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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Individual living with AIDS to Todd Summers re: Employee discrimination (Personal) [partial] (1 page)	10/24/1999	b(6)
002. letter	Individual living with AIDS to Todd Summers re: Employee discrimination (Personal) [partial] (2 pages)	11/12/1999	b(6)
003. email	re: Personal cure for cancer (4 pages)	12/31/1999	b(6)
004. email	re: Personal cure for cancer (7 pages)	12/27/1999	b(6)
005. email	re: Personal cure for cancer (5 pages)	12/30/1997	b(6)

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RESTRICTION CODES

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- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

DEACONESS FOUNDATION

311 Straight Street Cincinnati, Ohio 45219

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July 14, 1999

Ms. Sandy Thurman
AIDS Policy Director
Office of National AIDS Policy
736 Jackson Place NW
Washington, DC 20503

Dear Ms. Thurman:

I read with great interest your article "Complacency Could Kill Us" in the June 25-27, 1999 USA WEEKEND magazine and totally agree AIDS could make the black plague of the Middle Ages pale by comparison. In fact as we both know there are already 33 million individuals infected.

I am working with Henry J. Heimlich, M.D., Sc.D., and president of The Heimlich Institute, who is on the verge of a major breakthrough for the treatment of AIDS. As you are undoubtedly aware, no drug has ever cured a viral infection. A vaccine can control the epidemic but it cannot cure the 33 million people worldwide already infected. We think malariotherapy can cure the disease in a cost-effective manner.

Dr. Heimlich and his colleagues at the University of California at Los Angeles (UCLA) have been piloting the use of malariotherapy as a potential cure for HIV infection in China. Malariotherapy, a well established treatment introduced in the early 1900's as a cure for neurosyphilis, consists of giving a patient a 100% curable form of malaria (*Plasmodium vivax*). The malaria is cured after three weeks. Malariotherapy restores immunological function by stimulating the immune system. This treatment enables the immune system to effectively combat HIV infection.

To date, 18 Chinese patients are in various stages of treatment. Follow-up data collected on the first eight HIV-infected patients who received a three week course of malariotherapy, and no other treatment, revealed that six (75%) had a marked increase in immune cells (CD4 T-cells) which persisted more than two years post treatment and the patients remain asymptomatic. The ten additional patients show similar favorable trends in early follow-up.

We are moving very quickly and have an opportunity to expand our research to South Africa. Dr. Koos Oostuizen, Primary Health Advisor to Randfontein Estates Ltd., has

contacted us to indicate his interest and the availability of 200-300 diagnosed HIV+ patients in Johannesburg (see enclosed e-mail). Bishop Thompson of the Southern Ohio Episcopal Diocese has sent the enclosed letter to eleven Archbishops of the Anglican Communion in Africa.

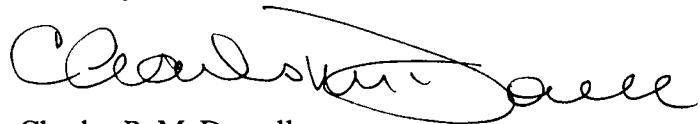
Dr. Heimlich proposes to treat the African patients with a single three-week course of malariotherapy. A detailed case history, physical examination, and blood testing will be completed prior to inoculation. Each patient will be fully aware of the experimental nature of the study through the informed consent process. Follow-up blood tests and viral load counts will be conducted at one, three, six, 12, 18, 24, 30 and 36 months following treatment.

Through the development of the Heimlich maneuver, a procedure that has saved the lives of tens of thousands of individuals around the world, the name Henry J. Heimlich, M.D., Sc.D., has become a household word that now appears in most dictionaries. It is entirely possible that, through your assistance, his name will also be remembered for discovering the cure for AIDS. Virtually all of this work has been completed under the auspices of The Heimlich Institute, founded in 1960 in New York, in collaboration with an international collection of scholars, scientists and researchers at leading universities and research facilities. In 1969, Dr. Heimlich relocated The Heimlich Institute to Cincinnati, Ohio and in the Spring of 1998, The Heimlich Institute became a member of Deaconess Associations, Inc.

In my role as Foundation president, I would like to request your assistance in identifying contacts and/or potential donors for this lifesaving project. Dr. Heimlich or I would be pleased to discuss the Institute's work with those interested. I can be reached at (513) 559-2323.

Thank you in advance for your assistance in our effort to obliterate AIDS worldwide. I look forward to hearing from you in the near future.

Sincerely,

A handwritten signature in black ink, appearing to read "Charles P. McDowell", with a large, sweeping flourish at the end.

Charles P. McDowell
President

Enclosures



SAVING LIVES WORLDWIDE Dr. Henry J. Heimlich's past medical research – resulting in the Heimlich maneuver, the Heimlich Chest Drain Valve and the Heimlich MicroTrach™ – saves lives worldwide. Now the Institute he directs has turned its attention to the use of malariotherapy to cure HIV/AIDS – one of the most devastating contemporary diseases for which there is no cure.

DRUGS AND VACCINES A variety of drugs have been used to treat HIV-infected patients. Some drugs help extend life, but none cure the disease. Vaccines are being researched, but will not be available for 10 to 20 years. And when available they will be of no advantage to those already infected.

A POTENTIAL CURE Diseases can be cured by boosting the immune system. This approach enables

the body to overcome a virus, no matter where in the body it hides. Dr. Heimlich was familiar with research demonstrating that malaria infection strengthens the immune system, which helps overcome and eliminate viruses and bacteria. The U.S. Public Health Service used malariotherapy to treat tens of thousands of neurosyphilis patients until 1975, when the disease was eradicated. Dr. Heimlich has applied that method to fight against HIV, successfully treating HIV patients in China. No other single course of treatment has produced prolonged results as safely and inexpensively. The Heimlich Institute reported to the National Institutes of Health and the International AIDS Conference that a two to three week treatment with malariotherapy strengthened the immune systems of HIV patients. These patients remain well, with no additional treatment so far for two to three years. The results, published in a medical journal and in several major newspapers, led UCLA to ask to join The Heimlich Institute in malariotherapy applications for HIV. Such creative thinking and action is typical of The Heimlich Institute.

HOW YOU CAN HELP Expanded studies are necessary to bring this potential cure to millions worldwide who have HIV/AIDS. The Institute's work to combat AIDS has been accomplished with a minimal headquarters staff and low overhead, allowing the maximum amount of funds to go toward research. This frugal approach allows the Institute to focus on its mission – saving lives. The

Institute depends on the tax deductible donations from free-thinking individuals and organizations to continue its commitment to save lives.

Please send a gift to save lives today to:

The Heimlich Institute

311 Straight Street

Cincinnati, Ohio 45219

Please make check payable to Deaconess Foundation for the benefit of The Heimlich Institute.





Dr. Heimlich's innovative work has resulted in recognition by some of the most prestigious institutions of our time. He was inducted into the Safety and Health Hall of Fame International, and received the Maimonides Research Institute Award (Israel) and the Albert Lasker Award.

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*A member of Draconess
Associations Inc.*

The Heimlich INSTITUTE

SEEKING A CURE FOR HIV/AIDS

Subject: Donation Malariotherapy

Date: Fri, 28 May 1999 07:16:23 +0200

From: "Koos Oosthuizen Dr (James Park)" <MOosthui@jci.co.za>

To: heimlich@iglou.com

Dr Heimlich,

I am Dr Koos Oosthuizen the Primary and Occupational Health Advisor to Randfontein Estates Gold Mine (Randfontein Estates Ltd) and Placer Dome Western Areas Ltd joint venture. I received your letters requesting donations from the above said companies. I would like more information on exactly what you intend to do as the preliminary findings of the trial are not of any statistical significance. We have excellent facilities available and can assist in a clinical trial of this nature. Dr N F Alberts has participated in various clinical trials and have the necessary qualification to assist you in this type of trial. We would be able to ensure that your trial can be done with at least 200-300 patients. The current HIV prevalence on the mine varies between 35-40 percent. Our workers from the rural areas of Mozambique and Kwa Zulu in fact usually return in the summer months back from leave infected with Malaria(falciparum)

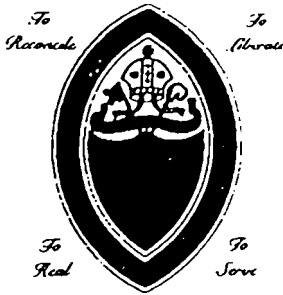
I tried to contact you telephonically to discuss this concept with you, but the phone number 091- 513-221 0002 is out of order. Could you please send me more information or contact me to ensure that our executives can make a decision on the donations.

Thank you,

Koos Oosthuizen

Phone : +27 11 411 2210

Mobile: +27 82 654 0590



The Office of the Bishop

The Diocese of Southern Ohio

412 Sycamore Street

Cincinnati, Ohio 45202

513-421-0311

May 20, 1999

Dear Archbishop _____:

Greetings in the Name of our Risen Lord. At this time of preparation for Pentecost, may the outpouring of the Holy Spirit bring new life and inspiration to all of the clergy and lay people of your great Province.

I am writing to share with you some exciting news I have learned about what may be a revolutionary breakthrough concerning the worst epidemic to affect our world in the recent times, AIDS. This effort has been developed by Dr. Henry Heimlich, who has been called "the best-known physician of the 20th Century." Dr. Heimlich is probably best known for the development of what is called "The Heimlich Maneuver" for saving victims who are choking. His work also includes the development of significant surgical techniques for the replacement of the esophagus and the Heimlich MicroTrach to help rehabilitate emphysema patients. He currently heads the Heimlich Institute Foundation here in Cincinnati.

Recently, I met with Dr. Heimlich to learn about his proposed treatment of the AIDS virus. It derives from a well-established treatment for neurosyphilis called "malariotherapy." The original development of malariotherapy was of such significance that its developer, Julius Wagner von Jauregg, was awarded the Nobel Prize in Medicine in 1927. By intentionally affecting a patient with an easily curable form of malaria, Dr. von Jauregg discovered, the auto-immune system is enhanced, thereby fighting off other infections. Dr. Heimlich's studies indicate that malariotherapy is as effective against AIDS as it has been against neurosyphilis.

Dr. Heimlich is especially interested in bringing his work to the attention of leaders in the nations of Africa, which have felt the scourge of AIDS the most. A man of great compassion and commitment, Dr. Heimlich sees malariotherapy as an inexpensive and effective way to deal with this deadly disease that has had such a catastrophic effect on African peoples.

I have suggested that Dr. Heimlich contact you directly to share his thoughts and plans and as a way of helping to communicate his understanding of this form of therapy. I am writing to you in advance of that contact in order that you might be aware of his work and give some thought about your own ideas and questions.

I am including with this letter a brief paper Dr. Heimlich has written on the premise and scope of his work with malariotherapy. I hope it will help explain this procedure more fully. I also hope that it may open up some new discussions about possible forms of affordable treatment, including this one.

We know the human and global tragedy that HIV/AIDS has caused, particularly for the people of Africa. I pray that God is leading us toward finding a cure for this horrible disease, so that all may be restored to wholeness and receive the healing which Christ intends for all of his world.

With every good wish, I am

Yours in Christ,

The Rt. Rev. Herbert Thompson, Jr.
Bishop of Southern Ohio

The Most Rev. David Gitari
Archbishop of Prov. Of Kenya
Box 4050
Nairobi KENYA

The Most Rev. Winston H.
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BURUNDI

Malariotherapy for HIV patients

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Received 10 September 1996; revised 2 November 1996; accepted 2 November 1996

Abstract

The objective of this study was to determine whether HIV patients who undergo malariotherapy experience beneficial immunological change without iatrogenic complications. In an approved, prospective study, asymptomatic, HIV-positive patients were inoculated with *P. vivax* malaria and the malaria infection was allowed to run a predetermined course according to standard malariotherapy protocols and was cured with chloroquine. After termination of the malaria, the patients have been followed for 2 years with clinical and immunological monitoring. In the first two HIV-positive patients, CD4 counts rose significantly from pre-malaria measurements and remain at normal levels 2 years later without further treatment of any kind. During this time, the patients remained clinically well. An additional six HIV-positive patients were treated with malariotherapy and have remained clinically well during the first 6 months after treatment. These initial studies demonstrate malariotherapy results in an increase in CD4 counts of HIV-positive patients. Furthermore, these increases persist beyond the presence of malaria, for at least 2 years. © 1997 Elsevier Science Ireland Ltd.

Keywords: Malariotherapy; HIV; AIDS; Immunostimulation; Immune response; CD4

Abbreviations: AIDS, acquired immunodeficiency syndrome; CDC, Centers for Disease Control; ELISA, enzyme-linked immunoabsorption assay; HIV, human immunodeficiency virus; IFN- α , interferon- α ; IFN- γ , interferon- γ ; IL-6, interleukin-6; IL-2R, interleukin-2 receptor; NIH, National Institutes of Health; sCD8, soluble CD8.

