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Collection/Record Group: Clinton Presidential Records
Subgroup/Office of Origin: National AIDS Policy Office
Series/Staff Member: Kristine Gebbie
Subseries:

OA/ID Number: 3768
FolderID:

Folder Title:
December Chron Files 1993 [7]

Stack:	Row:	Section:	Shelf:	Position:
S	66	5	4	1

THE WHITE HOUSE
WASHINGTON

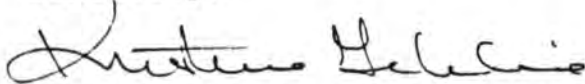
December 17, 1993

Arthur Amburst
111 East Illinois
Wheaton, IL 60187

Dear Mr. Amburst:

Thank you for sharing the information on cancer and AIDS. This could prove to be of use to my staff and I as we work to end the AIDS epidemic. Please stay in touch.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine Gebbie".

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator



December 15, 1993

1958-1993
35 YEARS OF OBSERVING CANCER AND AIDS

MY PREMISE:

Accept the fact that Cancer and Aids are not a virus but a form of energy developed by mankind's changing of his own environment.

CANCER & AIDS

Living cells need inorganic compounds, however how these compounds are obtained or retained is the basic cause of many health problems. With the use of such items as: food additives, tobacco, insecticides, along with hundreds of other items we use in everyday life, we are subjecting ourselves to the beginning stages of various diseases. Chemical changes are ordinarily accompanied by the transfer of energy between the system and its surroundings. Each biological observation has an underlying chemical cause.

Tumor cells have increased negative charge on the surface which may cause electrical imbalance and repulsion on contact with other cells. A fundamental biological fact is that small electrical potentials can modulate physiological processes of living cells. When bioelectrical potentials are altered erratic cell patterns can develop which over a period of time the immune system cannot correct. The ideal subject even though it is necessary for life would be Zinc because of its high ionic strength and adhesion effect. From skin cancer to lung its interaction to normal and subnormal conditions have been the subject of my research for the last thirty years. Insights from atomic blasts to smoking along with DDT to plastics have been reviewed. Zinc ions provides necessary binding sites related to DNA and also to various mutations generating to diseases such as cancer.

An electromotive phenomenon develops where high levels of biologically active cations are produced at localized tissue sites. The relative position of the involved metals in the electromotive series along with the nature of the associated metals and other minerals will influence the nature and concentration of the cations. This phenomenon will account for otherwise unexplained exacerbations of diseases, sensitization reactions, carcinogenicity, latency periods and other responses. An alteration in the electrical charge of an amino acid at one critical point in the molecule can greatly alter its shape and hence its ability to bind oxygen. Each molecule is adapted to the environment in which it must function.

Obtaining answers to cancer has seemed to be the same as the mystery of life's creation; the precise and timely transformation of a fertilized egg into an embryo and ultimately, into an adult organism. We need to develop the Human Power Pak Theory to better understand ourselves, our health, our goals, and our understanding of life itself. The human cell is an electrical system, reactive to both internal and external magnetic fields. If you relate that cancer cells are electrically depolarized along with the high ionic strength of Zinc, the adhesion and the development of cancer can be understood.

To accept that Cancer and Aids are not a virus, but a form of energy, developed by mankind's changing of his own environment, a cure will readily be made available.

Arthur Armbrust

111 E. Illinois St.
Wheaton, Illinois 60187
Tel: (708) 668-6273

Profession: Plumbing & Htg. Contractor

THE WHITE HOUSE
WASHINGTON

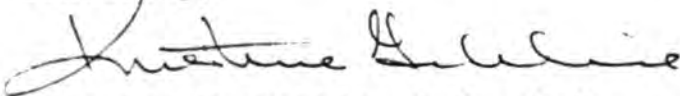
December 18, 1993

Jerry D. Durham, Ph.D., R.N., F.A.A.N.
Professor and Executive Associate Dean
for Educational Services
School of Nursing Student Services
Indiana University
1111 Middle Drive, 122
Indianapolis, IN 46202-5107

Dear Dr. Durham:

Thank you for your letter of support and for the invitation to speak at "First International Congress on HIV/AIDS Nursing Research and Research Utilization." I would be very interested in participating in the conference, so please stay in touch as we move close to June 1995.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine Gebbie". The signature is fluid and cursive, with a large initial "K" and a long, sweeping underline.

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator



INDIANA UNIVERSITY

1111 Middle Drive, 122
Indianapolis, Indiana 46202-5107

NOV - 5 1993

SCHOOL OF NURSING
STUDENT SERVICES

For: June 8-10 - 1995

July 8, 1993

Ms. Kristine Gebbie, R.N., M.N.
AIDS Policy Coordinator
200 Independence Avenue Southeast
Room 729-H HHH Building
Washington, DC 20201

*Steve
Send an acknowledgment
& ask for an update
when the date is
closer*

Dear Ms. Gebbie:

I am writing to extend my congratulations to you on your appointment by President Clinton as this nation's coordinator on AIDS policy. I recall clearly how impressed I was with your leadership abilities when I watched the nationally televised AIDS Commission hearings conducted in the mid-1980's. Both you and Coleen Conway-Welch represented nurses and nursing outstandingly as members of the Commission. When I was at an HIV/AIDS faculty development institute in Albuquerque a couple of weeks ago and your appointment was announced to the 65 institute participants, you were roundly cheered by all present.

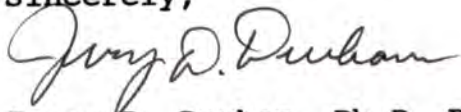
You probably do not remember me, but I was an undergraduate nursing student in the accelerated nursing program at Saint Louis University in 1973-74 when you were associated with the University. Since that time, I have completed advanced education and have been a nurse educator since 1976. I have also been significantly involved in writing and speaking about HIV disease since 1984, usually with my colleague Dr. Felissa Cohen of the University of Illinois, Chicago. In 1984 and 1988 I received NEH Summer Fellowships to study ethical issues related to the HIV epidemic. I am sending to you with this letter complimentary copies of two books which Dr. Cohen and I have edited on the subject of HIV/AIDS. Perhaps you will find them useful as reference textbooks in your new position.

I also wanted to take this opportunity to inform you that Indiana University School of Nursing has begun planning for the First International Congress on HIV/AIDS Nursing Research and Research Utilization to be held June 8-10, 1995 in Indianapolis. The Congress will feature extant and ongoing research by nurses in the area of HIV/AIDS and the implications of this research for nursing practice. While the conference is still almost two years

away, I would be very pleased if you would consider participation in this conference as a keynote speaker with the exact time, date and topic to be determined at a time convenient to you.

Again, I offer my congratulations to you. I know the position you have assumed will be challenging, but the need for a policy coordinator with strong leadership skills is apparent. Rest assured of my support (and that of so many other nurse colleagues) for you in your work. Please contact me if I can offer my assistance in any way.

Sincerely,

A handwritten signature in cursive script that reads "Jerry D. Durham".

Jerry D. Durham, Ph.D, R.N., F.A.A.N.
Professor and Executive Associate Dean for Educational Services

THE WHITE HOUSE
WASHINGTON

Miss Joy Kay
42-95 Hampton Street
Elmhurst, NY 11373

Dear Miss Kay:

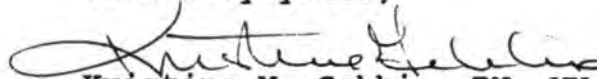
Thank you for your recent letter requesting information on the current health conditions in Thailand. At the present time, an employee of the Centers for Disease Control and Prevention is currently working in Bangkok and should be able to assist you. Please contact:

Timothy D. Mastro, M.D.
c/o American Embassy/Bangkok/CDC
HIV/Bangkok
APO San Francisco 96346-0001

FAX: 66-2-591-5443

Best wishes on the success of your research project.

Sincerely yours,


Kristine M. Gebbie, RN, MN

Nancy
rec'd 12-21-93

RECEIVED

November 22, 1993

Kristine M. Gebbie
AIDS Policy Coordinator
Room 729G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

NOV 26 1993

Dear Ms. Gebbie,

I am an Advanced Global Research student at Bronx Science. I am currently engaged in a semester-long project examining how the AIDS epidemic is affecting the people of Thailand.

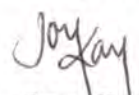
In the course of my research efforts I have consulted a wide variety of standard reference works and indices. I have also contacted Chuan Leekpai, Prime Minister of Thailand, Gino Levi, Chief of the World Health Organization in Switzerland and Nitya Pibulsonggram, Thailand Ambassador in Washington DC.

My purpose in writing to you is to obtain accurate and up-to-date information from an U.S. government official familiar with current health conditions in Thailand. I am specifically interested in expert opinion on the nature and scope of the AIDS epidemic and what knowledgeable observers feel will be the most positive way for the people of Thailand to adapt to these worsening circumstances.

Any opinions and useful materials pertinent to the issues mentioned above which you choose to share with me would be greatly appreciated. Of great help to my research efforts would be the names and addresses of other experts and institutions concerned with the present and future of Thailand.

A positive response to my letter prior to December 1 would be most welcomed. Thank you.

Respectfully,



Joy Kay
42-95 Hampton Street
Elmhurst, NY 11373
(718) 457-7737

November 22, 1993

Kristine M. Gebbie
AIDS Policy Coordinator
Room 729G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

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A positive response to my letter prior to December 1 would be most welcomed. Thank you.

Respectfully,

Joy Kay
42-95 Hampton Street
Elmhurst, NY 11373
(718) 457-7737

12/21/93

Kristine

FDA faxed a
copy of the announced
approval of
TRIMETREXATE
for PCP.

Alice Litwinowicz

copy in circulation as HHH

1



Press Office
Food and Drug Administration
U.S. Department of Health and Human Services

NOTE TO CORRESPONDENTS
Dec. 20, 1993

Arthur Whitmore
(301) 443-4177

TRIMETREXATE APPROVED FOR TREATMENT OF PCP

FDA has approved trimetrexate glucuronate for the treatment of moderate to severe *Pneumocystis carinii* pneumonia (PCP), a potentially fatal infection that often strikes people with AIDS.

Trimetrexate is the first drug approved for severe PCP, although three other drugs are approved for treatment of patients with milder forms of the disease. A substantial number of PCP patients fail to respond to, or are intolerant of, these other drugs -- trimethoprim/sulfamethoxazole, injectable pentamidine and atovaquone.

Trimetrexate must be administered concurrently with leucovorin (folinic acid) to protect against potential toxic effects of trimetrexate in human cells. Patients must be monitored carefully and must continue leucovorin therapy for 72 hours past the last dose of trimetrexate.

The drug was given expanded distribution prior to approval under a "treatment IND" in February 1988 -- the first AIDS-related drug to have been granted this status. Treatment IND regulations provide a mechanism for making promising experimental drugs available to patients with certain serious or life-threatening conditions before all clinical trials required for approval have been completed.

U.S. Bioscience Inc. of West Conshohocken, Pa., manufactures trimetrexate and will market it under the name NeuTrexin.

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Ronald P. E. Allgaier
354 Douglass Street
San Francisco, CA 94114

Dear Mr. Allgaier:

Thank you for your expressions of both support and concern regarding the President's and my level of visibility and action in response to the HIV pandemic.

I am enclosing a sampling of recent press from the Bay area about this office and the Administration's activities related to AIDS which I hope will assure you that we are neither silent nor inactive. I share some of your frustration over the lack of *coverage* of my work, and think some of that may be attributable to the issues that Jeffrey Schmalz raised so eloquently in the article which appeared after his death in the New York Times Magazine on November 28th.

The President acknowledged in his World AIDS Day speech that he has a unique role and responsibility to use the "bully pulpit" of his office to raise awareness and concern about HIV and AIDS. I share those roles and responsibilities, as his representative to the frontlines of the epidemic and to the rest of the Federal government. By the same token, every citizen has opportunities and responsibilities to help keep AIDS and HIV in the public eye.

I hope you will continue to correspond with me and share your concerns. But I hope you'll also think creatively about how you, as well as I, might encourage print and broadcast media to more thoroughly cover the epidemic.

Thank you for your courage in your personal struggle with HIV, for your challenge to the President and me, and for the part I know you will play in helping us break the silence.

Sincerely,



Kristine M. Gebbie
National AIDS Policy Coordinator

enclosures

ACCESS # SFEX222828
HEADLINE Value seen in centralizing AIDS services
Byline: LISA M. KRIEGER
Column: AIDSWEEK
LENGTH ESTIMATED INFORMATION UNITS: 7.3 Words: 1005
DATE 10/27/93
SOURCE SAN FRANCISCO EXAMINER (SFEX)
Edition: FOURTH
Section: NEWS
Page: A-2
Category: STATISTIC
(Copyright 1993)

THIS WEEK, UC-Berkeley researchers reported that AIDS patients needed bigger, centralized care provider organizations, rather than the current system of many small operations where turf wars, limited resources and narrow missions frequently interfere with services.

There is a low level of coordination among many HIV service providers. Many organizations close to one another were duplicating services, while other important services were not available at all.

These findings support the move toward centralization and consolidation of AIDS services in The City, initiated by Dr. Mitch Katz of the San Francisco Office of AIDS, as well as many others.

"Our research supports anecdotal stories in the popular press regarding HIV-positive clients who have difficulty understanding the system and difficulty using it to meet their needs," said Thomas G. Rundall, UC-Berkeley professor of public health and co-author of the study.

"It is difficult to develop a sustainable HIV service delivery system because so many organizations are operating in a fragmented way," according to Rundall, who presented the study at the American Public Health Association meeting in San Francisco.

AIDS services in many communities are provided by dozens of small, independent organizations. They serve limited groups of people, such as people of color, women, hemophiliacs or gay white men. And they often provide only a single service, such as home health care or delivery of meals.

The small, independent groups put little effort into coordinating services with those offered by other groups - they do little collaboration, make few referrals to each other and rarely share resources, the researchers found.

On the other hand, the larger multiservice providers seemed to do a much better job of giving and receiving referrals, and were much more willing to pool resources. The trend toward decentralization was started early in the epidemic, when many small AIDS organizations were created to fill a need not met by larger medical and public health institutions.

The work, focused on Oakland and Baltimore AIDS communities, also involved Johns Hopkins University and

the federal Department of Health and Human Services.
Treatments

New AIDS treatment strategies must address the multiple phases and numerous immunological events of HIV disease, said Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases.

"HIV disease is extraordinarily complex," said Fauci. "The disease has many components and is characterized by multiple and overlapping phases of active viral replications, inappropriate immune activation, elevated secretion of immune system proteins and immune deficiency," he said at a New Orleans-based conference on infectious disease.

"Unfortunately," he added, "the current generation of anti-HIV agents is only partially and temporarily effective in suppressing viral replication."

"We now know that HIV disease has phases of activation and suppression of the immune system," said Fauci. "We must dissect these phases to determine the feasibility of using agents that might block aspects of (viral) activation, without compounding immunosuppression . . . and boost the immune response with agents that do not promote the spread of HIV."

Hoffman-LaRoche has decided to discontinue the development program for the "TAT" drug (Ro 24-7429), an AIDS antiviral compound that once seemed to hold great promise.

Citing concerns about the drug's tolerability, the company said there was new evidence that the TAT protein might not be essential for viral replication. In addition, the compound has been shown to be inactive at drug concentrations effective in the lab. Moreover, the drug is poorly tolerated by patients at higher doses.

"AIDS czar' staffers

* National AIDS policy coordinator Kristine Gebbie has picked Carlos Velez, formerly of the National Minority AIDS Council, to handle prevention and education; John Gurrola to handle press affairs, and Buck Buckingham as liaison for nongovernmental AIDS organizations. Her two special assistants are lawyers Ben Merrill and Lance Alworth.

Events

An AIDS Memorial Vigil will be held at 5:30 p.m. Friday in the Rotunda of the Old County Courthouse at Broadway and Hamilton Street in Redwood City, hosted by the San Mateo County AIDS Program.

ACT UP calls on the public to memorialize the dead with ashes, photographs and memorabilia in a "political funeral" and demonstration at the State Capitol in Sacramento at noon Friday. Call (415) 252-9200.

"Getting Pregnant in the Age of HIV," a telephone talk line sponsored by the Lyon-Martin Parenting Program, is open every Friday from 1 to 7 p.m., at (415) 565-7674.

"Together We Care," the sixth annual fall fund-raiser

for Kairos, will be held from 3 to 6 p.m. Nov. 7 at the Carnelian Room, 555 California St. Entertainment, food and a silent auction will be featured. Call (415) 861-0877.

Research study: Living with HIV

HIV-positive gay men with T-cell counts between 200 and 500 are sought by the UCSF Positive Education Project. Men are invited to a free program, meeting weekly for 10 weeks, where they receive help exploring ways to manage life with HIV. Free blood work is also offered. Call (415) 597-9141.

The toll

Dan Pogrelis, 41, a faculty member and administrator at Life Chiropractic College West in San Lorenzo and the father of three children . . . Beverly Sikes, 41, a volunteer with Save Our Streets and Friends of the Urban Forest, who loved cooking for friends and listening to country music . . . Randy Galloway, 43, a talented and hard-working writer who also created disability workshops with the AIDS Health Project and founded Friends for Life, a AIDS outreach program of the S.F. Public Library.

	.Date			
	.reported.	.Cases.	.Deaths	
S.F..	.10/1.	. 17,550.	. 11,359	
Calif..	.10/1.	. 63,333.	. 39,588	
U.S..	.10/1.	.315,390.	. 194,334	
WHO(rprtd).	.10/1.	.500,000.		--
World(estmt).	.10/1.	.2,500,000.	. 500,000	

Figures are cumulative since June 1981.

To contribute to AIDSWEEK, call (415) 777-7867.

End of Story Reached

ACCESS # SFEX222517
HEADLINE AIDS czar rankles activists
* Gebbie's inaction arouses skepticism; sense of urgency by Clinton officials may be waning
Byline: Lisa M. Krieger
Credit: EXAMINER MEDICAL WRITER
LENGTH ESTIMATED INFORMATION UNITS: 7.0 Words: 932
DATE 10/24/93
SOURCE SAN FRANCISCO EXAMINER (SFEX)
Edition: FIFTH
Section: NEWS
Page: A-3
(Copyright 1993)

Their brief honeymoon over, the president's AIDS czar and the AIDS community have fallen on rocky times.

- * Three months into her administration, Kristine Gebbie, the national AIDS policy coordinator, has filled some staff positions and begun tackling tough issues - but skepticism about her performance abounds.

- * In a community desperate for results, there is frustration that Gebbie has no budget authority, vague responsibilities and no direct access to a president who promised in his campaign to launch a "Manhattan Project" against AIDS.

- * Gebbie and the Clinton administration fail to understand the urgency of the epidemic, AIDS activists say. They worry that Clinton has lost his commitment to fight AIDS, threatening four years of deadlock and drift.

In San Francisco, where three people a day succumb to AIDS, activists demand more aggressive action on AIDS prevention and treatment.

They insist on more federal funding for the care of people with AIDS, elimination of the ban on needle-exchange programs to curb spread of the disease among IV drug users and plain talk about how AIDS is spread and how it can be stopped.

"There is an epidemic raging," said Pat Christen of the San Francisco AIDS Foundation. "Our waiting room is filled with people in desperate need. I find it difficult to look clients in the eye and say, 'The reason there has been no change in the federal response is because the AIDS coordinator is unpacking boxes.'"

Anne Donnelly of Project Inform said there is the fear that "we're losing a sense of urgency, losing sight that this is a public health emergency - that we're being threatened by institutionalization of AIDS. There is fear that we're not moving fast enough. We're really at a critical junction now."

"What's taking so long?" asked Spencer Cox of New York City's radical Treatment Action Group. "Does she know how to handle politics? This job requires policy analysis, communication skills and a big mouth."

- * Gebbie, who has lost colleagues and a close friend to the epidemic, said she is sympathetic to the frustration of

activists. She said much of her effectiveness will be behind-the-scenes, boosting AIDS coordination and communication among agencies. Clinton's commitment to fight AIDS is "very real . . . and I don't sense it wavering," she said.
Can anyone succeed?

- * Some AIDS experts say it is too early to judge Gebbie's performance. They warn, moreover, that major success may be unachievable.

"It's an impossible job to do," said Dr. Mervyn Silverman of the American Foundation for AIDS Research in New York. "The long wait (for an appointment) raised everyone's expectations. And the title - AIDS czar - implies an incredible amount of power with a strong ability to control - neither of which pertain."

"No one could possibly fulfill all of the expectations," said Dr. Raymond Baxter, head of the San Francisco Department of Health.

- * In an interview with The Examiner, Gebbie discussed the controversial issues arising from her first three months on the job.

Funding for the federal Ryan White Care Act, a critical program for AIDS care and support that will provide \$11 million in 1994 to San Francisco, will diminish in the new era of "managed care," despite Clinton's promise to boost support.

- * Gebbie vowed to protect AIDS patients during the transition to a Clinton-style health plan. But she acknowledged "there is no magic dollar amount" for funding.

Activists fear that she's willing to sell the programs short.

"We're not hearing clear statements that she will do everything in her power to protect these programs," Christen said.

- * Long an advocate of needle-exchange programs combined with education, Gebbie has asked Surgeon General Dr. Joycelyn Elders to review the issue. She hopes to enlist Elders in issuing a "declaration" of the federal endorsement of needle exchange.

- * AIDS activists charge that Gebbie and other federal administrators have taken a passive role in the controversy, failing to provide leadership for states and local communities.

"I haven't heard any aggressive stance by senior government officials that bodes well for needle exchange, or any other innovative strategies," said Renee Durazzo of the AIDS Foundation.
Making room for debate

- * According to Gebbie, the legalization of needle exchange hinges on the support of the Justice Department and Attorney General Janet Reno.

- * "(Reno) seems very open," Gebbie said. "She has named a key assistant attorney general to work with us."

"But if I push too far, too fast," she said, "people will think there's no room for debate on how we say it, how we support these programs, or how we work on it."

- * Gebbie, a nurse and former state health official in Oregon and Washington, pointed to achievements during her brief time in office:

- * Increasing pressure on the federal Centers for Disease Control to make prevention and education activities more explicit. Gebbie says that the United States should loosen up and stop being "a repressed Victorian society" when it comes to sex.

Establishing an AIDS education effort for federal employees, the nation's largest single work force.

Helping push the House to rescind a controversial \$20 million appropriation for the testing of a single vaccine. If the Senate concurs, the money would go to a multitude of vaccine programs.

Starting the New Directions In AIDS program, in which activists and researchers work together to find new and better ways to make effective use of scientific discoveries. She said she will encourage top federal researchers to attend the upcoming November meeting.

@ART: PHOTO

@ART Credit:

EXAMINER / KATY RADDATZ

@ART Caption:

- * Kristine Gebbie: Clinton's commitment to fight AIDS is "very real . . . I don't sense it wavering."

ACCESS # SFEX222388
HEADLINE AIDS czar would teach "skills'
* Gebbie's plan of attack includes needle exchanges, enlisting help of religious leaders
Byline: Lisa M. Krieger
Credit: EXAMINER MEDICAL WRITER
LENGTH ESTIMATED INFORMATION UNITS: 3.5 Words: 428
DATE 10/23/93
SOURCE SAN FRANCISCO EXAMINER (SFEX)
Edition: FOURTH
Section: NEWS
Page: A-10
Category: QUOTE
(Copyright 1993)
* Clinton administration AIDS czar Kristine Gebbie arrived at ground zero of the HIV epidemic on Friday, bringing news to the beleaguered San Francisco gay and lesbian community about her new "action plan" to stop the spread of the disease.
In a community forum sponsored by the San Francisco AIDS Foundation at its offices, Gebbie vowed she would work to "teach people the skills they need to stay healthy. . . . A lot of people are not willing to admit that sex is part of the human experience."
Local activists supported her efforts to contain the spread of the disease but said she had failed to get community input. Without targeting the specific needs of a community, a prevention campaign is doomed to failure, said Pat Christen of the San Francisco AIDS Foundation.
* In her address, Gebbie described efforts to win federal endorsement of needle exchange as a tool in AIDS prevention. If successful, federal dollars could be freed up to support programs such as San Francisco's Prevention Point. Legislation to approve needle exchange has been vetoed three times by Gov. Wilson and has faced battles in other state and local jurisdictions.
A federal position on needle exchange will be available "before the year is out," she promised.
She also said she would identify leaders in various religious communities who would assist her in AIDS education. "Some (religious leaders) will run the other way. But others, such as the Lutheran Church, are ready" to accept leadership roles in AIDS education, she said.
During both the Reagan and Bush administrations, AIDS educators were hampered by the Just Say No policy at the White House, which prevented them from getting federal funding for explicit AIDS prevention messages.
AIDS activists attribute thousands of unnecessary deaths to this policy, because they say they were unable to adequately warn the at-risk communities.
"Programs to promote abstinence have never been shown to be effective. Condom education has," said Spencer Cox of New York's Treatment Access Group.
One new approach to prevention will be unveiled in

- * November, when the federal Centers for Disease Control and Prevention releases a new report. Gebbie said that if it failed to be explicit, she would ask to have it sent back to the drawing board.

In addition, she described a new federal training program on AIDS for all employees of the federal government.

@ART: PHOTO

@ART Credit:

EXAMINER / KATY RADDATZ

@ART Caption:

- * Kristine Gebbie tells a forum in San Francisco Friday:
"A lot of people are not willing to admit that sex is part of the human experience."

End of Story Reached

ACCESS # SFC1932789
HEADLINE New AIDS Czar Talks Tough in S.F. / Gebbie wants more education,
needle exchange
Byline: David Perlman, Chronicle Science Editor
LENGTH ESTIMATED INFORMATION UNITS: 5.0 Words: 662
DATE 10/23/93
SOURCE THE SAN FRANCISCO CHRONICLE (SFC)
Edition: FINAL
Section: NEWS
Page: A3
(Copyright 1993)

President Clinton's new AIDS coordinator, a fast-talking and politically savvy nurse who has already stirred a storm or two since she hit Washington in July, talked serious policy in San Francisco yesterday with leaders and front-line troops of the AIDS world.

- * Kristine Gebbie was in town yesterday to give the closing address to the Sixth National AIDS Update Conference at the Bill Graham Civic Auditorium. In her speech and in a daylong series of friendly
- * meetings that drew warm applause, Gebbie made it clear that she does not plan to steer clear of controversy in a job that has little real power or money -- but that can provide a bully pulpit for administration thinking.

In fact, she generated a bit of controversy in Washington only Wednesday when she told a conference on teenage pregnancy that she was out to change America's "repressed Victorian society" that cannot tolerate candid talk about sex and homosexuality.

- * As a result of that comment, the White House promptly faxed around a far more sober statement from Gebbie, saying sexual abstinence is the "surest" way to prevent AIDS and declaring that "adolescents must enter adult life with a better base of information."

A TOUGHER APPROACH

- * Yesterday, however, Gebbie declared more frankly in San Francisco that she strongly supports a wide variety of measures long in the forefront of the AIDS community's efforts.

She declared her strong support for needle exchange programs, which she helped launch in Washington state when she was health chief there, as a means of curbing the epidemic's spread among injection drug users.

And she said she is already working with the surgeon general's office, the Justice Department and drug control officials "to bring the whole federal government along" toward a point where needle exchanges become available nationwide.

She promised that as she fills her small staff she will seek to hire sensitive people with different ethnic backgrounds, varied sexual orientations and even -- if possible -- people who are infected with HIV, the AIDS virus.

- * And she will work hard, Gebbie promised, to help build a "coordinated national research agenda" that will link basic biomedical research with the search for new therapies and vaccines as well as new strategies for AIDS prevention.

- * With Health and Human Services Secretary Donna Shalala, Gebbie said, she intends to push states and local communities toward greatly

expanded AIDS education programs beginning as early as kindergarten, and she wants them to use appropriately candid language about sex and the pathways of HIV transmission -- a tough cause to advocate.

"The nation hasn't wanted to deal with sexual growth and development," she said, "and it's hard stuff to talk about. But we've got a lot of hurting people out there," and so she intends to keep pushing church leaders and educators to join the battle for candor.

The federal Centers for Disease Control, she noted, have long been restricted by Congress from using language that is too explicit in its prevention campaigns. But no "weird amendments" have sneaked into the current AIDS budget so far, she said, so a new CDC prevention strategy this fall will surely be far more candid than ever before.

CLINTON'S COMMITMENT

* When some San Francisco AIDS program advocates questioned President Clinton's commitment to battling the epidemic after he caved in to Congress on gays in the military, Gebbie had a quick answer:

"There's no doubt in my mind," she said. "The president hasn't wavered in his commitment to fighting this epidemic. His commitment is real, and his personal experience with friends and their families have made this commitment very real."

* But if there is a top priority in Gebbie's own thinking, she said, it is the need to get Middle America to accept the reality that AIDS is now everywhere.

The nation, she said, is still beset with "ignorance and denial" about the epidemic, and she hopes to change that.

@Art: PHOTO

* @Art Caption: Federal AIDS coordinator Kristine Gebbie at the New Conservatory Theatre in San Francisco / BY LEA SUZUKI/THE CHRONICLE

End of Story Reached

ACCESS # SFEX222125
HEADLINE Credit: Compiled from Examiner wire reports
Column: NATION DATELINES
LENGTH ESTIMATED INFORMATION UNITS: 4.8 Words: 617
DATE 10/21/93
SOURCE SAN FRANCISCO EXAMINER (SFEX)

Edition: FOURTH
Section: NEWS
Page: A-5
(Copyright 1993)
Some negligent
doctors get off easy
Washington Only 30 percent of doctors disciplined for
"negligent, substandard, or incompetent care" were
forced by state regulators to at least temporarily stop
practicing medicine, according to a study.

Public Citizen Health Research Group, based in
Washington, concluded that 54 percent of the doctors
whose federal narcotics licenses were revoked or
restricted by the federal Drug Enforcement
Administration never were disciplined by any state
medical board.

And just 45 percent of the doctors sanctioned or expelled
from the federal Medicare program for the elderly faced
state disciplinary action.

"Government agencies catch too few bad doctors, and too
many of the ones they do catch are getting away with slaps
on the wrist," said Dr. Sidney Wolfe, executive director
of the Health Research Group.

The study, titled "Questionable Doctors," lists 14,574
disciplinary actions against 10,289 physicians from 1986
through the end of January 1993.

House OKs doubling
of U.S. grazing fee

Washington The House passed a \$13.4 billion Interior
Department spending bill Wednesday that nearly doubles
the fee for Western ranchers who graze their cattle on
federal lands.

The compromise legislation must now be approved by the
Senate. Some Western Republicans, however, have
threatened a filibuster over the grazing fee provisions
in the measure.

The legislation, which was adopted by a voice vote, also
includes \$163.5 million to create a new agency within
Interior that will carry out a comprehensive survey of the
plant and animal resources of the United States.

The National Biological Survey, which Interior Secretary
Bruce Babbitt says is necessary to help the government
protect endangered plants and animals, has generated
controversy due to the potential impact of its findings on
property rights.

Astronaut works
on leaky toilet

Houston Astronaut William McArthur Jr. turned plumber

aboard the shuttle Columbia Thursday in an attempt to fix a leaky toilet.

McArthur was to remove a filter atop the commode to look for the source of the minor leak, said NASA spokeswoman Billie Deason.

"While this is not considered a serious problem with the toilet, it is an annoyance to the crew to have it working less than perfectly," she said.

The seven astronauts had noticed urine leaking from a seal near a filter, and they had to wipe it up with tissue. A towel was placed around the seal overnight.

The filter screens out odor and bacteria. The toilet still works if a backup separator fan is switched on, she said.

NASA said the problematic toilet is an older model, not the \$23 million new-model commode first used in January aboard the shuttle Endeavour. That model drew criticism because it cost nearly three times the original estimate.

AIDS advisor urges

freer attitude on sex

Washington The Clinton administration's AIDS advisor wants the United States to take a more positive attitude toward sex and stop being "a repressed Victorian society."

- * Kristine Gebbie told a conference on teen-age pregnancy Wednesday that just talking about sex "in terms of don'ts and diseases" is not working.

She said the United States needs to view human sexuality as "an essentially important and pleasurable thing."

Until it does so, "we will continue to be a repressed, Victorian society that misrepresents information, denies sexuality early, denies homosexual sexuality particularly in teens and leaves people abandoned with no place to go," said Gebbie.

- * "I can help just a little bit in my job, standing on the White House lawn talking about sex with no lightning bolts falling on my head," said Gebbie, a former nursing educator and Washington state health official.

She made the remarks at a conference sponsored by the Association of Reproductive Health Professionals, the American Social Health Association and the Centers for Disease Control and Prevention.

End of Story Reached

November 26, 1993

MEMORANDUM

TO: John Gurrola
Buck Buckingham

FROM: W. Steve Lee

SUBJECT: Action item

ACTION REQUIRED: As noted below

DATE REQUIRED: DECEMBER 3, 1993

The attached letter requires your review and preparation of a draft for KG's signature.

Letter from Randolph Allgaier (11/16) on ONAPC.

Please respond by December 3, 1993 and return original materials with draft.

Attachments

42

[REDACTED]

Randolph P.E. Allgaier
354 Douglass Street
San Francisco CA 94114

16 November 1993

Ms. Kristine Gebbie
Coordinator
Office of National AIDS Policy
The Executive Offices of The President
750 17th Street N.W. Suite 1060
Washington DC 20503

Dear Ms. Gebbie:

During the Presidential campaign, I was moved by President Clinton's commitment, compassion and understanding of the AIDS pandemic. His promises to those of us who are HIV infected gave me a glimmer of hope after a decade of darkness, continuous frustration with the Federal Government and despair.

When the President announced that he would be appointing a National AIDS Policy Coordinator I, like many others, cheered long and hard. I can only imagine that this job is a difficult if not a thankless one. As you aptly said at the time you were appointed to this important post- the position is one that deals with sex money and death. Three very difficult issues.

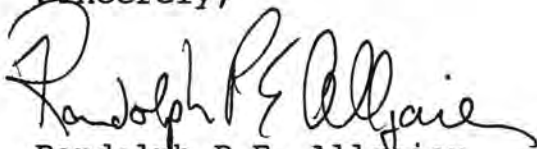
However, I am now very disgruntled and disappointed. It was my hope that you would take your position and use it as a bully pulpit to educate the public and to keep AIDS awareness heightened. Since your appointment I have heard nothing from you, about you, or the work that you are doing. If it was not for Surgeon General Elders, this administration would be in the same dark recesses of silence that the former two administrations had been.

I have been infected with the AIDS virus for more than six years, I am healthy and God willing I will remain so. Over the past five years, I have also been advocating for people with AIDS and their loved ones as a counselor for Shanti Project in San Francisco. So AIDS and AIDS politics are not new to me. I have seen what havoc has been wrought by inaction and mute public officials.

Where are you Ms. Gebbie? What are you doing? The New York Times, The San Francisco Chronicle, and The San Francisco Examiner have been virtually silent about your work. Are these newspapers and I missing something or are you remaining silent because it is safe for both you and the President.

It may be safe for you, but inaction is not safe for me or the millions of other loyal Americans infected with HIV. Please remember "SILENCE = DEATH". Please, break the silence.

Sincerely,



Handwritten signature of Randolph P.E. Allgaier in cursive script.

Randolph P.E. Allgaier

cc: The Bay Area Reporter
San Francisco CA

THE WHITE HOUSE
WASHINGTON

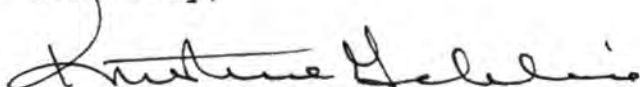
December 20, 1993

A. Gene Copello, Director
San Mateo County AIDS Program
3700 Edison Street
San Mateo, CA 94403

Dear Mr. Copello:

Thank you for sending me the information of your work in San Mateo County, and for the copy of your resume. I will keep them both in mind as my staff and I work to end the AIDS epidemic. I am sorry that I missed you in November, but let's try again the next time you're in Washington.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine Gebbie". The signature is fluid and cursive, with a large initial "K" and a stylized "G".

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Health Services Agency
AIDS PROGRAM



COUNTY OF SAN MATEO

3700 EDISON STREET

SAN MATEO

CALIFORNIA 94403

BOARD OF SUPERVISORS
RUBEN BARRALES
MARY GRIFFIN
TOM HUENING
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MICHAEL D. NEVIN

MARGARET TAYLOR
DIRECTOR OF HEALTH SERVICES
TELEPHONE (415) 573-2588

Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20503

November 2, 1993

Dear Ms. Gebbie:

It was good to meet with you on Friday, October 22. I hope your trip to the San Francisco Bay Area was productive. Your meeting with the San Francisco AIDS policy group was beneficial and informative.

Much has happened in the course of the AIDS epidemic since we first met in Nashville in the late 1980s. As we discussed when you were here, I met you through Colleen Conway-Welch when I was director of the Vanderbilt University AIDS Project and you were serving with Colleen on the presidential AIDS commission. I provided opening testimony on ethical issues when the commission convened in Nashville.

As you requested, I am enclosing a packet of information on our work here and my resume. I am very interested in assisting your office as you begin the critical process of formulating a national AIDS response. Please feel free to call upon me as needed.

I will be in Washington November 8-11 for a series of meetings. I hope to visit your offices. You may contact me through Congresswoman Anna Eshoo's office while I am in Washington at (202) 225-8104.

Best regards.

