FOIA Number: 2018-0764-F

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Random Letters [1]

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Withdrawal/Redaction Sheet
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	re: Personal cure for AIDS (6 pages)	08/21/1999	b(6)
002. email	re: Personal cure for AIDS (3 pages)	08/23/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21065

FOLDER TITLE:
Random Letters [1]

2018-0764-F
jm2231

RESTRICTION CODES

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

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

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

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

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

- The government of South Africa is committed to the use of all effective, safe and affordable interventions aimed at reducing mother to child transmission of the HIVirus.

- Towards this end earlier this year, the Department of Health released clinical guidelines for the obstetric management of women who are HIV positive.

- Furthermore, we have supported local research into affordable regimens of Antiretrovirals for use in developing country contexts.

One such initiative has been the support given to the SAINT (South African Intraportum Niverapine Trails). The results of these trails were presented during the XIII International Aids Conference in Durban.

- The national Minister of Health has undertaken to convene a national consultation on 12/13 August 2000 at which we shall review the major recommendations emanating from the Durban conference. A specific focus will be given to an analyis of available evidence on MTCT with a focus on:

  - The results of the SAINT studies
  - Breastfeeding
  - The development of resistance which was earlier reported in the Niverapine (HIVNET012) studies in Uganda
  - The implications of the reversal of some of the benefits that attends continued breastfeeding in mothers who had been given antiretrovirals.

South African Researchers and other identified stakeholders will be invited to these discussions.

The above discussions will contribute to the formulation of public policy.

- It is expected that the report of the President's Advisory Science Panel on Aids will make a crucial contribution to the process of the further elaboration

of a correct and focused response to HIV/AIDS.

- We remain convinced that an effective, sustainable response to the challenge of acquired immune deficiency in our context, has to confront fundamentally the pervasive scourges such as Poverty and diseases like TB, Malaria, Sexually Transmitted Infections and other chronic diseases. At the same time there is a fundamental need to invest in the health systems and health infrastructure to be better equipped to confront the health crisis in our country, including proper management of anti-retroviral drugs prescribed for HIV/AIDS. Accordingly, we refer here to a comprehensive national response to the health crisis, not based on the medicalisation of poverty and under-development.

- As President Mbeki stated, we continue to intensify our national response to HIV/AIDS based on the national strategy released in June 2000. A key component of this is our national commitment to the adequate treatment of opportunistic infections. Guidelines in this regard were released earlier this year.

- We have also allocated additional and dedicated resources amounting to R150 million over 3 years targeted at a programme for children infected and/or affected by the epidemic. This includes, inter alia, a comprehensive approach to caring for orphans as well as accelerating the implementation of a life skills programme as a compulsory element of the curriculum in schools.

Ms. Thomas, 10/13/99

Am w. Agency Contacts to Borders, Furlongs and Committees.
Thx very much for help, Ms. Thomas you have been very to Agency, and you have seen first hand, the impact of Aids.

Ms. Thomas i wanted to inform you of my work with Aids.
if people would only accept what i have to offer i always keep in touch with Portola State Dept of Health. and the CDC they provide us with the information i need. for Aids Education.

I am sorry i missed you at the U.S. Aids Conference held recently here in Denver.
but i did read about you in the Newspaper. and today i hope to meet you and sit down and Discuss Aids and its Global impact.

all i want to do is help in the fight against Aids.

But the same people that appear so helpful. or the same ones that keep this on from happening. over there → (303) 399-9336
DB Denver

at least that is what they must like to do.
of course i would never allow,
them to stop me,
for my mission in the fight against AIDS.

Ms. Thomas i would like to address the President's
Council on Arts and Culture, on the importance of Arts Education,
and Scientific Studies in the U.S. and Developing Countries.
in Washington D.C.
also i am very interested in Arts Careers and Marketing
for which there may be Grants.

Ms. Thomas a few months ago, about a year ago,
i wrote Resident Clinton a 15 page report on Arts,
Science and Human Rights.
i hope he saw it.

Ms. Thomas i have Epilepsy, so of course i am interested
in the Medical Research in Epilepsy Treatment
and Legal Rights for the Disabled.
people need to understand that Epilepsy is a Disability,
although it is hidden.

Respectfully,
Charles Jerry Blackwood

The Blackwood Institute for Arts
Music and Film.

(303) 377-9336
Denver Co

THE CONVENTION ON THE RIGHTS OF THE CHILD IMPACT STUDY

A Project of Rädda Barnen / Save the Children Sweden

Lisa Woll
Director

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The Center on the Rights of the Child

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Concept Paper to Create a West Africa Program

The Convention on the Rights of the Child stands alone in international human rights law as the clearest and most comprehensive expression of what the world community wants for its children.[+]

Overview

The Center on the Rights of the Child was created in 1997 to promote awareness of the Convention on the Rights of the Child (CRC); assess the impact of the CRC in countries around the world; and promote more effective monitoring and implementation of the Convention on the Rights of the Child. The Center on the Rights of the Child will work to promote the utilization of the CRC as a tool that can be used to create positive structures, policies, laws and programs for children.

As a first step towards this goal, the Center will, along with partners in Ghana, launch a West Africa program. This program will ultimately become the West Africa Center on the Rights of the Child (WA Center). The WA Center will fill some of the many gaps which preclude significant progress in the monitoring and implementation of the UN Convention on the Rights of the Child (CRC). The WA Center will be a pro-active focal point for information and for assistance, advocacy, networking and capacity building in 5-7 countries in order to rapidly and sustainably enhance the capacity of some West African nations to monitor and implement the UN Convention on the Rights of the Child.

Background

The work of the Center on the Rights of the Child will seek to fill some of the gaps in CRC implementation which have been documented in the International Convention on the Rights of the Child Impact Study. The International CRC Impact Study was created in 1996 because there was a dearth of information about the effect of the CRC on local, national and international actors and institutions. Lisa Woll, who had been a member of the Save the Children Alliance Working Group on the CRC, joined with Radda Barnen (Swedish Save the Children) in 1997 to create and direct the International CRC Impact Study. In order to help facilitate funding for the project, and to have an organization through which to undertake CRC related work in the future, in 1997 Ms. Woll created the Center on the Rights of the Child, a Washington, D.C. non-profit organization.

[+] UNICEF/UN Centre for Human Rights Fact Sheet

The International CRC Impact Study analyzed the effect that the CRC is having on a broad array of institutions and actors who have the responsibility and ability to advance children's rights at local, national and international levels. The study was undertaken in Nicaragua, Yemen, Sweden, Ghana, the Philippines and Peru and asks: "How is the Convention on the Rights of the Child influencing policy and programming related to children?" The study does not focus on the direct impact of the CRC on children, with the exception of how children are involved in creating the policy and programming which affects them. The belief underlying the study is that unless such actors as government, non-government organizations, international non-government organizations, media, research institutions, UN agencies and others are changing their programming and policy in response to the CRC, the ability to change children's lives for the better will be severely limited. Thus, the study assesses whether and how those institutions and actors have changed since the CRC was ratified.

The Rationale for Creation of a West Africa Center on the Rights of the Child

The International CRC Impact study finds that ratification of the CRC has caused action to be taken by national governments, local non-government organizations (ngos), a minority of local governments and a minority of international donor organizations, including UNICEF. The rest of civil society, generally speaking, has been largely unaffected by the CRC. Public awareness of the CRC is generally low, and the impact of the CRC lessens the closer one gets to a child.

Below are some of the conclusions that have emerged from the study:

Countries do not generally have environments which are hospitable to child rights

In the six countries in this study, human rights, including children's rights, are generally more visible in society than they were a decade ago.

Yet there remains an overall lack of knowledge and understanding of the CRC and the concept of children's rights throughout the study countries. Many government officials, as well as officials in other sectors, do not know about the CRC and the efforts which have been made to advance it. Government officials, however, are not alone as much of the general populace knows little about the CRC as a result of a general lack of promotion by government and NGOs.

Widespread and systemic poverty in all the developing countries is one significant barrier to the realization of some of the economic and social rights such as access to health, education and social services. This poverty is exacerbated by macroeconomic policies that are perceived to reduce the ability of the government to direct funds into the social sector.

Another significant factor precluding a more welcoming environment for child's rights is that there are strong cultural barriers to accepting children as rights bearers. While Article 12 of the CRC holds that children and young people have the right to exert influence and to participate in that society, this concept has not permeated the societies in this study.

Notwithstanding the barriers cited above, every government in this study has undertaken a series of actions to advance the CRC

Every government has taken a series of actions that *could* allow for far greater implementation of the Convention on the Rights of the Child. Indeed, governments have created situations in which, with proper support, funding, and technical assistance, real advances in children's rights could be made.

All study countries have submitted government reports to the UN Committee on the Rights of the Child at least once. Fortunately, countries have not limited their response to the CRC to reporting. The CRC has served as the basis for comprehensive review and changes in law in four of six countries, and a fifth is currently undertaking such a review. Of equal importance, governments have created or tasked an existing entity with coordinating or monitoring the implementation of the CRC.

However, in every country, the effectiveness of these actions is not yet demonstrated in terms of programmatic approach and outcome. The legislative changes in most of these countries have taken place in the last year. The coordinating bodies in all the developing countries are perceived as not having sufficient financial or human resources, nor the clout to make things happen within the relevant agencies of government.

The longer term success of these initial efforts will be affected by the fact that there exists little or no coordination between government departments at a national level and between national and local units of government. In the developing countries, they also face the additional burdens of fiscal constraints and thus highly limited budgets, lack of basic data on children which limits the ability to undertake effective monitoring, and extreme social and economic disparities.

Ratification of the CRC has had significantly less effects on local governments than on national governments, yet local governments have much of the responsibility for delivering services to children

A significant challenge for all these countries is the increasing responsibility of local government for the delivery of children's services. This has made the issue of coordination and monitoring more complicated because the study found, overwhelmingly, that the closer one gets to a child, the less the CRC has permeated. Local governments generally reveal low levels of awareness of the CRC as well as low levels of implementation, particularly in rural areas. The majority of the developing country local governments in this study are extremely weak.

