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001. resume	[Personally Identifiable Information] [Partial] (1 page)	11/10/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3768

FOLDER TITLE:
December Chron Files 1993 [8]

2018-0756-F
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RESTRICTION CODES

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

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

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

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

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

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Mr. Bennett Balmer
Administrator
Betak Nursing Home
7141 McCallum Street
Philadelphia, PA 19119-2937

Dear Mr. Balmer:

Thank you for your recent letter and its detailed information on your program. I am sorry that my schedule did not permit a site visit to Betak on my most recent visit to Philadelphia.

I would be interested in seeing the program on a future trip to Philadelphia, and have requested my Scheduler, Steve Lee, to assure that we consider such a visit the next time I'm in the area.

Best wishes for the holiday and the year ahead.

Sincerely,

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

cc: Steve Lee

Betak

7141 McCallum Street
Philadelphia, PA 19119-2937
Telephone: 215-242-5332
Fax: 215-242-3184

December 5, 1993

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

Dear Ms. Gebbie:

After my telephone discussion with Dr. Lawrence, I was quite disappointed to hear that you were unable to site visit Betak. Our facility a skilled nursing and residential personal care home for people with AIDS is one of four AIDS nursing homes in the United States.

Located in a residential neighborhood in Mt. Airy, Betak combines a homelike setting with specialized nursing care. Our residents come from all walks of life. Their ages have ranged from 23 to 56. Recent reports reveal that, at any given time, as many as 90% of the residents have exhausted their financial resources, 40% would have no other home if Betak didn't exist (their alternatives are shelters or the streets), 20% of the residents are female, and 80% are African-American.

Since opening its doors in January 1992, Betak has provided residential nursing care for more than 170 men and women living with AIDS each with a story, a family, and a host of personal and medical needs. For each resident, Betak staff has tried to live up to the center's name, Hebrew for "to trust" or "to lean on."

As a demonstration project, we have shown that by providing skilled nursing care in a residential setting, our 43-bed facility can save society $7.4 million each year in government medical assistance payments and private insurance outlays.

This does not mean, of course, that our costs are completely offset by government and insurance reimbursements. To the contrary, this is such a new concept that, until recently, the state's medical assistance reimbursement to Betak was based on the rate for geriatric nursing home care, a far less costly form of care. Even now, we project that federal and state grants will cover 70% of our $2.7 million budget for 1993-94. During the last 20 months we have been able to give raises only after 18 months of service to Betak's staff. We are fighting the effects

of AIDS discrimination from people, vendors, professionals, services and governmental officials. However, we can no longer

fight without financial support. We need your assistance in our mission.

I sincerely hope that you will choose to find time in your schedule to visit our facility and hear our needs. I will be happy to set-up a visit at your convenience. If you have further questions regarding this letter please contact me.

Sincerely,

Bennett Balmer
Administrator

BB:bnm

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Roland M. Brewer
1212 Spruce Street
Martinsville, VA 24112

Dear Mr. Brewer:

Thank you for sharing your thoughts, and the articles on safer sex practices. I appreciate your interest in this challenging issue.

Sincerely,

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

'Safe sex' message is disaster in making

By AUSTIN SPRUILL

I AM WRITING in response to recent articles about the use of abstinence-based curricula in Roanoke County schools.

Since the early 1970s, our government has spent more than $2 billion to fund programs to promote contraceptives and "safe sex" among our teen-agers. What we have to show for this expenditure is an epidemic of sexually transmitted diseases. Each year more than 20 different such diseases infect 3 million teen-agers. Syphilis cases are at the highest level in 40 years. Of sexually active teens, 20 percent to 40 percent are infected with chlamydia, and 30 percent to 50 percent are infected with human papilloma virus that can cause genital warts and cancer. Add to this other problems associated with sexual promiscuity — abortions, infertility and infected newborns.

The cost of this epidemic is immeasurable, both in terms of human suffering and economic impact. This disaster has developed while billions have been spent on comprehensive values — free sex education. Unless we come to terms with the magnitude and consequences of this epidemic, sexual promiscuity will continue unabated, and millions of teens, thinking they are "safe," will suffer for the rest of their lives. Many will die of AIDS.

The only way to practice "safe sex" is to abstain from sexual intercourse until marriage and then have a monogamous relationship with an uninfected partner. Only an abstinence-based approach to the epidemic of sexually transmitted diseases will work. To depend on condoms to stem this epidemic is problematic for the following reasons:

■ The reported failure rate for condoms in preventing pregnancy is 15 percent to 20 percent. This is due to slippage, breakage or improper use. Given that the ability to contract a disease during "protected" intercourse is not limited to a few days during each menstrual cycle, the failure rate in preventing sexually transmitted diseases is even higher.

■ A sperm is 500 times larger than the AIDS virus. It has been reported that the intrinsic voids (i.e., holes) in latex condoms are 5 microns. The AIDS virus is only 0.1 micron. AIDS cases among 14- to 23-year-olds have gone up 72 percent in the past two years. Given these alarming findings, how can we ask our youth to trust his or her life to a piece of latex? Truly, the "safe sex" message is a disaster in the making.

Some say that an abstinence-based approach is unrealistic and unworkable. However, these programs have been successful because they show how detrimental it can be — physically and emotionally — to engage in premarital sex. Not all teens will adopt this approach, but it must be encouraged because it is the best solution to this pervasive problem. For those teens who insist on engaging in premarital sex, it is imperative that they be given accurate information about their risks so that they are making a truly informed decision.

Despite a 20-year effort to educate our youth about responsible sexual behavior and "safe sex," pregnancies, abortions and sexually transmitted diseases among our teens have increased significantly. Distributing condoms will not solve these problems, and will only lead to a false sense of security. For the sake of our children, as well as future generations, we must support abstinence-based programs. They teach young people to act responsibly and to show respect for one another, and we should encourage their use.

Austin Spruill, M.D., of Roanoke is a pediatrician.

Please, Please Read
Show to President Clinton if possible

Copy from Paper Enclosed!

FROM ROANOKE (VIRGINIA) TIMES & WORLD-NEWS (EDITORIAL PAGE JUNE 1993)

Dear Kristine Crabbie,

There is no "Safe Sex" as now promoted.
Surely you nor President Clinton want your
Name associated with a "fraud" and a failure

Roland M Brewer
126 Evans St, Martinsville, Va 24112

This would be a "frank"

Roanoke, Va

World-News, Saturday, Dec. 4, 1993 A3

IN THE NATION

AIDS ads will show condoms

The Clinton administration soon will venture where its Republican predecessors would not tread: It will unveil a national AIDS advertising campaign for young people that encourages condom use.

The ads mark a new era of frankness in AIDS prevention programs, health experts say.

"This is the first time you'll see a condom in a federally produced" public service ad, said Kristine Gebbie, national AIDS policy coordinator, in an interview following a speech Friday in Ann Arbor, at the University of Michigan School of Public Health.

The campaign has been kept under wraps to avoid "weird backlashes," Gebbie said.

— Knight-Ridder/Tribune

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Janie Carroll
330 17th Street, N.E.
Washington, D.C. 20002

Dear Ms. Carroll:

Thank you for writing to share you thoughts and concerns about safer sex practices. I appreciate your interest in this challenging issue.

Sincerely,

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

Cool down it will be a little better
I have had the dying of aids in
my family & I could never talk
enough & it happen to my family
& it is a hurting thing to see loved
sick it make you toward the
end & still no one is listening
I Wish you Luck & Success
Janie Carroll

Dec. 3, 1993
Capitol D.C. 20002

Mr Gebbie,
I Comend you for being here with
the Aid Foundation but until they
start using Safe Sex & I dont think
they will ever be a Cure. It is to
far Gone & they wont Stop having
sex everyone is looking for some
one to sex today Thats their whole
tack & it seems as tho until they

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Jack L. Dunham
Jean Ernst
108 Emerald Drive
Sequim, WA 98382

Dear Mr. Dunham and Ms. Ernst:

Thank you for your recent communication regarding your interest in dietary supplements. Since 1990, the Food and Drug Administration (FDA) has been authorized to allow health claims on dietary supplements and have interpreted this to require that they take whatever steps are necessary to assure that such claims are reasonably accurate and have some basis in fact as demonstrated by some kind of scientific studies. In my opinion, the FDA has done or said nothing that indicates they are interested in restricting the availability of the products; only the claims that are made on labels for such products.

Legislation under consideration in Congress proposes to substantially alter, and/or remove the responsibility of the FDA in this regard and the Department of Health and Human Services is working closely with Congress to try and find appropriate language which will allow us to meet three shared objectives: 1) continued availability of the products, 2) some degree of control over the accuracy of the information that is used to market such products, so people can exercise their freedom of choice on the basis of reasonably sound information, and 3) avoiding a regulatory burden that is not justified in order to protect the health of the public.

Since the HIV/AIDS community is my primary area of responsibility, I have been involved in this issue to protect the particular needs and interests of that community. As you know any product that has the potential to maintain health or increase immune competence is of particular interest to those with HIV infection and their advocates. At present, I do not believe that there is any threat to availability of dietary

supplements and I will do what I can to assure that it continues to be true. I also believe that, like any other individuals with life threatening illness, individuals with HIV/AIDS may be more vulnerable to claims being made for products that may have no beneficial effects and I am committed to insure that the information that they have is reasonably accurate--only with such information can freedom of choice be meaningfully exercised.

I appreciate your interest in this complex and vital area.

Sincerely,

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

108 EMERALD DRIVE
SEQUIN, WA. 98382
TELEPHONE/FAX (206) 681-2839

NATIONAL AIDS POLICY COORDINATOR
KRISTINE GEBBIE
FAX: 202-632-1096

DEAR MS. GEBBIE:

PLEASE ADVISE THE PRESIDENT TO SIGN THE DIETARY SUPPLEMENT HEALTH AND EDUCATION ACT BEFORE THE END OF THE YEAR.

IT IS VITAL TO US TO HAVE THE FREEDOM OF CHOICE IN OUR HEALTH DECISIONS, AND NOT MANDATED BY THE FDA/AMA AUTHORITIES. THEY LET BOOZE, TOBACCO, LEGAL, AND ILLEGAL DRUGS KILL, KILL, KILL, BUT WILL NOT ALLOW ME TO MAINTAIN GOOD HEALTH AT NOMINAL COST.

PLEASE ADVISE THE PRESIDENT TO SIGN THE DIETARY SUPPLEMENT HEALTH AND EDUCATION ACT BEFORE THE END OF THE YEAR.

SINCERELY,

JACK L. DUNHAN JEAN ERNST

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Anthony Sacatos, Co-chair
John Won, Co-chair
Conference of Peer Educators
John McIlveen High School HIV/AIDS Resource Center
351 West 18th Street, Suite 133
New York, NY 10011

Dear Mr. Sacatos and Mr. Won:

Thank you for the invitation to attend the "Youth Teaching Youth about HIV/AIDS" Conference of Peer Educators on Saturday, February 12, 1994. Unfortunately, my schedule does not permit me to participate.

I do, however, support your work. Please let me know if I can help in some other way. For instance, I am happy to prepare a video message for your conference participants or offer a letter of support. If either option is of interest to you, please contact Steve Lee, my Executive Assistant, at (202) 632-1090 for assistance.

Best wishes with your conference.

Sincerely,

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

CONFERENCE OF PEER EDUCATORS
"Youth Teaching Youth About HIV/AIDS"
Saturday, February 12, 1994
New York University Medical Center

November 10, 1993

Kristine M. Gebbie
National AIDS Coordinator
750 17th Street NW, Suite 1060
Washington, D.C. 20201

Dear Ms Gebbie

AIDS is a leading cause of death among young people in the United States. The rates of STD (Sexually Transmitted Diseases) in our age group are soaring. This situation is more than scary. **It's deadly**.

On February 12, 1994, hundreds of current and prospective young HIV/AIDS Peer Educators will convene at The New York University Medical Center. This first ever conference of young educators from the New York metropolitan area is being organized **by and for youth who teach other youth about HIV infection and AIDS**.

Participants will include representatives from community-based organizations (large and small), street outreach programs, high school and college education efforts, adolescent and young adult activists, and church social groups — as many young people as we can reach.

We are working successfully to care for ourselves and our friends.
We have information and inspiration to share.

To share this information and inspiration, we need your support. We would like to have you attend this conference, if you are available. The conference will run from 9:00- 4:00 on Saturday, February 12. We will be contacting you in the next week or so to see if you are available for either the opening of the conference (9:00 AM) or the closing (3:30). Meanwhile, if you have any questions, please call John McIlveen of the Bellevue Adolescent HIV/AIDS Program and the High School HIV/AIDS Resource Center at (212) 255-2900. We look forward to a positive response!

Sincerely,

Adrienne Sacatos, Co-Chair

John Won, Co-Chair

Conference Mailing Address
John McIlveen, High School HIV/AIDS Resource Center
351 West 18th Street, Suite 133 New York, NY 10011
Phone (212) 255-2900 — Fax (212) 924-6956

CONFERENCE OF PEER EDUCATORS
"Youth Teaching Youth About HIV/AIDS"
Saturday, February 12, 1994
New York University Medical Center

Information Sheet

Steering Committee

Name	Title	Age	Affiliation
Adrienne Sacatos	Co-Chair	18 yrs	1993 graduate, Stuyvesant High School
John Won	Co-Chair	18 yrs	NYU class of 1997; member of Youth Education Life Line
Elliot Silverman	Secretary	17 yrs	Founder of Student Response
Juan Gastolomendo	Treasurer	17 yrs	Assistant Coordinator for Peer-Education ACQC
Audra Bernstein	Fundraising Chair	23 yrs	Class of 1993 BA University of Pennsylvania
Tim Horn	Programming Chair	22 yrs	Class of 1993 BA Hampshire College;
Kate Barnhart	Conference Evaluation Chair	18 yrs	Class of 1997 Hampshire College; member of Youth Education Lifeline
Barbara Adamiak	Public Relations/ Advertising Chair	17 yrs	Class of 1995 Stuyvesant High School

Consultants:
Joe Miller,PWA, Chair, AIDS Task Force, Unitarian Church of All Souls
John McIlveen, Lower NY Consortium for Families with HIV (NYU Medical Center/Bellevue),
High School HIV/AIDS Resource Center

Conference Fiscal Sponsor:
Unitarian Church of All Souls (AIDS Task Force)

Conference Mailing Address:
COPE
c/o John McIlveen
High School HIV/AIDS Resource Center
351 West 18th St, Suite 133, New York, NY 10011

Conference Contributors to Date:

Grand Sponsors:

Major Sponsors:

Sponsors:
Children of Bellevue
High School HIV/AIDS Resource Center
Lower NY Consortium for Families with HIV
NYU Medical Center
Unitarian Church of All Souls AIDS Task Force

CONFERENCE OF PEER EDUCATORS

"youth teaching youth about HIV/AIDS"

New York University Medical Center

February 12, 1994

Dear

On February 12, 1994, a conference of teenage and young adult HIV/AIDS Peer Educators will be held at New York University Medical Center. The event is organized by and for current and prospective peer educators. We welcome and invite your involvement.

Conference Focus Areas:

- ✷ Providing technical information to peer educators about HIV/AIDS
- ✷ Sharpening skills to make peer educators more effective
- ✷ Creating a forum to discuss youth advocacy issues surrounding peer education.

Contained in this Packet:

- ✪ ***Fliers*** that advertise the conference. Please copy and post at your school/organization.
- ✪ ***Pre-registration forms*** for any 12-24 year olds who will attend and/or help plan the conference (those older than 24 are welcome to table, audit and/or co- facilitate designated workshops).
- ✪ ***A tabling/workshop facilitation form*** for you or appropriate people in your school/organization to fill out.

We look forward to your participation. This conference will be an outstanding opportunity for peer educators from the greater New York City area to improve our knowledge base, network, and to advocate for issues important to our work.

As a peer educator myself, I am excited about this event and hope to see you in February.

Adrienne Sacatos

Chair, Outreach Committee

For more information contact:

John McIlveen
High School HIV/AIDS Resource Center
& Bellevue Adolescent HIV/AIDS Clinic
New York, NY
(212) 255-2900

Registration Form

CONFERENCE OF PEER EDUCATORS
"Youth Teaching Youth About HIV/AIDS"
February 12, 1994
New York University Medical Center

Registration Form

This is a conference of current and prospective teenage/young adult peer educators that will focus on the following areas:

* Providing more technical information to peer educators about HIV/AIDS
* Sharpening skills to make peer educators more effective
* Creating a forum to discuss youth advocacy issues concerning HIV/AIDS peer education.

If you are interested in attending and you are between the ages of 12 and 24, please fill out the following. ***IMPORTANT:*** **One** form is to be filled out for **each person** who will attend.

Name _____ Age _____

Mailing Address _____

School or Organization (if applicable) _____

Phone _____ Fax _____

Would you like to be called to help plan the conference? Yes ☐ No ☐

We would appreciate a contribution of $5.00 per person. Can you afford this? Yes ☐ No ☐

Which workshops are you interested in? **Check no more than FOUR of the following.**

Providing more information to peer educators about HIV/AIDS

- ☐ Sex options, from abstinence, outercourse to eroticizing safer sex
- ☐ HIV/AIDS: how it affects women
- ☐ Alcohol, drug abuse & HIV
- ☐ Self-esteem & decision making
- ☐ Teens whose family and/or friends are infected
- ☐ Living with HIV: personal testimony from a young person living with the virus
- ☐ AIDS 101 (beginning)
- ☐ AIDS 201 (advanced)
- ☐ HIV: to test or not to test?

Sharpening skills to make peer educators more effective

- ☐ Peer counseling
- ☐ How to negotiate with your institution so that you will be heard and be effective
- ☐ Outreach for hard-to-reach youth
- ☐ Dealing with homophobia
- ☐ Teaching about the wonderful world of latex
- ☐ Tools & techniques: using theater, video, etc. to make your point

Creating a forum to discuss youth advocacy issues

- ☐ Issues of importance to street youth
- ☐ How to start a group in your high school, college, organization or community
- ☐ Looking at successful activist programs
- ☐ Different cultures, different languages: Is the message getting out? Is it making a difference?

In addition to the workshops discussed above, a workshop entitled *A Call to Action* will run throughout the day. All are encouraged to attend. *A Call to Action* will define the concerns and needs of youth and peer educators in the age of AIDS. It will set the stage for the creation of a **coalition** of peer educators (COPE).

PLEASE RETURN ASAP !!!

This will serve as your registration form. We will send you the program in January as confirmation of your intention to attend. Please return the completed form to John McIlveen at the High School HIV/AIDS Resource Center, 351 W 18th St, Ste 133, NY, NY 10011. Phone (212) 255-2900, Fax (212) 924-6956.

CONFERENCE OF PEER EDUCATORS
"Youth Teaching Youth About HIV/AIDS"
February 12, 1994
New York University Medical Center

TABLING

There will be twenty information tables at the conference. The tables are for Community Based Organizations/Agencies that work specifically with adolescents/young adults. If you are interested in securing and staffing a table, please fill out the following. (*An Organization Profile will be included in the Conference Program.)

Name _____

* Organization _____

Mailing Address _____

* Services Provided _____

Names of Two Tablers _____

Phone _____ Fax _____

This conference is quite expensive to produce. We would be grateful if your organization could donate $50.00 to help defray costs. Organizations making such a donation will be listed as Sponsors in the program. Their tablers will also be entitled to breakfast and lunch and an opportunity to *audit* designated workshops.

Checks should be made payable to the fiscal sponsor of the conference, the Unitarian Church of All Souls (AIDS Task Force).

Address all correspondence to John McIlveen at the High School HIV/AIDS Resource Center, 351 West 18th Street, Suite 133, New York, New York 10011, Phone (212) 255-2900, Fax (212) 924-6956. We will send you a confirmation letter with details concerning set-up time, etc. (We will provide the tables.)

Even if you cannot pay, we still want you to participate in the conference.

WORKSHOP FACILITATING

Based on the proposed set of workshop topics (listed in the Registration Form), are there any workshops that you are particularly qualified to facilitate? We are looking for teenage/young adult peer educators to lead workshops and to pair up with "adult types" for certain designated workshops. If you are interested, please fill out the following:

Name _____

Organization _____

Mailing Address _____

Phone _____ Fax _____

Are you A Teenager/Young Adult ☐ An Adult Type ☐

Topic(s) of Interest _____

_____

Once you have completed both parts of this form, mail or fax it to John McIlveen at the High School HIV/AIDS Resource Center, 351 West 18th Street, Suite 133, New York, New York 10011, Phone (212) 255-2900, Fax (212) 924-6956.

CONFERENCE OF PEER EDUCATORS

"youth teaching youth about HIV/AIDS"

New York University Medical Center

February 12, 1994

Taking Care of Ourselves & Our Friends

A Conference for → ***12-24 year old HIV/AIDS Peer Educators***
at→ ***NYU Medical Center***
on→ ***February 12, 1994***
including→ ***Breakfast & Lunch***
Focus On→ ***Facts about HIV/AIDS***
Peer Education skills
Advocating for our needs

TO REGISTER CALL ➡

JOHN MCILVEEN (212) 255-2900
HIGH SCHOOL HIV/AIDS RESOURCE CENTER
& BELLEVUE ADOLESCENT HIV/AIDS CLINIC

OR SEE: _____

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Hezekiah Nickelson
2450 N 16th
Philadelphia, PA 19132

Dear Mr. Nickelson:

Thank you for writing to share your thoughts and concerns.