Sincerely,

A. Gene Copello

A. Gene Copello
Director
San Mateo County AIDS Program

Dr. A. Gene Copello
1248 Moonsail Lane
Foster City, CA 94404
(415) 578-8291

RESUME
November 1993

EXPERIENCE

Director, San Mateo County AIDS Program, San Mateo, CA 1990-present
Director and Assistant Professor, AIDS Project, Vanderbilt University Medical School, Nashville, TN 1985-90
Instructor, University of Tennessee College of Social Work, Knoxville, TN 1984-85

EDUCATION

Bachelor of Arts (Psychology), Eckerd College, St. Petersburg, FL 1980
Master of Science (Social Work), University of Tennessee, Knoxville, TN 1984
Master of Divinity (Health Care Ethics), Vanderbilt University, Nashville, TN 1984
Doctorate (Health Policy and Clinical Ethics), Vanderbilt University, Nashville, TN 1985
Medical Ethics Internship, Veterans Administration Medical Center, Nashville, TN 1982-84
Health Policy and Ethics Fellowship, Vanderbilt University Medical School, Nashville, TN 1984-85

STRENGTHS

Nine years experience directing HIV/AIDS prevention and care services
Successful academic training through the doctoral level
Demonstrated program development expertise
Ten years of management and supervisory experience
Capacity to build partnerships among diverse groups
Experience in managing significant organizational change
Demonstrated fund development and fiscal management skills
Significant participation in regional and national HIV/AIDS networks
Demonstrated commitment to consumer, community, and staff participation in decision-making
Demonstrated commitment to diversity
Strong public speaking skills

SERVICE

Nashville Council for AIDS Resources, Education, and Services: President, Board of Directors 1987-89
International Society for AIDS Education: Council 1987-present; President 1988-89; Strategic Planning Committee Chair 1991-92; Public Policy Committee Chair 1993-present
Journal of AIDS Education and Prevention: Editorial Board Member 1987-present
U.S. Food and Drug Administration: Ampligen Drug Safety Monitoring Board Member 1988
Mayor's Task Force on AIDS (Nashville, TN): Member 1989
United Way of Middle Tennessee AIDS Task Force: Member 1989
Tennessee Medical Society: AIDS Consultant 1989-90
California Conference of Local AIDS Directors: Secretary-Treasurer 1991-92; President-Elect 1992-93; President 1993-present
Junior League of Palo Alto (CA) AIDS Committee: Consultant 1990-92
Fifth International Conference on AIDS Education (Budapest, Hungary): Chair, Conference Organizing Committee 1990-91

Dr. A. Gene Copello
1248 Moonsail Lane
Foster City, CA 94402
(415) 578-8291

RESUME
November 1993
Page 2

SERVICE (continued)

AIDS Life Lobby: Member 1990-present; San Francisco Bay Area Regional HIV and Health Care Chair 1992-93; Member, Board of Directors 1993-present
California Association of AIDS Agencies: Member, Board of Directors Executive Committee 1993-present
Health Care Reform Advisory Board, Office of U.S. Congresswoman Anna Eshoo 1993-present
San Francisco Metropolitan Area HIV Services Planning Council: Member 1991-present; Intergovernmental Affairs Committee Chair 1992-93
Stanford University Medical School Advisory Board on AIDS Clinical Trials: Member 1991-92
San Mateo County (CA) Institutional Review Board: Member 1992-present
San Francisco Bay Area HIV Regional Planning Study: Coordinator 1992-1993

HONORS

National Service Award 1976
Eckerd College Presidential Scholarship 1976-80
Miller Community Service Award, St. Petersburg, FL 1980
Who's Who in American Colleges and Universities 1980
Veterans Administration Trainee Award 1984
Vanderbilt University Doctoral Academic Award 1984
East Central HIV Training Center Service Award 1987
Nashville CARES Outstanding Service Award 1990
International Society for AIDS Education Presidential AIDS Service Award 1991
Who's Who in the West 1992-93
Who's Who Among Human Service Professionals 1992-93

PRESENTATIONS

Over 150 invited presentations delivered for community and professional groups since 1985

REFERRED PAPERS

Over 30 papers, abstracts, and research projects competitively accepted for presentation since 1985

PUBLICATIONS

Over 30 articles and book chapters published since 1985

REFERENCES AND CURRICULUM VITAE

References and full Curriculum Vitae available on request

THE WHITE HOUSE
WASHINGTON

December 20, 1993

Dan Souter
1922 McDuffie, Apt. B-204
Houston, Texas 77019

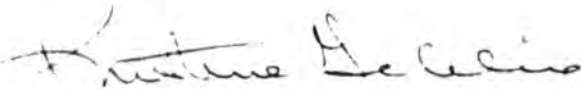
Dear Mr. Souter:

I am writing in reply to your letter and the materials you sent. Your enthusiasm for a cure is evident, and I wish you the best in pursuing your concept. I appreciate your interest in having President or Mrs. Clinton review the materials you submitted, but they prefer to have the most knowledgeable people possible reply to inquiries such as yours.

Based on careful review of the information contained in your letter and the attachments, I believe the earlier referral you were given to the Office for the Study of Unconventional Medical Practices is the most appropriate one within the Federal government structure.

You have my sympathy in the loss of your partner Reza, and my best wishes for your efforts.

Sincerely,



Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

NATIONAL AIDS POLICY OFFICE
OFFICE OF THE COORDINATOR

ROUTING SLIP

DATE: _____

TO: _____

FROM: KRISTINE M. GEBBIE

_____ For your information

_____ For your action _____

_____ Review and comment by (date) _____

_____ Prepare reply for Coordinator's signature

_____ Reply directly and blind copy Coordinator

_____ Circulate/forward to: _____

_____ File

COMMENTS: _____

*Back draft reply
AFTER world AIDS*

Day



NOV 17 1993

NOV 17 1993

11-14-93

Houston, Texas 77019

Dear Ms. Gebbie,

all of the enclosed papers were sent to Mrs Clinton seven months ago. I also sent ^{THE} same information by FAX to Mrs. Clinton's office on October 18, 1993. It was sent to FAX # 202-4562461. The White House is not responding to my crys for a detailed look at my proposal. I really feel that Mrs Clinton has not allowed to see my information. I would appreciate if you or your staff will question the President and Mrs Clinton about my important information. I will appreciate an answer back, so I can decide what to do next.

Thank you,

War Sale



**Linda
Gillan
Griffin**
Hauteline

Reaching for a loneliness cure

FOR a while, I knew Houston designer Reza Khan only by his distinctive shoulder pads, by intricate seaming and precise piping and by the finely stitched gold braid with which he trimmed the women's fashions he created. Rich band-leader gold-and-red gabardine suits and tailored cocktail ensembles with trim little waists and short skirts that flirted even from the racks.

When I finally met Reza, I learned he had sewn for his sisters back in Iran where he was Mohammed Reza Dabibi. Behrooz to his family. In 1971, he had come to the States, to New York City, and speaking little English, he had delivered repaired TV sets via the subway until he enrolled at Blinn College in Brenham. A year or so later, he came to Houston.

Only recently did I meet Dan, Reza's life partner, and like many other life partners of homosexual men, now a lonely man.

On Nov. 2, 1974, Dan Souter was driving home from work. "And here was this gorgeous person, in his shorts, on a bicycle. I chased him down to his doorstep."

The two became lovers, but as was the norm in the '70s, not exclusive. Dan followed Reza to Austin for his French degree, and to San Francisco, but they finally settled back in Houston. And while the relationship was often a stormy one, the two remained together.

In the mid-'80s, Reza began designing women's clothing that Toucan, a former high-fashion shop on Post Oak Lane, sold under its own label. When the company hit financial snags, Reza was allowed to sell his designs elsewhere. And that's how the distinctive Reza Khan fashions ended up on racks at Neiman Marcus and on the svelte bodies of Houston's most social. Life was looking good.

But in early 1989, a blood test showed Reza had AIDS. For seven months, he felt fine, but then came the flulike symptoms, weakness and a constant low-grade fever. AZT brought the virus under control for a short time, but then symptoms returned with a vengeance.

Dan became his nurse. Dan, whose older brother had married young and whose grandmother always warned him, "Don't let the girls get you." Dan, who spent only one whole day with his father in his entire life. Dan, who, though not a churchgoer, had promised God he would take care of Reza.

When Bergdorf Goodman asked to see samples in its New York City store, Dan rented a van. "When we got there, Reza was very ill. He made the sale. We left." It was, perhaps, one of the biggest moments in Reza's life. His designs were going into one of the most prestigious stores in the world, and Reza was riding back to Houston in the back of a van.

But Dan was giving Reza's illness a lot of thought. When they lived in San Francisco, in the early '80s, some of their friends were sick, even dying, with what was then called "the gay men's disease." For several months Dan had felt sick himself, sort of like he had the flu, but it had passed. What had he done that cured the virus — if AIDS was what he had?

Cleaned the bathroom.

LET'S RU

Dan had cleaned the bathroom — with combinations of cleansers. Choking combinations that he worried at the time might be lethal. Maybe, Dan thought, instead of killing him, they had cured him. If AZT wasn't going to cure Reza, maybe cleaning the bathroom would.

Dan developed a sort of inhalation therapy for Reza, as well as soaks for his feet and legs, and after the seventh treatment with the concoction, Dan says Reza was free of symptoms. "He had a perfect body temperature, and he looked great."

For 18 months, Reza appeared healthy. Dan believes he was completely cured. But then came the eel, Dan says.

The couple ate out in a Vietnamese restaurant, having a succulent eel in a tasty sauce. Two weeks later, there were mysterious pains. Reza began to grow weaker. While Dan was convinced the problem was a tapeworm, Reza then fell prey to bacterial infections. Eventually, county health service physicians sent him home with a supply of morphine but no hope.

Dan believes that in the last two months before Reza died, the morphine killed the tapeworm, but by then, it was too late. On Nov. 2, 1991, on the 17th anniversary of their meeting, designer Reza Khan died.

While there is no medical proof Reza was cured of AIDS or ever actually had a tapeworm, Dan is taking steps toward securing a patent for his unique inhalation therapy. But he grieves, too, and wonders where he'll get money for a stone on Reza's grave.

Thousands of dollars were reportedly sent to Iran for Reza's funeral, but Iranian authorities refused to allow the body entry because AIDS appeared on the death certificate. Reza Khan's unique design ability is lost to the world, and his body lies in an unmarked grave in the Muslim section of a cemetery on Almeda-Genoa Road.



6-4-92

~~2306 McCUE #274~~
HOUSTON, TX. 77056

Dear Mrs Bush,

I have enclosed a story from the January 30, 1992 Houston Chronicle. I feel that you met or knew Reza as the couture, at Leonard's Fashion Boutique at 1800 Post Oak Blvd. This was between 1980 and 1986.

Reza was a talented and wonderful person. I am convinced that Reza was free of the AIDS VIRUS fifteen months prior to his demise. Reza's error was ingesting exotic foods like sushi and an undercooked eel. Reza had no health insurance. The experience was as degrading as one can imagine.

The only sympathy I received was from my employer, The Empty Vase of Houston.

I issued a Disclosure Document #297447 to the U.S. Patent and Trademark Office in December 1991. Despite sounding like insanity, the formula is correct. I have written Dr. James O. Kahn at San Francisco General's oncology department and Mr. Larry Tate with Project Inform. No replies have been made. I've tried to reach Magic Johnson through his agent, Mr. Rosen and through the Magic Johnson Foundation. Still no replies. In the interest of national and World security, I'll pray to God that a close look will be given to my statement about **H.I.V. TERMINATION.**

Thanks so much,
Daniel J. Souter

Home phone,

713-9639684

713-6301043

work ph 713-5299969

THE WHITE HOUSE

WASHINGTON

August 31, 1992

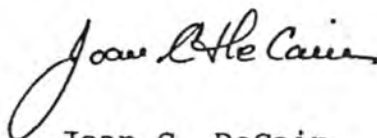
Dear Mr. Souter:

I am writing to convey Mrs. Bush's gratitude for your recent message and to let you know that she appreciates your taking the time to write.

Due to the specific nature of your concerns, we are forwarding your letter to the Department of Health and Human Services for further review.

With all best wishes,

Sincerely,



Joan C. DeCain
Director of Correspondence
for Mrs. Bush

Mr. Daniel Souter
~~Apartment 314~~
~~2306 McCue~~
Houston, TX ~~77055~~



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

Building: 1
Room: 201
(301) 496-0357

SEP 23 1992

Mr. Daniel Souter
Apartment 214
~~2506 McCue~~ OLD
Houston, Texas 77056

Dear Mr. Souter:

Your letter to Mrs. Bush requesting assistance in developing an anti-HIV therapy has been forwarded to the Office of AIDS Research at the National Institutes of Health (NIH). As we read your letter, we were sorry to hear how you lost your life partner.

Though the Office of AIDS Research does not review individual proposals, we can advise you of the NIH offices that would be able to assess the scientific merits of your proposal. The National Cancer Institute conducts a program to screen agents with potential anti-HIV activity. For further information on this program, we suggest you write Dr. John Bader, Acquisition Input Committee, Executive Plaza North, Room 831, 6130 Executive Boulevard, Rockville, MD 20892-9911.

You also may want to contact the Office for the Study of Unconventional Medical Practices that has been created to review proposals from nontraditional sources. The Acting Director of this office is Dr. Stephen Groft, who can be contacted at the Office for the Study of Unconventional Medical Practices, Building 1, Room 218, National Institutes of Health, 9000 Rockville Pike, Bethesda, MD 20892.

Thank you for your interest in helping individuals with AIDS. We hope this information will be useful to you.

Sincerely,

Jack Whitescarver, Ph.D.
Deputy Director
Office of AIDS Research

P

11-24-92
Houston, Texas 77019

Dear Dr. Graft,

I am sending information related
to my experiences with HIV infection.

I am absolutely certain of my claims on
HIV TERMINATION. I would like to enter
my statements about this systemic disinfection
method that rids the body of HIV or immune depression.

Thank you,
Dan Souter

NOTE: DR. GRAFT IS IN N.I.H. OFFICES.

DANIEL S. SOUTER
new address: 1922 MC DUFFIE ← NEW
APT B-204
HOUSTON, TEXAS 77019

H Ph. 713-6301043

W Ph 713-5299969

NOTE: I spoke to Dr. Graft several months ago. ^{MUCH TIME} AT WORK NUMBER.
He said he would try to call me back. ^{ago.}
no call ever came.

E

3-10-93

Houston, Texas

Dear Dr. Buss,

I have made several attempts to get my story to Magic Johnson and his wife Cookie. I've had no success thus far. I have included a story from the Houston Chronicle by Linda Griffin, a copy of a letter which I wrote to Barbara Bush, a return letter from Mrs Bush's office and a follow-up letter from the Department of Health and Human Services. I also included a copy of the letter I sent to Mr Ron Ross's office.

When most people read the story by Linda Griffin they conclude that the formula must not work because the patient died. Wrong! If all the facts and numbers are examined carefully by a knowledgeable person, a different opinion will be formed. I am sorry that the story by Linda Griffin did not touch on the sushi. The ingestion of the tainted sushi was the real cause for the liver to shut down and kill the patient.

In our country health care system when an AIDS patient has extreme internal pain, the only thing given is pain killing drugs. There is no desire by the hospital to do an exploratory examination to find out what is causing the pain.

NOTE: DR. BUSS IS OWNER
OF THE LAKERS TEAM LA, CA.

Page 1

continued,

Some of the key facts that point to extreme error of diagnosis are:

A. The patient never had night or day sweating after the home therapy had been completed for 30 days. This was for 18 months.

B Five months prior to Reza's demise a P-24 ANTIGEN TEST was given.

The result was: NEGATIVE.

C Twenty-one days before death, Reza had to be taken to Ben Taub Hospital to get additional morphine. He had taken nothing but morphine for the last 50 days. No other medicines had been used. When the emergency room took his vital signs, his body temperature was 98.6°F . Aids patients while in the last stages of AIDS do not revert back to 98.6° . It's usually above 101°F and much sweating.

D The tapeworm that I kept telling all of the doctors about, was finally killed by the morphine injections.

It was expelled for six days.

It had been in Reza's body for about 15 months.

E REZA NEVER HAD ANY OF THE INFECTIONS LIKE K.S., P.C.P. or C.M.V..

continued,

In December of 1991 I saw a mutual friend and told him of Reza's death. Then in early February I saw this person again. I asked Ray if he had seen the article about Reza and me.

He had missed the story so I sent a copy to his home. Two days later Ray's partner Tom called me at home. Tom explained that they were both HIV+ and that Ray had a very low T-CELL number of 50! Ray also had a bad yeast condition in his mouth which is called THROUSH.

Tom had a T-CELL number of 300 several months ago. His next T-CELL test reflected an increase to around 450. Tom had unknowingly been cleaning his bathroom with the same chemicals that are in my formula. When Tom read the story from the Chronicle, it all began to make sense to him.

I told Tom that conditions are at a critical stage for Ray and that the virus must be halted and stopped in its tracks.

They gave much thought to what I had told them and they decided to do the therapy together. I spoke to these people two weeks ago. Ray's T-CELL COUNT is 250 and no more yeast in his mouth. Tom's T-CELL COUNT is around 600. AZT is not what caused those increases.

continued,

I believe these people are HIV blood serum negative, though they will show high antibody counts for a long time. The only way to prove they are HIV serum negative is with a \$375.00 test. Its name is the P-24 BLOOD TISSUE CULTURE TEST. They have not done this test yet.

I guess it's too hard to believe that anyone can run down to Ralphs and purchase an armload of Comet cleanser, Windex, Parsons amonice and plain old Clorox and be able to rid their body of the most deadly virus around.

Even Lysol Toilet bowl cleaner in the plastic bottle with the crooked neck, reeks with one of the spin-off gases of my formula. That gas is ammonium-chloride. It only takes seven 10 minute oral inhalations spaced 48 to 72 hours apart. During the last 2 minutes of each therapy apply diluted mixture to feet and hands. Bense off and go to bed. Just 70 minutes of hell for a chance at life again.

I will continue fighting for what I believe. Who knows? Marylee Cookie uses these chemicals from time to time in her home.

Sincerely,
 Dan Saut

4-21-93
Houston, Texas

Dear Mrs Clinton,

I am sending you these papers
so you will be aware of my previous
attempt to be heard. I have had no
success talking to the Office of A.I.D.S. RESEARCH.
I also spoke to the department for the
Study of Unconventional Medical Practices.
No one will tell me how to have my
proposal investigated. I really will
appreciate any assistance that can be
provided.

Thank you,
Dan Sate

Note

correct home address,
^{Daniel S Sate}
1922 McDUFFIE
APT #B-204
HOUSTON, TEXAS 77019

correct work address,
Daniel S Sate
2439 Westheimer - ie WESTHEIMER
Houston, Texas 77098
C/o The Empty Vase of Houston

A

updated
copy

DAN SOUTER
1922 McDUFFIE B-204
HOUSTON, TEXAS 77019

Kristine Gebbie
750 17th ST NW
SUITE # 1060
WASHINGTON D.C.
20503

November 26, 1993

MEMORANDUM

TO: Buck Buckingham
FROM: W. Steve Lee
SUBJECT: Action item
ACTION REQUIRED: As noted below
DATE REQUIRED: DECEMBER 6, 1993

The attached letter requires your review and preparation of a draft for KG's signature.

Letter from Dan Souter (11/14) on prevnetion idea.

Please respond by December 6, 1993 and return original materials with draft.

Attachments

THE WHITE HOUSE
WASHINGTON

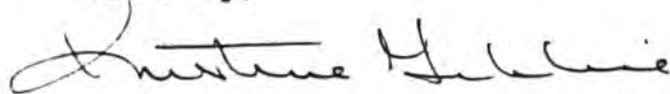
December 20, 1993

Mary Murphy, M.A., N.H.A.
Nursing Home Administrator
Valley Manor Health Care Center
4601 East Asbury Circle
Denver, CO 80222

Dear Ms. Murphy:

Thank you for bringing the recent Denver Post article to my attention. I appreciate your support and your interest in providing accurate information to the public.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine M. Gebbie". The signature is fluid and cursive, with a large initial "K" and a long, sweeping underline.

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator



VALLEY MANOR HEALTH CARE CENTER

Commitment to Excellence

December 6, 1993



Kristine Gebbie
Chairperson, AIDS Committee
White House
1600 Pennsylvania Avenue
Washington, D.C. 20201

DEC 14 1993

Dear Ms. Gebbie:

I think it is CRITICAL that you or your staff respond to this article which appeared in our Denver Post December 1, 1993.

It is this type of soft bite reporting by those who would name the Name of the Creator (Focus on the Family) that is confusing us in their religious books, lack of free speech, all a form of violence against Truth.

As you can see from the information I have enclosed, this same group of fundamentalist religious people have taken millions of dollars from those who were promised nursing home care. We are unable to get anyone to even write about this situation; but they will print immoral articles about you such as the enclosed.

Denver is becoming known as the Jerusalem of America; the fundamental right of free speech is very much in question in light of the use of religious worldviews and presuppositions which confuse and divide.

PLEASE read the enclosed and hopefully, answer it forthwith to the Denver Post.

Sincerely,

Mary Murphy, MA, NHA
Nursing Home Administrator
War Widow
Concerned American
Christian

encl.

CDC's 8-step program for safe teenage sex

AMY STEPHENS

President Clinton's new AIDS czar, Kristine Gebbie, recently told Americans to get over their "Victorian" ways and have more sex — as if the rise in teen pregnancies, out-of-wedlock births, abortions, HIV infections, herpes, chlamydia, rape and adultery suggested that Americans were having too little sex. Then Gebbie said that teaching abstinence, the one sure-fire solution to many of these social ills, is "criminal."

President Clinton's approval rating frequently dips below 50 percent, and the last thing he needs is a loose cannon on health issues. So Gebbie recanted her remarks, apparently under White House orders, and told the press that "teaching abstinence is our primary message."

In reality, the Clinton administration is hostile to abstinence. It has gutted federally funded abstinence programs and is preparing a public relations campaign which will insist that condoms are reliable and just as effective as abstinence. The Centers for Disease Control in Atlanta will administer the condom program.

One of CDC's grantees, a friend of mine, said "politically correct" zeal pervades the agency. CDC researchers, sacrificing science on the altar of political expediency, will trash studies that report on condom failure and highlight research that portrays the lowly condom as fail-safe. But the Senate put its spotlight on the world of safe sex this summer and found that it is a dangerous place. They cited evidence that surgeon general nominee Joycelyn Elders, while serving as Arkansas' top health official, knowingly

distributed defective condoms without warning the public.

The CDC believes it can help sexually active teens overcome the condom's failures by teaching them an eight-step safety procedure. But some teens have been known to forget to take out the garbage once a week; who honestly believes they'll follow an eight-step plan as a prelude to intercourse? Do any of CDC's researchers and policymakers have teens? Does CDC have any common sense?

And, in some of its latest material, CDC forgets to address one important problem: Condoms must be properly stored to be effective. They must be fresh, as well as stored at a reasonable temperature. A man's wallet or car glove compartment, the likely places to find condoms, are hostile to latex.

When public health officials such as Elders, Gebbie and the wonks at CDC neglect their duties, is it any wonder that interest in abstinence is sky-high?

One example is a newspaper advertisement entitled "In Defense of a Little Virginity," which has run in 1,166 papers in the United States, Canada and seven other countries. Focus on the Family developed the ad, published it in USA Today two years ago, and ran it in another 32 papers, but parents sponsored it everywhere else.

Some state health officials, sounding like Gebbie and Elders, claim the ad is "medically inaccurate" but fail to offer

any evidence. No surprise. The ad's facts are unassailable. The ad cites statistics from peer-reviewed journals, and the ad itself was reviewed and approved by a national advisory panel of physicians.

Here's a sample of the ad's assertions:

✓ "Condoms can fail at least 15.7 percent of the time annually in preventing pregnancy," according to Family Planning Perspectives, a journal produced by Planned Parenthood's research arm, the Guttmacher Institute.

"In a study of homosexual men, the British Medical Journal reported the failure rate due to slippage and breakage to be 26 percent."

✓ "The University of Texas Medical Branch recently found that condoms are only 69 percent effective in preventing the transmission of the human immunodeficiency virus (HIV) in heterosexual couples. Dr. Susan Weller of UTMB conducted a meta-analysis of 11 independent HIV transmission studies. Her conclusion: "When it comes to the sexual transmission of HIV, the only real prevention is not to have sex with someone who has or might have HIV." Weller's article appeared in the peer-reviewed journal Social Science & Medicine in June.

So the next time you hear a public official trash abstinence or the "Virginity" ad, consider their motive. It may be that they have something other than your best interests in mind.

Amy Stephens previously taught family planning and sex education in public high schools and is a policy representative on sex education and other issues for Focus on the Family in Colorado Springs

PHOTOCOPY
PRESERVATION

to revive fund drive

By Virginia Culver
Denver Post Religion Writer

1/25/91

Pastor Charles E. Blair will restart his Second Mile Campaign, which is already the subject of a lawsuit alleging he misused money raised when the campaign first started.

Blair will announce to his congregation Sunday that he will try to raise \$1.8 million to repay those who lost money in Life Center, a nursing home that went bankrupt in 1974 after being opened with money from the Second Mile Campaign.

"Sometimes you just have to take your boat out of the harbor, get the sails up and see which way the wind is blowing," said Blair, pastor of Calvary Temple at 200 S. University Blvd., for more than 40 years.

Blair, 70, said he has no strategy planned, no committees formed and no volunteers yet to help him with the resurrected campaign. J. Allan Petersen, who had the idea for the Second Mile Campaign in 1986, will not be part of this campaign, Blair said yesterday.

The campaign was to raise \$3,294,000 and only \$1.8 million remains of that, he said. He said 505 investors were paid off and 282 still are owed money.

Three investors in the Second Mile Campaign sued Blair, Petersen, and Blair's secretary, Joan Bjork, alleging they misused some of the campaign money, a charge Blair has denied. Bjork later was dropped from the suit. The lawsuit, he said, interrupted the campaign.

"But it didn't squelch what's in my heart — to pay back all those investors," Blair said.

The trial on the lawsuit against Blair will be in March in Denver District Court.

"The reopening of the campaign has nothing to do with the trial or anything else," Blair said.

He was to notify the Calvary Temple board today of the new campaign and is hopeful the members will support him. "At least, I know they'll pray for me," he said.

Blair blames lawsuit for repayment delay

BLAIR from 6 Cont. News

proper disclosures to 3,400 people who lost \$18 million after investing in Blair's foundation and Life Center, a retirement and nursing home. The Second Mile campaign was launched in 1986 to help pay back people who lost money after investing in Blair's ventures.

Blair blames the lawsuit, filed in 1987, for Second Mile's failure to reach its goal and says an additional \$800,000 in pledges couldn't be collected after questions were raised about the use of funds Second Mile raised.

Those who pledged that \$800,000 will be among the first to be contacted for this new campaign, Blair said. "But we have a longstanding policy at this church not to make a pledge binding."

At the start of Second Mile, Blair said, about 800 investors were owed \$4,575,000, but \$765,000 of that debt was forgiven. The campaign raised about \$1.7 million and 282 investors still need to be repaid.

1/25/91

INDICTMENT

We, the members of James 1:27, a Committee bearing Christian witness to the grievances of persons persuaded by Charles E. Blair to invest money in Life Center, Inc. and/or the Charles E. Blair Foundation, do indict and charge Charles E. Blair, personally and as agent and Pastor of Calvary Temple Church of Denver, Colorado with wrongful acts in violation of Christian moral standards and practice, to-wit:

I. That in his activities concerned with Life Center, Inc. and the Charles E. Blair Foundation, he dealt unfairly with other people's money;

II. That, since he was convicted of securities fraud for his activities with Life Center, Inc. and the Charles E. Blair Foundation, he has lied, and continues to lie about the nature of his wrongs;

III. That, in connection with the repayment of investors, he has made false promises, to-wit:

A. he promised that "every gift" received in a fund raising project would be used to pay "distressed investors", but diverted \$600,000 of \$1,800,000 raised to other purposes; and

B. when settling the lawsuit brought by the investors as a result of this diversion, he promised that he would not stop with the payment of the agreed settlement figure, but that he would repay all the investors all that was owed and unforgiven; and

IV. That, by his conduct and through his broken promises he has abused the old, the sick and the poor; and, finally,

V. That these wrongs, committed by a Christian Pastor in the name of a Christian Church, have inflicted injury upon the cause of Christ in our community.

We make these charges to the Christian Community in the spirit of Matthew 18:15-17:

"If your brother should do wrong against you, go and show him his fault privately; in case he listens, you have won your brother. In case he does not listen, take one or two along, so that from the testimony of two or three witnesses, the whole dispute may be settled. If he refuses to listen to them, tell the church, and if he will not listen to the church, treat him like a pagan and a tax gatherer."

Dated: June 7, 1993.

BILL OF PARTICULARS

In the early 1970's, through Calvary Temple Church and the Charles E. Blair Foundation, Blair created the Life Center, Inc., a Christian Nursing Home. He raised more than \$23 million dollars for that purpose. To raise so large a sum, he appealed to Christians in Colorado and across the nation. In widely circulated brochures,¹ he represented his scheme as "God's plan for prosperity" and proclaimed that "God will never go bankrupt."

In 1974, Calvary Temple Church, the Life Center and the Foundation did "go bankrupt". Charles E. Blair was their president. He obtained a discharge of the debts of Life Center and the Foundation. When the assets of Life Center and the Foundation were liquidated, sold and distributed among the creditors, only 15% of the investor's principal was returned. None saw a dime of interest. The Church paid all its debts with interest, but accepted no responsibility for those of Life Center or the Foundation.

In 1975, Charles E. Blair was charged with criminal fraud for his role in the Life Center matter. In 1976, he was convicted on 17 counts of fraud. He was given probation because the sentencing judge believed the only chance for the investors' recovery lay in Charles E. Blair's ability to raise money to repay them.

But, he did not repay. In 1981, a group of these victims, with a few others to bear witness, created the James 1:27 Committee. They contacted Charles E. Blair and some Elders who refused to hear them. They presented their claim to the Denver branch of the Christian Conciliation Service of Denver ["C.C.S."], an organization created to fulfill Matthew 18:15-17.

The claim submitted to C.C.S. was based on Christian duty, not secular law. James 1:27 insisted that, despite the legal discharge in bankruptcy, Charles E. Blair and Calvary Temple Church owed a Christian duty to repay Life Center investors to the utmost of their ability. Even though appearance before C.C.S. is not mandatory, Charles E. Blair and Calvary Temple Church voluntarily participated. They were represented by counsel. They argued that the civil law discharged both their legal and Christian obligations. They offered witnesses in their behalf, and they participated in extensive hearings held intermittently over several months. The hearing panel included Rev. Louis Montecalvo and two Christian lawyers, Ron Baird and William H. ReMine, III.

A judgment was made:² Charles E. Blair and Calvary Temple Church owed a Christian duty to repay which could not be discharged by secular courts. The panel rejected Blair's claim that his convictions rested on the technical grounds. It noted the Court had found that "the evidence was overwhelming that Pastor Blair had knowingly directed or allowed the misrepresentations to be made". It concluded that the injury "in the Body of Christ" . . . has persisted because his attitude has been to consider his own personal responsibility as less grave, less significant in degree, than it actually is. . . . What we see in the history of Pastor Blair's involvement in Life Center is a pattern of dealing unfairly with other people's money."

The panel called upon Charles E. Blair to "make public acknowledgment to the church so that the offender may be publicly forgiven and restored by the church." It noted that "so long as the investors of Life Center have not been repaid, it remains unfinished business. It affects the Body of Christ as a whole." It found, however that "any attempt at restitution without public confession and forgiveness would be unsuccessful, both spiritually and financially."

The injured investors were told they should first present their claims to the Elders of Calvary Temple Church. "Only if you cannot be heard by the elders should you consider bringing the matter before the church in another way."

James 1:27 first took the C.C.S. judgment to the Board of Elders of Calvary Temple Church. Their claim was refused. The church simply repeated the position C.C.S. had already rejected, that there was no obligation to repay. Thereafter, James 1:27 began to take its claim, through the secular press, to "the body of Christ" in the Denver area.

That was when "Second Mile" was born. "Second Mile" was a fund drive, conducted by Calvary Temple Church, which was intended to repay the principal amount owed to all investors in Life Center who chose not to forgive the debt. Before it began, J. Allan Petersen, a friend of Charles E. Blair's, who conceived the campaign, wrote and asked every investor to forgive all or a portion of what was owed. Many did so.

The name "Second Mile" underscores the position of Charles E. Blair and Calvary Temple Church that there was no obligation to repay. In Scripture, Jesus was asked about the legal obligation imposed on Jews in Palestine to walk a mile to assist Romans to carry burdens. He exhorted them not only to walk the required mile, but a "second mile" beyond legal obligation.

Prominent Christian leaders were organized in Colorado and National "Committees of Concern". They lent their names and reputations to the Second Mile drive to help those who were injured by the failure of a church sponsored business enterprise. No doubt they also wished to give a Christian pastor and his church an opportunity to achieve reconciliation with disaffected and embittered Christians.

The names of Committee members were printed in a "Second Mile" brochure which also listed 787 "footprints" each of which represented an investor who had been unable or unwilling to forgive the debt. The total of these claims was \$3,924,000. The brochure expressly promised that *"every gift will be used in its entirety for the Second Mile project . . ."*

That promise was broken. Of \$1,800,000 raised, \$600,000 was not paid to investors³, but was kept by the church, used to pay church bills, or was paid to insiders, including even Charles E. Blair who had not forgiven his claim as an investor and who left his numbered claim on the list where it competed with the sick and the poor.

Several investors filed the suit which eventually became a class action. They claimed that nearly \$600,000 was a theft from a trust, and asked triple damages as allowed theft victims in Colorado statutes.

Charles E. Blair and Calvary Temple Church claimed that "Second Mile" monies were not received in trust, but could be used by them in any manner they chose. There was a trial of that issue before Hon. James Flanigan who ruled that "Second Mile" monies were received in trust for the benefit of class members, i.e. those who held unforgiven claims against Life Center or the Foundation. A trial date was set at which it was to be determined whether Charles E. Blair and Calvary Temple Church had breached that trust, and whether they had committed theft.

Unfortunately, that trial never took place. The case was settled after Calvary Temple Church made an offer to pay \$700,000, \$500,000 of which was to go to investors and \$200,000 to pay legal fees and other expenses of litigation. The offer was circulated among class members and, before the ballot, Charles E. Blair and members of his family, called several class members to assure them he would continue working to pay the unpaid balance in full, not merely the \$700,000 to settle the suit. He announced the same in the public press. After the settlement, he confirmed his commitment on his weekly television show.

The class voted 2-1 to accept the Church's offer. Since approximately \$1,800,000 was unpaid at time of settlement, and \$500,000 was paid to investors, about \$1.3 million in unpaid principal is still due to Life Center investors. Many of those to whom this money is owed are old, poor and in need.⁴

After Calvary Temple Church paid the final installment of a \$700,000 court settlement Charles E. Blair announced, in *The Calvary Temple Times*, that God "has allowed us to see the legal obligations of the past ended; and now every dollar . . . every ounce of our energy . . . can finally be poured totally and exclusively into ministry. Praise God, we're free . . . We're finally free!"

Those statements deny the obligation found by C.C.S. and break Charles E. Blair's express promise made at the time the law suit was settled, that the entire remaining \$1.8 million of principal invested would be repaid.

Charles E. Blair and Calvary Temple Church have the capacity to repay. In 1985, before "Second Mile" was organized, Blair wished to trade the church's land at 200 South University in Denver for 31 acres in the Denver Tech Center and to undertake a multi-million dollar fund raising effort to build a much larger Church at the new facility.⁵ At that time, some Elders balked because of the obligations owed to Life Center investors. In 1991, when the law suit was settled, Calvary Temple represented to attorneys for plaintiffs that the value of the 200 University site was "at least \$10 million dollars, and that the debts against it amounted only to a few hundred thousands. While some distressed investors have been living in want and privation as shown by excerpts from the "Second Mile" sermons of Petersen and Blair attached, Charles E. Blair has been living in a manner befitting the CEO of a major corporate enterprise. He has travelled the world extensively. His every need is provided, generously, by Calvary Temple Church. When he took the \$2,300 from Second Mile contributions, he defended himself by claiming that he did not have to steal to get \$2,300 because, if he had asked for it, the Church would have given it to him. That is true, and it makes taking the money, ahead of the truly needy, even more appalling. He has, moreover, the capacity to raise money.⁶ The \$700,000 paid pursuant to the settlement was raised outside and in addition to the budget of the Church without impacting its ministry. Finally, Blair himself called these unpaid obligations "the shadow that has been cast across the cause of our Savior's name, and our church." It is fair to ask: "What aspect of his 'ministry' is more important than removing the shadow caused by his own criminal misconduct?" Blair operated a "Ponzi" scheme.⁷ When you refuse to repay those whom you have cheated, to whom can you minister?

We are concerned that the use of the facilities at Calvary Temple Church by prominent Christian clergymen, lay leaders and organizations implicitly includes that Church and its Pastor in the whole Christian Church, the Body of Christ. Ironically, for example, the Promise Keepers, an organization of Christian men who join together to strengthen their commitments to wives and family, met in the Church. When a Promise Keeper speaks from the pulpit of so prominent a promise breaker, it confuses the whole Church. Given Matthew 18:15-17, the judgment of the Christian Conciliation Service, the judgments of the secular courts, and the broken promises and commitments of Charles E. Blair, we believe that he must be treated as a "pagan" and not as a Brother in Christ, and that his Church, which shares in his wrongs, must be shunned as outside the Christian fellowship.

Given the facts that the still distressed investors are victims of the criminal fraud of Charles E. Blair, and that Blair and his Church have the ability to repay them, we call for the public repentance and restitution which the Christian Conciliation Service felt was essential to his restoration to the Body of Christ.

PRAYER FOR RELIEF

We ask that you, as a Christian, join the James 1:27 Committee to demand that Charles E. Blair and Calvary Temple Church, through its Elders, answer the charges made herein, or "make public acknowledgment to the church" that Charles E. Blair, acting for Calvary Temple Church, knowingly represented investments in Life Center enterprises as safe and secure at a time when he knew the representation to be untrue. We ask that you join in the demand of James 1:27, based on the judgment of the Christian Conciliation Service and the promises of Charles E. Blair that the Church renew its commitment to restore the principal invested to all who have requested repayment.