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PII S0047-6374(96)01813-1

1. Introduction

HIV-infection weakens patients' immune systems by outstripping the ability of the body's immune cells to respond to the virus. This effect of HIV infection leads to the equivalent of rapid ageing of the immune system, resulting in decreased ability of the body's immune system to respond to secondary infections that can prove fatal. Restoration and preservation of the immune system are crucial elements in the successful clinical management of HIV infection [1]. The aim of malariotherapy is to restore immunological function by providing a general stimulus to the immune system. Strengthening the immune system allows for the potential elimination of the virus.

HIV rapidly becomes resistant to drugs, enabling the virus to multiply. In addition, since HIV invades the brain, as evidenced by AIDS dementia, inadequacy of drug treatment may, also, be due to the 'blood-brain barrier,' recognized in the treatment of neurosyphilis. The immune system, however, is able to adapt to changes in viruses and eradicate them throughout the body.

Malariotherapy is a well-established treatment [2]. Drugs or antibiotics could cure generalized syphilis, but were ineffective against neurosyphilis. There appeared to be a 'blood-brain barrier,' which prevented medications from effectively reaching brain tissue. Spirochetes, therefore, persisted in the brain, causing progressive neurological damage. In 1927, Wagner-Jauregg was awarded the Nobel Prize for having discovered, in 1918, that malariotherapy cures neurosyphilis.

The reason for malariotherapy's success in treating neurosyphilis was unknown, but was attributed to the malarial fevers (hyperthermia). Scientists speculated that an immune reaction was taking place because some patients were cured even when the malaria did not produce high fevers, and production of fever by mechanical means (fever cabinets) did not achieve the same success as malariotherapy. However, modern immunological methods were unavailable at that time. Between 1931 and 1965 the United States Public Health Service administered malariotherapy to tens of thousands of neurosyphilis patients. By 1975, malariotherapy was discontinued because neurosyphilis was essentially wiped out.

Malariotherapy was extremely safe during the more than 50 years it was successfully used to treat neurosyphilis. In a 1984 review, Chernin (Harvard School of Public Health) states that "the contraindications to malariatherapy, and there were some, must have been carefully observed because records of treatment-related deaths or extreme disability are few relative to the thousands of patients treated... It is not hard to imagine the almost certain fate of the thousands of paretics (neurosyphilitics) who would have sickened horribly and died but for malariatherapy" [2]. There is no known report of induced malaria not being cured and malaria was never spread from hospitalized patients.

In addition to treating neurosyphilis by inducing malaria, examples of using one disease to prevent another include cowpox to prevent smallpox and Sabin live polio vaccine.

Drug therapies attempt to restore the immune system by inhibiting viral reproduction, but the virus mutates and becomes resistant to drugs [1,3]. In contrast,

immunobased approaches to treating HIV-infection focus on directly strengthening the immune system. Methods designed to enhance immune response in HIV patients include infusion of an exogenous cytokine [1], therapeutic vaccination with inactivated HIV to provoke a specific immune response [4–7], or, as we will describe, using malariotherapy to stimulate the production of cytokines.

Our study seeks to determine:

- (1) What effect does malariotherapy have on HIV patients' immune status and clinical well-being?
- (2) What are the biological mechanisms which cause such effects?
- (3) How long do such effects last; are they permanent?

2. Methods

Institutional Review Board approval was obtained for this study. Criteria for acceptance included asymptomatic HIV infection, absence of other concurrent infections and willingness to not participate in other HIV therapies for duration of the treatment and follow-up period. Informed consent to participate in this clinical prospective study of malariotherapy for HIV infection was obtained. As part of the protocol, patients agreed to take appropriate measures to avoid risking HIV reinfection during the course of the study.

Malariotherapy consists of inoculating patients with a curable form of malaria (*P. vivax*). After 3 weeks, the malaria is cured. A detailed case history, physical examination and blood testing were performed prior to malarial inoculation. Cell-bound CD4 levels were determined by the APAAP method, using standard test kits (Chinese Military Medical Scientific Academy). HIV infection was confirmed by ELISA and Western blot testing.

In the initial test, two male volunteers, aged 23 and 40, enrolled in this study. Neither had any previous history of malaria, tuberculosis or hepatitis. Patient 1 (the 23-year-old) had been diagnosed as being HIV-positive 3 months earlier; patient 2 was found to be HIV-positive 1 year prior to treatment. Neither patient had received any prior treatment for HIV. After following these patients for 18 months, an additional six patients (male; ages 34, 29, 27, 31, 33, 31) were treated with malariotherapy.

3. Experimental results

HIV patients were treated with one course of malariotherapy and had no complications. One patient's CD4 cells rose from 889 to 1260 and was 941 two years after malariotherapy; the second patient's CD4 cells rose from 269 to 953 and was 650 two years after treatment (see Table 1). These patients have remained well for 2 years with no further treatment of any kind. The other six patients treated with malariotherapy also remain clinically well after 6 months.

4. Discussion and conclusions

Numerous studies have shown that malaria causes the patient's immune system to increase production of a variety of immune substances, including interleukins and interferons (IFN- α [8,9], IFN- γ [8–12], IL-6 [12,13], IL-2R [11,14–19], and sCD8 [11,20]). This immunostimulative effect logically seemed to have potential benefit for restoring the immune system of HIV patients.

Furthermore, a study of 112 children with AIDS, at the same hospital as the CDC report described below, revealed that “none of the 41 children with malaria and AIDS died, all recovered from their malaria. However, of the remaining 71 children with AIDS without malaria, 25 (35%) died” [21].

In addition, three independent studies of malarial regions in Venezuela [22], Indonesia [23] and the Philippines [24] showed that people had HIV-type antibodies, but there was no AIDS. AIDS did exist in nearby non-malarial areas. The studies were carried out by researchers from the University of Nebraska and two US Navy Medical Research teams.

Of course, before treating HIV patients with malariotherapy, strong evidence was needed that it would be safe to induce malaria in an HIV patient whose immune system was impaired. A US CDC study of 587 children concluded that “no significant differences were found in the incidence, severity, or response to therapy of malaria between children with progressive HIV-1 infection and the seronegative controls... No evidence was found to suggest that malaria has any role in accelerating the rate of progression of HIV-1 disease.... there is no adverse clinical or epidemiological association between these two important public health problems” [25]. Other studies also confirm that malaria is not an opportunistic disease in HIV patients [26–29].

NIH researchers later offered confirmation of the beneficial effect of increasing interleukin-2 (IL-2) in HIV patients [1]. They showed that, in HIV patients with CD4 cell counts greater than 200 cells/mm³, IV infusions of IL-2, in combination with zidovudine (AZT) was followed by an increase in CD4 cells. There was no consistent change in overall viral loads. CD4 cell counts subsequently diminished, but CD4 production could be stimulated repeatedly with bimonthly infusions of IL-2. Such intravenous infusions of recombinant IL-2 caused severe secondary reactions.

Table 1
HIV patient CD4 counts (cells/mm³)

CD4 at:	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6	Case 7	Case 8
Pre-treatment	889	269	1610	731	1868	1056	924	705
Post-treatment	853	527	979	1183	1248	1000	600	826
6 months	1162	953	750	1631	1813	875	1260	572
12 months	1258	656						
18 months	1072	864						
24 months	941	650						

It is not known whether the immune system can recover when the CD4 count is less than 200 cells/mm³. As a precaution, our protocol requires that the CD4 of HIV patients selected for malariotherapy be greater than 250 cells/mm³. Only after results are evaluated with CD4 counts above this level, will we consider whether treatment should be extended to patients with lower CD4 counts.

HIV infection causes a gradual fall in CD4 cells, eventually leaving patients susceptible to fatal diseases. The increase in CD4 cells following malariotherapy indicates restoration of the patient's immune system. The sustained increase of CD4 cells to normal levels for two years without further treatment, and the fact that both patients remain in good health, suggests that the virus has been controlled. Further tests and followup will determine whether the virus has been eradicated.

Changes in viral loading and viral activity caused by malariotherapy, will be analyzed to determine whether the virus has been controlled or eradicated. To further demonstrate the interaction of malaria and HIV, epidemiological studies of patients in countries where HIV and malaria are both prevalent will be carried out. (The US is not a suitable country for malariotherapy studies at this time because malaria is not readily available.) The mechanism by which malaria-induced immunological response regulates HIV infection, how it can be imitated, and application of malariotherapy to the treatment of other diseases will be investigated.

5. Summary

Eight HIV-positive patients have been treated with malariotherapy (utilizing *P. vivax*). Following cure of the malaria, six of these patients have been monitored for 6 months and two for 2 years. These studies and prior research by the CDC and others show that malariotherapy is safe for HIV patients. The CD4 cell counts in the first two patients increased and have remained at normal levels for 2 years. All patients have remained clinically well. Continued follow-up and treatment of additional HIV-positive patients constitute ongoing research.

Acknowledgements

Protocol, data management and information retrieval were supplied by the Heimlich Institute. Patient selection and care, and laboratory measurements were provided by the Municipal Health and Anti-Epidemic Station and the Yishou Hospital, both of Guangzhou. We thank the staffs of these institutions for their assistance.

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Reprint from the

1998

Medical and Health Annual



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(Opposite page) Courtesy of the American Lung Association, New York;
(below) Annie Griffiths Belt—Aurora



(Opposite page) A sharp message from the American Lung Association to women who smoke—all too many of whom do so throughout gestation. (Above) Every time a pregnant woman lights up, she hurts herself and endangers her fetus. If she has growing children at home, their health, too, is compromised by her habit.

Old myths, new realities

From the earliest time, medicine has been a curious blend of superstition, empiricism, and that kind of sagacious observation, which is the stuff out of which ultimately science is made. Of these three strands—superstition, empiricism, and observation—medicine was

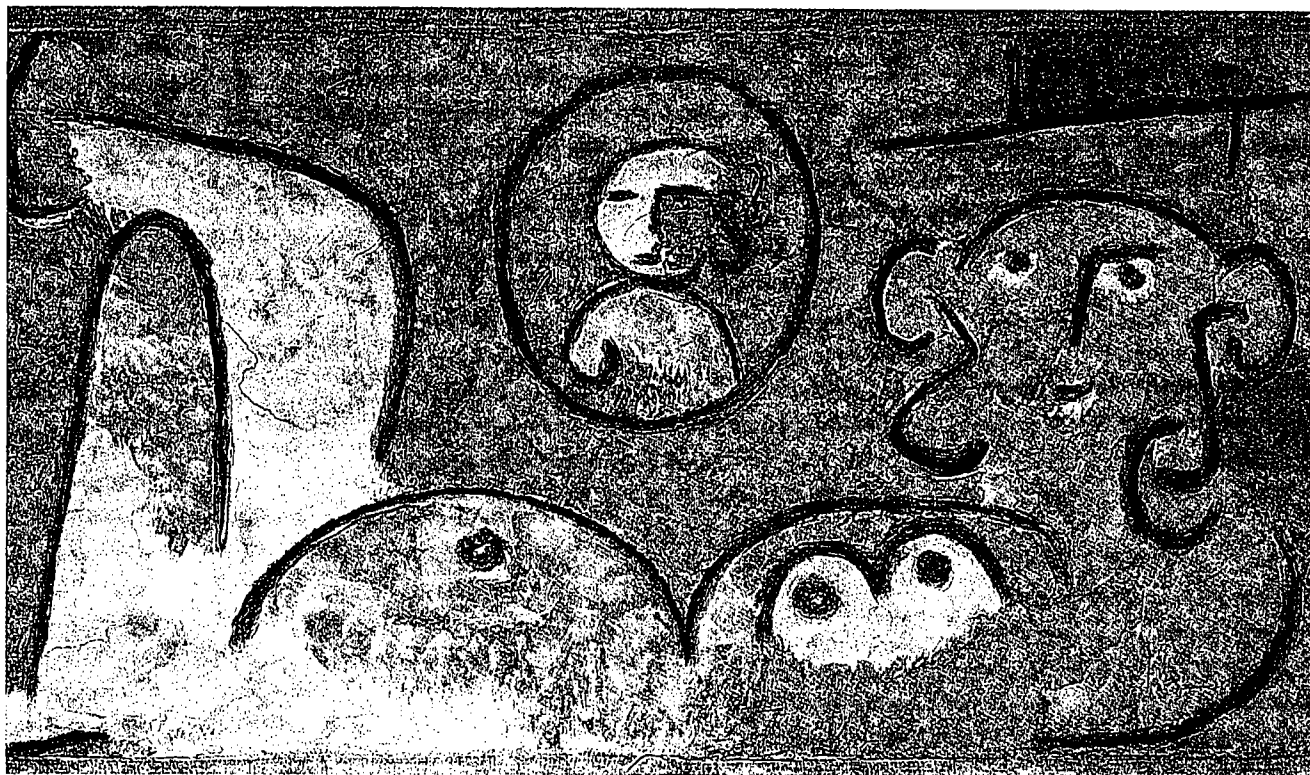
constituted in the days of the priest-physicians of Egypt and Babylonia; of the same three strands it is still composed. The proportions have, however, varied significantly; an increasingly alert and determined effort, running through the ages, has endeavored to expel superstition, to narrow the range of empiricism, and to enlarge, refine, and systematize the scope of observation.

