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002a. letter	re: Health and military enlistment (Personal) [partial] (1 page)	00/00/0000	b(6)
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THE HIV COMMUNITY COALITION OF METROPOLITAN WASHINGTON, DC

813 L Street, SE.
Washington, DC 20003
www.hccmetrodc.org
202-543-6777
Fax: 202-543-7845
Advocacy Project:
1-800-558-AIDS
TTY: 1-800-PWA-DEAF
E-mail: hcc@hccmetrodc.org

April 15, 1998

Ms. Sandy Thurman
Director
Office of National AIDS Policy
1750 17th Street, NW #600
Washington, DC 20503

Dear Ms. Thurman:

The HIV Community Coalition needs your help! On May 13, 1997, we have bought out the house for the Washington Premiere of Terrence McNally's Tony Award winning comedy *Love! Valour! Compassion!* at the Studio Theater (invitation enclosed). This is HCC's first major fund-raising event, and we need you make it a success.

Why should you help? Let us tell you why we got involved with HCC:

Three years ago, a very determined group of people sat down in a coffee shop to create an organization that would serve as a voice for people living with HIV in the District of Columbia, one of the epicenters of the AIDS pandemic. They felt an urgent need to organize a group that would educate, advocate for, empower, and unify all people living with or affected by HIV in the greater Washington, DC metropolitan area.

Since then, HCC has become a truly respected voice for our community with the DC government, the District Council, the DC Control Board, and the U.S. Congress. Our accomplishments include:

- The *People Living With HIV Advocacy Project* which provides service referrals -- including the DC and Virginia editions of the *PLHIV Resource Manual* -- and mediation services for folks who get lost in or abused by the systems set up to help them;
- *Project Empower* which provides primary and secondary prevention education, support, and training to recovering and active drug users;
- *HIV! Alive*, a bi-monthly newspaper that provides PLHIVs with the news, information, and features that can help them survive in the metro area;
- The *HCC Advocacy Project,* which led the effort in DC and in the U.S. Congress to save the DC ADAP program after it had twice been completely shut down; and
- Committees and Support Groups including *Blind Faith* (ex-offenders and inmates), *Eve* (women and children), *Straight Talk* (heterosexual men and women), *Factor Comun* (Latino/as), *TADD* (transgender people), and *Living in Hope* (a 12-step based program open to all).

There is much more we could say about HCC's incredible staff -- most of whom are living with HIV -- or our Executive Director, Philippa Lawson, who has become one of the most effective AIDS advocates in DC, but we need your help now to keep HCC going and growing to become the voice that DC's HIV community needs and deserves. Please join us for *Love! Valour! Compassion!* or, if you can't make it to the play, please join us as a contributing member of HCC with a gift of $100 or more. We are including the latest issue of *HIV! Alive* so you'll get a better idea of who we are and why we're worth your time and money!

If you need more information, please contact Ellen Goodman at HCC (202/543-6777, ext. 13) or either of us at AIDS Action (202/986-1300). Corporate givers, please call Ellen to get details on special opportunities. Thank you!

Sincerely,

Gary Rose
President HCC

Christine Lubinski
Charter HCC Supporter

THE WHITE HOUSE

WASHINGTON

August 4, 2000

Gina Branden
Vice President
MOR Enterprises Inc
PO Box 885
Pacific Palisades, CA 90272

Dear Ms. Branden,

Thank you for your letter of July 12, 2000, in which you informed us of your newly patented product, the Motorized Orgasmic Release.

The Vice President's declaration of AIDS as a national security threat has indeed brought the reality of this pandemic home to many who thought that this disease could never touch them. Pioneering methods of prevention are crucial as we struggle against the enormity of the global impact of HIV/AIDS. Only through truly innovative and creative efforts will we succeed in effectively reaching diverse populations, and halting the spread of AIDS. Your commitment and dedication toward this end are greatly appreciated.

Thank you again for your letter, and I wish you all the best in your endeavors.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

MOR Enterprises Inc

Tel: 310 456-8879 PO Box 885 Pacific Palisades, CA 90272 Fax: 310 230-1866

July 12, 2000

Ms. Sandra Thurman
Director
White House AIDS Policy
The White House
1600 Pennsylvania Ave.
Washington DC 20500

Dear Ms. Thurman,

I am enclosing a brochure on our new patented invention - the Motorized Orgasmic Release - which we believe can significantly slow down the spread of AIDS and other STDs. Indeed, that is the primary reason why this extraordinary device was invented in the first place.

At a time when the President has declared AIDS to be a threat to national security, we must look to every possible avenue of combating this awesome disease. Clearly, all previous means have not succeeded in diminishing the alarming spread of AIDS which, in fact, exceeds the worst case scenario experts have been warning us about for years and is on the increase once again due to people ignoring safe sex practices.

We are just beginning to familiarize the public with the availability of this highly effective, health-preserving device. At present, the MOR is expensive because of the high cost to manufacture it. With quantity, that cost will diminish. But whatever its cost, it is minuscule when compared to the astronomical sums being spent in health care services caring for AIDS patients.

It is because of the alarming spread of AIDS and STD's that I am bringing the MOR device to your attention in the hope that your office will recognize its importance and potential, and provide whatever support you can in getting the MOR to the public in whichever venue is possible. For example, prisons. We know one of the most fertile areas for AIDS proliferation are these facilities. How do we deal with that? MOR could be of significant benefit curtailing the spread of AIDS there. The question is, how can that be best accomplished.

Also by bringing the MOR to the attention of Medicare, the cost can be offset by coverage for those most needy.

Whatever areas you think your office could be of help in disseminating the awareness of MOR , and helping defray the cost for people, would be immensely helpful and could go a long way in stopping this dreaded scourge until a cure is found.

I'll be happy to answer any questions you might have and look forward hearing from you.

All best,

Gina Branden
Vice President

Website: www.MorEnterprises.com
Email: MorEnjoyment@aol.com

MOTORIZED ORGASMIC RELEASE™

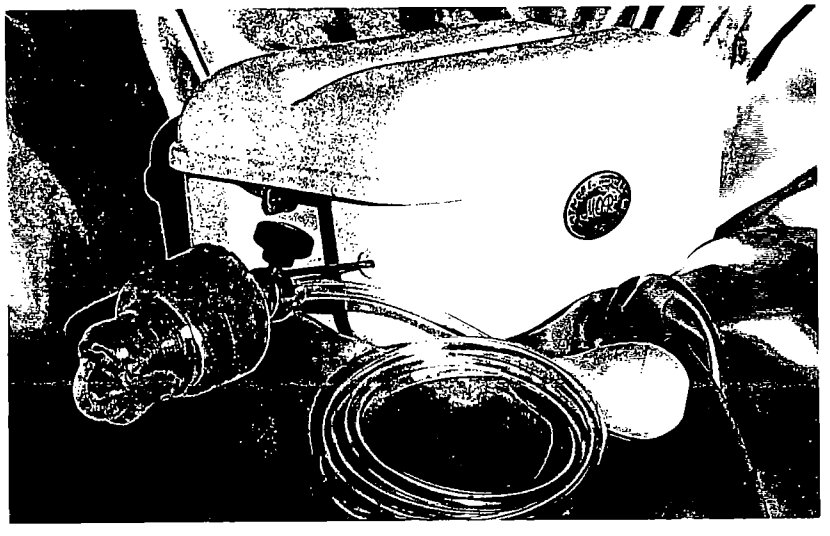
The *Ultimate* In Safe Sex

MOR ENTERPRISES INC
is Pleased to Announce
The marketing of its New Patented Invention
- The MOTORIZED ORGASMIC RELEASE -
An electrically driven, high-tech sex machine.

The **Motorized Orgasmic Release (MOR)** was developed for men concerned about the spread of AIDS and other Sexually Transmitted Diseases. It is designed to function as an effective health product for Safe Sex and as such can be considered an AIDS-Avoiding Device.

BACKGROUND:

It is a well-known fact that the sex drive is one of the most basic and urgent of all human needs. But now, for the first time in history, it stands in sharp conflict with our survival instinct. So what is the solution to this complex dilemma facing the single man? How does he gratify a perfectly normal, healthy drive without suffering dire consequences? Until such a time when normal sexual relations can be resumed, other means capable of satisfying men's sexual needs must be explored and made available. One's own health and the avoidance of any life-threatening sexually transmitted diseases will remain the number one priority of the new millennium.



MOTORIZED ORGASMIC RELEASE

HOW IT WORKS:

In these times of extreme sexual uncertainties, it was imperative to develop a health device capable of simulating the sex act with its complex range of tactile sensitivity. With its tireless, motorized *"hands-off" stroking and sucking action,* the **Motorized Orgasmic Release** provides the most intense orgasms and helps reduce the need for coupled intercourse. At the same time, it aids in relieving stress and other negative manifestations associated with sexual frustration that are evident in our society today.

M O R ™

It took 7 years to design and perfect the **Motorized Orgasmic Release** which culminated in it being awarded a Patent, finally enabling MOR Enterprises to make it available to the public. The MOR is also FDA accepted.

There is nothing comparable to the Motorized Orgasmic Release on the market. It is a health device which is garnering an international reputation -- a device everyone knew, and hoped, would one day appear on the scene.

For years, technology has made available to women electric devices capable of providing sexual gratification. Though attempts have been made to create comparable devices for men, none have come up to the high standards of quality and performance which MOR Enterprises demanded -- until now with MOR.

The **Motorized Orgasmic Release** is an electrically-powered genital stimulation machine, especially created for men, which offers a unique duplication of the sex act. It has been scientifically designed for men seeking a *truly satisfying, hygienic solo sexual experience.* It is reliable, sturdy and capable of providing maximum "hands-off" stimulation again and again. It is quiet, compact, powered by ordinary household current. It is self-contained and lightweight making it easy to transport and store. It is equipped with a finger-tip on/off switch and speed control to adjust stroking speed and degree of suction. The specially functioning parts include a special FDA clear plastic bell sheath, super-soft transparent silicone sleeves, tubing and suction device. All are washable and reusable -- or can be disposed of and replaced by inexpensive supplies. Because of the uniqueness of this "software" -- one size fits all, small to large.

No erection is necessary when starting on the Motorized Orgasmic Release. As with any exercise machine, continued use brings about toning and firmness of muscles. So it is with MOR.

The **Motorized Orgasmic Release** represents a revolutionary breakthrough in health product technology of a sexual nature. It is a truly unique high-tech health device for the new millennium, providing men with the potential of achieving sexual satisfaction at the flip of a switch--affording them the opportunity of greater control over their own sexuality and orgasms.

****

The **Motorized Orgasmic Release** is sold exclusively by
MOR ENTERPRISES INC on the Internet and by Mail Order
for $895.00 plus $35.00 for shipping and handling.
We accept Visa, Mastercard, American Express, Checks/Money Orders.
Allow 10 days for Checks to clear. In California add 8.25% Sales Tax.
Orders are discreetly shipped via UPS or Federal Express.
Overnight service is available for an additional $35.00.
Add $85.00 for International Shipments.
Absolute Privacy Assured

FOR THE FASTEST AND MOST CONVENIENT SERVICE
ORDER ONLINE AT:
WWW.MORENTERPRISES.COM

MAIL ORDERS TO:
MOR ENTERPRISES INC.
PO BOX 885 PACIFIC PALISADES, CA 90272
FAX US @310 230-1866

EMAIL: MORENJOYMENT@AOL.COM

Talking Hands
Educational Puppetry
Program

Review 1997
and
Application for Funding 1998

talking hands educational puppetry program

review - 1997

REVIEW - ANNUAL REPORT 1997

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"The puppets reached out and embraced the places in the heart of the children that is not easy to get to"
Nokuzolo Mpolweni - Community worker Councellor,S.A.N.C.A

GENERAL INFORMATION

Introduction

This report covers Talking Hands' activities during 1997. We would like to thank existing and future donors, schools and organisations for your valuable contributions towards the development of our programmes.

Talking Hands - The Organisation

Talking Hands Educational Puppetry Program was started in 1994, when we were contracted to do mostly rural primary teacher training. During 1995 - 1996 new schools and training programmes were developed as an effort to provide effective informed healthcare education in under-resourced communities.1997 is our first year to function autonomously with a transitional steering committee and a committed team who work well together and respect one another.

What drives Talking Hands?

The fact that there is a high level of disease in our primarily disadvantaged communities as well as a lack of transference of life - skills and proper disease prevention information through the education system and from older generations to the community. Puppetry has the ability to transcend language, cultural and age barriers; increasingly proving to be an extreemly powerful educational tool. We care, and work towards sharing creative processes and developing skills with youth and the broader community to change the situation. Our services are expanding, programmes become more streamlined and processes more focused. Requests for our programmes increase rapidly. The expression on the children's faces when they watch a puppet show.This is what drives us.

" The children borrowed confidence from the puppets and rehearsed life-skills for every-day living. Through this they were able to truly own their real confidence." Robin Mosdell - Education For Living F.A.M.S.A

Aims

All of our programmes aim to reach out to the schools and community in order to educate, train, raise awareness and further develop skills on communicating disease prevention through creative processes. We combine drama, movement, music and Puppet theatre. We have found that Puppetry has the ability to break through the educational legacies of the past, and in this way allows for true life-skills development to take place. The project goal is that the community has access to Educational Puppetry Programmes which promote healthy life-styles and life-skills, which results in a healthier community.

GENERAL DEVELOPMENT REPORT

Over the past year our efforts to develop new, positive life-skills development processes and to promote disease prevention awareness education has provided us with many new skills and goals.

At the start of the year we began functioning autonomously (after being under the auspices of Umthathi project), and moved into new premises in March, where we set up new administrative and organisational structures, and developed 3 new programme packages.

We continually assess what we are, in terms of our existing skills and resources and work towards what we we want to become in meeting our aims and vision as a whole.This year we have more than doubled our programmes and direct beneficiaries in the same time frame as was possible in 1996. Contributing highlights which have impacted on our methodology and strategic planning have been training workshops, hearty encouragement and energy-giving acknowlegement from Jo-Anne Cartmel - community development - S.A.N.C.A Port Elizabeth; the Teacher Aid Programme - Grahamstown, A.R.E.P.P -Johannesburg and the School Leavers' Opportunity Training programme -Grahamstown.

We expanded the scope and accessibility of our programmes; focused on 'quality and not quantity'; learned that true development does not 'happen overnight'; and that we have to take risks in order to grow!