We ask, specifically, that you sign the enclosed James 1:27 letter to Charles E. Blair and the Elders and send it to him with whatever personal additions you may wish to make. We ask that you join us by returning the enclosed post card to James 1:27. We take our name from the following Scripture: "Pure and undefiled religion in the sight of God the Father is this: to look after orphans and widows in their troubles and to keep oneself undefiled from the world." By joining us, you participate in a Christian demand for justice for defrauded investors so that the whole Church, the Body of Christ, remains "undefiled in the world."

Sincerely, in Christ,

Katherine Buggert, Julia Castle, Bob Wright, Ph.D., Fred and Alice Hildebrand, Mary Murphy

1. A complete copy of one such brochure is attached.
2. The complete text of the Christian Conciliation judgment is attached.
3. A summary of payments made to persons or institutions who were not "distressed investors" is attached.
4. Excerpts of sermons of J. Allan Petersen and Charles E. Blair during the "Second Mile" fund drive are attached.
5. See *Denver Post* article of October 27, 1985, attached.
6. There has never been a question of ability to repay, but only of will. Study the remarks of Glen Keller, the Bankruptcy Judge, about Blair's efforts to raise money which are quoted extensively in the Christian Conciliation Service report attached. Note, also, in the same document that the only reason Blair was spared from jail for his crimes was the trial judge's belief that he could and would repay the investors.
7. A classical financial fraud named after a 1920's swindler in which, in the absence of any earnings, interest due on older investments is paid from the proceeds of new ones. See the Christian Conciliation report.



INVITATION TO PROSPERITY

BY
PASTOR
CHARLES E. BLAIR



Dear Friend:

"U.S. FACING CRISIS IN ENERGY LAG," said a recent front-page headline. I couldn't help thinking that, while the world's strongest nation is experiencing energy shortages, our spiritual resources are inexhaustible. Our God can never have a power failure. He will never go bankrupt.

In a day of tight money and increased bankruptcies, I want to share with you the great truth that God's "celestial computers" store all of the financial and business data of the past, the present, and the future.

"What good does that do me?" you ask. Allow me to elaborate. God is great and God is good—we all know this. But there is a truth that has gripped all too few people—the truth that God is prosperous. He has to be, because it is the nature of God to be prosperous, just as much as it is for him to be "Love," "Joy," and "Peace."

With God you can always think big, always think prosperously. That is the kind of God we have—a prosperous God. This is an unchanging fact. Why not allow this truth to thrill and inspire you right now? Anyone who teams up with him cannot fail because God has all the inside information. He is unable to make a mistake.

Countless thousands are already reaping financial and spiritual benefits having put into effect God's plan for prosperity. The purpose of my letter is to share this plan with you.

Please accept, with my compliments, an "Invitation to Prosperity," and may you know total prosperity: physical, material and spiritual.

Faithfully yours,

Charles E. Blair

Why is it that, instinctively, man wants to prosper? I believe this urge is part of our "likeness and image of God." It is God's nature to be prosperous, so it is our nature to want to attain prosperity.

Prosperity is a Divine idea. The Devil knows only how to pervert and destroy prosperity. God is the author of prosperity; Satan, of the "poverty program." Poverty is part of the curse of sin. There will come a time when Satan will be bound, and poverty and misery will be replaced by peace and prosperity.

So, to begin, we need to have the proper Perspective on Prosperity.

PERSPECTIVE ON PROSPERITY

As we scan the sacred pages, there emerges no doubt that a prosperous God wants His children to be prosperous.

"Let the Lord be magnified,
which hath pleasure in the
prosperity of His servant."
(Psa. 35:27)

"Both riches and honor come
from Thee." (1 Chron. 29:12)

"And his (Joseph's) master
(Potiphar) saw that the Lord
was with Him and that the
Lord made all he did to
prosper." (Gen. 39:3)

In the parable of the talents Jesus praised the servants who invested and multiplied their original investments. He condemned the servant who hid his talent and made no effort to increase it. Jesus never condemned riches. He condemned the rich for failing to obey God's laws.

If God's law of prosperity is to operate in our lives, we must believe that it is God's will for us to prosper.

"But without faith it is
impossible to please Him."
(Heb. 11:6)

It is required that faith be expressed even in the most mundane actions. When one drives a car down the street, he is putting faith in the mechanic who serviced it.

Someone has said: "If your mind can conceive it and believe it, you can achieve it." Yes, faith is a powerful force. But God's law of prosperity demands that our faith be directed toward Him and His Word. This is the only kind of faith that guarantees success.

Reliance upon one's native ability, or intellect, or clever hands is not enough.

APPROPRIATING PROSPERITY

Appropriating Prosperity requires an active faith in a living God. Let the roots of your faith sink deep into the promises of God. We can compare this faith with the confidence that we express in a reliable mail order company. We select the items we want from the catalog, place an order, and in a few days receive a confirmation stating that the items will be mailed within a certain number of days. Then we look forward to arrival.

"And if we know that He hears
us, whatsoever we ask, we know
that we have the petitions that we
desired of Him." (1 Jn. 5:15)

Perhaps this attitude was best expressed by one of our Sunday School boys. His teacher had asked for requests for prayer and then added, "We ought to pray for your daddy, Tommy. He's sick, isn't he?" Tommy, with a reproving look answered, "No, we don't need to pray for him; I have already prayed, and he's going to get well."

The writer of Deuteronomy says,

"But thou shalt remember the
Lord thy God; for it is He that
giveth thee power to get wealth."

God is not only the source of power, but he gives His children power to become successful. Is God interested in the world of business? Even some Christians doubt that He is concerned with their bank accounts or material assets. However, the testimony of God's Word clearly states:

"I am the Lord thy God which
teacheth thee to profit, which
leadeth thee by the way that
thou shouldst go." (Isa. 48:17)

For this reason, I suggest that you invite God into your business and be Partners in Prosperity.

PARTNERS IN PROSPERITY

And when you consider that God is the source of any
ability or wealth that you may presently have, it
only makes sense to hand the controls over to Him.

It makes good business sense to make Him the senior partner, since He is the more qualified one to be the head of the business.

Yes, God cares about you and your business, and this interest is born out of the loving heart of a father who would see us prosper. He wants to teach us to prosper.

What reassurance!—To know that the omnipotent, omniscient God stands ready to take the helm of our lives and share this wisdom with us.

As I look back over my life in God's service, it is easy to recognize the occasions when I took time to discuss decisions with my senior partner. When I waited for His approval, things turned out for the good. But when I took the attitude that I knew what was best or acted hastily, you can imagine the outcome.

God—Who has all knowledge and wisdom—sees around the bend in the road. From His lofty position He knows what is impossible for me to know. I failed, not because He wanted me to fail, but simply because I did not ask or wait for His instructions. I had to learn total surrender. I had to learn the importance of Divine Direction.

DIVINE DIRECTION

"In all thy ways acknowledge Him
and He shall direct thy paths."
(Prov. 3:6)

It is ours to acknowledge and God's to direct. But continuous direction requires continuous acknowledgment. If we want guidance in all our ways, we must acknowledge Him in all our ways.

Businessmen, experiencing difficulties and reversals, are prone to ask: "Does God have a plan for my life? Can a big God think about little me?"

No man has ever failed who waited until he heard God's voice and then followed. Study the life of faithful, trusting Joseph and you will be convinced that God wants to direct every detail of your life.

Prosperity, like all Biblical truths, has its own inherent laws that make it work. Almost everything in life has its "how to." Even games have rules. It is very important, then, to be aware of the Principles of Prosperity.

PRINCIPLES OF PROSPERITY

You can't trample on the rights and feelings of others,

charge high prices for shoddy merchandise, and at the same time expect God to bless your business. The Apostle Paul says, "Provide things honest in the sight of all men." We need to be men of integrity whether it be in advertising, on the income tax return, or in business and social relationships.

Obedying the Golden Rule is fundamental to Godly prosperity.

"All things whatsoever ye would
that men should do to you, do ye
even so to them." (Matt. 7:12)

This is just another way of saying,

"Be not overcome of evil, but
overcome evil with good."
(Rom. 12:21)

The Christian is charitable, humble, forgiving. He takes to heart the words of Paul:

"Bless them which persecute
you: bless, and curse not.
Rejoice with them that do
rejoice, and weep with them
that weep."

Can you love a competitor, especially one who makes life difficult for you? Yes, you can pray for him, and God will fill your heart with good will toward that man.

Then there's diligence. Being a Christian business man is a fulltime job. It requires hard work, sacrifice, and service. But if one follows the rules of prosperity, prosperity will follow.

Henry Drummond said, "No man can be making much of his life who has not a very definite conception of what he is living for." Having a specific goal to work toward concentrates effort and serves as a means of evaluation. Paul set a definite goal:

"This one thing I do, forgetting
those things which are behind, and
reaching forth unto those things
which are before, I press toward
the mark for the prize of the high
calling of God in Christ Jesus."
(Phil. 3:13-14)

History tells us that the men and women who have led mankind around some crucial corner or who have achieved success, have always been those whose lives are controlled by certain goals.

But the Christian who is in partnership with God is setting God-Given Goals.

GOD-GIVEN GOALS

This requires much prayer. Someone may say: I don't have time to pray or to play. I just plunge and believe God will help me. This is neither divine guidance nor common sense. Jesus said,

"For which of you, intending to build a tower, sitteth not down first, and counteth the cost, whether he have sufficient to finish it? Lest haply after he hath laid a foundation, and is not able to finish it, all that behold it begin to mock him."
(Luke 14: 28-30)

Yes, God may lead you into a business venture which requires a great deal of faith, but be sure it is God's leading and not just your enthusiasm.

While this is an invitation to prosperity, we cannot bypass the area of Priorities.

PRIORITIES

Material success must not be an end in itself. As Christians, our primary purpose is to glorify the heavenly Father, and this requires putting God and His kingdom first. Jesus came to correct our priorities. He taught:

"So don't worry at all about having enough food and clothing. Don't be like the heathen. They take pride in these things and are deeply concerned about them. But your heavenly Father already knows perfectly well that you need them. And He will give them to you gladly if you put Him first in your Life." (Matt. 6:30 - 33 L.G.)

Materialistic priorities will terminate at the grave, whereas laying up treasures in heaven will pay eternal dividends. Christ said that we could fulfill our passion for possessions by making fortunes for the future, for we are children of eternity. If our material success is earth-oriented, then we are shortsighted investors. Jesus said,

"Make your future by storing it in a place where it will greet you at the dawning of a new morning when the whole earth has passed away."

God's interests must always be first. Advancing the kingdom of God takes priority; business and personal interests are secondary.

Proper priorities will automatically lead to Divine Dividends.

DIVINE DIVIDENDS

"Give, and it shall be given to you, good measure, pressed down, and shaken together, and running over shall men give into your bosom."
(Luke 6:38)

Here is a law of the Kingdom of God: Christ-like giving does bring abundant returns. We simply cannot outgive God. This giving-receiving principle is a continuous cycle. Recognizing this, the Apostle Paul encouraged his fellow Christians to be generous.

"He which soweth sparingly shall reap also sparingly, and he which soweth bountifully shall reap also bountifully." (II Cor. 9:6)

In view of the fact that tithing was instituted 700 years before the Law was given, the Christian continues to tithe, but it is rather difficult for me to believe that the New Testament Church gave less than the tithe. They were to give proportionately in ratio to their income.

"Upon the first day of the week let every one of you lay by him in store as God hath prospered him."
(I Cor. 16:2)

Christ taught a gospel that is not restricted by law, it goes "the second mile," it gives liberally and cheerfully. If our giving is motivated by love, then the legalistic tithe will not be enough to satisfy our desire to give to our Master. Prove God now!

Late one evening a few years ago, I drove up to the top of Pikes Peak with some friends to watch the sun rise the next morning. I had been told by many of the beauty of that sunrise and the breathtaking view. But as we drove up the winding road I wondered if it was really worth the trip. At 2:45 the next morning, when the sun rose from the eastern horizon and I personally experienced the sunrise, there was no longer any doubt. How true it is that there are some things in life which you just cannot explain adequately with words; they must be illustrated or experienced.

Tithing is minimum giving. Tithing is legalistic giving and can often be done grudgingly, but God wants you to enjoy high level giving—"Spontaneous Giving." He wants you to have Prosperity Plus.

PROSPERITY PLUS

Spontaneous giving is the result of a push from within, rather than of a pull from without. Webster says that spontaneity means "a voluntary action, arising without external constraint or stimulus, controlled and directed internally." In other words, spontaneous giving is the result of an inward compulsion; it does not consider the worthiness of the recipient. Have you ever considered that no man has ever lived who deserved God's love.

The wilderness tabernacle (worth several million dollars) was literally built with "spontaneous giving." Their only instructions were to bring their offerings with "willing hearts," and you recall that there was more than enough.

Why not put a ceiling on our own standard of living and take the lid off to spontaneous, love-motivated giving!

A well-balanced conception of prosperity includes stewardship. Every Christian knows that he is not his own, that he is God-created and blood-bought. Everything he is and has is the Lord's. It is God's money that he handles, and

It is required in stewards that a man be found faithful. (1 Cor. 4:2)

God has set a high premium on faithfulness. Here are some of the elements of Responsible Prosperity:

RESPONSIBLE PROSPERITY

A steward must be faithful in the use of his time and talents. Each of us has the same amount of time at our disposal. You don't "find" time for God, you "take" the time. Make up your mind that you will attend the scheduled services of your church, "not forsaking the assembling of yourselves together, as the manner of some is." Be an active member; serve in some way. No service will go unrewarded.

"And whosoever shall give you a cup of water to drink in my name shall not lose his reward." (Matt. 9:41)

Be willing to give your time, your services, and your money. I do not believe that God blesses us with prosperity so that we may heap to ourselves increasing luxuries. He gives us prosperity so that we may use it to bless mankind. One day our Lord shall return and we shall all stand before Him to give an account of our stewardship. God grant that we shall all hear the words, "Well done, thou good and faithful servant." (Matt. 25:21)

CHRISTIAN CONCILIATION SERVICE OF DENVER
7244 E. MAPLEWOOD PLACE
ENGLEWOOD, COLORADO 80111

(303) 793-0279

January 3, 1984

Pastor Charles E. Blair
Calvary Temple
200 South University
Denver, Colorado 80209

Katherine Buggert
300 West B-C Street
Apartment 210-
Casper, Wyoming 82601

Julia Castle-Wright
141 South Reed Court
Lakewood, Colorado 80226

Fred and Alice Hildebrand
10700 West 28th Avenue
Lakewood, Colorado 80215

Mary W. Murphy
8787 West Alameda
Apartment 331
Lakewood, Colorado 80226

Dear Fellow Christians:

As you know, we have met with you at your request during the past seven months to assist you in reconciling with one another over the Life Center matter. We accepted your invitation because of our commitment to God's Word as found in Matthew 18:15-17; Matthew 5:23-24; Luke 17:3-4; and I Corinthians 6:18. Our purpose, and yours as well, has been to obey God's Word as you seek to restore unity and fellowship in the Body of Christ. Just as each of you has sought to be responsive to the Word in this matter, so have we.

It is our conclusion, however, that further meetings between the parties will not bring about the reconciliation commanded in God's Word. We have an obligation as "witnesses" to set forth our observations, and we are doing so in the earnest hope of prompting a change in the present deadlock - to the honor and glory of our Lord Jesus Christ.

THE MEDIATION PROCESS

Our participation has been in the context of Matthew 18, where Jesus established the method of resolving disputes and moral wrongs within the church, in verses 15-17, He said:

And if your brother sins [against you], go and reprove him in private; if he listens to you, you have won your brother. But if he does not listen to you, take one or two more with you, so that by the mouth of two or three witnesses every fact may be confirmed. And if he refuses to listen to them, tell it to the church; and if he refuses to listen even to the church, let him be to you as a Gentile and a tax-gatherer. (NASB).

This is a three-staged process which, when not reconciled within either of the first two stages, must be "told to the church" and dealt with there. The ministry of the Christian Conciliation Service is to provide capable, neutral third parties who will act as mediators and witnesses in this process.

Our involvement began at the invitation of: (a) Fred and Alice Hildebrand, an elderly couple who had invested in Life Center; (b) Mary Murphy, who sat in as representative of Katherine Buggert, an elderly widow in Wyoming who had invested in Life Center; and (c) Julia Castle-Wright, who sat in as representative of a student who was relying on the returns from Life Center investments to help pay for college. Their grievance is against Charles Blair, who was the central figure in Life Center at its inception and while its investment securities were being sold. Life Center filed bankruptcy in 1974.

Because of the importance of the issues, a mediation panel was brought together by Dr. Ron Bard, executive director of the Christian Conciliation Service of Denver. Serving with him have been William ReMine and Pastor Louis Montecalvo, who are not members of the Christian Conciliation Service but who were selected because of their backgrounds as an attorney and as a pastor of an inter-denominational church.

Pastor Blair cooperated in giving his time freely to the mediation process. He also was able to bring others to one of the early meetings to provide information on the financial history of Life Center. Mrs. Buggert was able to attend personally at one of the later meetings, which was significant if true reconciliation were to occur. Unfortunately, the student was unable to attend any of the meetings.

We want to emphasize, as we have throughout, that our role is that of mediators, not arbitrators. This is not a legal proceeding. Our efforts are not designed to result in a legally binding decision, but to bring the parties together

voluntarily. More importantly, we are not concerned with the question of legal liability for the problems surrounding Life Center. Our focus is on the moral and spiritual issues as they affect the parties and the Body of Christ.

POINTS OF CONFLICT

From the standpoint of the Hildebrands and the others, the issue is twofold. First, they feel Pastor Blair should acknowledge and confess responsibility for the financial harm suffered by the investors of Life Center. They see this as an issue touching them individually and affecting the Body of Christ as a whole. Pastor Blair was convicted of securities fraud in 1976. His book *The Man Who Could Do No Wrong* (written with John Sherrill) admits his responsibility, but only to a degree. It acknowledges that the methods used to promote the sale of Life Center securities were the methods of the world and that he overlooked the importance of God's method and timing in pursuing the vision of Life Center. (See pages 210 and 222). The Hildebrands and the others feel that the primary purpose of the book is to exonerate Pastor Blair, and that this is the approach he has taken over the past eight years whenever addressing the situation. As they see it, this has prevented a full measure of forgiveness and healing within the Body.

Second, they feel Pastor Blair should commit himself to making restitution to the investors. They are upset with statements they have seen since 1975 in newspapers, Christian publications, Calvary Temple newsletters, and open letters by Charles Blair, which either appear to vow the repayment of Life Center investors or leave the impression that the efforts to make restitution have been satisfactory. In their view, any commitment to repay the Life Center investors has been unfulfilled. Although Calvary Temple is not directly involved in this mediation, they also hope it will join with Pastor Blair in committing to restitution. They see this as necessary to spread healing in the Body and to undo the harm which has occurred.

On Pastor Blair's part, he has explained the limitations on what he can do. He does not have the personal financial resources to repay the investors. The debt of Life Center stands in the millions of dollars. Nonetheless, he has indicated that he made donations to Life Center totaling about \$100,000. He has also headed fund raising efforts to aid Life Center. Calvary Temple is a separate corporation from Life Center and has itself been the subject of bankruptcy proceedings. It is Pastor Blair's stated view that Calvary Temple cannot legally undertake the repayment of Life Center investors. He explained that within certain bounds Calvary Temple can make charitable gifts to persons in particular need, and there has been a Program to identify and help the hardship cases. Additionally, a portion of Life Center's debt was in the form of loans from Calvary Temple in the neighborhood of \$1,000,000, and Calvary Temple was able to help alleviate some of Life Center's financial burden by forgiving that debt. Lastly, those investors who bought Life Center securities thinking they were backed by Calvary Temple were given the opportunity to cross-claim against Calvary Temple in the bankruptcy proceedings. Pastor Blair feels this is as much as he and Calvary Temple can do in the area of restitution, given the legal restrictions upon them.

Regarding the financial failure of Life Center, Pastor Blair maintains that the corporation would have resolved its own problems had it not been forced into bankruptcy. In his view the difficulties arose because of unfavorable business conditions. He stresses that his conviction for securities fraud was on the technical ground that certain investors had not received a prospectus, which is a brochure explaining the financial condition of the corporation. He states that he had no intent to deceive the investors, and none of the parties here have made such an assertion. If anything, he feels he should have kept a closer eye on Wendell Nance, who was directly in charge of the sale of securities. Even if all of the investors had received accurate financial information, he feels that confidence in the ministry of Life Center was so high that people would have bought the securities anyway.

At this point, a detailed history of the Life Center matter would be helpful.

THE HISTORY

Over the years, Calvary Temple has grown from a small church to a congregation of approximately 6,000 members. Much of the growth can be attributed to the ministry of Pastor Blair, through his labor in the church and his outreach through radio and television. His use by God has been recognized internationally.

In February of 1965, Pastor Blair laid before the board of Calvary Temple the need for a nursing facility for the aged and handicapped in Denver. The result was the formation of a non-profit corporation called Life Center, Inc. The plan was to purchase and renovate the old Spears Chiropractic Hospital into a medical facility consisting of four adjoining towers. Control of Life Center would be in the hands of an eleven-member board. Life Center would be an outreach of Calvary Temple, yet totally separate from the church administratively and financially. Around the same time, the Charles E. Blair Foundation was formed to develop Christian television programs and to receive funds from the television audience to be used to benefit Life Center.

Pastor Blair was president and chairman of the board of each of the three non-profit corporations: Calvary Temple; Life Center, Inc., and the Charles E. Blair Foundation. All three corporations sold securities through a single Department of Development. The Department of Development was managed by Wendell Nance and had a staff of around ten salesmen.

The grand opening of the first two towers of Life Center was October 25, 1970. Less than three months later the Center's attorney and the church accountant warned Pastor Blair in separate memos that the year-end audit, for 1970 showed Life Center operating at an enormous loss. Both men also warned that in order to continue selling securities the law required

that the assets of Life Center had to exceed, by a stated margin, its liabilities. Tied in with this was the requirement of full disclosure of the financial picture to potential investors. Apparently the actual figures for Life Center could vary somewhat, depending on accounting procedures.

Pastor Blair felt it was important to project the image of success. He and Wendell Nance encouraged the salesmen to present the Life Center bonds in the brightest possible light. Pastor Blair's thinking at the time is reflected in *The Man Who Could Do No Wrong*, at page 151:

There was no risk to anyone putting money into Life Center, of that I was absolutely convinced. Not only would the Center eventually have enough residents to make it financially viable -- once all four towers were completed -- but Life Center bonds were backed by the good name and reputation of Calvary Temple itself.

The financial situation did not improve. As later noted by the Colorado Supreme Court in *People v. Blair*, 195 Colo. 462, 579 P.2d 1133, at 1136 (1978), both Life Center and the Charles E. Blair Foundation were legally insolvent continuously from 1971. The Supreme Court found that by the end of August 1973, the combined deficit of all three corporations had reached seven million dollars; they had annual projected losses of 2.6 million dollars; and their cash flow projections indicated a serious likelihood that current obligations could not be paid. By the end of September 1973, the three corporations had over \$14,000,000 in unsecured debt and almost \$9,000,000 in secured debt. (A secured debt is backed by a lien or mortgage on the assets of a corporation, and an unsecured debt is not). Since they did not have enough income to pay the interest on the bonds they had sold, interest was being paid out of the money brought in by the sale of new bonds.

Back in February of 1972, Pastor Blair received two letters from church attorneys warning of the dire financial condition of Life Center and the obligation to warn potential investors about this condition. Pastor Blair ordered a temporary halt on the sale of Life Center securities just a few weeks before the Securities and Exchange Commission (SEC) stepped in to investigate. The temporary halt became permanent, at least as to the public sale of bonds.

There were also a number of transactions in which loans were made to Life Center from trust funds administered by Pastor Blair. The bulk of these transactions occurred after the suspension of sales of Life Center securities. As an example, the Bickford-Easterday Trust was a trust fund set up by Thelma Jane Bickford and Cora Alice Easterday in which they were to receive the income of the fund for life, with the remainder of the fund to be given to Life Center after their death. The trust fund was administered by three trustees: Pastor Blair, Wendell Nance and one other person. The trustees invested \$20,000 in a note receivable from Life Center and \$10,000 in a note receivable from the Charles E. Blair Foundation. Similar transactions occurred with other trust funds.

On March 1, 1973, an attorney for Life Center wrote to Pastor Blair as follows:

I am very much afraid that in the view of the SEC the purported borrowing of money from the three of you as trustees will be simply a cover-up to the continued sale of securities to public investors. Do the persons for whom you are acting as trustees know that you are investing the money in Life Center notes? If they do, it is further evidence of the fact that you are engaged in a continuous offering of the Life Center securities, and that the money is being channeled through the three of you as trustees, possibly as a subterfuge to the commitment given to the SEC that Life Center would not make any further sales of securities. If the people providing the money to you as trustees do not know that you are investing it in the Life Center securities, then there may be a very serious liability to them for the investment of the funds in this venture, and there may again be an assertion of subterfuge in connection with the issuance of Life Center securities. In short, I must say that I believe the continued raising of funds by Life Center by means of the "trustee notes" is not in compliance with the commitments made to the Securities and Exchange Commission.

As late as April 8, 1974, Pastor Blair was writing letters of the following content to people who had set up trust funds:

In reply to your letter of March 26, 1974, we are pleased to inform you that the Calvary Temple Board has appointed a new Trustee to serve all Trust holders. You will be informed in the very near future of this addition which we feel will be a strength to the proper management and that of your Trust Corpus.

As you know your money was invested in different segments of the Charles E. Blair ministries, and we are anticipating an appropriate return from these organizations in the coming year as in the past year.

I would encourage you to leave your money where it is.

From September of 1973, Life Center had been delinquent in some of its interest payments to investors. In September of 1973, Pastor Blair had also received a consolidated financial report on the three corporations showing Life Center at 5.6 million dollars in the red, the Charles E. Blair Foundation at 1.5 million dollars in the red, and Calvary Temple in the black by a mere \$7,000. In March of 1974, all interest payments to investors had stopped. On June 7, 1974, each of three corporations filed bankruptcy.

During the bankruptcy proceedings, the court ruled that Life Center, the Charles E. Blair Foundation, and Calvary Temple were separate legal entities. In other words, from a legal standpoint, each corporation would be responsible for its own debts and not the debts of the others. Individual creditors who relied upon the assets of Calvary Temple in making their investments in Life Center were allowed to assert cross-claims.

Criminal charges were brought against Pastor Blair in state court, and in 1976 he was convicted of 17 counts of securities fraud. Sixteen of the counts were for misrepresentations and omissions of information in connection with the sale of securities. The remaining count was for engaging in a course of business which operated as a fraud or deceit upon investors. Of the 17 counts, six related to Pastor Blair's investment of trust funds in the three corporations, and the rest related to the direct sale of securities by the three corporations.

While the evidence on whether investors had received an adequate prospectus was undoubtedly important, the court record does not support the contention that Pastor Blair's conviction was on technical grounds. On appeal, the Colorado Supreme Court stated that the evidence was overwhelming that Pastor Blair had knowingly directed or allowed the misrepresentations to be made. *People v. Blair, supra* at 1138. As an example of that evidence, the Court said:

Disclosure was never made to potential investors that the corporations were either insolvent or in serious financial trouble. In addition, no disclosure was made that the investors' investment in principal would be used to pay interest on prior investments. The defendant [Pastor Blair] also made various affirmative misrepresentations, including a statement to his securities salesman in April 1973 that the liquidation value of the assets of the three corporations exceeded their liabilities by three million dollars. In fact, the reverse was true. In the case of a liquidation, liabilities would have probably exceeded the amount realized from assets by at least six million dollars. Throughout it all, the sales representatives and the brochures issued by the "Department of Development" assured investors that their investments were safe and secure. *Id.* at 1136.

Pastor Blair received a suspended sentence and was placed on five years' probation. As a condition of probation, he was ordered to pay a fine of \$12,750. The maximum penalty which could have been imposed was a fine of \$85,000 and 51 years in jail. The reason given by the trial judge for the suspended sentence and probation was that the only way the investors could hope to be repaid was if Pastor Blair were free to remain at the helm of Calvary Temple.

A plan for repayment was submitted in the bankruptcy proceeding for Life Center, but it met with initial difficulties because of the bankruptcy judge's doubts about the feasibility of the plan. The success of the plan was dependent upon a program of charitable giving called the "Growth Program" and other fund raising efforts. At a hearing held on March 2, 1977, the bankruptcy judge found that these programs had yielded only \$180,000, less than 50% of the figure projected by Life Center. Analysis of the cause of the shortage revealed several disturbing facts. First, there was a pledge program which had solicited donations on a 20-month schedule and which Life Center had said it would try to expedite to a six-month schedule. No effort had been made on the part of Life Center to increase the rate of payment. A direct mail giving program had been calculated to produce nearly \$32,000, but no funds had been received. There had been a plan for the sale of Bibles at rallies conducted for the Charles E. Blair Foundation. The rallies had been conducted without any effort to make the Bible sales. A program for Bible sales through television, radio, and mail solicitation was to produce \$125,000. The actual cash received was about \$56,000. Another pledge program had been intended to produce \$2,500 and had produced \$15,400, of which \$15,000 represented one single donor. A dinner program intended to produce \$2,400 had yielded no funds. A capital gifts program intended to develop \$10,000 had produced no funds. As for the Growth Program itself, the intent had been to raise \$90,000. The Growth Program had produced no funds. These figures were based on a January 1977 accounting.

The task of creating the programs was vested in Pastor Blair, and he had been relieved of his responsibilities as chief executive officer of Life Center to free him for this effort. There was also an executive director who was assigned the job of implementing the programs created by Pastor Blair. In analyzing the evidence on the failure of fund raising to produce revenue, the bankruptcy judge found as follows:

The failure of program is not in implementation, but in creation. The simple fact is that the programs have not been commenced, largely because of the failure of Pastor Blair to produce the necessary "copy." Blair testified that the demands upon his time were so extreme and the job of producing copy so much larger than he had anticipated, that he simply failed at the effort. The record is replete with substantial evidence, however, that at least a portion of the delay must be ascribed to a conscious and concerted effort by Pastor Blair to withhold copy. He demanded concessions with regard to the use of material so produced and the use of the names of contributors resulting from the mailing. He has insisted that he have discretion to use either for the benefit of Calvary Temple and/or The Charles E. Blair Foundation. Additionally, it is clear from the record here that Pastor Blair has consciously frustrated the efforts of the executive director to supervise the implementation of the Growth Program activities by an almost absolute failure to communicate and by further instructing persons in the employ of the Debtor [Life Center] not to communicate with the executive director. The Court does not accept the excuse

that Pastor Blair failed to understand the nature of the executive director's position or his responsibilities. That simply flies in the face of logic and reason. The effort of Pastor Blair is directed toward commingling the activities of this Debtor with both Calvary Temple and the Charles E. Blair Foundation in such a way as to create again many of the causes of the Debtor's difficulties which led to the institution of this proceeding.

In re Life Center, No. 74-B-1869 (D. Colo. Mar. 8, 1977) (order for taking of further testimony upon confirmation of the plan). The bankruptcy judge then granted additional time for Life Center to correct the problems in its fund raising and to demonstrate the feasibility of its repayment plan.

By July of 1977, Life Center was able to show a dramatic change in the revenues generated by fund raising. The bankruptcy judge was able to state that fund raising by then had produced slightly in excess of \$1,000,000. Although fund raising continued to be the area of greatest concern to the court, the judge approved a plan to repay the investors over a twelve year period.

Over the next four years, however, the plan was not as successful as had been hoped. On March 18, 1981, the bankruptcy court approved a modification of the plan of repayment. Under the modification, which was accepted by a majority of the investors, the assets of Life Center would be sold to Western National Management Company. The proceeds of the sale would be paid over to Life Center's bankruptcy trustee for distribution to the investors. Although this would not result in a full repayment of the investors, the evidence was that if the sale were not concluded, Life Center could be powerless to prevent foreclosure of the mortgages upon its property. As an added consequence, its license as a nursing home could be substantially impaired.

At last report, the sale was to be concluded possibly in November of 1983. We do not know if that has taken place, nor is it of special importance to this mediation. The sale and partial payment of Life Center investors will not resolve the moral and spiritual issues involved here.

OBSERVATIONS

This is a serious problem in the Body of Christ. We find our observations difficult to write, not because of any lack of clarity as to what occurred, but because of the magnitude of the problem and the desire to urge repentance without bringing condemnation. Pastor Blair is widely respected. His ministry in the pulpit has benefited many. His outreach through radio and television cannot be denied. But the injury within the Body over the Life Center matter has persisted because his attitude has been to consider his own personal responsibility as less grave, less significant in degree, than it actually is. His public response to the problem has been to trivialize his own fault in it, which is really a form of denial.

What we see in the history of Pastor Blair's involvement in Life Center is a pattern of dealing unfairly with other people's money. Wholly apart from the requirements of the securities laws, there was a moral obligation to honesty and accurately disclose the financial condition of Life Center to potential investors.

The irony is that many of the people most affected by the misfortunes of Life Center are of the very group the Center was meant to help: the elderly. Mrs. Buggert is an example of those who invested their life savings, thinking they could put their money to use in the Lord's work while acting prudently to preserve its return as financial security in their old age. It was not money which could have been given as a charitable donation, for she had no other assets. Hers is also an example of those who, because of age, lack the earning capacity to make up for the loss. The Hildebrands stand as an example of those whose loss is substantial but who at least have some other resources to draw upon.

The heart of reconciliation is confession and forgiveness. The Bible contemplates that when we sin against a brother, our confession should not only be to God, but to the particular individual we have offended. In some instances, this means public acknowledgment to the church, so that the offender may be publicly forgiven and restored by the church. We urge that such a confession be made here, not only for the sake of restoration and healing, but also for the sake of the church's witness to the world. Over the past several decades, the church's witness has been impaired by its own low standards. The secular world is unimpressed by the church today. Unbelievers see no great difference between their own moral standards and that of church members. So long as the church tolerates sin in itself and does not judge itself, and fails to manifest visibly the power of Jesus Christ to save from sin, it cannot attract the world to Christ. The problem of Life Center and Pastor Blair's involvement with it has been so visible that we see the need for an equally visible confession and restoration.

In many instances, restitution is also part of reconciliation. We do not diminish the importance of restitution here. So long as the investors of Life Center have not been repaid, it remains unfinished business. It affects the Body of Christ as a whole. But restitution alone will not fulfill the need for reconciliation and healing in the Body. In fact, we feel that any attempt at restitution without public confession and forgiveness would be unsuccessful, both spiritually and financially.

RECOMMENDATIONS

We ask that each of you reflect carefully upon these things we have written. We encourage you to communicate with and respond to one another, either directly or through us.

At this point, any of you are free to bring the matter before the church in accordance with Matthew 18. In so doing, you may submit the contents of this letter to the church.

We recognize the difficulty, in the context of this matter, of defining what "the church" means. Is it the elders of Calvary Temple? Is it the congregation? Is it, because of the notoriety of the problem, the Body of Christ at large in the Denver area? Does "the church" take on even larger scope because of the national publication of Christian books and articles which have not given a full account of the history of Life Center? Our suggestion is that the appropriate place to take the matter is to the elders of Calvary Temple. Theirs is the primary responsibility to hear it under Matthew 18. Only if you cannot be heard by the elders should you consider bringing the matter before the church in another way.

In fulfillment of our responsibilities under Matthew 18, we stand ready to appear before the elders to add to the observations we have written here. If for any reason we should be approached by the media, we will not offer any comment on this letter unless we are directed to do so by the elders. Our role as witnesses is to the church.

With Christian love and concern,

E. Ronald Bard

William H. ReMine, III

Louis M. Montecalvo

WHR:mvm

**"Second Mile" monies not paid to "distressed investors" as promised in
"Second Mile" brochure:**

\$ 11,427.14	Payments to parties who were not "distressed investors"
112,528.15	Legal fees before June 30, 1989
28,600.00	Accounting fees before June 30, 1989
39,714.16	Legal and accounting paid after June 30, 1989
54,916.64	Administrative and miscellaneous costs paid from Second Mile
200,000.00	Calvary Temple, Inc.
12,462.00	Byrum Advertising Agency, owned by Charles E. Blair
2,323.00	Charles E. Blair
8,000.00	Family Concern, Inc. owned by J. Allan Petersen
1,703.00	Century Bank & Trust
2,000.00	Cash given to Charles E. Blair and unaccounted for
<u>125,000.00</u> ¹	Jefferson Bank and Trust to settle a lawsuit unrelated to Second Mile
\$598,674.09	TOTAL "SECOND MILE" FUNDS MISAPPLIED

¹ The \$125,000 was distributed among unsecured creditors of Life Center, including both "distressed investors" and corporate and other institutional creditors. In addition to the \$200,000 reported above, Calvary Temple Church received \$12,891.91 of the \$125,000, as one of the Life Center creditors. Individual "distressed investors" received only \$59,300 of the \$125,000.

Excerpted from the sermon of Charles E. Blair, Calvary Temple Church, October 12, 1986

Everyone of the footprints that we take down are actually ministering to the poor. The majority of these people are greatly in need of their finances. So we are supporting the poor by returning a gift to them that which we are not legally obligated to pay. We are doing it voluntarily. We do it because it is our way of saying, "We love you." Excerpted from the sermon of J. Allan Petersen, Calvary Temple Church, October 5, 1986

Excerpted from the sermon of J. Allan Petersen, Calvary Temple Church, October 5, 1986

Then, I read some other responses. These are the kind that keep you awake at night. And, I tell you honestly, I read at least four times, every one of these responses. Hundreds of them, over 600. I read them at least four times, and weighed each one and thought each one through. And tried to put myself in that person's position, and prayed over every one of them.

But, I read these kind of responses: "I worked and saved many years, so I would not have to go on welfare in my old age. I'm 89 now, and a widow, and have to go to a nursing home because I can't take care of myself. And, I don't have any money, so you can understand why I would like to get some of it back."