Sincerely,

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

To the Editor: 11-8-93

Open letter to President Clinton's National AIDS Policy Coordinator:

I am quite concerned about the spread of HIV/AIDS. I take this method to respond to your response to my letter because I oppose mediocrity in high places.

Your letter indicates that you, not only, missed the point of my letter, you are shaky on how HIV is transmitted.

In my letter of 10-13-93, I said, "What I don't like seems to stem from homosexuals is the inertia to an informed no holds barred war on AIDS. Some people in power and maybe in the closet are opposed to disclosure of those infected with the disease. I'm not talking publication. I'm talking research, tracking the disease, quarantining if necessary and taking all prudent steps to prevent the spread of this killer."

To this you replied, "Your comments address the need to contain the spread of the virus. You indicated, however, that this should be done by isolating persons living with HIV. HIV/AIDS is not like other diseases for which quarantine and isolation have been the traditional methods of containment. HIV is transmitted by very specific behaviors, not by casual contact."

There is no question that HIV is transmitted by mixing blood, sexual intercourse as well as some 'specific behaviors.'

The question of casual contact is not referred to in my letter unless you are further magnifying my reference to "quarantining if necessary."

The main thyme of my letter is that privacy is not a right of those who would knowingly spread HIV.

Up to now, the government has been half-stepping in the war on HIV. Laboratory or research doctors know what needs to be done to track HIV. If the government stands behind them, progress can be made.

There is nothing wrong with making and carrying out hard decisions as long as they are administered fairly.

Hezekiah Nickelson/2450 N 16/Phila PA 19132/1 215 229 2069

To the Editor: 11-8-93

Here's a case against oil drilling in Alaska: "Five Indian tribes in Ecuador intend to sue Texaco Inc. ...charging that the oil company polluted the country's rain forest by spilling about 71 barrels of oil a day while pumping up to 250,000 barrels a day ..."

This is from a little item in the Philly Inquirer's Business Summary section.

If we outlawed petroleum, the above would be a criminal case rather than civil.

Hezekiah Nickelson/2450 N 16/Phila PA 19132/1 215 229-2069

To the Editor: 11-8-93

The question is, "Should the head of the Food and Drug Administration be jailed or placed on the unemployed list?"

There are only two reasons the "FDA OKs drug to raise milk output;' (1) Payola (2) Stupidity. If payola, administrator should be jailed. We don't need stupid people making life decisions on our payroll.

There is an honest question on the safety of unnatural processes like genetic engineering and radiation of foods. To deny labeling of such foods is almost admitting payola.

Hezekiah Nickelson/2450 N 16/Phila PA 19132/1 215 229 2069

To the Editor: 11-7-93

George Will on "This Week With David Brinkley" implied that the world was going to hell because more children are being born out of wedlock.

George needs to know that men and women have been incompatible since men quit beating women over the head with clubs. With more and more women earning their own way now, it only makes sense that they deal with men as little as possible.

Hezekiah Nickelson/2450 N 16/Phila PA 19132/1 215 229 2069

To the Editor: 11-7-93

Hopefully the superconducting super collider is really dead.

Sadly, most of the taxpayers whose money paid for the SSC, have no idea of its living or dying.

Even more sadly, the people who worked on it or aspired to work in it have no concept of its reality.

To make a point of reality - I once wrote that it was good that the SSC was not built in center city Philadelphia. To see the humor in this, you must know that the SSC was to be a circular track with a 24 mile diameter. If you were to make city hall the center of that circle, the circumference would not touch any part of the city closer than the Northeast Airport which is about 12 miles from city hall as is Chester to the south Bromall to the west and past the New Jersey turnpike to the east.

If that doesn't help you understand how big the SSC track was to be, forget about trying to comprehend the size of the protons that were to race around that track at near the speed of light (186,000 miles per second) and collide. It would take millions of protons to make up the period at the end of this sentence.

If you are still with me, I am not opposed to man seeking knowledge. But the SSC is just a big welfare program for the dummies we sent to college that they might think they were doing something important. The SSC can't replace the "Cold War" for providing useless employment. And it might be a bigger bomb than the explosion of the atom which is made up of protons.

An alternative to fake, dangerous employment of our 'educated' people would be to give them a welfare check adequate for them to eat drink and be merry until they are bored enough to do something constructive like making our planet a better place to live.

Hezekiah Nickelson/2450 N 16/Phila PA 19132/1 215 229 2069

To the Editor: 11-3-93

This is my bid for the reward for catching the arsonists, if there were any, who started the wild fires that are burning now (11-3-93) in California or have been ignited anywhere in the last few years.

The "Top Top Secret" agency that receives photos from our many satellites have the photos and the ability to isolate moving pictures of anyone who started a fire on, at least, a clear day. This is true of any event that might be of interest to anyone.

It is stupid for the U.S. taxpayer to sponsor an agency that collects these photos and doesn't know how to use them.

It is stupid to call 'secret' technology that is reported on, at least, public television.

Hezekiah Nickelson
2450 N 16
Phila. PA 19132
1 215 229 2069

To the Editor: 11-7-93

Sunday Morning, 10-31-93, I held my nose and watched the House Minority Whip, Newt Gingrich spread his poison on "Face The Nation." It gave me night-mares over Sunday night.

Did you know that this Republican from Georgia stands with President Clinton on NAFTA, and makes no sensible objections to Clinton's nebulous health care plan? (Birds of a feather ya know.)

Newt's language on NAFTA the North American Freed Trade Agreement was much the same as that of an administration spokesman. Since the multinationals appear to be the beneficiaries of NAFTA, it seems the multinationals run the prep courses that precede media interviews. (For the uninformed: No modern-day politician goes before the media without having been taught his/her ad-libs in sessions that might consume hours.) The preps can be attended by any and all of the politician on the multinationals' payroll. - And yes! Some media people are on that payroll - This is to insure that the right questions are asked and the answers are not challenged.

My point here is to warn the public that NAFTA is a big rip-off sponsored by the worst enemies of the poor and middle-class people of this country have. Our enemies are the multinationals and the elected politicians. These enemies of the universe play games with us to keep us fighting each other while they amass money and power that they can't handle.

What they are doing to the world is so stupid - impoverishing the masses and polluting the environment that they must try to live in. Therefore, these enemies of the universe are their own worst enemies.

Love! Damn you! Love!

Hezekiah Nickelson/2450 N 16/Phila PA 19132/1 215 229 2069

To the Editor: 11-7-93

There is humor in the Philly Inquirer's attempt to jam NAFTA down our throats.

The 10-31-93 editorial said, sure, many companies have moved to Mexico and elsewhere to get cheap labor and loose regulations, but that wasn't due to NAFTA. We should give NAFTA (The North American Free Trade Agreement) a chance.

I was reminded of one psychic '900 hot line saying they were the real psychics and the other hot-liners were fakes.

Hezekiah Nickelson/2450 N 16/Phila PA 19132/1 215 229 2069

To the Editor: 11-7-93

Here's high cause for pessimism: I've got ideas that look like they might benefit mankind - like- acceptance of high unemployment due to technology the technology could provide for the unemployeds' needs, high-tech housing that would cut down on man's expansion into the habitat of other animals, prohibition of all guns and items of war, and more. These ideas have not been put on the table yet. If they have to wait until the Brady bill is passed, my great grands will have to introduce my ideas. The Brady bill, which only wants to limit the purchase of guns to possible cool heads, has been on the table for more than a decade. That's inertia!!

Hezekiah Nickelson/2450 N 16/PHila PA 19132/1 215 229 2069

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Thomas C. Adams
3620 N. Harris Road
Waycross, GA 31501

Dear Mr. Adams:

Thank you for writing to share your thoughts and concerns.

Sincerely,

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

[redacted]

G.C.I. # 9306745

VA File No. C 25 928 967 Thomas C. Adams / P
U.S.C.A. 11th Cir GA 93-8093 EG-172282 W.C.I.
3620 N. Harris Rd,
Waycross, GA 31501

Ms. Kristine Gebbie, AIDS czar
(20857)

Re: Newsweek, Aug. 9, 1993

Sub: Genocide by Govts.

Greetings Ms. Gebbie,

Do you not get tired of covering up for those who preceded you + others of the authority "Elite" offices?

Break out y'alls 1st ole vaccine + cure for what was done. AIDS was FDK's brain child.

Being of flesh I should wish his time + others' not be short in Hellfire, but I do not.

I do pray for you. I do pray for us all. (Rom: 12-9)

God Bless + protect you + yours Ms. Gebbie.

Sincerely,

11-09-93 /s/ Thomas C. Adams

cc: yes

out 11-10-93

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Diana Hartman
P.O. Box 12039
San Francisco, CA 94112

Dear Diana:

Thank you for writing and good luck in your job search! This epidemic demands such commitment. I've forwarded a copy of your resume to Cliff Morrison, President of the Association of Nurses in AIDS Care, who may have some suggestions. Please keep me posted.

Sincerely,

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

cc: Cliff Morrison

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

Please keep me posted. Sue. cc cliff & morrison

COMMENTS: _____

Thanks you for writing & good luck in your job search! This epidemic demands such commitment.

~~Do forwarded a copy~~ of your resume to Cliff Morrison, president of ANAC, who may have some suggestions.

November 10, 1993

Ms. Kristine Gebbe
c/o The White House
1600 Pennsylvania Avenue
Washington, D.C.

Dear Ms. Gebbe,

I wanted to take this opportunity to let you know how thrilled I was to run into you at the APHA convention in San Francisco. I was so happy you were able to clarify the situation for me about both the Clintons' commitment to both health care reform in general, and the HIV epidemic in particular.

I spent two years working on the inpatient HIV unit at San Francisco General Hospital, and recently have felt like I needed a break and switched to Labor & Delivery. I wanted you to know that through my participation in the National Aids Update, the APHA convention, and the annual ANAC conference I have decided it was time for me to return to the work I have in my heart. I am an "AIDS" nurse and eager to resume my position in the battle against this terrible foe.

I even printed up these business cards (enclosed). Kind of renegade, at-large nurse. No official position, just a personal commitment to stopping this plague in whatever way I can. After two years at the inpatient level, I realize prevention and education is where it's at. Unfortunately, there is a real crisis in the nursing field here in the Bay Area and I am having difficulty locating employment. But I am confident I will soon be able to return to the work I love, and the important job that

needs doing - educating this vast nation of ours, and trying to prevent as many people as I can possibly reach from putting themselves at risk. I look foward to your leadership.

I have enclosed a resume and several business cards in case you have any ideas. It's all about networking, you know. And like my friend at the APHA said to me after we ran into you, "Diana, you have friends in high places."

I feel that you are my friend because you have been an inspiration to me and a major factor in my decision to throw caution to the wind, leave my Labor and Delivery world behind and take my place on the front lines against HIV where I belong.

Regards,

Diana Hartman

Diana Hartman, RN

Withdrawal/Redaction Marker
Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. resume	[Personally Identifiable Information] [Partial] (1 page)	11/10/1993	b(6)

COLLECTION:
Clinton Presidential Records
National AIDS Policy Office
Kristine Gebbie
OA/Box Number: 3768

FOLDER TITLE:
December Chron Files 1993 [8]

2018-0756-F
jp4806

RESTRICTION CODES

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

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

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

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

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

Diana Hartman, RN
424 Russia Avenue
San Francisco, CA. 94112
(415) 587-7718

PROFESSIONAL OBJECTIVE: Registered Nurse/Health Educator

EXPERIENCE:

February, 1993 - Present
Staff Nurse, Labor and Delivery, Casual

March, 1992 - January, 1993
Staff Nurse, Labor and Delivery, .8 position

March 1990 - February 1992
Staff Nurse, HIV Inpatient Unit, .8 position
(Total care for 4-5 patients, 12 hour shifts. Infusion therapy, hospice care, psychosocial counseling. Participated in following research protocols for experimental medications.)

The above positions were all located at:
San Francisco General Hospital
1001 Potrero Avenue, San Francisco CA. 94110

EDUCATIONAL EXPERIENCE:

1993 - Bachelor of Science, Nursing (In Progress)
The University of the State of New York (Regents College)

1989 - Associate of Science Degree, Nursing
City College of San Francisco

[0011]

1987 - Emergency Medical Technician Training
John Adams Community College, S. F.

1981 - Associate of Arts Degree
City College of San Francisco

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS;

Member, AWHONN
(Association of Women's Health, Obstetric and Neonatal Nurses)
Member, ANAC
(Association of Nurses in AIDS Care)

ADDITIONAL QUALIFICATIONS:

Intermediate Spanish Bilingual Skills

COMMUNITY SERVICE:

Buen Dia Family School
Served as Board President, 1984 - Present

Public Speaking to Youth Groups - HIV Prevention

PERSONAL: Married, Three children. Resident, San Francisco, 16 yrs.

(b)(6)

REFERENCES: Available upon request

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Anh Luu
10215 Lake City Way, Apt. 206
Seattle, WA 98125

Dear Ms. Luu:

Thank you for writing to share your thoughts and concerns on AIDS prevention and treatment. I appreciate your interest in these challenging issues and have forwarded your request for information to the National AIDS Clearinghouse. You should hear from them by late-January. If not, please call them at (800) 458-5231.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Paula Van Ness, Executive Director
National Community AIDS Partnership
1140 Connecticut Avenue, N.W., Suite 901
Washington, D.C. 20036-4001

Dear Paula:

It was a pleasure to meet with you and some of your board members last month. Also, thank you for the invitation to attend the National Community AIDS Partnership (NCAP) Local Partner meeting on January 13, 1994. Unfortunately, my schedule does not permit me to participate, but I understand that Patsy Fleming will attend and discuss community partnerships.

Have a pleasant holiday and best wishes with your meeting. I look forward to our next opportunity to work together.

Sincerely,

Kristine

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

National Community AIDS Partnership

1140 Connecticut Avenue, NW
Suite 901
Washington, DC 20036-4001
Tel: (202) 429-2820
Fax: (202) 429-2814

Heart Strings 101
1252 W. Peachtree Street
Suite 554
Atlanta, GA 30309
Tel: (404) 876-4673
Fax: (404) 885-9734

October 19, 1993

Ms. Kristine M. Gebbie, RN, MN, FAAN
National AIDS Policy Coordinator
Hubert Humphrey Building, Room 738-G
200 Independence Avenue, SW
Washington, DC 20201

Dear Ms. Gebbie:

On behalf of the National Community AIDS Partnership (NCAP), I would like to invite you to be the keynote speaker at the NCAP Local Partner meeting January 13, 1994, at 7:30 p.m. in Washington, D.C.

NCAP would be honored to have you speak at the opening session entitled "*Networking, Mentoring and Partnerships.*" I know our Local Partners are interested in the work of your office and would especially like to hear how our community partnerships can join forces with you to advance our efforts.

As you know, NCAP is the nation's largest private-sector funding collaboration supporting HIV/AIDS prevention and care services. More than 80 community leaders will attend this meeting to network, mentor and share lessons learned in an effort to strengthen their communities response to the epidemic.

As grantmakers and community conveners, some of whom have been involved in the AIDS epidemic for many years, our Local Partners know their communities, the issues and the needs. They want to be instrumental in establishing a national, coordinated approach to ending the epidemic.

I hope your schedule allows you to participate. As always, the Partnership looks forward to furthering our work together to strengthen the national response to the AIDS epidemic.

Sincerely,

Paula Van Ness
Executive Director

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Nancy Adams
Appalshop, Inc.
306 Madison Street
Whitesberg, KY 41858

Dear Ms. Adams:

Thank you for sharing the documentary video about Belinda Mason. The video is a wonderful tribute to Belinda's commitment and hard work on behalf of people living with HIV and AIDS. I support your work, so please let me know if there is some way that I can help you with your efforts. Please stay in touch.

Sincerely,

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

Appalshop

Dec. 1, 1993

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator
Executive Office of the President
750 17th St. NW
Suite 1060
Washington, D.C. 20503

Dear Ms. Gebbie,

I am sending you a documentary video about Belinda Mason, a member of the National Commission on AIDS from 1989 until her death from AIDS-related complications in 1991. She worked with Appalshop, a non-profit media collective in Eastern Kentucky, to produce the program. Appalshop wants to you to have a this complimentary copy.

You may have known Belinda or heard of her because of your work on the Commission during the Reagan administration. She and Dr. David Rogers, who also appears in the video, shared opinions about the appalling lack of AIDS education in this country, and the prejudice toward people with AIDS, which stems in part from ignorance and intolerance toward those who are different. Belinda addresses these concerns in the video.

In an effort to get Belinda's message of compassion out to as many people as possible, Appalshop have gotten a grant from a private foundation to distribute "Belinda" to non-profit groups, including AIDS support groups, churches, hospices, schools and family resource centers.

I know you are busy, but I hope that you will have the time to watch "Belinda." I would be interested in your reaction to it andany suggestions you have about how to get it into community groups.

I look forward to hearing from you.

Sincerely,

Nancy Adams

Nancy Adams

APPALSHOP, Inc. 306 Madison Street, Whitesburg, KY 41858 Phone (606) 633-0108 FAX (606) 633-1009
Appalshop Films, June Appal Recordings, Mountain Photography Workshop, *Headwaters* Television, Roadside Theater
WMMT-FM Radio, Appalshop Center

Appalshop Film/Video User Reaction Form

Appalshop is always interested in hearing how its work is being used and received by all its audiences. Please take a minutes to share with us your experience of Appalshop film and video.

( ) Purchase ( ) Rental ( ) Preview

1. Title of Film/Video:
2. Format: ( ) Film ( ) VHS ( ) 3/4"
3. Date of Showing:

4. Where was the film/video shown?

5. What was the occasion for the showing?

6. If you watched the tape with an audience, describe the audience, including the number of people who viewed the tape

7. What happened before the showing to prepare the audience for the film/video?

8. Was there discussion after the showing? ( ) Yes ( ) No
9. How did the audience feel about the film/video?

10. How did you feel about the film/video? Do you have suggestions on how to use this tape?

Please complete back of form.

User's Name & Title:
Organization:
Department:
Address:

Phone: FAX:

Areas of Interest/s:

Names and addresses of organizations and individuals who might be interested in receiving a copy of our film/vid catalog.

Names and addresses of magazines, periodicals, journals, etc., who might be interested in or would review our work

COMMENTS OR SUGGESTIONS:

Please return this form to Carolyn H. Sturgill, Appalshop Film/Video, 306 Madison Street, Whitesburg, KY 41858
For information call (606) 633-0108 / 1-800-545-7467 / FAX (606) 633-1009

APPALSHOP FILM & VIDEO
JUNE APPAL RECORDINGS
306 Madison Street
Whitesburg, KY 41858
Toll Free 800-545-7467
In Kentucky (606) 633-0108
FAX (606) 633-1009

RECEIVED
DEC - 6

Invoice Number

NC94-0062

P.O. Number

FUNDED

Bill To

KRISTINE M. GEBBIE, RN
EXECUTIVE OFFICE OF PRESIDENT
NATIONAL AIDS POLICY CO-ORD.
750 17TH ST., NW SUITE 1060
WASHINGTON, DC 20503

Customer Telephone

(202) 632-1090

Ship To

KRISTINE M. GEBBIE, RN
EXECUTIVE OFFICE OF PRESIDENT
NATIONAL AIDS POLICY CO-ORD.
750 17TH ST., NW SUITE 1060
WASHINGTON, DC 20503

Ship Date	Ship Via	Play Date	Ship Back On or Before	Date Entered
12/03/93	UPS			12/03/93

OrderedBy/Department	To Be Exhibited By/Department	Terms/Net
		N/C

Print Number	Description	Unit Price	Total
	FG		
	NO CHARGE VIDEO		
	BELINDA VHS videocassette YES 29 minutes 1992		NC
	Film/tape may not be duplicated onto any format. Film/tape may not be transmitted via cable or broadcast television. Film/tape may not be exhibited commercially.		
	H0186 ~~353~~		

C 12-4-93 pi

Sales Tax

Shipping/ Handling

Pay This Amount US $ ~~NC~~

ORIGINAL INVOICE

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Joe H. Carey
22 West 615 Elmwood Drive
Glen Ellyn, IL 60137

Dear Mr. Carey:

Thank you for sharing your thoughts on AIDS prevention. I appreciate your interest in this challenging issue.

Sincerely,

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

12-9-93

Mr Joe H Carney
22 West 615 Elmwood Drive
Glen Ellyn IL 60137

DEAR GEBBIE,

I THINK YOU SHOULD TALK ABOUT SEX MORE "IN TERMS OF DON'T AND DISEASE." ABSTINANCE WORKS — EVERY TIME, ALL THE TIME, WITHOUT FAIL. CONDOMS FAIL, SEX SPREADS AIDS & SYPHILIS, & OTHER STDs. PREACH SELF-CONTROL, SISTER, IT'S 100% EFFECTIVE

Carney

HALF OF THE PATIENTS WHO ENTER ABORTION CLINICS DON'T COME OUT ALIVE!
VICTORY WON (316) 684-0354
order # en700

USA 19

KRISTINE GEBBIE
AIDS CZAR
WHITE HOUSE
WASHINGTON, D.C. 20500

RECEIVED DEC 15 1993

Vote Republican
Because Your Country Is A Terrible Thing To Waste

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Mike McCort
ACT UP - Cleveland
1430 West 29th Street, Suite 6
Cleveland, OH 44113

Dear Mr. McCort:

Thank you for your letter requesting information on the Madison Project. I have forwarded your request to Martin Delaney of Project Inform. Let me know if I can be of further assistance.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Anne Christine d'Adesky
OUT Magazine
110 Greene Street, Suite 800
New York, NY 10012

Dear Ms. d'Adesky:

Thank you for sharing your article on immunotherapies and cytokine research. This information will prove useful as my staff and I work to end this epidemic. I also appreciated your thoughts on how the press presents transmission cases, and hope we have a chance to discuss it further. Please stay in touch.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Dee Dee Ho
12536 33rd Avenue, N.E.
Seattle, WA 98125

Dear Ms. Ho:

Thank you for writing to share your thoughts and concerns on AIDS prevention and treatment. I appreciate your interest in these challenging issues and have forwarded your request for information to the National AIDS Clearinghouse. You should hear from them by late-January. If not, please call them at (800) 458-5231.