Working with a limited budget restricted administrative, training and organisational staff. However, we developed vital new skills and tools, which steadilly shape our infrustructure and project outputs.The lack of vital human resources directly effected the extent to which we were able to provide schools programmes and training workshops in order to meet the requests from organisations and different communities. We learned to juggle and adapt to new rythmns as a result of the unpredictable life-styles of the people in some of the communities we worked with, which developed our capacity to be relatively flexible. We have increased and developed relationships with NGO's and other organisations. This has mostly come through requests for Puppetry Training/ life-skills workshops, schools programmes and through our need to develop with other people who work in similar fields. We thank all the people who have worked with us this year for their valuable support and enrichment.Deciding that we need to make our processes and resource material even more accessible, the compilation and design for teacher's/ user's handbooklets has begun. We created a short documentary video on our outputs. This has also helped us to focus on the chore of what we are and what we want to become. The adaptibility capacity of pre-adolescent and high-school teenage life-skills programmes grows from strength to strength. 1998 Alcohol and substance abuse awareness programmes will focus more on

development for gender issues, violence and abuse situations. Streamlining the dietary awareness and the dental care programmes was extreemly beneficial for both junior and senior primary groups. The primary school repertoire will expand with an exciting, new abuse prevention awareness programme to be presented in 1998.The increasing demand for teacher training/ educational puppetry training cannot be met with the existing staff. A focus on workshops for trainers from community organisations who have already requested workshops will be more effective.In order to reach the full potential of the project, we continue to develop a funding strategy which is desperately needed to increase the strength of our resources. The year has been constructive and much more focused in shaping the vital tools required to face the challenges for 1998. We need to take more time to acknowlege the patience, commitment and initiatives of the full-time staff. As a result of the response and level of skills acquired in puppetry training workshops, we decided to introduce certificates in 1998. During each and every schools programme and training workshop, the high degree of enthusiasm, joy and enlightenment continues to re-inforce that we are definitely travelling on the right path! A well rooted, positive and healthy foundation has been laid this year, which we will continue to nurture and grow from.

THE CURRENT TEAM

Mr. Wandisile Nyikilana - Puppeteer/ facilitator
Ms. Elyse van Houten - Production manager/general manager
Mr. Sivuyile Fundze - Puppeteer/ facilitator

Ms. Jean Burgess - Bookeeper/Consultant (Not in photo)

ALCOHOL AND SUBSTANCE ABUSE/ LIFE - SKILLS AWARENESS PROGRAMMES

"Really got the children's responses. Funny and exciting.They learned a lot. For most of the children, it was their first time to see a real Puppet show."
Mrs. Moanakali -
Fikizolo Primary School

" Excellent for life-skills. Magical participation. The pupils loved the puppets and interaction."
Shakes Sefelane -
Drama/ guidance
Ben Mahlasela High

GENERAL INFORMATION

Our 1996 'Tobacco Awareness' show was adapted to suit both indoor and outdoor venues. A dynamic new teenage show 'Djakalashi's choice' was introduced into schools this year.The show educates, informs, raises awareness (and entertains!) on the issues surrounding alcohol and substance abuse with a focus on the changing sexuality of the teenager, the right to choose (assertiveness and decision making) and peer-pressure. Puppetry/ assertiveness development youth workshops were introduced into three school communities.This came out of requests from the schools who had received programmes.

REPORT

The shows encouraged relatively free-flow sharing of values, attitudes and feelings on issues highlighted, during schools programmes and to a lesser degree in discussions after rural community shows. Senior primary and high school programmes focused on interaction through creative activities, and we packaged successful processes. Many new insights emerged out of these activities on what it means to be a young person in South Africa today. The attendance of youth in both rural and urban workshops was dissapointingly unpredictable, however, those who attended created their own puppets, stories and passionately role-played issues which bubbled out of their own real experiences. During the National Alcohol and Drug awareness week, the new S.A.N.C.A centre in Grahamstown and Talking Hands initiated a march with banners and slogans, performed awareness shows at two different venues, and facilitated an awareness day which included youth, professionals and community workers to have a better understanding of the health issues in their communities. Schools awareness programmes, youth workshops, street shows and the community awareness day all made an impact on recipients in seeing what should be done to prevent similar circumstances from affecting them.Thankyou schools and other organisations who booked programmes. We look forward to working with you again.

SHOWS: 32 PEOPLE REACHED:1858
WORKSHOPS:12
DIRECT BENEFICIARIES:356

NUTRITION / DIETARY AWARENESS PROGRAMMES

GENERAL INFORMATION

The 'Nutrition Game' is designed for Primary school children. It requires full class participation for interprative role-play,combining Puppets, body masques, percussion and song.The importance and function of the three food groups and the difference between healthy food and junk food is communicated in a giant, living format.

REPORT

The programme was presented to school children and as a training springboard for teachers. The interactions bubbled energy and nutritional information (as opposed to indigestable facts!) Information was transformed into living experiences; resulting in the learning of exactly how, what we eat affects the body. As a methodology programme for teachers it proved to be a clear and sure way of how to translate facts into experiencial learning through role-play and visual aids. Teachers / trainers were encouraged to improvise their own scripts and create functional materials inspired by the demonstration material. An assumption is that they will further transfer their skills to teachers who, in turn will transfer skills to the children. Children and teachers who directly benefitted from the programme created their their own interprative scripts and story sequences, and were inspired to make digestive organs and food creations.

PROGRAMMES RUN:12
PEOPLE REACHED: 320

" Full participation throughout. Excellent. This programme is a key which opens doors to outcome based education. It involved a lot of skills. The puppets, music and drama gets the learners totally involved, and they don't even realise how much they are learning about the body's system and Nutrition."
Thobeka Maselana - D.E.C.Regional Manager Rural Primary Schools

EDUCATIONAL PUPPETRY TRAINING WORKSHOPS

GENERAL INFORMATION

The workshops are designed for people who are presently or potentially actively involved in healthcare services in their community.Vital information is transformed into living visuals, combining Puppet theatre,drama, music and story-telling pitched at specific target audiences. 'Sipho's magic tooth' was packaged and we were asked to train a new group of vollunteers to create and present their own Primary schools programme on Dental Awareness.

REPORT

The outcome of training for vollunteers resulted in a new version of 'Ncdisa's sore tooth' which delighted and informed one and a half thousand primary school children on basic dental care in a period of two months. Ongoing staff training resulted in 'Djakalashi's choice' a new alcohol and substance abuse awareness programme, a new adaption of 'Tobacco Awareness'; the 'Nutrition Game' and an exciting, new peer-educator training programme. We plan to present more workshops for trainers and people from communities who have had previous experience in their fields of healthcare work, who have requested initial or further training for 1998, as well as an open workshop.

WORKSHOPS RUN: 3
DIRECT BENEFICIARIES: 7

"The Puppet training was excellent. The response from the schools incredible. Absolutely perfect for the children."
Olenka Brusch - Settlers Day Clinic

TEACHER TRAINING PROGRAMMES

" Teachers became excited, involved. Energy was unblocked and released."
Revell Nussey - Primary Teacher Aid Programmes

" Wonderful new ways of communicating. A real breakthrough to fun learning."
May Quntu - Educare,C.S.D

GENERAL INFORMATION

The specific prescribed lesson format of 'Puppets For Learning' was transformed and expanded to a multiple possibilities format this year. We worked with mostly rural Primary school teachers and teacher trainers in a variety of functional aid workshops. We attempted to 'tailor -make' each workshop according to the needs of the teachers, teacher trainers or educators from the organisations we worked with. The workshops were totally participatory, open and flexible, combining basic, practical assertiveness development activities, learning aids and basic puppetry skills. The teachers themselves produced many new, exciting methods of learning.

REPORT

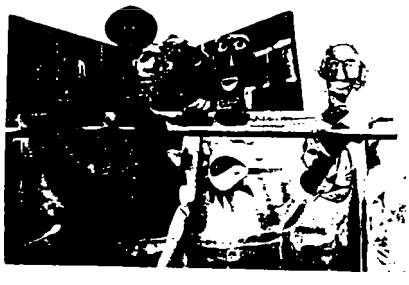
The life-skills workshops shared how to apply puppet activities in the classroom, and explored the immediacy and adaptibility of puppet theatre. Confidence in most teachers to develop their own new programmes blossomed.This interaction made it possible for teachers to experience a wide variety of practical skill-transference possibilities for almost any theme. Whole new generations and different puppet species were created and brought to life. There were high levels of enthusiasm in all the workshops. Dramatisations, story-telling and role-playing with puppets dissolved inhibitions, which laid the foundation for what could be taken into the classroom: a safe enviroment which encourages freedom to share feelings, attitudes and values on real-life situations. Most of the teachers who specifically attended the life-skills development workshops were eager to share and explore concentrated avenues for expression, which made the workshops very exciting and rewarding. Other workshops focused on the translation of information from specific lesson themes to living representations of ideas, focusing on total interactive participation; exploring puppet creations from waste material and for the more serious puppeteers: articulation and gesticulation excercises using mouth, rod and glove puppets. A total of 92 schools may through the sharing of skills, benefit from puppetry training this year. The workshops were thoroughly enjoyed by all. Requests for follow-up and new workshops for 1998 will require a whole new team of teacher trainers to meet the demand.

WORKSHOPS: 10
DIRECT BENEFICIARIES: 194

PEER- EDUCATOR TRAINING PROGRAMME

GENERAL INFORMATION

This programme attempts to address the needs of the youth and indirectly, the broader communities who have very little facilities available to them on disease prevention. We worked in partnership with S.A.N.C.A's peer-educators from Port Elizabeth at Sandisulwazi school with youth representatives from the Paterson/ Alexandria area, combining puppetry and assertiveness training with S.A.N.C.A's teenagers against drug initiative programme. A younger group enjoyed practising assertiveness and decision making in similar workshops in Extension 6 and 7. A short, holiday workshop was shared with youth and F.A.M.S.A vollunteers in the Greater Grahamstown area. Peer- educator puppetry training workshops were introduced in order to open up more emmediate doors for skills transference possibilities.



REPORT

School - leavers who have been training as peer-educators in the fight against alcohol and drug abuse attended puppetry training workshops. They created their own puppets, sets and props and practised different excercises for different situations which related to their existing practical life-skill development activities in their community youth programmes. New communication activities and processes were introduced, combining rythmns, dance and role-playing dramatisations, also exploring community awareness-day possibilities. The true outcome of these workshops depends on the initiative of the peer-educator to transfer skills to the young people in their communities. The programme has the potential to develop young people (who previously had a lack of skills to change the situation), and gives them the opportunity to be role-models in their community.

WORKSHOPS: 4
DIRECT BENEFICIARIES: 9

"If you could reach more
people, particularly the
youth with this programme,
we can prevent
unnecessary diseases from
happening to our people"
William Stokes -
Mary Waters High

FINANCIAL REPORT

This was our first autonomous year, although we were dependant on the infrastructure of S.A.N.C.A - Port Elizabeth Alcohol and Drug Centre and will continue to be dependant, until such time as we have set up our own adequate infrastructure. Our financial year ends on the 28th. February 1998. Completed audited statements will be available towards the end of March 1998. This year we assessed our existing resources in terms of skills, people and outputs and strategically planned for further implementation of what we want to become.This development shaped our budget. We are almost totally dependant on funding grants because most of the people in the under-resourced communities we work with cannot pay us for our services. Initial grants received from E.S.C.O.M-Community Trust and ITHUBA were allocated towards disease prevention programmes, particularly alcohol and substance abuse awareness programmes. We thank existing funders for their vital support, and continue our work towards establishing new relationships with funders for 1998 -1999 'Puppets for Health' initiatives.

" Valuable, inspiring and essential at such an important time for developing basic human rights."
Mrs. Van Der Linde -
Educational support / consultant
Good Shepherd Primary

IF YOU OR YOUR ORGANISATION WISHES TO SHARE ANY OF YOUR SKILLS WITH US, DEVELOP SKILLS WITH US OR IF YOU JUST NEED TO FIND OUT MORE ABOUT OUR WORK, PLEASE CONTACT US ON:

CELL: 082 2020166 FAX: (0461) 311104
After Hours: (0461) 23952

OR WRITE TO: 2 PRINCE STREET GRAHAMSTOWN 6139

TALKING HANDS
EDUCATIONAL PUPPETRY PROGRAM

2 PRINCE STREET
GRAHAMSTOWN 6139
SOUTH AFRICA
TEL:
FAX: 0461 311104

(Affiliated to SANCA Drug and Alcohol Centre, Port Elizabeth)
F.R No. 099001380008

ASSERTIVENESS DEVELOPMENT PROGRAM
EASTERN CAPE SOUTH AFRICA

January 1998
15 ~~September 1997~~

SANDRA L. THURMAN

Dear Sir / Madam

I am sending you our funding proposal for your serious consideration. The Puppets for Health project presently runs 7 community service programmes. Funding is required in order to serve communities on the level the project intends. For more information please contact me at: Cell: 082 2020166 OR Fax: 0461 ~~311104~~ 25504 OR Post: 2 Prince Street Grahamstown 6139 South Africa.

Yours In Education
Elyse van Houten

Elyse.

PLEASE TAKE INTO CONSIDERATION THAT WE FOCUS ON DEVELOPING ASSERTIVENESS; THAT ALL OUR PROJECTS AND TRAINING, NURTURE SELF-ESTEEM
ALTHOUGH WE DO NOT SPECIFICALLY FOCUS ON HIV AWARENESS; ALL OF OUR PROCESSES HAVE THE POTENTIAL TO PREPARE THE YOUTH FOR THE ABOVE.
THANKS,

Elyse.

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National AIDS Policy Office

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Miscellaneous Letters [2]

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.
PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

2. *INTRODUCTION*

2.1 Who is *Talking Hands?*

Talking Hands is a non-profit, health education organisation. The organisation has been providing a disease prevention education/ training service for youth, teachers and general community in both rural and urban areas. The project functions from Grahamstown, in the Eastern Cape, South Africa.
The project focuses on Educational Puppetry for life-skills development and for the promotion of healthy life-styles, and has the following objectives:

- Promotion of healthy and positive life-styles and life-skills.
- Raise awareness on issues surrounding alcohol and drug abuse, dietary awareness/ nutrition and dental care.
- Development of Educational Puppetry skills which equips recipients with sufficient skills to develop initiatives in their communities.

In order to achieve these objectives Talking Hands offers the following services:

- Educational Puppetry training programmes for Primary school teachers, youth,community health educators and peer-educators based on life-skills development.
- Prevention education programmes based on substance abuse/ life-skills for youth in Primary and Secondary schools and community based youth groups.
- Disease prevention awareness programmes and street shows for the broader community.