Yet, this study also finds that some of most interesting examples of truly creative child rights based programming and children's participation are found at the local level.

The country based non-governmental sector has taken their role in advancing the CRC seriously, though, like governments, their role in advancing the CRC is at an initital stage

In every country in this study, some kind of NGO Coalition has been created with the advancement of the CRC as its core mission. Additionally, some NGOs outside of the coalition membership within each country have undertaken efforts to advance children's rights. Their

actual effectiveness, in terms of causing changes to be made in government and in monitoring government implementation, has been more limited.

Foreign donors have generally not included human rights, including the CRC, in their programming priorities

One of the most underutilized sectors in creating a strategy to advance the CRC is the role of foreign donors.

Outside of national NGOs and some INGOs, civil society, in general, has not become engaged in promoting or advancing the CRC

While the role of the media in disseminating information about the CRC, and in disseminating stories which portray the child as a subject with rights, has been disappointing, the media has been more engaged than other actors in civil society.

Academic and other research institutions have the potential to instigate action on children's rights by highlighting problems and obstacles to the implementation of the CRC. Yet, there has been little work of consequence done in these institutions.

Political parties, religious institutions and trade unions have largely ignored the CRC in their agendas, though the study does include some examples of church involvement in advancing the CRC.

The notion of the child as a social actor, perhaps the most radical element of the CRC, has gone largely unrealized

Children's participation in the policy and programming which affects them is rare, though this study does contain examples of some good practices. Much more prevalent are episodic instances where children's rights to participation are showcased, such as children's congresses or parliaments.

♦♦♦

All of these findings indicate needs which need to be addressed. Thus, after analyzing the kinds of follow-up that would address these gaps, it became clear that regional work would be an effective next step. In the same way that the International CRC Impact Study filled an information gap, the Center on the Rights of the Child, and by extension, the WA Center, will fill an organizational gap. While there are organizations already working to advance the CRC, there remains a paucity of human and financial resources working towards enabling the CRC to achieve its maximum potential. Additionally, undertaking the International CRC Impact Study has led to the conclusion that working in more than one country at a time will allow for a greater economy of resources, and more importantly, will allow a greater number of countries to increase their ability to advance the CRC.

Beyond the findings of the CRC Impact Study, review of some key documents and initial conversations with organizations in West Africa and have indicated sizable gaps in the area of

child rights. There are a number of countries in West Africa without any substantial child rights organization, with the exception of UNICEF. And within those countries with a more active child rights community, the promise of the CRC remains largely unrealized because of a variety of governmental, non-governmental, societal and financial weaknesses. For example, according to UNICEF, as of December 1997, of 23 countries in West and Central Africa, 12 states had an estimated delay of 2-4 years in reporting to the UN Committee on the Rights of the Child. As of August 1997, according to Swedish Save the Children, 9 CRC related Coalitions existed in West Africa. These Coalitions noted that they had difficulties because of their lack of experience in being part of coalition efforts and their lack of financial resources which greatly impedes their ability to function effectively.

Efforts in West Africa will build upon the support for this work already present in Ghana. The Vice President of Ghana launched the CRC Impact Study and has indicated his support for improved implementation. The Ghana NGO Coalition and the Ghana National Commission for Children are also very committed to the work of the West Africa Center. Most importantly, the University of Ghana has agreed to house the West Africa Center and to provide a range of university services, including the creation of child rights courses, and access to interns, research institutions, etc. The West Africa Program will be based within the Center for Social Policy Studies which works to develop and improve social welfare policy research in Ghana, including a focus on the development of the child.

The regional work of the WA Center will cut across countries, and will allow some national turf politics to be overcome. For instance, in undertaking the CRC Impact Study, the Director of the International Study needed to intervene within some of the countries to sort out issues between sectors and players. This speaks to the importance of having an organization which is outside of any particular national context, but at the same time perceived to be very committed to the advancement of children's rights in those countries and able to work with all stakeholders.

Additionally, unlike some of the existing organizational players who have programmatic responsibilities such as education and health programs, and who struggle to find money and time for advancing the CRC, the WA Center will not be tied to sectorally driven national programs. All of the WA Center's time and energy will be devoted to being a cross-sector catalyst for more effective monitoring and implementation of the Convention on the Rights of the Child.

Third, the WA Center will be a small and nimble non-governmental organization that is not tied to the changing programmatic and financial interests of a large organization. It can thus work with these larger organizations on projects of joint interest, but also take a role in those areas in which no organization is currently working.

The Proposed Project: The West Africa Center on the Rights of the Child (WA Center)

The Washington, D.C. Center on the Rights of the Child proposes to follow-up the International CRC Impact Study by launching a West Africa program that will result in the creation of a West Africa Center on the Rights of the Child. The WA Center will be a catalyst to increase the ability of key players to monitor and implement the CRC within a subregional area through concentrated

and sustained attention and activities. It will motivate, assist and build the capacity of those institutions and actors with the ability and responsibility to advance the monitoring and implementation of the Convention on the Rights of the Child. This includes government, non-government organizations, international non-government organizations, media, research institutions, and UN agencies. In order to obtain the most substantive impact, the bulk of the WA Center's work would be limited, at least initially, to five-seven countries.

The staff of the WA Center will be intimately involved with the child rights activities in the area, and can function as "the go-to people" when someone needs to know what is happening related to the CRC in West Africa. Additionally, the WA Center will begin to build a funding base that is drawn from the region, thus allowing the WA Center to truly put regional resources towards the monitoring and implementation of the CRC.

The WA Center will, wherever possible, collaborate and build upon the work of the other organizations present in the area (such as members of the Save the Children Alliance, NGO Coalitions on the CRC, UNICEF, UNDP, UNESCO, ILO, Government Bodies, Human Rights Watch, Amnesty International, DCI, etc.) For instance, Amnesty International/Children's Rights Project has indicated an interest in having the ability to collaborate with an "on the ground partner" such as the WA Center.

The creation of the WA Center will allow us to answer this question: "Can a reasonable sum of money; a select number of committed and knowledgeable people; a strong network, and a sustained effort; focused on a few countries, cause greater and more effective implementation and monitoring of the Convention on the Rights of the Child?" If the answer is yes, as we anticipate it will be, the WA Center will be used as a model to replicate in other parts of the world. In ten years, it is envisioned that it would be possible to create a number of small regional or subregional Centers on the Rights of the Child to advance the CRC.

1st Year Activities

During the first year of operation, the Center on the Rights of the Child will hire a staff person in Ghana to undertake a limited number of projects and to build the necessary partnerships for the launching of the West Africa Center on the Rights of the Child.

A significant portion of the first year will be spent obtaining answers to the questions below. These answers will allow us to create one, three and five year plans for the WA Center. To answer these questions, interviews and meetings with a wide variety of child rights actors will take place.

- Regionally, what child rights resources already exist? What is the point of view of these individuals and organizations about the region's greatest needs? How would such organizations and individuals want to collaborate with the WA Center?

- Recognizing that W. Africa is a large region, in which five-seven countries would it make the most sense to put concerted effort?

- What indigenous sources of funding exist within W. Africa—businesses, professional associations, philanthropic organizations, etc.?

- What strategic objectives should be included in the one, three and five year plans of the West Africa Center on the Rights of the Child?

As a result of these inquiries:

- The 5-7 countries for inclusion under the umbrella of the WA Center will be chosen.

- Two countries in West Africa will be selected to undertake a study similar to the CRC Impact Study.

- A West Africa Advisory Committee will be created.

- A one, three and five year plan for the Center will be created.

Additionally, in the first year, research will be undertaken in Ghana and the US about the necessary steps to create a West Africa Office of the Center on the Rights of the Child.

2nd Year Activities

During the second year, the strategic objectives identified for the West Africa Center will begin to be carried out. While the exact nature of those tasks needs to be flexible so that participant countries can have input, activities are expected to draw heavily from among the following areas which address the gaps revealed by the CRC Impact Study.

Enhancing Government Implementation

Assist non-governmental organizations in their capacity to monitor the implementation of law reform that has resulted from the CRC;

Work with governments and non-governmental organizations to create inter-party groups on children's rights within legislative bodies;

Work with local governments and NGOs to educate them on the CRC, and to replicate some of the existing successful local CRC efforts such as Municipal Commissions for Children;

Work with governments and non-government organizations to increase attention paid to the reporting process to the UN Committee and to publicize and follow-up the Concluding Observations of the UN Committee;

Work with one or two countries to develop model child rights curricula for use in the educational system. Bring such examples to the attention of officials of the Ministries of Education within the focus of the WA Center.

Technical Assistance and Training

Provide technical assistance to allow countries (1-3 a year) to undertake studies similar to the impact study, and follow-up these studies on an ongoing basis;

Create greater knowledge among child rights advocates about how macroeconomic policies affect children;

Provide technical assistance on advocacy and coalition building to ngos engaged in promotion of the Convention on the Rights of the Child;

Provide ngos with training on how to diversify their funding sources.

Promote children's participation in programming. Find examples of programming in which children are actively involved and train groups in W. Africa about how to undertake such programming;

Train the media on how to research and report about children's rights issues and how to work with children as subjects.

Strategic Planning

Conduct a feasibility study on sources of corporate, individual donor, and philanthropic funding in West Africa.

Networking/Information Exchange

In coordination with the Child Rights Information Network, act as a clearinghouse of information about what is occurring in the region related to the implementation of the CRC;

Allow for exchanges of experience between ngos (coalitions particularly, where they exist) between governments, and between other important actors;

Disseminate information on good practices of ngos, governments and other entities related to implementation and monitoring of the CRC.

Outreach and Public Awareness Raising

Work with ngos, governments, and media within the region to develop public awareness campaigns about the rights of children and the situation of children within the country/region;

Provide information about the CRC to research and academic institutions in order to enhance their ability to undertake CRC related work;

Begin a long-term campaign to create greater awareness of the CRC among donors and to incorporate advancement of the CRC into their program agreements with government.