—Abraham Flexner, *Medical Education*, 1925

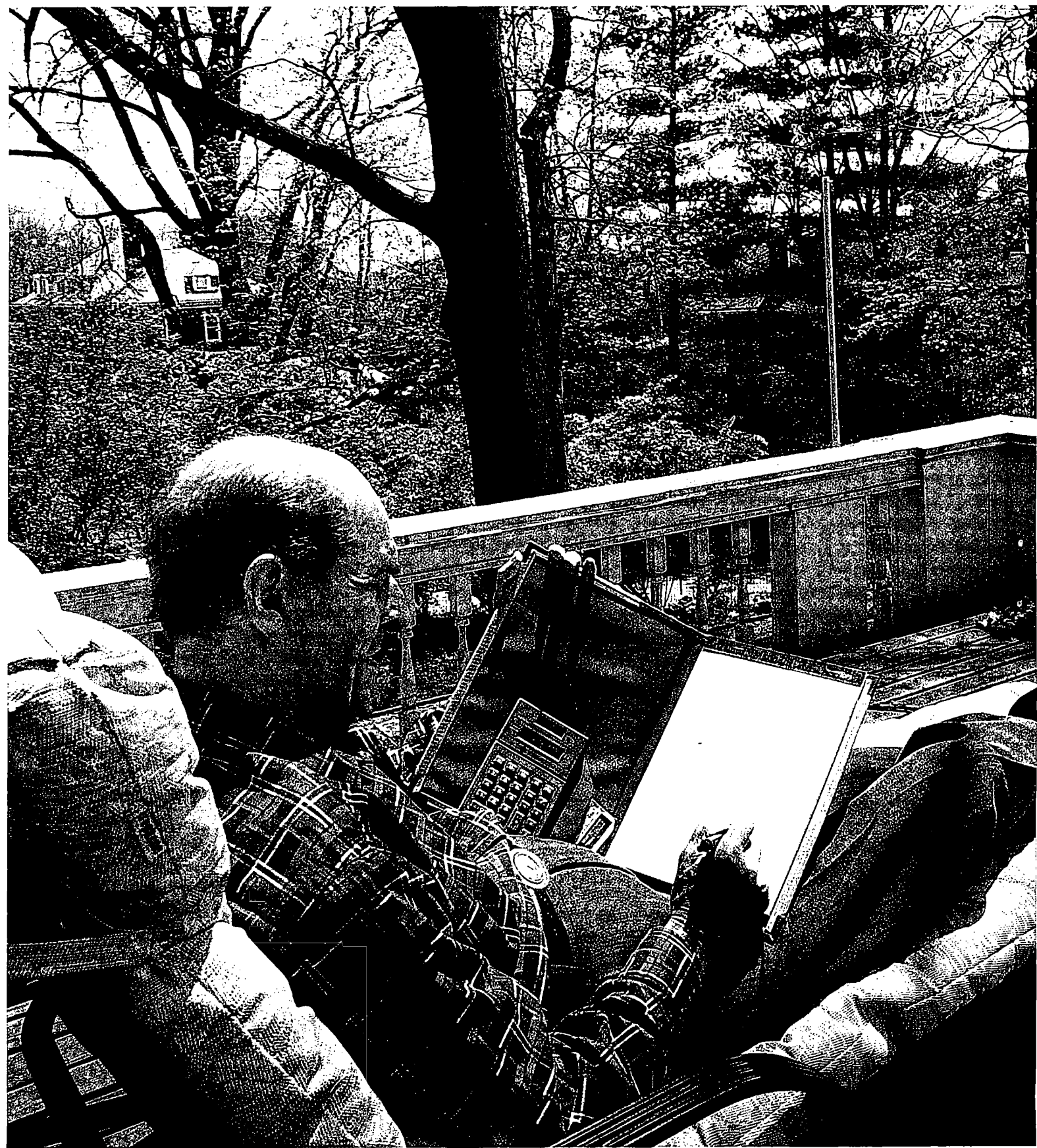
Belief in the power of “maternal impressions,” as formerly understood, has largely vanished from the popular imagination and medical wisdom. It is now quite clear that a fetus can feel, hear, respond to stimuli, and demonstrate cerebral cortical activity of a sophistication sufficient to pro-

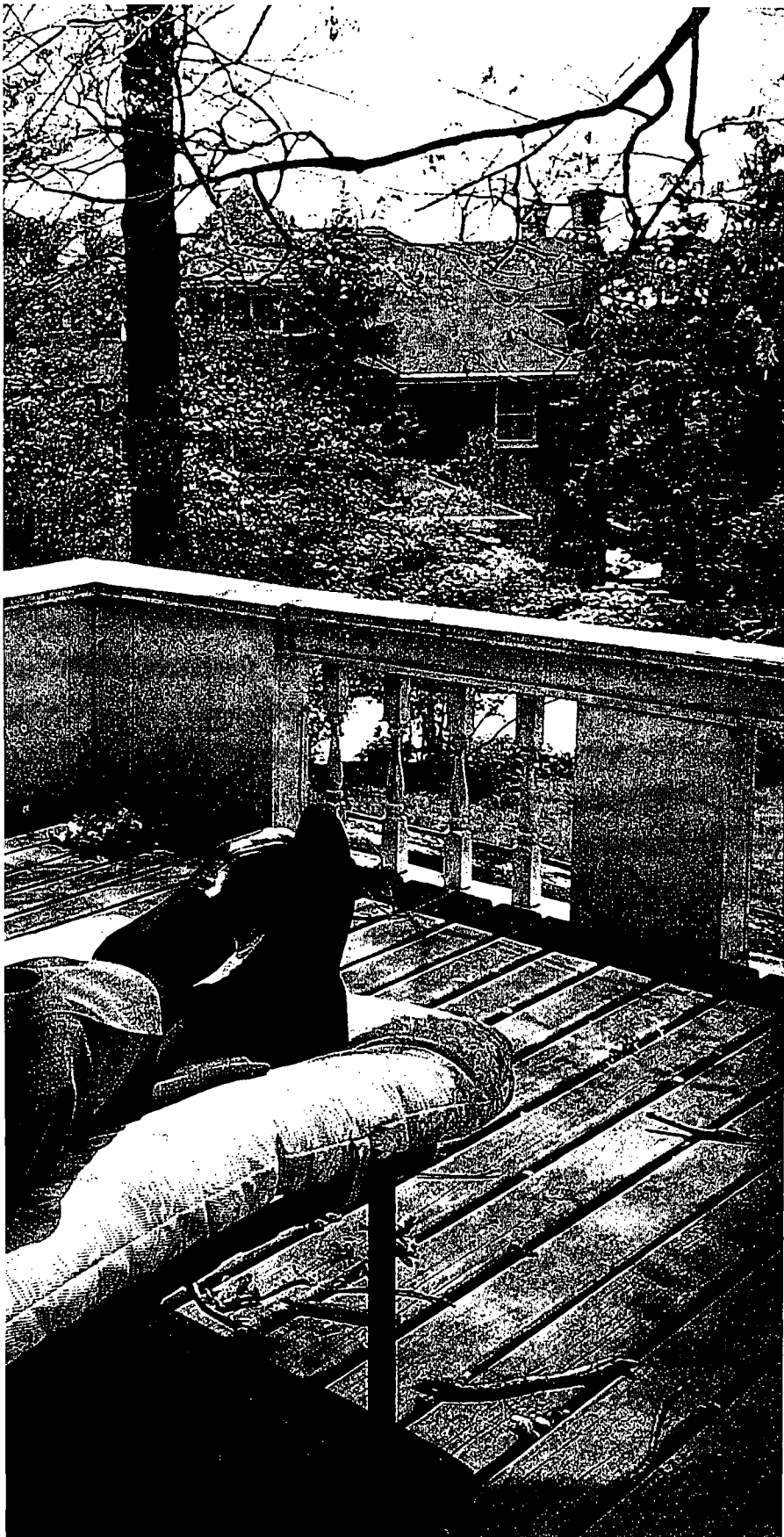
duce memory. Therefore, it is probably not unaffected by the mental state of the mother. If she becomes disconsolate, frightened, elated, giddy, exhausted, intoxicated, or confused, there are likely to be concomitant physiological and behavioral changes that have some measurable repercussion in the fetus. In this sense “maternal impressions” may indeed be a reality whose effects will someday be understood by observant scientists as distinctly as the effects of smoking cigarettes and drinking alcohol. **MEHA**

The “dos” and “don’ts” of pregnancy used to be guided by superstitions and myths. Now medical scientists know a great deal about the many agents and habits that can harm a fetus; being “in the family way” calls for healthy moderation.



“Thinking of Offspring,” watercolor by Paul Klee, 1937; private collection, Milan; photograph, Erich Lessing—Art Resource, New York





Rebel with a Cause: Saving Lives

by Henry J. Heimlich, M.D., Sc.D.

Photograph by Dennis Marsico

Creative ideas are often attacked because people oppose change or do not understand new concepts. When a prominent discovery is revealed, particularly if it provides an obvious and simple answer to an important question, experts who have worked for years unsuccessfully on the same problem may lash out at the creator and the idea because they themselves did not find the solution or because it exposes flaws in their own theories. Sometimes their resentment toward the innovator has a financial basis.

Creativity requires

courage. My role model was the English physician Edward Jenner (1749–1823). At the age of 13, Jenner learned that milkmaids in the countryside who got cowpox, a mild infection contracted from cattle, never developed the dreaded human illness smallpox. (In Jenner's day smallpox was a merciless disease that killed and disfigured millions worldwide.) In 1796, as a country physician with a practice in Gloucestershire, Jenner performed a bold experiment. He inoculated eight-year-old James Phipps with cowpox matter taken from the pus-filled lesions on the finger of a milkmaid, Sarah Nelmes. A month and a half later, Jenner exposed young Phipps to smallpox. The boy did not become sick.

When Jenner reported his result at a London medical society meeting, heated discussions ensued, and other doc-

tors who studied his evidence found it hard to believe. Likewise, the Royal Society refused to publish his findings and advised the author "not to risk his reputation by presenting to the learned body anything which appears so much at variance with established knowledge." When he was unable to find volunteers for his "vaccine" (from the Latin *vacca*, for "cow") in England, he took the procedure to other countries in Europe, where vaccination was widely adopted. Even while English doctors continued to spurn his discovery, Jenner never stopped his crusade to protect the population from "the most dreadful scourge of the human species."

The German-Hungarian physician Ignaz Semmelweis (1818–65) realized that women died from childbed (puerperal) fever because doctors performed autopsies and then, without washing their hands, delivered babies. Semmelweis's medical superiors, however, were unwilling to recognize the significance of his discovery. When an epidemic of puerperal fever broke out in the obstetrics department at St. Rochus Hospital in Pest, Hungary, in the late 1850s, Semmelweis took

Henry J. Heimlich, M.D., Sc.D., is a thoracic surgeon; an inventor of lifesaving aids and surgical procedures; the President of the Heimlich Institute, Cincinnati, Ohio; the author of textbooks and a forthcoming autobiography; a researcher seeking cures for cancer and AIDS; and the head of A Caring World, a campaign to promote peace and health worldwide. He is best known for his Heimlich maneuver, which has saved hundreds of thousands of lives. Heimlich's name appears in most English dictionaries.



(Left) Edward Jenner vaccinates his first patient against smallpox in 1796. Ignaz Semmelweis (top) discovered the cause of childbed fever and introduced antisepsis into medical practice. Both figures were rebels in their day—and heroes to the author.

(Top) Ann Ronan at Image Select; (bottom) Académie de Médecine, Paris; photograph, Jean-Loup Charmet

(Below) Courtesy of March of Dimes Birth Defects Foundation;
(bottom left and right) courtesy of the Heimlich Institute



Jonas Salk (left) with Basil O'Connor, the attorney and director of the National Foundation for Infantile Paralysis who paved the way for trials of Salk's polio vaccine to begin.

charge. He sharply reduced maternal mortality simply by getting most of the staff to wash their hands in a solution of chlorinated lime. Despite this demonstration, many doctors still stubbornly refused to wash their hands, and women continued to die. In 1865, his spirit undermined, Semmelweis died, ironically, of the same infection he struggled all his professional life to prevent.