2.2 Why Puppets?

Educational Puppetry stimulates both the left and right sides of the brain. Through this we attempt to address the educational legacies of the past and allow for the translation of facts into practical, participatory, fun-giving methodology.Most of our Puppets are made from waste-material.Puppets help us to confront our inadequacies without being threatening or embarrassing.Puppetry facilitates the development of many life-skills and at the same time has the power to communicate any idea, concept or discipline across all age, language and cultural barriers. Puppet theatre is visual, linguistic and dramatic all at the same time! We beleive in Puppet theatre as a wholesome and powerful educational tool.

2.3 Background to the project

The background to the project has been driven by the need for informed healthcare education. With a limited budget, we have been initiating and piloting programmes and processes which transfer factual information into practical skills, through role-play and the visual representation of ideas. During 1994-1995 we were mostly contracted to develop Puppetry skills with rural Primary school teachers.
During 1996 we developed a Tobacco awareness program package which was presented to teenagers in schools: a nutrition/ dietary awareness training package for Primary teachers; and a Tobacco awareness street show. Demands for our training workshops and awareness programs increased rapidly.

We were working under the auspices of another organisation and needed to function autonomously. In October 1996, two full-time trainees joined the project. During 1997 we further developed training workshop packages for youth, Primary school teachers, peer-educators and vollunteers. A second alcohol and substance abuse/ life-skills program package and a second dental awareness programpackage were taken to schools. We began consultancy and staff development workshops with S.A.N.C.A. and started setting up a steering committee. By August 1997 we had developed 4 awareness programmes and 3 training packages.

3. PUPPETS FOR HEALTH

3.1 Project Summary

The project was started as an effort to meet the needs of the youth and broader community in under resourced communities.We have developed awareness programmmes on alcohol and drugs, life-skills development ,dietary awareness and dental care. The project aims to reach out to the schools and community in order to educate, train, raise awareness, and further develop skills to communicate disease prevention through the medium of Puppetry.

3.1.1 Community Involvement

This has come through the full-time trainees who live in the community; the teachers who transfer skills to pupils and their school communities; vollunteer trainees who present awareness programmes to their communities; and Peer-educator trainees who utilise the skills when working with youth in the communities they live in. Community based youth groups and project stakeholders also provide us with a link to their communities.

3.2 PROJECT PLANNING

3.2.1 Problem statement

There is a high level of disease in our previously disadvantaged communities as well as a lack of transferrence of life-skills to change the situation.

The causes of disease are seen as alcohol and substance abuse, poor nutrition and poor dental hygeine. These causes often relate to the conditions under which people live, which result in high levels of despondency, unemployment, the breakdown of transferring traditional disease prevention information from one generation to the next, lack of life-skills and disease prevention information in the education system.

3.2.2 Project Goal

The community has access to Educational Puppetry programs and training workshops which focus on communicating disease prevention education, which promotes awareness and results in a healthier community.

3.2.3 Project Purpose

(1) Teachers and Peer-Educators have access to a training programme which will equip them with the skills to use Puppetry as an educational tool.

indicators:
An average of 150 teachers per year receive training
2 groups of peer-educators are trained per year
University students and vollunteers develop skills

assumptions:
Teachers request the training
Peer-educators vollunteer for and attend the training
University students/ vollunteers are interested in processes.

(2) Young people have access to a life-skills/ alcohol and substance abuse awareness program and educational Puppetry training workshops.

indicators:
Peer-educators run at least 4 community based youth workshops in their own communities
40 schools programmes are run per year

assumptions:
Schools accept the program and are interested in it.
Peer-educators request workshops
Youth attend the training.

(3) Primary schools have access to a dietary awareness/ nutrition program

indicators: 10 schools programmes are run per year
2 teachers workshops are run per year

assumptions: Teachers request program / workshops

(4) Youth in under resourced communities have access to improving life-skills in order to be able to deal with the stresses of being young in South Africa today.

indicator: 5 people are trained and actively communicate substance-abuse/ life-skills education in their communities

assumption: Trainees use initiative in their communities

(5) Information is available on disease prevention education through the medium of Puppetry

indicator: A research project is completed by the end of the year

assumption: Funding is available

3.2.4 Target Group

Young people between the ages of 10 to 16 will be reached through the alcohol and substance abuse program' ages 6 to 13 will be reached through the dental awareness program and ages 8 to 13 will be reached through the dietary awareness/ nutrition program. The estimated number of beneficiaries will be the communities 100 per week x 15 operational weeks: 1500.

Peer-educators will be youth out of school between the ages of 18 and 30. The beneficiaries will be the youth in the communities ages 12 to 15.
Indirect beneficiaries will be the communities in which they live and will be determined by the extent to which the youth use their skills acquired in training.

150 teachers per year will be able to transfer skills to Primary pupils and to other teachers. It is not possible to estimate all the beneficiaries.

Awareness street performances reach all ages in the community. It is not possible to estimate all the beneficiaries in audiences.

3.2.5 Project Outputs

(1) Awareness programmes on alcohol and substance abuse are run in schools which are used to promote healthy lifestyles and life-skills.

(2) A dental awareness program is run in schools which communicates prevention of tooth decay

(3) A dietary awareness/ nutrition program is run in schools which informs and advises on the three food groups and 'junk food'

(4) Awareness programmes which can be used in communities are being developed to promote healthy life styles and the use of Puppetry for disease prevention education

(5) Primary teacher training programmes are run which are accessible and are used to develop Puppetry skills which, in turn are skills transferred to pupils.

(6) Internal staff development and training is run on a regular basis which strives toward improving the skills required to meet the objectives of the project.

3.2.6 PROJECT ACTIVITIES

Activity	**Time**	**Implemented By Whom?**
Develop/ pilot programmes on: alcohol and drug abuse/ life-skills	Jan/Feb	Trainees, consultants
Dental Awareness training	May-August	Vollunteers,trainees,advisors.
Nutrition/ dietary awareness	March-May	Trainees, consultants
Promote schools programmes by meeting with teachers,principals.	Feb-May Ongoing	Trainees, producer.
Present schools programmes	February-Ongoing	Trainees
Develop/ pilot teachers training programmes	March-Oct.	Primary education trainers and consultants
Run 4 peer-educator training programmes on Puppetry for life-skills development	June and August	Trainers, peer-educators, vollunteers, university students
Recruit youth from 8 schools for life-skills/ Puppetry training: Develop and pilot workshops	Feb-Oct.	Peer-educators and community youth representatives
Performances for communities	May - Ongoing	Youth and trainees

Run an awareness day where the whole community has an opportunity to become aware of what the youth are doing and to promote a culture of a drug free society	June	Youth Trainees Dept. Health,S.A.N.C.A
Conduct a research project which provides information on Puppetry as an educational tool	March 1998-99	Researcher in community development and disease prevention education

3.3 PROJECT IMPLEMENTATION

3.3.1 Operational Management and Staff

This project will be managed by the Talking Hands director, who is assisted by the community development consultant from S.A.N.C.A. The project will be staffed by a chore of five Educational Puppeteers who are trained to do disease prevention education. The trainers and trainees are trained by *Talking Hands* assisted by the S.A.N.C.A 'teenagers against drugs' trainer and consutants/ trainers who work in the same field as us. All staff are required to complete workshop and program assignments.
The planning, administrative and financial management of the project is included in the training and development of all full time trainees.

3.3.2 Financial Management

The project has no equipment for the purpose of financial and administrative management. The project will have to acquire at least a vehicle, a computer and office space if it is to serve the community on the level it intends.
The project is totally reliant on the infrastructure of S.A.N.C.A Port Elizabeth who acts as a conduit for funding. The project will need to be financially sustainable and independent of S.A.N.C.A in order to reach its full potential.
The project is currently running on R118.000 per year which has been acquired from ESCOM Community Development Trust for the specific purpose of development and training for three people, resource development and to cover some of the workshop costs.

3.4 PROJECT EVALUATION

Weekly review meetings determine whether objectives are being met for schools programmes and community youth workshops. Strengths and weaknesses are measured according to our indicators for individual programmes.
Teacher and peer-educator training workshops are evaluated bi-monthly.
Organisational and planning workshops for the whole project run annually.
The project as a whole is evaluated on a six monthly basis.
Evaluation for individual projects and training cycles functions both internally and externally with consultants/ advisors and is ongoing.

4. CONCLUSION

Puppets for Health attempts to address the needs of the youth and broader communities who have very little facilities available to them for information on disease prevention. The project has the potential to develop young people (who previously had a lack of skills to change their situation), and gives them the opportunity to be role-models in their community.
We request that this application be given careful consideration in terms of the projects' potential to transfer the skills which address the problems of alcohol and substance abuse, nutrition and dental care in Eastern Cape communities.

BUDGET FOR THE FINANCIAL YEAR 1/3/1998-28/2/1999

4.1	**CAPITAL EXPENDITURE**	
	Vehicle	50 000
	Computer & Printer	13 000
	Software	4 000
	Furniture	8 400
	Video camera	8 000
	Camera	2 000
	Video Machine	1 800
	Video Cassettes	600
	Camera Film	500
	SUB TOTAL	88 300
4.2	**TRAINING COSTS**	
	Puppetry skills workshops	3 700
	Schools programmes	2 200
	Transport	26 960
	Training Material & Equipment	12 000
	Media	12 000
	Refreshments	4 800
	SUB TOTAL	61 660
4.3	**PERSONNEL**	
	2x full time Puppeteers/life skill facilitators @ R2 000pm	48 000
	2x Trainee Puppeteers @ R1 500 pm	36 000
	1x full time Project Co-ordinator	58 800
	1x part time Administrator	18 000
	1x part time Consultant	1 500
	1x part time Researcher	1 500
	Staff Development	24 000
	SUB TOTAL	187 800
4.4	**ADMINISTRATION COSTS**	
	Alarm system	1 080
	Bookkeepping/Audit	9 500
	Insurance of office furniture & equipment	1 600
	Postage	500
	Photocopying	6 800
	Photography	1 000
	Rental of premises	10 800
	Stationery	1 050
	Telephone & Fax	9 600
	Vehicle Insurance	6 000
	Vehicle maintenance	12 000
	SUB TOTAL	59 930
	TOTAL	**397 690**

PROJECT OUTPUTS	TIME	COST	TARGET GROUP
Alcohol and substance abuse awareness/ assertiveness development			
* Schools Programme	1hour 40x per annum	Training 6 928 21 Personel 20 866 66 Admin. 6 658 88 **34 453 75**	Youth 12yrs.to 18yrs.
*Community Youth Workshop	6-8 weeks 2hrs.per week 4x per annum	Training 6 935 21 Personel 20 866 66 Admin. 6 658 88 **34 460 75**	15yrs-25yrs.
*Community Street Show	12x per annum	Training 9 292 81 Personel 20 866 66 Admin. 6 658 88 **36 818 35**	All ages
*Community Awareness Day	2x per annum	Training 3 097 60 Personel 20 866 66 Admin. 6 658 88 **30 623 14**	All ages
Nutrition/ dietary awareness			
*Schools Programme	1 hour 5x per annum	Training 6 928 21 Personel 20 866 66 Admin. 6 658 88 **34 453 75**	Primary school children
*Teacher Training	5 hours 5x per annum	Training 6 940 21 Personel 20 866 66 Admin. 6 658 88 **34 465 75**	Rural and urban Primary
Dental awareness			
*Training Programme for Dental Advisors	12 weeks 1x per annum	Training 7 668 21 Personel 20 866 66 Admin. 6 658 88 **35 193 75**	Primary school children
Training for Trainers			
*Peer-Educator Training Programme	2x per annum 28 weeks	Training 6 935 21 Personel 20 866 66 Admin. 6 658 14 **34 460 01**	Youth 19yrs to 35 yrs.
*Teacher Training Programme	5 hours 4x per annum	Training 6 935 21 Personel 20 866 66 Admin. 6 658 88 **34 460 75**	Primary rural and urban
		PLUS CAPITAL EXPENDITURE **88 300 00**	
		TOTAL 397 690 00	

Talking Hands
Educational Puppetry
Programme
Puppets for Health
- 1998 - 1999.

Women for Development

5 Schnell Street, Grahamstown. 6139
Phone 0461 311003/311341 Fax 0461 311104

21 January 1998

Re: Hiv Awareness schools and Community Programs for 1998 Gender Education Basic Human Rights

Dear Sandra

This is a letter to inform you that our organization currently runs awareness programs for teenagers and in the community we all reside in.

Please could you post or forward us your postal adress so that we can send you our application for funding in the near future. At present we have no funding whatsoever.

We thank you for your co-operation in this matter, as funding is urgently required.

Regards,

Jean Burgess
Chairperson.

Copies to Ms. THURMAN

From: John S. Roberts <jsr1936@jsr1936.com>
To: cancercure@egroups.com <cancercure@egroups.com>
Date: Thursday, October 21, 1999 11:42 AM
Subject: [cancercure] 20 years of neglect

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www.jsr1936.com **John Stacy Roberts** jsr1936@jsr1936.com October 21, 1999

On March, 1979, the 'Proceedings of the American Association for Cancer Research', Volume 20, page 17, published the findings
of Mario Gosalvez of the Bioquimica Experimental, Clinica Puerta de Hierro, Madrid-35, Spain; his research had been supported by the United States National Cancer Institute under contract NO1-CM-53792.

The following is an abstract of that article; I have highlighted two sentences with capital letters and bold face type.

"THE PLASMA MEMBRANE AS A TARGET IN ANTICANCER CHEMOTHERAPY

In recent years, a number of biochemical differences have been noted between the plasma membrane of normal and neoplastic cells (for review see D.F.H. Wallach. Membrane Molecular Biology of Neoplastic Cells. Elsevier Publishing Co., New York, 1975). The structural and functional plasma membrane alterations of neoplastically transformed cells can be reversed in tissue culture by treating the cells with dibutyryl cyclic AMP. This 'reverse transformation' seems to take place by a cyclic AMP dependent reorganization of the network of contractil microfilaments which originates in the plasma membrane and radiates to the nucleus (Puck, T.T., Proc. Natl. Acad. Sci. US 74, 4491-4495, 1977). During the past two years, our laboratory has set up a biological screening to detect compounds able to induce reverse transformation in vivo. The screening included the test of compounds: 1) in cell capping of immunoglobulins; 2) in the differentiation of the mold Dictyostelium discoideum; 3) in the restoration of contact inhibition of Hela cells in tissue culture. **ONE COMPOUND OUT OF 500, THIAZOLIDINE-4-CARBOXYLIC ACID, WAS ACTIVE IN THE THREE SCREENING STEPS AND WAS ABLE TO RESTORE CONTACT INHIBITION IN HELA CELLS IN TISSUE CULTURE.** This compound has been brought to the clinics in Spain in patients of advanced metastasic progressing cancer, under the name Norgamem. **NORGAMEM COULD REPRESENT THE FIRST NON-CYTOTOXIC ANTICANCER AGENT WHICH HAS THE PLASMA MEMBRANE AS TARGET."**

Later in 1979 Gosalvez conducted in Spain a clinical trial upon human beings; he was assisted by his colleague, 'A. Brugarolas'; the trial was conducted at the Department of Oncology, Hospital General de Asturias, Oviedo, Spain and the Department of Experimental Biochemistry, Clinica Puerta de Hierro, Madrid.