Grantee Description

The launching of the West Africa program will be the first undertaking of the Center on the Rights of the Child. Lisa Woll, the Center's President, created, located the initial funding, and currently directs the International Convention on the Rights of the Child Impact Study. As Director of this study, Ms. Woll supervises the study teams in six countries, has visited each country to assist them with the substance of their studies, and is responsible for writing the international study.

Prior to the impact study, Ms. Woll was the Director of the Washington Policy Office of Save the Children-US, an international and domestic community development organization. While at Save the Children, she was a member of the International Save the Children Alliance Working Group on the Convention on the Rights of the Child. Ms. Woll was also chair of the D.C. based US Working Group on the CRC, a broad coalition of organizations and individuals working on behalf of ratification of the CRC. In that role, she worked closely with UNICEF, members of the Administration and Congress and a host of US based organizations. The Center will draw upon Ms. Woll's international networks and ability to work with organizations such as UNICEF and the Save the Children Alliance.

Ms. Woll is also active in child labor issues, coordinating efforts to get child labor initiatives included in the US foreign aid bill, and served as an advisor to the Council on Economic Priorities' Project on Child Labor and Global Sourcing and the Foul Ball Campaign. She was recently named to the U.S. Treasury Advisory Committee on International Child Labor Enforcement.

Ms. Woll has also created, managed and raised funds for other non-profit initiatives, providing her with skills which will be of immense value to the work of the work of the Center on the Rights of the Child. She was Executive Director of Friends of VISTA, a national non-profit organization, and founded Suited for Change, a metropolitan Washington non-profit organization. She is also a founding board member of WAGES, International (Women's Alliance for Gainful Employment and Self-Sufficiency). Additionally, she has been a legislative assistant for Representative Lee Hamilton, and a New York City Urban Fellow in the NYC Human Resources Administration.

Ms. Woll is also a board member of Friends of VISTA and a Commissioner on the Montgomery County Commission for Women. She has an MA from George Washington University, a BA from the University of Illinois, and spent a year in Melbourne, Australia as a Fulbright Fellow.

Alice Sena Lamptey, a citizen of Ghana, will work with Ms. Woll in launching the West Africa program.

Ms. Lamptey holds a Masters Degree in Business Administration. She is currently the Program Development Officer of the Save the Children Fund (UK), Ghana Country Program. Children's rights promotion has been an integral part of Ms. Lamptey's work at Save the Children Fund. She coordinated the Ghana Country Study of the International Convention on the Rights of the Child Impact Study. She has provided technical support and assistance to SCF's partners, primarily the Ghana National Commission on Children, the Department of Social Welfare, and The Ghana NGO Coalition on the Rights of the Child. She has worked extensively with these organizations on building capacity in CRC training, monitoring and implementation and ensuring children's participation in program design, implementation and evaluation. Additionally, she has done a great deal of training on children's rights. She serves as a resource person for a number of public, private and non-governmental institutions. She is also on the board of the Ghana NGO Coalition on the Rights of the Child.

Additionally, as SCF's Program Development Officer, Ms. Lamptey's responsibilities include advising on new program initiatives for the Ghana Country Program, making input into program initiatives at the West Africa Regional level and networking with the regional representatives of the Save the Children Alliance, particularly Radda Barnen, on behalf of the NGO Coalition on the Rights of the Child. In addition to assisting in the development of SCF's next 5 year Strategic Plan (1999-2004), Ms. Lamptey has been largely responsible for the development of new project proposals for funding by SCF, the European Union, UNICEF, UNAIDs, Radda Barnen, etc. Ms. Lamptey serves as the representative of International NGOs working in Ghana on the Structural Adjustment Participatory Review Initiative Process (SAPRI). The WA Center will make excellent use of Ms. Lamptey's regional networks and experience in child rights.

Between 1993 and 1996, Ms. Lamptey was the NGO and Workplace Program Manager of the Family Planning and Health Project and later the Ghana Social Marketing Foundation, both US AID funded projects. In these two capacities, her job entailed doing advocacy and managing family planning and HIV/AIDS and related health interventions through 18 local NGO partners. From 1981-1993, Ms. Lamptey worked for the University of Ghana, Legon and served in various capacities before resigning the post of Business Development Manager of the University Consultancy Center.

Ms. Lamptey serves as a member of a number of professional bodies in Ghana, including the Institute of Marketing and the Board of the Ghana Supply Commission.

Estimated Budget

The budget for the first two years of operations is approximately $375,000 US.

Approximately half of these costs are based in West Africa. The University of Ghana, Legon, has already agreed to provide the following in-kind donations to the Center: space, access to necessary hardware such as phones and computers, and use of other university services.

We are seeking additional partners within Ghana and West Africa to collaborate with us by providing financial and in-kind support to allow us to quickly get the program started in West Africa. These potential partners include Radda Barnen (Save the Children /Sweden), UNICEF (United Nations Children's Fund), UNDP (United Nations Development Program) UNFPA (United Nations Population Fund), and US AID (Agency for International Development).

Funds are also being sought from foundations and individual donors.

4/639-8890
Melissa Sheppard

February 16, 2000
14 Lexington Ave.
Jersey City, NJ 09706

Office of National A.I.D.S Policy
736 Jackson Place
Washington,D.C 20503

Dear To whom this may concern,

Hello, my name is Shamirah Thomas. Iam a 15 year old student at Lincoln High School in Jersey City,New Jersey. Iam doing a research paper on Aids.

I was wondering if you could give me information about this disease. I know some information but I would like more to make my paper a great success. So if you can help me Iwould really appreciate it. Thank you, for taking out the time to help me gather information on my topic.

Thank you,
Shamirah Thomas
Shamirah Thomas

MS. THURMAN

From: John S. Roberts <jsr1936@jsr1936.com>
To: jsr1936@jsr1936.com <jsr1936@jsr1936.com>
Date: Monday, August 30, 1999 10:28 AM
Subject: Cure for Cancer?, The White House, Nobel Prize, HIV/AIDS, Alcohol Abuse, Lou Gehrig's Disease, Macular Degeneration, Thiazolidine-4-carboxylic acid, Penicillin, Glioblastoma, Leukemia, Australia, Sweden, Thalidomide, Dr. Folkman

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www.jsr1936.com **John Stacy Roberts** jsr1936@jsr1936.com **August 30, 1999**

Dear Ben,

Since August 21, 1999, I have been e-mailing letters to various individuals and groups; I call them my 'August Letters'; there are six of them (seven including this one).

The letters begin with these words -

Mailed to you 8/28/99

"Copies of this letter are being e-mailed to....." 6 pages
"Dear Judy, since November, 1997, I have been continually proposing....." 3 pages
"This morning at 7:00 A.M. on August 24, 1999, I read 'Cancer Research - A Super Fraud?'....." 2 pages
"This letter and three others constitute my latest research efforts;....." 5 pages
"Dear Citizens of the world....." 8 pages
"The National Board of Health and Welfare (Socialstyrelsen) S-10630, Stockholm, Sweden" 3 pages

Ben, if you are lacking any of these letters, please e-mail me at jsr1936@jsr1936.com.

Anyone reading this letter and wishing to obtain these letters could do likewise.

My web address is www.jsr1936.com; it is a 30 page report (It might print out at 34 to 36 pages); the report is titled 'The Cure for Cancer?'.

Ben, your August 24, 1999 posting contained these passages (I received only one of the 'Thalidomide' passages) -

"Greetings,
Here are three stories on Thalidomide in today's USA today.
I am glad to see Dr. Robert D'Amato get some well deserved press. Keep in mind, Thalidomide is Dr. Folkman's proof of principle angiogenic inhibitor."

"Thalidomide comes back as cancer drug.
Thalidomide, an anti-morning-sickness drug that inspired hatred worldwide for causing terrible birth defects in the 1950s and 1960s, has made a comeback as part of a revolutionary way to treat cancer. Thalidomide belongs to a promising class of drugs called angiogenesis inhibitors which stop the development of blood vessels that fuel a tumor's growth. In some cases, these drugs have been shown to melt away cancer, a result that holds out the possibility of finding a cure. Scientists are studying at least 40 angiogenesis inhibitors today, but most have not approved for general use. But thalidomide and a handful of other angiogenesis inhibitors have passed muster with the Food and Drug Administration, although not necessarily as cancer treatments. Still, cancer patients can get the prescription drugs at pharmacies across the nation."

Ben, what if a way were discovered to cripple the cancer cells in their ability to absorb water but leave unaffected the healthy cells? The cancer would then simply "melt away" would it not?

Ben, I believe I have discovered such a way. It employs Thiazolidine-4-carboxylic acid which is very 'hydrophobic' or water repellent.

Since it contains a 'Thiazolidine ring' this acid is related to PENICILLIN, and we all know how fast PENICILLIN cures certain ailments.

The best way to swallow this acid is in pill form; however, it is presently not available in the United States for this purpose.

In The Cure for Cancer? I describe how a person can 'manufacture' this acid in his or her own home by combining the artificial sweetener, 'Equal', and L-Cysteine.

Needless to say, this procedure does not require the approval of the Food and Drug Administration (FDA).

This acid is composed simply of L-Cysteine (one half) and formaldehyde (one half); 'Equal' metabolizes into formaldehyde; thus, 'Equal' plus L-Cysteine yields Thiazolidine-4-carboxylic acid.

Of course, formaldehyde is extremely toxic; however, my research has revealed that vitamin C affords PHENOMENAL protection against the toxicity of formaldehyde.

I have been alerting Washington D.C. about Thiazolidine-4-carboxylic acid and vitamin C since November 30, 1997. That stack of INDIVIDUAL letters which I am holding on page 30 of www.jsr1936.com presently weighs 8 lbs.

No one has ever sent to me or my Congressman a definitive response.

Ben, could your Congressman take some action?

If Washington, D.C. knows that this will work and is holding back because it will ruin the billion dollar Cancer Care Industry, we are living in the midst of the biggest whorehouse (In fact, this gives whores a bad name.) on the face of the earth as far as the treatment of cancer is concerned - The United States of America.

