOWING 3 TIMES A DAY, LET'S SAY AT 8:00 A.M., 2:00 P.M. AND 8:00 P.M. (a 6 hour interval in between).

DURING EACH OF THE THREE OCCASIONS THE PATIENT WILL SWALLOW -

A. ONE 900 mg. TABLET OF THIAZOLIDINE-4-CARBOXYLIC ACID

B. ONE 1,000 mg. VITAMIN C TABLET (not timed release)

C. ONE MINERAL TABLET CONTAINING MAGNESIUM, ZINC AND MANGANESE.

D. **AT EACH HOUR BETWEEN THESE 3 OCCASIONS, A 1,000 mg. TABLET OF VITAMIN C WILL BE SWALLOWED.**

GENEROUS AMOUNTS OF WATER ARE TO BE SWALLOWED THOUGHOUT THE COURSE OF THE DAY, NOT SODA POP!

A RECAPITULATION - THE PROCEDURE TAKES 12 DAYS, 2 DAYS OF PREPARATION WITH VITAMIN C, 10,000 mg. EACH DAY, 20,000 mg. TOTAL. THE TREATMENT TAKES 10 DAYS. EACH DAY THE PATIENT (a 150 lb. adult) WILL CONSUME A TOTAL OF 2700 mg. OF THE ACID, 13,000 mg. OF VITAMIN C. 3 MINERAL TABLETS CONTAINING MAGNESIUM, ZINC AND MANGANESE; THIS MIGHT BE TOO MUCH; PERHAPS A ONE AND A HALF MINERAL TABLET WOULD SUFFICE; I DON'T WANT AN EXCESS TO CAUSE UNDUE TOXICITY; LIQUID 'IONIC' MINERALS MIGHT BE THE BEST TO USE.

PRESENTLY, THIAZOLIDINE-4-CARBOXYLIC ACID IS NOT COMMERCIALLY AVAILABLE TO THE CITIZENS OF THE UNITED STATES.

IN THE PAST IT HAS BEEN SOLD IN THE FOLLOWING COUNTRIES AS A LIVER 'CHOLERETIC'.

THE ACID'S COMMERCIAL NAME APPEARS IN PARENTHESIS; I ASSUME IT IS STILL AVAILABLE IN THESE COUNTRIES -

SWITZERLAND (Timonacic), SWITZERLAND (Heparegen), SWITZERLAND (Hepalidine), ITALY (Sulfile), SPAIN (Medialmine), SPAIN (Hepacitol), SPAIN (Livercrom)

This is all well and good, but what is a person to do if he or she cannot obtain this chemical from these foreign countries and does not know how to prepare chemically **SARAH RATNER'S** formula?

On December 1, 1997,

MRS. HELEN GUTIERREZ, 'THE HERB LADY'

of Portage, Indiana, and I thought of a way by which a person could generate Thiazolidine-4-carboxylic acid in his or her own body by simply swallowing the artificial sweetener, **'Equal'**, and the health food tablet, **L-Cysteine,** which can be purchased without a prescription.

Equal is also know by the name 'NutraSweet'; the chemical name is 'Aspartame'.

Because of her phenomenal memory, Helen was able to remember from the first edition of Prescription for NUTRITIONAL HEALING by James F. Balch, M.D., that NutraSweet/Aspartame metabolizes into (changes into) formaldehyde; this information is not contained in the second edition of this book.

Here is how the passage appears on page 133 of the first edition:**"Aspartame, the chemical name for NutraSweet, consists of three components: phenylalanine, aspartic acid, and methanol. Because NutraSweet contains methanol, a human specific and highly toxic poison, its safety should be examined.**

Methanol is converted to formaldehyde and formic acid - two substances that have a toxic effect on the thymus gland....." Dr. Balch states on page 525 (2nd Edition): **"*T cells* undergo maturation in the thymus gland..."** Roberts' conclusion: people with **HIV/AIDS** should not use 'Equal'.

The following passage describes what happens in the human body when formaldehyde and L-Cysteine are 'mixed together'; this passage comes from the 'Journal of Nutrition', Volume 66, 1958, page 617; the authors did not realize (If my words prove true) that they had described the process by which the cure for cancer is generated:

"...Finally at physiological pH the spontaneous condensation of formaldehyde and cysteine to form thiazolidinecarboxylic acid is so rapid that when these two compounds are added to mitochondria the metabolism of cysteine is for all practical purposes entirely by way of the thiazolidine. The formation of thiazolidinecarboxylic acid 'in vivo' therefore provides a possible mechanism for the detoxification of exogenous and endogenous formaldehyde."

I have added vitamin C and the elements, magnesium & zinc & manganese and have designated the following as

'The Gutierrez/Roberts Procedure for the treatment of Cancer'.

THE PROCEDURE DEMANDS THAT TWO DAYS BEFORE THE TREATMENT COMMENCES THE PATIENT WILL HAVE SWALLOWED 10,000 mg. OF VITAMIN C (NOT TIMED RELEASE) EACH DAY. 10,000 mg. IS NOT TO BE SWALLOWED ALL AT ONCE, RATHER ONE 1,000 mg. VITAMIN C TABLET WILL BE SWALLOWED EVERY HOUR UNTIL 10 ARE CONSUMED BY THE END OF THE DAY. REGULAR VITAMIN C TABLETS ARE TO BE USED, NOT TIMED RELEASE. THE TOTAL OF THE VITAMIN C TABLETS SWALLOWED OVER TWO DAYS TIME WILL EQUAL 20,000 mg.

IF THE PATIENT DOES NOT SWALLOW VITAMIN C IN THE MANNER I DESCRIBE, I, JOHN S. ROBERTS AM NOT RESPONSIBLE, NOR IS MRS. HELEN GUTIERREZ REPONSIBLE, IF ANY HARM BEFALLS THAT PATIENT BECAUSE OF A FORMALDEHYDE OVERDOSE.

TO REPEAT, THE TREATMENT WILL ONLY BEGIN AFTER THE PATIENT HAS SWALLOWED A TOTAL OF 20,000 mg. OF VITAMIN C (NOT TIMED RELEASE).

THE 10 DAYS OF TREATMENT -

THE TREATMENT FOR ADULTS IS AS FOLLOWS. THE PATIENT WILL SWALLOW THE FOLLOWING 3 TIMES A DAY, LET'S SAY AT 8:00 A.M., 2:00 P.M. AND 8:00 P.M. (a 6 hour interval in between).

TO REPEAT - ON THREE SEPARATE OCCASIONS DURING THE DAY, THE PATIENT WILL SWALLOW - (FOR A CHILD - ONE HALF THE AMOUNT, OR EVEN LESS) -

A. THREE L-CYSTEINE TABLETS (500 mg. each)

B. ONE MINERAL TABLET CONTAINING MAGNESIUM & ZINC & MANGANESE

C. ONE 1,000 mg. VITAMIN C TABLET

D. A LARGE GLASS OF WATER INTO WHICH HAD BEEN MIXED ONE HALF A KITCHEN MEASURING CUP OF 'EQUAL'; THIS IS THE EQUIVALENT OF 4 OUNCES OR 90 PACKETS OF 'EQUAL'

E. **AT EACH HOUR BETWEEN THESE 3 OCCASIONS, A 1,000 mg. TABLET OF VITAMIN C WILL BE SWALLOWED.**

GENEROUS AMOUNTS OF WATER ARE TO BE SWALLOWED THROUGHOUT THE COURSE OF THE DAY, NOT SODA POP!