On January 12, 1980, 'The Lancet', reported their findings on pages 68 to 70, 'TREATMENT OF CANCER BY AN INDUCER OF REVERSE TRANSFORMATION'; 'The Lancet' is one of the world's foremost and prestigious medical journals; the following passages are contained in that article:

" Thiazolidine-4-carboxylic acid (thioproline, 'norgamem' - A name derived from its capacity to restore normal organisation of membranes) a compound to act on the cell membrane of tumour cells, causing reverse transformation to normal cells was investigated in patients with advanced cancer. Responses were obtained at several dose levels mainly in epidermoid carcinoma of the head and neck with pulmonary metastases. Histological studies showed involution and transformation into low-grade malignancies and disappearance of evidence of cancer." page 68

" 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 a 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

In early September, 1997, I 'stumbled upon' this article during the course of my HIV/AIDS research; I had not been giving any thought whatsoever to cancer.

I placed the following advertisement in the November 23, 1997 issue of the 'Sunday Post-Tribune' (Northwest Indiana) -

"**AIDS, CANCER, ALCOHOL AND SMOKING ABUSE** and the Power of NAC (N-Acetyl Cysteine)

Attention: Director, National Institutes of Health, Bethesda (MD) and the Lake (IN) and Porter (IN) County Medical Societies. Can the 'cough drop' L-MTCA (2-methylthiazolidine-4-carboxylic acid) benefit HIV/AIDS patients? Can the pill 'Tac' (thiazolidine-4-carboxylic acid) and vitamin C benefit CANCER patients? Can dietary supplements such as vitamin B-6 and zinc benefit PROBLEM DRINKERS? Can NAC benefit CHRONIC SMOKERS? I have compiled and sent to you 116 pages of medical research in which I imply that the answer is 'yes' to all four of these questions. If you think my ideas have merit, would you please share this research with your associates and/or your patients. For details as how to obtain a copy of this 116 page medical research, contact John S. Roberts, P.O. Box H, Hobart, IN 46342 or call (219) 763-1933."

For the past 23 months I have been continually alerting National Government Health Officials (see 'Copies to' below) about 'The Lancet' research and how it could be successfully implemented (in my opinion) with 'mega-doses' of Thiazolidine-4-carboxylic acid and vitamin C and 'above average' amounts of magnesium, zinc and manganese.

In addition I have been continually writing to them describing other aspects of my research - primarily about HIV/AIDS and Alcohol Abuse.

About HIV/AIDS - The 'cough inhibitor' L-2-Methylthiazolidine-4-carboxylic acid is composed solely of L-Cysteine and acetaldehyde. Both the National Institutes of Health and Centers for Disease Control have acknowledged that the virus which causes AIDS - HIV- can be inactivated in the test tube with acetaldehyde. Could acetaldehyde inactivate HIV in the human body? Would a 'cough inhibitor' yield the answer?

About Alcohol Abuse - The Encyclopaedia Britannica - Macropaedia, Volume 1, page 438, 1974 Edition states:

"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."

I would be willing to bet that not one drinker out of a million is aware of this fact.

Could a deficiency of zinc in the diet of a habitual drinker of alcohol be the primary precursor toward the development of alcoholism?

Dear Reader, if you wish to see more of my research in which I suggest a possible solution to Chronic Myelogenous Leukemia, namely, 'mega-doses' of Penicillamine plus copper and vitamin C, refer to my posting on this date with the subject title - "Could Cancer, Leukemia, HIV/AIDS, Alcohol Abuse, Lou Gehrig's Disease, and Macular Degeneration sufferers benefit from the research of John Stacy Roberts?"

My website is **www.jsr1936.com.** If you access it look at the last page; that stack of individual letters which I am holding weighs over 8 lbs; thus far, no one has pointed out any flaws in my research. In fact, throughout 1993 I was right about acetaldehyde whereas the National Institutes of Health was wrong; refer to pages 24 to 25 (left hand side pagination).

No definitive response yet from anyone in National Governmental Health Authority.

10/21/99

Do we live in a dictatorship or democracy as far as health care is concerned in the United States of America?

As a citizen who has served his country honorably for two years in the United States Army, I have reached the stage where I feel outraged by not being afforded a reply from civil servants whose salaries are paid in part by my taxes.

I hope that those of you who read this letter will share my outrage.

20 years of neglect and still counting.

Yours truly, John S. Roberts, Post Office Box H, Hobart, Indiana 46342 (219) 763-1933

Copies to -

President Clinton, The White House, Washington, D.C.
Ms. Sandra Thurman, Director, National Aids Policy Office, The White House, Washington, D.C.
Donna E. Shalala, Ph.D., 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 Vamus, M.D., Director, National Institutes of Health, Bethesda, Maryland
Richard Klausner, M.D., Director, National Cancer Institute, Bethesda, Maryland
James M. Pluda, M.D., Senior Clinical Investigator, National Cancer Institute, Rockville, Maryland
Professor Andrew V. Schally, Veterans Affairs Medical Center, New Orleans, Louisiana
M. Judah Folkman, M.D., Children's Hospital, Boston, Massachusetts
E. Ratcliffe Anderson Jr., M.D., Executive Vice President and Chief Executive Officer, American Medical Association, Chicago, Illinois
Mr. Jon Huntsman, Huntsman Cancer Institute, Salt Lake City, Utah
Robert F. Cathcart, M.D., 'Orthomolecular Medicine', Los Altos, California

e-mail to various persons

From: John S. Roberts <jsr1936@jsr1936.com>
To: cancercure@egroups.com <cancercure@egroups.com>
Date: Tuesday, October 19, 1999 3:46 PM
Subject: [cancercure] Could Cancer, Leukemia, HIV/AIDS, Alcohol Abuse, Lou Gehrig's Disease, and Macular Degeneration sufferers benefit from the research of John Stacy Roberts? .eml

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www.jsr1936.com **John Stacy Roberts** jsr1936@jsr1936.com October 19,1999

Dear Reader,

In July, 1999, I posted to The INTERNET my research **www.jsr1936.com,** The Cure for Cancer? in which I describe possible solutions to alleviate the symptoms of Cancer, HIV/AIDS, Alcohol Abuse, Lou Gehrig's Disease, and Macular Degeneration.

Last week I may have discovered a way to alleviate the suffering of those afflicted with Chronic Myelogenous Leukemia.

Thanks to Mrs. Judy Singer, founder of the e-mail group 'fightforlife@onelist.com' I became aware of 'Penicillamine'.

What is Penicillamine?

My reference sources state that penicillamine is:

"a chelating agent used to treat people with Wilson's disease, cystinuria and severe rheumatoid arthritis."

"a chelating agent C5H11NO2S produced by the degradation of penicillin, used in the treatment of severe rheumatoid arthritis and in heavy metal poisoning."

"a hydrolytic degradation product of penicillin. It is used to treat copper, mercury, zinc, or lead poisoning. It promotes the urinary excretion of these metals..."

"a degradation product of penicillin; a chelating agent used in the treatment of lead poisoning, hepatolenticular degeneration and cystinuria and in the removal of excess copper in Wilson's disease..."

1999 update - "Patients who are allergic to penicillin may theoretically have cross-sensitivity to penicillamine. The possibility of reactions from contamination of penicillamine by trace amounts of penicilliin has been eliminated now that penicillamine is being produced synthetically rather than as a degradation product of penicillin."

"Penicillamine is a chelating agent used in the treatment of Wilson's disease. It is also used to reduce cystine excretion in cystinuria and to treat patients with severe, active rheumatoid arthritis unresponsive to conventional therapy..."

If you type "Penicillamine and Leukemia" into 'MedLine' (www.ncbi.nlm.nih.gov/pubmed) you will find that there are 23 entries (as of October 19,1999) which are devoted to this subject. I have found the following one to be most interesting; the Unique Identifier number is 96273151; I have highlighted one sentence:

"D-penicillamine (PSH) is a copper chelator that generates hydrogen peroxide and inhibits neovascularization. As hydrogen peroxide is toxic to some tumor cells and to blood vessels, we reasoned that PSH plus copper would inhibit tumors in vivo and in vitro. To test this hypothesis, we first incubated murine

J558L plasmacytoma cells with varying combinations of drug (PSH and/or copper sulfate) plus modulators (fetal calf serum, dithiothrietol, catalase, eosinophil peroxidase) and then used fluorescence microscopy to measure cell proliferation, necrosis, and apoptosis. We also incubated various types of human tumor cells with PSH plus copper for 24 hours and then measured the number of surviving cells 24 hours later. For the in vivo studies, we measured the effects of 7 daily i.p. injections of 10 mg of PSH on the growth rates of interleukin-5 genetransfected J558L tumors in 20 BALB/c mice. Our experiments demonstrated that PSH plus copper exerted a significant antiproliferative effect on tumor cells in vitro that was neutralized by protein or catalase and enhanced by adherent eosinophil peroxidase. **HUMAN ACUTE MYELOGENOUS LEUKEMIA CELLS WERE ESPECIALLY SENSITIVE TO PSH PLUS COPPER.** In vivo, however, PSH had no significant effect on the growth rates of J558L tumors that were infiltrated by eosinophils. We conclude that the interaction of PSH-copper with tumors is primarily antiproliferative, mediated by hydrogen peroxide and inhibitable by protein. Therefore, for PSH to be an effective antineoplastic drug strategies will need to be developed to prevent its rapid neutralization by protein."

There is only one problem with penicillamine - it could be very toxic, as the Physicians Desk Reference states on page 1766, 1999 edition:

"Physicians planning to use penicillamine should thoroughly familiarize themselves with its toxicity, special dosage considerations, and therapeutic benefits. Penicillamine should never be used casually. Each patient should remain constantly under the close supervision of the physician. Patients should be warned to report promptly any symptoms suggesting toxicity."

I wish to digress for a moment and talk about cancer.

Dear Reader, let us suppose that you saw the following report on the front page of tomorrow's newspaper:

A scientist had spent weeks struggling through the tropical rain forest in search of a rare flower whose nectar had powerful anti-cancer properties according to the experiences of the Amazonian Indians.

Finally, after a laborious trek through the sweltering heat he chanced upon a glistening meadow containing an abundance of the iridescent flowers which he had sought and which yielded enough of their golden nectar to meet his research needs.

Upon returning to the laboratory he was overjoyed to discover that the golden nectar satisfied the three goals which all anti-cancer researchers seek -

1. In cell capping of immunoglobulins
2. In the differentiation of the mold Dictyostelium discoideum
3. In the restoration of contact inhibition of Hela cells in tissue culture.

At this point he convinced the United States National Cancer Institute to sponsor his research; the specific contract number was NO1-CM-53792.

The following is the result of his research which was printed in the 'American Association for Cancer Research'; the title is "The Plasma Membrane as a Target in Anticancer Chemotherapy".

I have highlighted two sentences.

" In recent years, a number of biochemical differences have been noted between the plasma membrane of normal and neoplastic cells (for review see D.F.H. Wallach. Membrane Molecular Biology of Neoplastic Cells. Elsevier Publishing Co., New York, 1975). The structural and functional plasma membrane alterations of neoplastically transformed cells can be reversed in tissue culture by treating the cells with dibutyryl cyclic AMP. This 'reverse transformation' seems to take place by a cyclic AMP dependent reorganization of the network of contractil microfilaments which originates in the plasma membrane and radiates to the nucleus (Puck, T.T., Proc. Natl. Acad. Sci. US 74 , 4491-4495, 1977). During the past two years, our laboratory has set up a biological screening to detect compounds able to induce reverse transformation in vivo. The screening included the test of compounds: 1) in cell capping of immunoglobulins; 2) in the differentiation of the mold Dictyostelium discoideum and ; 3) in the restoration of contact inhibition of Hela cells in tissue

culture. **ONE COMPOUND OUT OF 500, THE NECTAR OF A RARE AMAZONIAN FLOWER, WAS ACTIVE IN THE THREE SCREENING STEPS AND WAS ABLE TO RESTORE CONTACT INHIBITION IN HELA CELLS IN TISSUE CULTURE.** This nectar has been brought to the clinics in the United States in patients of advanced metastastic progressing cancer, under the name of Norgamem. **NORGAMEM COULD REPRESENT THE FIRST NON-CYTOTOXIC ANTICANCER AGENT WHICH HAS THE PLASMA MEMBRANE AS TARGET."**

Within just a few months this scientist and his colleague achieved these results upon human beings by using the nectar of this rare Amazonian flower -

".....Histological studies showed involution and transformation into low-grade malignancies and disappearance of evidence of cancer."

"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..."

"This nectar 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."

"This nectar 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 the nectar's treatment."

Dear Reader, what I have just told you is part fact and part fiction. Most of the scientific and medical data is factual; however, the scenario is fictional and so is one scientific 'fact'.

FACT - The research of the scientist, Mario Gosalvez, was sponsored by the United States National Cancer Institute, contract NO1-CM-53792.

FACT - As far as I know, Mario Gosalvez has never ventured into the Amazonian rain forest.

FACT - In his research Mario Gosalvez never utilized the 'golden nectar of a rare Amazonian flower'; he utilized a chemical which is inexpensively obtainable to researchers; I know of at least two companies in the United States which stock it; the name of the chemical is Thiazolidine-4-carboxylic acid.

FACT - The research of Mario Gosalvez, "The Plasma Membrane as a Target in Anticancer Chemotheraphy" was published in the 'Proceedings of the American Association for Cancer Research', volume 20, page 17; date of publication - March, 1979.

FACT - Mario Gosalvez and his colleague 'A. Brugarolas' used this acid and not the 'golden nectar' to achieve the anti-cancer results which I have listed above; their research was published by 'The Lancet' which is one of the world's foremost and prestigious medical journals; refer to the January 12, 1980 issue, pages 68-70.

FACT - The reseach was conducted in Spain, not the United States.

Dear Reader, no longer think of the golden nectar of a rare Amazonian rain forest flower as the cure for cancer; it never existed (as far as I know); instead, think of Thiazolidine-4-carboxylic acid; it exists.