Sincerely,

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

12536 33rd Ave NE
Seattle, Wa. 98125
October 29, 1993

RCVD
NOV 10 1993

Ms. Christine Gebie
AIDS Policy 200
Indenpendence Ave. SW
Kim 125th
Wa. D.C. 20201

Dear Ms. Christine Gebie:

My name is Dee Dee Ho. I'm a student from Nathan Hale School. I hope you spend a little time reading my letter.

I am concerned about AIDS, and I hope that you will be able to answer some of my question. For instance, what causes AIDS? How is it treaed? And what can we do to make people aware of AIDS, and how it is transmitted?

I want to know about AIDS, because in my country right now AIDS is transmitted to most of the people (Vietnam). And I wish we could stop the transmision. I hope you have time to answer my questions. Please reply.

Thank you very much.

Sincerely your,

Dee Dee Ho

Dee Dee Ho
Student of Nathan Hale High School
Seattle,Washington

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Colleen M. Lankford
Employee Relations Specialist
University Committee on Sexual Awareness
West Virginia University
P.O. Box 6166
Morgantown, WV 26505

Dear Ms. Lankford:

Thank you for the invitation to attend the "Into the 21st Century: Teaching Human Sexuality in Higher Education" conference August 7-10, 1994. Unfortunately, my schedule does not permit me to participate. In the future I hope to have a chance to work with you.

Sincerely,

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

UNIVERSITY COMMITTEE ON SEXUAL AWARENESS
West Virginia University

December 8, 1993

Kristine Gebbie
Executive Office of the President
750 17th St., NW
Washington, DC 20500

Dear Ms. Gebbie:

I am writing this letter to invite you to participate in the upcoming conference **"Into the 21st Century: Teaching Human Sexuality in Higher Education."** Your name has been brought to the attention of our program committee by virtue of your accomplishments in this field. We invite you to submit an abstract of a program you would like to submit in your area of expertise.

Enclosed are copies of the "Call for Programs and Research" and "Early Announcement" for the conference. Please note that the abstract submission deadline is February 1, 1994.

Program paper selection will be completed by mid-February and pre-registration brochures will be mailed in March, 1994. Included will be conference program, costs, registration and lodging information.

We hope that you will attend the conference even if you decide not to submit a presentation. We look forward to a stimulating and rewarding conference, and hope that you will join us. If you have specific questions, please contact Cathy Coontz at (304)293-6972.

Sincerely,

Colleen M. Lankford

Colleen M. Lankford
Employee Relations Specialist

Enclosures

CML/hh

CALL FOR PROGRAMS AND RESEARCH

INTO THE 21ST CENTURY: TEACHING HUMAN SEXUALITY IN HIGHER EDUCATION

Sponsored by: University Committee on Sexual Awareness

Location: West Virginia University
Morgantown, West Virginia

Date: August 7-10, 1994

Completed abstract must be received by February 1, 1994

PLEASE TYPE:

Primary Presenter/Contact: Degree(s):

Title: Institution:

Address:

City: State: Zip:

Telephone: ( )

Co-Presenter(s): Name: Degree(s):

Title of Program/Paper:

Abstract: A one-page abstract must be submitted with this form, to include objectives and content summary. Research proposals should include subject population, methods/ procedures, summary of key findings, and central conclusions.

This program is offered for consideration as a (check one):

___ Lecture
___ Workshop
___ Panel Discussion
___ Colloquium
___ Other (please specify)

___ Roundtable
___ Poster Session
___ Special Interest Group Networking
___ Research

If you have questions, please contact:

Karen K. Douglas
Community Health Education
West Virginia University
PO Box 6166
Morgantown, WV 26505
304-293-3295, Ext. 282

EARLY ANNOUNCEMENT

INTO THE 21ST CENTURY: TEACHING HUMAN SEXUALITY IN HIGHER EDUCATION

Sponsored by: University Committee on Sexual Awareness

The purpose of this Human Sexuality Education Conference is to provide Higher Education professionals information regarding:

- ☞ **current and future human sexuality content and issues**
- ☞ **education research usage and models**
- ☞ **educational materials**
- ☞ **teaching strategies**
- ☞ **promotion of healthy sexual practices**
- ☞ **culture/gender issues**

Participants will have the opportunity to hear keynote speakers, share teaching materials, engage in workshop activities, and interact with professional colleagues, vendors, publishers, and others.

Preliminary information includes:

PLACE: Stalnaker Hall
West Virginia University
Morgantown, West Virginia
DATE: August 7 (p.m.) - August 10 (noon), 1994

Conference details are being finalized. If you would like to submit a program proposal for consideration, please complete and return the enclosed "Call for Papers" by February 1, 1994. To receive further information, complete the attached form and mail to:

Karen K. Douglas
Community Health Education
West Virginia University
PO Box 6116
Morgantown, WV 26505

NAME_____ WORK PHONE_( )_____

ADDRESS_____

_____

POSITION_____

I am interested in ☐ more information

☐ being a program presenter

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Louis Fink
1980 South Ocean Drive, 19G
Hallandale, FL 33009

Dear Mr. Fink:

Thank you for sharing the information on your work.

Sincerely,

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

Hemispheres Ocean South
I980 South Ocean Drive I9 G
Hallandale, Florida 33009

7 dec 93

Ms. Kristine Debbie
White House AIDS Czar
The White House
Washington, D.C.

Dear Ms. Gebbie:

I believe the attached will pique your interest sufficiently to elicit an interesting response .

Respectfully,

Louis Fink

Louis Fink, D.V.M. M.P.H.

Don't follow where the path may lead
Go, instead, where there is no path and leave a trail
author unknown

Living Today

WEDNESDAY, DECEMBER 13, 1989 THE MIAMI HERALD SECTION D

Passing on ideas is veterinarian's pet project

"The man with a new idea is a crank until the idea succeeds."

— Mark Twain

By ELINOR BURKETT
Herald Staff Writer

'Most advances are result of serendipity,' Hallandale retiree insists

Dr. Louis Fink reaches into his filing cabinets and pulls out ideas like the rest of us lift snacks from the icebox.

Dear Dr. Knazek:

Consider the cancer cell as one almost always in a state of preparation for reproduction. Now I wonder what would happen if your cells were 'splashed' with a swarm of sperm?

Respectfully, Louis Fink, D.V.M., M.P.H.

Dear Dr. Fink:

Your interest in cancer research is appreciated . . . .

OK, what else is in here?

Dear Mr. Skinner:

When nuclear fission promised to reduce energy costs, I had this idea that a conveyor belt built over each interstate highway would transport nonperishable freight containers moving 24 hours daily. The pluses for such a system should be: greatly reduced pollution, safer highways, reduced highway maintenance, reduced freight costs, possible fuel saving for other purposes and increased work force to create and run the system. The minuses will be resolved by the Bush administration problem solvers. Comments?

Respectfully, Louis Fink, D.V.M., M.P.H.

Dear Dr. Fink:

I will convey your ideas to our research and development department . . .

WALTER MICHOT / Miami Herald Staff

MAN OF IDEAS: Dr. Louis Fink believes in saving thoughts; his wife saved these shells.

Dr. Louis Fink, 77 — Doctor of Veterinary Medicine, Master of Public Health — has no workshop, no laboratory, no assistant, no corporate or foundation funding. What Dr. Louis Fink does have is a mission: a one-man crusade to save the thousands of good ideas that fall by the wayside year after year, decade after decade, in a world plagued with more perils than Sodom.

Every day he weaves another idea, another letter on medicine or peace or prosperity to the president or some scientist, another corporate executive or senator who might share his belief that an idea — and who knows whether it's a good idea or a bad idea until it's studied? — is a terrible thing to waste.

"Most advances, most breakthroughs, are the result

PLEASE SEE **DR. FINK, 2D**

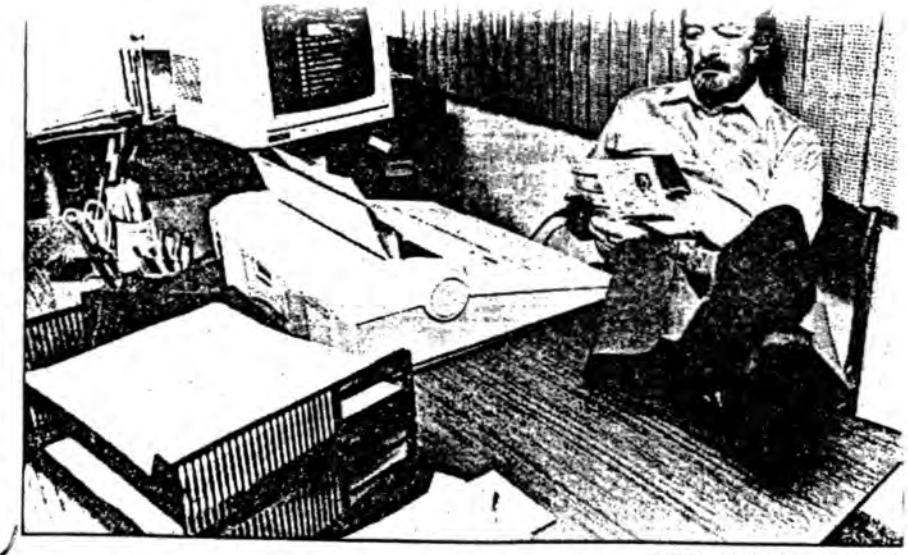
VISION

Vision is having an acute sense of the possible. It is seeing what others don't see. ❖ And when those with ❖ similar vision are drawn together, something extraordinary occurs.

"The man with a new idea is a crank until the idea succeeds."

SAMUEL LANGHORNE CLEMENS
(MARK TWAIN)
Author

Full many a gem of
purest ray serene
The unfathomed caves
of ocean bear
Full many a flower
is born to blush unseen
And waste its sweetness
on the desert air



WALTER MICHOT / Miami Herald Staff

INSPIRATION: Dr. Louis Fink checks through newspaper clippings, an occasional source of ideas.

Retired veterinarian's pet project: 'crazy' ideas

DR. FINK, *FROM* **1D**

of serendipity," he says, pacing what is surely the most meticulously planned and decorated condominium in Hallandale. "Yet no one even knows that those ideas were there.

"So I said to myself, let's get these ideas rolling, at least on paper."

Please don't think that Fink is some 77-year-old delusional condo dweller trying to con the rich and powerful out of money and publicity — or into the notion that he alone has the solutions to the world's most unsolvable problems. He didn't retire from spaying dogs, clipping cats' claws and inspecting chickens to specialize in off-the-wall connections and far-out possibilities hoping for fortune or a spot on the TV evening news. All Fink wants is to devote his full time to being an intellectual Johnny Appleseed.

What's so bad about that? Just consider for a moment:

- Canine heart worms don't kill infested nonworking dogs, who seem to live beyond the life expectancy for their breeds. Could this be a secret leading, finally, to a fountain of youth?
- "Sharks do not get cancer!" Fink observed in his long career as a veterinarian. Is there something our immune systems need to learn from theirs?
- Allowing the Soviets to inspect U.S. factories, laboratories, seaports, railheads and military installations for compliance with disarmament agreements would allow them to plant spies in the heart of American know-how. But would not the exposure of hundreds of Communists to free enterprise spell the doom of Marxism? (Hey, wait a minute, didn't someone do that one? Maybe they read Dr. Fink's letters to President Johnson and half the arms control establishment back in '64.)

'This crazy idea'

"As a lifelong hobby I have pursued this crazy idea that if unresolved . . . problems were pursued to an illogical, not logical path, bizarre breakthroughs might come to pass," he says.

Fink has kept his ideas rolling off his typewriter for 35 years, as he moved from Pennsylvania to Iowa to the Panama Canal Zone and, finally, to South Florida, tossing his notions hither and yon, hoping to sow a little serendipity of his own.

Let's start a trend, he suggested to gun control activists last year: melting down guns into miniature plowshares and trinkets. Why not try a new twist on the war against drugs, he recently proposed to Barbara Bush and drug czar William Bennett. Let's create a civilian conservation corps to put reforming drug abusers to work rebuilding the nation's highways and bridges.

His latest notion is an old memory from the late 1930s — when he was still a student at Auburn University — made new by an article on AIDS research. Back then he and his old friend, Dr. Sol Havel (Fink is punctilious about giving credit) noticed that when they operated on dogs with distemper, the ether seemed to kill the virus. "I thought someone doing AIDS research should know about this, test it and see if it might help," he told the article's author when he called for addresses of relevant organizations. "Maybe it won't go anywhere, but they won't even think to try unless I mention it."

Two months later, he has received only one reply to almost two dozen letters. He is relatively certain that no one has even taken the 20 minutes he believes a quick test of his idea would demand.

The black hole

Let's be honest — most of Fink's correspondence falls into an intellectual black hole. On a really good idea, only one in 20 of the recipients of Fink's largess deigns to even acknowledge his letters.

Only occasionally does he get an encouraging word.

"It's good to know . . . that people are generating ideas — social innovations like yours," responded futurist Alvin Toffler to a Fink proposal on unleashing worker imagination by rewarding productive suggestions with increased time off. "We are going to need many of them if we are to pull through."

But the balding man with long sideburns and a wispy beard doesn't need much outside encouragement for his avocation. He is not pursuing grandeur. He's not asking for — or receiving — any money. He never even asked to see his name in print. Generating ideas, keeping ingenuity alive. That's enough for Fink. His are only modest proposals, after all.

For 27 years, his encouragement came from his wife Lotte, the Austrian woman he married when he was among the occupation forces in Europe at the end of World War II. She complained firmly about the mess of clippings and yellowing papers, but when Fink once threw away an envelope from Donald Trump, she carefully put it aside and cut out the return address as a memento.

History catching up

With her death six months ago, Fink now contents himself with the writings of Mark Twain and his own knowledge — his surety — that history has begun to catch up with his ideas.

"My suggestions on disarmament are coming about, piecemeal," he said. "We're setting up on-site inspection and exchanging visits at the highest level.

"I wrote to Entenmann's about producing a line of low-cholesterol baked goods, and now I see them on the shelves.

"Of course they don't give me credit, but that doesn't bother me. At least I'm helping to keep the ideas rolling."

Entenmann's Bakery was working on the low-cholesterol line for almost a year before receiving Fink's letter, said Ellen Werther, account executive with the bakery's public-relations company.

That just proves what a good idea he had, Fink said.

LOGIC

by MANNY GRODSKY

Truth is stranger than fiction
That is not difficult to relate
And joy and sadness are not far apart
Also love and hate.

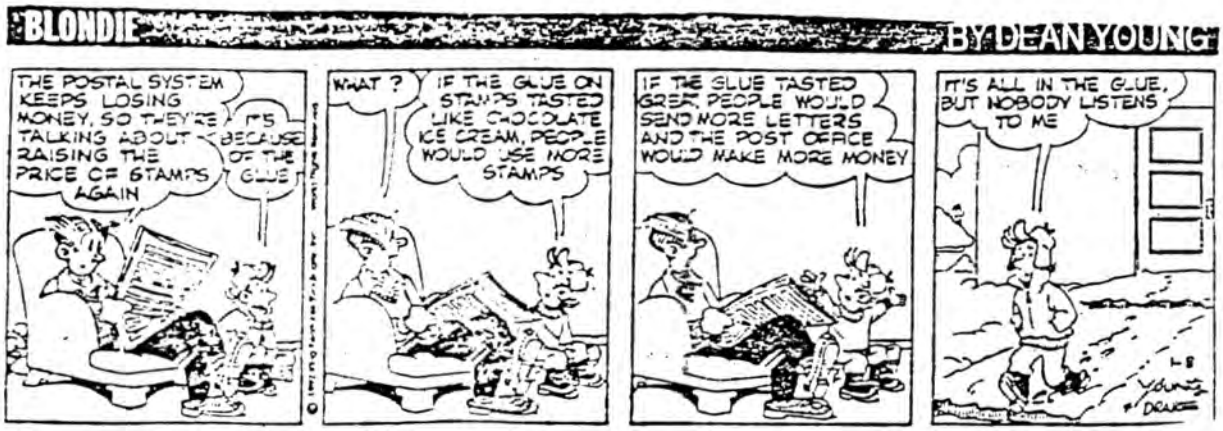
Thinking of impossible thoughts and unbearable situation
Of mirages and effervescent dreams
How can one terminate these delusions
And reconcile what this seems.

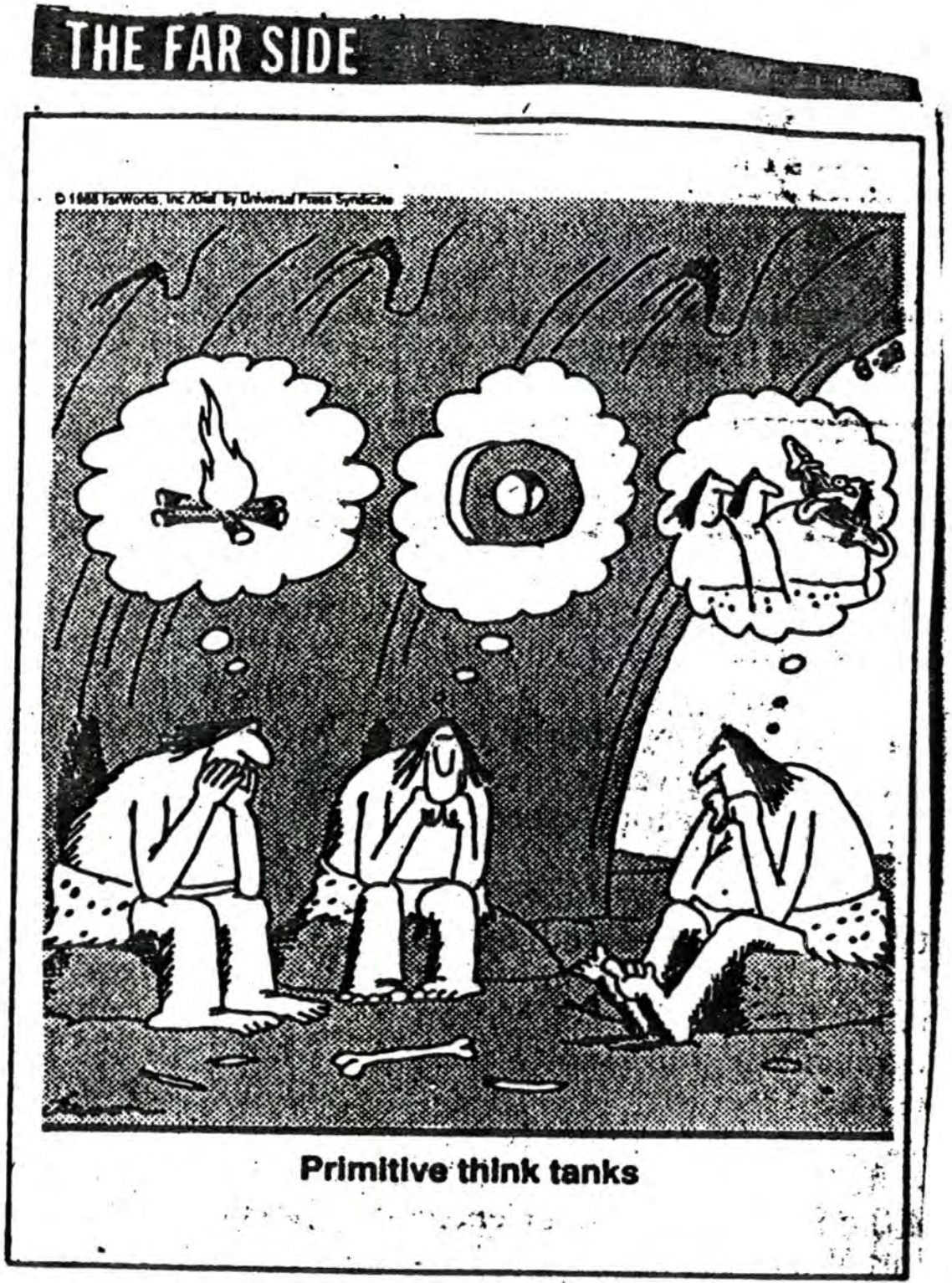
How can one interpret logical illogicals
Pitfalls and constant strife
One can shrug one's shoulders
And say that this is life.

Aside from the necessities of living
The most important acts
Is to make logic of bewilderment
Upon a state facts.

Think about it -- That's what accountants,
Lawyers, Judges and Doctors do
Also inventors, advertisers and many others
And politicians, too.