In the early 1950s medical authorities tried to prevent the U.S. medical pioneer Jonas Salk (1914-95) from testing his inactivated polio vaccine. Clinical trials were finally undertaken only because Basil O'Connor, then director of the National Foundation for Infantile Paralysis, an organization devoted to the fight against poliomyelitis, was a powerful attorney and fought the medical establishment on Salk's behalf.

Like others with new ideas, when I first encountered attacks on my work, I thought something must be wrong with *me*. After three of my

medical discoveries proved successful, I knew it was *they* who were wrong. Over the years I have come to expect skepticism if not outright rejection; I now often say, "If all of your peers understand what you have done, you haven't been creative," and "Until you are challenged, you



(Above) In 1945 Lieutenant Junior Grade Henry Heimlich, assigned to the U.S. Naval Group China, built a medical corps to serve Gen. Fu Tso Yi. (Right) In 1988, revisiting his Inner Mongolian post, he and Fu's granddaughter, Xiao Dong, pose for a picture, holding a snapshot of the general.

don't know you're right." (Others might say, "They don't kick a dead dog.")

The '40s: the shaving-cream solution

In January 1945, at age 24, I had a nine-month surgical internship. World War II was on. I joined the navy and was assigned to U.S. Naval Group China. I was one of 12 Americans in the Gobi Desert of Inner Mongolia attached to a 250-man Chinese guerrilla army. Gen. Fu Tso Yi had a Chinese Nationalist army of 100,000 men nearby, and my orders were to keep him on the U.S. side against the Japanese. So I built him a medical corps. I trained some 25 Chinese soldiers to care for the sick and the wounded—and to instruct others to do so.

The Chinese I encountered did not trust Western medicine—that is, until I operated on an 18-year-old peasant girl, draining a huge abscess in her abdomen, and she recovered. Hundreds of patients then lined up outside our clinic every day. We treated diseases that most U.S. doctors never see, including smallpox and bubonic plague.

Trachoma, a bacterial infection of the eyelids transmitted by flies, was rampant in China. Inflammation scarred the eyelids, which slowly turned inward. The patients' eyelashes then scratched the cornea, making it opaque and resulting in blindness. As there was no known treatment at that time, I took a chance on treating victims of the eye disease. I ground sulfadiazine pills into



powder and mixed it with Barbasol shaving cream, the only ointment available. (Sulfadiazine is a broad-spectrum antimicrobial agent that was introduced in the early 1940s and was one of the few drugs available at the time for treating bacterial infections.) Chinese corpsmen first applied the Barbasol/sulfa ointment to the infected eyes of a few soldiers, who groaned in considerable agony. Their eyelid inflammations cleared, however, so we proceeded to treat hundreds of trachoma patients.

After the war a medical journal for military physicians independently reported that sulfadiazine cured trachoma. My reward came in 1988 when, accompanied by General Fu's granddaughter, I returned to Inner Mongolia, where I met people I had treated in 1945 who might not have been alive—or able to see—if I had been less bold as a young naval doctor. This confirmation of the success of my first experiment introduced me to the unique kind of satisfaction that comes from carrying out and proving a logical concept.

The '50s: making the most of the stomach

In December 1949 I completed my training in general and chest surgery. A month later I conceived of an operation to replace the esophagus. After successfully performing the procedure on a series of patients, I presented the results at an American Medical



Association (AMA) meeting in New York City in 1961. Shortly thereafter, *Life* magazine published a story headlined "Heated Discussions and a Hot Medical Discovery," which included a photograph of me demonstrating the operation on a cloth model of the stomach. The operation gained recognition as the first total organ replacement.

The esophagus carries food from the throat to the stomach. When the esophagus is destroyed by cancer, scarred

as a result of repeated regurgitation of stomach acid, or undeveloped at birth, food cannot be swallowed. Prior to the 1950s patients had to be fed for their entire lives through a tube inserted into the stomach.

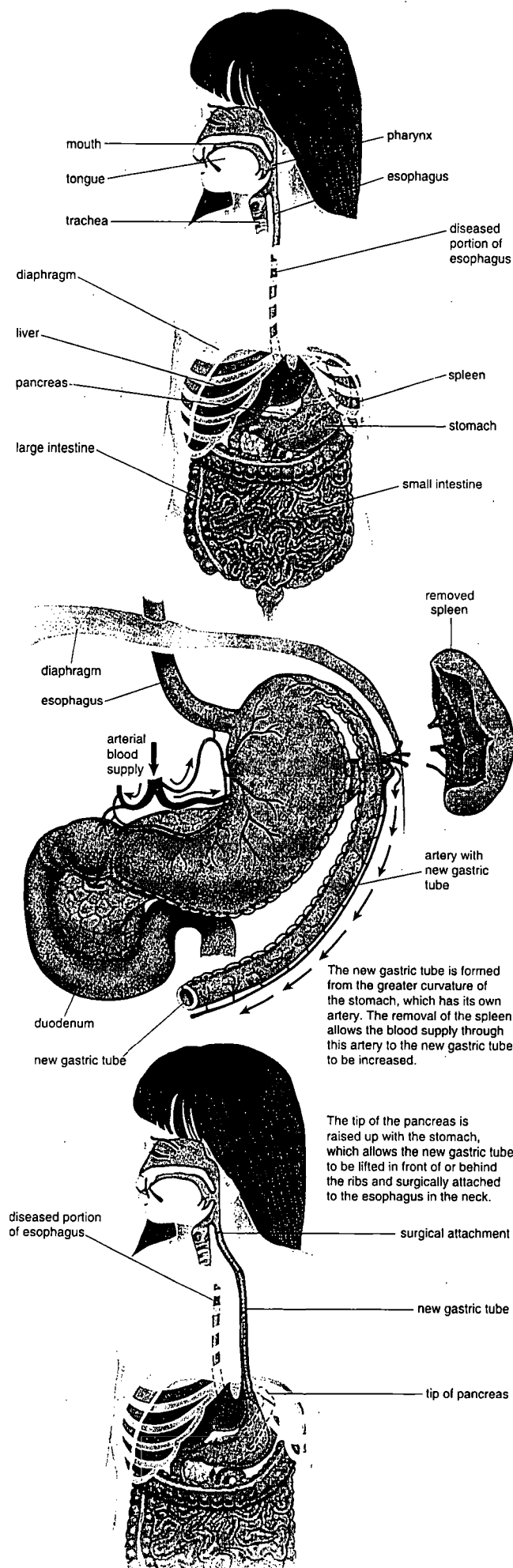
The stomach is a large tube. I fashioned a small tube from a portion of it; because the blood supply to this new "esophagus" was preserved, it survived and functioned in adults and actually grew as a fully functional organ in chil-

Using a cloth "stomach," Heimlich demonstrates his operation to replace the esophagus. The procedure was dubbed "a hot medical discovery" by *Life* magazine in its June 26, 1961, issue.

dren. The tube is reversed, brought upward through the chest, and its end connected to the throat, which enables patients to eat normally.

I performed my operation in three different hospitals and published a description of it in a medical journal in 1955.

The Heimlich Operation for Esophageal Replacement



The procedure became known as the Heimlich operation for esophageal replacement and is still widely used, primarily on children born with esophageal defects. I was recently greeted by a surgeon in a pediatric hospital who said, "Dr. Heimlich, I performed your operation just last week." Reward enough!

The '60s: why not a valve?

A small device barely five inches long is saving lives of hundreds of Vietnam wounded—civilian as well as military. Called the Heimlich Chest Drain Valve, the new device, developed by Dr. Henry Heimlich, is used to drain fluids which accumulate in the chest cavity following heart and lung surgery, during certain illnesses, or as a result of a chest wound. Failure to drain can be fatal.

—Reader's Digest, September 1967

In Inner Mongolia in 1945, one of the Chinese soldiers in our naval group was shot in the chest. He died on the table while I was operating. I have never forgotten the soldier's coffin being carried away on an oxcart.

There are a number of situations that can cause blood and air to fill the chest, collapsing the lung (or lungs). These include being stabbed or shot in the chest, having chest surgery, and suffering from the condition known as pneumothorax, in which an air

bubble on the lung bursts. When lungs are collapsed, the patient cannot breathe and may die. One means of handling a collapsed lung is to insert a tube into the chest, which drains fluid and air from it. Such a tube was connected to an extremely complicated suction apparatus.

In 1962 I published a book, *Postoperative Care in Thoracic Surgery*, in which I explained how suction devices for draining the chest work. The devices act like valves, I pointed out; i.e., once blood and air have been suctioned out of the chest, the lung expands. Drainage of the chest must continue until leakage of air or blood has ceased. The principle behind a valve is that it permits fluid or air to run in one direction only. "Well, why not a valve?" I thought, so I proceeded to consider various types of valves.

I ruled out a *ball valve*, in which a ball sits at the opening of a tube. Fluid or air passing through the tube pushes the ball upward. When the flow stops, the ball falls back against the opening, preventing fluid and air from re-entering the tube. But if the tube were to fall sideways, the ball would be separated from the tube, and air would flow back into the chest. Next I considered a *flap valve*, whose hinged lid is held against the opening of a tube by a spring. Air or fluid pressure opens the lid; the lid closes regardless of the position of the tube. But if a flap valve was draining blood, and

a clot was lodged under the lid, air would flow back into the chest.

A third type of valve, a *flutter valve*, is made of flattened soft tubing, which remains closed until light pressure causes fluid and air to pass through it. At the five-and-ten-cent store, I purchased a noisemaker that consisted of a mouthpiece attached to a flattened piece of thin rubber tubing. Blowing through it made the not-very-melodious sound called a "Bronx cheer," or "raspberry." A man with a collapsed lung due to pneumothorax was admitted to the hospital in New Rochelle, New York, where I was working at the time. I put a tube into his chest, connected its open end to the noisemaker "flutter valve," and sat by his side the entire day. Chest X-rays repeatedly showed the lung expanded. In 1964 Becton Dickinson & Co. (BD) of Franklin Lakes, New Jersey, agreed to manufacture the Heimlich Chest Drain Valve. Pneumothorax patients formerly spent two weeks in the hospital hooked up to a suction apparatus. Now a tube connected to a Heimlich valve is inserted in the emergency room; the patient goes home immediately, and the tube and valve are removed a week later.

That year, I introduced the valve at another AMA meeting, again held in New York City. Four navy officers came up to see me afterward and said they were from the United States Navy Medical Research Institute in Be-

thesda, Maryland, and that they had to have "six Heimlich valves tomorrow." The commander among them flew into Floyd Bennet Field in New York City the next day. I handed him six valves, which he promptly put in his pocket before reboarding his plane and flying directly to Vietnam. One week later I received a telegram that read: "The Heimlich valve is a lifesaving item. Must have 100 immediately." BD expedited a shipment and subsequently received orders for "unlimited quantities."

(Right) Heimlich prepares to insert a tube connected to a drainage valve in a patient's chest. (Below) He visits a post-surgical patient who has two tubes with two valves in place. This lifesaving invention evolved from a dime-store noisemaker.

(Below) Courtesy of the Becton Dickinson Archives Museum; (bottom) courtesy of the Heimlich Institute



In Vietnam the lives of soldiers who were shot in the chest on the battlefield were saved—for the first time in history—when a drainage tube with a valve attached was inserted through a bullet wound. The valve is disposable and in the 1960s cost but \$1 to make. Think of it: \$1 to save a life! The valves were also used to save lives during the 1967 Arab-Israeli war. BD and I frequently knew a war was imminent when a country ordered a large supply of valves. We knew three months before the Persian Gulf War of 1990–91 that it would take place. Today more than 250,000 Heimlich valves are used worldwide every year to treat civilian and military patients with chest wounds or following chest surgery.

In the 1980s I spoke at a banquet in Florida; a doctor in the audience stood up and shared this story: "I was on Hill 881 in Vietnam," he said.

"Thirty-four of my men were shot in the chest. Thirty-two of them got off the Hill alive with the Heimlich valve inserted." One of the greatest moments in my life came in February 1993 when I traveled to Vietnam with a delegation of chest surgeons, a visit sponsored by the Citizen Ambassador Program of People to People International. At the Hanoi airport we were greeted by North Vietnamese chest surgeons. When I was introduced, their head doctor said, "Dr. Heimlich, you need no introduction. Everyone in Vietnam knows your name." My immediate assumption was that I would hear a story about the invention for which I am best known: the Heimlich maneuver for saving

choking victims (discussed below). But the surgeon proceeded to describe how Heimlich Chest Drain Valves, supplied by the Society of Friends (Quakers), "saved tens of thousands of our people during the war. The American Friends Service Committee kept us supplied with Heimlich valves throughout the war." The physician chairman who opened our meetings always began by saying, "Dr. Heimlich will live in the hearts of the Vietnamese people forever." The first time I heard those words, I cried. Very few things in my life have given me as much satisfaction as knowing that the Heimlich Chest Drain Valve saved countless lives on *both* sides of that horrible war.