A RECAPITULATION - THE PROCEDURE TAKES 12 DAYS, 2 DAYS OF PREPARATION WITH VITAMIN C, 10,000 mg. EACH DAY, 20,000 mg. TOTAL. THE TREATMENT TAKES 10 DAYS. EACH DAY THE PATIENT (an adult) WILL CONSUME A TOTAL OF 9 L-Cysteine tablets; 12 ounces of 'Equal' or the equivalent of 270 packets; thirteen 1,000 mg. vitamin C tablets; 3 mineral tablets containing magnesium & zinc & manganese (this might be too much, maybe one and a half tablets would suffice); perhaps 'ionic' minerals would be best.

Because it contains a 'Thiazolidine ring',

Thiazolidine-4-carboxylic acid is chemically related to

'enicillin. In other words, if I speak the truth, Cancer can be cured with a form of PENICILLIN.

I began mailing out my cancer research in November, 1997. It was not until June 16, 1999, that I realized that the 'Vitamin C' aspect of the procedure had a medical name; it is called the 'Ascorbic Acid Flush'. The following passage is found on page 539 of the second edition of Prescription for NUTRITIONAL HEALING by James F. Balch, M.D. and Phyllis A. Balch, C.N.C.:

'Ascorbic Acid Flush'

"Because vitamin C (ascorbic acid) promotes the healing of wounds and protects the body from bacterial infection, allergens, and other pollutants, it is often beneficial to flush the body with ascorbic acid. This therapy can help treat chemical allergies and chemical poisoning, arsenic and radiation poisoning, influenza, and sprains, and it can help prevent other illnesses, including cancer and AIDS.

PROCEDURE FOR ADULTS

Place 1,000 milligrams of ascorbic acid in a cup of water or juice. To make this drink, use ascorbic acid in the form of either esterified vitamin C, such as Ester-C, or a buffered product, such as calcium ascorbate. Take every half hour, keeping track of how much has been taken, until diarrhea results. Count the number of teaspoons needed to produce diarrhea. Subtract 1 from this amount, and take the resulting ascorbic acid drink every four hours for one to two days. During therapy, make sure the stool retains a tapioca-like consistency. If it again becomes watery, decrease dosage as necessary. Repeat therapy once a month.

PROCEDURE FOR INFANTS AND CHILDREN

Place 250 milligrams of ascorbic acid in a cup of water or juice, using an esterified vitamin C product, such as Ester-C, or a buffered product, such as calcium ascorbate. Give to the child every hour until a stool of tapioca-like consistency is produced. If the child or infant does not produce this stool within 24 hours, increase dose to 500 milligrams every hour, and keep the child on this schedule for one or two days. Do not exceed 500 milligrams per hour. Children should be given treatment only under medical supervision."

I included this information in my June 27, 1999 letter addressed to three parties, namely:

Lake County Medical Society, Merrillville, Indiana

William Baldwin, Ph.D., Director, Northwest Center for Medical Education, Indiana University School of Medicine, Gary, Indiana

E. Ratcliffe Anderson, Jr., M.D., Executive Vice President, CEO, American Medical Association, Chicago, Illinois.

Among those to whom I mailed a copy are:

President Clinton, The White House,Washington, D.C.

Donna E. Shalala, Ph.D., Secretary of Health and Human Services, Washington, D.C.

Harold Varmus, M.D., Director, National Institutes of Health, Bethesda, Maryland

Richard Klausner, M.D., Director, National Cancer Institute, Bethesda, Maryland

Dr. Andrew V. Schally, Veterans Affairs Medical Center, New Orleans, Louisiana.(Should read 'Professor')

Is this the key to the cure for cancer? Thiazolidine-4-carboxylic acid is very **HYROPHOBIC** OR water repellent. Does this happen? The cancer cells absorb this acid and by so doing they concomitantly lose the ability to absorb water, and they consequently die. The healthy cells are not affected in a similar fashion. Is this a plausible explanation?

Don't forget, the Lethal Dosage amount for this acid is 400 mg/kg. whereas the Lethal Dosage amount for Tylenol is 338 mg/kg. If my words prove true, **CANCER CAN BE CURED WITH A CHEMICAL COMPOUND THAT IS LESS TOXIC THAN ONE OF THE WORLD'S MOST POPULAR PAIN RELIEVERS - TYLENOL.**

HIV/AIDS TROUBLES?

Because of my efforts (see Post Script) both the National Institutes of Health (NIH) and the Centers for Disease Control (CDC) have acknowledged that **HIV, the virus which causes AIDS, can be inactivated in the test tube by the chemical compound, ACETALDEHYDE.**

The chemicals which can inactivate HIV are 'few and far between'.

As the authors Peter S. Arno, Ph.D. and Karyn L. Feiden state on page 17 of, AGAINST THE ODDS - The Story of Aids Drug Development, Politics & Profits:

"Between 1987 and 1991 the National Cancer Institute tested 40,000 chemical compounds at facilities in Frederick, Maryland, and Birmingham, Alabama, to see if any could disable the AIDS virus. Despite the odds against finding a breakthrough drug, researchers continue to screen for compounds that can inhibit HIV at each step in the infection process: when it binds to the CD4 molecule; when it penetrates the helper T cell; when it transcribes its genetic code inside; and when it replicates. A more promising direction for future research is targeted drug development - that is , designing an effective drug based on the known biological structure of HIV."

However, there is an acid, **L-2-Methylthiazolidine-4-carboxylic acid**

(L-MTCA), which is composed of L-Cysteine (one half) and **ACETALDEHYDE** (one half).

Years ago (1968-1970) L-MTCA was used as a 'cough inhibitor'.

L-MTCA is chemically simple to make, however it could be dangerous because acetaldehyde is flammable and could explode. The following passage is from the same 'Journal of Nutrition' which I cited previously; that citation described how 'thiazolidinecarboxylic acid' was formed in the body; which in my opinion, is the cure for cancer; the following citation, from page 610 of Volume 66, 1958, describes the process of formulating an acid which might prove to be very, very effective in inactivating HIV, the virus which causes AIDS -

"L-2-Methylthiazolidine-4-carboxylic acid was synthesized by a modification of the procedure described by Cook and Heilbron (THE CHEMISTRY OF PENICILLIN). Six grams of L-cysteine were dissolved in 15 ml of hot water and the pH of the solution was adjusted to 2.5 with hydrochloric acid. Five milliliters of freshly distilled acetaldehyde were added and the reaction mixture was allowed to stand a room temperature for several hours. The solution was then concentrated 'in vacuo' to a heavy syrup. The product was precipitated by the addition of absolute ethanol and collected on a sintered glass funnel. The yield, after recrystallization from 95% ethanol, was 2.6 gm. The melting point was 162-163 degrees, in agreement with the value reported by Cook and Heilbron."