For the past 20 years, why has Thiozolidine-4-carboxylic acid been in Limbo as far as possible anti-cancer clinical trials are concerned?

Perhaps it is because of its toxicity; it is more toxic than Gosalvez and Brugarolas had initially thought.

The Alfa Aesar Chemical Company describes its toxicity thusly:

"Toxic by inhalation, in contact with skin and if swallowed."
"Irritating to eyes, respiratory system and skin."
"In case of contact with eyes, rinse immediately with plenty of water and seek medical advice."
"Wear suitable protective clothing, gloves and eye/face protection."
"**Ingestion** - Rinse out mouth and drink lots of water. Seek medical attention and show physician the container details."

However, my research has shown that vitamin C (Ascorbic acid) affords ample protection against the toxicity of Thiazolidine-4-carboxylic acid.

Now, let's return to Chronic Myelogenous Leukemia.

A relationship exists between Penicillamine and Thiazolidine-4-carboxylic acid.

The 1999 edition of the PHYSICIANS' DESK REFERENCE (PDR) states on page 1766 that penicillamine "reacts readily with formaldehyde or acetone to form a thiazolidine-carboxylic acid."

To be accurate the PDR should have printed "a thiazolidine-4-carboxylic acid". For instance, the Aldrich Division of Sigma-Aldrich stocks 25 different kinds of "thiazolidine-carboxylic acids" and in all cases the "-4-" appears; for example, I'll list five -

2-(1,2,3,4,5-PENTAHYDROXY-PENTYL)-THIAZOLIDINE-4-CARBOXYLIC ACID
2-(2-CHLORO-PHENYL)-THIAZOLIDINE-4-CARBOXYLIC ACID
2-(2-NITRO-PHENYL)-THIAZOLIDINE-4-CARBOXYLIC ACID
2-(3-BROMO-PHENYL)-THIAZOLIDINE-4-CARBOXYLIC ACID
2-(3-FLUORO-PHENYL)-THIAZOLIDINE-4-CARBOXYLIC ACID

I will state unequivocally that the "thiazolidine-carboxylic acid" which the PDR mentions is the same as that which I cite on pages one and two of **www.jsr1936.com**. I challenge the scientific and medical community of the world to refute me.

Since vitamin C (Ascorbic acid) protects against the toxicity of Thiazolidine-4-carboxylic acid, might it also protect against the toxicity of penicillamine?

Last week I called Dr. Cathcart's office; his website www.orthomed.com reads:

'ORTHOMOLECULAR MEDICINE
VITAMIN C
ROBERT F. CATHCART, M.D.'

and left this question - "Does vitamin C afford protection against the toxicity of penicillamine?"

The next day Dr. Cathcart's secretary called me and said, "He doesn't have any personal experience with what you mentioned, but in theory he could see how vitamin C could protect against penicillamine."

I have been maintaining that the possible cure for cancer might be 'mega-doses' of Thiazolidine-4-carboxylic acid and vitamin C and 'above average' amounts of magnesium, zinc and manganese.

I will now maintain that the possible cure for Chronic Myelogenous Leukemia might be 'mega-doses' of Penicillamine plus copper and vitamin C.

A reader has written to me:

"Thanks for the info. Where would be the best source of data (about cancer) concerning this that I might

obtain and give to my wife's oncologist."

"The best source of data" that I can recommend is pages 7 to 9 of **www.jsr1936.com.**

Unfortunately, Mr. Jerry Rollins has not yet benefitted from this procedure; these are his words taken from The INTERNET:

August 30, 1999 - ".....I'm 65 and 18 months ago had a PSA of over 11 and was diagnosed with prostate cancer. I had 5 weeks of radiation followed by radioactive seed implant. My PSA soon went down to .2.....for 14 months. Then it went up in 2-3 months to 5.9. A definite sign that it was back (it is an aggressive cancer...I had a Gleason score of 8..very dangerous. I started taking cantron for the last 3 months and my PSA came down some and is around 5.1....."

October 18, 1999 - "Well..here it is in a nutshell. The Roberts/Gonzales (j.s.r. - Gutierrez) treatment using equal or L-thiazolidine-4-carboxylic acid, which I got in pure form from Switzerland, are useless in treating my prostate cancer. Since I started equal and then the pure acid over 6 weeks ago my PSA has gone up, in stages, from 5.1 to 8.1, a dangerous increase for that time. Whether it is because the original protocol in the 1980 Spanish tests injected the acid and I took it by mouth, or what, I don't know. My cancer type happens to be very aggressive and that could be the difference. Regardless I will spend no more time on this. Best JR"

I talked with Jerry over the telephone yesterday, and he thought the intramuscular injection method might have possibilities, but it would be a tough way to go - numerous injections would be needed.

I think that oral administration is still a viable option.

The Alfa Aesar catalog gives the Lethal Dosage amount of Thiazolidine-4-carboxylic acid as being 210 mg/kg.

Would vitamin C provide enough protection so that this amount could be administered? Perhaps even be doubled to 420 mg/kg.? Perhaps even be tripled to 630 mg/kg.? (Jerry was taking 40 mg/kg.)

I mention this possibility because I know of an occasion wherein a man swallowed everyday for five days the equivalent of 600 packets of 'Equal' which metabolizes into formaldehyde; however, because of the protection afforded by 'mega-doses' of vitamin C he suffered no ill side effects whatsoever. An 'Equal' company official stated in a television interview that 97 packets of 'Equal' per day was "too much".

It is my continued hope that someone with medical authority will conduct a clinical trial to prove me either right or wrong in my estimation of the power of this acid to cure cancer.

Also a trial should be conducted to see if I am right or wrong about the cure for leukemia.

I wish to conclude by reminding everyone that out of the over 9,000,000 entries contained in 'MedLine', Thiazolidine-4-carboxylic acid is one of the very few substances which is specifically labelled as being "anti-cancer" (see pages 3 and 4 of **www.jsr1936.com.**

And this I think is the source of its power - it is hydrophobic or water repellent and will deprive the cancer cells of their ability to absorb water - thus the cancer cells will die. On page 2 of **www.jsr1936.com** I quote the laboratory findings of Professor Andrew V. Schally and his associates; Professor Schally is a Nobel Laureate; 'Tac' is Thiazolidine-4-carboxylic acid:

".....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 the growth of various tumors in animal cancer models, some of them may have clinical applications."

".....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 lung carcinoma, and other tumors."

Sources and prices of Thiazolidine-4-carboxylic acid -

Sigma-Aldrich
P.O. Box 355
Milwaukee, Wisconsin 53201
phone (800) 771-6737, extension 5343
FAX (414) 273-4979

Cost of 10 grams - $11.80
Cost of 100 grams - $64.80

Alfa Aesar
A Johnson Matthey Catalog Company, Inc.
30 Bond Street, Ward Hill Massachusetts 01835-8099
phone (978) 521-6300

Cost of 10 grams - $7.80
Cost of 50 grams - $29.80
Cost of 250 grams - $132.00

A Sigma-Aldrich company official has told me that they could supply the acid to the patient's physician; however, first the physician would have to file an 'Investigative New Drug Application' with the Food and Drug Administration (FDA).

After the patient's physician had obtained FDA approval, Sigma-Aldrich could send the acid to that physician and be in accordance with the law.

The Alfa Aesar company official said that the acid could be supplied to legitimate researchers but was noncommital about the possibility of supplying it to the physician of a patient.

The acid is chemically easy to make and the process is not dangerous. In addition, no one's patent right would be infringed upon if a person chose to make it or chose to have a knowledgeable high school chemistry student make it. See page 7 of **www.jsr1936.com**.

If you read pages 13 to 16 of **www.jsr1936.com** you will see that I think that L-2-Methylthiazolidine-4-carboxylic acid might be effective against HIV/AIDS.

Sigma-Aldrich could make this because it already makes 2,2-Dimethyl-Thiazolidine-4-carboxylic acid.

This acid is also chemically easy to make. In addition, no one's patent right would be infringed upon if a person chose to make it or chose to have a knowledgeable high school chemistry student make it. **HOWEVER, THE PROCESS IS DANGEROUS BECAUSE ACETALDEHYDE IS FLAMMABLE AND COULD BE EXPLOSIVE!** See page 14 of **www.jsr1936.com**.

Yours truly, John S. Roberts, Post Office Box H, Hobart, Indiana 46342 (219) 763-1933

Copies to -

President Clinton, The White House, Washington, D.C.
Ms. Sandra Thurman, Director, National Aids Policy Office, The White House, Washington, D.C.
Donna E. Shalala, Ph.D., 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
Professor Andrew V. Schally, Veterans Affairs Medical Center, New Orleans, Louisiana
M. Judah Folkman, M.D., Children's Hospital, Boston, Massachusetts
E. Ratcliffe Anderson, Jr., M.D., Executive Vice President and Chief Executive Officer, American Medical Association, Chicago, Illinois
James M. Pluda, M.D., Senior Clinical Investigator, National Cancer Institute, Rockville, Maryland
Mr. Jon Huntsman, Huntsman Cancer Institute, Salt Lake City, Utah
Robert F. Cathcart, M.D., 'Orthomolecular Medicine', Los Altos, California

e-mail to various persons j.s.r.

We cannot do anything — he has already sent copies to everyone we would have — File.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002a. letter	re: Health and military enlistment (Personal) [partial] (1 page)	00/00/0000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21063

FOLDER TITLE:
Miscellaneous Letters [2]

2018-0764-F
jm2220

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

[0029]

Dear. Honorable Sandra L. Thurman,

My name is (b)(6) The reason I am writing you is because I am vary concerned about my future as an American citizen. Within the past year or so, I have been trying to enlist in the United States Marine Corps. The problem is I have a heart murmur witch is hereditary in my family and therefor I can not serve my country in the Armed Forces. My mother (b)(6) and I have been trying to fight the mep doctors decision for some time. We even sent a copy of the test results to my uncle, (b)(6) who is stationed in Hawaii and works at Tripler Regional Medical Center. (b)(6) had doctors at Tripler look at the test results and said, THERE IS NO REASION THIS SHOULD DISQUILAFY (b)(6) The doctor who preformed the echocardiograph also stated that I would have no problems performing any task in the Marine Corps. I have also been in Air Force JROTC for three years, where I have learned the basic to marching, drilling, and discipline. During my three years in JROTC I have had a chance to do PT tests where I past three levels in one day. The one thing that bothers me is that, I know and I have heard of many people that have enlist in the Armed Forces that have done drugs and a number of other things. But with me, I have stayed clean and out of trouble my entire life, wanting to enlist in the Marine Corps. It is all I have ever wanted to do. When I went to meps, it was the happiest day of my life. But when I got that telephone call disqualifying me, it was as if someone took a knife and stuck it through me. Thinking that there is no place in society for me. I know if I were to die in boot camp the government would have to pay my mother $200,000. We (my mother and I) are willing to sign a waiver, saying that if something happened to me she would not get anything. Honorable Sandra L. Thurman I do not care if I die in boot camp, or on the field of battle. I just want the chance to serve my country with pride and honor. And let me live my life as a U.S. Marine.

You're Fellow American,

(b)(6)

P.S. I am also writing to President Bill Clinton Vice President Al Gore. U.S. Senators: Christopher S. Bond (R), John D. Ashcroft (R), U.S.

Representatives: Karen McCarthy (D-5), Pat Danner (D-6). Federal Government Departments & Cabinet Secretaries: Department Of Agriculture, Aids Policy Coordinator, Department Of Commerce, Council Of Economic Advisors, Department Of Defense, Drug Control Policy, Department Of Education, Department Of Energy, Environmental Protection Agency, Department Of Health And Human Services, Department Of Housing And Urban Development, Department Of Interior, Department Of Justice, Department Of Labor, Office Of Management And Budget, Small Business Administration, Department Of Stare, Department Of Transportation, Department Of Treasury, United Nations Ambassador, United States Trade Representative, Veterans Affairs. Missouri State Officials: Governor Mel Carnahan (D), Lieutenant Governor Roger B. Wilson (D), Secretary of State Bekki Cook (D), Auditor Claire McCaskell (D), Treasurer Bob Holden (D), Attorney General Jeremiah W. "Jay" Nixon (D). Missouri State Senator: Bill Kenney (R). Missouri State Representatives: Pat Kelly (R-47), Ralph Monaco (D-29), Connie Cierpiot (R-52), Don Lograsso (R-54), Carson Ross (R-55), Matt Bartle (R-56). City Of Kansas City: Mayor Kay Barnes, City Council. Division of Employment Security, Workforce Development, Division of Workers' Compensation, MO Commission on Human Rights, & The Commandant of the Marine Corps.

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002b. envelope	re: Health and military enlistment (Personal) (1 page)	01/18/2000	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21063

FOLDER TITLE:
Miscellaneous Letters [2]

2018-0764-F
jm2220

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cc: SANDY THURMAN, HEAD OF THE WHITE HOUSE AIDS OFFICE 1/26/00

NON-CONFIDENTIAL DISCLOSURE.

CONFI

CONFIDENTIAL STUDIES IN AIDS/HIV AND CANCER.

With many thousands of diseased patients and with well over 200 clinical investigators, over 30 pathologists and other approved doctors related to the testing of my drug against this disease and it's counterparts, where many efficacy studies results confirmed the effectiveness of my drug, including the highest authorities; "that the process of this disease was halted, returning the body to normal." "A FIRST." IMMUNIZATION IS OFFERED.

SEE EXH "2"

* → Biostatics findings brought other clinical studies into current diseases where there is no remedy. RESULTS SHOW "NO ONE IS EVEN CLOSE, THE DISEASE IS GONE." (AIDS/HIV VIRUS)

* Patients had full-blown HIV and AIDS virus confirmed by lab., body sores etc., were on AZT. After showing 7½ years of
* Tox. studies, and after administration of my drug for a certain period of time, all body sores V/ were gone, cuts that did not heal prior, now have healed and lab. Anal. shows "T" Cells are UP. A SECOND LAB. ANAL. HAD TO CONFIRM "T" CELLS ELEVATED.

V: KAPOSI'S SARCOMA

* In colon cancer, there was surgery and Chemo., all of which did nothing, the cancer was still there. Using my drug stopped the disease, as it did with skin cancer. Other studies ongoing.

» NOTE: There are other efficacy studies using different protocols and the resultant findings show relevancy to the above "white blood cells" and their "ties" to infectious diseases.

» THEREFORE: WHEN INFECTION SETS UP MY DRUG IS EFFECTIVE AGAINST ALL FORMS OF DEADLY INFECTIOUS DISEASES.