If I speak the truth, the cure for cancer, in all its forms, can be brought about if the patients swallow 'mega-doses' of Thiazolidine-4-carboxylic acid and vitamin C and 'above average' amounts of magnesium, zinc and manganese.

Ben, I wish to thank you for taking an interest in my research and please feel free to use it and share it in any way you wish to the maximum of your ability.

The letters are not copyrighted.

The Cure for Cancer? is copyrighted, but, Ben, you may make as many copies of it as you like - to be given away; they are not to be sold for a profit.

Anyone reading this posting is granted the same copying priviledge as far as The Cure for Cancer? is concerned.

Post Script -

As I stated in my August 27, 1999 letter which was addressed to The National Board of Health and Welfare (Socialstyrelsen), Stockholm, Sweden, and the Campaign Against Fraudulent Medical Research, Lawson, Australia:

"I think the time has arrived wherein every citizen in the United States of America who is concerned about a possible cancer cure should call President Clinton at The White House, (202) 456-1414, and ask him why the National Institutes of Health (NIH) is so reluctant and reticent to repeat a cancer clinical trial which showed such glowing promise in 1979."

Ben, in this letter to you let me repeat some of those results; all of the details are in www.jsr1936.com; these passages are from 'The Lancet' one of the world's foremost and prestigious medical journals:

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

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

"Thioproline (Thiazolidine-4-carboxylic acid j.s.r.) seemed to be completely nontoxic over a wide range of doses, and had considerable antitumour effect in epidermoid carcinoma of the head and neck. Definite signs of activity were observed in epidermoid carcinoma of other regions and in other solid tumours, such as breast, renal, ovary, thyroid, and parotid cancer." (my underline j.s.r.)

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

Ben, the original clinical trial conducted in Spain in 1979 utilized no other substance but Thiazolidine-4-carboxylic acid.

A new clinical trial would also include vitamin C, magnesium, zinc and manganese.

Ben, If I speak the truth, it is as simple as that - The Cure for Cancer.

A practical note about my treatment - anyone wishing to mix 'Equal' with orange juice could do so. I just thought that water and a vitamin C tablet would be a better option for people on a limited income. j.s.r.

Copies of www.jsr1936.com and my 'August Letters' have been mailed in the month of August, 1999, to the following parties; I am also mailing this letter to them:

President Clinton, The White House, Washington, D.C.
Presidente Zedillo, El Palacio Nacional, Ciudad de Mexico, Estados Unidos Mexicanos
Ms. Sandra Thurman, Director, National Aids Policy Office, The White House, Washington, D.C.
The Nobel Committee, Nobel Forum, Karolinska Institutet, Stockholm, Sweden
The National Board of Health and Welfare, Stockholm, Sweden
Campaign Against Fraudulent Medical Research, Lawson, Australia
Professor Andrew V. Schally, Veterans Affairs Medical Center, New Orleans, Louisiana
Representative Peter J. Visclosky, State of Indiana, Washington, D.C.
Senator Richard G. Lugar, State of Indiana, Washington, D.C.
Senator Evan Bayh, State of Indiana, Washington, D.C.
Donna E. Shalala, Secretary of Health and Human Services, Washington, D.C.
David Satcher, M.D., Ph.D., Surgeon General of the United States of America, Rockville, Maryland
Harold Varmus, M.D., Director, National Institutes of Health, Bethesda, Maryland
Richard Klausner, M.D., Director National Cancer Institute, Bethesda, Maryland
Mr. Mike Fernandez, Laredo, Texas
Mrs. Helen Gutierrez, 'The Herb Lady', Portage, Indiana
Mrs. Mary Ann Nickoloff, Lake Ridge Middle School, Gary, Indiana
Mrs. Ricarda (Ricky) Ortiz, 'Laredo Health & Organic Foods', Laredo, Texas
Professor Subbiah Sivam, Indiana University School of Medicine, Northwest, Gary, Indiana
Professor Atilla Tuncay, Indiana University School of Chemistry, Northwest, Gary, Indiana
Mrs. Linda Wozniewski, Indiana University School of Chemistry, Northwest, Gary, Indiana
Lake County Medical Society, Merrillville, Indiana
William Baldwin, Ph.D., Director, Northwest Center for Medical Education, Gary, Indiana
E. Ratcliffe Anderson, Jr., M.D., Executive Vice President, American Medical Association, Chicago, Illinois
Mrs. Judy Singer, Las Vegas, Nevada (If it had not been for Judy, six of the seven 'August Letters' would never have been written.)

Copy of this letter only to -

M. Judah Folkman, M.D., Children's Hospital, 10th Floor, Boston, Massachusetts 02205 If my research interests Dr. Folkman, I will be more than happy to mail all of it to him.

One final note - The INTERNET is new to me, and it has been during this month of August, 1999, that I have begun to familiarize myself with what 'e-groups' are all about. Thus far the following appear to be particularly fruitful -

cancercure@egroups.com
tdalton@softcom.net
bhaines@uswest.net
litedir@PRODIGY.NET
fightforlife@onelist.com

I would appreciate hearing from anyone as to what other groups I should be sending my message to.

In the past I have been posting all of my letters. But from now on I will simply post this letter and will e-mail the six other 'August Letters' if they are requested. **jsr1936@jsr1936.com**

www.jsr1936.com also describes a possible cure for HIV/AIDS. It is a chemical which was patented as a 'cough inhibitor' in 1968.

My bold face emphasis will show how it is a "chemical cousin" to my proposed cancer cure: **Thiazolidine-4-carboxylic acid.**

My proposed HIV/AIDS cure is L-2-Methyl**thiazolidine-4-carboxylic acid.** Since it contains a 'Thiazolidine Ring', it also is related to PENICILLIN.

This acid is composed simply of L-Cysteine (one half) and acetaldehyde (one half).

Both the National Institutes of Health (NIH) and Centers for Disease Control (CDC) have acknowledged that HIV can be inactivated in the test tube by acetaldehyde.

I have been imploring Washington, D.C. to conduct a clinical trial to see if this 'cough inhibitor' could inactivate HIV in the human body.

I have also been imploring the Surgeon General to order a third warning to be printed on all containers of alcoholic beverages. That warning should read:

3) Proper metabolism of alcohol requires the ingestion of above average amounts of zinc, vitamin B-6 and vitamin C.

www.jsr1936.com has all the details, but let me cite just one of them; I'll bet that not one drinker out of million is aware of this fact.

Perhaps not anyone else on the face of the earth is aware of this fact except me and the Encyclopaedia Britannica; the following passage is from the Macropaedia, Volume 1, page 438, 1974 edition:

"As absorbed alcohol is passed through the liver by the circulating blood it is acted upon by ADH (alcohol dehydrogenase), a **zinc-containing enzyme** found chiefly in the liver cells....."

Doesn't it make sense that anyone who consumes alcohol should also include an above average amount of zinc in his or her diet?

www.jsr1936.com also details research which would seem to indicate the vitamin B-6 and vitamin C are also

absolutely essential in the diet of a drinker.

The basic question is this - could a dietary deficiency of these three in the diet of a habitual drinker of alcohol be the root cause for the development of alcoholism? j.s.r.

Copies to Ms. THURMAN

From: John S. Roberts <jsr1936@jsr1936.com>
To: jsr1936@jsr1936.com <jsr1936@jsr1936.com>
Date: Friday, August 27, 1999 2:12 PM
Subject: The White House, Nobel Prize, Cancer, HIV/AIDS, Alcohol Abuse, Lou Gehrig's Disease, Macular Degeneration, Thiazolidine-4-carboxylic acid, Penicillin, Glioblastoma, Leukemia, Australia, Sweden

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August 27, 1999

The National Board of Health and Welfare
(Socialstyrelsen)
S-10630 Stockholm
Sweden

Campaign Against Fraudulent
Medical Research
P.O. Box 234
Lawson NSW 2783
Australia

To The National Board of Health and Welfare
and
Campaign Against Fraudulent Medical Research

Enclosed in this envelope is www.jsr1936.com and my five 'August' letters.

Also enclosed is the Cai/Schally research; as you can see it is five pages long and was published in December, 1994, by the 'Proceedings of the National Academy of Sciences of the United States of America, Volume 91, pages 12664 to 12668.
The title is "Potent bombesin antagonists with C-terminal Leu-psi(CH2-N)-Tac-NH2 or its derivatives"'

The Cai/Schally research is described on pages 1 and 2 of www.jsr1936.com.

If I, John Stacy Roberts, speak the truth, the cure for cancer is at hand.

First, a little bit of history -

In the latter half of 1979 a medical clinical trial involving human beings was conducted in Spain in which very encouraging anti-cancer results were achieved when a certain chemical was used.

This chemical was the only substance utilized during the course of this trial.

All of the details are in www.jsr1936.com.

Unfortunately, because of its toxicity, only a minimal amount of the healing chemical could be swallowed.

However, in www.jsr1936.com I describe how I discovered a certain natural substance which affords protection against the toxicity of this healing chemical.

Since November, 1997, I have been continually imparting this knowledge to our top health officials in Washington, D.C.

This is the only response which has been rendered by the National Institutes of Health (NIH); I received my response in June, 1998, and my Congressman, Peter J. Visclosky, received his response in September, 1998:

"Dear Mr. Visclosky:

Thank you for your recent letter to the National Cancer Institute (NCI) on behalf of Mr. John S. Roberts of Portage. We have received several letters from Mr. Roberts that are similar in content to the letter that you received from him. In our response to Mr. Roberts, we expressed our appreciation for the concern that he has given the cancer problem and we informed him that we have made his ideas available to staff at the NCI. We also informed him that since NCI staff receive large volumes of information from scientists and concerned individuals, their heavy workloads prevent them from responding to each person who offers ideas.

Please feel free to contact me if you have any additional questions or concerns regarding this matter."