It is my assumption that L-MTCA might be an effective **ANTI-HIV** agent because of its **acetaldehyde content (one half).**

Acetaldehyde is extremely toxic.

However, THE MERCK INDEX reveals the following about LETHAL DOSAGE (LD) amounts; 'LD50' means that 50% of the test animals died:

Acetaldehyde - LD50 orally in rats: 1930 mg/kg

Formaldehyde - LD50 (data not given as to whether it is rats or mice): 800 mg/kg

Thiazolidine-4-carboxylic acid - LD50 orally in mice: 400 mg/kg.

Tylenol - LD50 orally in mice: 338 mg/kg.

' 'HE LOWER THE AMOUNT, THE GREATER THE TOXICITY.

However, as far as acetaldehyde is concerned, **The epoch research of Dr. Herbert Sprince** discovered that a nutrient which can be purchased in any health food store, **N-Acetyl Cysteine (NAC),** afforded laboratory rats

. .00% PROTECTION AGAINST A LETHAL DOSE OF ACETALDEHYDE.

Consequently, the following procedure will also include NAC as an anti-acetaldehyde buffering agent.

Before I describe the procedure, let me cite two more facts about NAC -

1. NAC is the only substance known which can alleviate a Tylenol overdose.

2. Cigarette smokers could benefit from NAC; acetaldehyde is a toxic byproduct of cigarette smoking.

. . 'he Treatment for HIV/AIDS

Chemical abstract 77242v (refer to Chemical Abstracts, Volume 73, 1970) states that the Lethal Dosage amount of L-MTCA for mice is 300-400 mg/kg.

This falls in the range of Tylenol - 338 mg/kg. If my words prove true, **HIV/AIDS CAN BE SUCCESFULLY TREATED WITH A CHEMICAL COMPOUND WHICH IS NOT ANY MORE TOXIC THAN ONE OF THE WORLD'S MOST POPULAR PAIN RELIEVERS - TYLENOL. IN MY OPINION, IT IS THE TOXICITY OF ACETALDEHYDE WHICH WILL INACTIVATE HIV, THE VIRUS WHICH CAUSES AIDS.**

Let's follow the example I gave for a cancer patient. For adults, let's start out by administering 40 mg/kg. For children, let's start out by administering 20 mg/kg.

Let's suppose the adult patient weighs 150 lbs. (68 kg.) -refer back to the cancer example - Everyday, at 8:00 A.M., 2:00 P.M. and 8:00 P.M., the patient will swallow 900 mg. of L-MTCA. The daily amount will thus total 2700 mg. (40mg x 68 kg equals 2720 mg.). In addition, at 8:00 A.M. & 2:00 P.M. & 8:00 P.M. the patient will swallow a 600 mg. tablet of NAC.

HOPEFULLY, THE PATIENT WILL SOON SEE HIS OR HER 'T-CELL' COUNT BEGIN TO RISE.

If people cannot chemically prepare this acid, it is my suggestion that they stay safely in their homes, do not drive a vehicle, and periodically swallow some L-Cysteine tablets and drink some alcohol. The alcohol will metabolize into acetaldehyde which will combine with the L-Cysteine to form L-MTCA. Also, swallow some NAC.

Since it contains a 'Thiazolidine ring', L-MTCA is also related to **PENICILLIN.**

)RINKING PROBLEMS?

During the course of my research I have discovered some facts about alcohol and nutrition which are generally not well known by the public. In fact, I would be willing to bet that **not one person in a million who drinks alcohol is aware of these facts!**

After you read them, I hope you will agree with me that the Surgeon General of the United States of America should order manufacturers of alcoholic beverages to print a third warning on all their containers of alcoholic beverages; that warning should be:

(3) PROPER METABOLISM OF ALCOHOL REQUIRES THE INGESTION OF ABOVE AVERAGE AMOUNTS OF ZINC, VITAMIN B-6 AND VITAMIN C.

Here are the facts which I have found in various reference sources; the **emphasis** is mine.

1. "6. Cut way back on beer and other alcoholic drinks. They wipe out **zinc and B-6.** Beer also encourages hormones that promote prostate growth." Dr. Bruce Miller, The Nutrition Guarantee, page 374.

2.. Is anyone in the world, except the Encyclopaedia Britannica and me aware of the following fact? -

"As absorbed alcohol is passed through the liver by the circulating blood it is acted upon by ADH (alcohol

dehydrogenase), a **zinc-containing** enzyme found chiefly in the liver cells..." Encyclopaedia Britannica - Macropaedia, Volume 1, page 438, 1974 Edition.

3."It would be a good idea, too, to add **vitamin B-6** or pyridoxine to the components of this anti**acetaldehyde** nutritional packet. Since pyridoxine plays a part in the metabolic conversion of amino acids, even a **marginal deficiency** in this vitamin might slow down the conversion of sulfur-containing amino acids." THE COMPLETE BOOK OF VITAMINS by the Staff of Prevention Magazine , page746.

ALCOHOL METABOLIZES (CHANGES) INTO ACETALDEHYDE WHICH IS HIGHLY POISONOUS. - John S. Roberts

4. From 'The INTERNET': "Pyridoxal phosphate **(vitamin B-6)** is normallly protected from degradation by its binding to the amine group of lysine residues of proteins, including serum proteins and hemaglobin. **Acetaldehyde** may, by binding preferentially to these residues, displace pyridoxal phosphate and result in its **increased destruction**, and in abnormally low blood levels of this co-enzyme."

From Let's Get Well by Adelle Davis: "Pancreatitis. the pancreas, a long, slender organ that secretes insulin and digestive enzymes, lies below and to the left of the stomach. An inflammation of this organ, or pancreatitis, has been produced by diets deficient in **vitamin B-6,..."** page 157

My (John S. Roberts) conclusion: In other words, if you are an habitual drinker of alcohol you better include in your diet an above average amount of **vitamin B-6**; if you don't, you could develop **pancreatitis**;

the reason for this is that the **poisonous part of alcohol, acetaldehyde,** unnaturally depletes the body's supply of vitamin **vitamin B-6;** without this vitamin the **pancreas** will tend to swell. As far as I can determine, I, John S. Roberts, **am the first person in the history of medicine,** to see this relationship.

5. "...the liver depends on **vitamin C** to produce an enzyme - alcohol dehydrogenase - that helps usher alcohol out of the bloodstream. The less vitamin C there is, the longer the body stays polluted." THE COMPLETE BOOK OF VITAMINS by the Staff of Prevention Magazine, page 302.

6. The following fact about **vitamin B-6** (Pyridoxine) is found on page 26 of the 'Mason natural Nutrition Guide' (www.masonvitamins.com): "Pyridoxine is water soluble and **is excreted by the body within 8 hours of intake.** It is necessary for the reproduction of antibodies and red blood cells. It is believed to be important in the proper absorption of another B vitamin, B-12. Some doctors suggest higher doses for pregnant or nursing women..."