The '70s: hands on, the Heimlich way

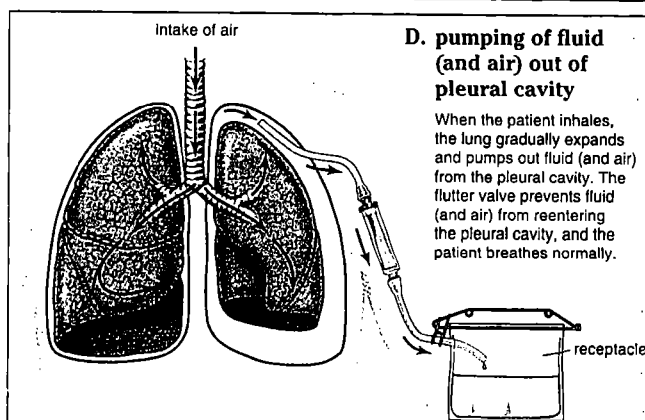
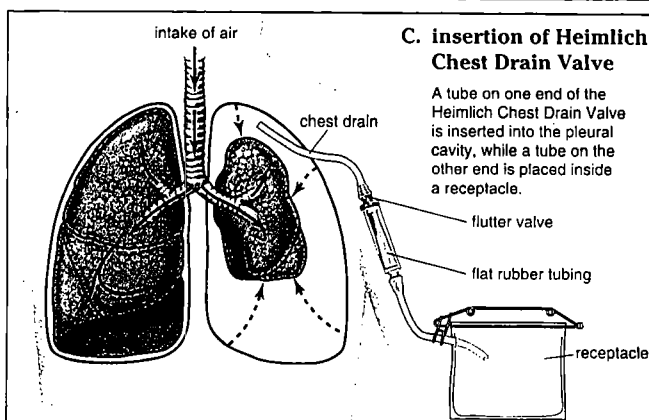
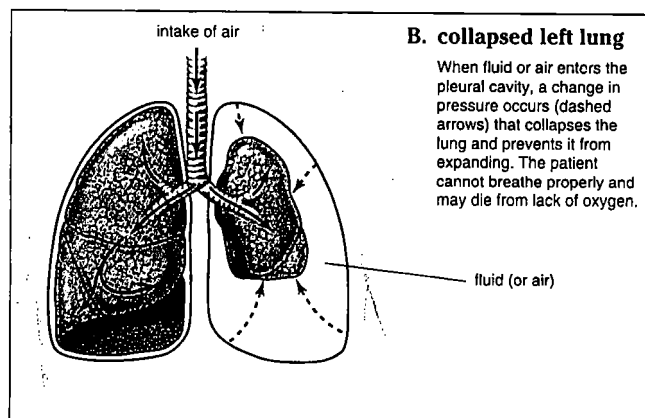
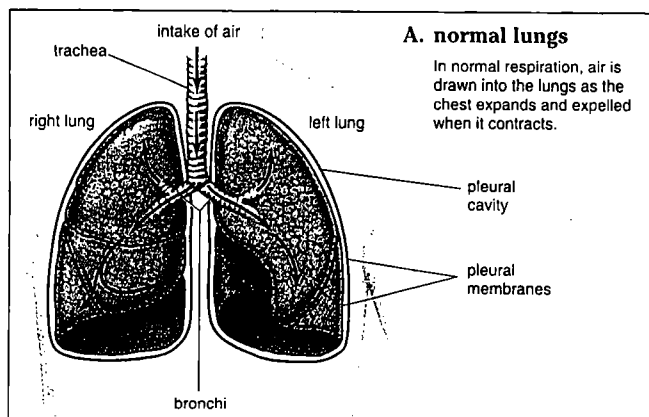
The Heimlich maneuver has saved more than 50,000 drowning and choking victims to date in the United States alone. It is used throughout the world.

Choking: common and costly. At one time I thought choking to death on a piece of food or an object was a rare occurrence. In 1972 I learned choking was the sixth leading cause of accidental death and that children often choked on toys and by inhaling balloons that exploded during the blowing-up process. I immediately began to do research on the subject. Since 1933 the American Red Cross had taught that back slaps were

the appropriate first aid for choking victims. Back slaps became the accepted, indeed the natural, thing to do. Yet in my studies I learned that the recommendation of back slaps was contrary to all scientific evidence.

Reports dating back to 1854 warned that holding a choking person head downward causes suffocation because objects in the trachea (windpipe) fall against the space between the vocal cords, blocking the airway. In addition, since 1854 every study on choking had shown that back slaps can *cause death* by driving a choking object downward, tighter into the airway, and thereby converting a partial blockage to a complete—and fatal—ob-

The Heimlich Chest Drain Valve





UPI/Bettmann-Corbis

struction. Studies done at the prestigious Chevalier Jackson Clinic in Philadelphia investigating the treatment and outcomes of close to 6,000 choking incidents not only confirmed the hazards of back slaps but advised that putting fingers into the throat of a choking victim can cause the same deadly complication.

A Yale University study (reported in *Pediatrics* in 1982) determined that back slaps drive an object in the throat downward at a force of three g's, or three times the force of gravity (one g is equal to the amount of force exerted by gravity on a body at rest). The chest moves forward, but the obstructing object does not. This follows Newton's law: To every action, there is an equal and opposite reaction.

A solution seemed obvious; what was needed was a way of causing a sufficient flow of air from the lungs toward the mouth to carry away the obstruction. Choking is a true emergency. Brain damage, followed by death, occurs in four minutes. There is no time to look for a device to remove the object from a victim's throat or to call an ambulance. For the life of a choking victim to be saved, there must be an easily learned hands-on method.

I began my work in a laboratory. First I inserted a tube

Brent Meldrum demonstrates how he saved his "sweet-heart," Tanya Brandon, from choking on a piece of candy by using the Heimlich maneuver.

with a balloon on one end into the airway of an anesthetized beagle and attempted to expel it by compressing the lungs. Pressing on the chest was not effective. Pressing upward on the diaphragm with a fist, however, expelled the tube every time. Subsequent tests on myself and colleagues confirmed this effect. Those tests found that subdiaphragmatic pressure generates a powerful airflow of 940 cubic centimeters in a quarter of a second (205 liters per minute).

I published these findings in June 1974 (in *Emergency Medicine*). A week later the first choking victim was saved by the "Heimlich maneuver" (so named by editors of the *Journal of the American Medical Association*, Aug. 12, 1974, because it had saved so many lives in just two months). I knew that the goal of devising a technique that was both easy to learn and easy to perform had been met when I learned that a four-year-old, who had been taught the Heimlich maneuver by his firefighter father, had saved his two-year-old sister as their helpless, terrified mother looked on.

I soon started receiving letters from choking victims whose lives had been saved by the maneuver; these provided new ideas about the procedure and better understanding of the mechanism by which it works. The director of medical services at Albert Einstein Medical Center, Philadelphia, wrote about his wife's choking experience. The Heimlich maneuver

caused a chicken bone, 3.8 centimeters (1.5 inches) long and pointed at both ends, stuck in her windpipe, to shoot out of her mouth. This observation confirmed that it is not the *pressure effect* that expels objects (like a cork popping out of a champagne bottle) but the *flow of air* that drives the foreign object up and out; thus, pressing upward compresses the lungs, expelling a flow of air (similar to the action of squeezing a bellows).

One woman was alone when she choked on a piece of meat. She pressed her upper abdomen against a porch railing and saved herself. People can save themselves by pressing against the back of a chair, the edge of a sink, or the side of a table. Others have reported saving themselves by performing the maneuver with their own fist.

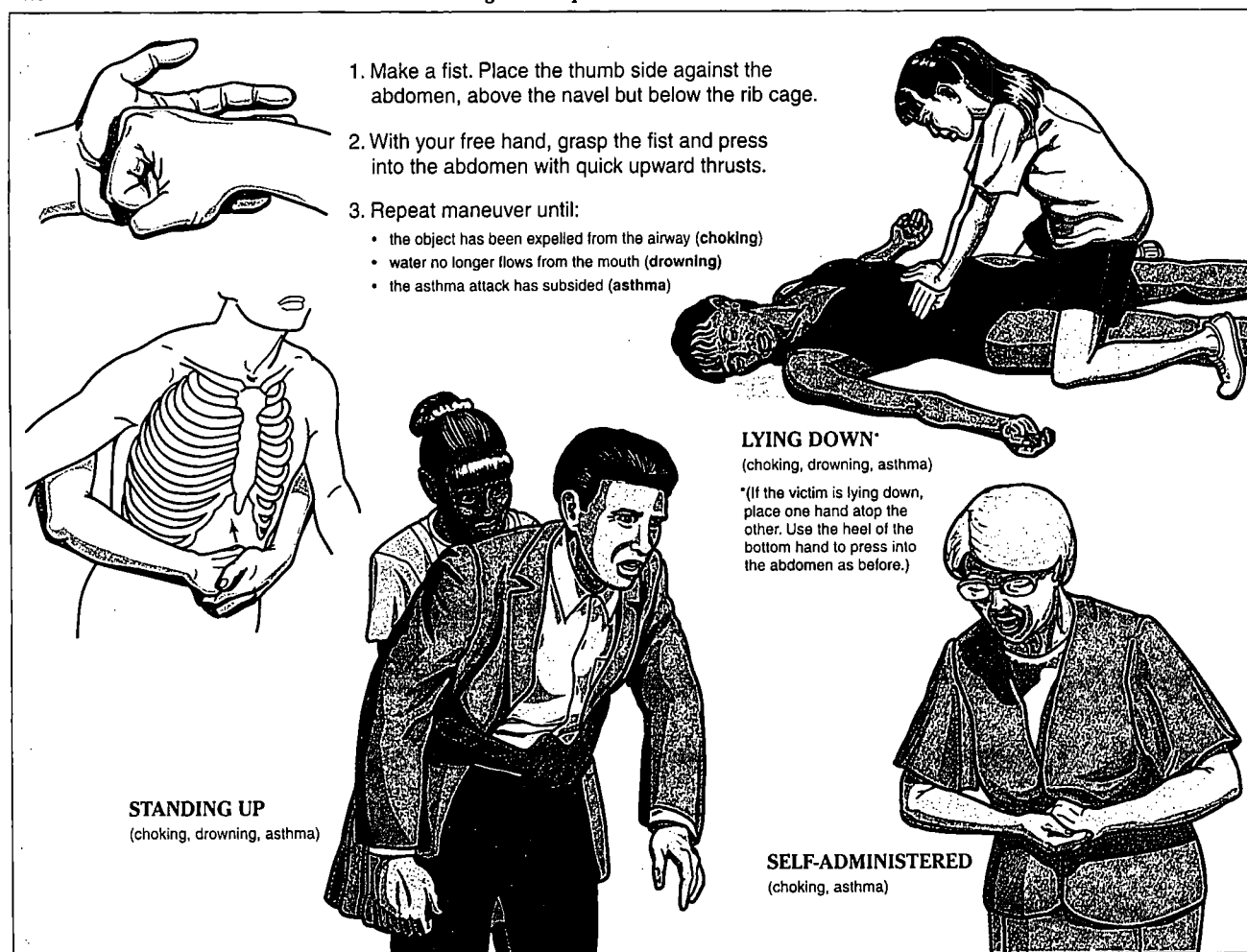
In *Clinical Symposia* (1979), I documented the success of the maneuver in 1,134 instances of choking. In 174 of them back slaps were tried first without success. The important thing was that 35 of those 174 victims had already fallen unconscious, owing to the delay caused by using back slaps, before the Heimlich maneuver was applied. This meant they were seconds from brain damage and death, yet the maneuver still saved them.

For more than a decade, the American Red Cross continued to teach back slaps for choking. Finally, in 1985, U.S. Surgeon General C. Everett Koop declared that

abdominal thrusts, chest thrusts, and back slaps were "hazardous, even lethal" and that only the Heimlich maneuver should be used to save choking persons. Although there is no scientific evidence that either back slaps, chest thrusts, or holding the head downward will save any choking victim, the Red Cross and other groups still teach these methods for rescuing choking infants.

Drowned but not doomed. In the Middle Ages rolling a drowning victim face down over a barrel was a common and often successful treatment. In 17th- and 18th-century Germany, persons rescued after drowning were draped face down over the back of a trotting horse. In the early 1900s a method known as Schafer artificial respiration was introduced; this treatment for drowning had the victim lying face down as the rescuer pressed repeatedly on the lower ribs, saying, "Out goes the bad air, in comes the good air." The barrel, the horse, and the Schafer prone-pressure techniques were crude Heimlich maneuvers. They saved drowning victims because they pushed upward on the diaphragm, which removed the water from the lungs.