Reconcile the illogical into logic
Aristotle told us to
Solve your problems as best you can
Until others appear anew.





Even before "cave-dwelling-days" each advance in the evolution of civilization had its share of naysayers, scoffers and bigots who would not move from the ~~poor~~ the status-quo. Without exception they harass innovators in the sciences, religion, law, arts politics and peace.

AIDS

Louis Fink, D.V.M., M.P.H.
Hemispheres Ocean South
1980 South Ocean Drive 19 G
Hailandale, Florida 33009

The solution to the AIDS problem will arise the day a simple, illogical, bizzare, even "crazy" idea is conceived (even to the disbelief of the conceiver) and catches the attention of one open-minded proponent.

That day will remain in the distant future if naysayers hold sway. Such was the case where naysayers plague Harvey with blood circulation, Auenbrugger with auscultation, Hickman with anesthesia, Pasteur with germs and on and on and on.

The attached may be of interest to you.

Respectfully,

Louis Fink, D.V.M., M.P.H.

Hemispheres Ocean South
1980 South Ocean Drive I9 G
Hallandale, Florida 33009

My friend, Dr. Sol Havel recently retired from a long practice of veterinary medicine. I retired 16 years ago. We often reminisce about school days at Auburn and graduation in 1937 .

Sol has a better memory but I concur about a strange event repeated several times in the Small Animal Clinic: whenever a dog was presented for trauma treatment with severe flesh and bone wounds, we used ether anesthesia, one of the few available at that time .

On several occasions these young dogs were involved with canine distemper, a virus disease which has high mortality and/or long morbidity rates. We observed, some of us, that these dogs would recover from distemper before healing from surgery wounds The question remains, did the ether anesthesia have anything to do with the inactivation of the distemper virus ? We believe it did !

If the above is valid, the same effect may be expected for AIDS. This may be the answer the unfortunates are waiting for. Since ether anesthesia is still used, prior approval from FDA would not be necessary .

A large number of revolutionary advances in sciences were first observed in serendipitous events and the wild idea of the astute observer .

Respectfully,

Louis Fink D.V.M. M.P.H.

THE SALK INSTITUTE

23 February 1990

Dr. Louis Fink
Hemispheres Ocean South
1990 South Ocean Drive 19 C
Hallandale, Florida 33009

Dear Doctor Fink:

Thank you very much for your letter of 13 February. I shall pass on your suggestions to those working with monkeys that can be infected with the simian AIDS virus, to see if any are interested in testing your hypothesis. This could be a more rapid and direct way to answer the question than to try doing so in humans.

There is a difference amongst viruses--some are cell-free and others cell-associated. HIV is one of the latter and for this reason difficult to destroy totally. Moreover, the virus genetic material is part of the host's cellular DNA.

All of this is by way of saying that the idea of ether killing HIV <u>in vivo</u> is unlikely.

Sincerely,

Jonas Salk

Post Office Box 85800, San Diego, California 92138-9216 • Telephone (619) 453-4100
TWX 910 337 1268 SALK SNDG

NATIONAL JEWISH CENTER
FOR IMMUNOLOGY
AND RESPIRATORY MEDICINE

1400 Jackson Street
Denver, CO 80206
Tel 303 398 1461

February 20, 1990

Louis Fink, D.V.M., M.P.H.
Hemispheres Ocean South
1980 South Ocean Drive, 19G
Hallandale, FL 33009

Dear Dr. Fink:

I am writing to acknowledge receipt of your thoughtful letter of February 12, 1990. The observations on the dogs with canine distemper are fascinating. The possibility that an agent such as ether which would be very effective in extracting lipids from the viral coats could have application under some circumstances, or at least that is the way it seems to me. There is some precedent for using this principle in AIDS research. One of the mechanisms of action of dextran sulfate may be its ability to extract cholesterol from the coat of HIV. This may be one of the mechanisms that interferes with propagation of HIV infections in susceptible cells.

I appreciate your thoughts.

Sincerely yours,

Charles H. Kirkpatrick, M.D.
Staff Physician
Department of Medicine

Professor of Medicine
University of Colorado Health Sciences Center

CHK:ph

March 19, 1990

Louis Fink, D.V.M., M.P.H.
Hemispheres Ocean South
1980 South Ocean Drive (19G)
Hallandale, Florida 33009

Dear Dr. Fink,

Thank you for your letter and interesting idea. I have pas
your letter on to Drs. Jon Gold and Bruce Polsky who are involve
studying anti-HIV agents.

Sincerely yours,

Donald Armstrong, M.D.
Chief, Infectious Disease Service
Director, Microbiology Laboratory
Memorial Sloan-Kettering Cancer Center

Professor of Medicine
Cornell University Medical College
(212) 639-7309

DA/jnh
cc: Dr. J. Gold
Dr. B. Polsky

800 Marshall St., Little Rock, AR. 72202-3591

DIVISION OF PEDIATRIC
INFECTIOUS DISEASES
-CLINICAL PHARMACOLOGY
(501) 370-1417/370-2920

Terry Yamauchi, M.D.
Professor & Vice Chairman
Department of Pediatrics
Chief, Infectious Diseases

Russell W. Steele, M.D.
Professor
Chief, Immunology

Richard Jacobs, M.D.
Associate Professor

Gregory L. Kearns, Pharm. D.
Associate Professor

Dale Tabor, Ph.D.
Assistant Professor

Thomas G. Wells, M.D.
Assistant Professor

Nancy L. Crawford, R.N.
Infectious Disease
Specialty Nurse

Annette Shirrell, R.N.
Pediatric Nurse Practitioner

Sherry Furr, R.N.
Infection Control
Practitioner

Paula G. Stracener, R.N.
Clinical Pharmacology
Research Nurse

February 21, 1990

Louis Fink, M.V.M. M.P.H.
Hemispheres Ocean South
1980 South Ocean Drive 19G
Hallandale, FL 33009

Dear Dr. Fink:

Thank you for your letter regarding ether anesthesia. You might remember that at one time ether was also considered in the treatment of oral herpes simplex infections. Many viruses are known to be ether-sensitive.

Thank you also for the news-clippings as well.

Sincerely,

Terry Yamauchi, MD/cc

Terry Yamauchi, M.D.
Professor and Vice-Chairman
Department of Pediatrics
Infectious Diseases

TY:cc

THE
GEORGE
WASHINGTON
UNIVERSITY
MEDICAL CENTER

Medical Faculty Associates
2150 Pennsylvania Avenue, N.W.
Washington, D.C. 20037
(202) 994-4200

February 12, 1990

Louis Fink, DVM, MPH
Hemispheres Ocean South
1980 South Ocean Drive, 19G
Hallandale, FL 33009

Dear Dr. Fink:

Thank you for your letter and your thoughts on ether anesthesia and AIDS. I have passed it on to our AIDS research group.

Sincerely,

James D. Ahlgren, M.D.

University of Southern California
School of Medicine

Alexandra M. Levine, M.D.
Professor of Medicine
Executive Associate Dean

(213) 224-3456
(213) 224-0068
FAX (213) 227-4931

February 16, 1990

Louis Fink, DVM, MPH
Hemispheres Ocean South
1980 South Ocean Drive 196
Hallandale, Florida 33009

Dear Dr. Fink:

Thank you for your letter of February 13, 1990, concerning the possible use of ether in the therapy of HIV infection.

I know of no research work on the subject, but would be happy to discuss this further with my colleagues and to explore the possibilities.

Keep up the good work, and thank you for sharing your ideas with me.

Sincerely,

Alexandra M. Levine

Alexandra M. Levine, MD

AML:ls

1975 Zonal Avenue, KAM [illegible] Los Angeles, California 90033

THE WHITE HOUSE

WASHINGTON

December 20, 1993

H.H. Dick Hedlund
1050 S. King Street, Apt. 25
Honolulu, HI 96814-2122

Dear Mr. Hedlund:

Thank you for sharing your thoughts and concerns. It's good to hear from Honolulu. I appreciate your interest in ending the AIDS epidemic. Please stay in touch.

Sincerely,

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

12-3-93

MS KEBBIE -

WHY SPEND MONEY ON AIDS RESEARCH FOR FACTS PROVEN & PRINTED OVER 5 YEARS AGO BY DRS STRICKER AND DOUGLASS? LIES, LIES AND DAMNED LIES IS THE GOVERNMENT WAY. TELL THE TRUTH AND LOSE YOUR JOB!

HAPPY HOLIDAYS

H.H. DICK HEDLUND
1050 S. KING ST. APT. 25
HONOLULU HI 96814-2122

DEC 7 PH SURVIVOR
WWII VETERAN
GUADALCANAL

Pearl Harbor, Hawaii, was rediscovered by Captain [illegible] in 1778. It is [illegible] America's [illegible] Bases. The USS Arizona Memorial may be seen in the center of this aerial photograph.

Distributed by Pacific Promotions, Hawaii
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HONOLULU HI 045509 10001 1993

USA 19

RECEIVED
DEC 14 1993

CHRISTINE M. GEBBIE
THE WHITE HOUSE
WASHINGTON, D.C.
20006

SHOW THIS TO MR CLINTON W/MY REGARDS!

THE WHITE HOUSE

WASHINGTON

December 20, 1993

J.P. Myer, M.D.
I.N.R.S. BP 27
Av De Bourgogne
54500 Vandoeuvre
France

Dear Dr. Myer:

Thank you for your letter requesting a copy of the article, "You, Me, or Us: Prevention and Health Promotion." The article is enclosed.

Sincerely,

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

Enclosure

RECEIVED

12/7/93

Dear Dr. Gebbie:
Please send me a copy of your article:
"You, Me, or Us - Prevention and Health Promotion"
published in Amer J Prev Med
9/5 (SEP-OCT 1993)
p.321-323

DEC 14 1993

J.P. MEYER md

Author: Please use this adhesive label to mail requested material.

Requested by:
J.P. MEYER md
I.N.R.S. BP 27
Av de Bourgogne
54500 Vandoeuvre
FRANCE

Thank You
REQUEST-A-PRINT.®

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54 VANDŒUVRE LES NANCY 8-12-93 M THE ET MELLE

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TO:
K GEBBIE
1060
750-17TH NW
WASHINGTON,DC 20500 USA

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Martin Delaney
Project Inform
1965 Market Street, Suite 220
San Francisco, CA 94103

Dear Martin:

I received the attached letter from ACT UP - Cleveland requesting information on the Madison Project. I would appreciate your response to this request. Thank you for your help.

Sincerely,

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

Attachment

ACT UP
THE AIDS COALITION TO UNLEASH POWER
CLEVELAND

Dear Kristina,

Please Send Me a Copy of the Madison Project, plus Any information you may have about it.

Thank You!

Mike McCort

Fax: 216-621-2253

Send this to Project uptown

The AIDS Coalition To Unleash Power is a diverse, non-partisan group of individuals united in anger and radically committed to direct action to end the AIDS crisis.
ACT UP/Cleveland 1430 West 29th Street Suite #6 Cleveland, Ohio 44113
PHONE 216.621.2233 FAX 216.621.2733

SILENCE=DEATH

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Catherine Mueller
2925 Charleston
Albuquerque, NM 87110

Dear Ms. Mueller:

Thank you for sharing your thoughts on AIDS. It was particularly good to hear from Albuquerque. I agree with you that we must all work harder to end this epidemic, but the government must and shall continue to base its policies on the basis of sound science.

I am also attaching a complete copy of my remarks before the Association of American Reproductive Professionals, which you may find more informative than the quote in the newspaper.

Sincerely,

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

Enclosure

No way is U.S. too sexually repressed

Even as Attorney General Janet Reno was on Capitol Hill the other day castigating a culture addicted to gratuitous violence, the administration's AIDS czar Kristine Gebbie was telling a conference on teen pregnancy that this country should be less "Victorian" and "repressed."

All the talk about sex "in terms of don't and disease" is not working, Gebbie told the conference. American society undervalues sexuality "as an essentially important and pleasurable thing," she said, and so "misrepresents information, denies sexuality early, denies homosexual sexuality, particularly in teens, and leaves people abandoned with no place to go."

Maybe more public emphasis on the pleasurable nature of sex would help pregnant teens find someplace to go, but we doubt it.

So did the spin doctors at the White House, apparently. They promptly issued a clarification quoting Gebbie as saying, "Abstinence is the surest prevention of HIV transmission and must be communicated as part of the complete prevention message." Indeed it must.

Scripps Howard News Service

DOONESBURY

By Garry Trudeau

November 15, 1993

Dear Ms. Gebbie:

Shame for the above irresponsible statement!

I dare say that if our nation were not so obsessed with sex... particularly irresponsible sex....fifty percent of our nation's problems would diminish. Our once rich culture is in decline because the left is equating immorality with civil rights. We have megasocial problems and shred taxpayers are funding this immorality to the tune of hundreds of billions of dollars yearly.

Homosexuality is the most disgusting type of behavior known to man. Gays have now spread their diseases to the heterosexual population. Why spend billions on research? A cure will never be found until behavioral patterns change.

Sincerely,

Catherine Mueller

Christine Hebie
My two girls graduated from Sandia High

December 2, 1993

THE SAN FRANCISCO EXAMINER
Forum

Responding to "Costly AIDS fight fails, study says," which was published in the Albuquerque Tribune. It comes as no surprise that the effort to slow the spread of HIV infection has been a dismal failure.

If hundreds of billions of dollars were spent yearly on research, a cure would not be found. Containment of the virus can be found in lifestyles, not laboratories. Already in the mid-1980s, former Congressman William Dannemeyer, R.California, was addressing AIDS as a moral and health issue instead of as a civil rights demand. For calling for mandatory testing of those in high risk groups, he was harassed and his life threatened. He lost the United States Senate seat last year because his opponent was backed by gay activists and Hollywood money.

AIDS would be under control today if treated as a communicable disease from the outset. The disgusting gay parades, the arrogant and demanding attitude of the homosexual activists, and their total disregard of sexual responsibility has diminished the compassion of mainstream America.

Catherine Mueller
505 884-5265
Albuquerque, New Mexico

MEMO TO: PEOPLE IN RESPONSIBLE POSITIONS IN GOVERNMENT, HEALTH, AND THE MEDIA:

Forced attention on gay/lesbian "rights," defense of their destructive agenda in the name of "tolerance," and forced funding through taxation of their diseases, which have now spread to others, is one of the biggest hoaxes ever perpetrated on the American people. Man lusting after man and woman lusting after woman and the disgusting things these people do, resulting in a deadly disease, is our nation's greatest outrage!

On the eve of World AIDS day, I turned every indoor and outdoor light on for three hours. This symbolized LIGHT to a nation which is in chaotic, moral darkness.....Unless our Surgeon General, Secretary of Health and Human Services, AIDS Czar and the gaggle of liberal politicians and pusilanimous columnists see the light, and start treating the AIDS epidemic with tough love and common sense, instead of from an emotional viewpoint, sexual diseases will continue to ravage and bankrupt our nation....and America will lose an entire generation of young people.

IMMORAL LIFESTYLES SHOULD BE STIGMATIZED.....NOT PROMOTED, FUNDED and LEGISLATED

Mass Mailing

THE WHITE HOUSE

WASHINGTON

December 20, 1993

MEMORANDUM

TO: David A. Kessler, Commissioner of Food and Drugs

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

SUBJECT: Letter on AIDS prevention product

The attached letter was brought to my attention. Please act as appropriate. Thanks.

Attachment

TO:	FROM: Iris Ellis	DATE: / /
FAX #: 202/408-1096	FAX #: 904/733-8877 PHONE #: 904/733 8877	PAGES INCLUDING THIS PAGE:

Kristine Gebbie
Office of National Aides Policy
750 17th St. NW Suite 1060
Washington DC 20503i
Dear Ms. Gebbie:

Number refer to FDA

I saw you on the TODAY SHOW today and wasn't thrilled with Stone Philips remark about "Little Snow White..." When I researched & created the only data base in the world for factory outlets, I learned that all of us know more than any one of us. The inflow of information from plain, ordinary people was astounding. Private enterprise can surprise you with information that you need and sometimes you don't even know that you need it. I think that some Aides prevention information needs to be shared with you because the information should be made available to the public.

My husband & I learned about this company called VisionQuest yesterday. This company manufactures and markets a CPR Mask that allows the owner to give or receive CPR without exchanging body fluids with a total stranger. CPR has the same potential to spread Aides as other, more publicized methods and yet when you think about CPR for a loved one, would you allow a stranger to "help," without knowing if the stranger had Aides, hepatitis or tuberculosis? Chances are that you would take the "help" and also the risk.

I think the public needs to know that they have a choice about exposing themselves to such terrible risks and your interviewers need to know that you are on top of private enterprise activities as well as the widely published scientific advances.

You can call VisionQuest at 800/CPR-4474 and get more information than I can give you. I do know that New York State has already made it mandatory that some businesses have both a child and adult mask on the premises. I also know this mask meets FDA, OSHA AND JAMA guidelines. Within a year state law s should be adopted across the United States requiring businesses to stock this device, health care professions and other businesses are already covered by Federal Law (OSHA regulated) in the USA.

Ingenuity and imagination spring from everywhere but it can be just as valid as government or Universities or the laboratories. I urge you to investigate this product for yourself and when you are satisfied with it's worth for the American people, endorse the product as one advance made under your term. I hope this information has some value to you, it irks me no end to see women suddenly allowed in National offices and then attacked before they even have time to learn the political ground rules. Best luck for your next interview.

Sincerely,

Iris Ellis, 904/733-8877, I checked with Anthony before I wrote this fax, he urged me to send it to you even if my broken arm precludes a proper signature.

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Iris Ellis

Sent via telefax (904) 733-8877

Dear Ms. Ellis:

Thank you for writing to share your thoughts and concerns on AIDS prevention. I have forwarded your letter to the Food and Drug Administration for any further action. I appreciate you interest in this challenging issue.

Sincerely,

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

THE WHITE HOUSE

WASHINGTON

December 20, 1993

Vincent Maloney
8 Pond Street
Seymour, CA 06483

Dear Mr. Maloney:

Thank you for writing to share your ideas on health care reform and treatment access. Yes, I am actively working to be sure the reform proposals are appropriate for people with HIV infection. I appreciate your interest in these challenging issues. Please stay in touch.

Sincerely,

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

8 Pond St
Seymour, CT
Nov. 14, 1993

Ms Kristine Gebbie
AIDS Czar
The White House
Washington, DC 20500

Dear Ms Gebbie,

I hope you are actively involved in helping to shape health care reform from the perspective of the needs of people with AIDS. If not, I urge you to do so, or see to it that somebody takes on this responsibility. Ideally, health care reform should be a vehicle for ending the AIDS crisis (and putting you out of a job - at least this job!).

One issue of considerable importance is access to experimental (i.e. non-FDA-approved) treatments. Although this issue affects people with other diseases, the AIDS crisis has illuminated its importance like nothing else has. I recently attended a conference on pediatric AIDS where I was shocked to learn that 80% of all pharmaceuticals approved for adults are not approved for children (!).

The FDA is proposing a rule change that will give them more flexibility on pediatric drug approvals, and I hope this is done expeditiously.

This can be a problem even for people with insurance, because many policies only cover FDA-approved treatments. Until the FDA finally approved tacrin for treatment of Alzheimer's disease (after rejecting it twice), elderly people had to go through the indignity of smuggling tacrin in from Mexico, where it is available.

This must stop.

Treatment decisions should be made by doctors and patients only, with no third parties involved: the FDA, insurance companies, public assistance agencies, or the soon-to-be-organized health alliances.

Thank you for your prompt and thorough attention to this issue.

Sincerely,

Vincent C. Maloney Jr.

THE WHITE HOUSE

WASHINGTON

December 20, 1993

John S. Roberts
P.O. Box H
Hobart, IN 46342

Dear Mr. Roberts:

Thank you for writing to share your thoughts and concerns on acetaldehyde. I appreciate your interest in the challenging issues related to HIV/AIDS treatment.

Sincerely,

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

Copy To Ms. GEBBIE

DECEMBER 6, 1993

DEC 10 1993

CENTER FOR DISEASE CONTROL
MAIL STOP E29
1600 CLIFTON ROAD
ATLANTA, GEORGIA 30333

DEAR SIRS,

WOULD YOU PLEASE REVIEW THE ATTACHED LETTERS.

I HAVE TALKED WITH MRS. NORRIS, AND SHE DOES NOT MIND THAT I "GO PUBLIC" WITH THE LETTER I WROTE TO HER AND THE LETTER SHE WROTE TO YOU.

THERE IS A MINOR CLARIFICATION I WOULD LIKE TO MAKE TO HER LETTER TO YOU - I HAVE NOT COPYRIGHTED OR PATENTED THE "DISULFIRAM/ALCOHOL PROCEDURE" ITSELF. THIS MEDICAL PROCEDURE HAS BEEN IN EXISTENCE FOR YEARS AND DOES NOT NEED FDA APPROVAL OR ANY OTHER TYPE OF APPROVAL (OTHER THAN THE PATIENT'S) TO IMPLEMENT. IT IS BETTER KNOWN AS THE "ANTABUSE" AVOIDANCE THERAPY TREATMENT FOR ALCOHOLISM.

AT THIS TIME, WOULD YOU PLEASE ANSWER THESE QUESTIONS FOR ME:

1. DOES ACETALDEHYDE DESTROY HIV IN THE TEST TUBE?

2. WAS ACETALDEHYDE ON THAT LIST OF 40,000 CHEMICAL COMPOUNDS TESTED AT FREDERICK, MARYLAND AND BIRMINGHAM, ALABAMA TO SEE IF ANY COULD DISABLE HIV?