7. I can't locate the source for this, but I am going to include it anyway; it comes from a page titled, "ALCOHOLISM", and is subtitled in bold face type, '**Building with Bs**':

"Aside from a thiamin deficiency, excessive drinking can also cause a deficiency of **vitamin B-6**, a nutrient needed to transmit nerve impulses. Doctors report that **even a mild deficiency of vitamin B-6** alters brain waves and that a severe deficiency can cause convulsive seizures.

'Pyridoxine, or **vitamin B-6, seems to be destroyed by alcohol**' says Dr. Halsted. **Over 50 percent of those who drink excessively seem to have deficiencies.** Eating a well-balanced diet that includes the Daily Value of vitamin B-6 -two milligrams- can correct the problem, says Dr. Halsted, but only if no further alcohol is consumed. Good food sources of vitamin B-6 include potatoes, bananas, chick-peas, prune juice and chicken breast."

Do 'problem drinkers' eat a nutritional diet? I wish to ask this question in conluding this segment.

If they don't, could we say then that they are **abusing their body with ALCOHOL?**

I hope the following information might prove useful for anyone troubled by **Lou Gehrig's Disease and Macular Degeneration, a cause of blindness.**

Lou Gehrig's Disease (ALS) Amyotrophic Lateral Sclerosis - THE MEDICAL ADVISOR, Time-Life Books, 1996, states on page 554:

"Though the cause of ALS is unknown, genetic inheritence plays a role in 5 to 10 percent of cases. Some researchers believe that so-called familial ALS (that is, inherited ALS) is caused by a defective gene that prevents the body from producing a normal amount of an enzyme called **superoxide dismutase (SOD).** This enzyme helps neutralize free radicals, highly reactive oxygen molecules produced during metabolism and capable of damaging body tissues. Researchers speculate that defects in protective enzymes may also account for noninherited ALS, and that environmental toxins may be a factor."

On page 555 THE MEDICAL ADVISOR goes on to say:

"Although no treatment slows or halts the progression of the disease, various drugs and devices are available to help control symptoms and make living with ALS easier."

"Tests indicate that some neuromuscular symptoms may be relieved by 200 to 1,200 IU of vitamin E (underline) with thiamine (vitamin B-1) each day. Some evidence suggest that supplements of coenzyme Q10, a protein catalyst, may slow nerve-tissue atrophy that comes with ALS. In addition, the amino acids leucine, isoleucine, and valine may help ALS patients maintain muscle strength and prolong walking ability."

Recently I became aware of these words relative to 'Barleygreen' which is not mentioned in THE MEDICAL ADVISOR; a seven ounce jar costing $38.00 can be ordered from Health Resources, P.O. Box 3623, Hueytown, Alabama 35023 (I, John S. Roberts, am in no way associated with this enterprise.) -

"What really sets this powdered barley juice apart from other food supplements is the presence of many usable enzymes and chlorophyll. The anti-aging enzyme **'superoxide dismutase (SOD)'** is one of these. Dr. Richard Cutler, a biophysicist at the National Institute of Aging has shown that life-span is directly proportional to the amount of SOD contained in the cells. Anti-oxidants such as **SOD** protect the body from toxic free radicals."

I, John S. Roberts, wish to ask this question? - **Could Barleygreen retard, or at least slow down, the damage done to spinal neurons and thus lessen the severity of Lou Gehrig's Disease?**

Retinal Damage from Macular Degeneration -

I know a lady who is suffering from this and visited three different eye specialists who told her that nothing can be done about it. However, THE MEDICAL ADVISOR states on pages 320 and 952 and 571:

"Ginkgo **(Ginkgo Biloba),** extracts have been used to stem deteriorating vision in patients by maintaining adequate blood flow to the retina..."

"Herbalists believe that **ginkgo** may interfere with the development of blood clots and the processes that constrict bronchial tubes during an asthma attack. In addition it may help reduce retinal damage from macular degeneration, a cause of blindness particularly threatening for diabetics. And it may help reverse deafness caused by reduced blood flow to the nerves involved in hearing."

"Many older people exhibit deficiencies in **zinc,** which normally appears in high concentrations in the retina, particularly the macula. Ask your doctor about taking a zinc supplement to help protect the macula from damage..."

HAVE I, JOHN STACY ROBERTS, REALLY AND TRULY DISCOVERED THE CURE FOR CANCER?

If I have, the discovery came about in a most unusual fashion ; I am going to write this in the third person -

In November, 1991, John S. Roberts, employed since 1968 by the **Lake Ridge School System** of Gary, Indiana, as a school librarian, was inspired to do HIV/AIDS research because he was saddened to learn that the basketball superstar, 'Magic' Johnson, had been infected with HIV, the virus which causes Aids.

During the course of his research, Roberts had learned that HIV could be inactivated in the test tube by the chemical compound, acetaldehyde; in 1995 this information was provided to Roberts by the Centers for Disease Control (CDC) and to his Congressman, Peter J. Visclosky, by the National Institutes of Health (NIH).

Also, during this time, Roberts had been immersing himself in the research of Dr. Herbert Sprince and his associates.

Roberts was intrigued by the fact that Dr. Sprince had found three substances which provided 100% protection (in laboratory rats) against **LETHAL DOSES** of acetaldehyde; they are NAC, L-Cysteic acid.H20, and the combination of L-Ascorbic acid & L-Cysteine FB & Thiamin.HCL.

Roberts was trying to find a means 'to buffer' against acetaldehyde's toxicity if it were discovered that acetaldehyde could be used to inactivate HIV in the human body.

By mere happenstance, Roberts noted that in one of his studies Dr. Sprince stated something to the effect that vitamin C (L-Ascorbic acid) provided protection against the toxicity of formaldehyde. However, Roberts did not pay too much attention to this because his primary focus was upon acetaldehyde.

On August 31, 1997, while rereading Dr. Sprince's research, Roberts became aware of this passage: ".....Chemically, L-cysteine by way of its (-SH) group complexes with acetaldehyde to form L-2-methylthiazolidine-4-carboxylic acid (L-MTCA) by way of an intermediary hemiacetal or Schiff base, ..."

In his research Roberts stated: "Although it is non-toxic to the body, could L-MTCA still somehow be toxic to HIV thereby inactivating it? If this be so, then L-MTCA will prove to be 'the Magic Bullet', and not acetaldehyde, as far as the cure for AIDS is concerned." Roberts searched various references books to find a citation to L-MTCA.

On Friday, September 5, 1997, Roberts presented to **Mrs. Mary Ann Nickoloff** a science teacher at **Lake Ridge Middle School, Gary, Indiana,** 20 pages of his research.

Mrs. Nickoloff and Roberts had been collaborating in doing HIV/AIDS research.

On Monday, September 8, 1997, Roberts showed to Mrs. Nickoloff a chemical listed in the Handbook of Chemistry and Physics, No. 13820, which contained the words, "5-Thiazol carboxylic acid, 4-methyl-2-sulfanilamide"; he wondered if this might be the acid to which Dr. Sprince referred.

Mrs. Nickoloff thought it would be a good idea to fax the information over to the regional campuses of Indiana and Purdue University and get their opinion. She made the necessary calls and left messages since the parties she needed to talk to were not in at the time.