I think the time has arrived wherein every citizen in the United States of America who is concerned about a possible cancer cure should call President Clinton at The White House, (202) 456-1414, and ask him why the National Institutes of Health (NIH) is so reluctant and reticent to repeat a cancer clinical trial which showed such glowing promise in 1979.

It would be very simple to repeat the clinical trial; however, this time the natural substance would be included to offset the toxicity of the healing chemical.

If I speak the truth, this would then enable the cancer patient to swallow 'mega-doses' of the healing chemical.

The healing chemical is related to penicillin, and we all know how quickly penicillin cures certain ailments.

The primary computerized medical reference resource of the medical community throughout the world is 'MedLine'.

MedLine contains over 9,000,000 citations. Very few substances are designated as being "anti-cancer".

This healing chemical is designated twice on MedLine as being "anti-cancer".

All of the details are in www.jsr1936.com; however, since Saturday, August 21, 1999, I have written 5 additional letters explicating my research, and if you would like to see them, simply send to me your e-mail address.

Yours truly, John S. Roberts, www.jsr1936.com, jsr1936@jsr1936.com, P.O. Box H, Hobart, Indiana 46342, (219) 763-1933

On August 7, 1999, I mailed to the following parties a copy of www.jsr1936.com. At this time I am mailing to them this letter and the 5 'August' letters -

President Clinton, The White House, Washington, D.C.
Presidente Zedillo, El Palacio Nacional, Ciudad de Mexico, Estados Unidos Mexicanos
Ms. Sandra Thurman, Director, National Aids Policy Office, The White House, Washington, D.C.
The Nobel Committee, Nobel Forum, Karolinska Institutet, Stockholm Sweden
Professor Andrew V. Schally, Veterans Affairs Medical Center New Orleans, Louisiana
Representative Peter J. Visclosky, State of Indiana, Washington, D.C.
Senator Richard G. Lugar, State of Indiana, Washington, D.C.
Senator Evan Bayh, State of Indiana, Washington, D.C.
Donna E. Shalala, Secretary of Health and Human Services, Washington, D.C.
David Satcher, M.D., Ph.D., Surgeon General of the United States of America
Harold Varmus, M.D., Director, National Institutes of Health, Bethesda, Maryland
Richard Klausner, M.D., Director, National Cancer Institute, Bethesda, Maryland
Mr. Mike Fernandez, Laredo, Texas
Mrs. Helen Gutierrez, 'The Herb Lady', Portage, Indiana
Mrs. Mary Ann Nickoloff, Lake Ridge Middle School, Gary, Indiana
Mrs. Ricarda (Ricky) Ortiz, 'Laredo Health & Organic Foods', Laredo, Texas
Professor Subbiah Sivam, Indiana University School of Medicine, Northwest, Gary, Indiana

Professor Atilla Tuncay, Indiana University School of Chemistry, Northwest, Gary, Indiana
Mrs. Linda Wozniewski, Indiana University School of Chemistry, Northwest, Gary, Indiana
Lake County Medical Society, Merrillville, Indiana
William Baldwin, Ph.D., Director, Northwest Center for Medical Education, Gary, Indiana
E. Ratcliffe Anderson, Jr., M.D., Executive Vice President, American Medical Association, Chicago, Illinois

From: John S. Roberts <jsr1936@jsr1936.com>
To: jsr1936@jsr1936.com <jsr1936@jsr1936.com>
Date: Friday, August 27, 1999 1:43 PM
Subject: Nobel Prize, Cancer, HIV/AIDS, Alcohol Abuse, Lou Gehrig's Disease, Macular Degeneration, Thiazolidine-4-carboxylic acid, Penicillin, Glioblastoma, Leukemia, Australia

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Dear Citizens of the world, Thursday, August 26, 1999

My website is www.jsr1936.com and my e-mail address is: **jsr1936@jsr1936.com**.

My most recent research consists of four previous letters -

1. A six page letter dated Saturday, August 21, 1999, which begins with the words, "Copies of this letter....."
2. A three page letter dated Monday, August 23, 1999, which begins with the words, "Dear Judy....."
3. A two page letter dated Tuesday, August 24, 1999, which begins with the words, "This morning at 7:00 A.M....."
4. A five page letter dated Wednesday, August 25, 1999, which begins with the words, "This letter and three others....."

If you wish to receive these letters, simply send to me your e-mail address.If it had not been for Mrs. Judy Singer's 'input', the Monday, Tuesday and Wednesday letters would never have been written. And thanks to Judy, yesterday I came to the realization of something most significant.

I am a retired school librarian with 31 years of experience. All librarians are aware of the 'Cumulated Index Medicus'. These are a series of massive volumes of books which index all of the medical articles which have been written throughout the world. It is published by the National Library of Medicine.

Thanks to modern technology, these medical articles have been computerized and called, 'Medline'.

Medline contains over 9 million citations.

No citations are found if the word combination "Thiazolidine-4-carboxylic acid penicillin" are typed into Medline.

However, 3 citations are found if the word combination "Thiazolidine-4-carboxylic acid penicillamine" are typed into Medline; here are those citations:

1. 'Potent bombesin antagonists with C-terminal Leu-psi(CH2-N)-Tac-NH2 or its derivatives' by Cai RZ, et al.
2. 'The effect of Heparegen and D-penicillamine on the activity of some ammonia metabolizing enzymes in liver and brain of rats intoxicated with ethanol' by Farbiszewski R, et al.
3. 'The antioxidative properties of thiazolidine derivatives' by Wlodek L, et al.

In the first article the abbreviation 'Tac' represents 'Thiazolidine-4-carboxylic acid'.

The Nobel Laureate, Professor Andrew V. Schally is one of the authors of the first study, and he contributed it

on August 25, 1994, to the 'Proceedings of the National Academy of Sciences of the United States of America'; it was subsequently published in December, 1994, Volume 91, pages 12664-12668.

www.jsr1936.com , 'The Cure for Cancer?' devotes its first two pages to the Cai/Schally study.

I did not realize until yesterday that it contained the word, "penicillamine"; I can see it now in the abstract, page 12664, it says, "...and Pen=penicillamine"; 8/27/99 - I see that this page also says, "...; Pen is penicillamine.". And page 12667 states:

".....In the resulting compounds, the nitrogen of the a-amino group of Cys or Pen is a part of a five-membered thiazolidine ring.

We found that the replacement of Cys or Pen by the constrained Cys analogs produced a substantially increased binding affinity in radioreceptor assays....."

However, the Cai/Schally study did not achieve its best result with the compound which incorporated 'Pen'; its best results were achieved with compounds which incorporated 'Tac'. 8/27/99 - I might be wrong about this. The 'Pen' compound was coded 'RC-3985-I'. I do not know what the following terms mean but here are the results: RC-3985-I had the lowest 'Retention time' - 7.30 minutes; however, the 'FAB MS' and 'Antagonistic activity (IC50), nM' for RC-3985-I were not determined (ND). Page 12666 states this: "...Fast atom bombardment (FAB) MS was performed by E. Busker (Degussa AG, Hanau- Wolfgang, Germany) with a Finnigan MAT-95 mass spectrometer." "IC50 is defined as the concentration that inhibited by 50% the stimulation of [3H]thymidine uptake caused by 1nM GRP-(14-27); mean values of two to four independent tests (each performed in six replicates) are indicated."

Nevertheless, I think that experience will show that Thiazolidine-4-carboxylic acid (Tac) will prove to be best compound for the treatment of cancer. We know that it is toxic because it contains formaldehyde, but we know how to protect against this toxicity with 'mega-doses' of vitamin C.

Judy, thanks again, if it had not been for you I would not have made these realizations.

In my Monday letter I stated:

"On August 19, 1999, I typed into Medline the words 'anti-cancer' and 'acid' and found that there were 287 citations which contained this combination. I challenge the scientific and medical community of the world to find in this list an acid which has demonstrated such potent anti-cancer properties as does Thiazolidine-4-carboxylic acid."

On pages 2,3,4 of www.jsr1936.com I guide the reader to finding the only two citations out of over nine million citations wherein 'anti-cancer' and 'Thiazolidine-4-carboxylic acid' are mentioned together.

Tac or Thiazolidine-4-carboxylic acid is composed simply of L-Cysteine (one half) and formaldehyde (one half).

In the past, the toxicity of formaldehyde has limited the use of this acid in the treatment of cancer.

However, in my Saturday letter I stated:

"As I stated on pages 6 and 7 of www.jsr1936.com: 'Thanks to Dr. Sprince and his associates, I, John Stacy Roberts, have made a most fortuitous and felicitous discovery; it is one of the most significant medical discoveries of all time - in the human body, vitamin C affords protection against the deadly toxicity of formaldehyde....."

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

I wish to repeat, as of this date, August 26, 1999, If I, John Stacy Roberts, speak the truth, if a cancer patient

(this might even apply to leukemia) swallows the combination of 'mega-doses' of Thiazolidine-4-carboxylic acid and vitamin C and 'above average' amounts of magnesium, zinc and manganese, that patient's cancer should disappear within a short period of time.

I would like to post to The Internet the following letter which I mailed to The Nobel Committee and Ministry for Health and Social Affairs on August 7, 1999:

"Dear Gudrun, Franzen, August 5, 1999

Attached is your letter of July 24, 1999.

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

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

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

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

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

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

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

Thiazolidine-4-carboxylic acid.

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

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

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

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

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

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

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

On (page 7) I concluded:

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

If my words prove true, the cure for cancer is at our finger tips, and it is my hope that the Ministry for Health and Social Affairs of the Kingdom of Sweden (j.s.r. note 8/26/99 - I was subsequently told to direct my correspondence to National Board of Health and Welfare (Socialstyrelsen) S-10630, Stockholm, Sweden.) will investigate the possibility that the cure consists simply of the ingestion of 'mega-doses' of Thiazolidine-4-carboxylic acid and vitamin C, and 'above average' amounts of magnesium, zinc and manganese.

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

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

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

Post Script -

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

* www.jsr1936.com

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

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

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

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

The title is:

AVID READER MAY HAVE PULSE ON DISEASE CURES -

John Roberts thinks he has disease cures.