IN ADDITION, MIGHT YOU HAVE A SPECULATIVE ANSWER TO EXPLAIN THE DRAMATIC RESULTS OBTAINED BY THE LANG STUDY?

FOR MY OWN PART, I AM MYSTIFIED AS TO WHY THE RESULTS OF THIS STUDY DID NOT MAKE A BANNER HEADLINE IN NEWSPAPERS THROUGHOUT THE WORLD; THE HEADLINE MIGHT HAVE READ -

<u>FRENCH AIDS STUDY SHOWS IMPROVEMENT OF CLINICAL STATUS IN 42% OF TEST SUBJECTS</u>

I THINK THE "DISULFIRAM/ALCOHOL PROCEDURE" IS WORTH A CLINICAL TRIAL.

IT NEED NOT TO BE COMPLICATED - ONE OR TWO PATIENTS, SIMILAR IN CONDITION TO THOSE OF LANG'S, COULD BE RECRUITED TO REPORT TO A HOSPITAL ROOM ONCE A WEEK FOR 16 WEEKS (THE LENGTH OF THE LANG STUDY) WHEREIN THEY WOULD BE ADMINISTERED A MILD TO MODERATE APPLICATION OF "ANTABUSE" THERAPY.

THIS QUESTION NEEDS TO BE ANSWERED - IN THE HUMAN BODY WHAT IS THE EFFECT OF UNMETABOLIZED ACETALDEHYDE UPON HIV?

I THINK THE LANG STUDY GIVES US A CLUE AS TO WHAT THE ANSWER MIGHT BE.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

COPIES TO:

CONGRESSMAN PETER J. VISCLOSKY, INDIANA
CONGRESSMAN GEORGE DARDEN, GEORGIA
MRS. JOYCE M. NORRIS, ACWORTH, GEORGIA
PROFESSOR RUSSELL F. MANKES, THE ALBANY MEDICAL COLLEGE
PROFESSOR SUBBIAH SIVAM, INDIANA UNIVERSITY SCHOOL OF MEDICINE
MS. KRISTINE M. GEBBIE, RN, MN, NATIONAL AIDS POLICY COORDINATOR, THE WHITE HOUSE
DR. JACK WHITESCARVER, NATIONAL INSTITUTES OF HEALTH
MR. LARRY KRAMER, NEW YORK CITY
MR. DAVID GOLD, GAY MEN'S HEALTH CRISIS, NEW YORK CITY
ACT-UP, NEW YORK CITY
MS. BETTY STERN, FAMILY AIDS SUPPORT NETWORK, CHICAGO
DR. ROBERT JOBST, HOWARD BROWN MEMORIAL CLINIC, CHICAGO
MR. MICHAEL T. JAMES, the KUPONA network, CHICAGO
DR. RICARDO RIVERO, HISPANIC HEALTH ALLIANCE, CHICAGO
MS. BRENDA LEIN, PROJECT INFORM, SAN FRANCISCO

John - I spoke with someone who worked for CDC. He made some calls & was told to mail in as shown.
Needless to say — good luck!
Joyce

2587 Valleyhill Drive
Acworth, Georgia 30102
November 9, 1983

Centers for Disease Control
Mail Stop E29 — AIDS research group.
1600 Clifton Road
Atlanta, Georgia 30333

Re: *A Proposal for a Procedure Which Might Prove to be Effective in Destroying the HIV Virus* by John S. Roberts

Gentlemen:

The enclosed package contains research done by Mr. John S. Roberts of Portage, Indiana. He is anxious to get someone, somewhere to conduct a clinical trial of the Disulfiram/Alcohol Procedure.

He has copyrighted the procedure but has given his permission to any agency of local, state or federal government which wishes to make multiple copies of the file to distribute to whomever may ask.

The recent death of my son due to AIDS and the fact that my only other child has AIDS prompted Mr. Roberts (a distant relation) to ask me to forward this information to you in the hope that it may be of benefit to mankind. I am even enclosing his personal letter to my husband and me because it states the two questions that he feels need to be addressed.

Mr. Roberts may be contacted at (219) 763-1933. His mailing address is 5086 Sunrise Avenue, Portage, Indiana 46368.

Sincerely,

Joyce M. Norris

Enclosure

cc/wo Mr. John S. Roberts

November 1, 1993

Dear Chuck and Joyce,

June told me how AIDS has devastated your family I am so sorry to hear about it.

I hope that Dan can derive some benefit from my Research.

Please always keep in mind the following fact-

The Medical condition of MANY of the AIDS patients in the LANG study improved.

The NATIONAL INSTITUTES OF HEALTH has not yet answered the question I posed in my letter of October 6, 1993.

In fact, two other questions which I Raised in my Research have never been answered:

① Does Acetaldehyde destroy the HIV virus in the test tube?

② Was acetaldehyde on that list of 40,000 chemical compounds tested at Frederick, Maryland and Birmingham, Alabama to see if any could disable the Aids virus?

Since you live close to ATLANTA, would you happen to know someone who might know someone who works at the CENTER FOR DISEASE CONTROL? I would be most interested to know what they think of my ResearcH.

I am continuing in my efforts to get someone, somewhere to conduct a clinical trial of the "Disulfiram/Alcohol Procedure". I'll be the first person to shut up about all this if a clinical trial proves me wrong. However, I think that I am Right- the Lang Study is the basis for my certainty.

Love,

Johnny Robert

5086 SunRise Ave.
PORTAGE, Indiana 46368
219-763-1933

NOVEMBER 7, 1993

JACK WHITESCARVER, Ph.D.
DEPUTY DIRECTOR
OFFICE OF AIDS RESEARCH
NATIONAL INSTITUTES OF HEALTH
BUILDING: 1
ROOM: 201
BETHESDA, MARYLAND 20892

DEAR DR. WHITESCARVER,

YESTERDAY MORNING I COMPOSED THE ATTACHED LETTER TO YOU.

WHEN I WENT TO THE POST OFFICE IN THE AFTERNOON I FOUND THAT YOU HAD, INDEED, REPLIED TO MY LETTER OF OCTOBER 6.

I HAVE DECIDED TO TYPE UP AND MAIL YESTERDAY'S LETTER TO YOU ANYWAY SINCE IT REFLECTS MY MOST CURRENT THINKING.

I AM STILL CURIOUS TO KNOW THE ANSWER TO CERTAIN QUESTIONS; HOWEVER, I WILL TROUBLE YOU NO FURTHER.

AT THIS TIME, ALTHOUGH YOU HAVE DISMISSED MY HYPOTHESIS, I WISH TO THANK YOU, DR. BADER, DR. HEALY AND DR. WILSON FOR THE TIME AND CONSIDERATION YOU HAVE AFFORDED ME.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

COPIES TO: CONGRESSMAN PETER J. VISCLOSKY
PROFESSOR RUSSELL F. MANKES, THE ALBANY MEDICAL COLLEGE
MS. KRISTINE M GEBBIE, RN, MN, NATIONAL AIDS POLICY COORDINATOR
INDIANA UNIVERSITY SCHOOL OF MEDICINE, NORTHWEST CAMPUS, DR. SUBBIAH SIVAM
AND OTHERS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

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

NOV 0 1 1993

Mr. John S. Roberts
Post Office Box H
Hobart, Indiana 46342

Dear Mr. Roberts:

In response to your letter of October 6, I note that you continue to propose that acetaldehyde could effectively inactivate the human immunodeficiency virus (HIV) *in vivo* and that acetaldehyde could account for different research results that have arisen from studies of diethyldithiocarbamate (DTC).

The NIH receives numerous research proposals and suggestions for developing anti-HIV therapies each year. The selection of agents for further consideration is based on compelling scientific and clinical data and a rationale based on the biochemical\molecular properties of HIV and the immune system. To date, the NIH has not identified any compelling data or a convincing rationale to pursue acetaldehyde as an anti-HIV agent. The fact that conflicting research exists on DTC does not lend credibility to the acetaldehyde theory, because there is no known variable between the DTC studies that would suggest a determining role for acetaldehyde.

Currently, the NIH is analyzing data from a DTC study conducted at Johns Hopkins University in an effort to determine if it can boost the immune system response to HIV by boosting intracellular glutathione, which is an antioxidant. Beyond this, there are no immediate plans to pursue the analysis of DTC further.

Sincerely,

Jack Whitescarver

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

NOVEMBER 6, 1993

JACK WHITESCARVER, Ph.D.
DEPUTY DIRECTOR
OFFICE OF AIDS RESEARCH
NATIONAL INSTITUTES OF HEALTH
BUILDING: 1
ROOM: 201
BETHESDA, MARYLAND 20892

DEAR DR. WHITESCARVER,

LAST MONTH I MAILED TO YOU A PACKET OF MY RESEARCH WHICH INCLUDED A PREFACE LETTER - COPY ATTACHED.

AS OF THIS DATE I HAVE NOT YET RECEIVED A REPLY FROM YOU.

AGAIN, I MUST ASK - CAN THE NATIONAL INSTITUTES OF HEALTH OFFER AN EXPLANATION FOR THE DRAMATIC DIFFERENCE IN RESULTS THAT WERE OBTAINED BY THE REISINGER AND LANG STUDIES?

IN ADDITION, DURING THE COURSE OF MY RESEARCH I RAISED TWO QUESTIONS WHICH HAVE NOT YET BEEN ANSWERED BY ANYONE:

1. DOES ACETALDEHYDE DESTROY HIV IN THE TEST TUBE?

2. IN HIS BOOK, AGAINST THE ODDS-THE STORY OF AIDS DRUG DEVELOPMENT, POLITICS & PROFITS, DR. PETER S. ARNO STATED:

   "BETWEEN 1987 AND 1991 THE NATIONAL CANCER INSTITUTE TESTED 40,000 CHEMICAL COMPOUNDS AT FACILITIES IN FREDERICK, MARYLAND AND BIRMINGHAM, ALABAMA, TO SEE IF ANY COULD DISABLE THE AIDS VIRUS."

   WAS ACETALDEHYDE ONE OF THE CHEMICAL COMPOUNDS TESTED?

IF THE ANSWER TO THESE TWO QUESTIONS IS "YES" AND "NO" RESPECTIVELY, I THINK THAT THERE IS MERIT TO GIVING THE "DISULFIRAM/ALCOHOL PROCEDURE" A CLINICAL TRIAL.

IN ANY EVENT, THIS FACT IS INDISPUTABLE - THE MEDICAL CONDITION OF MANY OF THE AIDS PATIENTS IN THE LANG STUDY IMPROVED AND THEY WERE NOT TAKING AZT.

ANOTHER FACT IS PROBABLY INDISPUTABLE AS WELL - THESE FRENCH PATIENTS WERE DRINKING WINE WITH THEIR MEALS.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

COPIES TO: CONGRESSMAN PETER J. VISCLOSKY, PROFESSOR RUSSELL F. MANKES, MS. KRISTINE M. GEBBIE, DR. SUBBIAH SIVAM, AND OTHERS

OCTOBER 6, 1993

JACK WHITESCARVER, Ph.D.
DEPUTY DIRECTOR
OFFICE OF AIDS RESEARCH
NATIONAL INSTITUTES OF HEALTH
BUILDING: 1
ROOM: 201
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20892

DEAR DR. WHITESCARVER,

ATTACHED IS A COPY OF YOUR SEPTEMBER 22 LETTER.

CAN THE NIH OFFER AN EXPLANATION OF THE DIFFERENCE IN RESULTS OBTAINED BY THE REISINGER AND LANG STUDIES?

IN MY OPINION, THE LANG STUDY COULD BE VIEWED AS A REPRESENTATION OF THE EFFECTIVENESS IN VIVO WHICH UNMETABOLIZED ACETALDEHYDE HAS IN DESTROYING HIV.

AS YOU SUGGESTED, I AM RE-EXAMINING THE LITERATURE, BUT I HAVE NOT YET COME ACROSS A STUDY WHICH WOULD ABNEGATE MY HYPOTHESIS.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

COPIES TO CONGRESSMAN PETER J. VISCLOSKY
PROFESSOR RUSSELL F. MANKES, THE ALBANY MEDICAL COLLEGE
MS. KRISTINE M. GEBBIE, RN, MN, NATIONAL AIDS POLICY COORDINATOR
INDIANA UNIVERSITY SCHOOL OF MEDICINE, NORTHWEST CAMPUS, DR. SUBBIAH SIVAM
AND OTHERS

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

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

SEP 2 2 1993

Mr. John S. Roberts
Post Office Box H
Hobart, Indiana 46342

Dear Mr. Roberts:

Your memo to the Acting Director of the National Institutes of Health (NIH), Dr. Ruth L. Kirschstein, has been forwarded to the Office of AIDS Research.

In regard to your inquiry about the HIV/AIDS drug screening program conducted by the National Cancer Institute (NCI), we can tell you that acetaldehyde has not and will not be evaluated for anti-HIV properties. The reason why acetaldehyde is not considered a viable candidate for evaluation has been explained in a letter to you by Dr. John P. Bader, head of this program at the NCI. Acetaldehyde is a normal metabolite of the human body that would not significantly hinder HIV infection.

For an understanding of the pharmacological properties of Ditiocarb in relation to HIV infection, we suggest you consult your local librarian. Over 25 articles on this agent have been published since 1989 and none of them support the notion that acetaldehyde has a significant role in altering the course of HIV infection.

Sincerely,

Jack Whitescarver

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

SEPTEMBER 17, 1993

MS. KRISTINE M. GEBBIE, RN, MN
NATIONAL AIDS POLICY COORDINATOR
THE WHITE HOUSE
WASHINGTON

DEAR MS. GEBBIE,
ATTACHED TO THIS LETTER IS A COPY OF THE REISINGER STUDY -

"INHIBITION OF HIV PROGRESSION BY DITHIOCARB".

ATTACHED TO MY JUNE 26, 1993 LETTER TO CONGRESSMAN VISCLOSKY IS A COPY OF THE LANG STUDY -

"RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF DITIOCARB SODIUM ('IMUTHIOL') IN HUMAN IMMUNODEFICIENCY VIRUS INFECTION".

WHETHER OR NOT I AM RIGHT OR WRONG ABOUT THE "DISULFIRAM/ALCOHOL PROCEDURE", I THINK A FUNDAMENTAL QUESTION NEEDS TO BE ADDRESSED AT THIS TIME -

WHAT ACCOUNTED FOR THE DRAMATIC DIFFERENCE IN RESULTS OBTAINED BY THESE TWO STUDIES?

LET'S LOOK AGAIN AT WHAT REISINGER AND LANG HAD TO SAY ABOUT THEIR RESPECTIVE AIDS PATIENTS WHO EACH RECEIVED 10mg/KG OF DITIOCARB (DTC) ORALLY ONCE A WEEK:

REISINGER - "ORALLY DTC TENDED TO DECREASE HIV-RELATED DISEASES, BUT THE DIFFERENCE FROM THE ORAL PLACEBO GROUP WAS NOT SIGNIFICANT." (P.682)

LANG - "THE DISEASE DID NOT PROGRESS TO CDC-DEFINED ACQUIRED IMMUNODEFICIENCY SYNDROME IN THE DITIOCARB GROUP BUT DID SO IN 4 PATIENTS IN THE PLACEBO GROUP (3 BETWEEN WEEK 0 AND 16, 1 BETWEEN WEEK 17 AND 32). DITIOCARB WAS ALSO ASSOCIATED TO A SIGNIFICANTLY GREATER EXTENT THAN PLACEBO WITH RELIEF OF CONSTITUTIONAL SYMPTOMS, IMPROVEMENT IN CLINICAL STATUS (INCLUDING SHRINKAGE OF ENLARGED SPLEEN AND LYMPH NODES), AND IMPROVEMENT IN IMMUNE FUNCTION (AS MEASURED BY CD4+ CELL COUNT AND SKIN TEST REACTIVITY). WHEN PLACEBO WAS REPLACED BY DITIOCARB, SIMILAR IMPROVEMENTS WERE OBSERVED, WHEREAS SYMPTOMS SLOWLY REAPPEARED AND CD4+CELL LEVELS PROGRESSIVELY DECLINED WHEN DITIOCARB TREATMENT WAS REPLACED BY PLACEBO." (P.702)

LANG - "ALL THE 9 PATIENTS IN THE DITIOCARB GROUP WITH A HISTORY OF WEIGHT LOSS AT ENTRY REGAINED NORMAL WEIGHT AFTER 16 WEEKS' TREATMENT. THE SPLEEN BECAME IMPALPABLE IN 4 OF THE 7 DITIOCARB RECIPIENTS, BUT IN NONE OF 8 PLACEBO RECIPIENTS, WITH SPLENOMEGALY AT ENTRY." (P.704)

LANG - "WHEN CHANGE IN CLINICAL STATUS WAS SCORED AS IMPROVED, STABLE, OR WORSE BY THE PHYSICIANS AFTER 16 WEEKS, 42% OF DITIOCARB RECIPIENTS HAD IMPROVED COMPARED WITH ONLY 5% IN THE PLACEBO GROUP ($p < 0.01$)." (P.704)

LANG - TABLE II (P.704) HIGHLIGHTS THE "DISAPPEARANCE OF CONSTITUTIONAL SYMPTOMS" AND THEY ARE "PERSISTENT DIARRHOEA, WEIGHT LOSS, PERSISTENT FEVER". THIS TABLE ALSO HIGHLIGHTS THE "DISAPPEARANCE OF SPLENOMEGALY".

AND TO TOP IT OFF, THE LANG STUDY SHOWED AN INCREASE IN THE CD4-POSITIVE LYMPHOCYTES (T-HELPER CELLS) -TABLE III, P.704- AND STATES (P.705):

"THE PRESENT FINDINGS, AND THOSE ACCOMPANYING LONG-TERM ADMINISTRATION OF DITIOCARB (3 YEARS), CLEARLY SHOW THAT THE CD4+ CELL-DEFECT IS NOT AGGRAVATED. IN FACT, THE REVERSE OCCURRED, WITH DITIOCARB PRODUCING AN INCREASE IN CD4+ CELLS AND IMPROVEMENT IN CONSTITUTIONAL SYMPTOMS OF AIDS-RELATED COMPLEX. FURTHERMORE, PRELIMINARY DATA IN A SMALL NUMBER OF PATIENTS INDICATE THAT DITIOCARB DOES NOT ENHANCE HIV REPLICATION IN VITRO OR IN VIVO."

WHEREAS WITH REISINGER (P.681) THESE CELLS ".....DECREASED IN PERIPHERAL BLOOD IN ALL TREATMENT GROUPS DURING THE STUDY."
AGAIN, WHAT ACCOUNTED FOR THIS DRAMATIC DIFFERENCE IN RESULTS?

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

COPIES WITH ENCLOSURES TO: CONGRESSMAN PETER J. VISCLOSKY
PROFESSOR RUSSELL F. MANKES, THE ALBANY MEDICAL COLLEGE
DR. RUTH KIRSCHSTEIN, ACTING DIRECTOR,
NATIONAL INSTITUTES OF HEALTH
INDIANA UNIVERSITY SCHOOL OF MEDICINE, NORTHWEST CAMPUS,
ATTENTION DR. SUBBIAH SIVAM

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Inhibition of HIV progression by dithiocarb

EMIL C. REISINGER PETER KERN MARTIN ERNST
PAUL BOCK HANS D. FLAD MANFRED DIETRICH
AND GERMAN DTC STUDY GROUP*

60 patients with HIV-1 infection in Walter Reed stages 2–4 were randomised to treatment with intravenous or oral dithiocarb (diethyldithiocarbamate, DTC) or placebo for 24 weeks in a paired double-blind design. 55 patients were evaluable at the end of the study: no patient who had received DTC but 6 placebo patients had AIDS, a significant difference. Significantly delayed disease progression was observed in the intravenous DTC group compared with its matching placebo. The benefit in the oral DTC group was not statistically significant. During an 18-month follow-up 3 deaths occurred in the original placebo groups, whereas no patient who had initially received DTC died. A significant delay in progression to AIDS was observed in the DTC groups.

Lancet 1990; **335**: 679–82.

Introduction

Dithiocarb (diethyldithiocarbamate, DTC) inhibits HIV-1 expression and reverse transcriptase activity in peripheral blood lymphocytes from patients with HIV-1.[1] DTC may restore immune function by modulating T-cell differentiation in vitro, in immunodepressed BALB/c mice, and in man.[2-4] In phase I studies DTC was well tolerated by HIV-1 infected patients with persistent generalised lymphadenopathy; clinical and immunological variables improved.[5-7] A dose response study in patients with AIDS-related complex (ARC) or AIDS showed that doses up to 400 mg/m² administered once weekly were not toxic whereas 800 mg/m² either once or twice a week had side-effects.[8] Despite the short serum half-life of DTC some effects of this drug last up to 7 days, indicating rapid intracellular penetration.[9,10] Lang et al[11] demonstrated clinical and immunological benefit with oral DTC in HIV-1 infected patients. We have compared the intravenous or oral route for DTC with placebo.