Roberts told Mrs. Nickoloff that he was going over to Indiana University after the school day had ended. He was going to show his data to a Professor of Pharmacology who he had talked to several times before; in 1993, this professor, **Professor Subbiah Sivam,** had clued Roberts in to the meaning of the biological term, 'half-life'.

Professor Sivam told Roberts that he was wrong about No. 13820; however, because he could not locate L-MTCA, he recommended that Roberts speak to somebody in the chemistry department.

At 4:30 P.M. Roberts showed L-MTCA to **Mrs. Linda Wozniewski,** a lady whose specialty is inorganic chemistry. She tried to locate it in THE MERCK INDEX and chemical supply sources such as IGN and the ALDRICH CATALOG. Because she could not find it, she recommended that Roberts talk with someone whose specialty was organic chemistry.

Later that evening Roberts called Mrs. Nickoloff and told her that he hoped to visit, the next day, an Associate Professor of Organic Chemistry whose office hours, he noted, would be 2:00 to 4:00 P.M., perfect for Mrs. Nickoloff and Roberts because their school day ended at 2:45 P.M., and it took only a few minutes to drive to I.U. Roberts invited Mrs. Nickoloff to come with him if he could make an appointment with the professor, and she accepted.

Tuesday, September 9, about 8:15 A.M. Roberts called **Professor Atilla Tuncay,** and he gladly accepted to see Mrs. Nickoloff and Roberts; they arrived at his office about 3:00 P.M. The meeting lasted for about forty five minutes.

The **emphasis** is Roberts'.

Professor Tuncay could not locate L-2-Methyl**thiazolidine-4-carboxylic acid** anywhere, but he did find a chemical listed in THE MERCK INDEX which was made out of L-cysteine and formaldehyde; here is that chemical as it is described in THE MERCK INDEX (I like to refer to it as 'The Chemical Cousin' of L-MTCA):

"**9375. Timonacic. 4-Thiazolidinecarboxylic acid;** ATC; norgamen; thioproline; NSC 25855; Detoxepa; Hepalidine; Heparegene; Thiobiline; Tiazolidin. C4/H7/NO2/S; mol. wt. 133.18. C 36.07%, H 5.30%, N 10.52%, O 24.03%, S 24.08%. Prepd from DL- or L-cysteine and formaldehyde. Prepn of *l*-form: Ratner, Clarke, *J. Am Chem. Chem. Soc.* **59**, 200 (1937); of dl- and l-forms: Werner*et al., Helv. Chim. Acta* **30,** 432 (1947); **Fr.**. pat. **M3184** (1965 to Sogespar S.A.), C.A. 63, 12980h (1965). Proton magnetic resonance and conformation: Martin, Mathur, *J. Am. Chem. Soc.* **87**, 1065 (1965). Series of articles on pharmacology and toxicology: *Gazz. Med. Ital.* **131**, 251-286 (1972). Treatment of **cancer** through induced reverse transformation: A. Brugarolas, M. Gosalvez, *Lancet* **1,** 68 (1980).

dl- Form, crystals, mp 195 degrees. LD50 orally in mice: 400 mg/kg, Bertrand, Piton, *Gazz. Med. Ital.* **131,** 265 (1972). *l*-Form, crystals from water, dec 196-197 degrees. Readily sol in hot water, acid, alkali; sparingly sol in cold water; practically insol in alcohol.

Therap Cat: Choleretic." The entry ends here.

Professor Tuncay showed this entry to both Mrs. Nickoloff and Roberts.

Roberts noticed that the entry said something about 'cancer' but did not pay too much attention to it because he did not want to be distracted from his HIV/AIDS research, and moreover, had a sense of trepidation about doing cancer research because of his lack of knowledge of biochemistry.

It was fortunate that Mrs. Nickoloff had attended the meeting with Roberts because she stayed afterward (Roberts had driven straight home.) and made copies of two of the articles cited by the **9375. Timonacic.** entry and presented them to him the next morning. One of them is titled, 'Proton magnetic resonance and conformation' and the other is titled, **'Treatment of cancer through induced reverse transformation'.**

Left on his own, Roberts might never have looked up this cancer article.

However, the more he read the article, the more intrigued he became about the passages which you see referred to on page 5 of this report. Don't forget, they are found in **one of the world's foremost and prestigious medical journals, 'The Lancet', January 12, 1980, pages 68 to 70.**

Although the article itself did not reveal it, Roberts subsequently discovered that the acid used in this cancer clinical trial is composed of L-Cysteine (one half) and formaldehyde (one half). **It's as simple as that!**

Roberts remembered Dr. Sprince's findings about the protective power of vitamin C against lethal doses of formaldehyde.

Thus, Roberts reasoned, if cancer patients swallowed 'mega-doses' of vitamin C they could, at the same time, swallow 'mega-doses' of the acid. **It's as simple as that!** - if Roberts speaks the truth -

The Cure for Cancer.

The Cure for HIV/AIDS?

Is this a possibility? Thanks to one of Dr. Sprince's bibliographies, I eventually located a description of L-MTCA in Chemical Abstracts, Volume 73, 1970, page 77242:"**77242v 2-Methylthiazolidine-4-carboxylic acid as cough inhibitor**. Bertrand, Francois R. (Sogespar S.A.)**Ger. Offen. 1,965,343 (Cl. C 07d),**23 Jul 1970. Fr. Appl. 31 Dec 1968;16 pp. The title compd. (**I**) and its Me ester (**II**) and amide (**III**) were prepd., and formulations of tablets, suppositories, solns., and suspensions contg. **I** as active substance were reported. Thus, reaction of cysteine with AcH at 15-20 degrees gave 84% **I**. Reaction of 100 g **I** with 11. MeOh in the presence of HCl gave 15 g **II**. Reaction of 100g **II**. HCL in MeOH with NH3 at 0-10 degrees gave 60 g **III**. **I, II, and III** had 300-400 mg/kg s.c. LD50 in mice. **I, II,** and **III** reduced the viscosity of mucus by 35-65% after 15 min." The abstract ends here.

This compound effectively "**reduced the viscosity of mucus by 35-65% after 15 min.**".

Since it contains a '**Thiazolidine ring**', this compound is chemically related to **PENICILLIN.**

One half of this compound is composed of **acetaldehyde.**

Both the NIH and CDC have acknowledged that **HIV,** the virus which causes Aids, can be inactivated in the test tube by **acetaldehyde.**

It might be a good idea to use NAC (N-Acetyl Cysteine) in conjunction with this compound because the **EPOCH RESEARCH OF Dr. HERBERT SPRINCE** has shown that NAC affords **100% protection against a lethal dose** of acetaldehyde; the test subjects were laboratory rats.