Another one: "I'm no longer young, and I'm concerned about my future because I would soon have to undergo eye surgery, and I was forced to take early retirement because of health reasons. I am approaching eighty."

Here's another one: "I went to the mission field for two years with a faith mission. Consequently, did not have a steady income, and due to my ill health, I returned home. I'm living on a very limited income, and taking care of my 89 year old mother. The amount I invested was all I had. It has resulted in hardships which become more severe each year."

"I lost my legs in a farm accident. Therefore, I have lost all my earning power."

Here's one: "There isn't much income and we're trying to help our daughter's family, and supporting two families on one budget is really rough. We love Pastor Blair and don't want him to get hurt, so we're praying for all of you."

"I live in a mobile home—live on a real low income, and am behind on child support."

This investor is confined to a wheel chair in a nursing home, and the money would help take care of her.

Another, "My social security is \$184 a month, and I'm crippled and have had a hip replacement—no insurance except Medicare."

Another one: "I live in a hundred a month rental in a basement."

Another one: "My husband has a serious heart condition and requires 600 dollars a month for medication and doctor. We could sure use some help."

"I'm getting along by being careful. My social security is 342 dollars a month. I don't have much left at the end of the month. I could sure use money for a good used car."

"My mother is in a health care center and nursing home. Can't take care of herself. It's very expensive."

"I'm 87 this month. I had a cornea transplant that was expensive and the medication is expensive."

And, also, "I have to have hearing aids that are expensive, and I can't afford that. I'm living at the poverty level in a one room apartment"

"I am now past 81 years. How wonderful if I could enjoy a few things yet in life."

"I'm 97 years of age in June. I'm in a care center. I have no family to help me."

"I'm old and blind. I could sure use that money. I've tried hard to keep the faith, and the eyes of the Lord are on the righteous."

"I appreciate your letter of concern. I need a hearing aid to keep doing the volunteer work I enjoy doing. I sew for others and give music lessons, but every time I go for a hearing test, they tell me I need the more expensive type of hearing aid, and I can't afford that. My husband needs his glasses changed, and we can't afford that."

"I live in a small, government subsidized apartment. My earning days are over, and I will be on welfare, and I need a pair of glasses."

And, I read those, and said, "Dear God, that woman will have a pair of glasses, if it's the last thing I do. That woman will have a hearing aid, and her husband a pair of glasses, also."

And the Lord impressed me with that verse that I had learned years ago: "Your care for others is the measure of your greatness. Your care for others is the measure of your greatness."

The Denver Post/Sunday, October 27, 1985

Calvary Temple divided by Blair's new plans

By Virginia Culver

Denver Post Religion Writer

Calvary Temple, one of Denver's largest and best known churches, has put a \$2 million fund raising effort on hold. But a massive expansion that the money was supposed to help pay for is still planned.

The fund-raising effort was stalled because of worries by the congregation about a new debt, a cash-flow problem during the past 10 months, and lingering memories of the temple's past financial problems.

In 1976, Calvary Temple's pastor, the Rev. Charles E. Blair, was convicted of 17 counts of securities fraud after investors lost \$12 million in three Blair-related foundations.

Earlier this year, Blair announced new plans that would also require large amounts of money.

Blair told his 2,000 member congregation in July that he had been offered 31 acres in Greenwood Village in exchange for the 16 acres the temple now has at 200 S. University Blvd. He said the congregation also would receive \$6 million in the land swap.

An effort to raise an additional \$2 million necessary to pay for expansion was started this summer but halted a few weeks ago by Blair after dissension surfaced in the congregation.

Some members say they don't want a new debt, feel a moral obligation to repay previous debts, and are unhappy that a new temple is in the works just when the existing church has been refurbished.

Others say they were offended by Blair's Sept. 15 sermon in which he chastised members who disagree with the Greenwood Village expansion.

Members interviewed by The Denver Post confirmed that the fund-raising program has been halted partly because of a division in the congregation about the proposed new facility.

Dr. Steven Sjoridal, a church member and friend of Blair, said the church board at first voted the plan

down "out of hand" but on a second vote supported the land swap.

That change of direction caused a "negative" reaction in the congregation, Sjoridal said, confirming that members still feel an obligation to help creditors hurt by the temple's financial ventures in the 1970's.

Blair's three institutions were the non-denominational temple, Life Center and the Charles E. Blair Foundation—all went bankrupt and a court settlement of approximately 20 cents on the dollar was paid to investors.

But some church members feel there still is an obligation to pay back the \$6.1 million necessary to fully compensate investors in Life Center, a proposed residential facility for older people.

Blair's proposed new complex would include a large temple, a kindergarten through 12th grade school, a day care center, recreation center and athletic grounds near Quebec Street and East Bellevue Avenue.

The land swap would require a Denver zoning change for the South University property, apparently for the unidentified developer involved in the swap.

According to a church brochure, the canceled fund raising campaign called "We Have Only Just Begun," would have involved direct solicitation of church members, a four-week Blair sermon series "presenting God's vision for Calvary Temple's future ministry," and a Nov. 17 banquet at Currigan Hall. Dec. 1 was targeted as "Victory Sunday: to celebrate the completion of the effort.

All asked to sacrifice

In a letter accompanying a fund drive mailing, Blair wrote that Calvary Temple "is at the threshold of its finest hour. We are asking that every family unit and every single person in Calvary Temple prayerfully consider making a sacrificial commitment to be given over the next three years."

In the Sept. 15 service, Blair read

his sermon discussing the temple's recent financial problems and criticizing those opposed to his plans.

He said that Calvary Temple has had a "cash flow" problem since the first of the year, forcing the church to cut seven people from the staff and reduce giving to missionaries. The church was lagging behind about \$5,500 a week, or about 7 per cent of its weekly income, he said. But, he added that if members maintained or increased their regular offerings, the cash flow problem would be solved.

Blair also chastised those who, he said, were "sowing the seeds of dissension" by speaking against the Greenwood Village plan.

Speaking to the congregation "as your God-appointed shepherd," he quoted liberally from the Bible to admonish the congregation about critics in its midst, saying "a divisive man is warped, sinful and self-condemned."

Admonition to opponents

He said, "I don't demand that everyone agree with me, but I do demand that no one sows discord in the body (membership) by campaigning for an opposing view."

But, in another sermon a week or two later, the fund raising plan was scrapped, Sjoridal said.

The 65 year-old Blair could not be reached for an interview on why the plan was dropped, and Sjoridal said Blair decided a few weeks ago not to talk to reporters.

One man who has attended Calvary Temple for nine years, said the Sept. 15 sermon "was the straw that broke the camel's back. It was mind-control. It blew me away."

The man, who asked that his name not be used, said "I am finished with the church. He (Blair) has a lot of nerve saying that God told him to build a new church when he still owes little, old ladies \$6 million. Either God is flaky or Blair is, and you can guess which."

After the financial problems of the 1970's, Blair was sentenced to five years probation, fined \$5,000 and ordered to repay investors.

THE WHITE HOUSE

WASHINGTON

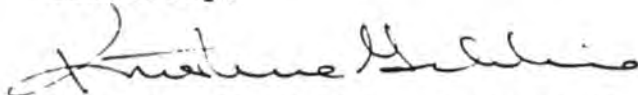
December 20, 1993

The Honorable Paul D. Wellstone
United States Senator
717 Hart Senate Office Building
Washington, D.C. 20510-2303

Dear Senator Wellstone:

Thank you for offering your letter of support to the University of Minnesota Sexual Health Awareness and Disease Education (SHADE) program. Unfortunately, I have already made my limited travel commitments for February and do not plan a trip to Minneapolis. As a matter of fact, I plan to stay close to Washington during February. One of my goals is to have a chance to visit with you and would like to schedule a meeting sometime soon. I'll be in touch.

Sincerely,

A handwritten signature in dark ink, appearing to read "Kristine M. Gebbie". The signature is fluid and cursive, with a large initial "K" and a long, sweeping underline.

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

PAUL D. WELLSTONE
MINNESOTA

MINNESOTA TOLL FREE NUMBER:
1-800-642-6041

United States Senate
WASHINGTON, DC 20510-2303

COMMITTEES:
ENERGY AND NATURAL RESOURCES
LABOR AND HUMAN RESOURCES
SMALL BUSINESS
INDIAN AFFAIRS

November 30, 1993



DEC - 9 1993

Ms. Kristine Gebbie
Federal AIDS Coordinator
Department of Health & Human Services
750 17th Street, N.W.
Suite 1060
Washington, D.C. 20500

Dear Ms. Gebbie:

I am writing on behalf of the University of Minnesota to extend an invitation to you to speak at an event on AIDS related issues. Theresa Devine, Student Coordinator of Sexual Health Awareness and Disease Education has contacted me about this event. It is being held in conjunction with the campus celebration of National Condom Week.

Boynton Health Service's SHADE Program is the primary sponsor of the Campus Condom Week. A group of 10 peer educators, it conducts campus programs to help limit the spread of sexually transmitted diseases and to limit the number of unwanted pregnancies. The students have suggested a 30-45 minute presentation with 15 minutes of questions. They are interested in several topics, including "Federal AIDS Coordinating-The First Year", "The Role of the Federal Government in AIDS Prevention, Research and Treatment", and "HIV Prevention: Turning Knowledge Into Behavior Changes". About 1000 participants are expected to attend. They have a preference of February 16, 1994 and could schedule the address between 1:00-5:00 p.m. Alternate dates are February 7-11 or February 21-25.

The students at the University of Minnesota would be honored to have you address them on this occasion. I know that you have a heavily committed schedule, however your consideration of this event would be appreciated.

All the best.

Sincerely,

Paul D. Wellstone
United State Senator

PDW:mg

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PAUL D. WELLSTONE
MINNESOTA

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United States Senate
WASHINGTON, DC 20510-2303

COMMITTEES:
ENERGY AND NATURAL RESOURCES
LABOR AND HUMAN RESOURCES
SMALL BUSINESS
INDIAN AFFAIRS

November 29, 1993

Ms. Theresa Devine
Student Coordinator
Sexual Health Awareness and Disease Education
University of Minnesota
N209 Boynton Health Service
410 Church Street SE
Minneapolis, Minnesota 55455

Dear Theresa:

Thank you for contacting me regarding support of your invitation to Kristine Gebbie, Federal AIDS Coordinator to visit the University of Minnesota.

I wanted to let you know that I have written to Ms. Gebbie and have urged her to attend as a guest speaker at the campus celebration of National Condom Week in February 1994.

A copy of the letter is enclosed for your information. You may presume that Ms. Gebbie's office will be in touch with you directly regarding her availability for this speaking engagement.

All the best for a successful conference.

Sincerely,

Paul Wellstone
Paul D. Wellstone
United States Senator

PDW:mg

Enclosure

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UNIVERSITY OF MINNESOTA

Twin Cities Campus

*Boynton Health Service
A Division of Student Affairs*

*410 Church Street S.E.
Minneapolis, MN 55455
612-625-1612
Fax: 612-625-1434*

Ms. Kristine Gebbie
Federal AIDS Coordinator
Department of Health and Human Services
750 17th St NW
Suite 1060
Washington, DC 20500

Theresa Devine
Student Coordinator
Sexual Health Awareness and Disease Education
University of Minnesota
N209 Boynton Health Service
410 Church St SE
Minneapolis, MN 55455

11/19/93

Dear Ms. Gebbie:

I am pleased to extend an invitation to you to come to the University of Minnesota to speak on AIDS-related issues in conjunction with our campus celebration of National Condom Week. As you are aware, National Condom Week was begun in 1978 by the Condom Resource Center in Oakland, California; this will be the University of Minnesota's third annual celebration.

Our first date preference for your appearance, should you be interested and if it fits your schedule, would be February 16, 1994. Although we are open to any date February 7-11 or February 21-25, our secondary preferences would be February 15 or 17. We are able to schedule your address between 1:00-5:00 pm.

We suggest a 30-45 minute presentation with 15 minutes for questions. Some topic ideas we have taken the liberty of suggesting: "Federal AIDS Coordinating - The First Year," "The Role of the Federal Government in AIDS Prevention, Research and Treatment," "Keeping up with HIV/AIDS In The Mid-90's," or "HIV Prevention: Turning Knowledge Into Behavior Changes." Your presentation would be delivered to about 1,000 participants, mostly students.

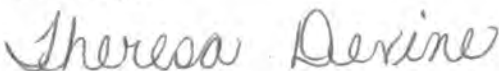
Within just the last two months, our campus has been visited by Secretary of State Christopher and the First Lady also conducted a health care reform conference. Our campus is blessed with both an outstanding Medical School and a School of Public Health. Should you be interested in doing site visits during your time in the Twin Cities, both the Minnesota Department of Public Health and the Minnesota AIDS Project are within a short drive of campus.

Boynton's SHADE program (Sexual Health Awareness and Disease Education), the primary sponsor of Campus Condom Week activities, is a group of 10 peer educators who conduct campus programs to help develop healthier norms, limiting the spread of sexually transmitted diseases including HIV and limiting the number of unwanted pregnancies. SHADE activities include workshops for college and high school students, funneling students into community AIDS-related organizations, staffing a resource center, and conducting special events like Condom Week. Other activities during Condom Week include information and condom dissemination, AIDS-related arts exhibits, a golden condom hunt, and a disco dance.

We are prepared to work closely with our University Relations Special Events Team to make your visit to campus as warm and hospitable as possible. February in Minnesota does not necessarily equate with blizzards and twenty degrees below zero.

Thank you for considering our invitation. Please contact me if I may be of any assistance in helping you make your decision.

Sincerely,

A handwritten signature in cursive script that reads "Theresa Devine".

Theresa Devine
(612) 626-7067

cc: Senator Paul Wellstone

THE WHITE HOUSE
WASHINGTON

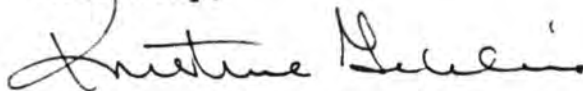
December 20, 1993

Ellsworth O. Johnson
364 South Couer d'Alene Street
Spokane, WA 99204

Dear Mr. Johnson:

Thank you for your follow-up letter on AIDS treatment and for your continued interest in this challenging issue.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine Gebbie".

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

DEC 14 1993

DEC 14 1993

09 Dec 93

TO:

Kristine M. Gebbie
National AIDS Policy Coordinator
c/o The White House
1500 Pennsylvania Avenue
Washington, D.C.

FROM:

Ellsworth O. Johnson
364 S. Coeur d' Alene St.
Spokane, WA 99204

SUBJECT:

An update on a probable cure for aids that my research of the literature has revealed.

Dear Ms. Gebbie:

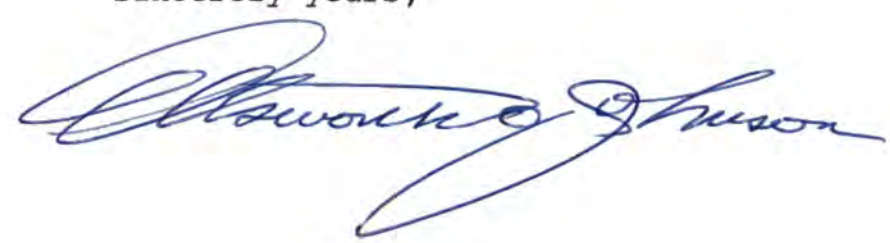
First I would like to thank you for your kind reply to my previous mailing to you of 6/30/93. I am enclosing a copy of your letter for continuity.

The enclosure is a copy of articles regarding the scientist/biologist Gaston Naessens of Canada. His approach is very promising looking to me as a therapy for cancer and possibly AIDS. It needs to be looked into. I have his videotape as well as his book written by Christopher Bird and I would highly recommend to anyone wanting to explore his ideas.

I notice on the cover of the book that a former U.S. Congressman has tried his therapy for cancer and believes he was cured or at least put into remission.

Since Gaston Naessens therapy works by improving the immune system it seems logical it might also works on the AIDS virus.

Sincerely yours,



THE WHITE HOUSE
WASHINGTON

September 28, 1993

Ellsworth O. Johnson
364 S, Coer d' Alene St.
Spokane, WA 99204

Dear Mr. Johnson:

Thank you for taking the time to write and for sending a copy of The Cancer Cure That Worked.

I have shared your material with the Food and Drug Administration since it is pertinent to their responsibilities.

In developing a strong national policy in response to the epidemic, I believe the voices and views of all Americans need to be heard. I want you to know that your ideas and concerns are important to me.

As I take up my responsibilities as the National AIDS Policy Coordinator, I intend to look at all appropriate actions that could be useful in stopping this epidemic.

I appreciate hearing from you and I applaud your efforts.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

PHOTOCOPY
PRESERVATION

THE WHITE HOUSE
WASHINGTON

October 26, 1993

Mr. Ellsworth O. Johnson
364 S. Coeur d'Alene Street
Spokane, Washington 99204

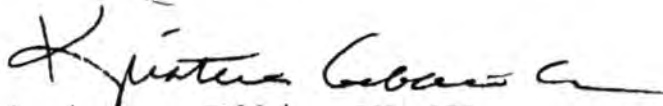
Dear Mr. Johnson:

This is a belated thank you for sharing information about the need to find a cure for AIDS with me. As you may know, the Office of National AIDS Policy was created out of the commitment of the President to take positive steps to end the HIV/AIDS epidemic. As National AIDS Policy Coordinator, I am devoted to stopping the spread of HIV and to provide adequate care for those already infected. I am also devoted to finding a cure for AIDS as soon as possible.

I have shared the information you sent me with the Office of AIDS Research at the National Institutes of Health (NIH). As you may know, NIH is the Federal agency which carries the most extensive research into the causes and treatments for AIDS. They will be able to determine whether the information you provide can be used in their research programs.

Thank you again for sharing this information.

Sincerely,



Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

cc: Office of AIDS Research, NIH

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—Gordon Smith, from a review in *International Journal of Alternative and Complementary Medicine* (United Kingdom)



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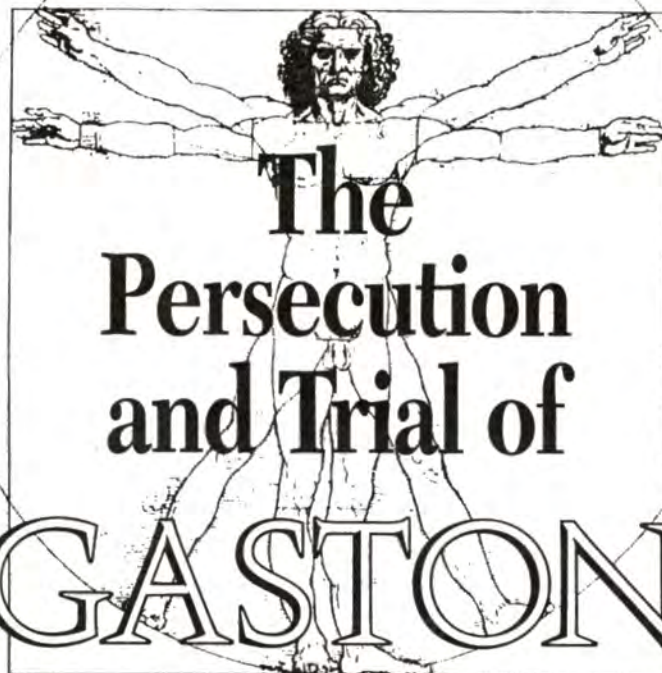
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Coauthor of the International Best-selling
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Until now, among the means at our disposal for combatting this disease, the surgical solution has figured most prominently. This solution, which best addresses the notion of «tumor as a local disorder», consists of the radical removal of the autonomous and parasitic mass from the cellular agglomeration, which appears as an immediately palliative solution.

Next came the radiation solution. This therapy applied to tumors, which proposes the destruction of the tumoral mass by deep disintegration of the cancerous cells and for which the question of dosage and irradiated surface is an important consideration, would not be efficient other than to the extent in which the radiation would reach the neoplastic cells, not with the intent of immediate and blind disintegration but rather to force a reversal of the pathological synthesis which is the source of their malignancy.

Finally came the chemotherapeutic solution. The therapeutic solution based on the use of chemicals toxic to such cells, which is to say by karyoclastic poisons which stop the mitoses by plasmatic division and chromatic alteration, leads to duplications of the number of chromosomes and abnormal mitoses. The karyoclastic action of this therapy appears, with regard to neoplastic mitoses as an essentially negative mode of stopping, blockage, and chromial disintegration and furthermore presents a danger - without speaking of general toxicity - to the mitoses of normal cells and among others, to that of the germinal

series.

NATURAL IMMUNITY

For some time already, a new orientation had been taken in the work of researchers studying cancer. As a matter of fact, the possibilities of natural immunity, as much zoological as physiological or individual in the cancer grafts, whose essentially antitissular nature remains obscure, have shown that cancer should no longer be considered a cellular disease isolated from general biological disorders. To the contrary, the evolution of this disease is linked to conditions of the organism, and the aptitude to cancerization points back to the organism «alone».

To grow, the tumor needs the organism and without the latter cancerization cannot take place. Given the interaction which exists between the organ and the tumor, in particular its vascularization and the composition of the blood which irrigates it as well as the state of nervous influx pertaining to it, all modification of these different factors can thus have an action on the very life of the cancer. The process which at certain times permits the host carrier of tumor to stabilize it, should be analogous to that which permits an individual to harbor in his throat *diphtheria bacillus* without being stricken by this disease. It is possible that similar phenomena occur with regard to malignant cells. This is reasoning by analogy. If one considers the numerous possible causes of cancer which surrounds us, is it not possible that there exists in certain individuals, a resistance to the development of cancer?

GRAFTS STUDIES

A number of studies have been undertaken with the purpose of clarifying this problem. The first attempts were undertaken with

patients stricken with advanced cancer, who had volunteered to undergo these experiments. Some tumor fragments, removed from other persons and cultivated for a long time in an artificial medium, were implanted under the skin of their fore-arms. The grafts were accepted and progressively grew in volume. This result was in contradiction with the usual biological rule which requires that a tissue removed from an animal does not develop itself if it is grafted on another animal, unless the latter is a true twin of the first. The explanation of this statement, which appears to be paradoxical, requires that, with patients stricken with advanced cancer, the natural defense which opposes the acceptance of grafts had disappeared. One could enquire further if all the usual defenses of these fatigued patients had thus given up. The experiment showed that the normal defense mechanism that yielded to the cancer, remained intact in all other respects. It is thus, that a graft of normal tissue was rapidly eliminated. The two possible explanations were that, either the cancerous tissue had a particular ability of growth contrary to the usual laws which rule grafts, or the patient had lost, especially with regard to cancerous cells, the possibilities of normal defense. The question then was: would cancer cells transplanted to a normal individual be capable of growing?

A systematic study of this question had been undertaken by the cancer research center in New York, which called on volunteers from an American prison. From more than one hundred volunteers, fifty men were chosen. These men received an implant of a human cancer culture, the same type as that which had been utilized within the patients stricken with cancer. With the fifty volunteers, there had been one important defensive local inflammatory reaction and the graft disappeared completely in four weeks. This experiment demonstrated that the human body possesses some type of resistance to the growth of cancers transplanted from another man. This resistance does not exist with patients stricken by advanced cancer. These experiments lead one to attempt to stimulate the natural defense of an organism against cancer. This is why several research were undertaken in the area of immunology.

It is a question of knowing if the elements

which constitute the malignant tumor, essentially the chemical elements which form the cell or the nucleus, are capable of playing the role of antigen. That is to say, to provoke in the organism which contains them, the formation of antagonistic substances called antibodies, whose role it is to oppose the development of the former, or antigen. If such a property can be disclosed in malignant tumors, it would indicate the possibility of promoting the formation of such antibodies for fighting against the development of cancer.

The problem is not so simple though, because the normal tissues from which cancer results, are grafted on another subject. It is necessary to suppress the antibodies thereby formed in order to verify if other antibodies exist whose formation would be due to the presence of malignant tissue. It would be necessary to admit that, not the tumor but perhaps one or several elements of the cell play the role of forcing body in its development in the organism. It is possible to consider that in certain circumstances, there exist a certain degree of antigenic properties, and that it may then be possible to promote the development and encourage the formation of corresponding antibodies. This phenomenon would then be able to explain why certain carrier subjects of cancer, although having diffused the cells from the primary tumor in the organism, do not lead to the development of other metastases. The cells stopped at other points could have provoked there the formation of antibodies which were opposed to their development or which could have destroyed them. One can equally envision a lowering of immunity which had stabilized the swarming cells, thus allowing for the development of metastases years after the destruction of the initial tumor.

TUMOR CELLS

The problem of cancer viewed from this angle makes it necessary to study the life of the malignant cell in order to discover which antigenic agents would be capable of producing such antibodies as are capable of destroying cancerous cells. Despite very particular aspects of the malignant cell, it is surprising to note that one may again ask how it can differ from a normal cell. Research seeking to put into evidence a new element not found in

normal cells found no conclusive result. On the contrary, it would seem that there are qualitative differences in the choice made by the cell between the primary materials which supply it in particular in the chemical phenomena and the fermentations leading to the formation of nucleic acids - the role of which is essential in the life of the cell.

Tumor cells utilize more glucose than normal cells, but no quantitative differences have been found between normal tissue and tumoral tissue. This strongly indicates an increase in the formation of lactic acid. Tumor cells

«Hippocrates, the Hebrews,
and the Egyptians already
attributed the major part of
morbid incidents to troubled
humors»

utilize the energy produced by the destruction of carbohydrates for the synthesis of cellular proteins at greater level than normal cells. The cells returns to a simpler form. The phenomena associated with fermentation (linked to ferments called enzymes), basic to proper life, simplify the cell, which then loses more or less those functions which individualize it and make it pertain to a specialized organ. Before the cell has utilized all its capacity for synthesis, it divides, thus prematurely interrupting the cycle of its activities and aggravating the disorder at each division. In response, it recovers former properties remembered from its origin - most important of which is the aptitude to multiply more rapidly, with consequences which are one of the manifestation of its malignancy. This abnormal growth in number is due to a liberation of the control system which normally maintains tissue harmony. The cells then become dangerous parasites or anarchists in the midst of the cellular community. The malignant cells appear «privileged and antisocial». They first monopolize materials, and in particular, amino acids indispensable to the life of all cells, whether normal or malignant. What is especially striking is the intensity of these physical or chemical phenomena in comparison to ordinary chemical

phenomena in normal conditions. The surrounding conditions (temperature, pH, and molecular pressure) have a capital importance on the phenomena of cellular life.

PHYSICAL STATE OF HUMORS

Of all the problems the most important is, without doubt, the disorders of the humoral system engendered by these phenomena and the consequences which come from the behaviour of individuals in a normal or pathological state. Hippocrates, and well before his time, the Hebrews and the Egyptians, already attributed the major part of morbid incidents to troubled humors. By «humors» we mean the extra-cellular liquids of the organism. They form the fluid part of the circulating blood: the plasma, in which the sanguine elements appear, such as the suspended white and red blood cells, and also all the interstitial liquids either lacunal or others, which bathe, impregnate or encircle the tissue and organs. Not having a precise means of investigation, the ancients completely ignored how and why humors can be innovative. Later, when the constitution of these humors became known, medicine sought to discover which of the substances which composes these humors, were responsible for the incidence of pathology. Having identified that all experimentally provoked variations, in terms of diverse humorous constitutional elements, had been powerless to reproduce the symptoms of acute or chronic diseases, they came to this conclusion - diametrically opposed to that of Hippocrates: *that the humoral state plays no role in the genesis of illness*. Medicine then became «solidist»: only lesions were considered important; the state of humors was left aside.

On a modern basis, we will endeavour to recognize the triumph of humoral medicine in discovering the real reason for the innovative behaviour of humors, which resides, not in their chemical constitution, but in the physical state of certain elements, when the latter ones change to the state of a solid. We are drawn to examine the behaviour of observable elements in all biological liquids, in particular our attention has been retained by extremely tenuous particles, whose presence has already been signalled by numerous authors in the end of the previous century.

THE SOMATIDE CYCLE

For quite some time already, the microscope has been an indispensable instrument for precise measurement in research laboratories and the industry. The classical microscope normally permits enlargement on the order of 1800X with a resolution of 0.1 microns. The electron microscope permits enlargement on the order of 400,000X with a resolution of 30 to 50 angstroms. But use of the latter necessitates manipulations which alter the physical aspect of objects being observed.

We have thus perfected an instrument for microscopic observation which we have called *Somatoscope*. The primary quality of this apparatus is that it permits the observation of live elements and can follow the polymorphism to enlargements attaining 30,000X with a resolution on the order of 150 angstroms. Using this instrument, we have observed in all biological liquids and particularly in the blood, an elementary particle endowed with a movement of electronegative repulsion, possessing a polymorphic nature. We have called it *SOMATIDE*. This extremely tenuous particle whose dimension varies from a few angstroms to 0.1 microns, can be isolated and put in a culture. We could then observe the polymorphic cycle shown in Figure 1. We were surprised to discover in this cycle such elements which we had regularly seen in the blood of healthy persons but equally in the blood of carriers of diverse diseases. We made certain correlations.

In the blood of healthy persons we observe *SOMATIDES*, spores and double spores. In the course of this micro-cycle we can detect the production of a *trephone*. This is a proliferative hormone indispensable to cellular division. Without it, life does not exist. In healthy individuals, the evolution of this cycle is stopped at the level of the double spore because of the presence of *trephone* inhibitors in the blood. These are either mineral substances like copper, mercury, and lead, or organic substances such as cyanhydric acid, etc. In the course of this micro-cycle, the quantity of *trephones* necessary for cellular multiplication is thus elaborated. If, because of stress or some biological disturbances, the inhibitors in the blood diminish in concentration, the *SOMATIDE* cycle continues its natural evolution and one sees the appearance of di-

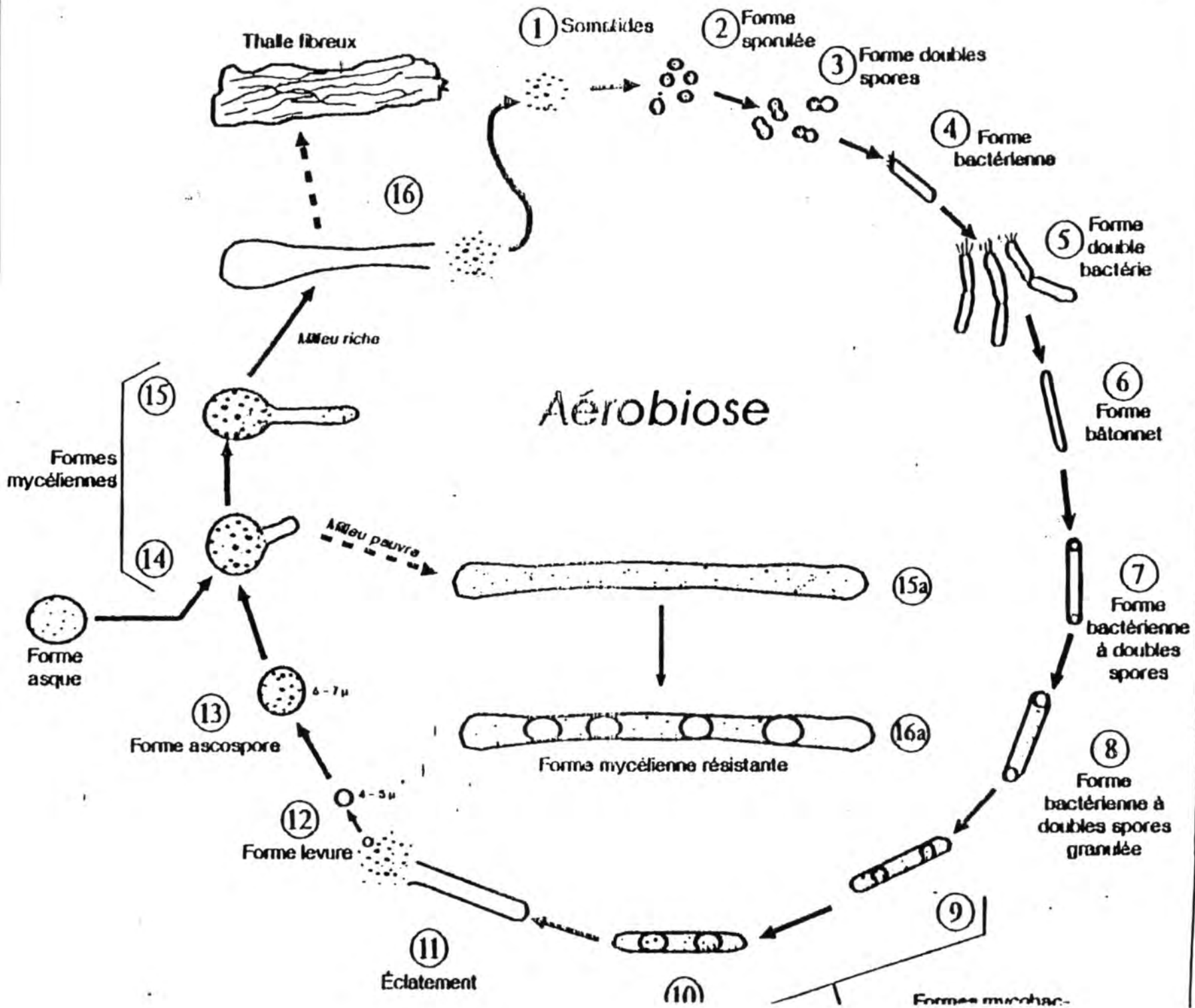
verse forms of bacteria. These have also been termed by German scientists during the 1930's: *syphonospora polymorpha*.

Next come the myco-bacterial forms, and then the yeast-like forms. These forms with a dimension of 4 to 5 microns evolve rapidly into ascospores, then by maturation become asci. At this stage of evolution, the ascus, after staining on a blood smear, appears as a small lymphocyte and cannot be differentiated by conventional means. Next come the filamentous forms. One can observe from an ascus, the formation of a thallus in which evolves a cytoplasm of increasing importance. The cytoplasm is formed from the ascus and a conjuncture is observable between them. It is by this conjuncture and by peristalsis that the cytoplasm forms in the thallus. This apparent mycelial form responds to none of the criteria of fungal elements. In fact, it is in no way affected by massive doses of *Amphotericin B*, *Fungizone* or other antifungal agents. When this pseudo-mycelial element has attained its full maturity with an extremely active cytoplasm, we then witness the bursting of this thallus and the liberation into the surroundings of an enormous quantity of new particles capable of reinitiating a complete cycle. The empty thallus has a fibrous aspect. Furthermore, it is often seen on blood smears but it is considered as an artifact of the staining procedure.

From the preceding observations, we have been able to draw the following conclusions:

1. Cellular division requires the presence of the *SOMATIDE* (which is either in the animal or plant domain).
2. *Trephones* are elaborated by the *SOMATIDE*.
3. The *SOMATIDE* is capable of polymorphism. This polymorphism is controlled by inhibitors found in the blood.
4. A deficiency of sanguine inhibitors permits the elaboration of large quantity of *trephones*, which in turn lead to disorders in cellular metabolism.
5. All degenerative diseases are a consequence of these disorders.

Figure 1 / The Somatide Cycle



EVOLUTION OF CANCER

In light of the above observations, the notion of «cancer, a general disease which is localized» takes on its meaning when one examines the evolutive process of this affection. This process can be divided in two parts:

1st part: Cancerization or initiation

When, for whatever reason, the sanguine inhibitors diminish and the polymorphism of the somatide is no longer stopped at the double spore state, an exaggerated formation of trephones in the organism leads the cell to return to a more simple form. The phenomena of fermentation (linked to ferments called enzymes), basic to proper life, simplifies the cell. It then loses more or less those functions which give it its individuality and make it pertain to a specialized organ. The cell is divided even before it has utilized all its capacity for synthesis, thus prematurely interrupting the cycle of its activities and aggravating its disorder at each division. In response, it recovers old properties remembered from its origin - the most important of which is the aptitude to multiply rapidly, with consequences which are one of the manifestation of its malignancy. This abnormal growth in number is due to a liberation of the control system which normally maintains cellular harmony.

At this stage, the cancerization is effective. It can be called initiation or precancerous. We now have an accelerated and anarchic multiplication of one or several cells which provokes, by an agglomeration of their descendants, the occurrence of a new «entity» opposing the organism which had given birth to it. The immune system then enters into action and fights actively to eliminate this entity. In this fashion, we develop a small cancer daily, but our immune system rids us of it.

2nd part: Cocancerization or promotion:

If the immune system is somewhat deficient and the new entity has been able to reach a certain proportion, it then attains a «critical mass» of cells in anarchic proliferation. This entity which has been able to escape from the immune system, needs an enormous quantity of nitrogen for subsistence (the cells of this entity are moreover named *Nitrogen*

Traps). It then emits a substance which allows it to withdraw nitrogen derivatives from the organism and which at the same time, paralyzes the immune system. We have called this substance *Cocancerogenic K Factor (CKF)*.

The paralyzing action of CKF against the immune system appears only when the critical mass of cells in anarchic proliferation is reached. From this moment, the organism finds itself without defense against this new entity which can develop at will and progressively invade its host.

We can conclude from this analysis that:

1. The cancerization or initiation phase is linked to the reduction of sanguine inhibitors and a weakness of the immune system.
2. The cocancerization or promotion phase is the direct consequence of a paralysed immune system provoked by a substance called CKF. This substance is elaborated by anarchic cells in order to withdraw, from the organism, nitrogen derivatives necessary for proliferation.

The understating of this process makes it possible to propose a therapy leading to the suppression of CKF. As a matter of fact, if the latter is neutralized, the immune system can regain its initial activity and consider each anarchic cell composing the tumors as a foreign body to be rejected.