> AIDS AND CANCER PATIENTS HAVE A MALFUNCT IMMUNE SYSTEM THAT PREVENTS THE PRODUCTION OF ANTIBODIES, ESP., LYMPHOCYTES, THEREFORE:

SEE EXH "1"

A PREPARATION IN ORAL DOSAGE THAT REPAIRS THE MALFUNCT IMMUNE SYSTEM TO PRODUCE WHITE BLOOD CELLS, ANTIBODIES, ESP., SUCH AS LYMPHOCYTES, THE MAIN AGENT OF ANTIBODIES USED BY THE HUMAN IMMUNE SYSTEM AS THE BODY'S NATURAL DEFENSE TO HALT THE VIRAL PROCESS OF AIDS AND TO CORRECT THOSE CELLS THAT CAUSE CANCER.

AZT is JUNK.
3 DRUG COCKTAIL IS JUNK —

HENRY M.
603-352-5822 - USA

1

UNICEF - NEW YORK, N.Y.

12/8/99

Att: Ms Carol Bellamy -

Not too far north of your office several clinics did Scientific Research on my REMEDY - under license with the FDA -

Through Federal Court, I own all studies, etc, documented with the FDA.

Under Federal Law+ I can offer and have offered my remedy & HIV - AIDS & CANCER patients with 100% SUCCESS - Interested -?

Let me know -

Yours truly -

Henry Malcolm III
28 Wright St,
Keene, NH 03431
603-352-5822 USA

See enclosed FACTS

+ COMPASSIONAT USE MEDICATION

ATT: ROBERT DAVIS. IMMUN. DIR. 1/7/2000

NO RESPONSE

2

No response? CONF. LETTER & No response
Sent to Biogen - and to
a large Drug Co. AMGEN

Managing Editor 7/19/2
FAX 1-415-512-8196
Re; Your former Columnist
Randy M. Shilts, who died
of AIDS.
San Francisco Chronicle

Re: A cure and breakthrough (Plan #1)
against HIV/Aids and CANCER.
Plan #2 cure and breakthrough
Para. #1.

Dear Sir:
NON-CONFIDENTIAL DOSSIER

EXH. (2)

Enclosed is but a portion of biostatistical findings from a highly successful efficacy study reported to the FDA-NIH, under license, which clearly shows a cure and breakthrough that stopped the process of this degenerative disease and returned the body to normal that upset the entire medical professions' 100 to 200 Billion Dollar annual business relative to this drug.

As I have attempted to explain, I will not jeopardize; (1) The patent(s) protections, (2) The clinical trial, where antibodies, esp. "T Cells" returned to normal and the healing process returned to normal, subject to FDA-NIH licensing for approval to market a cure and breakthrough for HIV/AIDS and CANCER.

All toxicity studies, seven and one-half years (7½) have already been completed and accepted by the FDA, and the studies using my drug conducted by the NIH in all classifications for infectious diseases have not been turned over to me as the sole owner of the drug.

Your drug failed in HIV/Aids, therefore;

* You want a drug that strips HIV/Aids from the body with safety. I suggest you do it my way, let us meet, there should be an agreement satisfactory to both parties.

I am not interested in any secrecy agreement for your look see. I have that option, as I explained to you, to go with the HIV/Aids groups, their medical investigators, their laboratory medical analysis and their monies, grants they already have, which means a lot of work for me. Let us meet first.

Yours truly,

Henry Malachowski
28 Wright Street
Keene, New Hampshire 03431 USA
603-352-5822

NOTE PARA. #2;
HIV/AIDS & CANCER patients have no "T-CELLS."
(Lymphocytes)

* Confirmed; full-blown HIV/Aids virus, lab. report. Were on AZT. AZT did nothing!

Enc.

This letter was sent to another drug firm who blundered in HIV/AIDS. Also to a compnay that supplies blood to hemophiliacs, was found that the blood supply given to 10,000 hemophiliacs was tainted with HIV.

Copy to: Ms' Patricia Fleming ← WHITE HOUSE (AIDS - DIRECTOR)

NO RESPONSE

Amgen want to know what's in my blood — I told that doctor & go FLY A KITE!

FOR ABOUT ~~$~~ 30.[00] NO MORE HIV AIDS - 60 CAPSULES

SUMMARY OF PRINCIPAL FINDINGS - TREATMENT GROUP

	Response	7-days	14 days
1.	Leukocytes	No change	No change
2.	RBC	" "	" "
3.	CONFI-	Depressed 52%, P< .001	Depressed 54%, P< .001
4.	Lymphocytes	Elevated 32%, P< .001	Elevated 30%, P< .001
5.	Monocytes	No change	No change
6.	Clasmatocytes	" "	" "
7.	Eosinophils	" "	" "
8.	Basophil	" "	" "
9.	Rel. Viscosity	" "	" "
10.	CONFI-	" "	Depressed 24% P<.01
11.	Sugar	" "	No change
12.	Blood Sugar	" "	" "
13.	Mucin Clot.	" "	" "

" T " CELLS

HIV, AIDS & CANCER PATIENTS HAVE NO "T" CELLS - LYMPHOCYTES (THATS WHY THEY DIE)

MY DRUG STOPS THE PROCESS OF THE DESEASE, ELEVATES "T" CELLS - PATIENT NO LONGER HAVE HIV, AIDS OR CANCER — PROVEN FACT -

YOU DO CAPSULES - THEN IT WOULD BE CHEAPER -

A

Did not have FDA studies ALL OF THEM

Res. Director gave some info — Secrecy Agrmt.

6

Pfizer

PFIZER INC., 235 EAST 42nd STREET, NEW YORK, N.Y. 10017

MAKER OF VIAGRA TO HAVE MORE SEX!

Conflicts with Bristol Myers Taxol

December 19,

Mr. Henry Malachowski
[redacted]

THEN LEAVES IT TO ME TO STOP THE DESEASES OF SEX!

Dear Mr. Malachowski:

The information you provided in mid-November has been thoroughly studied and I have had occasion to speak to several of my colleagues about the product and the research program associated with it.

While there is a significant agrument for its effectiveness the unresolved questions with the FDA and more importantly the nature and origin of the material make it unsuitable for development by Pfizer.

We appreciate your considering and willingness to share with us the information and I wish you good luck in finding an appropriate sponsor and marketer. We also wish you a Happy New Year. I am returning the data package forwarded on November 17th in its complete form.

Sincerely yours,

Note: Pfizer only had summary – Spoke to Dr. R who told them about Malachowski's DRUG –
(DR. R was Res. Director) KNOWN THROUGHOUT U.S.A

NOTE: ALL QUESTIONS HAVE BEEN ANSWERED. **Drug was safe & effective.** Effectiveness has been confirmed by the DVR & NIH efficacy studies. Nature and origin, The Bureau of Medicine approved the compound, that it meets FDA regulations. All toxicity studies have been accepted, NO SIDE EFFECTS reported in 7½ years.

RECOMMENDED DOSAGE

NO AZT.
NO (3) DRUG COCKTAIL.

HIV AIDS-ADULTS

Take two (2) caps "00" size, same time every day with water, after meals if preferred. Then after three (3) weeks have blood test. White blood cell count may be taken, specifically "T" CELLS. "T" cells should be elevated. NOTE: All body sores will have healed.

CANCER

SAME as above, CANCER PATIENTS MAY BE ON REMEDY LONGER. Reduced dosage.

OSTEOARTHRITIS AND RHEUMATOID ARTHRITIS NO NEED FOR SURGERY!

NO steroids, NO other medication re: arthritis for at least three (3) days. Then start medication. ALL PAIN WILL STOP QUICKLY.
NO Ibuprofen, Aleve, Motrin, Naproxsyn, or any other inflamatory medication. They only relieve pain and do not stop the desease.

NOTE: IF pain is through replaced joints, contact me for instructions.

IMPORTANT NOTICE: DO NOT START ANY EXERCISE, CALL ME AND I WILL EXPLAIN WHY. (THOSE WITH ARTHRITIS)

In the OSTEOARTHRITIC PATIENTS, IT WAS SHOWN THAT THE DESEASE WAS HALTED. No need for my medication any more.

IN THE RHEUMATOID ARTHRITIC PATIENTS, IT WAS SHOWN THAT THROUGH CERTAIN BLOOD STUDIES THE DESEASE IS GONE. (LATEX-FIXATION)

HIV, AIDS AND CANCER PATIENTS NOTE: Body sores and cuts that have not healed prior, are now healing, shows that the remedy is working.

NOTE:

CHILDREN INFECTED WITH HIV, AIDS OR CANCER.

Take two (2) caps size "0" each day, same time for three (3) days, then on the fourth (4th) day, take three (3) caps same time, every day for three (3) weeks. Then, if posible, white blood cell count may be taken. "T" CELLS (LYMPHOCYTES) should be elevated to normal, all body sores should be healed, showing HIV-AIDS or CANCER is no longer in the body. THE PROCESS OF THE DESEASE IS HALTED. NO NEED to take any more of the remedy! Or any arthritic condition.

NOTE:

Children and or adults who cannot swallow caps, break open caps, mix all the contents in with soft meals, each day, same time for the time specified above.

This remedy has no side effects reported in seven and one half years (7½) of clinical studies.

FIBROMYALGIA 100% EFFECTIVE

Henry M.
603-352-5822
USA

6

THE WHITE HOUSE

WASHINGTON

April 25, 2000

Mr. Shimon Brand, CEO
Mirable, Inc.
7571 Mulholland Drive
Los Angeles, California 90046

Dear Mr. Brand:

Thank you for your follow-up letter dated April 18, 2000.

I am pleased to hear of the successes in your clinical trials and of your continued efforts to fight HIV/AIDS in Africa through further research and prevention. The number of new infections in the region are indeed staggering, as you pointed out, particularly among youth and women. Certainly, as we seek to enhance our response to the AIDS epidemic in the United States, in Africa, and around the world, new and creative ways to approach research must be at the forefront of our efforts.

While the Office of National AIDS Policy is not able to directly support research, I would like to forward your letter to the Office of AIDS Research at the National Institutes of Health. Attached is a copy of our correspondence regarding Mirable's research.

Again, thank you for your continued efforts on behalf of all those living with HIV and AIDS. I wish you every future success.

Sincerely,

Sandra L. Thurman
Director
Office of National AIDS Policy

THE WHITE HOUSE

WASHINGTON

June 2, 2000

Office of AIDS Research
National Institutes of Health (NIH)
Bethesda, MD 20892

To Whom it May Concern,

Please find attached information on research being conducted at Mirable, Inc. on the ability of Trioxolane to serve as a prophylactic in the prevention of sexually transmitted infections, including HIV.

As a community fighting AIDS/HIV we all recognize the need for creative and innovative research. The summary and results presented in the following pages may be of interest to your office. Please contact Mr. Shimon Brand, Chief Executive Officer of Mirable, Inc., should you have any questions.

Thank you for your time and consideration.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

MIRABLE INC.
Making People Healthier

SHIMON BRAND, CEO

May 6, 2000

Ms. Sandra Thurman
Director of National AIDS Policy
The White House

VIA FAX (202) 456-2439

Dear Ms. Thurman:

The attached e-mail I received this morning from Dr. Koech in Kenya. I think the exciting findings speak for themselves.

At this date I did not receive a written reply from your office to my previous communications, neither did I hear a word from the NIH. This truly amazes me in light of the president's desire to do something about the scourge of AIDS/HIV in the world in general and Africa in particular.

I would truly appreciate some sort of a response from your office in order that I am assured that I am doing all I can to elicit cooperation from the White House in our important work in Africa. My previous communication to you were January 29th and April 18th this year.

With warm regards,

Shimon Brand

Mirable, Inc. - ***Making People Healthier*** - ***7571 Mulholland Drive, Los Angeles***
Telephone: 323-876-6546 - Fax: 323-876-6896 - e-mail: ShimBrand@aol.com

Subj: **Trioxolane Update**
Date: 5/6/2000 1:56:30 AM Pacific Daylight Time
From: supat@africaonline.co.ke (Dr. Davy Koech)
To: ShimBrand@aol.com

Brother Shimon,

I have just been looking at the results of viral loads in our HIV study. The results in the two month follow-up are so exciting that I could not wait analyzing other data.

We already have results for Two-month follow-up for 28 patients. Due to financial constraint, we have not had the viral load kits to do the rest although the samples are there. So far, 64 percent of samples are showing viral load reduction by almost 85 percent, and when we apply Log reduction, this gives us 30 percent significant reduction in two moths. This is excellent. In some cases, we shall soon end up not being able to detect viral loads in some if the present trend is maintained.

The three regimens are running neck to neck for Position Number One in efficacy. So far, the 100mg regimen is leading with 39 percent followed by 200mg with 33 percent and tailed by 400mg with 28 percent.

I am now working on CD4 analyses.

As for arthritis, 12 patients have come for the third month follow-up. There is no relapse so far.

The respiratory infections have responded well to trioxolane and we are getting somewhere now. I shall give you details in the course of next week.

I trust that you have already sent the funds to enable us meet urgent needs for the studies. Please advise.

Davy

---------- Headers ----------
Return-Path: <supat@africaonline.co.ke>
Received: from rly-zb03.mx.aol.com (rly-zb03.mail.aol.com [172.31.41.3]) by air-zb02.mail.aol.com (v72.8) with ESMTP; Sat, 06 May 2000 04:56:30 -0400
Received: from users.africaonline.co.ke (users.africaonline.co.ke [199.103.176.4]) by rly-zb03.mx.aol.com (v71.10) with ESMTP; Sat, 06 May 2000 04:56:00 -0400
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by users.africaonline.co.ke with SMTP; 6 May 2000 08:52:42 -0000
Message-ID: <001201bfb739$dd287be0$192126d5@DIRECTOR.nairobi.mimcom.net>
From: "Dr. Davy Koech" <supat@africaonline.co.ke>
To: <ShimBrand@aol.com>
Subject: Trioxolane Update
Date: Sat, 6 May 2000 12:02:38 +0300
MIME-Version: 1.0
Content-Type: text/plain;
charset="iso-8859-1"
Content-Transfer-Encoding: 7bit

As call
Wendy Wertheimer
301-496-0357
FAX letter (CAR)
Attn.

MIRABLE INC.
Making People Healthier

SHIMON BRAND, CEO

April 18, 2000

Ms. Sandra Thurman
Director of National AIDS Policy
The White House

VIA FAX (202) 456-2439

Dear Ms. Thurman:

This is a follow-up letter to my fax to you January 29, 2000. Since I wrote you last, our clinical trials have been proceeding with exciting results. The CD4 count among our patients base has gone up some 40% on the average with one reaching an incredible 80% after two months of treatment, and the viral load has gone down as much as 30%. (See Dr. Davy Koech e-mail to me 4/16/2000).