But without an advanced degree, no one believes him.

Gudrun Franzen wrote 'For the Nobel Committee':

"Stockholm, July 24, 1999

Dear Mrs and Dr Roberts,

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

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

We are therefore hereby returning your papers.

Sincerely yours,
Gudrun Franzen
For the Nobel Committee"

Appendix - The process of discovery

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

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

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

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

1. There is no citation in 'Medline' to the abstract which appears at the top of (page 6). I doubt if a cross

reference to it exists in any of the multitudinous reference sources of the world's scientific and medical community.

This is how I discovered it -

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

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

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

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

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

The complete abstract can be seen at the top of (page6), and if my words prove true relative to the cure of cancer, the second to last sentence of this brief abstract is one of the most profound medical statements of all time -

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

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

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

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

anti-cancer acid.

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

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

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

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

www.jsr1936.com e-mail: **jsr1936@jsr1936.com**

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

"Dr. Schally, I have attached two studies of which I think you and your colleagues are unaware; they are never referred to or mentioned in your various studies; nor are they mentioned in your bibliographies.

The first study took place in Spain; the second study took place in Poland:

1. "Teatment of Cancer by an Inducer of Reverse Transformation" by A. Brugarolas and M. Gosalvez. This study was published in 'The Lancet', January 12, 1980, pages 68-70.

2. "Selective modulation of non-protein sulfhydryl levels in Ehrlich ascites tumor bearing mice" by L.B. Wlodek and M. Wrobel. This study was published in 'NEOPLASMA', 43, 4, 1996, pages 259-263.

Dr. Schally, as you can see, the No. 1 study deals solely with Tac; it refers to it as 'Thioproline'.

Other 'Thiazolidine derivatives' are referred to in the No. 2 study; Tac is specifically designated as 'CF'."

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

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

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

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

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

I have attached the first page of the Polish study.

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

To see this page (page 259) The INTERNET reader will have to refer to 'NEOPLASMA', 43, 4, 1996, "Selective modulation of non-protein sulfhydryl levels in Ehrlich ascites tumor bearing mice".

COPIES OF THIS LETTER AND 30 PAGE REPORT ARE BEING MAILED TO -

President Clinton, The White House, Washington, D.C.
Presidente Zedillo, El Palacio Nacional, Ciudad de Mexico, Estados Unidos Mexicanos
Ms. Sandra Thurman, Director, National Aids Policy Office, The White House, Washington, D.C.
The Nobel Committee, Nobel Forum, Karolinska Institutet, Stockholm, Sweden
Ministry for Health and Social Affairs, Social Departementet, Stockholm, Sweden
Professor Andrew V. Schally, Veterans Affairs Medical Center, New Orleans, Louisiana
Representative Peter J. Visclosky, State of Indiana, Washington, D.C.
Senator Richard G. Lugar, State of Indiana, Washington, D.C.
Senator Evan Bayh, State of Indiana, Washington, D.C.
Donna E. Shalala, Secretary of Health and Human Services, Washington, D.C.
David Satcher, M.D., Ph.D., Surgeon General of the United States of America, Rockville, Maryland
Harold Varmus, M.D., Director, National Institutes of Health, Bethesda, Maryland
Richard Klausner, M.D., Director, National Cancer Institute, Bethesda, Maryland
Mr. Mike Fernandez, Laredo, Texas
Mrs. Helen Gutierrez, 'The Herb Lady', Portage, Indiana

Mrs. Mary Ann Nickoloff, Lake Ridge Middle School, Gary, Indiana
Mrs. Ricarda (Ricky) Ortiz, 'Laredo Health & Organic Foods', Laredo, Texas
Professor Subbiah Sivam, Indiana University School of Medicine, Northwest, Gary, Indiana
Professor Atilla Tuncay, Indiana University School of Chemistry, Northwest, Gary, Indiana
Mrs. Linda Wozniewski, Indiana University School of Chemistry, Northwest, Gary, Indiana
Lake County Medical Society, Merrillville, Indiana
William Baldwin, Ph.D., Director, Northwest Center for Medical Education, Gary, Indiana
E. Ratcliffe Anderson, Jr., M.D., Executive Vice President, American Medical Association, Chicago, Illinois

THE CURE FOR CANCER?
The answer might be 'Equal'/Nutrasweet and L-Cysteine

THE CURE FOR HIV/AIDS?
The answer might be acetaldehyde. Both the NIH and CDC have said that HIV can be inactivated in the test tube by acetaldehyde.

THE CURE FOR ALCOHOL ABUSE?
All drinkers of alcohol should consume above average amounts of zinc, vitamin B-6 and vitamin C.

COULD SUFFERERS OF LOU GEHRIG'S DISEASE BENEFIT FROM 'BARLEYGREEN'?

COULD THOSE AFFLICTED WITH MACULAR DEGENERATION BENEFIT FROM GINKGO BILOBA AND ZINC?

www.jsr1936.com

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

(j.s.r. 8/26/99 - This concluded the 8 page letter which I attached to my 30 pages of research, The Cure for Cancer?, which I mailed on August 7, 1999 to the 23 parties listed above in bold face type.)

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	re: Personal cure for AIDS (6 pages)	08/21/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21065

FOLDER TITLE:
Random Letters [1]

2018-0764-F
jm2231

RESTRICTION CODES

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

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

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

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

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

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
002. email	re: Personal cure for AIDS (3 pages)	08/23/1999	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office

OA/Box Number: 21065

FOLDER TITLE:
Random Letters [1]

2018-0764-F
jm2231

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]
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From: John S. Roberts <jsr1936@jsr1936.com>
To: jsr1936@jsr1936.com <jsr1936@jsr1936.com>
Date: Tuesday, August 24, 1999 8:47 AM
Subject: Australia, Glioblastoma, Cancer, HIV/AIDS, Alcohol Abuse, Lou Gehrig's Disease, Macular Degeneration

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This morning at 7:00 A.M. on August 24, 1999, I read 'Cancer Research - A Super Fraud?' by Robert Ryan, B.Sc.

The article was copyrighted in 1997 by the Campaign Against Fraudulent Medical Research, P.O. Box 234, Lawson NSW 2783, Australia. Phone/fax +61 (0)2-4758-6822. Email: cafmr@pnc.com.au. URL: www.pnc.com.au/~cafmr http://www.pnc.com.au/~cafmr/online/research/cancer.html.

I have e-mailed to the Campaign Against Fraudulent Medical Research (cafmr) two of my letters and wish, now, to make it aware of my website - www.jsr1936.com - which is titled 'The Cure for Cancer?'.

Mr. Ryan's article consists of eleven paragraphs; I wish to quote two of them:

" 'Everyone should know that most cancer research is largely a fraud and that the major cancer research organisations are derelict in their duties to the people who support them.' - Linus Pauling PhD (Two-time Nobel Prize winner). Have you ever wondered why, despite the billions of dollars spent on cancer research over many decades, and the constant promise of a cure which is forever 'just around the corner', cancer continues to increase?"

"Desired: A State of No Cure?
In fact, some analysts consider that the cancer industry is sustained by a policy of deliberately facing in the wrong direction. For instance, in the late 1970s, after studying the policies, activities, and assets of the major U.S. cancer institutions, the investigative reporters Robert Houston and Gary Null concluded that these institutions had become self-perpetuating organisations whose survival depended on the state of no cure. They wrote, 'a solution to cancer would mean the termination of research programs, the obsolescence of skills, the end of dreams of personal glory, triumph over cancer would dry up contributions to self-perpetuating charities and cut off funding from Congress, it would mortally threaten the present clinical establishments by rendering obsolete the expensive surgical, radiological and chemotherapeutic treatments in which so much money, training and equipment is invested. Such fear, however unconscious, may result in resistance and hostility to alternative approaches in proportion as they are therapeutically promising. The new therapy must be disbelieved, denied, discouraged and disallowed at all costs, regardless of actual testing results, and preferably without any testing at all. As we shall see, this pattern has in actuality occurred repeatedly, and almost consistently.' Indeed, many people around the world consider that they have been cured by therapies which were 'blacklisted' by the major cancer organisations."

I, wish to ask the Campaign Against Fraudulent Medical Research these questions:

Does the nation of Australia wish to see the cure for cancer?

Can the nation of Australia repeat the Spanish clinical trial as I have suggested in my two letters and www.jsr1936.com?

If the nation of Australia is uncooperative, as has been my nation, The United States of America, are there any individuals or groups within the nation of Australia which could repeat the Spanish clinical trial as I have suggested?

If I, John Stacy Roberts, speak the truth, cancer can be cured by having the patient swallow 'mega-doses' of Thiazolidine-4-carboxylic acid and vitamin C and 'above average' amounts of magnesium, zinc and

manganese.

Don't forget - this acid is related to PENICILLIN, and we all know how fast PENICILLIN cures certain ailments.

John S. Roberts, www.jsr1936.com, jsr1936@jsr1936.com, P.O. Box H, Hobart, Indiana 46342, (219) 763-1933

Post Script:

Copies of this letter are being e-mailed to Vincent Gammill, Sc.D. Mr. Tom Dalton, Mr. Jerry Rollins, Mr. Nathaniel Lim, Mr. Lloyd W. Seawright, Mr. Edwin Samn, Ms. Estella Rodriguez, Mr. Robert Garcia, Mr. Juan Rodriguez, Mrs. Judy Singer and the National Board of Health and Welfare (Socialstyrelsen), Stockholm, Sweden.

Copies of this letter are being mailed to President Clinton, Presidente Zedillo, Ms. Thurman, The Nobel Committee, Stockholm, Sweden, Professor Andrew V. Schally, Congressman Visclosky, Senator Lugar, Senator Bayh, Secretary Shalala, Surgeon General Satcher, Dr. Varmus, Dr. Klausner, Mr. Mike Fernandez, Mrs. Gutierrez, Mrs. Nickoloff, Mrs. Ortiz, Professor Sivam, Professor Tuncay, Mrs. Wozniewski, Lake County Medical Society, Dr. Baldwin and Dr. Anderson. j.s.r.