After having carried out numerous experiments on camphor and its derivative, we have discovered that this product is endowed with remarkable pharmaceutical properties since it impedes the formation of the CKF substance, which puts leucocytes and other phagocytic elements of the organism in a state of *negative chemotaxis*, that is to say in a state of paralysis during diverse degenerative diseases.

Camphor is neither an antimetabolic nor an antimetabolite. Its property of inhibiting the CKF resides in the fact that it carries to the tumor cells all the nitrogen which it needs, suppressing by the same action the secretion which would paralyze the immune system. We have therefore proposed for experimentation a camphor derivative by the name of 714X.

TREATMENT SPECIFICATIONS

This medication must be injected daily via the intra-lymphatic system, preferably inguinal (Figure 2). For the first month of treatment, the patient receives ~~8~~⁷ injections per week.

Recommended dosage for a male of 140-190 lbs is as follows:

1st day - injection of 0.10 ml
 2nd day - injection of 0.20 ml
 3rd day - injection of 0.30 ml
 4th day - injection of 0.40 ml
 5th day - injection of 0.50 ml
 From 6th to - injection of 0.50 ml
~~20th~~ day

The treatment is stopped for three days and is continued at the rate of ~~8~~⁷ injections of 0.50 ml of solution per week for 2 to 4 months or longer, depending on the response of each individual patient.

Five minutes prior to the treatment, an Ice-Pak™ is applied at the region of the injection and must be kept next to the needle during the administration of the medication. After the injection is terminated, the Ice-Pak is kept by the patient on the same region for another 15 to 20 minutes. If an Ice-Pack is not readily available, a plastic bag containing ice is necessary for patients' comfort.

A 26 G 3/8 needle is used with a lcc syringe (Tuberculin) for lymphnode injection. The injection must be given very slowly at a rate of 0.5 ml in ~~15~~ minutes.

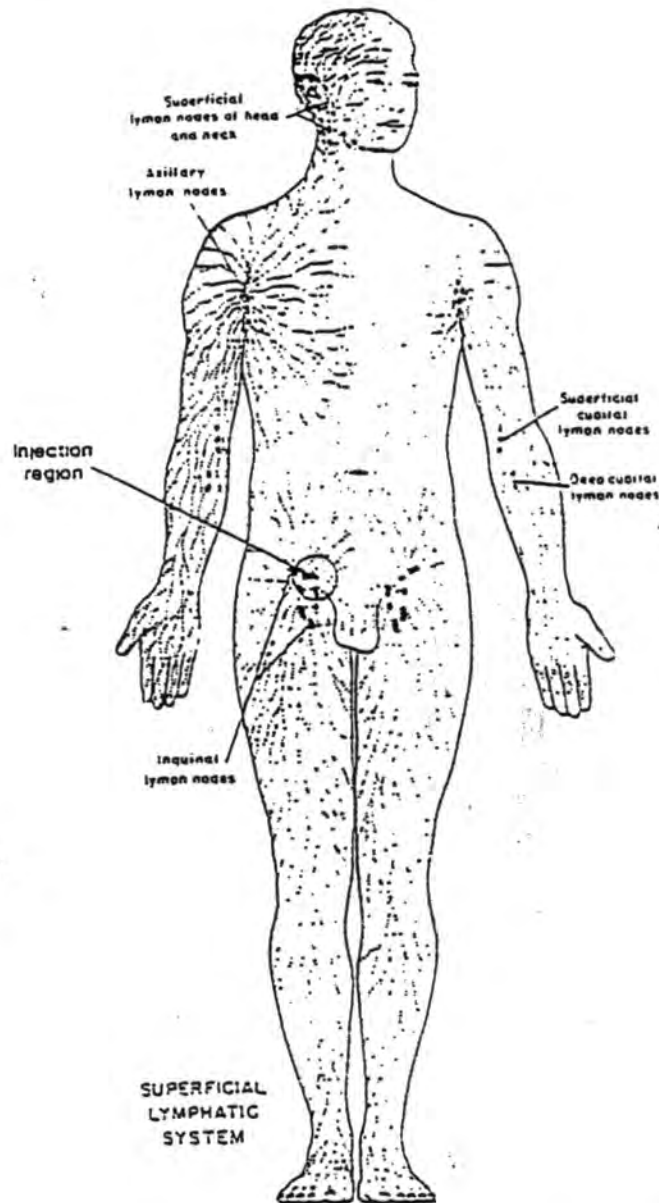
Vials of 714X must be kept refrigerated. They must not be exposed to ultra-violet light.

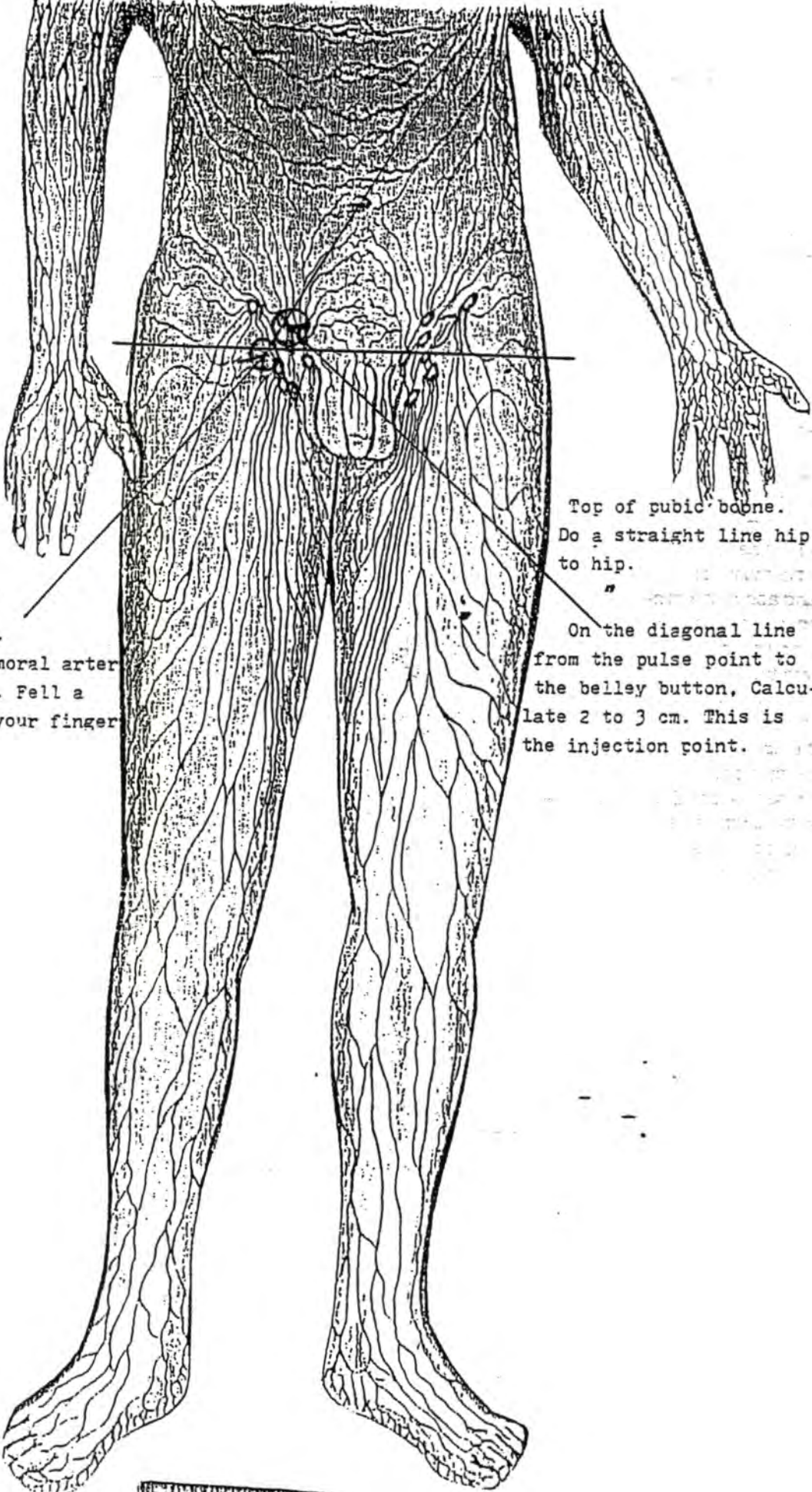
714X is non-toxic and does not promote any side effects.

Lymphatic system

INJECTION TECHNIQUE

- 1- Position yourself to the right of the patient who lies on his back.
- 2- Find the pulse of the femoral artery at the level of the right inguinal fold.
- 3- Keep a pressure on the femoral artery with the middle and the ring finger of the right hand.
- 4- Place the thumb of the left hand above the middle finger of the right hand and stretch the skin with the middle finger of the left hand toward the navel.
- 5- Use the right hand to inject the medication at approximately ~~4~~ *2 cm - 3 cm* above the thumb on a line situated between the thumb and the middle finger.



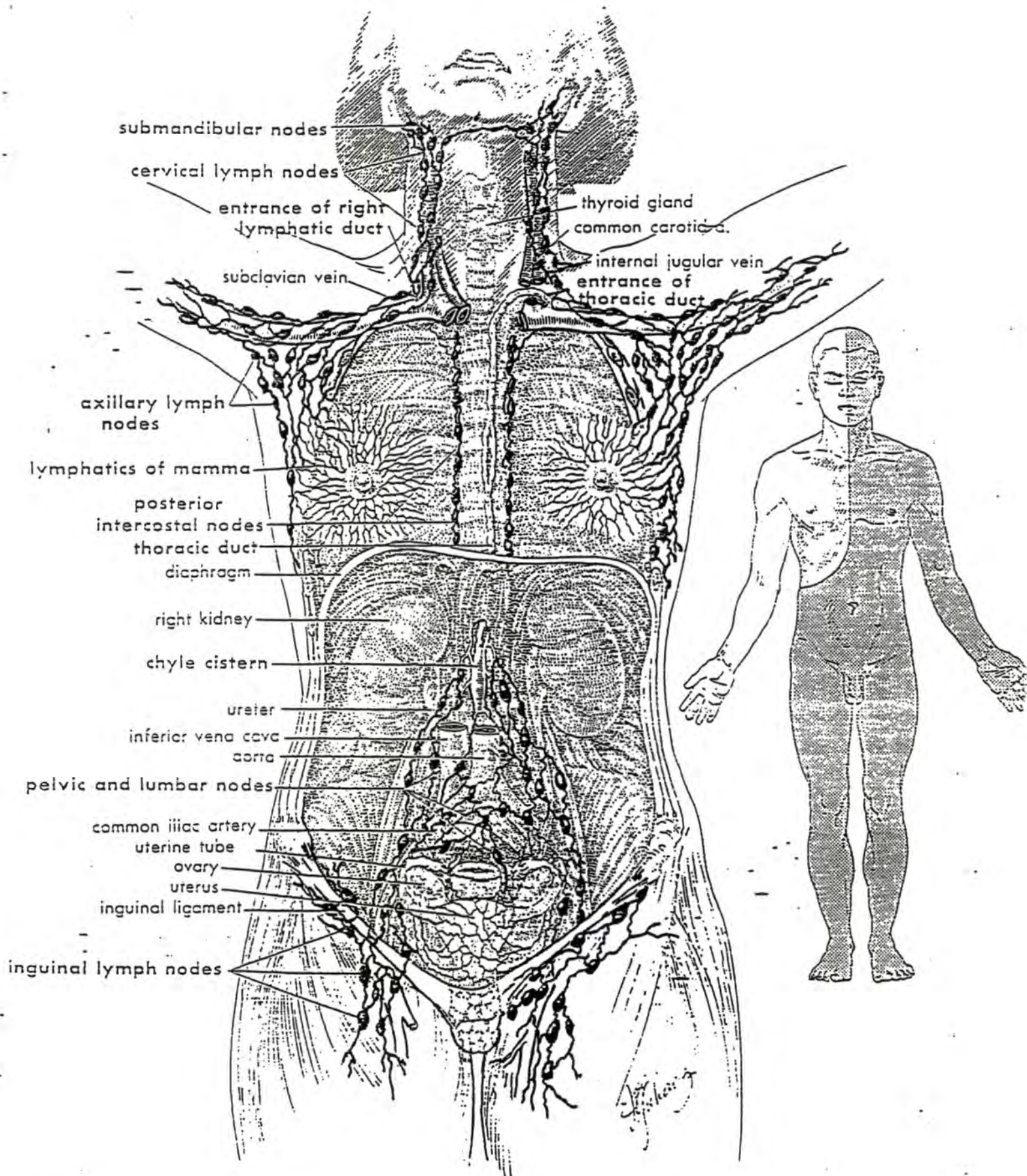


Pulse point.
Junction femoral artery
and saphene. Feel a
bump under your finger

Top of pubic bone.
Do a straight line hip
to hip.

On the diagonal line
from the pulse point to
the belly button. Calcula-
late 2 to 3 cm. This is
the injection point.

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BIO/TECH NEWS

Inside Information on Important Innovations in BioScience and Technology

Seeing is Believing

Gaston Naessens and the New Biology: Part I

[Editor's Note: Over the past 70 years several astonishing breakthrough discoveries in the fields of microscopy and microbiology have inflamed intense debate and furor among medical researchers. Because the ramifications of these discoveries severely challenged, if not threatened with extinction, some of the most cherished paradigms of the orthodox medical and scientific communities, these brilliant discoveries were ruthlessly suppressed.

Quashed for decades was the tremendous promise these breakthroughs held for mankind in three specific areas: 1) understanding the true makeup of the human body, particularly on the *sub-cellular* level; 2) understanding the true nature of chronic degenerative disease; and, 3) the opening of brand new avenues of effective medical treatment, *and even cure*, for such painful and sometimes deadly human scourges as cancer, multiple sclerosis, rheumatoid arthritis, lupus, and most recently, AIDS.

But now, a far-reaching new development in microscope technology, combined with several related and indisputable discoveries in the fields of microbiology and immunology, are confirming the validity of the past discoveries, and forcing medical science to take another look. As a result, a whole new vista of scientific knowledge regarding the true makeup of the human body, and the treatment and

cure of chronic degenerative disease, is rapidly opening up. We believe this new knowledge is destined to change the face of medical science and the healing arts forever. In fact, and in practical application, it amounts to a New Biology, as you'll see.

In Part I of this special report, we will examine the above-mentioned new breakthrough in microscopy, as well as an astonishing new discovery in microbiology that completely contradicts the prevailing orthodox view in regards to the basic makeup of the human body. Then, in Part II of this report, we will examine how this new "cutting edge" scientific knowledge in microscopy and microbiology now provides medical science with an exciting new future i.e., *the ability to pre-diagnose degenerative disease in the human body up to 18 months before its full onset, and then act to strengthen the immune system in order to prevent the disease from ever gaining a deadly foothold in the body.* We will also tell you about ways in which you can take advantage of these remarkable new developments for yourself, should you need them.

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Microscopes: What You Haven't Been Told

Pros and Cons of the Electron Microscope

Ask any biology student what the most powerful microscope in the world is, and he will more than likely tell you it's the electron microscope. As far as orthodox science goes, that answer is essentially correct. To orthodox science, the electron microscope is the "end all" and "be all" of microscopy. Today, it is standard equipment in all modern laboratories.

An electron microscope, by definition, is an electron-optical instrument in which a powerful beam of electrons, focused by means of an electron lens, is used to produce an enlarged image of a tiny object on a fluorescent screen or photographic plate.

Since its invention in 1932, the electron microscope has revolutionized medical science, particularly because of its ability to allow researchers to achieve magnifications of up to 500,000 times an object's actual size. This has allowed medical researchers to achieve a far deeper understanding of human biological makeup than was ever before possible (particularly on the cellular level), and to make phenomenal strides in understanding and diagnosing disease in humans.

The problem for medical science, however, is that electron microscopes must keep the objects being viewed through them in a vacuum, showering them with millions of electrons, and *killing* the objects so that the viewer sees only *dead* material. For example, when examining human blood cells under an electron microscope, *cellular activity cannot*

be viewed. All one can see are the dead blood cells, and these are subject to protoplasmic changes induced by the shower of electrons which have struck them under the microscope.

But it wasn't always this way. Seventy years ago, a powerful and unique microscope existed that allowed researchers to view microorganisms, and *even sub-cellular matter*, in their natural *living* state. We feel that the story of this unique microscope is crucial to understand, because it relates directly to the incredible *new* advance in microscopy and the subsequent new advances in microbiology and medical treatment that will be revealed later in this report.

The Amazing Rife Microscope

In the 1920's, long before the development of the electron microscope, a medical researcher named Royal Raymond Rife came to the conclusion that medical science needed a better way to scrutinize microorganisms.

At the time, the best laboratory microscopes available could only achieve up to 2,000 diameters of magnification. Rife believed that chronic degenerative diseases such as cancer were caused by some as-yet-undiscovered microorganisms. Because of this belief, he developed plans to produce a more powerful microscope which he hoped would allow him to discover the very microorganisms responsible for cancer and other deadly diseases.

Rife approached rollerbearing and axle magnate Henry H. Timken with his ideas for building a powerful new microscope. He received funding from Timken for research and development of his ideas. During the remainder of the 1920's, Rife used that funding to develop and build five powerful and unique new microscopes with ranges of magnifi-

cation from 5,000 to 50,000 diameters.

During that time, Rife founded the Rife Research Laboratory on Point Loma, California, where he developed his largest microscope consisting of 5,682 parts. This microscope, as well as the others he developed, allowed him to view a host of sub-cellular structures and microorganisms never before seen by the human eye.

According to medical research author Christopher Bird, "The Rife microscope had several arresting features. Its entire optical system of fourteen lenses and prisms, as well as an illuminating unit, were made of crystal quartz, which is transparent to ultraviolet radiation. In the scope, light was bent and polarized in such a way that a specimen could be illuminated by extremely narrow parts of the whole light spectrum, one part at a time, and even by a single frequency of light."

In other words, Rife designed his microscope on the theory that certain microorganisms could only be viewed under specific frequencies of light, or when illuminated by specific parts of the light spectrum. Otherwise, they remained *invisible* to the human eye, regardless of magnification. In short, Rife believed that microscopes using standard lighting techniques simply could not bring these microorganisms into view.

Rife's microscope, on the other hand, was specifically designed to allow the viewer to adjust the light frequency used for illumination in such a manner that these previously unseen microorganisms could now be brought fully into view. It was *control of illumination* that made Rife's microscope superior to all others.

Additionally, completely unlike the electron microscope which wasn't to be developed until the

early 1930's, Rife's microscope allowed the viewer to look at *living* microorganisms. He could actually view the tiniest of microscopic specimens in their natural living state, whereas the electron microscope only allows the viewer to see dead specimens.

This was because Rife's microscope did not bombard the microorganisms being viewed with a shower of deadly electrons, but instead, simply "lit them up" better after magnifying them.

An Astonishing Sub-Cellular Discovery

According to Bird, "Another feature of Rife's microscope was its extraordinary resolution, its ability to reveal the most minute of component parts of any specimen so that each part may be seen distinctly and separately from the others."

It was this unique ability to view the component parts of microorganisms that allowed Rife to uncover a fact previously unknown to medical science, making one of the most astonishing discoveries ever. Through his microscope, Rife was able to ascertain that cells were definitely *not* the irreducible building blocks of living matter. He discovered that cells—long thought to be the smallest units of living matter—were actually made up of even smaller units. In fact, using higher and higher levels of magnification and resolution, he identified *sixteen separate and distinct sub-cellular components*.

This alone was enough to bring down the wrath of the orthodox scientific community upon Rife. After all, the idea that cells are the most basic building blocks of all life was a prime tenant of medical science and biology, and still is to this day. For Rife to suggest otherwise was considered heretical by the high priests of orthodox medical science. After all, Rife's discovery would have top-

pled the very paradigm upon which biological science was based.

Yet there, under Rife's amazing microscope, was the evidence. An entire living sub-cellular world existed, composed of a sixteen-step, stage-by-stage journey, each stage showing a different level of sub-cellular growth!

Pleomorphism vs. Monomorphism

But Rife's discoveries didn't stop there. Nor did his ability to threaten cherished scientific paradigms. As he continued his original research into finding the specific microorganisms he suspected were responsible for cancer and other chronic degenerative diseases, he soon made another incredible discovery i.e., *that certain bacteria could actually change form*.

This, of course, once again flew in the face of all accepted scientific dogma, which held that bacteria are strictly *monomorphic* (i.e., single-form) microorganisms. Rife's microscope, however, showed that bacteria could be *pleomorphic*. That is, they could change form from one type of bacteria into another, depending upon changes in their environmental conditions.

In other words, Rife discovered that bacteria have the ability to change forms in order to adjust to changes in their environment! Because his unique microscope allowed him to view microorganisms in their natural living state, he could actually witness the process the bacteria went through as they changed form.

Furthermore, Rife's observations led him to conclude that disease in human beings is not always caused by bacteria invading a person's body from the outside, but instead is just as often caused *when certain bacteria normally found inside the human*

body begin to change form in order to adjust to disruptions in the body's internal environment which may be the result of stress or other problems.

As these bacteria change form, Rife concluded from his research, they can cause disease.

Put another way, depending upon its state of being, the human body can allow or even encourage the transformation of a relatively harmless bacterium into a lethal pathogen!

Is There a Bacterial Cause for Cancer?

During his intensive research into the causes of cancer, Rife was able to place cancerous tissue into a nutritive media, and through a special process coax it to produce a bacteria which, when injected into 400 rats, caused cancer tumors in all 400 of them. This led Rife to believe that he had found at least one form of bacteria which caused cancer.

Next, Rife would then slightly change the nutritive media in which this strange, cancer-causing bacteria was growing. Amazingly, the bacteria would react by changing into a completely different form of bacteria, the entire process of which he could view through his microscope. Later, Rife found that the precise forms of bacteria produced by the change in nutritive media were identical to living bacterial forms he discovered through his microscope to be in the blood of over 90% of all cancer victims he studied!

Clearly, Rife was on to something big. Using his unique microscope, he appeared well on his way to discovering the facts behind the cause and development of cancer, and perhaps of other deadly degenerative diseases as well.

In December 1931, Rife's microscope was referred to by *Science* magazine as a new "super-

microscope." That same month, **California and Western Medicine**, the official journal of the state medical associations of California, Nevada and Utah, published an article on Rife's work, and editorialized that in publishing the article they were "...calling the attention of the world to a new type of microscope which, if it fulfills its apparent advantages over any microscope thus far developed, bids fair to lay the basis for revolutionary discoveries in bacteriology and the allied sciences."

Later, the **Journal of the Smithsonian Institute** and the **Journal of the Franklin Institute** published simultaneous articles de-

scribing the amazing abilities of Rife's unique microscope.

Rife's Downfall

Yet in spite of all of the positive notoriety in a number of prestigious scientific annals, the orthodox medical and scientific communities turned quickly against Rife. A number of highly respected medical scientists publicly and piously disputed Rife's discoveries, based upon their own research using standard microscopes. Their refutations of Rife's work were particularly virulent, even though they had never attempted to view the clear evidence, which they could have easily seen for them-

selves through Rife's own microscope.

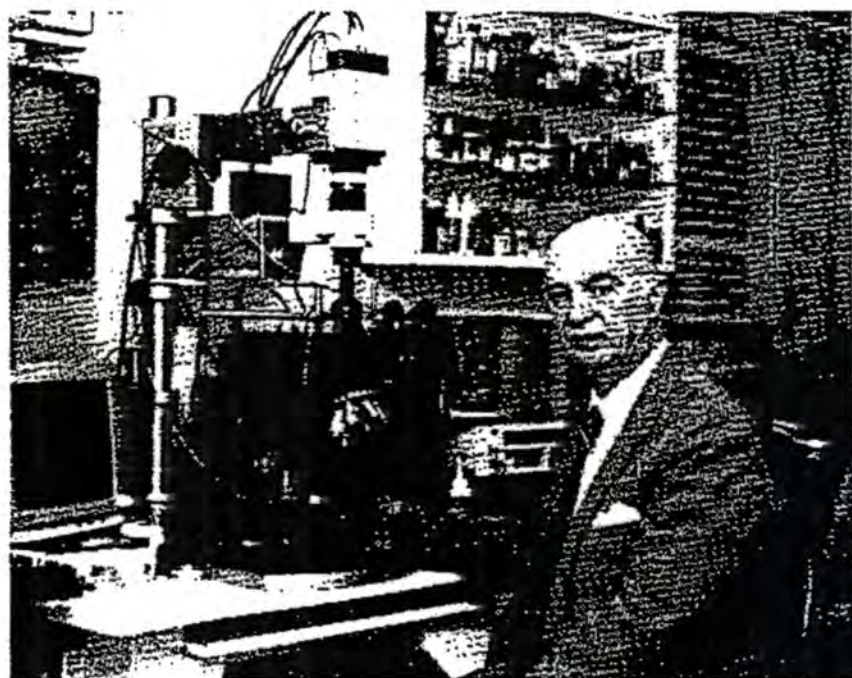
Rife's downfall came when he developed a special electromagnetic device which he found could disrupt and destroy the specific bacteria which he believed caused cancer in the human body. Time after time, Rife showed that his device actually halted the development of the disease, and even cured the patient completely.

The device was successfully clinically tested under a special medical research committee of the University of Southern California, supervised by Dr. Milbank Johnson. According to the report written at the conclusion of the clinical test:

"Sixteen cases were treated at the clinic for many types of malignancy. After three months, fourteen of these so-called hopeless cases were signed off as clinically cured by a staff of five medical doctors and Alvin G. Foord, M.D., pathologist for the group. The treatments consisted of three minutes duration...at three-day intervals. It was found that the elapsed time between treatments attains better results than cases treated daily."

Other researchers using Rife's device soon began reporting similar successful results. Dr. Arthur W. Yale, for example, reported to his fellow physicians that when using Rife's device, cancerous masses "have disappeared...so far with no reoccurrences." He stated at the time that he was making his own results public because "the treatment and results have been so unique and unbelievable."

Nonetheless, Rife's unconventional device eventually caused his arrest and trial, and the orthodox medical and scientific communities quickly disavowed all of his discoveries. As Louisa Williams, M.S., D.C., N.D. recently summarized in regards



Gaston Naessens, at his Somatoscope.

to Rife's tribulation, "This proved so traumatic to the highly sensitive man that it led to a nervous breakdown, alcoholism, and finally his death."

The Electron Microscope Prevails

Rife's amazing microscopes were disassembled, and all of his research files and documentation mysteriously disappeared. He had been so severely discredited by the controllers of orthodox medical science that no one seriously pursuing a medical or scientific career ever again dared to follow through on his amazing developments in microscopy, nor on his subsequent discoveries in microbiology.

Soon, the electron microscope became the sole "super-microscope" of orthodox medical science. This, of course, is in spite of the fact that it cannot magnify and view microorganisms in their natural living conditions, but can only view dead matter. Nor can it be adjusted to illuminate matter through different light frequencies or different bands of the light spectrum in order to reveal microorganisms and sub-cellular materials not visible under normal microscope lighting.

Gaston Naessens' 21st Century Microscope

What I have seen is a remarkable advancement in light microscopy...It seems to be an avenue that should be pursued for the betterment of science.

—Rolf Welland
Senior microscopy expert
German optics firm, Carl Zeiss

One of the great advantages of Naessens' microscope, which can be easily seen, is the guarantee of a higher resolution at magnifications at

least double those available with optical solutions presently in use...I personally believe Naessens' discoveries must become much better known to the scientific world and promoted as soon as possible for the well-being of our population.

—Leonard Leffel
CEO, Montreal Branch
German optics firm, Wild Leitz

Just outside the tiny hamlet of Rock Forest, Quebec, Canada lives a soft-spoken, yet extraordinarily brilliant French-born biologist named Gaston Naessens.

Much like Rife, Naessens, who began work in his private laboratory in France in the 1940's before moving to Canada in 1964, has singlehandedly made a number of fascinating discoveries and subsequent medical and technological developments, that are even now in the process of completely revolutionizing the fields of microscopy, microbiology, immunology, and clinical diagnosis, as well as dramatically altering today's prevailing orthodox view concerning the medical treatment of chronic degenerative disease.

In the remainder of Part I of this report, we will examine Naessens' startling new breakthrough in microscopy, which is already producing incredible discoveries that rival and even surpass those of Rife and his microscope, and which demand that medical science take a whole new look at the paradigms upon which modern biology are based.

A Born Innovator

Gaston Naessens was born on March 16, 1924 in Roubaix, France. By early childhood, he had already shown himself to have an inventive mind, particularly in regards to science and mechanics. At age five he built a moving vehicle out of a "Mechano" set, using a spring from

an old alarm clock to give it power. Before he was 10 years old, he had built his own motorcycle, and a little later he constructed a mini-airplane large enough to carry a single pilot aloft!

His mother, noting his unusual abilities, made sure he received the proper schooling with which to develop them. After graduating from the College Universitaire de Marcen Barocul while still in his teens, Gaston immersed himself in the study of physics, chemistry and biology at the University of Lille. Later, in exile near Nice due to the German occupation of France, he received the equivalent of a full university education at the hands of top French professors who were also in exile.

By the end of World War II, Naessens received his diploma from the Union Nationale Scientifique Française, and immediately began research into microscopy, as well as into the nature of disease in the human body.

Because he came from a wealthy family, he was able to fund and equip his own private laboratory from the start. His chief interest was in studying blood, in relation to the nature and cause of chronic degenerative disease. His own research showed him that there was something in the blood that seemed to elude definition—something that modern science had not yet recognized. Like Rife, Naessens was convinced it was related to the cause of disease in human beings.

It didn't take Naessens long to realize that in order to prove his ideas, he would need access to a better type of microscope. Modern microscope technology, he complained, did not allow him to "see" far enough into blood. He wanted to view microscopic organisms in the blood in their natural living state.

Having been raised in France, Naessens knew nothing of the earlier work of Royal Raymond Rife in America, nor of his incredible microscope. But he was clearly thinking along the same lines as had Rife. Illumination, he believed, was the key to building a better microscope, and he felt he knew precisely how to do it.

Just after the war, at little more than 21 years of age, Naessens set out from France for the German village of Wetzlar, where he was able to secure the technical assistance of

some top German optical experts. As Naessens worked on the design of his new microscope, the German artisans helped him with the proper arrangement of lenses and mirrors.

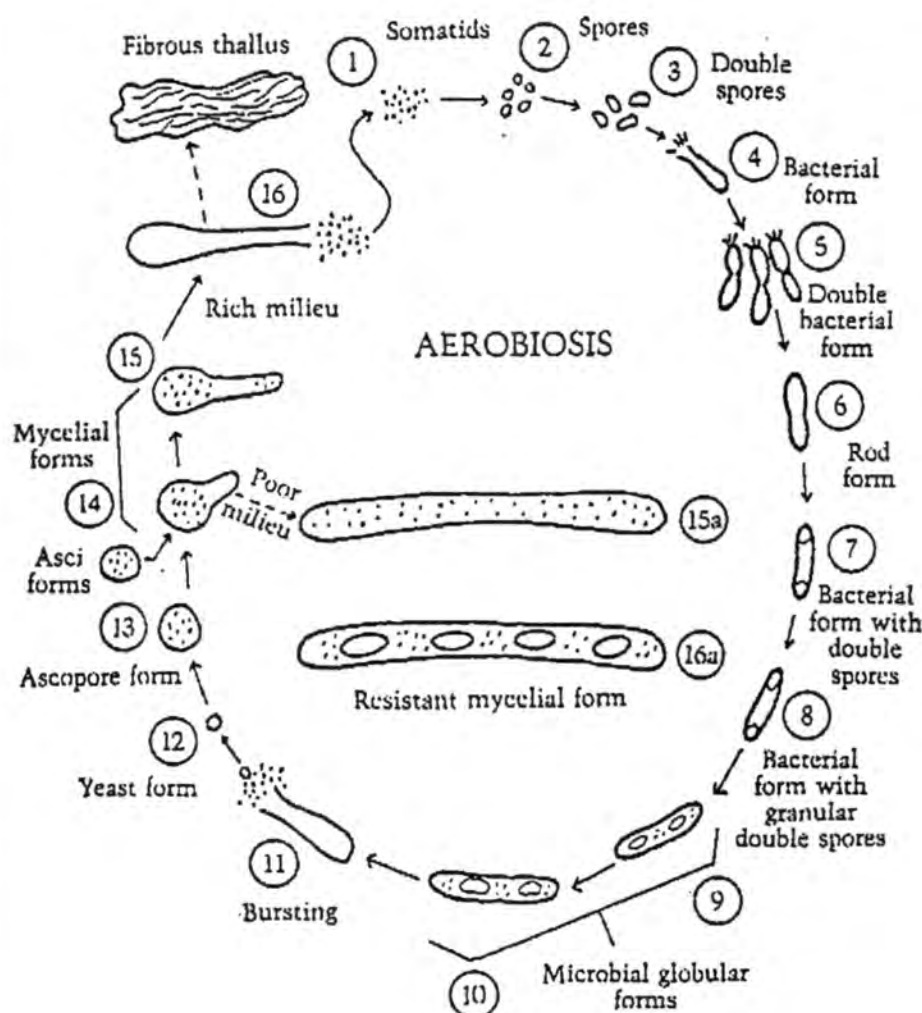
By the late 1940's, Naessens' design was complete. His microscope, unlike any other in existence then or now, would use the *electronic manipulation of light* in order to peer deeper into blood than ordinary microscopes could, and illuminate microorganisms therein without killing them. In other words, much like Rife's unique microscopes from the

1920's and 30's, Naessens's breakthrough microscope was specifically designed to allow researchers to examine the actual life cycles of living microorganisms that ordinary microscopes could not even detect!

After completing his design with the help of the German optical experts, Naessens commissioned Barbier-Bernard et Turenne, technical specialists and military contractors near Paris, to construct the body of the instrument. This completed, Naessens was in business, ready to return to his laboratory and use his new instrument to study blood, and hopefully, discover the nature and cause of chronic degenerative disease.

Interestingly enough, Naessens' incredible microscope has never been patented, even though it has now been in use since the late 1940's. Because it apparently overcomes certain limitations dictated by the accepted laws of optics, *its mathematical constants cannot be elucidated in terms acceptable to orthodox science.*

In short, since modern science can't explain how Naessen's microscope works, it cannot be patented. This, in spite of the fact that it is able to achieve an unheard-of resolution of 150 angstroms. Keep in mind that Naessens originally developed his microscope in the 1940's. Yet even with the huge advances in electronics and technology that have taken place in the interim, not a single new light microscope developed since then has even come close to matching the resolution capabilities of Naessens' microscope. In fact, even the new "super scopes" engineered at Cornell University over the past decade offer at best only somewhere between one-half and one-third the resolution of Naessens' microscope!



The Somatid Cycle, as observed by Gaston Naessens

Naessens Discovers the Amazing "Somatid"

What I have seen is a microscope that reveals with spectacular clarity the motion and multiplicity of pleomorphic organisms in the blood which are intimately associated with disease states...the implications of what this microscope has revealed are staggering...It is imperative that what its inventor, a dedicated biological scientist, is doing, and can do, be totally reviewed. I am convinced that he is an authentic genius and that his achievements cut across and illumine some of the most pertinent areas of medical science...

—Dr. Raymond K. Brown
Consultant to New York's
Memorial Sloan-Kettering
Cancer Center

By overcoming the limitations dictated by accepted laws of optics, Gaston Naessens has enabled the observation of living samples in a detail hitherto undreamed of.

—Anthony Scott-Morley
D.Sc., Ph.D.

On the basis of Naessens' work, entire medical textbooks may well have to be rewritten...

—Dr. Robert J. Rowen
Director,
Omni Medical Center

Thanks to Gaston Naessens' technology...major advances in health care will soon be possible. The inner universe of our bodies has been fascinating to watch as it changes before my eyes from one state of microscopic life to another.

—David W. Ganong, D.M.D.

The ability of Naessens' microscope to directly view fresh biological samples is indeed impressive...Most

exciting are the differences one can immediately observe between blood samples drawn from infected and noninfected patients...Naessens' microscope and expertise should be immensely valuable to many researchers.

—Dr. Thomas G. Tornabene
Director,
School for Applied Biology
Georgia Institute of Technology

When I first looked into Naessens' microscope...I saw a whole new world! So new, I really didn't know what I was beholding!

—Dr. Yvan Boivin
Cancer Specialist,
Hotel Dieu Hospital
Université de Montreal

Over the years I have seen many novel innovations, including some unusual microscopes. As one who has a command of optical technology, I can unequivocally say that, to my knowledge, there nowhere exists a microscope capable of matching the qualities of the one developed by Gaston Naessens. There is no 'mystery' to that instrument. It is easy to re-create. Given some time, and the proper equipment, I know I could do so myself...If it is manufactured in series and more widely distributed, it will first and foremost reveal a mass of erroneous scientific beliefs, not to say lies, and destroy existing scientific prejudices.

—Dr. Jan Merta de Velchrad
M.D., Ph.D.
Montreal, Canada

I never thought I would see such a microscope...Naessens' is the most impressive apparatus for viewing live specimens I have ever experienced. If his microscope were put to wide use, we would be able to identify when a person's immune system was slowing down, and take measures to bring it back to normal. The whole world is talking about the immune system without knowing what to do about it. Monsieur Naessens has given us enor-

mously important insights into this process.

—Dr. Carolyn F.A. Dean, M.D.,
Ontario, Canada

When Naessens first began using his unique microscope to examine living blood, what he saw astounded him. He had suspected all along that there was "something" else in the blood that normal microscopes just couldn't pick up. But when that "something" turned out to be an entire world of hitherto unknown living sub-cellular microorganisms that had the ability to change form from one type into another like actors changing costume right on stage, he knew that his life as a scientist was never going to be the same again.

Naessens has now studied these microorganisms, which he calls *somatids* (i.e., "tiny bodies"), for over 40 years, and has even filmed them on video tape through his microscope for the whole world to see. Without exception, scientists viewing the somatids for the first time, whether directly through Naessens' microscope, or by watching the film, are awestruck by what they see [See the last page of this report to find out how you can get a copy of this remarkable video for yourself—Ed.].