EVERY DRINKER AND EVERY SMOKER IN THE WORLD SHOULD BECOME AWARE OF THIS MONUMENTAL AND EPOCH RESEARCH -

"Protective Action of Ascorbic Acid and Sulfur Compounds against Acetaldehyde Toxicity: Implications in Alcoholism and Smoking", and the authors are **Herbert Sprince, Clarence M. Parker, George G. Smith and Leon J. Gonzales.**

I, John Stacy Roberts, am the author of these pages. I was born on October 24, 1936, in Gary, Indiana. I graduated from Horace Mann, Gary, in 1954, and Indiana University, Bloomington, Indiana, in 1962, B.S. in Education, and in 1968, M.L.S. in Library Science.

From 1955 - 1957 I served in and was honorably discharged from the United States Army. From 1968 - 1999 my career was with the Lake Ridge School System of Gary, Indiana; I served as middle school librarian and also, from 1992, as Library Coordinator. I am presently retired.

www.jsr1936.com / e-mail address: jsr1936@jsr1936.com

Post Office Box H, Hobart, Indiana 46342, Telephone: (219) 763-1933

Host of '**Alternative Health Choices**', a Portage, Indiana, Cable Television Program, Wednesday Evening, 5:30 P.M., Channel 4.

I would like to express my appreciation to the following people for their contributions to my research efforts; the listing is alphabetical -

Mr. Mike Fernandez, Mrs. Helen Gutierrez, Mrs. Mary Ann Nickoloff, Mrs. Ricarda Ortiz, Professor Subbiah Sivam, Professor Atilla Tuncay and Mrs. Linda Wozniewski; and last, but not least, my wife, Margaret.

Post Script:

Beginning in November, 1997, and throughout 1998, and from January, 1999, until June 27, 1999, I have been alerting Federal Health Officials in the Washington, D.C. area about my cancer, HIV/AIDS, and alcohol abuse research; the cumulative weight of my individual letters now totals 8 pounds (since November, 1997); thus far, I have never received a definitive response from anyone. First, something about HIV/AIDS -

Going as far back as January, 1993, I started to suggest to the National Institutes of Health (NIH) that I thought **acetaldehyde** might be an effective **anti-HIV agent.**

These responses to letters of mine and Congressman Peter J. Visclosky emanated from the offices of the NIH throughout 1993 -

A January 26, 1993 letter to me - "...The molecules you suggest (j.s.r. - acetaldehyde) are normal metabolites formed during normal body functioning, and would have no effect on HIV or AIDS..."

A March 24, 1993 letter to me - "...However, acetaldehyde is a normal metabolite of the human body and will have no effect on HIV infection."

A June 18, 1993 letter to Congressman Visclosky - "...Acetaldehyde, however, only has been associated with some of the side effects of DTC, e.g., fatigue and nausea.

As there is currently no scientific basis to believe that acetaldehyde has any anti-HIV activity, the NIH is not pursuing the development or preclinical evaluation of this agent. I hope you will find this information useful in addressing Mr. Roberts request for assistance."

A September 22, 1993 letter to me - "...Acetaldehyde is a normal metabolite of the human body that would not significantly hinder HIV infection."

A November 1, 1993 letter to me - "...To date, the NIH has not identified any compelling data or a convincing rationale to pursue acetaldehyde as an anti-HIV agent..."

However, I kept suggesting to the NIH that I thought **acetaldehyde** might prove to be the key to the cure of HIV/AIDS.

Eventually, the NIH reevaluated acetaldehyde and stated in an August 9, 1995 letter to Congressman Visclosky:

"The fact that acetaldehyde inactivates the human immunodeficiency virus (HIV) in test tube experiments does not necessarily make it a good candidate for anti-HIV therapy in humans....."

I ı other words, throughout 1993, I was right in my estimation of acetaldehyde's power over HIV, and the National Institutes of Health (NIH) was wrong. It's as s˙mple as that!

Coincidentally, on February 1,1995, the Centers for Disease Control (CDC) wrote to me a letter in which they stated:

"Below are the responses to your specific questions regarding acetaldehyde:

1. 'Does acetaldehyde destroy HIV in the test tube?'

All the aldehydes are capable of inactivating HIV; however, their actual effectiveness depends on the concentration used.

2. 'Was acetaldehyde on that list of 40,000 compounds tested at Frederick, Maryland and Birmingham, Alabama to see if any could disable HIV?'

Centers for Disease Control and Prevention (CDC) officials are unaware of a study to look at '40,000 compounds' to inactivate HIV. However, within the National Institutes of Health (NIH) a group of researchers are examining various chemicals for therapeutic use, although not inactivation."

I (John S. Roberts) hope the Director of the National Aids Policy Office ('The Aids Czar') proceeds expeditiously to test whether L-MTCA might prove to be an effective anti-HIV agent.

L-MTCA should be fairly safe to use; in the past it was used as a 'cough inhibitor'.

To repeat, L-MTCA is composed solely of L-Cysteine (one half) and **acetaldehyde** (one half).

I wish to repeat this fact - HIV can be inactivated in the test tube by acetaldehyde! Both the NIH and CDC have said so. Now, about alcohol -

I hope the Surgeon General of the United States of America immediately orders manufacturers of alcoholic beverages to update their warning labels on all their containers to read:

GOVERNMENT WARNING: (1) ACCORDING TO THE SURGEON GENERAL, WOMEN SHOULD NOT DRINK ALCOHOLIC BEVERAGES DURING PREGNANCY BECAUSE OF THE RISK OF BIRTH DEFECTS. (2) CONSUMPTION OF ALCOHOLIC BEVERAGES IMPAIRS YOUR ABILITY TO DRIVE A CAR OR OPERATE MACHINERY, AND MAY CAUSE HEALTH PROBLEMS. (3) PROPER METABOLISM OF ALCOHOL REQUIRES THE INGESTION OF ABOVE AVERAGE AMOUNTS OF ZINC, VITAMIN B-6 AND VITAMIN C.

If I were Surgeon General of the United States of America and failed to issue such an order, I would consider myself

DERELICT IN MY DUTY. Now about cancer -

My fellow citizen -

You have been able to see for yourself that an acid is described on 'MedLine' as being "anti-cancer".

My fellow citizen -

You have been able to see for yourself that phenomenal anti-cancer results were achieved 20 years ago when this acid, by itself, was administered to human beings (In Spain in the latter half of 1979).

My fellow citizen -

It is my hope that you will ask your National Representative and your two National Senators to urge the Director of the National Institutes of Health to repeat a clinical trial which showed, 20 years ago, such promising anti-cancer results and was reported in 'The Lancet', **one of the world's foremost and prestigious medical journals;** the specific issue is January 12, 1980, pages 68-70.

Only this time, I hope the trial would be repeated in the manner I have described on these pages.

If I speak the truth, **The Cure for Cancer,** is 'Mega-Doses' of Thiazolidine-4-carboxylic acid and vitamin C and 'above average' amounts of magnesium, zinc and manganese.

THIS ACID AND THIS VITAMIN AND THESE ELEMENTS (IN THE FORM OF A MINERAL SUPPLEMENT) ARE TO BE SWALLOWED.

The procedure which I have described on these pages which utilized 'Equal' and L-Cysteine and vitamin C and magnesium and zinc and manganese has been tried two times and success was engendered on each occasion.

In early December, 1997, within a week, Mrs. Helen Gutierrez cured her brother of esophageal cancer using this procedure. First, Helen told her brother to swallow 'mega-doses' of vitamin C for two days.