Patients and methods

Patients

Patients were recruited in Hamburg and the surrounding region. The study accorded with ethical committee standards. All patients

*Members of the group: Ali Dorlemann, Stephan Schwander, Dirk Berzow, Herbert Schmitz, Paul Racz (Bernhard Nocht Institute for Tropical Medicine), Arndt Gottesleben (General Hospital Ochsenzoll), and Andreas Plettenberg, Wilhelm Meigel (General Hospital St Georg, Hamburg)

ADDRESSES: Clinical Department, Bernhard Nocht Institute for Tropical Medicine, Hamburg (E. C. Reisinger, MD, P. Kern, MD, Prof M. Dietrich, MD); Department of Immunology and Cell Biology, Forschungsinstitut Borstel (M. Ernst, MD, Prof H. D. Flad, MD); and Institut Mérieux (P. Bock, MD), Leimen, West Germany. Correspondence to: Prof M. Dietrich, Bernhard Nocht Institute for Tropical Medicine, Bernhard-Nocht-Str 74, 2000 Hamburg 36, West Germany.

TABLE I—DETAILS OF PATIENTS (n = 15 PER GROUP)

	Intravenous route		Oral route	
—	DTC	Placebo	DTC	Placebo
Drop-outs	2	1	2	1
Homosexual	13	13	14	15
Drug abuser	0	0	1	0
Transfusion	1	0	0	0
Heterosexual	1	2	0	0
Age (yr)	37 (8)*	39 (9)	33 (7)	34 (9)
Weight (kg)	70 (11)	75 (8)	72 (8)	74 (9)

*Mean (SD)

were informed about DTC, including possible side-effects, and the study design. All gave written consent. Inclusion criteria were male sex, 18–55 years, serum antibodies against HIV-1, Walter Reed stage 2–4, normal blood counts, and normal serum creatinine and liver enzyme levels.

113 patients were evaluated as candidates for the study between May, 1986, and November, 1987. 11 patients did not fulfil the inclusion criteria. 60 were matched randomly into pairs (table I). Matching was for: age (difference ± 10 years); T-helper cells (≥ or < 400 µl); T-helper/T-suppressor ratio (maximum difference ± 0·30); CD3 positive lymphocytes (≥ or < 1000/l); delayed skin reactivity ('Multitest Merieux' ≥ or < 10 mm total diameter of all positive reactions); and HBsAg (positive or negative) and positive or negative antibody status to HBcAg, cytomegalovirus, Epstein-Barr virus, and Epstein-Barr nuclear antigen. All patients were offered care by staff psychologists during and after the study.

42 patients could not be matched. Of these, 14 could not be followed-up; AIDS developed in 11 (*Pneumocystis carinii* pneumonia [PCP] 4, Kaposi sarcoma 4, candida oesophagitis 1, lymphoma 2) and 17 did not have AIDS within a mean observation period of 17 (SD 6) months.

Study design and treatment

15 matched pairs of patients were designated for an intravenous study, the other 15 pairs for an oral study. For each route 15 patients received DTC, their corresponding partner received placebo. Randomisation was done by computerised numbering of envelopes. The envelopes were allocated to the patients in numerical order. After matching, treatment was started immediately.

DTC or placebo were administered once weekly for 24 weeks at a dose of 5 mg/kg intravenously or 10 mg/kg orally. The treatment period was followed by a 3-month observation period without drug administration. Subsequently all patients were offered DTC intravenously or orally, according to their wishes, once a week for at least 6 months. Where possible, patients were followed up for an extra 6 months (total 18 months).

6 of the matched patients discontinued treatment and were not entered into data analysis. The withdrawals were not because of side-effects or disease progression.

Clinical and laboratory investigations

A 3-day hospital stay for staging purposes was required before and after the treatment period. All other examinations were performed on an outpatient basis. Clinical, dermatological, and overall assessment were done every 6 weeks; virological and immunological data were obtained every 12 weeks. All patients were examined at the clinical department of the Bernhard-Nocht-Institute; all the laboratory analyses were done in one laboratory and all the immunological investigations in another.

Clinical progression of disease was assessed with the 1986 Centers for Disease Control (CDC) classification.[12] AIDS was diagnosed according to the 1987 CDC surveillance case definition.[13]

TABLE II—T-HELPER CELL COUNTS PER µl BLOOD IN PATIENTS WITH INITIAL COUNT BELOW 814 µl

Route	Time (mo)	Placebo	DTC
Oral	0	467 (193)	493 (204)
	6	442 (327)	428 (167)
	% loss	5·9 (53·5	5·4 (37·7)
Intravenous	0	422 (283)	388 (225)
	6	250 (263)	352 (345)
	% loss	51·4 (35·6)	20·8 (30·4)

Statistics

Sequential analysis was used to compare the outcome of every matched pair and to discontinue the study if one of the regimens was found to be superior. Numbers of subjects with disease progression were compared with the Kaplan-Meier plot and log-rank test. Laboratory values were compared by the Wilcoxon paired test, analysis of variance, or by the paired *t* test when the Kolmogorov-Smirnov test showed a normal distribution.

Results

Development of AIDS

Intravenous route. 4 patients in the placebo group but none in the DTC group had opportunistic infections or Kaposi sarcoma (table II). Of the 4 patients in whom AIDS developed: 1 had PCP, candida pneumonia and cerebral toxoplasmosis; 2 had PCP alone; and 1 had Kaposi sarcoma in a lymph node. No death occurred during the 6 months. However, 3 of the 4 patients with AIDS died 8, 13, and 18 months after diagnosis of Kaposi sarcoma or PCP.

Oral route. 2 patients in the placebo group but none in the DTC group had opportunistic infections (table II). There was recurrent salmonella septicaemia in 1 subject and candida oesophagitis in another. No deaths occurred during the 6 months, but 1 of the patients died of salmonella septicaemia 12 months after diagnosis.

Clinical progression

Intravenous route. 26 patients were available for evaluation as matched pairs. During the treatment period 7 placebo patients were progressively worse than their matched partners ($p < 0·02$) (fig 1). In 2 pairs both partners progressed and in 4 pairs all patients remained the same. Disregarding the matched pairs, 2 of 13 patients who received DTC worsened while 9 of 14 patients receiving placebo worsened ($p < 0·01$).

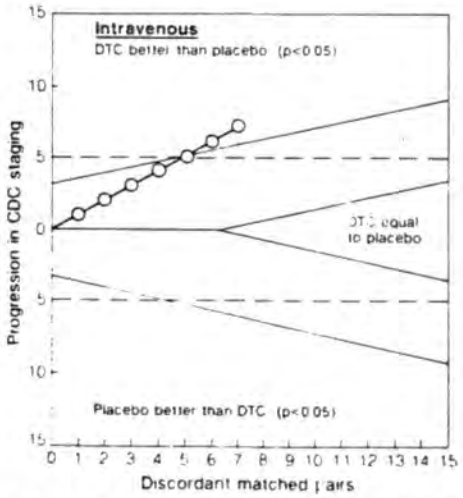

Fig 1—Sequential analysis of intravenously treated matched pairs for CDC class progression.

= DTC placebo benefit

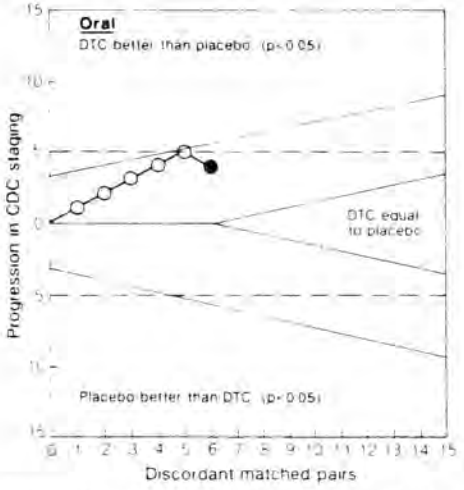

Fig 2—Sequential analysis of orally treated matched pairs for CDC class progression.

○ = DTC and ● = placebo benefit

Oral route 6 of 12 evaluable matched pairs had discordant courses of HIV infection during treatment. In 5 of these pairs the placebo-treated partners worsened and in 1 pair the DTC-treated partner worsened (not significant) (fig 2). In 1 pair both partners were worse and 5 pairs remained the same. Disregarding the matched pairs, 3 of 13 patients on DTC and 6 (a seventh discontinued after 3 months) of 13 on placebo worsened (not significant).

Immunological response

CD4-positive lymphocyte (T-helper cells) decreased in peripheral blood in all treatment groups during the study. In both groups of orally treated patients the decrease in T-helper cells was not significant. However, after 6 months of intravenous treatment, the T-helper cell count dropped significantly in the placebo group ($p < 0·03$) but not in the DTC group. Comparisons of the T-helper cell counts of matched partners did not show significant differences in either group. However, in patients with T-helper cell counts below 814 μl (the 67th percentile before treatment, the proportion of T-helper cells lost during 6 months' treatment was significantly higher in the patients receiving intravenous placebo [51 [36%]] than in their DTC-treated partners [21 [30%]], $p < 0·02$; table II). We also found a significantly higher proportion of interleukin-2 (IL-2) receptor-positive monocytes in patients receiving intravenous DTC than in their matched partners ($p < 0·05$) after 6 months' treatment. No other significant differences were detected in sixteen further phenotype markers on peripheral blood lymphocytes.

Neurological findings

Severe neurological diseases appeared in the intravenous placebo group (cerebral toxoplasmosis, 1; multisegmental herpes zoster, 1) but not in the other groups. Mild neurological (memory loss, concentration loss), psychiatric (anxiety, intermittent signs of depression), and electroencephalographic (brain stem impairment, irregular foci, variation of vigilance, photosensitivity, subcortical instability) findings occurred in all groups before and after medication.

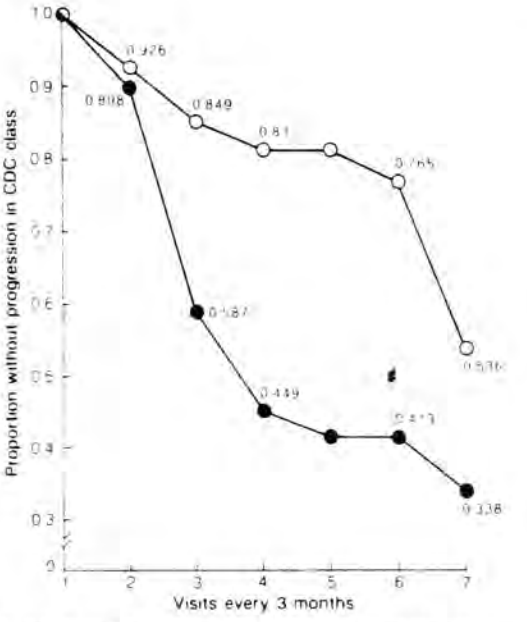

Fig 3—18-month follow-up for CDC-class progression.

Kaplan Meier plots. Logrank = 4·195, $p < 0·05$. ○ = DTC and ● = placebo

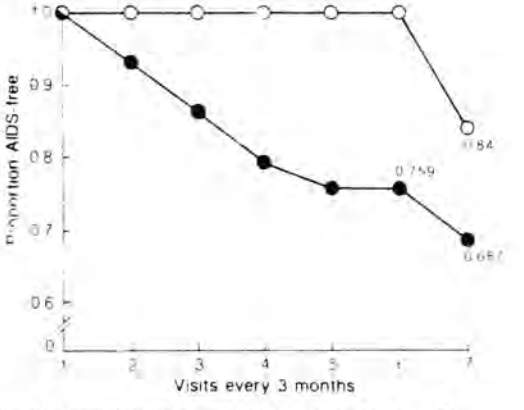

Fig 4—18-month follow-up for progression to AIDS.

Logrank = 3·866, $p < 0·05$. ○ = DTC and ● = placebo

Side-effects

A metallic taste was reported by 77% of the patients in the oral and intravenous DTC groups compared with 25% of patients in the placebo groups. This effect lasted a few hours after intravenous administration and for up to a day after oral treatment. Abdominal discomfort (gastric complaints, flatulence, diarrhoea) occurred in 42% of the patients receiving DTC and in 24% of the placebo patients. **Nausea and fatigue were infrequent in both DTC groups.** Superficial gastritis was diagnosed by endoscopy in 1 patient after 24 weeks of oral DTC. Because of the disulfiram-like effect of DTC, intolerance to alcohol (palpitation, rash, dizziness, nausea, headache) was seen in 4 patients (15%) who reported alcohol consumption within 2 days of DTC administration. However, 11% of placebo-treated patients reported similarly. No allergic toxic reactions, neurological, or haematopoietic side-effects were observed.

Follow-up

21 patients of the original DTC groups and 26 of the original placebo groups were available for follow-up 12 months after completion of randomised treatment. Within 18 months from the start of the study, 3 patients from the original placebo groups died, 8 patients had AIDS, and 18 progressed in CDC staging. In the original DTC groups no patient died, 2 had AIDS, and 9 progressed in CDC staging (figs 3 and 4). The differences in progression to AIDS and in CDC progression were both significant between the original DTC and placebo groups ($p < 0.05$).

Discussion

Intravenous DTC was superior to oral DTC and to placebo in HIV-1 infection. Because of the multifactorial causes of disease progression in HIV infection, we used matched pairs with stringent criteria for admission and matching. Intravenous DTC significantly decreased the frequency of HIV-related diseases and symptoms as defined by CDC stage IV. **Orally DTC tended to decrease HIV-related diseases, but the difference from the oral placebo group was not significant.** Follow-up over 18 months showed a significantly delayed progression to AIDS and a significantly decreased frequency of HIV-related diseases and symptoms in the original DTC groups compared with the original placebo groups. No death occurred in the original DTC groups while 3 patients died in the original placebo groups. The immunological findings suggested that DTC was immunoprotective by stabilising the number of T-helper lymphocytes in peripheral blood when the number was lower before treatment. The number of T-helper lymphocytes in placebo-treated patients decreased significantly. This effect was not seen in the group of patients with counts over 814 µl, which indicates a mechanism of action on impaired immune function.

DTC administration was followed by significantly enhanced IL-2 receptor expression on monocytes.[14] This may be related to in-vivo preactivation of monocytes or to enhanced monocyte/lymphocyte interaction mediated by IL-2.[15] We have found that membrane fluidity of peripheral blood lymphocytes from patients treated longterm was significantly decreased compared with that of untreated HIV-positive patients and non-infected subjects. Decreased membrane fluidity of lymphoid cells has been associated with increased capacity for antigen binding and increased lectin-induced mitogenicity,[16] which was ascribed to an unmasking of membrane antigens and receptors. We suggested that decreased plasma membrane fluidity and thereby enhanced receptor availability and function may account for the beneficial effects of DTC on immune function.[17]

DTC has been reported to have antiretroviral efficacy.[3] However, the virological data from peripheral blood in our study did not show a difference in the virus load of the patients in the different groups before and after treatment. There is no evidence of direct antiretroviral efficacy in vivo, but also no evidence for increased virus load after treatment. Studies on lymph nodes did not show changes in structure or immunohistochemical properties, as has been described in mice.[18]

DTC is fungicidal and insecticidal.[19] Our data support the concept of direct antimicrobial activity of DTC against typical secondary pathogens in HIV-infections.[20] **DTC seems to delay progression of HIV infection by acting at different sites against the underlying disease and secondary pathogens. No severe side-effects were observed.** Intravenous administration of DTC is more effective than oral administration in delaying the progression of HIV-infection in the early symptomatic stages.

We thank Ms D. Malinski and Ms M. Hermes for attending to the patients, Mrs R. Bergmann, Mrs A. van Lunteren, and Mrs J. Schenck for technical assistance; and Mrs T. Thiede for typing the manuscript. We thank Prof G. J. Kreis and Dr K. Tamussino, Graz, for discussing the manuscript. DTC was provided by Institute Merieux, Lyon, France. This study was supported by grant FKZ 11-003-86 from Bundesministerium fur Forschung und Technologie and by Bundesministerium fur Familien, Frauen, Jugend und Gesundheit, Bonn, West Germany.

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THE WHITE HOUSE

WASHINGTON

August 26, 1993

Mr. John S. Roberts
P.O. Box H
Hobart, Indiana 46342

Dear Mr. Roberts:

I was recently contacted by Representative Peter J. Visclosky who forwarded your packet of information regarding a possible treatment for those infected with HIV.

As the AIDS Policy Coordinator, I will advocate public health policy that has a sound scientific basis. You can be assured that I will support the use of any treatment that has been shown to be safe and effective in finding a cure for this disease.

Best of luck with your efforts.

Sincerely,

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

CC: Representative Peter J. Visclosky

THE "DISULFIRAM/ALCOHOL PROCEDURE" IS AN ESTABLISHED MEDICAL PROCEDURE RELATIVE TO THE TREATMENT OF ALCOHOLISM.

I FEEL IT MIGHT HAVE SOME INTRINSIC MERIT RELATIVE TO THE TREATMENT OF AIDS BECAUSE OF THE TOXICITY OF ACETALDEHYDE.

I THINK THAT AIDS PATIENTS SHOULD BE MADE AWARE OF THIS PROCEDURE.

THEY SHOULD AT LEAST BE AFFORDED THE PRIVILEGE OF A CHOICE OF POSSIBLE EFFECTIVE TREATMENTS.

John S. Roberts

AUGUST 31, 1993

TO: _____

ATTENTION: _____

FROM DECEMBER, 1985 TO JUNE, 1986 AN AMAZING THING HAPPENED IN FRANCE -

THE MEDICAL CONDITION OF SOME AIDS PATIENTS IMPROVED, AND THEY WERE NOT TAKING AZT.

THE FACTS ARE RELATED IN ONE OF THE MOST PRESTIGIOUS MEDICAL JOURNALS PUBLISHED IN THE WORLD - "THE LANCET", SEPTEMBER 24, 1988 ISSUE.
AS THE STUDY (ENCLOSED) STATES ON PAGE 704:

"WHEN CHANGE IN CLINICAL STATUS WAS SCORED AS IMPROVED, STABLE, OR WORSE BY THE PHYSICIANS AFTER 16 WEEKS, 42% OF THE DITIOC/RB RECIPIENTS HAD IMPROVED COMPARED WITH ONLY 5% IN THE PLACEBO GROUP ($p < 0.01$)."

WHY THE IMPROVEMENT?
BY READING MY PROPOSAL YOU CAN SEE WHAT I THINK THE ANSWER TO BE.
I AM NOT A PHYSICIAN; CONSEQUENTLY, I CANNOT CONDUCT CLINICAL TRIALS.
MY HOPE IS THAT WHOEVER READS THIS HAS THE INTEREST AND WHEREWITHAL TO CONDUCT CLINICAL TRIALS TO TEST THE VALIDITY AND THE EFFECTIVENESS OF THE "DISULFIRAM/ALCOHOL PROCEDURE".

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

P.S. TO CONGRESSMAN VISCLOSKY: COULD YOU DO ONE MORE THING FOR ME? IN MY PROPOSAL I NOTED THE FACT THAT DR. PETER S. ARNO STATED IN HIS BOOK, AGAINST THE ODDS - THE STORY OF AIDS DRUG DEVELOPMENT, POLITICS & PROFITS: "BETWEEN 1987 AND 1991 THE NATIONAL CANCER INSTITUTE TESTED 40,000 CHEMICAL COMPOUNDS AT FACILITIES IN FREDERICK, MARYLAND, AND BIRMINGHAM, ALABAMA, TO SEE IF ANY COULD DISABLE THE AIDS VIRUS." WOULD YOU PLEASE FIND OUT FROM THE NATIONAL CANCER INSTITUTE IF ACETALDEHYDE WAS ON THAT LIST OF 40,000. THANKS AGAIN FOR ALL YOUR HELP. J.S.R.

ENCLOSED: COPIES OF MY PROPOSAL, MY JUNE 26 LETTER TO CONGRESSMAN VISCLOSKY (INCLUDES "THE LANCET" STUDY), DR. HEALY'S LETTER TO CONGRESSMAN VISCLOSKY, CONGRESSMAN VISCLOSKY'S LETTERS TO DR. KIRSCHSTEIN AND MS. GEBBIE AND MY LETTER TO DR. CARAUX

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
Bethesda, Maryland 20892

Building: 1
Room: 126
(301) 496-2433

JUN 2 5 1993

The Honorable Peter J. Visclosky
House of Representatives
Washington, DC 20515-1401

Dear Mr. Visclosky:

This is in response to your May 26 letter regarding additional correspondence from one of your constituents, Mr. John S. Roberts, who has written regarding AIDS research. Mr. Roberts has suggested that a researcher at the Thomas Jefferson University in Philadelphia evaluate an agent that Mr. Roberts proposes has anti-HIV properties. We understand from previous correspondence directed to the National Institutes of Health (NIH) that Mr. Roberts believes that, by meditating on his pineal gland and drinking alcohol, he can generate an acid, acetaldehyde, that may cure his myopia and cure AIDS.

Mr. Roberts' initial inquiry in January was forwarded to Dr. John Bader, Chief of the Antiviral Evaluation Branch at the National Cancer Institute (NCI). Dr. Bader oversees the drug screening program that evaluates the anti-HIV properties of natural product extracts and synthesized drugs. After review of Mr. Roberts' letter, Dr. Bader informed him that the molecules he suggested for evaluation "are normal metabolites formed during normal body functioning, and would have no effect on HIV or AIDS."

In response to an additional inquiry from Mr. Roberts that suggested a therapeutic role for alcohol in HIV-infected individuals, Dr. Jack Whitescarver, Deputy Director of the NIH Office of AIDS Research, informed him of research sponsored by the National Institute of Alcohol Abuse and Alcoholism that showed alcohol consumption suppresses the human immune system and may accelerate complications associated with HIV infection.