I would expect that these results, carried out by an institute that you well know, should be deemed "reasonable efforts" to address the HIV/AIDS pandemic in Africa. I believe that yesterday, President Clinton in addressing the IMF/World Bank meeting said that no unreasonable effort to stem the tide of HIV/AIDS in Africa shall remain un-funded. ***Mirable's*** efforts are certainly not unreasonable and our efforts are funded by our own meager and sporadic means. Despite all the public assurances that this administration is willing to assist in this most important fight to save a continent, the thundering silence about our truly successful work leaves one to wonder. At this time we do not have the funds to commence the clinical trials with our laboratory proven use of Trioxolane as a prophylactic in the prevention of sexually transmitted infections including HIV. We will carry it out as soon as we can raise the funds, , but in the meantime the infection rate among teenage girls is horrendous and precious time is wasted.

Attached please find some interim reports from KEMRI relating to the results of the clinical trials. Also a letter from Dr. Davy Koech assuring me that the registration process will take place in June.

I know that you are very busy and that everyone is pulling from every direction for your attention. But I truly believe that we can be a fabulous success story of your tenure in office. Please contact me, I'll go anywhere, anytime to advance our work in Africa.

With warmest regards,

Shimon Brand

Mirable, Inc. - ***Making People Healthier*** - ***7571 Mulholland Drive, Los Angeles***
Telephone: 323-876-6546 - Fax: 323-876-6896 - e-mail: ShimBrand@aol.com

KEMRI

Office of the Director
Kenya Medical Research Institute
P.O. Box 54840, NAIROBI, Kenya
Tel: (+254-2) 722541, Fax: (+254-2) 720030
E-mail: supat@africaonline.co.ke

25 February 2000

Mr. Shimon Brand
Chief Executive Officer
MIRABLE, Inc.
7571 Mulholland Drive
Los Angeles, CA 90046
Tel: (323) 876-6546
Fax: (323) 876-6896
E-mail: shimbrand@aol.com

Dear Mr. Brand,

PLAN OF ACTION
TRIOXOLANE PROJECT

Please refer to my letter of 21 February 2000 giving you a Summary Report on the status of the trioxolane studies that we started towards the end of last year. Please refer also to our discussions on the above.

In our view, the following time frame is considered achievable:

1. All the studies are on schedule and on course. An overall delay of about one month was registered in recruiting the required number of patients especially for Rheumatoid Arthritis and Acute Airway Viral Infections protocols.

2. The follow-up period in the three separate studies shall be concluded by the end of April 2000. There might be a few patients to be followed into the second week of May.

3. Analysis and interpretation of data shall take the whole of May 2000.

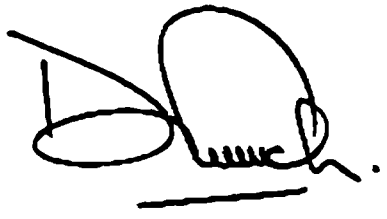
4. Should the results being envisaged above be positive as expected, then all patients in the study shall be switched to the most appropriate dosage in HIV/AIDS and maintained on that regimen for a further period of four months.

5. Further studies shall begin involving a greater number of patients and using the formulation of the product to be used in the application for registration.

6. In the meantime, preparation for registration of the drug for given clinical conditions shall commence. This stage shall depend on the speed at which matters raised in Section 7 of the Report are resolved. Should these matters be resolved on time, then it is envisaged that application for registration shall be filed in the course of June 2000.

I trust that this information shall assist you in making appropriate further plans on this important study.

Yours truly,



Davy K. Koech
Chief Research Officer & Director
Kenya Medical Research Institute

1. STUDY UPDATE (as of 31 March 2000)

1.1. HIV/AIDS

1.1.1. This is an open label, randomized dose ranging clinical trial for efficacy, safety and tolerability of trioxalane-KE091/ATX in asymptomatic HIV-1 individuals with CD4 counts of 100-500 cells/µl of whole blood.

1.1.2. In this study, 48 patients with proven HIV-1 status were recruited. The study will consist of three arms at buccal dose levels of 100mg, 200mg, and 400mg daily for a period of 4 months. The patients' CD4 counts will be divided into low and medium, 100-250 cells/µl and 251-500 cells/µl of whole blood respectively before random allocation to the 3-treatment dose levels. Half of the patients at each dose level will be between 100-250 cells/µl and the other half between 251-500 cells/ul of blood. Efficacy parameters will be changes in the CD4, CD4/CD8 ratios and viral loads. Toxicity is assessed by monitoring liver, renal and bone marrow functions.

1.1.3. Follow-up has been done every two weeks. At each follow-up all toxicity and efficacy assessments have been done. Because of costs and the known slow pace of change, the viral loads are being done every month.

1.1.4. So far, a total of 48 individuals have been recruited into the formal study. All of them have had the first and second follow up. Thirty-seven have had the third follow up while sixteen have had the fourth follow up. During the period, there have been four dropouts. One was due to relocation of his work place following posting by his employer; another was due to the frequent travels in and out of the country that could not offer sufficient time for regular follow-up and visits. We are investigating the reasons for the dropout of the other two.

1.1.5. As reported earlier, those with previous weight loss gained an average of 1.2kg (2.6lb) by the fourth week and this has been maintained.

1.1.6. The viral loads for the second and third follow-up has been done for 42 patients. Results indicate that the maximum reduction of log -0.3 or more in viral load was achieved in those patients on 200mg daily dose. Those on 100mg registered log -0.19 while those on 400mg registered log -0.13. The second and third follow-ups (second and third month) are being done this week. reduction follow-up are being run this week.

1.1.7. The CD4 levels have shown appreciable increase over the base line in those on daily doses of 200mg. The levels tend to plateau during the third month of treatment at an average of 30% increase over the baseline. The increase is significant. More than 70% of patients had an increase of more

than 20% of their CD4 counts over the baseline while only 20% of those on 100mg daily dose had a similar increase. Less than 20% of those on 400mg had more than 20% increase in their CD4 counts. In summary, those patients on 200mg daily dose did better in terms their CD4 counts than those on either 100mg or 400mg daily dose. We are now observing whether the high levels of CD4 can be sustained.

1.1.8. No adverse effects have been encountered.

1.2. Rheumatoid Arthritis

1.2.1. This is an open label pilot study to determine efficacy and safety of Trioxolane (KE091/ATX) in the management of patients with rheumatoid arthritis (RA). Very preliminary data suggest that this product could be useful in the management of RA.

1.2.2. In this study, 30 patients with a clinical diagnosis of RA are to be enrolled after fulfilling the prescribed inclusion criteria. Trioxolane at 200mg given in four divided doses daily will be given sublingually for 12 weeks. Efficacy and safety will be assessed as defined in the protocol. The patients will be followed up for a total of two months after completion of therapy.

1.2.3. This study involves a two-week hospitalization. In this regard the choice of the dates for the patients to check in is dependent largely on the individual patient's work schedules or programs.

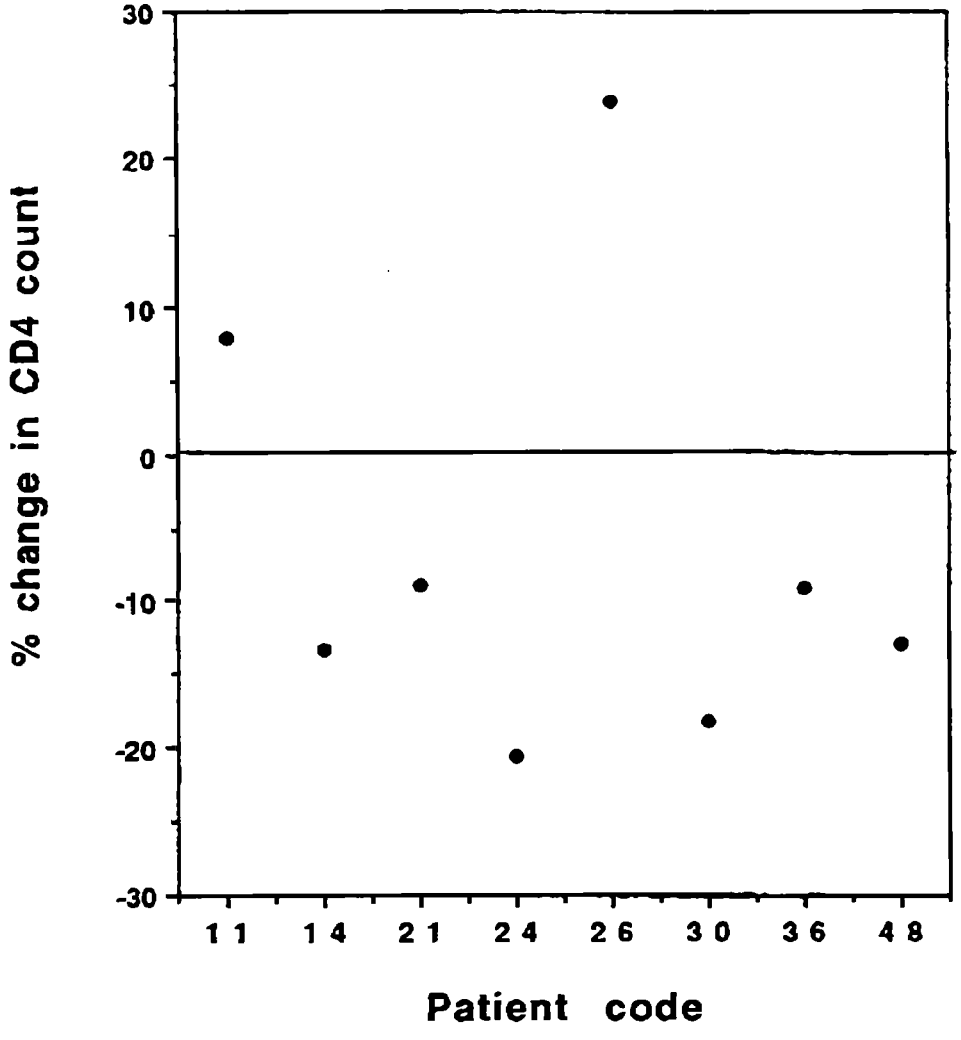
1.2.4. So far, 10 patients have completed three-month follow-up and there has never been any recurrence of the clinical disease during the period under study. In all patients, there has been consistent response: alleviation of pain within one week of hospitalization and commencement of therapy and sharp reduction of inflammation at the affected areas.

1.2.5. On admission, the major majority of patients presented themselves with chronic active painful joints associated with swellings in the joints. They were unable to move the joints.

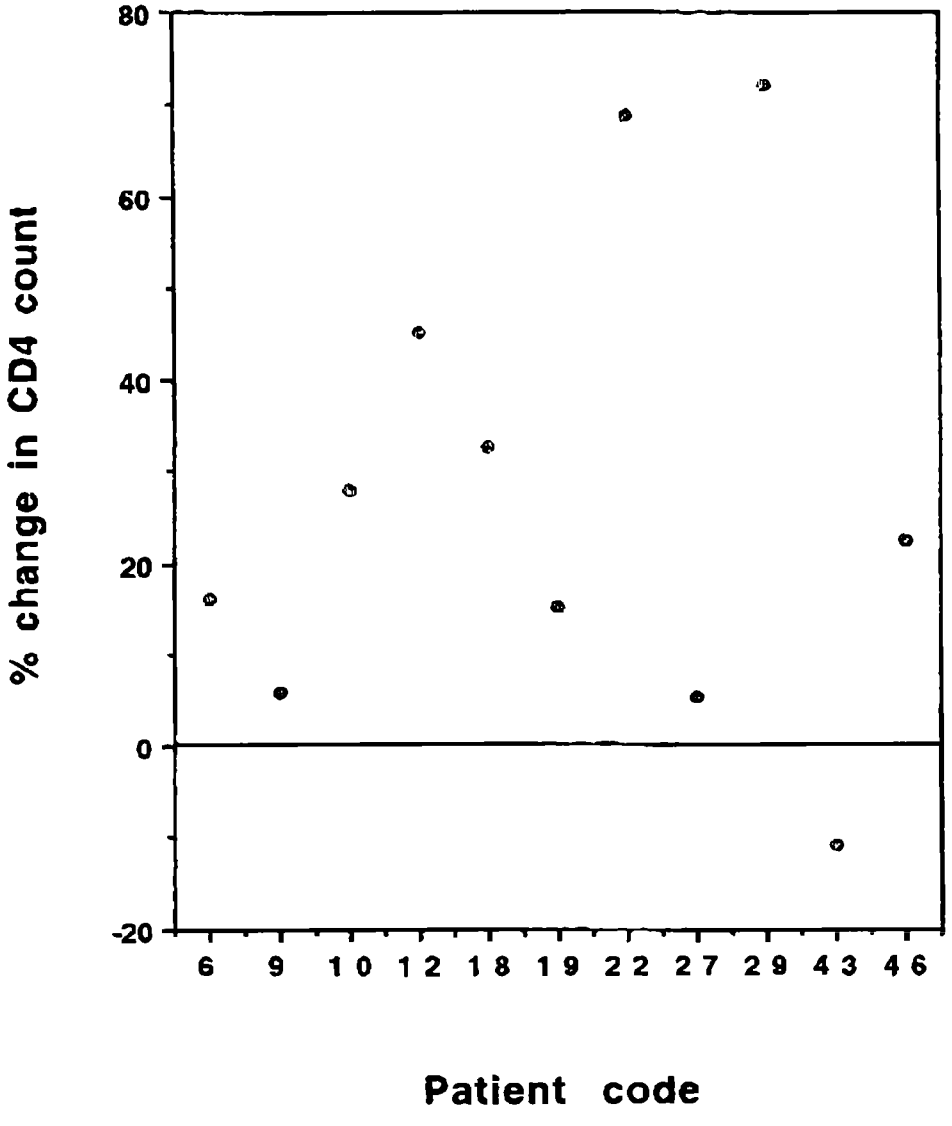
1.2.6. In the majority of them, edema cleared by day 5, pain subsided and they were able to move the joints. So far, subsequent follow-ups have shown that they were drug was able to sustain pain free status.