Drowning victims die when their lungs fill with water. Air cannot get into water-filled lungs. The Heimlich maneuver removes water from the lungs in four to six seconds. Many drowning victims have been saved by rescuers performing Heimlich maneuvers.



even after cardiopulmonary resuscitation (CPR) has failed.

In 1960 mouth-to-mouth resuscitation replaced less-effective techniques of artificial respiration, such as the Schafer method, as the first-aid procedure of choice for heart attack victims. Unfortunately, enthusiastic mouth-to-mouth resuscitation advocates also recommended the method for drowning victims. No study, however, has shown that mouth-to-mouth resuscitation without prior drainage of inhaled water is effective. When lungs are filled with water, air blown into the mouth is forced into the stomach, which distends, causing vomiting; vomit is aspirated into the lungs, causing death.

Also, the distended stomach exerts upward pressure on the diaphragm and interferes with breathing. The presence of water in the lungs, even after the victim is on the shore, is equivalent to the victim's still being under the water.

It was Victor Esch, chief surgeon for the Washington, D.C., fire department, who discovered that the Heimlich maneuver would save a drowning victim. In 1974 he was at Rehoboth Beach in Delaware when a lifeguard pulled a drowned man from the water and declared him dead. Esch performed the Heimlich maneuver. Water gushed from the man's lungs, and he recovered instantly.

As Terry Watkins, emer-

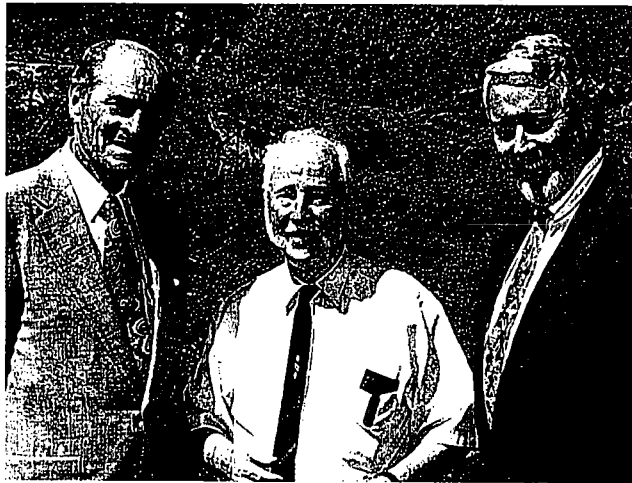
gency medical technician and chief of the Destin, Florida, fire department, pulled his fishing boat ashore, his 15-year-old son, who had been fishing with him, pointed to a man who was in the midst of performing mouth-to-mouth resuscitation on a four-year-old boy onshore. The child, Shawn Alexander, was unconscious and blue. Watkins had read that the Heimlich maneuver could save drowning victims, so he promptly grabbed Shawn from the man and performed the maneuver three times. Each time a cupful of water came out of Shawn's lungs. After the third maneuver Shawn coughed up white foam, started to cry, and fully recovered.

Susan Hill of Des Moines, Iowa, had been looking for her 18-month-old grandson, Steven, for about 15 minutes. When she found him lifeless under the cover of her outdoor pool, she remembered having seen illustrations of the Heimlich maneuver—the only first-aid method she knew. She performed the procedure, and water spewed out of the youngster's mouth. Steven showed immediate signs of life and proceeded to recover fully. (While millions know the Heimlich maneuver, few know that the same maneuver that saves choking victims also saves drowning victims.)

A study at the Patrick Institute, Anderson, Ohio, published in *Legal Medicine*

(1995), found that in a series of unconscious, nonbreathing, pulseless drowning victims, 87% survived when the Heimlich maneuver was performed, whereas only 27% survived when CPR was performed without the Heimlich maneuver. Many rescuers report that the Heimlich maneuver, by causing water to gush out of the mouth, appears to "jump start" breathing. In fact, the maneuver's upward pressure on the diaphragm induces breathing and also massages the heart. A study published in the *American Heart Journal* in 1994 showed that twice as many heart attack victims survived when Heimlich maneuvers were alternated with CPR chest compressions as when chest compressions were used alone. Since 1995 the Heimlich Institute, Cincinnati, Ohio, has received more reports of "drowning saves" with the Heimlich maneuver than of "choking saves."

Actions taken by the first persons on the scene often make the difference between full recovery, death, or brain damage in drowning accidents. Drowning is the third leading cause of accidental death in people of all ages and the leading cause in one-to-four-year-olds in 18 U.S. states. Practical, expedient approaches are needed to save the lives of drowning victims. The American Academy of Pediatrics reports that most child drownings occur in residential swimming pools; the first person on the scene, therefore, is likely to be a parent or neighbor. Some 250



Canadian Ted Young (center) used the Heimlich maneuver to save a drowning victim. The technique's originator (left) traveled to British Columbia to present the rescuer an award.

million American adults are not trained in first aid but know how to perform the Heimlich maneuver (or else can learn it in about one

minute). If the public were to become aware of the maneuver as the "treatment of choice" for drowning victims, every year the lives of an ad-

ditional 1,000 Americans, most of them children, would be saved.

The '80s: emphasis on the quality of life

By the 1980s the Heimlich maneuver was saving lives around the world, and my name was well on the way to becoming a household word—not to mention grist for the cartoon mill! My devotion to preventing deaths had not waned, nor could I sit still knowing people were suffering from needless debilitation.

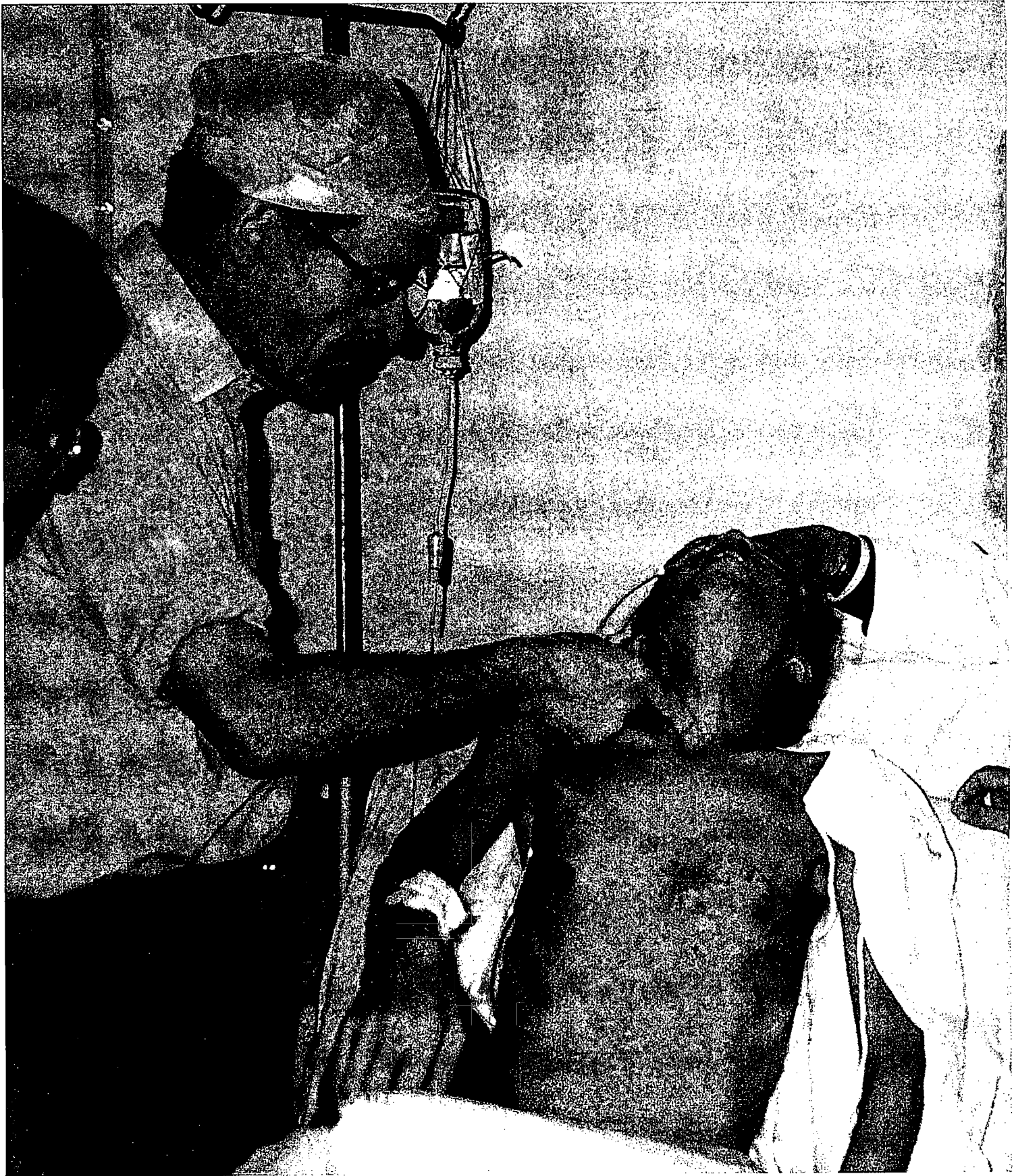
Breathing made a whole lot easier. Patients with chronic breathing difficulties once had to put up with irritating plastic prongs in the nose, through which oxygen (stored in cumbersome tanks) was delivered. Wheelchair-bound patients who required oxygen were connected to a large tank; sucking oxygen from the nose down into the lungs caused them to gasp for air with every breath.

In 1980 I conceived of a tiny tube the diameter of a pencil lead that could be easily inserted into the trachea at the base of the neck in a simple procedure performed under local anesthesia. With this device (named the Heimlich MicroTrach) in place, oxygen jets into the lungs and patients instantly breathe normally. The MicroTrach, which was immediately approved by the Food and Drug Administration, has many advantages. It is held in place by a simple jewelry chain worn invisibly

THE FAR SIDE

By GARY LARSON







Courtesy of the Heimlich Institute

under the collar. Oxygen from a portable container is delivered via tubing that runs under the clothes. Patients with emphysema and chronic heart failure, formerly housebound, now get out and about as much as they desire. Without large, cumbersome oxygen tanks, unsightly nasal devices, or full-time attendants, they now walk into restaurants, stores, and theaters independently, and there is nothing to stop them from playing a game of golf if that is what they fancy.

The advantages do not stop there. It used to be that 50% or more of the oxygen delivered by older methods was lost flowing out the nose and mouth. Now, with the MicroTrach, all of the oxygen is delivered into the lungs, and the therapy costs hundreds of dollars less per patient per month; a lightweight oxygen container that can be carried in a purse or a shoulder bag lasts a half day instead of hours. Sterile saline solution can be instilled through the MicroTrach by the patient to dissolve mucus and stimulate coughing, which then expels the mucus; this process keeps the lungs clear and prevents lung infections that otherwise plague emphysema patients. With the MicroTrach oxygen does not flow through the nose and mouth; therefore, taste and smell are not im-

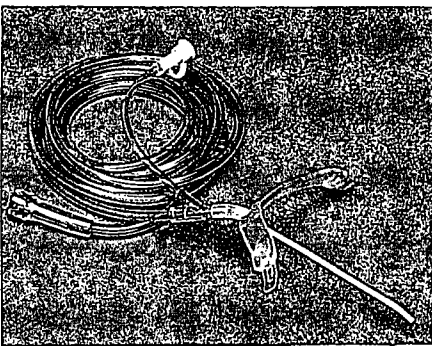
The inventor guides the insertion of a Heimlich MicroTrach into the trachea of a patient in China. The simple operation is carried out under local anesthesia.

paired, which means the patient's appetite returns and nutrition improves. When the tube is removed, the opening is as small as a hole in a pierced ear.

Swallowing restored after stroke. Creative acts result from accumulated knowledge. This is seen in the treatment I developed for swallowing problems associated with stroke.

At age six Muhammad Ben Driss Hayani-Mechkouri swallowed a caustic substance that destroyed his esophagus, pharynx (throat), larynx (voice box), and trachea. Until age 14 he could not swallow or speak. Ben was fed through a tube inserted through the abdomen into his stomach, and he breathed through a tube in his neck leading into his trachea. He lived in the Cheshire Foundation Home, in Tangier. Consultants from France and England considered Ben's case hopeless. A Moroccan physician, however, had heard of the Heimlich operation for esophageal replacement. In October 1970, with the help of Variety Clubs International, the U.S. consul general in Morocco, and transportation provided by Air France, Ben was taken to Ohio, where I operated on him at Jewish Hospital in Cincinnati.