Mr. Roberts subsequently learned that a drug known as Ditiocarb (DTC), which happens to disrupt the metabolism of alcohol and increase blood concentrations of acetaldehyde, is being investigated as a possible anti-HIV agent. This led him to the incorrect conclusion that his theory regarding acetaldehyde was viable. The fact that DTC increases acetaldehyde concentrations, however, is unrelated to the proposed action of DTC. It is thought that DTC may induce the liver to produce hepatosin, which

in turn may stimulate the immune system. Acetaldehyde, however, only has been associated with some of the side effects of DTC, e.g., fatigue and nausea.

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

Sincerely,

Bernadine Healy, M.D.
Director

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

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July 23, 1993

Dr. Ruth Kirschstein
Acting Director
National Institutes of Health
Bethesda, Maryland 20892

Dear Dr. Kirchstein:

I write on behalf of Mr. John Roberts, a resident of Indiana's First Congressional District.

Mr. Roberts has asked that I forward to you the enclosed packet of information regarding a possible treatment for those infected with the AIDS virus.

Thank you in advance for your serious consideration of this matter. Do not hesitate to let me know if you have any questions or need additional information.

Sincerely,

Peter J. Visclosky
Member of Congress

PJV/sjg
Enclosure

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

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July 23, 1993

Ms. Kristine Gebbie
Director of AIDS Policy
The White House
1600 Pennsylvania Avenue
Washington, D.C. 20500

Dear Ms. Gebbie:

I write on behalf of Mr. John Roberts, a resident of Indiana's First Congressional District.

Mr. Roberts has asked that I forward to you the enclosed packet of information regarding a possible treatment for those infected with the AIDS virus.

Thank you in advance for your serious consideration of this matter. Do not hesitate to let me know if you have any questions or need additional information.

Sincerely,

Peter J. Visclosky
Member of Congress

PJV/sjg
Enclosure

JULY 19, 1993

DR. JEAN CARAUX
DEPARTMENT OF IMMUNOLOGY
INSTITUT MERIEUX
BP 7046
69348 LYON CEDEX 7
FRANCE

DEAR DR. CARAUX,

PLEASE EXCUSE ME, BUT I HAVE TO WRITE TO YOU IN ENGLISH. I NEVER LEARNED FRENCH. I HOPE THAT THIS DOES NOT CONSTITUTE A PROBLEM.

LAST MONTH I SENT TO YOU A COPY OF MY RESEARCH ENTITLED:

"A PROPOSAL FOR A PROCEDURE WHICH MIGHT PROVE TO BE EFFECTIVE IN DESTROYING THE HIV VIRUS."

I HAVE A QUESTION TO ASK YOU CONCERNING THE RESEARCH WHICH YOU AND YOUR COLLEAGUES CONDUCTED BETWEEN DECEMBER, 1985 AND JUNE, 1986 AND WAS PUBLISHED BY "THE LANCET" IN SEPTEMBER 24, 1988; THE RESEARCH IS ENTITLED:

"RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF DITIOCARB SODIUM ('IMUTHIOL') IN HUMAN IMMUNODEFICIENCY VIRUS INFECTION".

THE QUESTION IS -

DID YOU OR YOUR COLLEAGUES HAPPEN TO NOTICE OR ASK IF THE DITIOCARB PATIENTS WERE DRINKING WINE WITH THEIR MEALS?

IN MY OWN RESEARCH I ASSUMED THAT THEY WERE DRINKING WINE WITH THEIR MEALS BECAUSE IT IS THE CUSTOM IN FRANCE TO DO SO. OF COURSE, I COULD BE WRONG.

DR. CARAUX, I REALLY WOULD LIKE TO HEAR FROM YOU. THANK YOU FOR GIVING THIS MATTER YOUR TIME AND CONSIDERATION.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
UNITED STATES OF AMERICA

COPIES TO: CONGRESSMAN PETER J. VISCLOSKY
PROFESSOR RUSSELL F. MANKES
DR. RUTH KIRSCHSTEIN, ACTING DIRECTOR, NATIONAL INSTITUTES OF HEALTH
KRISTINE GEBBIE, AIDS POLICY COORDINATOR
INDIANA UNIVERSITY SCHOOL OF MEDICINE, DR. SUBBIAH SIVAM

JUNE 26, 1993

THE HONORABLE PETER J. VISCLOSKY
PUBLIC FORUM
PORTAGE PUBLIC LIBRARY
PORTAGE, INDIANA

DEAR CONGRESSMAN VISCLOSKY,

IT IS A PLEASURE TO MEET YOU IN PERSON.

WOULD YOU PLEASE OBTAIN FROM DR. BERNADINE HEALY, DIRECTOR, NATIONAL INSTITUTES OF HEALTH, THE ANSWER TO THIS QUESTION -

IS THE HIV VIRUS DESTROYED IN THE TEST TUBE BY ACETALDEHYDE?

IF THE ANSWER IS "YES", I THINK THAT THE LANG STUDY (COPY ATTACHED) SHOULD BE GIVEN CLOSE SCRUTINY.

IT IS MY FIRM CONVICTION THAT TWO BASIC FACTORS WERE NOT TAKEN INTO CONSIDERATION DURING THE COURSE OF THIS STUDY -

1. THE AMOUNT OF ALCOHOL THAT THE FRENCH DITIOCARB PATIENTS WERE DRINKING ON A DAILY BASIS.

   AND

2. THE CONSEQUENT AMOUNT OF UNMETABOLIZED ACETALDEHYDE THAT WAS BEING GENERATED WITHIN THEIR BODIES.

IT IS MY HYPOTHESIS THAT IT WAS THIS UNMETABOLIZED ACETALDEHYDE THAT WAS DESTROYING THE HIV VIRUS ITSELF - THUS CAUSING THE FRENCH DITIOCARB PATIENTS TO SHOW IMPROVEMENT IN THEIR CONDITIONS.

IF THE AUTHORS OF THIS STUDY (LANG, TREPO, KIRSTETTER ET AL) DO CONFIRM MY ASSUMPTION THAT THE FRENCH DITIOCARB PATIENTS WERE INDEED DRINKING ALCOHOL - NAMELY, WINE (SEE ATTACHMENTS) - ON A DAILY BASIS, I THINK THAT GOVERNMENTAL AUTHORITIES AND AGENCIES SHOULD ALERT THE PUBLIC THAT A VIABLE TECHNIQUE IS EXTANT WHEREBY IMMEDIATE THERAPY CAN BE RENDERED TO VICTIMS OF HIV AND AIDS - I SHALL SIMPLY CALL IT THE "DISULFIRAM/ALCOHOL PROCEDURE". THOSE KNOWING HOW TO ADMINISTER IT ARE PHYSICIANS SPECIALIZING IN THE "ANTABUSE" TREATMENT FOR ALCOHOLISM.

CONGRESSMAN VISCLOSKY, THANK YOU AND DR. HEALY FOR GIVING THIS MATTER YOUR TIME AND CONSIDERATION.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342

COPIES WITH ATTACHMENTS TO:
DR. BERNADINE HEALY, DIRECTOR, NATIONAL INSTITUTES OF HEALTH
PROFESSOR RUSSELL F. MANKES, DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY, THE ALBANY MEDICAL COLLEGE
INDIANA UNIVERSITY SCHOOL OF MEDICINE, NORTHWEST CAMPUS, GARY, INDIANA

possibility that naloxone may have had a positive inotropic effect as well.

Even in animal models, the mechanism of action of naloxone in reversing the haemodynamic changes of shock remains controversial. Holaday and Faden[2] suggested that central endorphin receptor blockade increases adrenal catecholamine release, basing this on the observation that naloxone was associated with a rise in serum adrenaline levels. However, Lechner et al[10] suggested that naloxone potentiated the effects of circulating catecholamines on the myocardium resulting in improved contractility. Evidence for this suggestion was derived from an adrenalectomised dog with haemorrhagic shock in which serum catecholamines were kept constant. Recently Gurll et al[11] demonstrated improved left ventricular contractility after intravenous naloxone in a primate septic shock model despite observed three to five fold rises in plasma beta-endorphin and beta-lipotropin concentrations. Sagy et al[12] have shown a positive inotropic effect on isolated rat myocardium with D-naloxone—a non-opioid-blocking isomer. This effect was not prevented by pretreatment with propranolol, phentalomine, or morphine suggesting a primary cardiac site of activity unrelated to adrenergic or opioid receptors.

Because of the small population we studied, and the limited duration of naloxone infusion, we are not able to comment on its longer-term effects on haemodynamics or ultimate survival. Nevertheless, five patients from the naloxone group were discharged from hospital compared with only one in the placebo group, so we have no reason to suspect any lasting adverse effects of the infusion.

More extensive trials will be required to assess whether naloxone is a useful addition to current vasopressor/inotrope therapy and whether there is a positive effect on longer-term outcome. In addition, the unexpected finding of positive haemodynamic effects occurring only more than 4 h after the initial bolus of naloxone is not consistent with many of the currently proposed pharmacological actions of naloxone. Our results may stimulate new interest in this controversy.

We thank the nursing staff of the medical and surgical intensive care units at the Health Sciences Centre for their help in carrying out this trial. The study drug was provided by Du Pont Canada, Inc.

Correspondence should be addressed to D. E. R., Medical Intensive Care Unit, Health Sciences Centre, 820 Sherbrook Street, Winnipeg, Manitoba, R3A 1R9, Canada.

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RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF DITIOCARB SODIUM ('IMUTHIOL') IN HUMAN IMMUNODEFICIENCY VIRUS INFECTION

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Summary 83 patients with human immunodeficiency virus (HIV) infection (CDC groups II, III, or IV-A) were randomised in a crossover trial of sodium-diethyldithiocarbamate (ditiocarb sodium, 'Imuthiol') (10 mg/kg body weight given orally once a week) against placebo. Each arm of the trial lasted 16 weeks. The disease did not progress to CDC-defined acquired immunodeficiency syndrome in the ditiocarb group but did so in 4 patients in the placebo group (3 between week 0 and 16, 1 between week 17 and 32). Ditiocarb was also associated to a significantly greater extent than placebo with relief of constitutional symptoms, improvement in clinical status (including shrinkage of enlarged spleen and lymph nodes), and improvement in immune function (as measured by CD4+ cell count and skin test reactivity). When placebo was replaced by ditiocarb, similar improvements were observed, whereas symptoms slowly reappeared and CD4+ cell levels progressively declined when ditiocarb treatment was replaced by placebo.

Introduction

SODIUM diethyldithiocarbamate (INN-ditiocarb sodium, 'Imuthiol') has potent immunorestorative, notably thymomimetic, properties.[1,2] Ditiocarb, which is not mitogenic per se, induces the differentiation of T-cell precursors into mature and competent effectors, even in the absence of functional thymic epithelium.[1] It has been effective against the murine AIDS model (LP-BM5) of retroviral infection.[3,4] It prevented disease and prolonged survival as long as treatment was maintained. The precise means by which ditiocarb exerts its effects has not been elucidated. However, it is well known that ditiocarb can influence several intracellular reactions. As a chelator of heavy metals ditiocarb is a potential antiviral agent,[5,6] inhibiting a number of Cu-dependent enzymes;[7,8] this property might affect the metal-dependent Tat gene product of HIV.[9] By scavenging free-oxygen radicals, and by interfering with the metabolism of glutathione, it exerts anti-oxidant cytoprotective effects.[10,11]

A previous clinical trial of ditiocarb in cancer patients in relapse[14] has shown that ditiocarb can induce dose-

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dependent restoration of delayed-type hypersensitivity. Since ditiocarb inhibited HIV infection in vitro,[15] a pilot group of HIV-infected patients was given ditiocarb, with restoration of delayed-type hypersensitivity and a rise in CD4+ cell counts.[16,17] A second pilot study comparing intravenously administered ditiocarb against no treatment showed that it produced improvement in symptoms of AIDS-related complex (ARC) and hampered progression to AIDS.[18]

On the basis of these findings, we conducted a randomised, double-blind, placebo-controlled trial to evaluate the clinical and immunological impact of ditiocarb in patients infected with HIV, before the occurrence of AIDS. We report here clinical and immunological data supporting the efficacy of ditiocarb in this group of HIV-infected patients.

Patients and Methods

Patients

All patients admitted to the study had serum antibodies to HIV by the Western blot technique. Patients were eligible if they belonged to groups II, III, or IV-A of the CDC classification[19] and had a CD4 positive helper-inducer lymphocyte count of less than 600/μl. Patients were excluded if they had already presented with a single episode of any of the disorders included in the case definition of AIDS—opportunistic infections, neuropathy, or neoplasia, or if they were pregnant or lactating. Participants were recruited from five medical centres. The study was approved by the ethics committee at each participating centre, and patients gave their informed consent.

Study Design, Drug Regimens, and Monitoring of Patients

Patients were randomly assigned to treatment with either ditiocarb or placebo. Ditiocarb was given orally once a week in a dose of 10 mg/kg body weight (enterocoated capsules, 125 mg ditiocarb per capsule). After 16 weeks patients were crossed over to the alternative treatment for another 16 weeks. The crossover design was chosen for ethical reasons, to give every patient a chance to benefit from a possible favourable clinical effect of ditiocarb. Furthermore, at the end of the 8 months' double-blind follow up, all patients were offered the opportunity to receive ditiocarb in an open manner.

Every 8 weeks patients were examined and the following laboratory investigations were performed: blood counts, T-lymphocyte phenotyping by indirect immunofluorescence or flow cytometry with monoclonal antibodies and Ficoll-Hypaque-separated peripheral blood mononuclear cells, quantitative immunoglobulin determination, and serological tests for hepatitis B, cytomegalovirus, and Epstein-Barr virus. Every 16 weeks, delayed type hypersensitivity reactions were evaluated by means of a 'Multitest' apparatus (Institut Mérieux, Lyon) with seven antigens—tetanus toxoid, diphtheria toxoid, *Streptococcus* group C, tuberculin, candida, *Trychophyton mentagrophytes*, *Proteus mirabilis*—and a glycerin control. Lymphadenopathy was scored as follows: lymph node size < 1 cm, score 2; 1–2 cm, score 4; > 2 cm, score 8; the overall score was the mean score of left and right axillary and cervical nodes. Peripheral blood lymphocytes and serum samples from some patients were frozen and examined later for HIV load in culture (reverse transcriptase assay) or presence of viral antigen p24 (Abbot diagnostics).

Criteria for Clinical Response

Clinical evaluation was based on (i) progression to AIDS, (ii) clinical status (number and severity of symptoms in group IV-A patients), and (iii) influence on lymphadenopathy and splenomegaly. Serious events were not taken into account when they occurred less than 4 weeks after onset of treatment. All clinical data were carefully cross-checked by a panel of investigators to classify patient's clinical status according to the CDC classification.[19]

TABLE I—DEMOGRAPHIC, CLINICAL, AND BIOLOGICAL FEATURES OF PATIENTS AT ENTRY

—	Ditiocarb (n = 42)	Placebo (n = 41)
Mean age (yr)	32·6 (SD 7·0)	32·7 (SD 7·5)
Number of females	6	5
Risk groups		
Number homosexuals	30	32
Number iv drug abusers	3	4
Number others	9	5
CDC group		
Number in group II	5	6
Number in group III	26	29
Number in group IV-A	11	6
Mean weight (kg)	65·6	62·8
Number with splenomegaly	7	8
Mean CD4+ count (/μl)	405 (SD 111)	389 (SD 131)
Mean IgG (g/l)	21·8	21·2
Mean IgA (g/l)	2·56	2·79
Proportion anergic	6/35	6/39

Data Handling and Statistical Analysis

The comparison of ditiocarb *vs* placebo was based on data from the first 16 weeks; data obtained after crossover were used only to assess the effect of ditiocarb interruption in the first group, or the effect of replacing placebo by ditiocarb in the second. Data were analysed with the Statistical Analysis System (SAS) version 6·02—procedure FREQ for comparison of qualitative data (χ^2 test, Fisher's exact test) and TTEST (Student's *t* test) for comparison of quantitative data. Fisher's exact test was used when theoretical frequencies were smaller than 5.

Results

Subject Groups

94 patients were considered for the study but 11 were excluded for the following reasons: CD4+ cell counts > 600 μl at entry (7), refusal to participate (2), serum antibodies to HIV not confirmed by Western blot (1), and detection of a Kaposi sarcoma at start of treatment (1). Thus 83 were randomised in the study between December, 1985, and June, 1986. The treatment and placebo groups were similar in all respects (table I). During the first 4 months, 2 patients died: 1 died 10 days after enrolment from narcotic drug overdosage, and the other after progression to AIDS. During these 16 weeks 6 patients withdrew for the following reasons: lost to follow up (4), intolerance (1), patient's choice (1). Thus 77 patients were evaluable after 4 months, and 75 entered the second phase. During the second 4 months, 1 patient died after AIDS developed, and 14 patients withdrew: lost to follow up or poor compliance (10), intolerance (1), patient's choice (3). Thus, 61 patients were evaluable after 8 months. No patient received zidovudine during the trial since it was not readily available in France then.

Clinical Effects

No patients in the ditiocarb group went on to have AIDS while 3 in the placebo group did so during the first 16 weeks of treatment (table II). After 8 weeks 1 patient in the placebo group had *Pneumocystis carinii* pneumonia (PCP), bronchial candidosis, and HIV-associated neuropathy, and died 20 weeks later. Kaposi's sarcoma developed in another patient in the 6th week. Another patient died with *Mycobacterium avium-intracellulare* infection and cerebral candidosis in the 3rd month.

A definite improvement in clinical status of ditiocarb recipients was noted after 16 weeks when compared with

TABLE II—CLINICAL OUTCOME OF HIV INFECTION IN FIRST ARM OF TRIAL

—	Active	Placebo	p†
Progression to AIDS	0/38	3/39 (PCP, *Mycobacterium*, and Kaposi sarcoma	
Disappearance of constitutional symptoms* (IV-A patients)	8/11	0/5	<0·001
Lymphadenopathy score	−0·43‡ (SD 1·94)	−0·43‡ (SD 1·26)	<0·05
Disappearance of splenomegaly	4/7	0/8§	<0·05

*Persistent diarrhoea, weight loss, persistent fever.
†Fisher's exact test.
‡Change from baseline.
§No spleen became impalpable; two additional spleen enlargements were noted.

TABLE IV—SIDE-EFFECTS

Adverse reaction	Percentage of patients with adverse reactions: Active (n = 83)	Placebo (n = 79)
Unpleasant taste	41 (32)	4 (3)
Abdominal discomfort	33 (26)	8 (6)
Nausea	19 (15)	3 (2)
Sensation of malaise	10 (8)	1 (1)
Anorexia	9 (7)	1 (1)
Excitement	6 (5)	3 (2)
Somnolence	5 (4)	1 (1)
Vomiting	2 (2)	1 (1)
Rash	0 (0)	0 (0)

Number of patients in parentheses. No patient in either group had >25% drop in haemoglobulin concentrations, red or white cell count, or platelet count.

placebo. Constitutional symptoms disappeared in 8 out of 11 group IV-A patients who received ditiocarb, but did not improve in any of the 6 group IV-A placebo-treated patients ($p < 0.001$). **When change in clinical status was scored as improved, stable, or worse by the physicians after 16 weeks, 42% of ditiocarb recipients had improved compared with only 5% in the placebo group ($p < 0.01$).** The clinical status of most placebo recipients (87%) remained unchanged during the 16 weeks. **All the 9 patients in the ditiocarb group with a history of weight loss at entry regained normal weight after 16 weeks' treatment.** The spleen became impalpable in 4 of the 7 ditiocarb recipients, but in none of 8 placebo recipients, with splenomegaly at entry. Spleen enlargements were detected in 2 other placebo-treated patients at week 16 ($p < 0.05$). Lymphadenopathy diminished significantly in the ditiocarb group compared with the placebo group ($p < 0.05$). This diminution was not associated with clinical deterioration as seen at some late stages of HIV infection.

Immunological Effects

After 16 weeks ditiocarb patients had higher CD4+ cells cell count than did as the placebo group ($p < 0.05$) although absolute values were scattered (table III). 13 out of 36 (36%) evaluable ditiocarb recipients (see accompanying figure) and 5 out of 38 (13%) placebo recipients ($p < 0.05$) showed a striking and sustained increase of more than 200 CD4+ cells, which suggests some patients were more responsive to ditiocarb than others.

3 patients out of 29 evaluable subjects (10%) remained anergic to 7 recall antigens (Multitest apparatus) in the ditiocarb group, compared with 9 out of 32 (28%) in the placebo group ($p < 0.10$).

Virological Effects

Peripheral blood lymphocytes from 10 patients (5 ditiocarb, 5 placebo) chosen at random from one centre were sampled at weeks 0, 8, 16, 24, and 32, and frozen. These samples were later thawed and reverse transcriptase activity was assayed in culture supernatants up to 28 days of culture. No significant change in HIV transcription rate was observed during ditiocarb administration, as evaluable by the day of peak reverse transcriptase activity in lymphocyte cultures. Similarly HIV p24 antigenaemia was not affected.