In essence, what Naessens has discovered is the existence of a hitherto unknown, ultramicroscopic, subcellular living and reproducing microorganism, which circulates by the millions in the blood of every human being, as well as in most animals, and even in the sap of plants! These sub-cellular microorganisms are virtually invisible when viewed under standard dark field microscopes. But when viewed under Naessens' microscope (which he has now christened the "somatascop") they come into full and indisputable view because of the unique way in which light rays are used to illuminate the specimen being studied.

Healthy vs. UnHealthy Pleomorphic Growth Cycles

Like the tiny organisms Rife discovered through his unique microscopes in the 1920's and 30's, Naessens' *somatids* are pleomorphic (i.e., form-changing) in nature. Furthermore, Naessens has discovered that somatids living in healthy human bodies go through a normal, recurring 3-stage pleomorphic subcellular development cycle, and that each stage of this recurring cycle is directly related to healthy cellular development and growth.

But if the body's immune system becomes substantially weakened due to trauma such as shock, chemical pollution, or even psychological depression, Naessens has found that the somatids switch gears, so to speak, and rapidly go into a 16-stage pleomorphic cycle, producing bacterial forms similar to the bacterial microorganisms Rife had discovered. [Remember that Rife had documented a similar 16-stage subcellular growth cycle through his microscopes—Ed.]

By carefully scrutinizing this entire process under his unique microscope, Naessens has discovered that it is during these additional 13 stages of pleomorphic development that the subcellular bacterial organisms now being produced can "parasitize" the body's cells, thereby disrupting normal cellular development and growth, and further compromising the body's immune system. Naessens has also discovered that when the immune system reaches a certain threshold of destabilization due to being parasitized by these bacterial forms, chronic degenerative disease (such as cancer, lupus, leukemia and more) is then able to take hold and spread.

In short, what Naessens appears to have discovered is the very cause

of chronic degenerative disease in the human body!

Stay Tuned for Part II of This Report!

In Part II of this Special Report, we will provide you with more fascinating details regarding these incredible subcellular pleomorphic microorganisms, and explain why their discovery in human blood promises to shake orthodox medical science to the core.

Additionally, we will describe in more detail precisely how this discovery is about to revolutionize clinical medicine, particularly by giving medical practitioners the unique ability to *pre-diagnose* chronic degenerative disease in the human body *before its full onset*.

We will also provide complete details for you on the exclusive intralymphatic immune system treatment Naessens has developed, that is being used to re-vitalize weakened immune systems and re-establish the natural three-stage cycle of the somatids in the blood. Naessens' treatment has been shown effective in completely halting the onset of pre-diagnosed degenerative disease in the human body, as well as in *stopping* many forms of chronic degenerative disease (such as full-blown cases of cancer, leukemia, lupus, arthritis, and more), even in cases deemed "incurable" by orthodox medical practitioners!

In Part II, you will also read the actual case histories of a number of the over 1,000-plus victims of cancer and other deadly diseases Naessens has successfully treated—and cured—using his exclusive new immune system treatment. We therefore strongly urge you not to miss the upcoming issue of the *Bio/Tech News*. Without a doubt, it contains

some of the most startling and beneficial behind-the-scenes information we've ever reported on with respect to new advances in biology, medicine and healing.

If you can't wait...

If you want more information on Naessens' work, and you'd like to see the somatids for yourself, then we encourage you to send for one of the most amazing videotapes we've ever seen: "Somatidian Orthobiology". The video (VIIS) was produced by Naessens and allows you to look through his amazing microscope and view for yourself striking examples from *live* human blood. The video also shows how to administer the above-mentioned immune system treatment (714-X), the compound Naessens has developed in order to stop progress toward various kinds of chronic degenerative disease.

You can order the video from us here at the Bio/Tech News. The price is \$49 plus \$5 shipping and handling (\$54 total). To order, send us your payment in the form of check or money order, along with your name and address. MC/Visa cardholders can order by calling us toll-free: 1-800-321-3721 (just tell the operator you want the Naessens video). We encourage you to get a copy to pass along to your doctor. You can be sure that he's never seen anything like it.

As always, we endeavor to keep you on the cutting edge of 21st century medical and scientific knowledge, and to give you a firm foundation for understanding, and taking personal advantage of the dramatic new advances in these important arenas as they arise. As the New Biology of the 21st century comes more clearly and publicly into view, you will find yourself far ahead of the game, thanks to your subscription to Bio/Tech News.

BIO/TECH NEWS

Inside Information on Important Innovations in BioScience and Technology

Somatids, 714-X and Curing Cancer

Gaston Naessens and the New Biology: Part II

[EDITOR'S NOTE: Finding a "cure" for cancer has proven to be as elusive a goal as finding the Loch Ness monster. This, in spite of the fact that for the past half century or more literally hundreds, if not thousands of the world's brightest medical and scientific minds have focused their efforts on this humanitarian goal with a zeal and intensity that would have produced earth-shaking results in virtually any other field of endeavor. Yet in over 50 years of vigorous, virtually non-stop research and experimentation, at a cost so high in the billions of dollars that it can no longer be accurately calculated in its totality, a cure for cancer has yet to be discovered.

Critics charge that this humiliating and frustrating lack of success in curing cancer is due to the fact that orthodox medicine tends to focus its main anti-cancer research efforts on perfecting the "slash, drug and burn" methodology of cancer treatment (i.e., treating cancer with a combination of surgery, chemotherapy and radiation in the hopes of removing it from the infected body), rather than focusing their prime efforts on detecting early risk factors or finding the cause of cancer, and allowing a curative treatment that stops it from developing in humans altogether.

Others critics point out that more emphasis needs to be placed on developing successful methods of preventing cancer. The late Otto Warburg, famous cancer researcher and two-time Nobel Prize winner in Medicine for his discoveries in human cell respiration, emphasized that 80% of all cancers could be prevented, "if all contact with the known exogenous carcinogens [i.e., cancer-causing agents that are ingested, inhaled, or otherwise absorbed into the body from the outside—Ed.] could be avoided." The problem, of course, has been that there are myriads of such cancer-causing agents in existence, many of which have yet to be identified. Therefore, no effective way yet exists for the average human being to avoid contact with all carcinogenic agents.

Complicating the problem even further is the fact that approximately 20% of all cancers are endogenous in nature. That is, they appear to spring up spontaneously from within the human body. And modern medicine has no more idea of how to prevent this from happening, than it does how to cure it once it does happen. So the deadly scourge of cancer continues unabated to this day, and orthodox medicine's "slash, drug and burn" methodology of treatment prevails.

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Yet there is dramatic new hope on the immediate horizon for victims of cancer and other chronic degenerative diseases such as lupus, Epstein Barr, multiple sclerosis and even AIDS. That's because, over the past decade or so, some of the world's most innovative medical scientists have chosen to shift gears and move away from traditional cancer research. Instead of focusing their efforts on developing better ways to "slash, drug and burn" cancer victims, or on finding the all-elusive cancer "cure", or the best cancer-prevention strategy, they've focused on ways to stimulate the body's own immune system to heal itself of cancer and other chronic degenerative diseases.

In that regard, we are extremely happy to reveal for you the exciting details of what we believe to be one of the most promising and spectacular medical breakthroughs of the century—the development of a phenomenal new all-natural medical compound called 714-X. In over 1,000 documented cases, 714-X appears to have triggered the reversal of cancer and other chronic degenerative diseases, even in cases where the victims had been pronounced "incurable" by orthodox medical practitioners.

A Brief Review

In Part I of this report ("Seeing is Believing"), we revealed the inside story of the development of a powerful and unique new microscope by Canadian scientist Gaston Naessens. His "somatoscope," unlike any other microscope in existence today, is able to manipulate ultraviolet light and incandescent light in such a manner as to achieve unheard-of resolutions of up to 150 angstroms—allowing scientists to peer "deeper" into human blood specimens than has ever before been possible. We also revealed for you how Naessens' unique microscope has allowed him to discover the existence in human blood of a hitherto unknown world of living, sub-cellular, pleomorphic (i.e., form-changing) microorganisms—which he calls "somatids".

Using his powerful microscope, which makes it possible to view *living* matter in blood (unlike the electron microscope which only allows the viewing of *dead* matter), Naessens

has been able to chart the growth activity of somatids in human blood samples. And in so doing, he has discovered that in normal healthy human blood the somatids go through a recurring 3-stage pleomorphic (i.e., form-changing) development cycle, which is directly related to healthy cellular development, due to growth hormones secreted in conjunction with the form-changing at each stage of the cycle.

But Naessens has also discovered that when the level of substances which he calls "blood inhibitors" becomes substantially decreased due to trauma such as nutritional deficiencies, chemical abuse, chronic stress, shock, psychological depression or any other reason, the normal three-stage pleomorphic cycle, which promotes healthy cellular development, shifts into a radical 16-stage pleomorphic cycle, resulting in the production of bacteria-like forms, yeast-like forms, mycellium-like forms, and other unusual forms of subcellular microorganisms that

In the following pages, you'll learn the story of the development of 714-X by Canadian scientist Gaston Naessens (see Part I of this report for background information on Naessens and his research). You'll also learn how 714-X works to bolster the human immune system in such a dramatic fashion that the body's own natural disease-fighting capabilities are empowered to entirely rid the body of serious illness. And you'll learn how all of this relates to Naessens' earlier phenomenal developments in microscopy, and his discovery in human blood of living, sub-cellular, pleomorphic microorganisms called "somatids" (a discovery which follows in the footsteps of and builds upon earlier work done by the Frenchman, Bechamp and the German, Enderlein).

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liberate an abnormal amount of growth hormones in the blood.

Thus, normal healthy cellular development is disrupted as the radical 16-stage cycle runs its course and then repeats itself over and over again in the weakened body, liberating an overabundance of growth hormones which accelerates normal healthy cellular development. This insidious ongoing disruption of normal healthy cellular development indicates a destabilization of the body's immune system. Chronic degenerative disease such as cancer, which would normally be fought off by the body's immune system, is then able to take hold with a vengeance and creates proliferation.

As biologist and medical research author Christopher Bird has stated, "Naessens appears to have uncovered the very *cause* of chronic degenerative disease in the human body."

More on the Mysterious Somatid

In forty years of research, Gaston Naessens has uncovered numerous microbiological truths...His findings open new horizons in biology and medicine and it is high time for professionals in these fields to open the horizons of their minds to what he has discovered.

—Dr. Roscoe Van Zandt, M.D.
Arlington, TX

Naessens' somatid is the most exciting discovery of this century...We should start teaching children about the somatid immediately, since it is the future of biology and medicine.

—Dr. Guyaine Lanctot, M.D.
Montreal, Quebec

The role of somatids in the development of disease may well be a major breakthrough in our understanding of how to stay well into the 21st century.

—Dr. Don Branigan, M.D.
Branigan Clinic
former Member of the Science
Council of Canada

Naessens has spent the entire past decade studying the somatid cycle in the human blood system. In the process, he has discovered a number of startling facts which seriously challenge the way medical science presently views human growth and development, particularly on the cellular level.

For example, medical science knows that cell division (mitosis) is the basic process behind human growth. The embryo, for instance, is simply a single cell, and growth begins when it divides into two cells, which then divide into four, which then divide into eight, and so on. Thus, the human body grows. But

what mysterious force causes the cellular division process behind human growth to take place? Modern medical science still doesn't know for sure, but Naessens has discovered that the somatid may hold the answer. His research has revealed that the somatid's normal 3-stage development cycle acts to liberate a growth hormone, sometimes referred to as a **trephone**, which is essential for cell division to take place.

The secretion of the trephone occurs during the forms-changing phenomenon at each phase of the somatid cycle. Without the trephone, there would be no cell division possible and therefore no growth. *Thus, without somatids, cellular division and human growth simply could not happen.* And, when the cycle is destabilized, the amount of trephone becomes so increased that it destabilizes the process of cell division.

Somatids have been discovered in both the blood of animals, as well as in the sap of plants. Apparently, they carry on the same behind-the-scenes function as a catalyst of cellular division in both. *Ergo*, somatids appear to be the basis of growth in all living things!

Thanks to Naessens and his microscope, science now has two more crucial pieces of the mysterious puzzle called life: 1) we now know that a tiny, subcellular microorganism is behind all growth; and, 2) we now know that this unique subcellular microorganism normally follows an ongoing, life and growth enhancing three-stage pleomorphic development cycle, or it can follow a life-threatening, growth-disrupting 16-stage pleomorphic development cycle that is a pre-cursor, or *biological indicator*, of degenerative disease in the human body.

Somatids and "Blood Inhibitors"

In the course of his research, Naessens has also discovered that certain compounds in the chemistry of human blood act as what he calls "blood inhibitors." These compounds can be vitamins, organic salts, mineral substances such as copper, or other substances in the blood, the number and quality of which are influenced by the way you eat, the way you live, your emotions and more.

Naessens has found that these blood inhibitors strongly influence the somatid cycle, thereby acting indirectly as a *regulator* of the amount of growth hormone that causes cell division. Without these essential blood inhibitors, the somatids switch from their normal three-stage growth cycle into the radical 16-stage cycle (releasing growth hormone at each stage of the forms-changing process), which begins to disrupt cellular growth, development and metabolism. If the human body has a low amount or poor quality of blood inhibitors, the somatids can progress into the 16-stage cycle within as little as 92 hours. Simply outlined, the whole process appears to work like this in humans:

1) The normal three-stage somatid cycle, which is prevalent in all healthy human beings, is involved with the secretion/release of *normal* amounts of the growth hormone. In turn, the growth hormone stimulates cell division, which brings about further growth and development of the human body.

2) Blood inhibitors in the blood chemistry indirectly *regulate* the growth hormone by keeping the somatids from progressing beyond their normal, healthy three-stage cycle. As long as there are plenty of

inhibitors within the chemistry of the blood, the healthy growth and development of the body continues.

3) But if the amount or quality of blood inhibitors in the chemistry of the blood dramatically declines due to nutritional deficiencies, shock, trauma, undue stress or other factors, proper regulation of the growth hormone is then curtailed [Because the somatids are no longer held "in check", progressing into the radical 16-stage macro-cycle, liberating abnormally large amounts of growth hormone along the way at each stage of the forms-changing process, as mentioned above—Ed.]. This progression into the macro-cycle can take place in as little as 92 hours if something is not done in order to restore the blood inhibitors to proper levels.

4) The 16-stage somatid macro-cycle introduces an entire series of abnormal subcellular microorganisms such as bacteria-like, yeast-like, mycellium-like and other forms into the blood. These microorganisms secrete (or otherwise somehow liberate), at each pleomorphic change,

the growth hormone ("trephone") in too-great amounts, which disrupts healthy cellular development over time.

5) As cellular development becomes seriously compromised, the immune system begins to destabilize. And as this destabilization progresses, immune system-based degenerative diseases such as cancer, leukemia, lupus, Epstein Barr, multiple sclerosis, AIDS and others can then take hold and spread throughout the body.

Today, these discoveries by Naessens promise to dramatically alter the way in which modern medical science views human growth and development, as well as how it views the nature and cause of chronic degenerative disease. Here and there, a few scientists and medical researchers in America, Canada and Europe are now studying Naessens' findings, working to duplicate his research, and integrate this new-found knowledge into the medical and biological paradigms according to which they presently operate. Yet because his discoveries are so new, and so

radical that they literally constitute a *new biology*, it will take some time before their full ramifications can be adequately explored.

One thing for sure is that the benefits for mankind will be profound, to say the least. In our opinion, Naessens' discoveries now offer medical science the *one key element* it's been lacking in its search for the nature, cause and cure of chronic degenerative disease: **DIRECTION!**

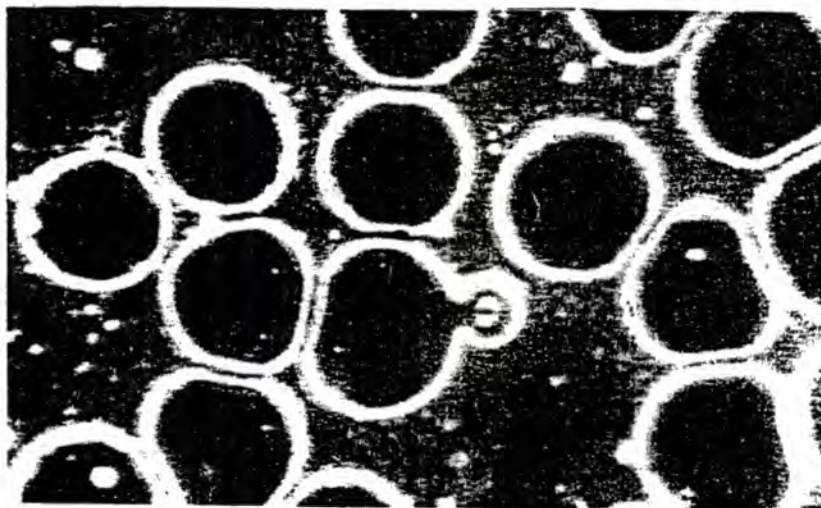
Pre-diagnosing Degenerative Disease

By studying the cycle in the blood of human beings suffering from various degenerative diseases such as cancer, rheumatoid arthritis, MS, lupus and AIDS, Naessens has been able to link the development of the form in the 16-stage cycle with all of these diseases, making them predictable or pre-diagnosable long before clinical signs of them have appeared. In other words, simply taking the blood from someone and looking at it underneath Naessens' instrument enables a practitioner to tell when disease is developing in the body several months before symptoms actually occur.

—International Journal of Alternative & Complementary Medicine

One of the most vital and immediate benefits mankind is about to gain from Naessens' unique microscope technology, combined with his latest discoveries regarding the somatid cycle, is that modern-day medical diagnostic abilities can now be advanced *light years* beyond current levels.

In fact, one of the most obvious and profoundly beneficial aspects of Naessens' discovery of the somatids and their micro and macro cycles is in the clear potential now afforded medical science to *pre-diagnose de-*



Budding of a yeast-like cell which will separate from the Red Blood Cell (RBC). In the background are somatids and spores.[4,500X magnification]

generative disease such as cancer literally *months* before its actual onset in the human body. This is because the unhealthy 16-stage macro-cycle, which is a precursor, or biological indicator of degenerative disease, can be easily spotted in human blood samples using Naessens' microscope, or using a standard laboratory "dark field" microscope fitted with one of Naessens' special condensers.

Remember, it can take up to 12 months or more for the human body to develop a degenerative disease like cancer. But the cancer cannot be detected using current diagnostic procedures, until it is fully and clearly developed in the body. Therefore, a person could easily be "coming down" with cancer for up to a year or more, but until the actual *onset* of the cancer, it would never be diagnosed. In other words, a patient could be given a "clean bill of health" by his doctor, even though his body is in the early stages of developing a deadly cancerous infection.

Thankfully, this sad deficiency in modern-day diagnostics can now be almost completely eliminated—forever—through the use of Naessens' somatoscope, or his microscope adaptors. Using Naessens' microscope technology, and a simple blood test, a trained doctor or technician can easily determine whether a person's blood cells have become parasitized by any of the subcellular microorganisms found in the unhealthy 16-stage somatid cycle.

If the 16-stage cycle is found to be in progress, the doctor would then immediately know three things: 1) that something has gone seriously wrong in his patient's body, 2) that the patient's immune system, if not already compromised, is now in severe jeopardy, and 3) that there's a strong possibility degenerative disease is already forming, and further diagnosis needs to be performed.

Keep in mind that the presence of *any* stage within the 16-stage somatid macrocycle in the blood of an individual is not in itself a confirmation of disease. It is, instead, an *indicator* that the body, on the cellular level, is developing a disrupted state of the immune system that makes it *susceptible* to degenerative disease—such as cancer—if not already affected by such disease.

Naessens has discovered that one of the prime symptoms that degenerative disease has actually begun to develop in a patient is the presence of a *clogged lymphatic system*.

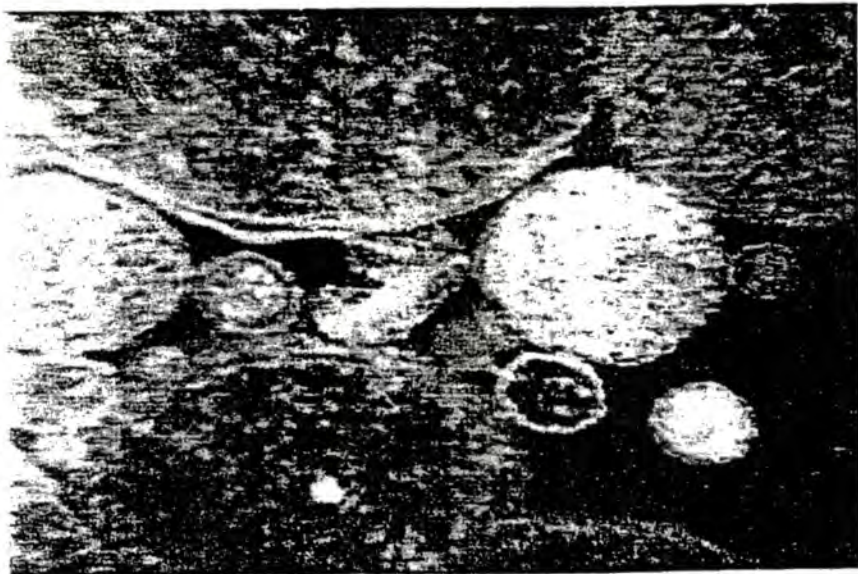
If the lymphatic system is clogged, *and* the 16-stage somatid cycle is present in the blood, degenerative disease is strongly indicated. And if the blood contains more elements of the terminal stages of the somatid cycle (i.e., more stage 15 and 16 subcellular microorganisms) than elements from the earlier stages of the somatid cycle, then degenerative disease is a virtual certainty.

[Perhaps this would be a good time to remind you to go back and re-read the *Bio/Tech News* issue en-

titled, "Cellular Health Secret" which explained the importance of the regular use of the mini-trampoline as a *lymphatic pump*. If you don't yet have one of these, you can order a unit from Jean Eggersdorf at Regal Western Trampoline and Fitness in Tallahassee, FL: 1-800-448-8671. Be sure you tell her you're one of our readers and that you want your special *Bio/Tech News* price along with the *free* exercise video—Ed.]

Further Diagnosis: The "Earmarks" of Degenerative Disease

In the course of his research, Naessens has examined blood samples from thousands of individuals who had been diagnosed with various types of degenerative disease—particularly immune system-related diseases such as cancer, AIDS, Epstein Barr, multiple sclerosis, lupus and more. Through these in-depth examinations, he has discovered that each disease leaves specific and



Somatid culture. The largest cells at the top are spores. The larger of the bright cells across the center are large somatids. [Stages 1 and 2; 20,000X magnification]

unique "earmarks" in the blood, which can be easily seen through his microscope. These earmarks can be used to identify the presence of any specific disease in the body, in much the same way that fingerprints are used to identify which criminal was present at the scene of the crime.

Furthermore, Naessens has made the surprising and quite remarkable discovery that *even months before the actual onset of a degenerative disease, its specific characteristic earmarks are present in the blood*, and can be easily viewed through his microscope. Thus, these earmarks can be used to diagnose the presence of virtually any specific degenerative disease *even if it is only in its early pre-onset developmental stages*.

In short, even if a specific degenerative disease is still in such an early stage of development that current diagnostic procedures cannot detect its presence, *its earmarks can be clearly seen using Naessens' somatoscope*. By spotting these unique identifying earmarks in the blood of individuals who have already entered part of the 16-stage

somatid cycle, Naessens is now able to *pre-diagnose* the specific degenerative disease that a person's body is about to develop. What's more, he is able to do it as much as 18 to 24 months in advance of the full-blown onset of the disease!

For example, one of the characteristic earmarks Naessens has discovered in the blood of pre-cancerous individuals is that certain small, but distinct inclusions always turn up in many of their red blood cells, when examined under his microscope. And the number of red blood cells containing these distinct inclusions tend to grow proportionately as the cancer slowly comes into being. Thus, using Naessens' microscope technology, the earmarks of pre-onset cancer can easily be spotted by a trained physician or lab tech. Furthermore, they can be quickly distinguished from, say, the earmarks of pre-onset AIDS, which include bubble formations in the platelets of the blood. And Epstein Barr, MS, and other degenerative diseases can similarly be distinguished and pre-diagnosed via their

specific characteristic earmarks.

Naessens claims that any doctor can use his microscope technology and specific diagnostic methods to effectively and accurately pre-diagnose degenerative disease in patients, and begin working to halt the progress of the disease before its full-blown onset. Already a handful of doctors in North America and Europe are doing so with tremendous success. We believe that it's only a matter of time before Naessens' incredible medical and scientific developments will force a showdown with today's "orthodox" medicine. Naessens work will then be either enthusiastically embraced by the medical community at large...or be ignored and/or "officially discredited" in order to preserve and protect those with a vested interest in keeping the *status quo*.

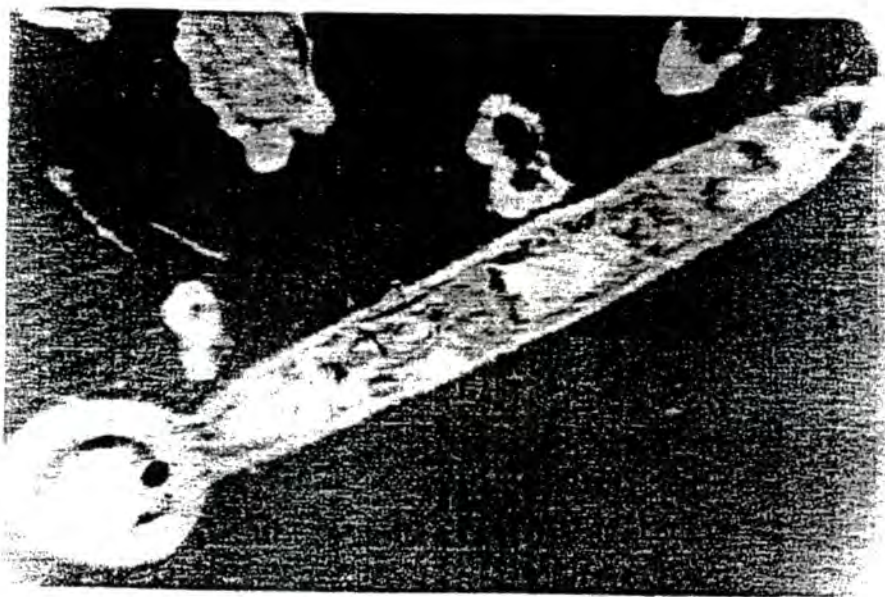
Curing Cancer: The Story of 714-X

When skillfully injected, 714-X has, in over seventy-five percent of cases, restabilized, strengthened, or otherwise enhanced the powers of the immune system, which then goes about its normal business of ridding the body of disease.

—Christopher Bird
Biologist and Author

714-X might well be the most exciting development in the history of medicine. Gaston Naessens is surely one of the greatest scientists of the twentieth century. He deserves not just one but several Nobel prizes for his life-work.

—Dr. Robert Atkins, M.D.
Director of the Atkins Center for
Complementary Medicine



The mycobacteria with inclusions. [Stages 7-10; 16,000X magnification]

I believe the 714-X treatment has enabled me to prevent a recurrence of my malignancy.

—Berkley Bedell, retired
U.S. Congressman
Spirit Lake, Iowa

The implications of Naessens' microscope, and fundamental biological research, as well as his therapy for previously poorly treatable medical conditions, are awesome.

—Raymond Keith Brown, M.D.
author of AIDS, Cancer & the
Medical Establishment

Gaston Naessens' discoveries represent a brand new dimension in medicine.

—Dietmar Schildwaechter, M.D. PhD.
International Paracelsus
Award Laureate

Based on results obtained, we find 714-X to be an exciting addition to our therapeutic program.

—Gladys T. McGarey, M.D.
A.R.E. Clinic
Phoenix, AZ

I believe that Monsieur Naessens' work should be given proper attention in order to fully explore the potential value of his research for the benefit of humanity. It might turn out that the cure for cancer is already available.

—Boguslaw Lipinski
Biochemist
Boston, MA

714-X prolonged the lives, and eased the deaths, of two terminally afflicted patients, and has allowed five others who came to see me with advanced cancerous states to see everyone of their symptoms disappear and take up their lives as if they had never incurred the disease.

—Dr. Florianne Piers, M.D.

The medical and scientific discoveries described earlier in this report distinguish Gaston Naessens as one of the greatest scientific minds of this century, perhaps even deserving of the next Nobel Prize in Medicine.

But his incredible genius does not stop there. Naessens has not been content to merely invent one of the world's best microscopes, re-define human biology, discover the hidden causes of degenerative disease, and develop a reliable method of pre-diagnosing specific degenerative diseases before their actual onset. Not at all. Instead, he has now gone on to single-handedly develop, test and prove the effectiveness of a unique new medical compound that *re-stabilizes the immune system in victims of degenerative disease, allowing the body to completely heal itself in many cases.*

In fact, in over 1,000 specific documented cases where this incredible new all-natural compound has been given to patients diagnosed by their doctors with full-blown cancers or other deadly degenerative diseases (including several dozen cases of

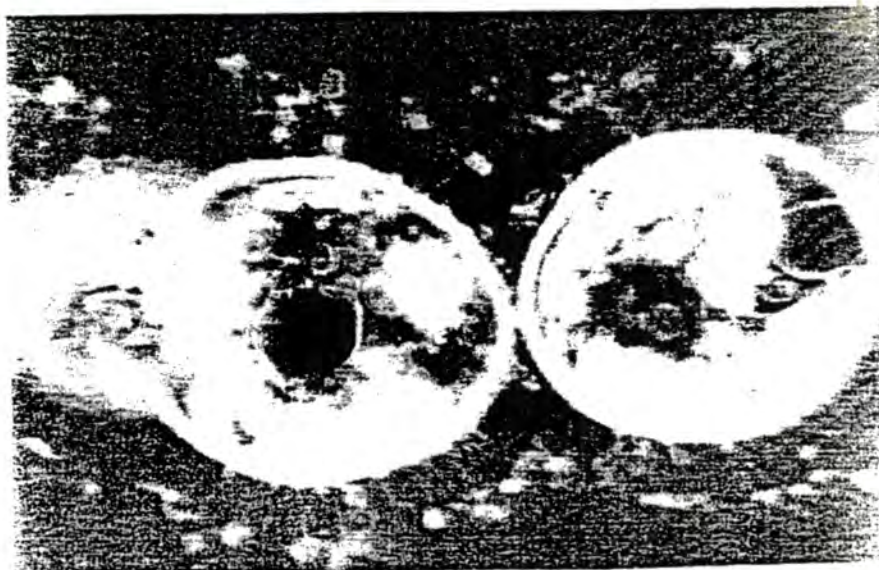
AIDS), it has caused the complete arrest of the disease, and the reversal of its progress!

Naessens calls his compound 714-X. He notes that it is unique as a medical treatment in three specific ways:

1) It is not a synthetic compound, but instead, completely natural. Because it is all-natural (and if the administration protocol is strictly followed), there are *no dangerous side effects* as there are with the standard surgery, chemotherapy and radiation treatments used by orthodox medicine today in the treatment of cancer and other chronic degenerative diseases.

2) It is not a "cure" of disease in itself, but instead, it acts to restore the disrupted cellular balance in the body of a victim of degenerative disease, and bolster the weakened immune system, so that *the body itself* can work freely and strongly to eliminate the disease.

3) Because it works to restore the *whole body* to peak efficiency, it can be used in the treatment of virtually



Ascospores. [Stage 13; 23,000X magnification]

all degenerative disease. It is not merely a "cancer treatment" or an "AIDS treatment" or an "MS treatment," but instead, it's an *immune system treatment*. As one doctor put it, "Today everybody is talking about the immune system, but nobody is doing anything about it." Naessens' 714-X does something about it.

Furthermore, the use of 714-X in the treatment of degenerative disease differs profoundly from most orthodox medical treatment in that it actually treats the *cause* of the disease (i.e., the disrupted cellular and immune system) rather than the *symptoms* (i.e., for example, a tumor in cancer). Because of this single fact, relapses are extremely rare following treatment with 714-X, whereas they are quite common following orthodox medical treatments.

For instance, an orthodox medical practitioner might surgically remove a tumor from a cancer victim, only to have other cancerous tumors develop in the patient later on. That occurs because the main cause of the cancer—the cellular disruption and

immune system—was never addressed by the treatment. Only the tumor, a *symptom* of the disease, was addressed. The cellular disruption and immune system continued to progress due to weakening harmful therapies, thereby allowing more cancerous tumors to develop in the patient later on.

But 714-X addresses the main cause of the disease—i.e., the disrupted cellular and immune system. By restoring the cellular balance, and putting the "fight" back into the immune system, 714-X puts the body in a position to *heal itself* of degenerative disease and prevent any subsequent recurrence. With a restored cellular and immune system, the body is literally able to "fend off" degenerative disease.

Simply stated, 714-X brings the body's disrupted cellular and immune system functions back into balance, and in the process helps restore the healthy three-stage somatid cycle in the blood in order to ensure the continued health of the individual.

What 714-X Is How it Works

714-X is a proprietary compound developed by Gaston Naessens, containing in its overall makeup three main all-natural substances: camphor molecules, nitrogen molecules and organic salts such as ammonium chloride. Each of these three substances play a crucial role in re-establishing the body's cellular balance, and allowing the immune system to reassert itself and arrest and reverse the course of degenerative disease in the body.

In explaining how 714-X works, and why it is composed of the above-mentioned three substances, we are going to focus on how this unique compound can help the body rid itself of a deadly cancer infection. But we want you to understand that the operating principle behind the working of 714-X in curing cancer is virtually the same for *any* immune system-related degenerative disease.

For example, let's look at Naessens' reason for including camphor in 714-X. During the course of his research, Naessens discovered an incredible fact regarding camphor. What he discovered is that camphor is specific to cancerous cells, so that it will literally go to them. This holds true whether the disease is in its pre-onset state, or full-onset state, and whether it is cancer, lupus, Epstein Barr, MS or any other immune system-related degenerative disease.

In the case of cancer, the camphor molecules in 714-X act as a transporter to the cancer cells. This is an important function, because cancer cells in the human body spend much of their time robbing healthy cells of *nitrogen*. Cancer cells literally feed on nitrogen. What's more, in order to steal the nitrogen from healthy



Ascus with well-developed Thallus which has not yet become filled with cytoplasm from the body of the ascus. This is a classical mycellium form which will evolve and burst. [Stage 15; 13,000X magnification].

cells, the cancer cells secrete a substance called "co-cancerogenic K factor" which has a side effect of *paralyzing the human immune system*, thereby allowing the cancer cells to proliferate even faster throughout the body.

But when 714-X is injected into the cancer-stricken body, the camphor molecules of the compound are strongly, almost irresistibly, attracted to the cancer cells. At that point, the second ingredient in 714-X, the nitrogen molecules, come into play. Once attracted to the cancerous cells via the camphor molecules, the cancer cells then begin feeding off of the nitrogen molecules in the compound, *leaving the body's healthy cells alone*. This helps stop the cancer from causing any further disruption of the body's healthy cells. Additionally, as Naessens has stated, "Since you are now giving the cancer cells all of the nitrogen they want via the 714-X, they no longer need to secrete the co-cancerogenic K factor that blocks the immune system."

In short, the first two ingredients in the 714-X compound literally serve as a *diversionary* tactic. The cancer-attracting camphor molecules act to divert the attention of the cancer cells away from the healthy cells off of which they have been feeding. And the nitrogen molecules act to give the cancer cells a substitute food supply, which in turn curtails their secretion of the co-cancerogenic K factor. At this point, the immune system, free from the paralyzing effects of the K factor, can recover.

"After 10 or 15 days of treatment with 714-X we start to see the immune system beginning to pick up and do its own job. As it grows stronger and stronger, it begins its job of attacking and neutralizing the malignant cells," states Naessens. Furthermore, asserts Naessens, the

re-invigorated immune system then allows the body to begin building up a larger and stronger supply of blood inhibitors. The blood inhibitors, in turn, to re-establish proper regulation of the cellular growth hormone described earlier in this report, by causing the radical 16-stage somatid macro-cycle to cease, and return instead to its normal, health-promoting three-stage micro-cycle.

Last but not least, we have the third ingredient in the 714-X compound, which is the *organic salts*. These serve to re-liquify the body's clogged lymphatic system. Remember that Naessens had earlier discovered that one of the major indicators of the presence of degenerative disease in the human body is a clogged lymph system. When the lymph system is in such a state, it cannot trap and dispel toxins effectively. Toxic build-up then takes place throughout the body, further poisoning the body, and allowing the degenerative disease virtual free reign.

But the organic salts in the 714-X compound (primarily the ammonium chloride) begin liquifying the

lymph, often within 10 minutes of being introduced into the body. With a free-flowing lymph system, the cancer toxins can now be effectively "flushed" from the body, while the malignant cells are being attacked and neutralized by other immune system functions.

So, in a nutshell, 714-X effectively distracts the cancer from its work of destroying the body's cells, thereby giving the immune system (including the lymphatic system) an opportunity to strengthen and reassert itself. Once back in action, the body's immune system is then able to attack malignant cells, and start purging the body of cancer toxins, arresting the course of the degenerative disease, and gradually even *reversing* that course.

Additionally, the healthy three-stage somatid cycle is restored in the body, so that the red blood cells are no longer parasitized by the bacteria-like, mycellium-like, yeast-like and other forms that make up the radical 16-stage somatid cycle. In a best-case scenario, the body is returned to a completely balanced, *dis-*



Red Blood Cells of terminal cancer patient (compare these cells with the photograph of RBC's on page four).

ease-free state of health, thanks to 714-X!