From: John S. Roberts <jsr1936@jsr1936.com>
To: jsr1936@jsr1936.com <jsr1936@jsr1936.com>
Date: Friday, August 27, 1999 1:32 PM
Subject: Thiazolidine-4-carboxylic acid, Glioblastoma, Cancer, HIV/AIDS, Alcohol Abuse, Lou Gehrig's Disease, Macular Degeneration, Penicillin, Leukemia, Australia

---

This letter and three others constitute my latest research efforts; the three others begin with these words - "Copies of this letter", "Dear Judy" and "This morning at 7:00 A.M.". If you do not have them, let me know, and I will e-mail them to you.

I am writing this letter on August 25, 1999.

The lady who I have in mind prefers to remain anonymous, so I will simply refer to her as 'Jane Doe'.

Jane Doe posted the following on The INTERNET at some time during the month of August, 1999:

"My Dearest Friends,

Is this for real? Please check out the web site http://www.jsr1936.com, I am so desperate for a cure that I can no longer trust my own judgment. What do you guys think of this? He states that Thiazolidine-4-carboxylic acid is chemically related to penicillin. John Doe (my husband, inoperable aa3 07/1998) was on penicillin in Feb/March when his MRI in April showed a 40% reduction in his tumor. I think I am going to ask Jim Doe (a former member who is great at researching frauds) to look into this. Judy what are your feelings about this? I feel like calling John Doe's PCP to get more penicillin under the guise that he has another sinus infection. Can it hurt?

This is so intriguing, it can't be this simple can it?

PLEASE CHECK THIS OUT ASAP!

Love, Peace, Hope and Prayers for ALL!
Jane Doe

On August 24, 1999, I sent to Jane Doe the following; the subject is 'Thiazolidine-4-carboxylic acid':

"Dear Jane Doe,
Because this acid contains a 'Thiazolidine ring' it is related to penicillin.
This acid is very hydrophobic - I think it will cause the cancer cell to lose the ability TO ABSORB WATER - thus the cancer cell will die.
If I speak the truth, the cure for cancer is as simple as that.
I have been telling this to our top government health officials since November, 1997. THEY HAVE CHOSEN TO DO NOTHING. They don't even respond to me.
Look at that stack of letters I am holding on page 30 - It presently weighs 8 lbs. Don't forget - these are individual letters, not a bunch of copies.
NOBODY HAS ISSUED A DEFINITIVE RESPONSE to me.
Perhaps Australia will repeat the Spanish clinical trial in the manner I have suggested.

bye for now - John S. Roberts, www.jsr1936.com, jsr1936@jsr1936.com, (219) 763-1933.

In her August 22, 1999 letter to me, Mrs. Judy Singer stated:

" Oddly, enough I picked up your e-mail today regarding Thiazolidine-4-carboxylic acid, also known as 'Thioproline', is composed of L-Cysteine (one half) and formaldehyde (one half). Since it contains a 'Thiazolidine ring', this acid is chemically related to penicillin.

"You will note in one report that I sent you and especially that it was observed that patients who were on Penicillamine had 'Anti-GBM' disease which was also observed by Jane Doe when her husband who suffers from an astrocytoma had 40% reduction in his brain tumor having suffered from a sinus infection which resulted in his taking this antibiotic. Earlier observations had been made by a radiologist in comparison of his films of different patients and appeared to be only taken as an odd occurrence. There appears to be a very strong connection to penicillin and reduction of glioblastomas. Evidently, current research is just starting into this direction by professional researchers."

Let me repeat 10 words from Judy's letter:

".....and appeared to be only taken as an odd occurrence."

THEY MISSED IT! THEY MISSED IT! THEY MISSED IT!

Here they had evidence of a possible cure for cancer, and they did nothing about it. It reminds me of our top health officials in Washington, D.C.

Hopefully, the folks in the Land Down Under will show some leadership.

Hopefully, the top government health officials in Australia will give Thiazolidine-4-carboxylic acid a fair trial and see whether it will cure cancer when combined with vitamin C and magnesium, zinc and manganese as I described in my research.

In www.jsr1936.com I relate two anecdotal cases of cancer cures - esophageal (within a week) and prostate (within two weeks). Now I can cite a case which could have been a probable third - Jane Doe's husband - "...when his MRI in April showed a 40% reduction in his tumor." MAYBE THERE IS STILL A CHANCE!

John S. Roberts, www.jsr1936.com, jsr1936@jsr1936.com, P.O. Box H, Hobart, Indiana 46342 (219) 763-1933

Post Script to Nathaniel Lim -

Thank you for your insightful observations (August 24, 1999) as to when the word "cure" could and should be used relative to cancer.

To explore this fully, an agency of government has got to become involved.

Let's hope the Aussies show some leadership.

Mr. Lim, thanks again for your 'input' which I will always appreciate and value.

Post Script to Judy Singer -

Thanks for all the information that you have e-mailed to me this week which included the Australian critique - 'Cancer Research - A Super Fraud?' by Robert Ryan, B.Sc.

Judy, let me quote from one of the your several Cancer/Penicillamine letters; the passage is from a letter sent to you by Tom Park (tom@scv.net):

"Judy, you can find a bunch of abstracts on this substance (penicillamine) by doing keyword searches on any Medline search engine Web site. My favorite is the PubMed site at : http.//www.ncbi.nlm.nih.gov/PubMed. If you search on 'penicillamine AND cancer' you'll get over 200 hits, and while many of those will not be of interest, you're sure to find what you need. You'll have to learn how to scan those abstracts to get the information out of them, but you'll catch on quickly. In my quick visit to the MedLine, it seems like this is a very active, but new area of research. You'll do well to use the boolian AND, OR, NOT logic with the keywords to obtain the specific sort of abstracts that you are interested in. Remember to put multi-word combinations within quotes, as: 'Ovarian Cancer AND penicillamine AND clinial trials'."

Judy, as you can see in the first few pages of www.jsr1936.com I guide the reader through MedLine in showing him or her how to access exactly the only two abstracts which contain together the words 'Thiazolidine-4-carboxylic acid (Thioproline)' and 'anti-cancer'.

Judy, let me do a recapitulation; if a person types into MedLine the following words, the following 'hits' will appear (as of August 25, 1999) -

Cancer - 1,227,090. On July 28 it was 1,222,331. In less than a month it increased by 4759.
Anti-cancer - 2300. On July 28 it was 2280.
Anti-cancer Thiazolidine-4-carboxylic acid - 2. On July 28 it was 2.

Cancer penicillamine - 203
Cancer penicillin - 1198
Cancer thiazolidine-4-carboxylic acid - 47
Thiazolidine-4-carboxylic acid -123
Thiazolidine-4-carboxylic acid penicillin - no citations found
Thiazolidine-4-carboxylic acid penicillamine - 3 citations found.

Judy, let's look at those citations -

1. 'Potent bombesin antagonists with C-terminal Leu-psi(CH2-N)-Tac-NH2 or its derivatives.'
2. 'The effect of Heparegen and D-penicillamine on the activity of some ammonia metabolizing enzymes in liver and brain of rats intoxicated with ethanol.'
3. 'The antioxidative properties of thiazolidine derivatives.'

Judy, in the first article 'Tac' is Thiazolidine-4-carboxylic acid, and on the first page of www.jsr1936.com I state:

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

Judy, on the second page of www.jsr1936.com I state:

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

On page 2 of www.jsr1936.com I went on to say:

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

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

Judy one of you Cancer/Penicillamine articles - UI96273151 - 'In vitro and in vivo interactions of D-penicillamine with tumors' states:

"D-penicillamine (PSH) is a copper chelator that generates hydrogen peroxide and inhibits neovascularization..."

"...Human acute myelogenous leukemia cells were especially sensitive to PSH plus copper..." This makes me (John S. Roberts)wonder - would my proposed cure for cancer also be effective agains leukemia?

Judy, in conclusion I want to briefly mention a possible cure for HIV/AIDS. On pages 13-16 and pages 23-25 of www.jsr1936.com I focus upon this problem.

The third article cited above was written by 'L. Wlodek', and it was published in 1989.

In 1996 L. B. Wlodek and M. Wrobel wrote an article titled, "Selective modulation of non-protein sulfhydryl levels in Ehrlich ascites tumor bearing mice". They are associated with the Institute of Medical Biochemistry, Collegium Medicum, Jagiellonian University, 31-034 Krakow, Poland. The article appeared in 'NEOPLASMA', 43, 4, 1996, and started on page 259.

Although it is not posted on The Internet, within the body of my research I stated:

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

The bottom pentagon represents Thiazolidine-4-carboxylic acid.

The middle pentagon represents L-2-Methylthiazolidine-4-carboxylic acid; this acid is composed solely of L-Cysteine (one half) and acetaldehyde (one half). In 1968 this acid was patented as a 'cough inhibitor'.

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

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

In answer to my question, "Does acetaldehyde destroy HIV in the test tube?", the Centers for Disease Control (CDC) stated on February 1, 1995:

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

And the National Institutes of Health (NIH) stated on August 9,1995:

"The fact that acetaldehyde inactivates the human immunodeficiency virus (HIV) in test tube experiments....."

Could a 'cough inhibitor' cure HIV/AIDS? I have been imploring government health officials to look into this possibility.

Of course, as in the case of a possible cancer cure, Washington, D.C. has chosen to do nothing.

About alcohol - I have clearly delineated to the Surgeon General why there is such an imperative need to issue this third warning on all containers of alcoholic beverages:

"Proper metabolism of alcohol requires the ingestion of above average amounts of zinc, vitamin B-6 and vitamin C."

Of course, nothing is being done.

Judy, thanks again for all your 'inpute'. Bye for now - j.s.r.

Copies of this letter are being e-mailed to Vincent Gammill, Sc.D., Mr. Tom Dalton, Mr. Jerry Rollins, Mr. Nathaniel Lim, Mr. Lloyd W. Seawright, Mr. Edwin Samn, Ms. Estella Rodriguez, Mr. Robert Garcia, Mr. Juan Rodriguez, Mrs. Judy Singer, Jane Doe, Campaign Against Fraudulent Medical Research, Lawson, Australia and the National Board of Health and Welfare (Socialstyrelsen), Stockholm, Sweden.