Ben's throat was blocked at the base of the tongue. For eight years he had expectorated saliva into a cup every 15 minutes; at night he drooled onto his pillow. In performing my operation, I joined a new "esophagus," fashioned from a portion of



For patients with chronic breathing difficulty, the MicroTrach has all the advantages of tank-delivered oxygen without its bulk or unwieldiness. This woman carries a small container of oxygen in her handbag.



his stomach, to the throat at the base of the tongue.

After Ben recovered, he still could not swallow, even though the opening between the throat and the reversed gastric tube was large enough for food to pass into his stomach. As already noted, from age 6 to 14, he had not eaten. "Has he forgotten how?" I wondered.

Sucking is the first step in swallowing. When premature infants cannot suck, they are taught to do so. An adult demonstrates by sucking on the baby's finger, then putting the finger into the child's mouth. The infant imitates the action.

Ben probably thought I was crazy when I insisted on sucking his finger! But I got him to duplicate my action in a matter of a few days. Very shortly he was not only sucking and swallowing but eating voraciously. Since Ben was of the Islamic faith and could not eat pork, he was put on a kosher diet, which he seemed to relish. I will never forget

watching him enjoy his first ice-cream pop! (Ben also learned to speak. We taught him a method for speaking used in patients who have had a cancerous larynx removed—he swallowed air into his stomach and regurgitated the air while moving his lips.) I subsequently tested the sucking treatment on other patients who had not swallowed for as few as 4 and as many as 24 years, with similar results.

Stroke patients who lose the ability to swallow food are tube fed. Paralysis from stroke is unilateral (*i.e.*, confined to one side of the body). I wondered if strengthening the unaffected half of the mouth and throat might restore swallowing, just as exercising healthy muscles of a paralyzed arm restores its function. I began working with poststroke patients in the early 1980s and published the first scientific study in 1983.

First, I got the patients to suck their fingers in order to strengthen the muscles of the

mouth. Indeed, many hospital staff were intrigued to discover elderly patients, in wheelchairs lined up in hospital corridors, sucking their fingers all day long! Then I had them put their fingers on my Adam's apple to feel its upward, then downward, movement as I swallowed. Repeating this exercise on themselves strengthened their nonparalyzed throat muscles. Soon they could coordinate their muscle actions so that sucking was followed by swallowing. Within a week, patients who had not eaten for 10 years swallowed ice chips; shortly thereafter, they were eating a regular diet and able to have their feeding tubes removed permanently.

In 1991 physicians at Johns Hopkins University, Baltimore, Maryland, reported in *The New England Journal of Medicine* that people with postpolio syndrome (paralysis occurring 20 or more years after polio) may have swallowing difficulty due to paralysis of one side of the throat. The authors recommended

that family members learn the Heimlich maneuver because patients with swallowing problems have frequent choking emergencies. In a letter published in the Oct. 10, 1991, issue of the *Journal*, I informed the editors that as in stroke victims, the healthy muscles in patients with postpolio syndrome are amenable to strengthening, and when normal swallowing has been restored, chances are that the Heimlich maneuver will be unnecessary.

The '90s: AIDS, cancer, and asthma

In the present decade I have turned my attention to devastating illnesses for which medicine has yet to find cures. AIDS was identified in 1981; by 1996, 37.8 million HIV/AIDS cases had been reported to the World Health Organization, and 6.4 million had died. The war on cancer was declared in 1971 but has yet to be won. In 1996, 1,359,000 new cases in the U.S. alone were diagnosed and some

Muhammad Ben Driss Hayani-Mechkouri, after his esophagus was replaced; it was hard to tell who enjoyed his first bite of ice cream more—Ben or his doctor!



(Top) Life Medical Technologies, Inc.; (center and bottom) courtesy of the Heimlich Institute

554,740 cancer patients died from their disease.

Inducing one disease to cure another. Early stages of syphilis are curable with arsenic injections or antibiotics. When syphilis invades the brain (neurosyphilis), the blood-brain barrier prevents drugs from reaching their target in the brain, so cure is not possible. The Austrian psychiatrist and neurologist Julius Wagner-Jauregg received the 1927 Nobel Prize for Physiology or Medicine for discovering that malariotherapy (artificial induction of malaria) cured neurosyphilis. A curable form of malaria (*Plasmodium vivax*) inoculated into neurosyphilitic patients caused malaria; three weeks later medication (quinine) cured the malaria—and at the same time brought neurosyphilis, a previously fatal disease, under control. Giving a disease to cure (or prevent) disease was not an unfamiliar concept. Jenner's cowpox vaccination to prevent smallpox is one example; Albert B. Sabin's live poliovirus vaccine to prevent poliomyelitis is another.

From 1931 to 1965 the U.S. Public Health Service provided blood taken from malaria patients for malariotherapy, which cured tens of thousands of cases of neurosyphilis. Malariotherapy was discontinued in 1965 in the U.S. and in 1975 in England because neurosyphilis had been largely wiped out (and because penicillin, which cured early syphilis, prevented neurosyphilis from de-

Courtesy of the Heimlich Institute



Heimlich (rear) in China with a cancer patient (center) who was treated with experimental malariotherapy. The therapy is now being tested on patients with AIDS.

veloping). In a comprehensive review of malariotherapy published in the *Journal of Parasitology* in 1984, Eli Chernin, at the Harvard School of Public Health, concluded:

Malariotherapy was less expensive and produced clinical improvement more frequently and more rapidly than did the best drug treatment [and]...records of treatment-related deaths or extreme debility are few relative to the thousands of patients treated....It is not hard to imagine the almost certain fate of the thousands of paretics [neurosyphilitics] who would have sickened horribly and died but for malariotherapy.

Physicians thought that it was the malarial fever that cured neurosyphilis. In the 1980s, however, studies showed that malaria infections boost the immune system, stimulating production of immune substances, including interferons, interleukins, and

tumor necrosis factor. I realized that because AIDS and cancer patients lack vital immune substances, they might benefit from malariotherapy. The Heimlich Institute is treating AIDS and cancer patients with malariotherapy in China (because malaria blood is not available in the U.S., and my World War II contacts there have made such an arrangement possible). A three-week course of malariotherapy was tested against metastasized cancers (tumors that had spread) in 10 patients. It was effective against breast cancer, melanoma, and Kaposi's sarcoma but produced no improvement in cancers of the lung, pancreas, or nasal pharynx.

My colleagues and I reported our experience treating patients infected with HIV, first at the National Institutes of Health in Bethesda, Maryland (in June 1996), and then at the XI International Conference on AIDS in Vancouver (in July of the same year), and the results were published in

the medical journal *Mechanics of Ageing and Development* (1997). In our first eight patients, CD4+ lymphocytes (a specific type of immune-system cell targeted by the AIDS virus) rose to normal levels (a standard measure of success in treating AIDS) after three weeks of malariotherapy. Patients in this group are clinically well, and their CD4+ counts have remained elevated for two years without further treatment of any kind. One died in 22 months of unrelated causes. Ten HIV patients are now undergoing malariotherapy—the first of a group of 100 patients to be treated.

Heimlich maneuver redux. About five years ago I heard this story from a woman at a conference I was attending: "My sister, an asthmatic, couldn't breathe and turned blue. I performed the Heimlich maneuver; she immediately took a deep breath and recovered." Shortly thereafter, I received a letter from the mother of a four-year-old reporting that during a deadly asthma attack her daughter was so breathless she could not even inhale her medication. "I was about to rush her to the emergency room but knew there wasn't time." Instead, she performed the Heimlich maneuver, and the child breathed normally.

Asthma attacks—wheezing and shortness of breath that can be fatal—occur when muscles surrounding airways contract, narrowing inflamed air passages. Mucus fills the airways and acts as a valve;

i.e., when asthmatics inhale, air has to slither around thick mucous plugs, but because airways are both clogged and narrowed, the air cannot get out. Trapped air distends the lungs, preventing inhalation and exhalation. Pushing up on the diaphragm with the Heimlich maneuver compresses the lungs, which causes trapped air to be expelled and mucous plugs to be carried along with it and thereby ends an asthma attack. The maneuver is performed gently on asthmatics because only air and mucus must be expelled; by contrast, solid objects and water require a sufficient amount of force to be driven out.

According to the National Institute of Allergy and Infectious Diseases, 15 million to 16 million Americans suffer from asthma. Fourteen Americans die during asthma attacks every day, and in 1996 asthma deaths in the U.S. alone exceeded 5,000. Many are children. Despite the availability of new drugs, asthma death rates increase every year.

The Heimlich maneuver both stops and prevents deadly asthma attacks by prophylactically removing mucus. Asthmatics do the maneuver on themselves, and mothers perform it on children several times weekly. I have received report after report from asthma sufferers and parents of children with asthma confirming that the Heimlich maneuver prevents episodes of wheezing; patients, ranging in age from 4 to 82, are no longer having

attacks. Moreover, as patients learn this technique, their reliance on potent drugs (which themselves often cause deadly reactions) is greatly reduced.

In cystic fibrosis the accumulation of thick mucus causes obstruction and infection of the lungs. Patients are repeatedly tilted and pounded on the back and the chest to remove mucus. It would be a great boon for these patients, too, if the Heimlich maneuver

dencies in other fields? Not necessarily. Nonetheless, in my 77th year I have every intention of making a contribution in a field that some might deem outside my bailiwick. I firmly believe there can be creative solutions to even the most gargantuan and formidable problems. Take world peace, for example.

Today's headlines may describe a world of gross injustices, bitterness and hatred,

- South Africans voted against apartheid and all the repression it stood for in a democratic election that few would have thought possible.

- Even after having faltered more than once, peace negotiations between Israelis and Palestinians have gotten back on track.

Peaceful transitions are occurring across the globe; no war has achieved some of the triumphs that the world is now seeing. The Heimlich Institute has established the program A Caring World to foster peace and health in the world and bring people together. Factors such as television, computers, air travel, and interdependence of economies and environment bring people together, but their potential to do so has not yet been appreciated.

Caring can spread more rapidly than any cancer. A Caring World encourages the media to publicize the magnanimous acts of those who do not usually make headlines, just as it does the philanthropic gestures of athletes, entertainers, and politicians. The Heimlich Institute is establishing Caring World programs in cities across the United States and hopes eventually to do so abroad. Through this program I hope to teach others what I have learned so well: that true happiness comes from truly giving of oneself. Just as anyone can perform the Heimlich maneuver, everyone can learn to care. Of that I am utterly convinced! **WHA**



could help remove this mucus; moreover, since patients can perform the technique on themselves, they would enjoy independence that they do not presently have. Because the maneuver may have still further applications, the Heimlich Institute is encouraging studies that will determine its full potential.

The future: who cares?

Does a creative tendency in one field predict similar ten-

and death and destruction, but is this truly such an *uncaring* world? I believe not. Consider these historic changes in human behavior:

- For the first time in history, major enemy nations attained peace without first resorting to world war.
- In Eastern Europe millions of people faced tanks and overthrew tyrants, with relatively few casualties.
- The United States invaded Somalia solely to feed starving people and establish democracy.



The Body Synchronic

by James Waterhouse, D.Phil.
and Torbjörn Åkerstedt, Ph.D.



THE WHITE HOUSE

WASHINGTON

July 26, 1999

Charles P McDowell
President
Deaconess Foundation
311 Straight Street
Cincinnati, Ohio 45219

Dear Mr. McDowell:

Thank you for your letter from July 14 about the new research being done by the Heimlich Institute on malariotherapy. It is always encouraging to hear of the tremendous efforts being undertaken by the scientific community to find a vaccine for HIV, which is a top priority of this Administration.

I have forwarded your materials to Neal Nathanson MD, Director of the Office of AIDS Research at the National Institutes of Health. I wish you the best of luck in your research and thank you for your commitment to helping end the HIV/AIDS epidemic.

Sincerely,



Sandra L. Thurman
Director
Office of National AIDS Policy

Copy 1

THE WHITE HOUSE

WASHINGTON

July 26, 1999

Memorandum

To: Office of Neal Nathanson MD
Director
Office of AIDS Research
National Institutes of Health

From: Office of Sandra L. Thurman
Director
Office of National AIDS Policy
The White House

Re: Malariotherapy Research

Our office received the attached information on July 17, 1999. We are forwarding this information to your office for review. For your information, a copy of the letter of response from our office is also enclosed. Thank you.