1.2.7. No adverse effects have been observed.

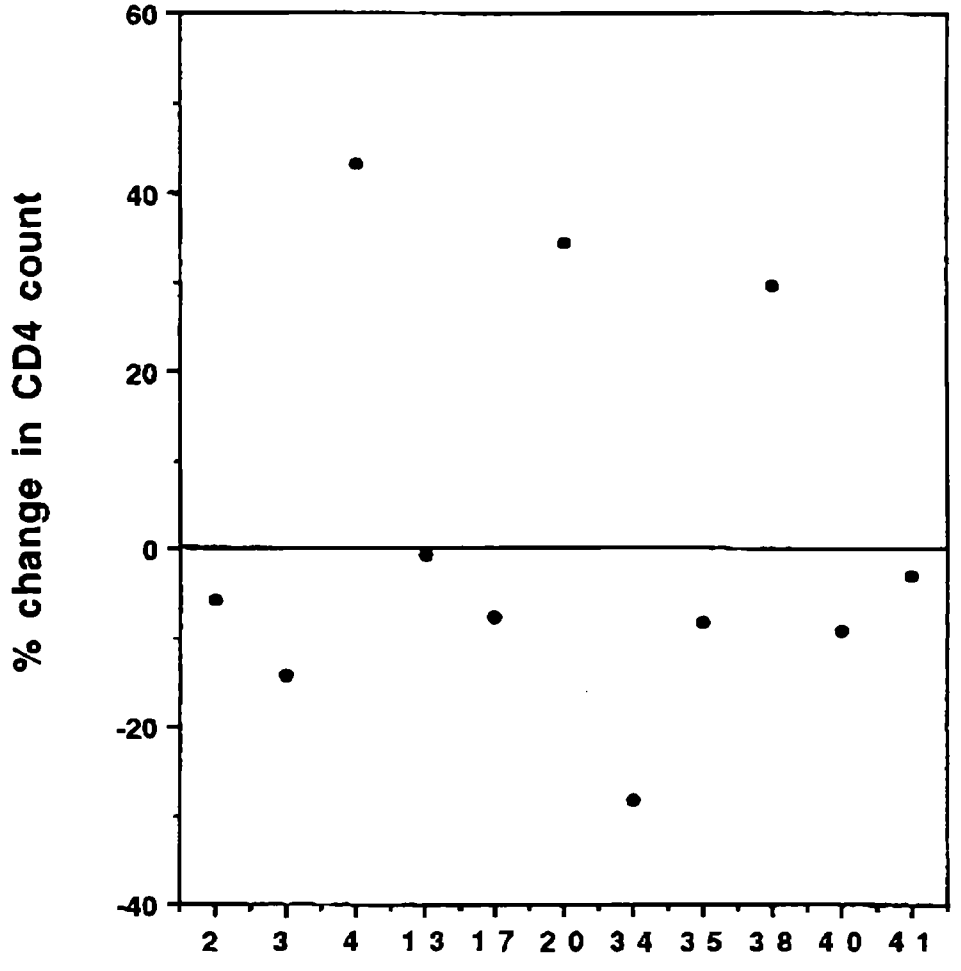
REGIMEN C



REGIMEN D


80
60
40
20
0
-20
% change in CD4 count
6
9
10
12
18
19
22
27
29
43
46
Patient code

Regimen A


60
40
20
0
-20
-40
% change in CD4 count
2
3
4
13
17
20
34
35
38
40
41
Patient code

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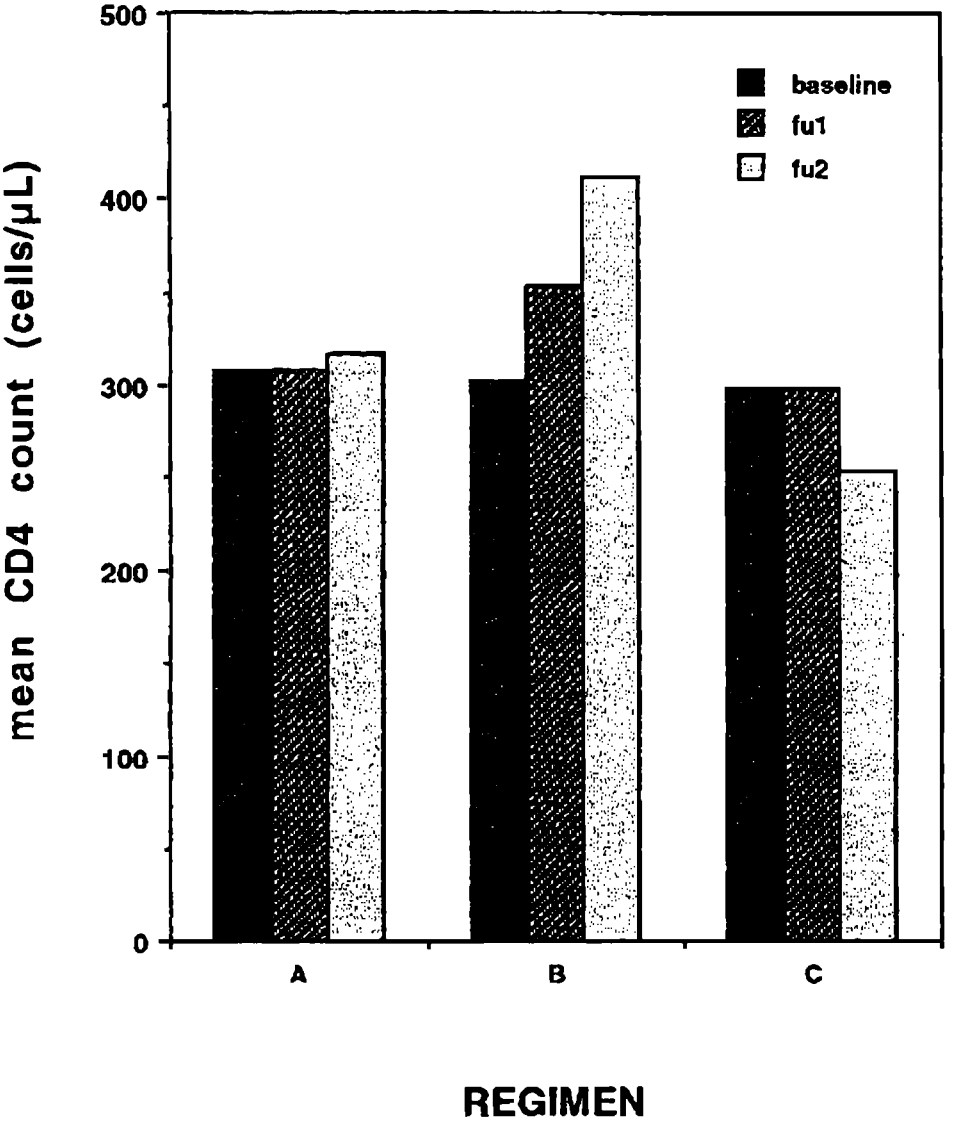

	Mean	Count
baseline	307.923	13
fu1	309.077	13
Column 4	317.000	11

RegB/2 means

	Mean	Count
baseline	303.385	13
fu1	354.077	13
Column 4	413.182	11

RegC/2 means

	Mean	Count
baseline	298.182	11
fu1	297.818	11
Column 4	253.500	8

6. STUDY UPDATE

6.1 HIV/AIDS

6.1.1 This is an open label, randomized dose ranging clinical trial for efficacy, safety and tolerability of trioxalane-KE091/ATX in asymptomatic HIV-1 individuals with CD4 counts of 100-500 cells/µl of whole blood.

6.1.2 In this study, 48 patients with proven HIV-1 status were recruited. The study will consist of three arms at buccal dose levels of 100mg, 200mg, and 400mg daily for a period of 4 months. The patients' CD4 counts will be divided into low and medium, 100-250 cells/µl and 251-500 cells/µl of whole blood respectively before random allocation to the 3-treatment dose levels. Half of the patients at each dose level will be between 100-250 cells/µl and the other half between 251-500 cells/ul of blood. Efficacy parameters will be changes in the CD4, CD4/CD8 ratios and viral loads. Toxicity will be assessed by monitoring liver functions, renal functions and bone marrow functions.

6.1.3 Follow-up has been done every two weeks. At each follow-up all toxicity and efficacy assessments have been done. Because of costs and the known slow pace of change, the viral loads are being done every month.

6.1.4 So far, a total of 48 individuals have been recruited into the formal study. All of them have had the first and second follow up. Thirty-seven have had the third follow up while sixteen have had the fourth follow up.

6.1.5 Those with previous weight loss gained an average of 1.2kg (2.6lb) by the fourth week.

6.1.6 The viral loads for the second follow-up are being run this week. We shall require the results of the third follow-up to make some preliminary interpretation.

6.1.7 The CD4 levels have shown appreciable increase over the base line in those on daily doses of 200mg and 400mg. The increase during the second follow up showed an average of 17% over the baseline in the 200mg group. In some individual cases, there was close to 40% increase of CD4 over the baseline. There was a three-percent increase in those on 100mg of the product during this period. It is envisaged that at the end of the four-month follow up, the results will be clearer.

6.1.8 No adverse effects have been encountered.

KEMRI

Office of the Director
Kenya Medical Research Institute
P.O. Box 54840, NAIROBI, Kenya
Tel: (+254-2) 722541, Fax: (+254-2) 720030
E-mail: supat@africaonline.co.ke

21 February 2000

Mr. Shimon Brand
Chief Executive Officer
MIRABLE, Inc.
7571 Mulholland Drive
Los Angeles, CA 90046
Tel: (323) 876-6546
Fax: (323) 876-6896
E-mail: shimbrand@aol.com

Dear Mr. Brand,

TRIOXOLANE PROJECT UPDATE

I have summarized below the following:

1. The statement of accounts for the month ending the 31 December 1999. This statement is combined for all the three studies as there are some overlap in both expenditure and staff participation. This approach has led to a cost-effective measure, as the grant will not be sufficient to accommodate studies if they are done separately.

2. Original budget for each of the three projects: HIV/AIDS, Rheumatoid Arthritis and Acute Upper Airways Viral Infections. This budget reflects an overall monthly expenditure of USD 80,000.

3. List of staff directly involved in the Project.

4. Mid-term Project Update Summary.

Yours truly,

Davy K. Koech
Chief Research Officer & Director
Kenya Medical Research Institute

Subj: **Greetings and Update**
Date: 4/16/2000 10:39:28 PM Pacific Daylight Time
From: supat@africaonline.co.ke (Dr. Davy Koech)
To: ShimBrand@aol.com

Brother Shimon,

How far are we?

The tide is great and I cannot hold it anymore. I have exhausted all the tricks!

FINANCIAL PRESSURES -

By the way, we are getting extremely good results with the viral loads which we did last week. One patient even shed more than thirty percent within two months, which is unbelievable, but it happened. The same patient had increased CD4 by 80 percent!

Good night.

Davy

---------- Headers ----------
Return-Path: <supat@africaonline.co.ke>
Received: from rly-ye03.mx.aol.com (rly-ye03.mail.aol.com [172.18.151.200]) by air-ye05.mx.aol.com (v71.10) with ESMTP; Mon, 17 Apr 2000 01:39:28 2000
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by cache.africaonline.co.ke (8.9.3/8.9.3) with SMTP id IAA28469
for <ShimBrand@aol.com>; Mon, 17 Apr 2000 08:38:28 +0300
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by users.africaonline.co.ke with SMTP; 17 Apr 2000 05:35:54 -0000
Message-ID: <000601bfa830$1548040$192126d5@DIRECTOR.nairobi.mimcom.net>
From: "Dr. Davy Koech" <supat@africaonline.co.ke>
To: <ShimBrand@aol.com>
Subject: Greetings and Update
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THE WHITE HOUSE

WASHINGTON

June 2, 2000

Sondra L. Wolsieffer
2325 Renaissance Drive
Las Vegas, NV 89119

Dear Ms. Wolsieffer,

Thank you for your letter of March 5th, in which you discussed your desire to obtain data regarding the socio-economic aspect of HIV/AIDS. I admire the dedication and perseverance you have demonstrated in you efforts to obtain this information.

While the Office of National AIDS Policy does not directly produce the information about which you are inquiring, you might find the Centers for Disease Control (CDC) in Atlanta helpful. They can be contacted by phone at (404) 639-8000 and on the internet at http://www.cdc.gov. I wish you the best of luck.

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

June 2

~~April 21, 2000~~

Ms. Sondra L. Wolsieffer
2325-A Renaissance Drive
Las Vegas, Nevada 89119

12 pt.

Dear Ms. Wolsieffer,

Thank you for letter ~~on~~ of March 5, ~~2000~~, in which you discuss your quest to obtain data regarding the social economic impact of HIV/AIDS. Your efforts for working on a new HIV/ AIDS treatment are commended and we applaud your efforts to increase your understanding.

while

~~Unfortunately,~~ the Office of National AIDS Policy does ~~not have the~~ directly produce the information you are inquiring about, ~~but~~ you can contact the Center for Disease Control on Atlanta at (404)639-8890. ~~We wish you much success in your endeavors to obtain the information requested. We hope that the other avenues you no doubt pursued, in addition to this office, will be able to assist you.~~

We wish you the best of luck.

Might find the CDC in Atlanta helpful. They may be contacted by phone @ 404/639-8000 or the web @ www.cdc.gov

Sincerely,

Sandra Thurman
Director
Office of National AIDS Policy

404 - 639-8890

Amerimmune Pharmaceuticals, Inc.

2325-A Renaissance Drive
Las Vegas, Nevada 89119
Phone: (702) 798-6800 Fax: (702) 798-6282

March 5, 2000

VIA FACSIMILE (202) 456-2438

Ms. Sandra Thurman
Director
White House Office of
National AIDS Policy

Dear Ms. Thurman:

I read the article "People's Advocate, AIDS Czar" published in the February 2000 edition of A & U and would like to commend you for your hard work, foresight and dedication to this deadly disease of HIV/AIDS. After reading the article, I was compelled to channel my questions to you hoping that with your knowledge and research over the years, you may assist me with my research.

I am working with a company on a new HIV/AIDS treatment that is in early trial stages. I am researching statistics pertaining to the social economic impact of this disease. So far, I have not been able to locate specific data that will define the dollars spent when an individual contracts this disease and how it impacts society's cost. The information that I am seeking definition on is when a person can no longer work as a result of HIV/AIDS, what amount is spent on the doctor and hospital bills, medication, mental treatment, food and housing, child care, and lost tax revenue? In other words, all social costs resulting from the illness or death. It would be nice if the data was separate for each category.

I researched the Federal HIV/AIDS Spending Report published from the Henry J. Kaiser Family Foundation and was unable to retrieve data that breaks down these society costs.

If you have any suggestions regarding this matter, I would greatly appreciate your assistance. You may contact me at telephone no. (702) 798-6800, facsimile no. (702) 798-6282, or e-mail address sondra@avantehomes.com. Thank you in advance for your consideration.

Sincerely,

Sondra L. Wolsieffer