Copies of this letter are being mailed to President Clinton, Presidente Zedillo, Ms. Thurman, The Nobel Committee, Stockholm, Sweden, Professor Andrew V. Schally, Congressman Visclosky, Senator Lugar, Senator Bayh, Secretary Shalala, Surgeon General Satcher, Dr. Varmus, Dr. Klausner, Mr. Mike Fernandez, Mrs. Gutierrez, Mrs. Nickoloff, Mrs. Ortiz, Professor Sivam, Professor Tuncay, Mrs. Wozniewski, Lake County Medical Society, Dr. Baldwin and Dr. Anderson. j.s.r.

spoke to Poppy; referred her to USAID attache in Nairobi.

Poppy P. Buchanan

1557 Harding Place
Nashville, TN 37215

Fax 615-463-2787
Home Phone 615-665-1889
Email FEBMD@aol.com

August 27, 1999

Ms. Sandra Thurman
Director of White House Office
of National AIDS Policy
White House
Washington, D.C.

Dear Ms. Thurman,

I have become involved in transporting and collecting medical supplies to the AIC Githumu Hospital and medical clinic in Githumu, Kenya. I realize there is NO HIV prevention program in the whole area. Nearly half of the deaths each month are AIDS related. How can I or you help them to become involved in such a program?

Sincerely,

Poppy P. Buchanan

Racial aspects of AIDS - Summer 1999 and 9-99 AIDS Rallies

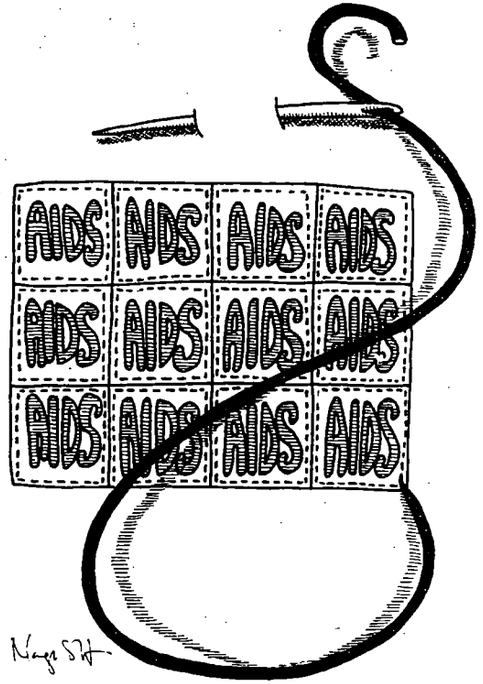
to coincide with Sept. 19 + Sept. 26 SE Michigan rallies on AIDS in Royal Oak, Detroit, and several other cities, subject is brought to head in Detroit Free Press of September 13, 1999 by editorial of (afro-american) Atlanta Constitution editorial page-editor, copy enclosed (address in Kansas City, Missouri) In para. 3 she includes the startling data of 8316 afro-American AIDS deaths 1998 us. in para. 4 the 1997 figure of 9,253 afro-american deaths from violence, with SE michigan's estimated afro-american population in Detroit, Southfield, Oak Park, Pontiac, and Flint for 1990 as follows:

city	'90 Pop.	afro-amer.	%	2000 est.
Detroit	1,027,974	777,916	76.	75%
Flint	140,761	67,485	48.	50%
Oak Park	30,462	10,449	34.	38%
Southfield	75,728	22,053	29.5	35%
Ecorse	12,180	4787	39.	40%+
Highland Park	20,121	18,673	90.	90%

CF: Wh. House - Sondra Thurman; HHS - Sen. Shalala
CDC - Atlanta NIH - Woch.
MAPP - midwest (mich.) aide Prev. Prog. (Covey) Ferndale
yes, on population data, eliminate 25 or more cases
- male set aide more than females + age,
from:
Nelson M. Price 1000 W. 8 Mile Rd. MS Ferndale, MI, 48220

CYNTHIA TUCKER

Prejudice increases AIDS among blacks



WHAT IF white supremacists launched an attack that killed more than 8,000 African Americans, many of them men between the ages of 20 and 40? Or if renegade white police officers ended up killing 8,000 African Americans in the course of a year?

Wouldn't the streets be filled with black activists venting their fury and the halls of Congress gridlocked by outraged African-American politicians demanding justice? Wouldn't there be protests, press conferences, marches and strategy sessions?

Yet the deaths of 8,316 African Americans last year from a preventable disease — AIDS — were met with silence in black America, a reticence flowing from a deadly brew of embarrassment, ignorance and homophobia. Because black preachers (with the exception of a few noted homophobes), politicians and community activists are reluctant to discuss AIDS, more black people will die.

In black America, AIDS is as much a scourge as homicide. (In 1997, the latest year for which statistics are available, 9,253 African Americans died from violence.) And black Americans contract AIDS in disproportionate numbers. Although blacks make up only 13 percent of the nation's population, we accounted for 49 percent of the AIDS deaths last year and 48 percent of the new AIDS cases reported.

If it weren't evident before, research has now made it clear: Black homophobia is the hidden transmission route for this deadly disease. At a recent National HIV Prevention Conference in Atlanta, two studies were presented which indicated that bisexual black men are a major factor in the spread of AIDS, especially to black women.

Many of those men, undoubtedly, have sex with women only because of societal pressure to do so. Says Cornelius Baker, executive director of the National Association of People with AIDS, "The heavy stigma against homosexuality in the African-American community leads to bisexuality."

The stigma against gays and lesbians leads to bisexuality, and the spread of disease.

That stigma suppresses educational efforts, discourages testing and "drives people underground, so that they're sneaking and having sex" with same-sex partners, says Dr. Helene Gayle, who heads the HIV prevention effort at the Centers for Disease Control and Prevention (and who happens to be black).

Ugly prejudices against gays and lesbians also result in a strange hierarchy of virtue. "I've heard stories of black families pretending their (AIDS-stricken) sons were injection drug users" rather than admitting they were gay, Gayle says.

Indeed, for years, scientists believed that the high rate of AIDS infection among black women stemmed from their use of dirty needles for drugs. But researchers now know that 75 percent of women who are newly infected with HIV have acquired the virus from a male sexual partner, according to Gayle.

With no cure on the horizon and less optimism about life-prolonging drug therapy, prevention is the only hope for curbing this epidemic. Older, affluent gay white men have curbed the rate of infection in their community with relentless public education campaigns. But black men who will not admit they are gay are unlikely to be in committed, monogamous relationships and unlikely to use condoms. And they are certainly not going to attend the sort of support groups that have helped gay white men come to terms with the threat of AIDS.

Of course, given the bigotry they face, it's no wonder gay black men (and women) fear living openly. This is a case where our own prejudices are killing us.

CYNTHIA TUCKER *is editorial page editor of the Atlanta Constitution. Write to her in care of Universal Press Syndicate, 4520 Main St., Kansas City, MO 64111.*

Mich. Gay Paper

AIDS WATCH COMMENTARY

White House AIDS Director to participate in AIDS Walk Michigan - City of Detroit

DETROIT - Sandra L. Thurman, director of the Office of National AIDS Policy at the White House, announced Thursday that she will move up from a committee member to honorary chairwoman of AIDS WALK Michigan - City of Detroit, lending national support to the local event.

Thurman said she is joining Detroit Mayor Dennis Archer as an honorary chairperson of the walk, scheduled for Sept. 26, because the event will do much to stop the spread of HIV/AIDS and improve the lives of people affected by the epidemic.

"The level of AIDS awareness created on this scale carries an impact that no amount of money can buy," Thurman said of the walk, which is one of 12 across the state scheduled for the same day. "It has the potential to save countless lives in a community that's been hard hit by the epidemic."

As a show of her support, Thurman said she plans to participate in the walk activities. In particular, Thurman said, she wants to speak at the rally that is slated to wrap-up the City of Detroit walk. Several elected officials and other dignitaries are expected to attend the event and address the need to reauthorize the Ryan White CARE Act in the year 2000.

The CARE Act funds services for people with AIDS who lack adequate health insurance or other resources. In the 1999 fiscal year, the funding for the CARE Act is a little more than US$1.41 billion.

"At that point, we'll be just a few months away from Congress taking up the matter," Thurman said. "The event will provide an opportunity for us to get the word out about the importance of the issue and to rally the troops in Michigan ^ and across the country ^ in support of the reauthorization."

The Detroit walk is one of 12 across the state scheduled as part of AIDS WALK Michigan 1999; a collaboration of local walks with technical assistance provided by the Michigan AIDS Fund. For more information about AIDS WALK Michigan 1999 and AIDS WALK Michigan - City of Detroit, call 888-791-WALK. Complete details on all participating walks can be found online at www.aidswalkmichigan.com

OFFICE OF NATIONAL AIDS POLICY

EXECUTIVE OFFICE OF THE PRESIDENT

THE WHITE HOUSE

FACSIMILE TRANSMITTAL SHEET

TO: **Paul Baresi**	FROM: Cheryl Bauerle CB
COMPANY:	DATE: May 10, 2000
FAX NUMBER: 736-5959	TOTAL NO. OF PAGES INCLUDING COVER: & 2
PHONE NUMBER: 736-5954	
RE:	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Hi Paul- Sandy thinks that you should start by contacting the 2 individuals listed on the attached. Cathy Brown is the Executive Director of the Children Affected by AIDS Foundation, and has great ties to the Mattel folks and David Sheppard is the Executive Director of Diffa (Design Industries Foundation Fighting AIDS). Sandy knows them both personally and professionally, and you shouldn't hesitate to use her name or our office. Also, they both have web sites, so you may want to check them out before you call.

Hope this is helpful – let us know how it goes.

Take care-

Cheryl

Sorry if I misspelled your name!

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