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. letter	Individual living with AIDS to Todd Summers re: Employee discrimination (Personal) [partial] (1 page)	10/24/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [5]

2018-0764-F
jm2229

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]
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- 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]

To:

From:

(b)(6)

[001]

Re: Thank You

Dear Mr. Todd Summers,

I wanted to thank those of you who responded to my request for assistance regarding a matter pending before the Massachusetts Commission Against Discrimination, involving the unlawful conduct of my former employer Ms. Michele Belbin of East Meets West, a division of Rebecca's Cafe and Bewleys USA. From the White House of our country, to the phone calls of politicians, and the response from the Mayor's office, I feel that getting the message out there was effective, the illegal business practices of my former employer to circumvent the laws and allow for discrimination against AIDS infected employees in the workplace, is a issue that concerns us all.

As I await the response from my state commission, regarding Ms. Belbin's discriminatory conduct and destruction of employee file information relevant to their investigation, your letters have been instrumental in keeping the faith that the letters of the law are important to maintain and protect, and in this case will not be violated in the commission's findings of Ms. Belbin's knowing and willful violation of M.G.L. c. 149, § 52C, to avoid sanctions and penalties for employee discrimination against me because of my physical disability.

When the findings of the commission are revealed I will inform you of their findings. I stand assured that regardless of the decision, the message to the community was sent that you can contact the media and government and receive support, assistance and advice, and hopefully the letters of the state's law will be enforced against Ms. Michele Belbin for her unlawful conduct.

Again, I thank you all, for your assistance and ability to be sensitive to the issues of the those in the HIV poitive community, of Boston, Massachusetts.

(b)(6)

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. letter	Individual living with AIDS to Todd Summers re: Employee discrimination (Personal) [partial] (2 pages)	11/12/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [5]

2018-0764-F
jm2229

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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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).

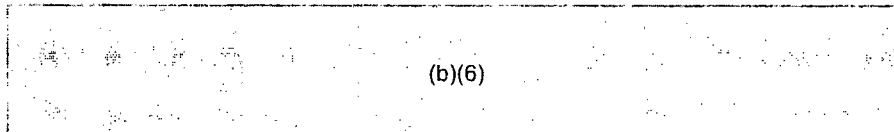
RR. Document will be reviewed upon request.

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

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

To: Anne Giantonio
EEOC Supervisor

C.C. Todd Summers



[002]

Dear Ms. Giantonio,

In your letter dated 9/20/99, you wrote that if I had any questions to please contact your office. I now have a question relating to the illegal discriminatory conduct by my former employer (supervisor Michele Belbin & Eugene Decosta fellow employee) East Meets West. I have received notification from the MCAD of a decision which seems to condone the violation of a federally protected disabled worker's rights in a hostile and discriminatory workplace environment, whereas to maintain this violation the MCAD ignores that a state law was knowingly and willfully violated by Ms. Michele Belbin in the process. My question is as follows,

" If an employer (Ms. Belbin) violates a state law (refusal to supply a employee file with all documents) to hinder the state authority's investigation of a federally protected employee ((b)(6) HIV positive employee) rights (unlawful discrimination in violation of the American's with Disabilities Act) can a federal agency seek an affidavit from the Respondent (Ms. Michele Belbin) or demand a response from the Respondent for their illegal conduct (Ms. Belbin's actions and Mr. Decosta's exposure of his pierced groin region) to insure that the rights of the federally protected employee are maintained in accordance with the framework of the federal acts and statutes under investigation??"

Upon review of the facts of this case your department will find no affidavits from Ms. Belbin regarding her reasons for the denial of a employee file request(did she fear litigation or was this a act of retaliation), you will find that the correlation to an unlawful termination falls within the time frame of the employee file requests, and you will find a timely employment decision made after an employee exposed his peirced scrotum in the workplace and threatened the complainant resulting in a 911 call the day of his termination. To a reasonable person, Ms. Belbin has plenty to explain. Therefore, to properly investigate this complaint, a affidavit should be submitted by Ms. Michele Belbin to cease her illegal business practices which up to this point have obstructed justice both under state and now federal laws.

I have also receive several letters that pointed that since a state regulatory commission was involved that any further assistance would have to pend till we reached a federal level. I assume that we are at that level, and now request that I submit letters to those individuals (Senators and The White House,

ect..) at this point in time requesting assistance. As with the MCAD I also request the right to contact the media in my efforts to thwart Ms. Michele Belbin and East Meets West's illegal business practices against those of the nation's HIV positive community. Please contact me at 617-437-6949 should these requests violate any policies and procedures.

Finally, may I request a meeting with your office to discuss some of the facts of this case and my federal legal standing in this matter? Can you please advise.

Sincerely,

(b)(6)

CC:

Mr. Summers Office of National Aids Policy
Ms. Goldberg
Thomas Menino
Ms. Williams
Sen. Edward Kennedy
All Others Concerned***
Media ect..

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
003. email	re: Personal cure for cancer (4 pages)	12/31/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [5]

2018-0764-F
jm2229

RESTRICTION CODES

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

- P1 National Security Classified Information [(a)(1) of the PRA]
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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)]

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
004. email	re: Personal cure for cancer (7 pages)	12/27/1999	b(6)

COLLECTION:

Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21062

FOLDER TITLE:

Random Letters [5]

2018-0764-F
jm2229

RESTRICTION CODES

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

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From: John S. Roberts <jsr1936@jsr1936.com>
To: cancercure@egroups.com
Cc: Eat2Heal@aol.com <Eat2Heal@aol.com>
Date: Wednesday, December 29, 1999 9:31 AM
Subject: [cancercure] Cancer cure - make it in your kitchen?

On December 29, 1999, this letter was first posted to The Internet resource 'cancercure@egroups.com'.

www.jsr1936.com The Cure for Cancer? John Stacy Roberts jsr1936@jsr1936.com

Hello everyone,

Everyone should become aware of the December 28 posting of Dr. Noel Campbell (subject - 'Thioproline'):

"I find John Roberts posting on Thioproline interesting but when you do a Medline search there are warnings such as this article and therefore it would (be) very unwise for anyone to experiment on themselves with this substance:"

Then Dr. Campbell quotes a passage from MedLine which contains these words:

".....Thioproline produced severe, life-threatening CNS toxicity in both mice and rats at levels far below those previously reported to be without any toxic effects....."

Dr. Campbell provides very sound advice.

However, I have made one of the greatest medical discoveries of all time - vitamin C (ascorbic acid) affords **PHENOMENAL PROTECTION** against the toxicity of Thioproline.

A clinical trial was conducted **20 years ago** with Thioproline and reported in one of the world's foremost and prestigious medical journals, 'The Lancet', January 12, 1980, pages 68 to 70; here are some of the results of that trial:

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

"Thioproline.....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."

Since November, 1997, I have been imploring Federal Health Officials in the Washington D.C. area to repeat this trial, but this time have the patients swallow 'mega-doses' of Thioproline and vitamin C and 'above average' amounts of magnesium, zinc and manganese.

What is so complex about this suggestion?

When Federal Health Officials don't even respond to me, what information can I provide to cancer patients other than the four options cited in 'Best censored story - still No. 1'? ?

Dr. Campbell mentions 'MedLine'. Here is how to access it - type in www.ncbi.nlm.nih.gov/pubmed.

After you access it you can type in 'Thioproline' to see all of the research which has been done on this

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chemical.

If you want to save yourself the effort, simply refer to the posting, 'To Dr. Varmus, Director, National Institutes of Health (NIH)'.

I think I have pretty well summarized all of the research which has been done on Thioproline since the publication of the Spanish research, January 12, 1980, till 1983.

1983 is a critical date because Antonio Brugarolas, M.D., the co-author of the Spanish study, made this statement in response to an inquiry of Mrs. Judy Singer:

"Thank you for your letter and interest in Thioproline. The investigations of this product were discontinued in 1983 after a European Study indicated insufficient activity for further research."

I assume it is research such as I have delineated in the 'To Dr. Varmus' letter which is the basis of the conclusion arrived at by the Huntsman Cancer Institute; their spokesman stated in a December 6, 1999 letter to me:

"While initial studies of Thiazolidine-4-carboxylic acid showed some cancer-fighting promise, as you point out in your letter later tests in other laboratories could not reproduce similar results. While you may disagree with this, researchers simply must rely on the scientific method of achieving consistent results in repeated testing."

John S. Roberts - It is time that everyone become aware of the fact that the medical community of the world put forth a **SCANTY, SKIMPY, PUNY, PALTRY** effort to explore the potentiality of Thioproline.

If anyone were to hold in their hand the research which was used to abnegate interest in Thioproline, they would be shocked, dumbfounded and dismayed by its paucity.

In my opinion, one of the most wonderful discoveries of all time - the cure for cancer - occurred **20 years ago** in Spain, and the medical community of the world, for the most part, has seemed to be singularly indifferent and uninterested.

Unless there are facts 'out there' of which I am not aware, I am forced to conclude with a sense of amazement that the medical community of the world has had at its disposal for **the past 20 years** a possible cure for cancer but has not done anything to promote its development.

Why is this so?

If my words prove true, my procedure will cause the ruination of the multi-billion dollar cancer care industry. It's as simple as that !

In a December 28 letter to me Diann (Eat2Heal@aol.com) asked:

"Question: Is it possible for people to have access to this acid cheaply and of course it could only be sold as a health food supplement? Otherwise the FDA would stop it."

Diann, I might be exaggerating, but with a little bit of know-how I think anyone could 'whip-up' Thiazolidine-4-carboxylic acid (Thioproline) in his or her kitchen; it is not illegal to do so nor would anyone's patent right be infringed upon; thanks to **Sarah Ratner** here is the procedure as described on page 7 (left hand side pagination) of www.jsr1936.com -

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

somewhat soluble in cold water, readily soluble in hot water, in acid and in alkali."

As far as I can determine, this procedure is not dangerous.

On page 14 of www.jsr1936.com I describe a procedure to formulate a chemical which might be effective in the treatment of HIV/AIDS. The chemical is L-2-Methylthiazolidine-4-carboxylic acid (L-MTCA). As you can see, this acid is related to Thioproline, and both of these acids are related to **PENICILLIN** because they contain a 'thiazolidine ring'. However this procedure could be very dangerous because one of the components, acetaldehyde, is flammable and could explode !

I hope that clinical trials will someday be conducted to see whether -

1. The combination of 'mega-doses' of Thioproline and vitamin C and 'above average' amounts of magnesium, zinc and manganese will cure Cancer.
2. The combination of 'mega-doses' of L-MTCA and NAC (N-Acetyl Cysteine) will cure HIV/AIDS.
3. The combination of 'mega-doses' of d-penicillamine plus copper and vitamin C will cure Chronic Myelogenous Leukemia (CML).

In addition I hope that this sentence will be added to the warning label on all containers of alcoholic beverages -

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

In my opinion, the cure for cancer presently exists but is not being exploited by the medical profession. If anyone wishes to take action against this gross injustice which is being perpetuated upon mankind they should refer to the posting, 'Cancer cure? Let's find out !'.

Yours truly,

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

Post Script -

Why is Thioproline so effective?

On page 13 (left hand side pagination) of www.jsr1936.com I state:

"Is this the key to the cure for cancer? Thiazolidine-4-carboxylic acid is very **HYDROPHOBIC** or water repellent. Does this happen? The cancer cells absorb this acid and by so doing they concomitantly lose the ability to absorb water, and they consequently die. The healthy cells are not affected in a similar fashion. Is this a plausible explanation?" (I misspelled 'HYDROPHOBIC' in www.jsr1936.com.)

This letter will constitute my sixth regular Monday posting to cancercure@egroups.com. If you wish to see the other five, refer to the posting, 'Best censored story - still No. 1?'. j.s.r.

Copies to -

President Clinton, The White House, Washington, D.C.
 Congressman Peter J. Visclosky, 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 (NIH), Bethesda, Maryland
 Richard Klausner, M.D., Director, National Cancer Institute (NCI), Bethesda, Maryland
 James M. Pluda, M.D., Senior Clinical Investigator, NCI, Rockville, Maryland

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Robert F. Cathcart, M.D., 'Orthomolecular Medicine', Los Altos, California
Mrs. Helen Gutierrez, 'The Herb Lady', Portage, Indiana
Mrs. Ricky Ortiz, 'Laredo Health & Organic Foods', Laredo, Texas
Mr. Mike Fernandez, Laredo, Texas
Mr. Jerry Rollins, jrtex@webtv.net
Dr. Ralph Moss, tmranne@aol.com
Dr. Hulda Clark, International Diagnostic Center, Imperial Beach, California
Mrs. Judy Singer, Radwick@aol.com
Mr. Jon Huntsman and Dr. Stephen Prescott, Huntsman Cancer Institute, attn: Anne Huie

Visit <http://cancercure.evangelist.net> for cancer info or to unsubscribe



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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
005. email	re: Personal cure for cancer (5 pages)	12/30/1997	b(6)

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National AIDS Policy Office

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FOLDER TITLE:

Random Letters [5]

2018-0764-F
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- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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RR. Document will be reviewed upon request.

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- 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]
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