714-X: Case Histories

Following are brief descriptions of five specific, fully-documented real-life case histories of individuals who had been clinically diagnosed with serious (some terminal) cancer malignancies, and who completely recovered after receiving treatment with 714-X. These case histories are excerpted from longer descriptions which were published in the recent book **The Persecution and Trial of Gaston Naessens**, by author, biologist and medical researcher Christopher Bird.

Bird, who is one of Naessens' staunchest advocates, and who has done more to bring Naessens' discoveries to public attention than perhaps any other individual, describes several dozen successful cases of treatment of degenerative disease with 714-X in his excellent book. We are deeply indebted to him for the wealth of documentation he has provided us, for both Parts I and II of this report. Furthermore, we recommend his book to those of our readers who would like more detailed information on Naessens and his remarkable discoveries. The book can be ordered from Writers & Research, Inc., 4810 S. Paul Blvd., Rochester, NY, 14617, for \$16.00 postpaid. Be sure you tell them you are a Bio/Tech News subscriber.

Five Documented Cases

Case #1: In 1977 a fifty-two year old patient was diagnosed with an adenocarcinoma (cancer of the lymphatic ganglia) in his prostate. Admitted to the hospital on December 6th, he underwent an exploratory operation, following which the hospital's "cancer committee" rec-

ommended the excision of the prostate itself plus all cancerous tissue in its immediate surroundings. This advice was adamantly refused by the patient. Instead, he opted for 714-X treatment, which began on December 15th and ran through three series (i.e., twenty-one days per series) of daily injections. The cancer went into remission, and has not returned in over 12 years.

Case #2: On July 4, 1980 a forty-five year old man was diagnosed with an epithelioma of the left vocal chord, a cancer that had metastasized to other parts of his body. The afflicted tissue did not disappear even after 1,000 rads of radiation, administered as part of a 6,000 rad dose, the maximum allowable, because any higher dose would be likely to kill the patient. On July 15, the patient, who by that time had received a total of 1,500 rads, refused more such treatment, which was causing him great discomfort. Warned by his doctors about the grave consequences of dropping the radiation treatment, the patient nonetheless stuck to his guns, and opted for treatment with 714-X, instead. Starting on September 16, he received three consecutive series of daily injections of 714-X. The cancer went into remission. As of June 1990, nearly 10 years later, there had been no recurrence of the disease.

Case #3: In December 1982, a fifty-nine year old woman was diagnosed by her doctors with a malignant nodular lymphoma. Tests revealed that the cancer had spread to the left and right lobes of her liver, as well as to her bone marrow. Rather than accept the chemotherapy her doctors had advised, she began treatment with 714-X on January 12, 1983 under the supervision of her physician. Though she received only a single series of treatment, the cancer went into

remission, with no reappearance as of mid-1990, some seven years later.

Case #4: In December 1989, a twenty-three year old man was diagnosed with lymph ganglia cancer in the area above his collar bones on both sides of his body, as well as in the pelvic region behind the right renal vein. His doctor accepted the patient's request to be treated with 714-X. After four series of injections, various tests performed on March 16, 1990 indicated that he had *no more signs of cancer in his body*. By June, the patient, who had been facing death six months earlier, had gone back to work and was feeling in tip-top shape.

Case #5: In November 1988, a fifty-seven year old woman was diagnosed with a cancerous kidney tumor. Her kidney was ablated. By October 1989, the cancer had spread to her lungs in the form of nodules, which began to grow in number and size. She was told that neither chemotherapy nor radiation could be of any benefit. The patient sought out 714-X treatment, and began receiving it on February 21, 1990...By July 25, no new nodules were appearing, and the diameters of some of the existing ones were decreasing. By early September, all traces of the cancerous nodules had completely disappeared, and the patient was considered free of disease.

It should be noted that although the above-described case histories cover only patients who had been diagnosed with various forms of cancer, and who were healed after treatment with Naessens's 714-X, there have also been *numerous* documented cases of individuals diagnosed with other chronic degenerative diseases such as MS, Epstein-Barr, lupus, and even several dozen cases of AIDS, *which have also been treated with 714-X and completely healed*. Many of these specific cases are described in

Christopher Bird's remarkable book, mentioned above. Naessens' own medical files contain the details of hundreds of additional cases.

Naturally, not everyone who is treated with 714-X can be completely cured. As with any form of treatment for degenerative disease, the outcome is based upon many factors (such as the age of the patient, nature of the disease, the degree of progression of the disease, and much more) and cannot be foretold. Sometimes, treatment with 714-X does not result in complete remission, but nonetheless greatly improves the quality of life for the individual afflicted with a chronic degenerative disease.

For example, Jim London of Gilchrist, Oregon had already undergone numerous surgeries, radiation and chemotherapy for the colon cancer he had been diagnosed with in 1987, before he heard about 714-X and began a course of treatment with it in 1991. As he relates:

"The doctors had already cut on me so much and done so much to me that I don't think there is any thing that can really cure me now—except death. But if I can enjoy the time I have left, that is important...I can't and won't tell you that 714-X will heal me, but it sure has improved my life. Before treatment with it, I was hardly able to put my own pants on anymore. But after a week of 714-X treatments, I could put my pants and boots on and walk to Crescent without any problem. Within two weeks I picked up my power saw, that I couldn't even pick up before, and cut up a snag...My life has been turned around...I feel good, I have no pain, and I've lost the need for a lot of the other medications I was on."

Jim's wife is equally appreciative of what 714-X has done for him. She recently stated to *The Citizen*, a cen-

tral Oregon newspaper, "Prior to beginning the 714-X treatment, Jim was taking 12 morphine tablets daily, and it wasn't killing the pain. It just numbed him so he could get by. It's so nice not to have him all doped up now. He's alert, got his color back, eats good—he's just about like my old Jim. We know 714-X isn't a miracle cure, but it certainly has improved our lives."

One can only wonder how much more 714-X could have helped Jim Gilchrist had he known about it, and began treatment with it, back in 1987 when he was first diagnosed with colon cancer. Nevertheless, it has proven to be a Godsend for him, as it has for literally thousands of other victims of degenerative disease who have been fortunate enough to hear about it, and undergo treatment with it.

If YOU Are Interested in 714-X

If you are a victim of chronic degenerative disease, or know someone who is, and believe 714-X could be helpful, there are several courses of action you can take. First of all, we strongly recommend that you obtain a copy of Naessens' video, "Somatidian Orthobiology." This amazing new video reveals in-depth information regarding the relationship between somatids, the blood, and degenerative disease. Additionally, it allows you to "look" through Naessens' incredible microscope, and see for yourself what somatids look like in the blood of healthy patients, as well as in the blood of individuals afflicted with various forms of degenerative disease.

More importantly, it reveals additional vital details regarding 714-X and its use in treating chronic degenerative disease. And it demonstrates precisely how to administer the compound in order to gain the maximum healing benefits from its use.

As a special service to our subscribers, and because of our strong belief in the effectiveness of this remarkable new medical breakthrough in the treatment of chronic degenerative disease, we are making Naessens' video available to those who would like to know more about somatids, degenerative disease, and 714-X. You can order the video from us here at the *Bio/Tech News* for \$49 plus \$5 shipping and handling (\$54 total). Just send your check or money order, along with your name and address, to: *Bio/Tech News*, Box 30568—Parkrose Center, Portland, OR 97230. Or, use your MasterCard or VISA by calling us toll-free at 1-800-321-3721 (just tell the operator you want the Naessens video).

How to Get 714-X Treatments

714-X is not readily available in the U.S., but must be imported from Canada, and a *valid physician's prescription is required in order to do so*. In addition, treatment must be carried out under the supervision of a licensed physician. Unfortunately, only a *small handful* of doctors in the United States are treating degenerative disease with 714-X.

Furthermore, even though treatment with the compound is dramatically less expensive than treatments with surgery, chemotherapy or radiation, *insurance companies in the U.S. do not, as a rule, recognize it as a reimbursable medical expense* [Some policies may cover it under some sort of new and/or experimental products clause, however. You'll need to check your policy.—Ed.].

Of course, these are *minor* inconveniences if you or someone you know are in the throes of a chronic degenerative disease. Nonetheless, we want you to know the facts on 714-X, before you go through the effort of arranging for treatment.

If you have a serious interest in obtaining 714-X for treatment for yourself or someone in your family, the first thing to do is to try to convince your personal physician to agree to treat you with it, or at least supervise your treatment. If this avenue doesn't work, then we can supply you with specific information (see below) that will show you how to contact a research organization which will be able to put you in touch with a physician who is familiar with 714-X treatment, and who can determine whether a course of treatment with the compound would be indicated.

For starters, Parts I and II of this newsletter, plus the above-mentioned video should be helpful to you as you begin to talk with your physician about the possibility of treatment. In addition, you will want to have the documents which are contained in two special books we can send to you.

The first is a book we call the **IRB** (which stands for Institutional Review Board). This book cites the applicable Code of Federal regulations which gives you the legal avenue for using and investigating a yet-to-be FDA approved substance. It also provides a "patient petition and consent form" (required by law) which you will need to fill out and sign. In addition, the book explains the purpose of an IRB and gives the guidelines and the conditions whereby an IRB project is possible. The book also contains the protocol and instructions for administering 714-X, which you will want to give to your doctor.

The second book is called the **Physicians Handbook**, subtitled "On the Parasitic Theory of Cancer". This 220 page book is more technical, and is a very effective tool to give to your doctor that will help to educate and inform him, explaining some of the important concepts such

as: the Somatidian Theory; the physiology of the blood as a tissue (using dark-field microscopy), including more than 50 photographs of somatids in human blood samples drawn from people in various stages of degenerative disease; the prime cause and prevention of cancer (Nobel prize winner Otto Warburg's excellent work); as well as some specific case histories of 714-X treatments.

In essence, what you want to do is take this information to your doctor and *demand* to be helped. This information will help you be better prepared to take control of your own health and well-being when it comes to the matter of the treatment of degenerative disease.

In the event your doctor doesn't go along with you, the books contain a number you can call which will put you into contact with the research organization that will be able to direct you further.

So, if you are serious about trying 714-X, or know someone who is, and would like to obtain your personal copies of the **IRB** and the **Physicians Handbook**, you'll need to send us your name and address, along with \$50 to cover costs of materials plus postage/handling. Send your check or moneyorder to us at this address: **Bio/Tech News**, Box 30568—Parkrose Center, Portland, OR 97230. **IMPORTANT: you must be a Bio/Tech News subscriber in order to get this information. No exceptions, please!**

One Final Thought

The tragedy of degenerative disease has reached epidemic proportions in this country, and around the world. Today, almost everyone has had their lives touched by the death of a friend, associate or even family member from one form of degener-

ative disease or another, particularly cancer. Yet in spite of the billions of dollars that have been spent fruitlessly on research and experimentation to find cures, not only have no cures been found, but no fully reliable treatments have been developed which bring about effective relief from the often devastating effects of these diseases. In fact, it is fair to say that in many cases, the current modalities used in the treatment of chronic degenerative disease cause as many ill effects as the disease itself. This is especially true in regards to chemotherapy and radiation treatments.

Therefore, we find it ironic, to say the least, that a single individual scientist, working virtually alone for the past 40 years in a small, isolated home laboratory, with relatively limited funds in comparison to the huge government-funded research centers of this generation, has been able to accomplish so much more than the entire orthodox medical community put together, in regards to understanding and treating degenerative disease.

Nonetheless, the facts speak for themselves. And thankfully, at least a few individuals within the orthodox medical community are finally beginning to sit up and take note of Gaston Naessens' incredible "cutting edge" medical discoveries and technological breakthroughs. Although we don't expect "orthodox" medicine to change its collective mind over the near term, for the sakes of all of the people who currently suffer from chronic degenerative disease—men, women and children alike—we sincerely hope Naessens' findings will be more earnestly looked into, and more rapidly embraced, by his peers in the medical and scientific communities in the days ahead.

SATURDAY *night*

Canada's Magazine

December 1992

THE GENERAL RETURNS FIRE

*Lewis MacKenzie,
Canada's controversial
hero in Sarajevo,
speaks his peace*

CONRAD BLACK
ON MEDIA BARONS

WHY CAN'T A RADICAL
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In 1989, a French-born biologist named Gaston Naessens was arrested in Quebec and charged with four counts of illegal practice of medicine and one count of contributing to the death of a patient. The patient, a woman with metastasized breast cancer in the terminal stages, had refused all conventional treatments and insisted instead on taking a camphor-based medicinal that Naessens had developed.

The medicinal, which he called 714-X, was designed not to destroy cancer cells in the way of conventional treatments but to bolster the immune system and help the body heal itself. Naessens, who had a tiny private lab on the banks of the Magog River in the Eastern Townships, had instructed a close friend of the woman's in how to inject the substance into the lymphatic node in the groin. She received injections for seven months before she died in July, 1984.

The prosecution wished to prove that Naessens's patient might have stood a chance if she had pursued conventional treatment. The corollary was proving that Naessens knew his alternative treatment to be worthless — that he was a charlatan hoping to profit from the desperation of someone in the throes of terminal illness. The prosecution was not fooling around — the charge of contributing to the woman's death carried a potential life sentence.

The trial, which made the front pages of Quebec newspapers for three weeks in November, 1989, opened with a parade of doctors and scientists testifying to the scientific untenability of 714-X and the spurious

nature of Naessens's theories of cancer and its treatment. In the media, a sketchy, negative image of the man began to emerge; he claimed to have invented a microscope that could reveal the mysteries of living blood. He claimed to have discovered, through his studies of blood, something he called a somatid, which he said was a precursor of DNA and the absolute

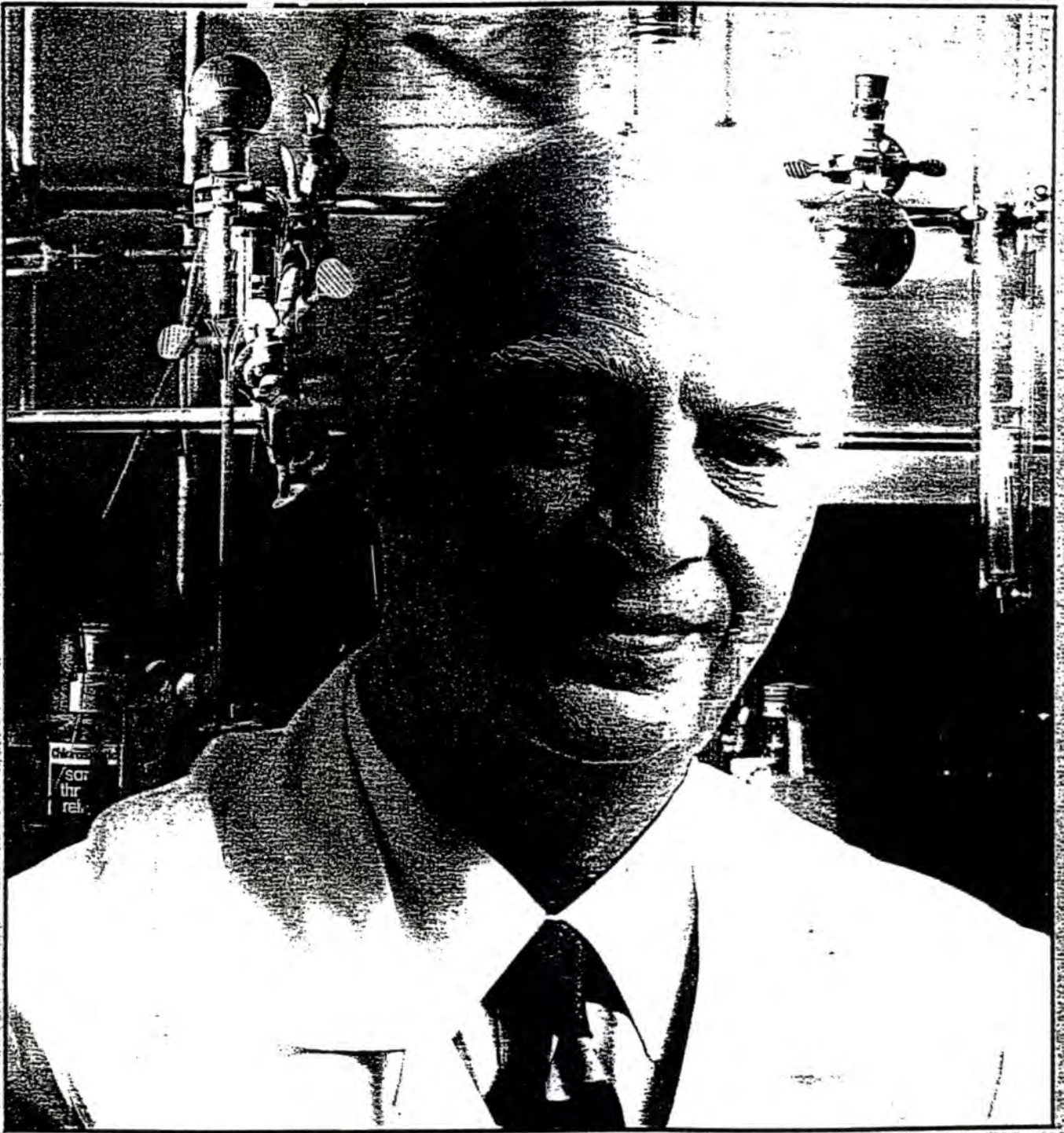
ground zero of life. He claimed to have identified a sixteen-stage cycle through which the somatid passed, and claimed that he could link the various phases of that cycle with the health (or ill health) of a patient. He'd drawn the ire of medical authorities in his homeland; he'd been forced out of France twenty-five years earlier. He'd set up in the quiet backwater of Quebec, his critics said, hoping to evade medical scrutiny. By the time the

defence was ready to present its case to the jury, the mood was grim in the Naessens camp.

But it soon changed. Witness after witness took the stand to describe the horrors of their battles with cancer and the apparent cures they'd finally achieved after using Naessens's treatment. Gerald Godin, politician, journalist, poet, testified on the biologist's behalf, outlining his struggle with a brain tumour that he believed 714-X had helped to check. The French ambassador to the Seychelles told a similar story. In the courtroom, the gratitude to Naessens was so apparent and emotions running so high that the prosecutor decided not to cross-examine defence witnesses on "humane grounds."

Moreover, the testimonials to Naessens's integrity were overwhelm-

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Caston Raessens claims to have discovered a new way of looking at blood that could revolutionize the treatment of cancer. Why does the medical establishment consider him so dangerous?

ing: he'd never promised a cure, never told one of them to discontinue conventional treatment, and never asked for payment. When Gilles Vigneault, *chansonnier* and bard, a Québécois folk hero, arrived from Paris to show his support for Naessens, the effect was electrifying. To the press during a court lunch break, Vigneault described what was happening to Naessens as a "witch hunt" and went on to sing the praises of alternative medicine. He concluded: "One must seek, on humanity's behalf, medical progress unblocked by pharmaceutical lobbyism that, together with that of arms mongers, is one of the world's most powerful."

The jury was not long in coming to a verdict: acquittal on all five counts. The *Journal de Montréal* went to town, its front page headlined NAESSENS ACQUITTED. A sidebar, however, bore the headline "It's Twenty-Five Years Now That This Farce Has Continued," quoting Dr. Augustin Roy, the head of the Quebec Medical Corporation, the professional self-regulating and licensing body that had pushed for charges to be laid against Naessens. The trial, Roy said, was "wholly incomplete"; the prosecutor should have "savagely cross-examined every one of the patients who had testified on Naessens's behalf.... All the patients who testified simply don't know the difference between *feeling* healthy and *being* healthy.... All of them should stand at attention or, more properly, get down on their knees to thank orthodox medicine for having kept them alive." Roy apparently had not noticed that the majority of Naessens's patients were refugees from conventional medicine, which had either written them off or offered a treatment that frequently seemed worse than the disease.

And Roy was not about to relent. Within weeks of the not-guilty verdict, eighty-two more counts of practising medicine without a licence were brought against Naessens, each carrying the threat of a \$5,000 fine. As was clear from his rhetoric, Augustin Roy wasn't fighting any more to protect innocent patients from an unscrupulous quack. He was fighting

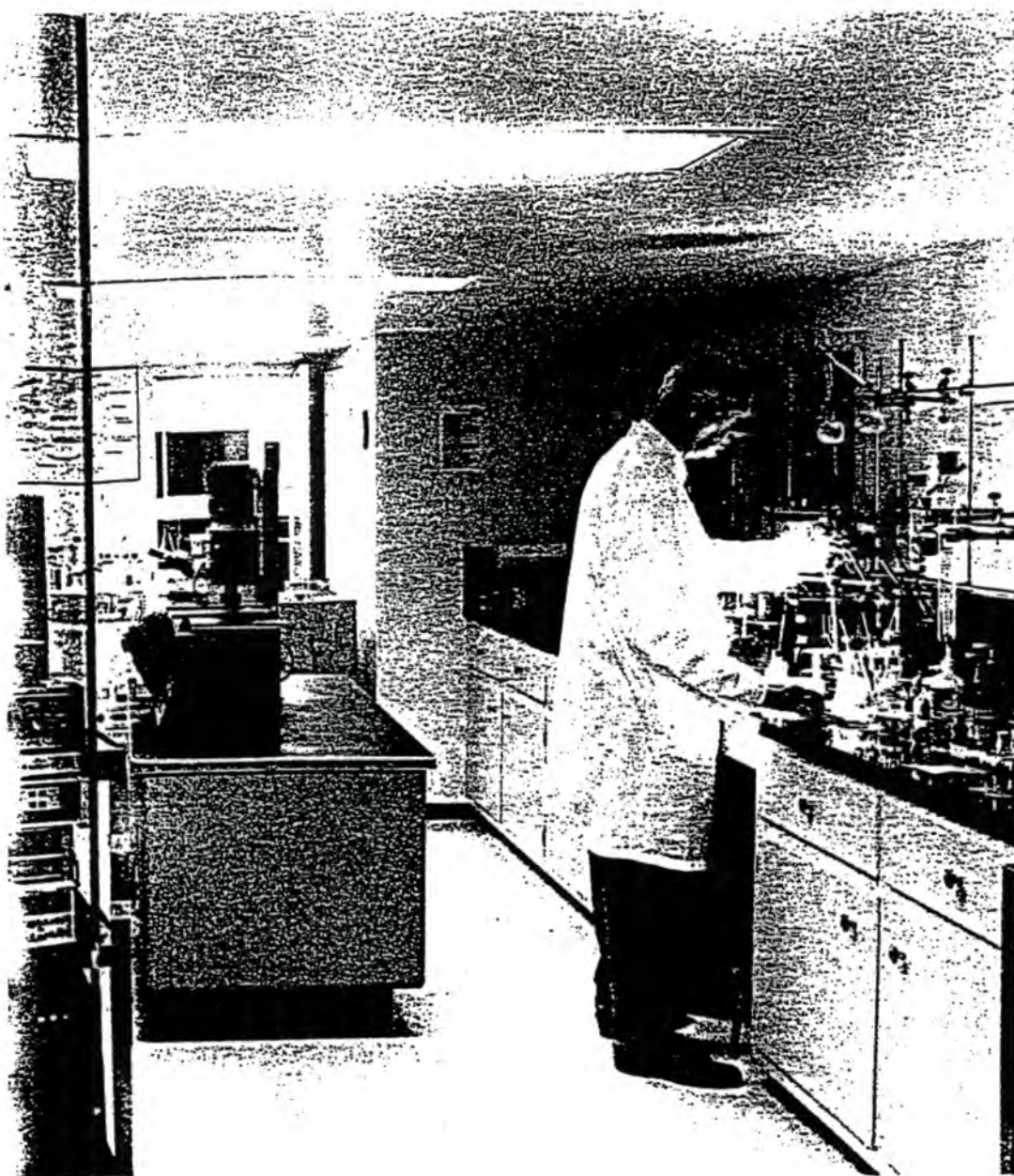
to protect his profession from an alternative vision of healing, an alternative model of disease processes, and a press that kept on insisting that this heretic, Gaston Naessens, was the Galileo of modern medicine and the microscope.

Naessens himself prefers a comparison with Antoine Béchamp. Not so well known as Galileo and not so persecuted for his "heresies," Béchamp, a professor of biochemistry and dean of the Faculty of Medicine at the University of Lille, France, in the last decades of the nineteenth century, had been Louis Pasteur's major adversary. The controversy between Pasteur and Béchamp — now a forgotten episode in medical history — had been the scientific equivalent of front-page news and concerned the very nature of disease itself. Béchamp believed that the cause of disease lay with-

in the entire system of the body; Pasteur insisted that disease came from without, which fitted with the formulation of his now famous and standard germ theory. It seems likely that both men were right to a certain degree, but Pasteur was a tireless self-promoter while Béchamp was diffident and somewhat reclusive. Pasteur's model was also more appealing to physicians who wanted a definite disease target on which they could make war, rather than a state of good health they had to delicately maintain. Thus: the Pasteur Institute, on the one hand, and, on the other, a baffled shrug from most



Naessens in his tiny Rock Forest lab; the "somatoscope" sits at left, looking like a cross between an ordinary optical microscope and the insides of an old TV set



Naessens has never promised a cure, never told a cancer patient to stop conventional treatment, and never asked for payment

doctors if Béchamp's name comes up.

Under his microscope more than a century ago, Béchamp had observed in fermenting solutions tiny particles, which he called microzymas, that appeared to have powerful catalytic effects — facilitating change while remaining essentially unchanged themselves. He went on to note the presence of these particles in the bodies of animals, coming to the conclusion not only that they were the most fundamental form of all living matter but that they were essential to any form of life, from cell division and basic bacteria up. What seemed most extraordinary to

Béchamp was the observation that the microzymas could apparently actively participate in the destruction of an organism without being destroyed themselves. Indeed, their indestructibility was such that he believed a French palaeontologist had found evidence of them in 60-million-year-old limestone from the early Cenozoic era, the period when mammals first started to develop on earth.

How Naessens became Béchamp's inheritor is a bit of a convoluted story. The youngest child of a banker, Naessens was born in 1924 in Roubaix, near Lille in northern France. As a child he showed a

mechanical proclivity that both amazed and terrified his parents. From manipulating Meccano sets at five the boy went on to build his own motorcycle and then an airplane just big enough to carry him — which his mother burned before it could take its maiden flight.

The Second World War broke out as Naessens was beginning to study physics, chemistry, and biology at the University of Lille. When the Nazis occupied the city both he and his professors ended up in exile near Nice, where he continued his studies towards a degree. Naessens received a diploma from the Union scientifique nationale française, the semi-official institution that operated during the chaotic conditions of the war. But in what turned out to be a typically independent fashion he never bothered to ask for the formal equivalences the de Gaulle government issued after the war. Consequently, he's been accused of having no academic credentials.

The young man went to work in a laboratory for blood analysis, and hated both the routine job and the imprecision of the microscopes he used. Blurrily he was able to observe something in the

blood that had so far not been defined: other researchers had seen it, too, and called it "dross in the blood." He needed a better instrument. Searching the literature for research on blood and microscopy, Naessens learned of a nineteenth-century French biologist now best known as the "noon lunatic." Emile Doyen claimed to have observed through an ordinary microscope particles in human blood that were visible only around noon during the months of May and June. Naessens was as willing to laugh at the notion as anyone, but began to wonder whether there was any scientific expla- ▶

nation of Doyen's findings. There was: during May and June, in the south of France and at around noon, the natural light available to anyone using a microscope contained far more ultraviolet light than at any other time of the year.

The work of the noon lunatic became the basis of the microscope Naessens went on to develop in the late 1940s, working in a lab funded by his mother at the family home in Lyon. An extreme and as yet unduplicated version of what is now called phase or dark-field microscopy, Naessens's instrument allowed him to examine living blood not only at high magnifications but with extremely high resolution. Although an electron microscope can approach 400,000 X magnification, it can do so only with fixed and dead tissue. Naessens's microscope, which identified particles with light refraction rather than staining, could approach 30,000 X with living tissue at a resolution of 150 angstroms (one angstrom is one-hundred-millionth of a centimetre).

The uniqueness of the microscope has to do with the way Naessens manipulates the light source to achieve that extraordinary resolution. (Several optical companies have approached him over the years but Naessens has been unwilling to give over control of his life's work to big manufacturers.) What the tool unlocked for Naessens the researcher was a deep view – the deepest and as yet unsurpassed view – into the processes of living blood.

Naessens started by looking at pre-

parations of his own blood – pricking his finger, transferring the drop to a slide, watching until the fresh blood began to clot. Through his microscope, he observed what he maintains are Béchamp's microzymas: the most fundamental particles of living matter that exist. He called them somatids (tiny bodies) and through seven years of observation concluded that they appeared to play an extraordinary role. No cell division was possible without them; they were seemingly a precursor to DNA, and probably the bridge between energy and matter. He found them all but indestructible, surviving carbonization temperatures of more than 200°C and 50,000 REMs of radiation (more than enough to kill a person); they were also unaffected by chemical agents.

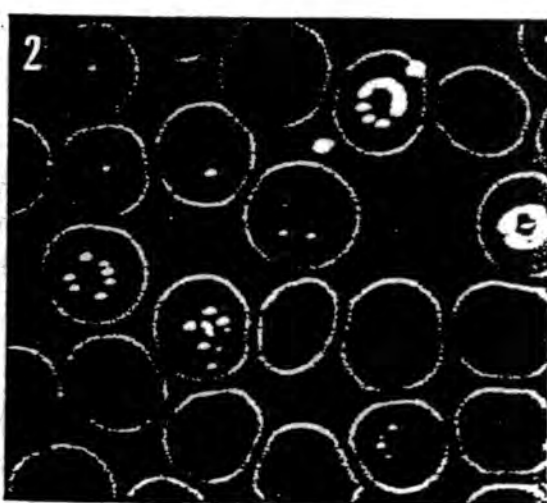
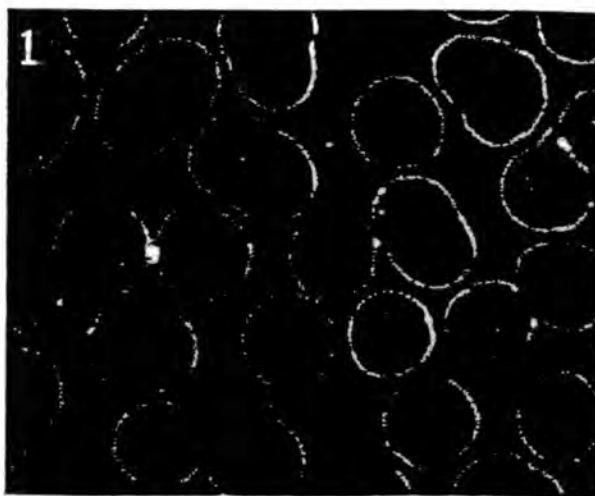
With a better tool to use, Naessens could go way beyond Béchamp, who was able to see only the largest of these microzymas. Naessens observed the somatid in human and animal blood to develop in a form-changing cycle. The first three changes of this cycle – somatid, spore, and double spore – were apparently not only normal in healthy organisms but crucial to their existence in that no cell division could take place without them. Having studied what he took to be healthy blood, he began to study blood from people he knew to be diseased, referred to him by physicians. Unhealthy blood looked drastically different, and exhibited somatids in not a three-stage but a sixteen-stage cycle. The other thirteen stages were apparently the result of

an immune system under stress, and seemed to signal the likelihood of degenerative disease up to two years before any symptoms appeared in the organism. Naessens began to believe that with observation of the somatid cycle – in effect, monitoring the physiology of blood – he could figure out when it was possible to intervene to prevent illness.

Take cancer, for instance. Every body every day produces a few cancer cells and a normal immune system destroys them. But when that system comes under stress, its ability to fight is impaired and the cancer cells proliferate.

When the ovum is fertilized by a sperm, growth (or cell division) begins: two, four, eight, and so on. There are many such divisions before cells begin to specialize, some becoming skin, some liver, some heart, and so on. This specialization is controlled by a series of growth hormones that "talk" to the various cells' nuclei. These intracellular commands come from various sources – lymphocytes, for example, controlled by one, liver cells by another. In normal circumstances, the growth hormones are controlled by inhibitors in the blood, but when a system is stressed these inhibitors diminish and more growth hormones are liberated. The result is almost a reversal of the cells' "education." They return to a simpler state, losing their individuality and "remembering" only basic functions from their origins, chief of which is the ability to multiply rapidly and chaotically. This, it is thought, is malignancy, the patho-

Images from the somatoscope: (1) Healthy blood, its red corpuscles like jostling balloons (2) The presence of gris-like bodies within the red cells, says Naessens, is a signal that the patient is "pre-cancerous," giving up to a two-year warning of the disease



Naessens believes that his microscope can enable doctors to "pre-diagnose" cancer and intervene before symptoms appear

logical cells resembling primitive organisms that have forgotten everything they have learned.

Naessens, through the microscope he called a "somascope," was able to observe the consequences of the diminution of sanguine inhibitors and the liberation of the growth hormone by watching the three-stage somatid cycle in the blood suddenly proceeding on through its full sixteen polymorphic stages – before patients had any conventionally diagnosable sign that they were ill. His next challenge was to figure out how to bolster the immune system to correct the imbalances in the body that led to disease.

He began experimenting with ways to combat the effects of degenerative or cancerous cells by neutralizing their mode of replication – developing a series of novel anticancer products. These early medicinals proved effective enough over a fourteen-year period for Swiss and German pharmacies to put them on sale and for numerous doctors to administer them to patients. (By 1964, more than 10,000 people had been treated.) On the strength of his sales, Naessens was able to move his lab to Paris in the mid-1950s. But in Paris he came to the attention of French medical authorities, after complaints from some pharmacists and physicians that this uncredentialed young biologist was dabbling in healing. In the early 1960s, Naessens was twice brought before the bar. He was fined heavily, his Paris laboratory sealed, and much of his equipment confiscated.

He tried to start again on the island of Corsica, but Corsica was still France. Patients began again to seek him out and the authorities were soon after him. Naessens decided he had to pursue his work far from France, in a place he believed to be more open-minded. He left Corsica for Canada in 1964, carrying only a few key components of his microscope with him.

Unable to obtain any funding to pursue his research, Naessens began life as an immigrant by working by day in an electronics repair shop in Oka, Quebec. The nights and the weekends he reserved for refining his somascope. Through some work he did repairing scientific equipment for several Quebec universities, he got what seemed to be his first break. A senior professor at the University of Sherbrooke hired him as a consultant on microscopy with a National Research Council grant of \$25,000. But soon word got around the university of Naessens's trouble with the medical authorities in France, and overnight the grant and Naessens's opportunity were gone.

It wasn't until 1971 that he could begin again as a medical researcher. A friend introduced him to David Stewart, scion of a tobacco fortune and head of the Macdonald Stewart Foundation, which had funded orthodox cancer research for many years. After losing a dear friend to cancer, Stewart had vowed to pursue any avenue that might lead to a cure, and he was decreasingly confident of the conventional approaches the foundation supported. He agreed to finance Naessens's research personally, and established a laboratory for him on the Macdonald Tobacco Company's premises in Montreal.

Naessens's run-ins with French medical authorities, however, had forever branded him a quack; his name was on the Quebec Medical Corporation's blacklist. His new laboratory infuriated the orthodox oncologists under Stewart's wing, and they complained bitterly to the philanthropist. Stewart's response was to advise Naessens to move his research to some low-key spot and avoid getting embroiled in any more controversy. Engaged by now to Françoise Bonin Sdicu, a divorced lab technician with four children, Naessens took over her family's summer cottage in Rock Forest, on the

banks of the Magog River near Sherbrooke. He winterized and refurbished the place and built a lab in the basement.

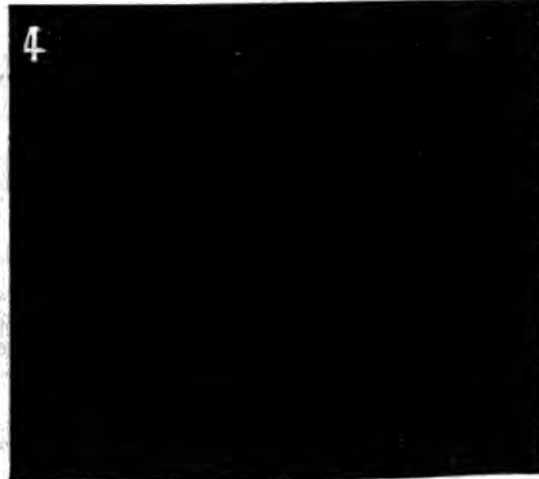
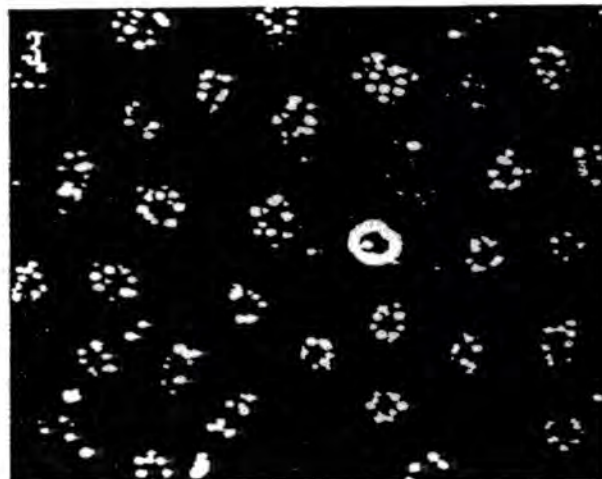
Stewart's next concern was to get independent validation of the somatid theory and of the latest of Naessens's immune-system boosters, 714-X; this was the nontoxic camphor-based medicinal, designed to be injected by way of a lymphatic node in the groin, that was to figure in his trial in 1989. Naessens had come to the conclusion – not essentially disputed by the orthodoxy – that cancer cells needed nitrogen to survive and "stole" this nitrogen from healthy cells. Discovering that camphor had a natural, if inexplicable, affinity for cancer cells, Naessens biochemically linked a molecule of nitrogen to one of camphor, aiming to force-feed the rogue cells – which would leave the immune system free to rebuild itself and fight the cancer.