I saw a television interview in which an 'Equal' company official stated that "97 packets of 'Equal' a day was 'too much'." 'Equal' metabolizes into formaldehyde which is a deadly poison.

During the first week of December, 1997, Mrs. Helen Gutierrez administered, everyday, to her brother, the equivalent of 600 packets of 'Equal'; she did this for five days; her brother experienced no ill effects whatsoever; his only complaint was that the mixture was, "awfully sweet".

I am not sure whether Helen's brother swallowed any minerals, but at this time I would like to cite the following passages which would seem to indicate the need for magnesium, zinc and manganese -

'Proceedings of the National Academy of Sciences', Volume 88 (1991), page 4848, states: "Recently, a number of newly discovered antitumor antibiotics..." "...NMR and x-ray crystallographic studies showed that chromomycin, containing a disaccharide and trisaccharide unit, is preorganized into a dimer (mediated by a **magnesium** ion) and bound to the minor groove of DNA in a distorted A-DNA conformation..."

Unique Identifier 88098591 of 'Medline', 'Distribution of electric charges in 2 substances inducing tumor cell regression', states: "The charge distribution of anti-cancer molecules 4-thiazolidine-carboxylic acid and 2-amino-2-thiazoline hydrochloride was calculated with a CNDO/2 semiempiral quantum mechanic method. The activity seems to be related with the formation of Zn2plus **(zinc)** and Mn2plus **(manganese)** ions. Both molecules show local isosterism, origin of their chelating properties."

Thanks to **Mrs. Ricarda (Ricky) Ortiz, 'Laredo Health & Organic Foods',** I met **Mr. Mike Fernandez** of Laredo, Texas.

Mike was born of March 24, 1938; when he turned 50 he made it a practice to go to his doctor for regular physical examinations.

In the Fall of 1998, Mike became concerned when his 'PSA' count reached 5.9.

The PSA count is an indicator of potential prostate cancer in men.

The AMERICAN CANCER SOCIETY booklet, Prostate cancer, states on page 7:

"Prostate-Specific Antigen Blood Test (PSA)

The American Cancer Society recommends that this blood test to measure PSA (a protein which is made by prostate cells) be offered annually by health care providers to men 50 and older with a life expectancy of at least 10 years, and to younger men with high prostate cancer risk. At this time, the health care provider should also discuss the risks and benefits of early detection and treatment of prostate cancer.

PSA blood test results are reported as 'nanograms per milliliter' or 'ng/ml'. Results under 4 ng/ml are usually considered normal. Results over 10 ng/ml are high and values between 4 and 10 are considered 'borderline'. The higher the PSA, the more likely the presence of prostate cancer."

Mike had two subsequent sonograms and two subsequent biopsies in 1999 and was told on his birthday, March 24, that he did, indeed, have prostate cancer; it was labelled, 'non-aggressive'.

The same AMERICAN CANCER SOCIETY booklet states on page 15:

"CHEMOTHERAPY

Chemotherapy is used for patients whose prostate cancer has spread outside of the prostate gland and for whom hormone therapy has failed. It has shown only limited success in treating advanced disease, but it may slow tumor

growth and reduce pain. **Chemotherapy is not effective against early prostate cancer."** (My emphasis)

I told Mike about **'The Gutierrez/Roberts Procedure'**, and he readily agreed to try it. In late April and early May of 1999, by swallowing 'Mega-doses' of 'Equal' and L-Cysteine and vitamin C and 'above average' amounts of a mineral supplement, Mike saw his PSA plummet to '0.6'; the reading was reported on May 14, 1999.

On June 25, Mike called me and told me that his 'PSA' had fallen even further, to '0.2'.

Previously I had written a letter, dated May 31, 1999, and titled, 'THE MIRACLE OF LAREDO'. I included in that letter much of the information which you have read on these pages; the letter is 18 pages long.

The 'MIRACLE' refers to the fact that Mike's PSA had plummeted to 0.6; it had once been as high as 5.9; his prostate cancer had been confirmed by two sonograms and two biopsies; supposedly, early prostate cancer is not susceptible to chemotherapy.

Is the experience of Mr. Mike Fernandez of Laredo, Texas, the first in the history of the world wherein early prostate cancer has responded to chemotherapeutical treatment?

Mike and Helen's brother subjected themselves to a simple treatment for cancer - 'Equal' and L-Cysteine and vitamin C and magnesium, zinc and manganese (Helen's brother might not have swallowed a mineral supplement.).

The experiences of Mike and Helen's brother demonstrate that vitamin C affords **phenomenal protection** against the toxicity of formaldehyde; an 'Equal' (which metabolizes into formaldehyde) company official stated in a television interview that 97 packets a day was "too much". Mike took almost 3 times this amount - 270 packets a day !, and Helen's brother took almost 6 times this amount - 600 packets a day !

However, this is not the best way to administer a cure for cancer because as Dr. Balch points out on page 9 of Prescription for NUTRITIONAL HEALING , Second Edition: (aspartame is 'Equal')

"No one disputes that aspartame should be avoided by people with phenlyketonuria (PKU). People with PKU lack the enzyme needed to convert phenylalanine into tyrosine, another amino acid. As a result, high concentrations of phenylalanine accumulate and can cause brain damage. It should be noted that a number of people who have disorders other than PKU - people with iron deficiencies and kidney disease, for instance - may also be prone to high levels of this amino acid. For such people, the consumption of aspartame may increase the risk of toxicity."

A better treatment could be brought about if 'Tac' were available in pill form.

sn't this what the world has been looking and waiting for?

A simple cure for Cancer!

www.jsr1936.com

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If I, John Stacy Roberts have indeed discovered the cure for cancer, credit is due to the individual who first formulated Thiazolidine-4-carboxylic acid, and that person is **Sarah Ratner.**

The following information is found in the 'Journal of the American Chemical Society', Volume 59, January, 1937, pages 200 and 206: On October 31, 1936, the Faculty of Pure Science of Columbia University, New York City, received a report "from a dissertation submitted by Sarah Ratner in partial fulfillment of the requirements for the degree of Doctor of Philosophy..." Pages 200 to 206 contain the complete report.

Page 203 contains the passage wherein Sarah Ratner described the means by which she formulated **Thiazolidine-4-carboxylic acid.** Refer back to page 7 of this report to see how she did it.

Her subsequent career is described in NOTABLE TWENTIETH-CENTURY SCIENTISTS , Emily J. McMurray, Editor, Gale Research Inc., Detroit, Michigan, 1995, Volume 3, L-R, page 1653 -

"Sarah Ratner 1903- American biochemist

Sarah Ratner is a biochemist whose research has focused on amino acids, the subunits of protein molecules. Her use of nitrogen isotopes to study metabolism - the chemical processes by which energy is provided for the body - resulted in the discovery of argininosuccinic acid, a substance formed by a sequence of reactions that take place in the liver. Ratner's awards for her work include the Carl Neuberg Medal from the American Society of European Chemists in 1959.

Ratner was born in New York City on June 9, 1903, the daughter of Aaron and Hannah (Selzer) Ratner. She received her bachelor of arts degree from Cornell University before proceeding to Columbia University for graduate studies, where she received an M.A. in 1927. Ratner worked as an assistant in biochemistry in the College of Physicians and Surgeons of Columbia University until she received her Ph.D. in biochemistry from the university in 1937. Following her graduation she was appointed a resident fellow at the College of Physicians and Surgeons and rose to the positon of assistant professor. In 1946 she became an assistant professor of pharmacology at the New York University College of Medicine in New York City. Later, she became associated with the New York City Public Health Research Institute as an associate member of the division of nutrition and physiology and became a member of the department of biochemistry in 1957.

In her research Ratner used an isotope of nitrogen to study chemical reactions involving amino acids, particularly arginine. Isotopes are atoms of an element that have a different atomic mass than other atoms of the same element. Through her studies she discovered an intermediate molecule, called argininosuccinic acid, which forms when the amino acid citrulline is converted to arginine. Ratner determined that argininosuccinic acid plays an important role in the series of chemical reactions that occur in the liver and leads to the formation of urine. This sequence of reactions is known as the urea cycle. Urea, a product of protein metabolism, has a high nitrogen content and is excreted by mammals.

The American Chemical Society honored Ratner with the Garvan Medal in 1961, and in 1974 she was elected to the National Academy of Sciences. In addition, she received research grants from the National Institutes of Health (NIH) for over twenty years, and from 1978 to 1979 she was the institutes' Fogarty Scholar in Residence and served as a member of the advisory council. She has received honorary doctorates from the University of North Carolina-Chapel Hill, Northwestern University, and State University of New York at Stony Brook."

---Sketch by M.C. Nagel, Copy to Sarah Ratner @ Public Health Research Institute, New York City, New York

MICHAEL McARDLE/POST-TRIBUNE

John Roberts of Portage holds a stack of letters he has sent to various government health organizations. He is trying to convince someone to run tests on his possible discovery of a cancer cure made from Equal sugar substitute and L-Cysteine tablets.

If I, John Stacy Roberts, speak the truth, Cancer can be Cured by swallowing 'mega-doses' of Thiazolidine-4-carboxylic acid ('Equal' and L-Cysteine) and vitamin C, and 'above average' amounts of magnesium, zinc and manganese.

If my words prove true, it is a tragedy that this cure is not being provided to mankind.

Copies of this report are being mailed to President Clinton, the Nobel Committee for Medicine, Professor Andrew V. Schally, Government and Health Officials and the parties I have named herein. j.s.r.

U.S. AGENCY FOR
INTERNATIONAL
DEVELOPMENT

January 28, 1998

Dear Colleague:

We are pleased to enclose a copy of *USAID Responds to HIV/AIDS*, a report on the United States Agency for International Development's activities in HIV/AIDS prevention and care in fiscal years 1995 and 1996.

This biennial report examines USAID's HIV/AIDS programming in the context of the pandemic's impact on sustainable development. In addition to providing a region-by-region assessment of the pandemic, the report outlines the devastating effects of HIV/AIDS on women and children. A chapter on USAID HIV/AIDS programs highlights encouraging progress in condom social marketing, behavior change communication, policy and development and reduction of sexually transmitted infection. Of particular interest may be the overview of USAID's new strategy for HIV/AIDS prevention and care.

We hope you will find the report useful, and we look forward to working with you on this critical issue in the future.

Sincerely,

Paul DeLay, M.D.
Chief, HIV/AIDS Division

Enclosure

320 TWENTY-FIRST STREET, N.W., WASHINGTON, D.C. 20523

The Alan Guttmacher Institute
York and Washington

A Not-for-Profit Corporation for Reproductive Health Research, Policy Analysis and Public Education

120 Wall Street
New York, NY 10005
Telephone: 212 248-1111
Fax: 212 248-1951
E-mail: info@agi-usa.org
Website: http://www.agi-usa.org

February 1998

Dear Friend and Colleague:

We think you will be interested in the enclosed volume — *Contraceptive Needs and Services, 1995*. This publication reports on the current status of contraceptive needs and services in the United States. New information is presented on the number of women in each state and county needing contraceptive services and supplies during a given year by age and poverty level, as well as the availability of contraceptive service providers at the county level and the number of women served by publicly supported family planning clinics.

The publication also reprints a number of recent reports on the availability of and the services provided by family planning clinics and the contraceptive care provided by private physicians, as well as the impact of public funding for family planning services on the prevention of unplanned pregnancy and abortion. With the other materials, these articles, published in 1996 and 1997 in *Family Planning Perspectives*, comprise a comprehensive set of materials relevant to contraceptive service provision in the United States.

We are grateful to the Office of Population Affairs in the Department of Health and Human Services for making it possible to collect these data and to provide you with this complementary copy.

In our efforts to provide program and policy planners with the most up to date information as possible, we will be collecting new clinic data in the coming months. To do this we rely on all respondents to provide us with the most accurate data as possible. For more information, please write or visit the Institute's Web site at www.agi-usa.org.

Sincerely,

Jacqueline E. Darroch, Ph.D.
Senior Vice President
Vice President for Research

JON KYL
ARIZONA
702 HART SENATE OFFICE BUILDING
(202) 224-4521

COMMITTEES:
JUDICIARY
INTELLIGENCE
ENERGY AND NATURAL RESOURCES

United States Senate

WASHINGTON, DC 20510-0304

STATE OFFICES:
2200 EAST CAMELBACK ROAD
SUITE 120
PHOENIX, AZ 85016
(602) 840-1891

7315 NORTH ORACLE ROAD
SUITE 220
TUCSON, AZ 85704
(520) 575-8633

October 8, 1997

Senator James Jeffords
Chairman
Senate Labor and Human Resources Committee
Dirksen Room 428
Washington, DC 20510

Dear Senator Jeffords:

I respectfully request your consideration of one of my constituents, James Reed, Esq., as a witness for the upcoming Labor Committee hearings on AIDS issues, and in particular, on the Ricky Ray Hemophilia Relief Act.

Jim has severe hemophilia and contracted HIV from the infusion of concentrated blood clotting factor to treat his medical condition. He has spent the last two years lobbying, researching, and writing on the subject of potential FDA liability related to the agency's failure to protect and later to warn hemophiliacs about the existence of tainted blood supplies. His 80-page report on this issue was printed in the September 19, 1996 House Subcommittee on Immigration Claims hearings on the Ricky Ray Act. Jim has brought, in my opinion, an in-depth and well-reasoned legal analysis to what could otherwise be an emotionally charged discussion.

I believe that Jim can offer information and analysis to the Committee that is unlikely to be presented by any other witness. I know that his oral presentation would provide a helpful synthesis of his research and add greatly to the Committee's understanding of the issue. Jim has read all the primary source materials relating to these issues, and I believe he could articulate the legal position of hemophilia sufferers in a most helpful manner.

I thank you for your consideration of this request. If you have any questions, please contact me or my staffer, Tom Alexander, at 4-4521.

Sincerely,

JON KYL
United States Senator

Attach. B