Excited by the potential of 714-X, David Stewart approached the McMaster University Medical Centre in Hamilton, offering to fund an investigative research project into Naessens's theory of the somatid cycle and the potential of 714-X as an immune-system booster.

The initial meeting at McMaster in March, 1972, went well. The university was represented by Peter Dent, then chairman of the pediatrics department and a consultant in immunology to the Ontario Cancer Foundation. But of all those present to hear Naessens, the most impressed was a young assistant professor of pathology and surgery named Daniel Perey, who volunteered to head the proposed investigation.

Perey's first visit to Naessens lasted eleven days and was by all accounts a revelation to him; he saw through the somascope a new world to be explored. The next time he brought Dent with him, assuming that his excitement would be shared. But Dent was clearly not happy to look (Continued on page 96) ▶

Unhealthy blood: (3) A sample from a full-blown cancer case, the red cells filled with gris (4) The typical look of AIDS blood; at right is a lymphocyte, bloated and shooting out filaments



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(Continued from page 57) through a microscope and see something that contradicted the definitions of disease he'd learned in medical school. On returning to Hamilton, he wrote to the National Cancer Institute of Canada requesting its opinion of Naessens and his work. The institute sent him a page taken from a longer report it had published called *Unproven Methods of Cancer Treatment*. The page concentrated on an account of Naessens's trial in France and the subsequent fine levied. This curt dismissal of Naessens's work confirmed Dent's unease.

But it was still Perey, not Dent, who was conducting the investigation, and his enthusiasm for the somatid theory remained undiminished. Over the course of several visits to Rock Forest, Perey observed each of the forms in the somatid cycle proliferating and their apparent relation to cancer and other serious stresses on the body. He recommended that Stewart's foundation purchase specialized photographic equipment enabling Naessens to capture these marvels on film – which was done. But the most telling sign of Perey's commitment to Naessens's work was the letter he wrote to support Naessens's application for landed-immigrant status in September, 1972. Emphasizing to the government the need for new and imaginative approaches to the search for a cancer cure, Perey extolled Naessens's contributions to the field, ending: "The scope and insight which Mr. Naessens has brought to this area of research potentially stand to benefit mankind and may be a source of pride for Canada." Apart from helping to secure landed status for Naessens, this letter – a solid endorsement signed by an orthodox medical researcher – augured well for the future. Or so one would think.

Just over two years later, Perey wrote another letter to Naessens, enclosing with it a copy of his final report to the Macdonald Stewart Foundation. The report rejected the somatid theory and Naessens's notion of bolstering the immune system to fight cancer. Even so, Perey tried to reassure Naessens that the report was not a condemnation of his work. Rather, he wrote, "We have come to different conclusions and interpretations based on the scientific evidence which we have gathered, although in many instances we have observed iden-

tical or similar phenomena as you have."

What had happened to change Perey's mind?

Late in 1972, Perey had been assigned other duties that effectively ate up the time needed to run the Naessens study. The day-to-day running of the project was passed on to a husband-and-wife team of researchers who were not in the least interested in proving the overarching theories Naessens had sketched. They were interested only in one large form of

inventor, a dedicated biological scientist, is doing, and can do, be totally reviewed. I am convinced that he is an authentic genius and that his achievements cut across and illumine some of the most pertinent areas of medical science. If the review of his work is confirmatory, this man should be brought to New York and given unlimited support and facilities to continue his research."

Dr. Brown returned to Rock Forest with an oncologist and a microscopist

The patients of Naessens who testified, said a critic, "simply don't know the difference between feeling healthy and being healthy"

the somatid cycle that had been described as a bacterium by German researchers who had isolated it in the 1930s. The couple wished to study claims that this particular form had an effect on rheumatism.

So although all future reports to the foundation on the Naessens project were still signed by Perey, their content was now a product of the new researchers, who did not accept Naessens's explanation for what they observed in live blood through the somatoscope. They dismissed the stages of the somatid cycle as "artefacts" produced by mistake during the process required to observe them. Perey, caught between two camps, wrote to Stewart that "microbiological dogmas are so entrenched in the couple's minds that they do not allow themselves the luxury of challenging them." More than that, however, he could not give.

After the McMaster stonewall, Naessens grew sceptical about the chances of the medical establishment's ever confirming his views – though his hopes rose briefly again in 1974 after Dr. Raymond Keith Brown, a consultant for New York's Memorial Sloan-Kettering Cancer Center, visited Rock Forest. Brown sent a memo to the centre's director and top staff about Naessens: "What I have seen is a microscope that reveals with spectacular clarity the motion and multiplicity of pleomorphic organisms in the blood which are intimately associated with disease states. The implications... are staggering.... It is imperative that what its

from Sloan-Kettering; the three eventually drafted and signed a second and longer memorandum that reiterated the first. These two memos generated much excitement among the hierarchy at the celebrated centre until someone noticed that Naessens's name appeared on the American Cancer Society's blacklist. Immediately, the memorandums were repudiated, the concerns of cancer bureaucrats outweighing the first-hand observations of expert scientists.

In August, 1980, Naessens supplied 714-X to Dr. Gaëtan Jasmin, a professor of pathology and medicine at the University of Montreal, who was willing to embark on the standard animal-control test, injecting 714-X into cancerous and noncancerous rats. He found that the compound had no effect on the rodents' tumours, and his results were reported in the Macdonald Stewart Foundation literature in 1982. But Jasmin had refused to follow Naessens's protocol for use of the drug. He had injected the medicinal into the tumours themselves rather than into the lymphatic system, a procedure he had decided was impossible. Jasmin had treated 714-X as if it were a standard anticancer drug that essentially poisons either the cancer or the patient. Naessens's whole-terrain approach was designed to treat the symptom via the cause – the diametrical opposite of orthodox oncological approaches.

And so Naessens's reputation continued to be vilified among the cancer re-

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searchers – which may have served only to recommend him to the desperate underground of cancer patients. Through the 1970s and 1980s, more and more people flocked to Rock Forest, hoping for a personal miracle. And doctors began to come, eager to learn more about Naessens's new biology. Fully aware of the penalties for practising medicine without a licence, Naessens was not capable of turning away anyone who needed help. The suffering were taught to inject themselves with 714-X, or referred to doctors who were willing.

All this action was not lost on Augustin Roy, the head of the Quebec Medical Corporation. In his eyes Naessens had been a marked man the moment he had arrived from France; David Stewart's patronage had angered Roy but had also caused him to proceed with caution. In 1984 Stewart died suddenly. On December 13 of that year, the police and officers of the Quebec Medical Corporation raided Naessens's house and laboratory, seizing vials of 714-X and some 150 medical files. Out of that raid came the charges that would bring Naessens to trial in the Sherbrooke courthouse in 1989. He seemed doomed to the hinterlands of science.

I first travelled to Rock Forest in January, 1992, taking with me a friend who would be termed a high risk for cancer: his mother and one brother have died from the disease; his father and another brother are currently undergoing treatment for it.

An unlikely spot for a revolution in science, from the outside Naessens's laboratory looked like any other summer cottage. At -18°C, however, it was not summer, and the snow crunched and squeaked as we walked towards the second of two cottages in the compound. An informal seminar for two American MDs was being held that day, and we were invited to attend. Two guard puppies yelped, and tried to lick our faces, as Daniel Sdicu, one of Naessens's four stepchildren, opened the door.

Inside, in a room bare but for a long table and chairs, Naessens stood to greet us. Tall and imposing – even his stepchildren refer to him as "Monsieur Naessens" – he was formally polite. Introduced to the two doctors from Vermont, we sat quietly and listened. One of the

doctors, Bradford Weeks, interpreted Naessens's French for the other, a gaunt, worried-looking man. Part of the discussion in progress involved a new modified version of the somatoscope that Naessens calls an "ultramicroscopic condenser," which – attached to any optical microscope and for a modest \$3,000 – will enable a doctor or scientist to perform basic aspects of blood analysis according to the somatid theory. The rest covered what was to me by now familiar ground, with

blob had started life as a bit of muscle tissue he'd taken from a living rat, injected with a concentration of pure rat somatids, sealed in a sterilized glass jar under vacuum, and then put on his lab windowsill back in 1978. "Ever since," he added, "the cells have continued growing."

"Great," the doctor laughed uneasily. "Grow your own hamburger."

What everyone was really here for, however, was to see his own blood un-

An eminent Canadian oncologist has recently agreed to test Naessens's theories, an action that could jeopardize his career

Naessens acting the strict but fair teacher.

Then we crunched fifty yards through the snow to the older, main cottage. Inside this neat and tiny house – clearly Naessens's home – we removed our boots, were given woollen slippers to wear, and were shown into a sitting room whose most prominent feature was an illuminated shrine to the Virgin Mary. In one corner of this otherwise ordinary room a staircase led down. At the foot was a real if somewhat antique laboratory: test tubes, retorts, specimen tubes, the lot. To one side, dominating everything, was the somatoscope. Looking like a cross between an ordinary large optical microscope and the inside of an old television set, the revolution in microscopy was definitely complicated. A metal box labelled Helium-Neon Laser was attached to one side and a small video camera to the top; a web of wires ran to other contraptions below and behind it; there was a computer to the left, and some high-tech electronics connected to a monitor and Super VHS machine on the right.

Wandering down the long narrow room, with its panoramic views of the Magog icescape, I came across a strange fleshy pink blob under clear viscous liquid in a sealed jar, like something left over from a David Cronenberg movie. I asked the worried-looking Vermont doctor what it was. He peered closely at the slimy bolus and eventually replied, "I don't know, but whatever it is it's alive." Naessens cheerfully explained that the

der the unique microscope. First taking a sample from Dr. Weeks – washing his hands, sterilizing the doctor's finger with alcohol, then taking the crimson pinprick onto a slide and covering it with a sliver of glass – Naessens moved to his extraordinary device, flipping switches, positioning the slide, peering through the eyepieces. After focusing, he flipped another switch and the nearby monitor suddenly revealed what he was seeing.

Tiny starlike dots pulsed and danced around brilliant circles that were, the biologist explained, red corpuscles. An awed silence followed, then gasps of amazement – there was a singular beauty to this spectacle. Carefully shifting the slide around – the tiny pinprick of blood at 20,000 X like a hot tub full of stars – Naessens explained the various forms we saw in normal and healthy living blood, untreated, unstained.

Then it was the worried doctor's turn. There was the wait as the slide was prepared. But this time the blood looked distinctly different: the level of pulsing somatids seemed greatly reduced, and the later forms of the sixteen-stage cycle were clearly present, some great twisted shapes, bars, and curious blobs with filaments. "This is so strange," the doctor murmured, "seeing your own blood. I mean, your own blood alive." Naessens scanned the sample more thoroughly than he had Dr. Weeks's. He asked if the doctor had been suffering from fatigue (he had) and the doctor in turn asked a few questions ▶

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about AIDS that seemed to indicate the source of his worry. Avoiding any explicit diagnosis, Naessens told him that there was definitely a stress on his immune system and that he should cut down his workload, rest more, and put himself on a strict diet — no red meat, no dairy products, lots of fresh fruit and vegetables. Then get his blood checked again in a month or so.

The man's mounting gloom was contagious; it also seemed a rather private moment to have strangers present, so my friend and I left, arranging to come back the next day. Neither of us could shake the image of that doctor faced with a picture of his mortality.

The next day it was my blood Naessens looked at first. With sweaty palms and a knotted heart, I waited until the video monitor was flipped on, seeing — that universe of stars and red corpuscles like jostling balloons. Naessens moved the slide, pointing out forms, each one of which had me asking if that meant cancer. But no, all was as it should be. Be-

yond an apparent indication of iron deficiency Naessens saw nothing amiss. Once I was able to relax, there was something inexpressibly thrilling about the play of the elements in living blood, my blood — something fundamental.

But the mood was shattered. My friend's blood appeared next on the monitor. The red corpuscles seemed more frail, less defined. And stretching across the screen, coiled and serpent-like, was the last form in the sixteen-stage cycle — the "thallus," the discarded shell that has expelled new somatids. As Naessens moved the slide, indicating other forms from the complete cycle, my friend paced the lab in shock and fear.

Naessens continued to scan, pointing out forms, one of which — a circular shape with waving snake-like protrusions that he termed the Medusa head — seemed busy surrounding "intruders" or seemed at least very busy. "Ask your most eminent haematologists what *that* is," Naessens told me. "They cannot answer."

When my friend emerged from a prolonged and silent spell in the washroom, Naessens assured him that all this activity showed that his immune system was

fighting, certainly, but in good shape. The somatid level was still relatively high, and the presence of the Medusa heads indicated an aggressive response to some form of stress. My friend then told Naessens his family history, but the biologist still resisted any diagnosis, and advised him to follow the same regimen of diet and relaxation he'd recommended for the doctor the day before.

Augustin Roy had accused Naessens of furtive and covert work, but Naessens was hardly secretive, his lab and files patently open to anyone who was interested. No-one was getting rich here either. When I asked if he'd supply 714-X free to anyone willing to perform standard animal tests he immediately said yes, providing the tests were carried out according to his protocols, the compound injected intralymphatically and not into the tumours or the blood. 714-X, I learned, cost just over \$300 for a series of twenty-one shots. In Canada, because of his problems, Naessens was giving it away to any physician who asked for it through official channels. As of October, 1992, 210 MDs across the country were administering it to patients, admittedly on compassionate grounds, in most cases, and at their patients' request.

In retrospect, what impressed me most during this first exploratory visit was the devotion of Naessens's stepchildren. Only in Rock Forest did I learn that their mother, Françoise, had died of a rare fungal infection just four months earlier. (It was one of those horrible ironies that Naessens, who had helped so many people in endgame situations, had been unable to help his wife.) Her children's faith in their late mother's strange and brilliant husband seemed absolute. That two of his stepchildren had degrees in biology said more for Naessens than any other fact of his life.

Shortly after we left, my friend's anxiety gave way to rage. How could I have subjected him to this? How could Naessens be so irresponsible as to put anyone through such an ordeal? Before we drove home we went back to Naessens again, who went out of his way to reassure my friend that the apparent stress affecting his bodily system could easily be corrected at such an early stage. Hearing, once again, about the diet he should follow, my friend just groaned, "But what's left to eat?"

Never did a man follow a diet so religiously as did my friend over the next ▶



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Blood Feud

three months. And what I did, almost as religiously, was take the video tape of our blood and a description of Naessens's theories to anyone I thought might help me judge them.

Calling Tak Mak, head of cellular and molecular biology at the Ontario Cancer Institute, and one of this country's most eminent cancer researchers, I was surprised to find him unwilling even to hear an account of Naessens's work. "It doesn't sound kosher," was all he said, adding that blood wasn't really his field anyway. He referred me to a leading haematologist at the OCI, Dr. Mark Minden, who reluctantly agreed to meet me and view the video tape shot through the somatoscope.

Arriving early, I found Minden rummaging around his tiny cluttered office in jeans and sneakers. He claimed to have forgotten the appointment; he then left the room on the lookout, he said, for a VCR. He came back half an hour later, without the equipment and parently hoping that I'd be gone. Instead I suggested that the nation's finest cancer-research hospital might have an audiovisual department. Muttering about grant applications that needed his urgent attention, he finally led me up many stairs and down many corridors to a cupboard possessing a monitor and a VCR into which I plugged my tape.

What were the somatids? I asked. Platelets or proteins in Brownian motion, he replied, but I could see that something on the tape fascinated him. Did he ever study live blood? No – or very rarely – was the answer. The electron microscopes and ordinary optical microscopes he used required fixed and stained blood.

To prevent his running out of the cupboard – he hopped from foot to foot like an athlete about to make the hundred-yard dash – I fast-forwarded to my friend's blood, asking him about the difference between the samples. Well, he said, this blood was obviously in an advanced state of clotting. When I assured him that the sample had been taken under the same circumstances as my own, he pointed out that blood clots at different rates, though he'd have to look at it under the electron microscope to be sure of what he was seeing. What were the large coiled forms that Naessens identified as the final stage in the somatid cy-

cle? Fibrin, he said, a protein that forms when blood begins to clot. Why was there none of it in my blood sample, even after ten minutes of watching? He had no answer to that.

What Minden couldn't attribute to clotting he called "artefacts" – a scientific way of saying "bits of stuff." The term in microscopy also implies structures that are accidentally created in the human handling of the sample on the slide. We looked at the Medusa head – the form Naessens had told me to show to a top haematologist. He would have to stain and fix it to see if it had a nucleus, he said, before he could comment; it was the only artefact that seemed to shake his certainty.

I then showed him a diagram of Naessens's somatid cycle, which he dismissed outright. As I left Minden I thought, well, at least when pushed into a closet he was willing to look.

It took a while to find a doctor with an orthodox scientific background who was willing to stand up for Naessens. Dr. Dietmar Schildwaechter is an MD and medical PhD who was a longtime faculty member of the University of Pennsylvania School of Medicine, the oldest medical school in the U.S. One of his special fields was early cancer detection; he left the university to take over the Ratzenburg Klinik für medizinische Rehabilitation, one of the world's most advanced cancer-rehabilitation centres, in his homeland, Germany. He now operates an office in the District of Columbia consulting in preventive medicine and oncology while continuing to care for patients in Europe.

Schildwaechter came across Gaston Naessens in 1990 after discovering they were both treating the same "celebrity" patient, a "relative of George Bush." In 1986 the woman was diagnosed with "one of the most devastating cancers: an oat-cell carcinoma of the lung that had metastasized to the brain, the adrenal gland, and the tissue between the lungs," says Schildwaechter. She and her husband had investigated the available treatments and discovered that for such a cancer there was no statistical survival after three years, though the rare individual did survive. Electing to go to the leading clinic in Bonn, she received chemotherapy, radiation, and various other primary treatments that brought the disease under control. Then she was referred to Schild-

waechter, who kept her on a maintenance programme, employing frequent cancer and immune-system profile tests developed by Dr. Emile Schandl, a Hungarian-born research biochemist and geneticist who lives in Florida.

The monitoring-test results – immune parameters, complete blood count, differential count, blood chemistry, and so on – were computerized, giving, over the years, some of the most exact documentation of the results of the treatment of this illness that exist. "At the end of 1989," Schildwaechter says, "her blood sample arrived and its values had changed remarkably. The immune-system values had improved drastically. We had always seen a slight activity from her cancer – which we'd kept in remission – now it was down to zero. There were also two other markers that could not be done during this testing because, as our lab said, of something like chemical interference in her metabolism." Schildwaechter called the couple to find out if something had been going on and found out that they had visited Naessens in Quebec, where the man had been taught how to give his wife injections of 714-X. "They did not want to tell me because they thought I might not approve." They needn't have worried.

Schildwaechter finally met Naessens at a seminar held at Sherbrooke in 1991, and he unreservedly accepted Naessens's theory. At medical school in Europe he'd learned about Béchamp and others "basically excluded from medical schools over here. We were prepared for something like this," he says. "I knew there was something in the blood we'd not been able to diagnose, and I realized that Naessens had discovered and identified what others had only partially seen."

The resistance to Naessens's work from orthodox practitioners was only to be expected. Schildwaechter himself had been "a totally orthodox, tunnel-vision MD who didn't want to look at anything out of the mainstream" when he had been at the University of Pennsylvania. But then as he practised he had begun to feel increasingly frustrated with the limits of his profession: "I had the most modern hospital, I could purchase the best equipment, yet I was still unable to monitor what I wanted." In his spare time Schildwaechter travelled the world visiting medical centres and studying their techniques for monitoring blood, finding that none of them, from Britain ▶

Blood Feud

to the Philippines, had the specificity and sensitivity that he required. "I could not in all conscience tell my patients that they were free of cancer after a monitoring test that was only sixty-five-per-cent accurate."

Then he met Schandl and, in a sense, defected from regular medicine: "Colleagues I had worked with for years were not even willing to discuss this stuff, even though Schandl was a leading biochemist and his test results were couched in all the proper forms." In Schildwaechter's view, his colleagues' excuse for dismissing Schandl's testing was that it was too complicated and impractical for ordinary labs to achieve. The real reason, he believes, was that Schandl's tests could document the workings of alternative therapies that regular medicine had long dismissed and violently resisted.

The future of medicine in Schildwaechter's eyes lies in prevention, and the essence of prevention is a greater understanding of the workings of the immune system and the development of methods to detect telltale signs of imbalance long before symptoms appear. Combining, as he now can do, Schandl's tests with Naessens's somatoscopic monitoring, and something known as cell-milieu medicine – which determines the patient's exact needs for trace elements, amino acids, and vitamins – Schildwaechter claims tremendous success with his German practice in detecting and correcting imbalances that would lead to degenerative diseases. (He hesitates to practise in the U.S. for fear of Naessens-style prosecutions.) "Cancer," he announced with absolute conviction, "has become a truly preventable disease if we would only employ these blood tests."

"The number-one cancer today is breast cancer, so we tell women to have mammograms after forty. But regardless of how modern the equipment, there is still a high false-negative ratio. And by the time the mammogram detects something, we've lost two years during which we could have prevented the cancer if the somatoscopic blood scan and the biochemical blood tests had been used."

Naessens's day is coming, insists Schildwaechter: "A number of oncologists are impressed with his work, even if they won't admit it at the moment." He sighs, and adds, "Szent-Györgyi, the discoverer of ascorbic acid and one of the great Nobel laureates, remarked that whenever you pioneer something you first have to real-

ize you may be called a quack. But the Establishment will check you out, and if they find your discovery useful it will be accepted through the 'back door' – certainly without giving credit to the pioneer."

After three months' effort I did find two cautiously curious souls who were willing to look at the material through the back door and very much off the record. Even more off the record, they described Naessens's work as interesting, but hesitated

"When you pioneer something you'll be called a quack. If the Establishment accepts the discovery it'll be through the back door"

about coming to Rock Forest with me to see the somatoscope in action. Finally I found a young microbiologist, Jacqueline Conant, then working as an associate scientist with the Robert Wood Johnson Pharmaceutical Research Institute in Toronto, who was intrigued (and professionally brave) enough to make the trip with me – and one very nervous friend heading for his second appointment with his own blood.

The moment Naessens had drawn the blood in question and turned to slide it into the jaws of the somatoscope, that friend was heading up the stairs. Naessens flipped on the monitor, revealing a vastly improved picture. He laughed and shouted "*C'est meilleur!*" calling my friend back. The full cycle of somatids was no longer evident, and the red corpuscles seemed more defined, more robust. The fast-clotting blood, as Dr. Minden had described it, had changed its nature in three months.

Next Naessens showed us a video tape of blood from a patient with very advanced cancer. If normal blood had a sparkling beauty to it, this murky broth of filaments and tendrils had something deeply depressing about it. All the sixteen stages in the somatidian polymorphic cycle were clearly visible, floating like wreckage in the blood. I couldn't see anything resembling red corpuscles and asked Naessens if this were so. He pointed them out – bubbles filled with grit, their edges jagged filaments.

Then Naessens played a tape of the same patient's blood after three months' treatment with 714-X; after six months and a year. The progress was clear and dramatic. From what looked like Keats's last cough, the final tape revealed that bright dancing universe I'd come to recognize as life and health. My friend was cheered, more at seeing what diabolically cancerous blood looked like than at this unknown patient's restoration to health.

Jacqueline Conant had looked at eve-

rything with obvious fascination, asking many questions in tolerable French, but it was only on the way back home that I was able to find out what had been going on in her mind. "It was like entering the last century going down there," she said. "It reminded me of Banting and Best's lab at the U. of T. Then in the middle of it all, there's this fear of high-tech engineering through which he is able to make some truly remarkable observations." But what did she think he was seeing?

"It's never been possible to see these particular entities before – and I call them entities because they do appear to be living. What's their nature?" she asked. "They could possibly be fragments of genetic material, all right, but what exactly is their biochemical structure?"

One of the things Naessens had shown her was an electron-microscope photograph of a sectioned somatid taken at 140,000 X; it resembled something Norval Morrisseau could have painted. "I've never seen anything like it," she said, choosing her words with great care. "I certainly didn't recognize it to be of viral origin. It had definite structure, not structure as we normally know it, with a nucleus. But, there was definite order to this particular structure."

Could it be, as Naessens maintained, a precursor to DNA? After a long silence, Conant replied, "It is conceivable. It's the particular building blocks of DNA that one has never yet been able to visual- ▶

Tomorrow

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Blood Feud

ize. In the electron microscope we've seen certain genetic fragments, chromosomes - the structures are fairly well elucidated." A mighty pause. "I have trouble with that term *precursor*, but I suppose, yes, it is conceivable." Then, with passion: "There are so many tools around today that we would be able to elucidate a lot of Naessens's work, and yet the exciting thing for me is the extraordinary power of that particular microscope."

For microbiologists such as herself, she said, "it would certainly permit better patient management and therapeutic monitoring. There are really all kinds of exciting applications for such a device both diagnostically and academically." She paused again, and frowned thoughtfully. "He was certainly able to show that many of the various examples of forms in the blood are quite disease-specific." Naessens had shown her still photographs of somatid forms in the blood of AIDS, cancer, and multiple-sclerosis patients.

I told her Dr. Minden had described most of the forms as artefacts, and asked if the term did mean "bits of stuff." She laughed and said it did. But where did the stuff come from, I wondered, and why was there such a regular pattern in its forms? Could it all be the result of human handling of the samples? She looked at me, gauging how far she wanted to go in her answer, and then, apparently, decided to jump: "There was very little manipulation between taking the blood, making the slide, and then viewing it. That's why there has to be something in it, and it certainly warrants further study. But it's so foreign to the accepted dogma, you know, that it's going to be a hard sell."

Perhaps Naessens will live long enough to see a front-door vindication of his life's work. In 1990, after receiving the positive results of nontoxicity tests, Health and Welfare Canada agreed that 714-X could be supplied by Naessens to doctors whose patients were suffering from terminal cancer. Doctors have to apply to Ottawa, where authorities may try to talk them out of using it, but such requests now cannot be refused. Naessens's frustration lies in not having approval for the medicinal's use in the early or precancerous stages of the disease, where he thinks it might be of the most use. But even with terminal patients he has begun receiving reports indicating that 714-X helps re-

lieve pain and restore energy during a patient's final days or weeks.

As far as his troubles with the Quebec medical authorities go, they've resulted in a temporary draw. Naessens and his lawyer, Conrad Chapdelaine, decided to fight back against the eighty-two counts that were laid after his first trial. They countersued, issuing subpoenas to Augustin Roy, among others. The medical college replied with a plea-bargain offer, and in the end dropped seventy-two of the counts and reduced Naessens's fine to \$5,000. Naessens and his lawyer regarded the outcome as a technical victory, and so far there have been no more initiatives on the part of the authorities.

There is also growing interest in Naessens's approach to AIDS; he was invited to the controversial conference on alternative treatments held in Amsterdam last May - also attended by Luc Montagnier, the French scientist credited with discovery of HIV. In Europe, the Philippines, New Zealand, and Australia, physicians are using 714-X, and researchers, covertly and overtly, are investigating his work. Daily, results come in - favourable and unfavourable - the conclusion being that 714-X does work most effectively when the immune system has not been totally wrecked by disease. This has always been Naessens's contention. And as the new biology and the new medicine emerge, the textbooks will be rewritten, as they always have been, this time the emphasis shifting from cure to prevention. An eminent Canadian oncologist (whom I will do the courtesy of not naming) has recently agreed, after visiting Rock Forest at my suggestion, to supervise certain tests to validate Naessens's somatid theory, an action that could jeopardize his ~~career if published~~. In the U.S., an independent study on 714-X using human patients, sponsored by Charles Pixley, a millionaire from Rochester, N.Y., has been under way since last May.

In the Eastern Townships the man who may well be recognized one day as a Galileo or an Einstein continues the work he has devoted half a century to, seemingly unconcerned by the fuss, the orthodox hostility. He works in silence and concentration in his laboratory, its windows on the Magog showing a landscape scarcely changed since the glaciers retreated. Others have begun to praise him, but he himself might be content to live by a line from Paracelsus: "I pleased nobody except the people I cured." ■

THE WHITE HOUSE
WASHINGTON

December 30, 1993

David L. Rosenbloom, Ph.D., Director
Join Together
441 Stuart Street
Boston, MA 02216

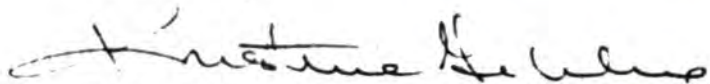
Dear Dr. Rosenbloom:

Thank you for your letter of December 3 and the report and recommendations, **Health Reform for Communities: Financing Substance Abuse Services.**

I have a special concern that is touched on in your monograph, which is the issue of substance dependency as a risk factor in HIV/AIDS. Getting the maximum number of individuals in need of chemical dependency treatment into effective treatment programs is important as an HIV/AIDS prevention practice.

I plan to continue to work and advocate for these services and appreciate the fact that groups like yours are doing such an excellent job of documenting their importance, and building the kind of community support that will be necessary for the task to be accomplished.

Sincerely,



Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator



441 STUART STREET
SIXTH FLOOR
BOSTON, MA 02116
TEL (617) 437-1500
FAX (617) 437-9394

David L. Rosenbloom, Ph.D.
Project Director

Cecilia Dawkins, Ph.D.
Deputy Director

Janice Ford Griffin
Deputy Director

December 7, 1993

Ms. Kristine H. Gebbie
National AIDS Policy Coordinator
Office of the National AIDS Policy Coordinator
Executive Office of the President
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500

George
Bob
need thank you -

Dear Ms. Gebbie:

Substance abuse is the most important public health problem facing America's communities. That is why health reform for America's communities must include coverage for treatment of drug and alcohol problems.

There are more than 2,500 community coalitions fighting substance abuse across the country. Many are located in your state. These groups asked Join Together to convene a panel of citizens and experts to make recommendations on how substance abuse services should be financed.

The panel's report and recommendations, **Health Reform for Communities: Financing Substance Abuse Services**, is enclosed. The report makes the case for including substance abuse treatment in any health plan that passes Congress.

When individuals are treated for most illnesses or injuries, they are the principal beneficiaries. When individuals receive treatment for drug and alcohol problems, they and the entire community are the beneficiaries. They are more likely to keep or get jobs. They, or their children, are more likely to go to school ready and able to learn. And we are less likely to be victims of related crime and violence.

The panel, chaired by Kathryn Whitmire, the former Mayor of Houston, heard testimony that alcohol and drug abuse prevention and treatment are effective, and an essential component of any overall health care cost control strategy. Annual costs to society from untreated alcohol and drug abuse now exceed \$160 billion. The panel concluded that ensuring a treatment benefit for substance abuse at less than \$15 billion per year will reduce many of these costs.

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PUBLIC HEALTH.

Copies of this report have been distributed to thousands of community leaders throughout the nation. We have suggested that these leaders hold their own local forums, to discuss the specific substance abuse services needed in their cities and towns. We hope that you will accept invitations to attend these forums, and learn more about this important issue. Your leadership is crucial in making that appropriate coverage for alcohol and drug treatment is included in health care reform.

Sincerely,

A handwritten signature in cursive script, appearing to read "David R.", followed by a long horizontal flourish.

David L. Rosenbloom, Ph.D.
Director

Enclosure: as

THE WHITE HOUSE
WASHINGTON

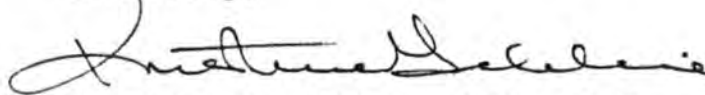
December 20, 1993

Jules Greenberg
P.O. Box 9381
Charlotte, NC 28299-9381

Dear Mr. Greenberg:

Thank you for your letter requesting a copy of my photograph. Unfortunately, I do not have one available.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine M. Gebbie".

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator



DEC 15 1993

12-8-93

Dear Miss Libbie
May I please have an
8X10 autographed photo of you
for my collection

Thank
Jules Greenberg
P.O. Box 9381
Charlotte NC 28299-9381

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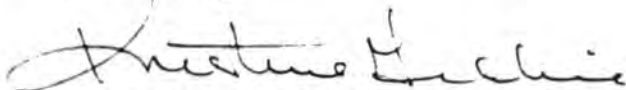
December 20, 1993

Hazel Jarrell, Acting President
Kentuckiana People with AIDS Coalition
3805 Hobbs Road
Kevil, KY 42053

Dear Ms. Jarrell:

Thank you for the invitation to attend the Kentuckiana People with AIDS Coalition board meeting in February 1994. I appreciate your patience in awaiting a confirmation, but, unfortunately, my schedule does not permit me to travel to Kentucky. I support your work and I am happy to help you in some other way.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristine Gebbie".

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

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□
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FAX: 502/574-5497
1-800-676-5490

□
Lexington:
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Lexington, KY 40555-4411

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P.O. Box 109
Owensboro, KY 42302
502/686-8883

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Paducah:
Paducah Support Group
502/462-3828

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DEC 14 1993

December 9, 1993

Ms. Kristine Gebbie
National Aids Coordinator
2000 Independence Avenue
Washington, DC 20201

Dear Ms. Gebbie;

The annual board meeting of Kentuckiana People With Aids Coalition (KIPWAC) was held last Saturday, December 4, 1993. We had several guests present. The video tape which you sent was a highlight for the day. We appreciated the support you extended to us and your time in preparing this tape.

We elected seven members to the Board for 1994-1996. The other eight members term runs until December 1994. I was elected to another two year term and look forward to working with you and all people to make things better. We elect our officers for the Board February 12, 1994. We do not elect officers at the same meeting. This gives time to be familiar with all members on the Board and to give each person the opportunity to serve where needed.

We look forward to your visit with us in February. Mr. Lee has worked with me very diligently in order to accomplish this. I am very excited about your visit and have informed Mr. Jamie Rittenhouse, Interim Executive Director about your possible plans. We will proceed with further arrangements when this visit is confirmed. We would be most happy to work with you if it becomes necessary to change the date, time, or location. We fully realize how busy you have been and appreciate your hard work.

Our World Aids Day Awareness programs were most successful all over the state. Your interview was very good on the Today program and helped to keep this day special. Lexington had about 350, Louisville 300, Owensboro 200 and my hometown of Paducah had 60-65 people present at City Plaza, held outside. This was our first World Aids Day observance ever held. The number may not sound that great but it was wonderful.

Thank you again for the tape and I look forward to seeing you soon.

Hazel Jerrell

Hazel Jerrell,
Acting President KIPWAC
3805 Hobbs Road
Kevil, Kentucky, 42053

KIPWAC

KENTUCKIANA

PEOPLE

WITH

AIDS

COALITION

THE WHITE HOUSE
WASHINGTON

December 20, 1993

Mr. Martin Delaney
Founding Director
Project Inform
1965 Market Street, Suite 220
San Francisco, CA 94103

Dear Martin:

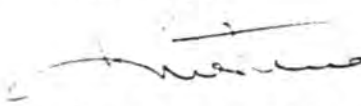
Thank you for your letter of December 6th regarding the diversity of participants in the Future Directions in AIDS Research (FDAR) meetings. I appreciate your trying to clarify some of the misunderstanding that exists out there.

Members of my staff attended the most recent meeting of the Community Constituency Group (CCG) here in Washington and heard forcefully and unequivocally from a large number of people that there was deep concern about the limited diversity in participants at the November FDAR meeting.

Please give me a call at your convenience to discuss these concerns. As we go forward, the "Inclusiveness Subcommittee" of the CCG might well designate a representative to attend subsequent FDAR meetings. All groups you list in your letter can also be challenged to seek more diversity among the representatives they send to FDAR meetings.

I look forward to hearing from you soon.

Sincerely,



Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

PROJECT inform

Buck
Andrew
Terry

fen
Buck - draft
reply

Kristine Gebbie
White House Office of AIDS Policy Coordination

December 6, 1993

Dear Kristine,

I understand from members of my staff that Rochelle Rollins has escalated her complaint about the makeup of the FDAR meetings. While I understand her legitimate concerns, I believe that a great deal of misinformation is being brought to bear on this issue. To wit:

- The meeting, by design, has always been described as simply one preliminary step in the creation of policy options, not the last step. From the beginning, the explicit plan has been to take resulting proposals back to the community for wider circulation.
- By our count, several people of color were in fact included in the meeting, included Moises Agosto of the National Minority AIDS Coalition, Dr. Irvin Chen, and Dr. Flossie Wong Staal. Dr. Larry Brown of the Harlem Hospital was invited and had accepted his invitation, but withdrew at the last minute due a family emergency. Accusations that we deliberately failed to send him directions to the conference center are complete nonsense.
- As you know, other groups represented at the meeting included AMFAR, GMHC, TAG, AIDS Action Council, Pediatric AIDS Foundation, Human Rights Campaign Fund, the Committee of 10,000, ACT-UP (two chapters), Parents of People with AIDS - hardly an exclusionary list. There is little alternative to working through such representative groups, rather than seeking specific individuals.
- As stated from the beginning, the purpose of this meeting was to bring together a group of people, primarily scientists, who had made express policy suggestions in public regarding basic biomedical science or who had concerns in this area. The scientists, quite correctly, initially requested that we limit the activist contingent to no more than 4 people, and that these be people who were the most deeply involved in basic science issues. Few people would debate who those activists are.

Any effort to demand that all meetings include all people or even all groups makes little sense and is a sure formula for the kind of dysfunctional meeting process which has plagued AIDS research in recent years. Much of the debate about this particular meeting is based on misinformation about the makeup of the meeting and misunderstanding of its purpose. While full inclusion is an appropriate governmental goal, it will always be a overall process goal rather than an objective which can achieved in every single meeting. That's why we have multiple meetings on every subject. Surely, there have been dozens of meetings which have been held exclusively with various interest and ethnic groups, including people of color and women's groups, around AIDS, and this is likely to continue. We urge you to avoid overreacting to this complaint. We believe it is unfounded, yet if unduly heeded, threatens to disrupt the work and progress which already have taken place.

Sincerely,

Martin Delaney

Founding Director, Project Inform