TABLE III—CD4 CELL COUNT DURING THE FIRST ARM OF TRIAL

—	Active: Patients tested	Active: Median (mean, SD) count	Placebo: Patients tested	Placebo: Median (mean, SD) count	p*
Baseline	42	415 (405, 111)	41	380 (389, 132)	NS
Week 8	36	479 (517, 172)	39	420 (461, 226)	NS
Week 16	36	522 (542, 215)	38	420 (447, 181)	<0·05

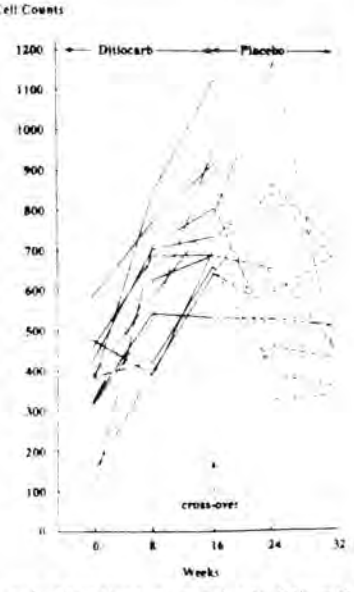
*Student's *t* test.

Effects of Replacing Placebo by Ditiocarb

When ditiocarb was given to patients previously treated by placebo, no patient progressed to AIDS. Clinical status improved in 26% of patients (9/35), whereas only 5% (2/39) improved while the group was on placebo. The number of constitutional symptoms diminished in 47% (16/34) of the patients now given ditiocarb. In 5 patients the absolute increase in CD4+ rose to beyond 200/μl.

Effects of Interrupting Ditiocarb Therapy

Clinical benefits obtained with ditiocarb were progressively lost when the drug was replaced by placebo: 1 patient progressed to AIDS (extrapulmonary *M tuberculosis*) 3 months after the crossover. Although the



CD4+ cell counts in 13 patients responsive to ditiocarb, and effect of withdrawal of the drug.

Solid line: effect during ditiocarb therapy. Broken line: effect when ditiocarb replaced by placebo.

clinical status of 42% of the patients from this group had improved during ditiocarb administration, it deteriorated between week 16 and 32 in 36% of the group. Some constitutional symptoms reappeared. Although splenomegaly had disappeared in 4 out of 7 patients during ditiocarb therapy, the organ remained enlarged in the other 3 while they were on placebo, and splenomegaly developed in 2 additional patients.

CD4 + cell count had increased significantly during the first 16 weeks, but they declined from a mean of 554 CD4 + cells/μl (week 16) to 449 CD4 + cells/μl (week 32) in the 25 evaluable patients who had crossed over to placebo ($p < 0.05$). No patient who switched to placebo had an absolute increase in CD4 + cell counts of more than 200/μl. In those patients whose CD4 + count rose, nearly baseline values were attained (see accompanying figure).

Side Effects and Adverse Reactions

Ditiocarb did not induce more major adverse clinical or biological reactions than placebo (table IV), although it was associated more frequently with minor side-effects—unpleasant taste, abdominal discomfort, nausea, or malaise. Some patients reported fatigue and inability to concentrate on the day following ditiocarb ingestion. Ditiocarb had no adverse effect on blood counts. 2 patients had platelet counts of under 150 000/μl throughout the study. Platelet counts were not adversly affected by either ditiocarb or placebo.

Discussion

Oral administration of ditiocarb ('Imuthiol') to HIV-infected patients for 16 weeks produced more clinical and immunological benefits than did placebo. Ditiocarb forestalled progression of disease for at least the duration of therapy, this effect and the absence of deaths in the group being striking differences between the two treatment groups. Two other controlled studies, independent from the present one, have already observed the same trend towards impaired progression with ditiocarb: a randomised controlled study in Houston[18] showed that AIDS developed in 5/16 untreated ARC patients, compared with 1/16 on ditiocarb. Similar findings have now been obtained in a matched-pairs, placebo-controlled study in Hamburg[20] —the disease progressed to AIDS in 6 of 28 placebo-treated patients but in none of 28 on ditiocarb. Our ditiocarb-treated patients improved in at least two measures of immune function—CD4 + cell count and skin-test reactivity—which may have contributed to the clinical benefits. The changes in immune function can be attributed to ditiocarb since they persisted for the duration of treatment but were progressively lost when ditiocarb was discontinued.

The use of a T-cell recruiting agent to treat HTV-infected subjects carried a theoretical risk of stimulating an increase in the number of those very cells that harbour the retrovirus and thus producing clinical deterioration. This risk explains the cautiousness in our preliminary studies.[1,22] **The present findings, and those accompanying long-term administration of ditiocarb[21,22] (3 years), clearly show that the CD4 + cell-defect is not aggravated. In fact, the reverse occurred, with ditiocarb producing an increase in CD4 + cells and improvement in constitutional symptoms of AIDS-related complex. Furthermore, preliminary data in a small number of patients indicate that ditiocarb does not enhance HIV replication in vitro or in vivo.**

One possible means by which ditiocarb interferes with HIV infection is by producing the same "immunoanaleptic" effects as those produced in immunodeficient nude mice.[1] Although ditiocarb is not mitogenic per se, it can aid T-cell maturation and differentiation by increasing the number of T-cell precursors responsive to T-cell differentiation signals. A second possible means would be via its pharmacological properties. As a chelator of divalent cations,[5] ditiocarb inhibits several Cu or Zn dependent enzymes.[7,8] It might act in this way on enymatic pathways that are required for HIV infection, such as those that involve the metal-linked Tat gene product of HIV.[9] A third possibility is by its ability to influence intracellular scavenging of cell-toxic free-oxygen radicals.[10-13] Ditiocarb can produce glutathione-SH peroxidase-like activity and, since it is itself a substrate for oxidation by H_2O_2, it may exert some of its anti-oxidant protection by directly detoxifying peroxides. Its oxygen-radical scavenging activities might account for the anti-inflammatory effects, such as shrinkage of spleen or lymph node enlargements. The therapeutic effects of ditiocarb on HIV infection probably involve several of the above mechanisms. However, more knowledge is needed on the intracellular mechanisms of HIV cytopathic infection and the precise cascade of events leading to immunodeficiency before the mechanism of action of ditiocarb can be fully assessed.

An important question is whether ditiocarb therapy can be tolerated and can be prolonged for extended periods of time. Ditiocarb can be given orally and is well tolerated except for minor adverse reactions. Unlike antiretroviral agents, it does not impair haemopoiesis. It has now been given for up to 3 years to HIV patients and up to 5 years to cancer patients without untoward effects.[21,22]

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CORRELATION OF PLASMA INTERLEUKIN 1 LEVELS WITH DISEASE ACTIVITY IN RHEUMATOID ARTHRITIS

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Summary The mean plasma level of interleukin 1 beta (IL-1 beta), measured by immunoassay, was significantly higher in 51 patients with rheumatoid arthritis (RA) than in 21 healthy controls of similar age. Further, in the RA group, plasma IL-1 beta correlated positively with Ritchie joint index, pain score, and erythrocyte sedimentation rate and correlated negatively with haemoglobin concentration. In individual patients with active disease who had serial measurements, plasma IL-1 beta also correlated with clinical disease activity. These results support the idea that IL-1 beta has a central role in the pathogenesis of RA.

Introduction

IL-1 molecules are polypeptides with many biological activities related to host defence and tissue remodelling,[1] and interest has arisen in the pathogenic potential of IL-1 in inflammatory and immune diseases.[2] Two forms of human IL-1 (alpha and beta) are encoded by separate genes with inducible expression in macrophages, lymphocytes, endothelial cells, and other cell types. The initial product of each is a propeptide of 31 kD from which mature peptide of 17 kD is processed.[3-5] IL-1 alpha and beta have only 26% aminoacid homology but compete equally for receptors on target cells[6] and have similar biological activities.[5] In resting blood monocytes IL-1 mRNA is undetectable but after cellular activation it accumulates rapidly and IL-1 beta is usually the predominant form.[3,5]

Many activities of IL-1 are relevant to rheumatoid arthritis (RA).[7] IL-1 increases the release from synovial cells of vasoactive agents and mediators of tissue damage (eg, prostaglandins, proteinolytic enzymes, and reactive oxygen molecules)[1,5] and is a powerful stimulus of bone[5,8] and cartilage[1,5,9] resorption. It also induces the acute-phase response[10] and fever[1,5,11] and may potentiate chronic inflammation by induction of lymphocyte growth factors such as interleukin 2 and its receptor.[12]

Much evidence[13] has implicated IL-1 in the pathogenesis of RA: high levels are found in synovial exudates;[14-16] RA synovial cells spontaneously produce biologically active IL-1 in vitro;[17] in-situ hybridisation of mRNA shows that IL-1 gene expression is activated in vivo in RA synovial cells;[16] and in laboratory animals a single intra-articular injection of IL-1 produced synovial fluid leucocytosis and increased proteoglycan breakdown.[18]

INTERLEUKIN-1 BETA IN EXTRACTED PLASMA

—	Plasma IL-1 beta (pg/ml)	
	Control	RA
n	21	51
Range	20–78	20–230
Median	50	90
Mean	44·7	98·2*
SEM	4·4	7·9

*Controls *vs* RA: $t = 4 \cdot 28$; $p = < 0{\cdot}0001$

Despite the weight of circumstantial evidence for IL-1 as a pathogenic mediator in RA, it has not previously been possible to correlate IL-1 levels in vivo with clinical disease activity in patients because IL-1 measurement in blood and other biological fluids has been complicated by interfering factors.[14,15] By means of a sensitive immunoassay combined with a single plasma extraction procedure we have now been able to measure circulating levels of immunoreactive IL-1 beta in patients with RA.

Methods

Patients with definite or classical rheumatoid arthritis[19] attending a rheumatology outpatient department or admitted to a rheumatology ward were graded for disease activity by Ritchie joint index,[20] duration of early morning stiffness, and visual analogue pain score. At the same time, blood was taken for haemoglobin concentration, white cell count, platelet count, erythrocyte sedimentation rate (ESR), and rheumatoid factor titre as part of the normal management. Blood samples for plasma preparation were taken into EDTA (5×10^{-3} mol/l) tubes (Labco) containing aprotinin (bovine lung 15–30 U/ml; Sigma) at 0·67 U/ml. Plasma was separated from cells and platelets immediately by centrifugation at 400 *g* and then at 10 000 *g* and stored in 500 µl sample at −20°C until tested for IL-1 beta content. All patients received non-steroidal anti-inflammatory drugs (NSAID), and some received second-line antirheumatic drugs, including intra-articular steroids.

IL-1 beta Measurement

Before IL-1 measurement, samples were treated according to the method of Cannon et al.[21] Plasma samples were thawed and extracted twice with chloroform (BDH, Paisley) by addition of 2 volumes of chloroform to 1 of plasma, mixing for 5 minutes, and then centrifugation at 10 000 *g* and removal of the aqueous phase for IL-1 beta testing in an enzyme-linked immunoabsorbent assay (IL-1 beta ELISA; Cistron Biotechnology Laboratory Impex). In our laboratory,[16] this assay is sensitive to 20 pg/ml IL-1 beta, and has parallel dilution characteristics, less than 12% interassay variation, and detection recovery of added IL-1 beta in RA plasma of 82% after extraction (n = 10; mean 82·2 SEM 2·7%; difference from recovery in extracted normal plasma not significant). There is no cross-reactivity with IL-1 alpha. The ELISA test is

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22. Lang JM, Falkenrodt A, [illegible]. [illegible] (Imuthiol) du syndrome [illegible] associé au syndrome d'immunodéficience acquise. Premiers résultats. [illegible] *Méd* 1985; 4: [illegible].

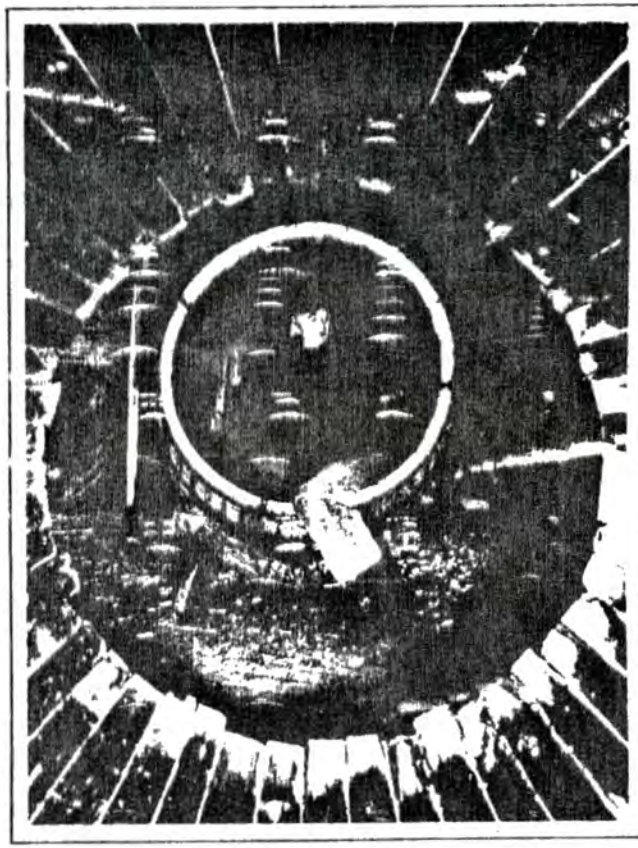
wine. Mailmen, salesmen, truck drivers, and other itinerant workers typically spend a large portion of their day drinking in cafés and restaurants as they make their daily rounds.

The use of alcohol to complement food has been developed to a fine art by the French. Indeed, the words connoisseur, savoir faire, and savoir-vivre, all connoting an appreciation for good living, are closely connected with the art of matching food and wine most harmoniously. To do this properly, one must follow a prescribed ritual, which dictates the appropriate alcoholic beverage to accompany each part of the meal. To open the meal and stimulate the appetite, one first takes an apéritif such as vermouth, Pernod, or anise. During the meal one chooses a red, white, or rosé dinner wine to complement the main course. Another wine may be called for when the cheese arrives, and champagne or sparkling burgundy may be ordered as a dessert wine. Following the meal, a "digestif" of liqueur or brandy is usually taken to facilitate digestion.

A repair shop at the French wine market is available to take care of damaged barrels. Here, expert cask makers still employ the old methods taught at a coopers' school within the Halle aux Vins.

Although the term "alcoholic Republic" was first used to describe American drinking patterns following the American Revolutionary War, the term applies equally well to contemporary France. Of all the nations of the world, France has undisputed leadership in practically all things alcoholic. Not only do the French drink more per capita, they also lead the world in the production of alcohol and alcoholics.

Since the Middle Ages wine has been the national beverage and one of the major agricultural products of France. Although a significant proportion of France's fine bordeaux, burgundies, and champagnes are exported to all parts of the world, the less expensive wines are consumed domestically. In fact, there is hardly a province in France without its local brandy or wine. In Normandy, hard cider and Calvados, a brandy distilled from cider, are the traditional beverages. In Bordeaux, cognac and armagnac are distilled from the local



An Italian barrel maker works on a l wine cask, climbin inside to smooth th wooden staves. Constructed just outside Rome, the c will later be filled wine from the fam town of Frascati.

APPENDIX 1

Average Yearly Consumption of Wine, Beer, and Spirits Per Person in 62 Countries

AREA	COUNTRY	INTERNATIONAL RANK	LITERS OF ABSOLUTE ALCOHOL			TOTAL
			WINE	BEER	SPIRITS	
EUROPE	France	1	11.6	2.9	2.3	16.8
	Italy	2	11.1	.6	1.9	13.6
	Austria	3	4.1	6.0	2.3	12.4
	Portugal	4	9.9	.8	1.0	11.7
	Luxembourg	5	5.0	3.7	2.8	11.5
	Spain	6	7.1	1.4	2.9	11.4
	West Germany	7	2.3	5.8	2.9	11.0
	Switzerland	8	5.0	3.8	2.1	10.8
	Hungary	10	4.4	2.0	3.1	9.5
	Belgium	11	1.9	5.8	1.6	9.3
	Czechoslovakia	12	1.1	4.5	2.4	8.6
	Denmark	15	.9	5.3	1.5	7.7
	Yugoslavia	16	3.2	1.7	2.8	7.7
	Great Britain	18	.5	5.3	1.1	6.9
	East Germany	20	.7	3.2	2.9	6.8
	Netherlands	21	.8	3.3	2.3	6.4
	Soviet Union	23	2.0	.9	3.4	6.3
	Bulgaria	24	2.4	1.9	1.8	6.1
	Poland	25	.8	1.3	3.9	6.0
	Ireland	26	.5	3.8	1.7	6.0
	Sweden	27	1.0	2.1	2.7	5.8
	Greece	29	4.8	.5	.1	5.4
	Finland	30	.6	2.2	2.3	5.1
	Norway	34	.4	1.8	1.6	3.8
	Roumania	35	2.6		1.2	3.8
	Iceland	39	.2	.2	2.4	2.8
UNITED STATES & OTHER ENGLISH-SPEAKING COUNTRIES	Australia	13	1.1	6.3	1.1	8.5
	New Zealand	14	.9	6.1	1.2	8.2
	Canada	17	.9	4.1	2.6	7.6
	United States	19	.8	3.0	3.0	6.8
ASIA	Japan	28	2.8	1.6	1.1	5.5
	South Korea	32		.7	3.5	4.2
	Cyprus	33	1.2	.9	1.8	3.9
	Hong Kong	46		.6	1.2	1.8
LATIN AMERICA	Argentina	9	9.5	.7		10.2
	Chile	22	5.3	1.1		6.4
	Uruguay	31	3.1	1.5		4.6
	Surinam	36		1.1	2.5	3.6
	Panama	38		1.3	1.6	2.9
	Peru	40	.2	1.0	1.4	2.6
	Mexico	41		1.4	1.1	2.5
	Cuba	42	.2	1.0	1.3	2.5
	Bolivia	43		.4	1.7	2.1
	Venezuela	44		2.1		2.1
	Brazil	52	.1	.5	.2	.7
	Paraguay	54	.2	.3		.5

Average Yearly Consumption of Wine, Beer, and Spirits Per Person in 62 Countries

AREA	COUNTRY	INTERNATIONAL RANK	LITERS OF ABSOLUTE ALCOHOL			
			WINE	BEER	SPIRITS	
AFRICA	South Africa	37	1.2	.7	1.0	
	Cameroon	48		.9		
	Namibia	49		.9		
	Congo	50		.7		
	Kenya	56		.4		
	Senegal	57	.1	.2		
	Gambia	60	.1	.1		
MIDDLE EAST & MOSLEM COUNTRIES	Bahrain	45	.1	.7	1.3	
	Israel	47	5	.5	.7	
	Tunisia	51	4	.3		
	Turkey	53	1		.4	
	Lebanon	55	.4			
	Algeria	58	1	.2		
	Morocco	59	.2	1		
	Egypt	61			.1	
	Syria	62			1	

SOURCE: 1972 survey by the Finnish Foundation of Alcohol Studies and World Health Organization.

To your health!
Salud!
Prosit!
A vôtre sante!
Kan pei!
Skål!
Terveydeksi!
Stin ygia sou!
Slainthe is saol agat!
L'chaim!
Alla tua salute!
Kwa afya yako!
Op je gezonheid!
Na zdrowie!
Za vashe z-dorovye!
Viva!
Zivell!
Iechyd da i chivri!
I svelkata!
Egeszsegedre!

The drinking of "heal
is one of the oldest a
most universal drink
customs, as reflected
the many languages
which this toast appe

A PROPOSAL FOR A PROCEDURE WHICH MIGHT PROVE TO BE EFFECTIVE IN DESTROYING THE HIV VIRUS.

BY

JOHN S. ROBERTS

JUNE 6, 1993
(D-DAY)

TO WHOM IT MAY CONCERN -

YOU HAVE RESPONDED TO THIS ADVERTISEMENT:

- AIDS -
DO YOU KNOW SOMEONE WHO HAS
TESTED HIV-POSITIVE? THE DRUG,
DISULFIRAM AND THE CHEMICAL,
ACETALDEHYDE MIGHT BE OF
SOME HELP. TO OBTAIN A 35 PAGE
FILE, SEND $4.00 TO JOHN S. ROBERTS,
P.O. BOX H, HOBART, IND. 46342

IF YOU THINK THAT THERE MIGHT BE SOME MERIT TO THE "DISULFIRAM/ALCOHOL PROCEDURE" YOU SHOULD IMMEDIATELY SHOW THIS FILE TO YOUR PHYSICIAN. HE MAY REFER YOU TO A PHYSICIAN WHO IS EXPERIENCED IN ADMINISTERING THE "ANTABUSE" TREATMENT.

YOU MIGHT ALSO WISH TO WRITE TO YOUR CONGRESSMAN TO SEE IF "CLINICAL TRIALS" COULD BE FUNDED IN THE CITY OR TOWN IN WHICH YOU LIVE.

ANY AGENCY OF LOCAL, STATE OR FEDERAL GOVERNMENT WHICH WISHES TO MAKE MULTIPLE COPIES OF THIS FILE TO DISTRIBUTE TO WHOMEVER MAY ASK, HAS MY PERMISSION TO DO SO.

John S. Robert

CONSIDERING THE MULTITUDINOUS ARRAY OF SUBSTANCES THAT ARE FOUND IN THE CHEMICAL REALM, WHAT IS THE ONE AND ONLY DRUG THAT A PERSON COULD TAKE WHICH MIGHT INADVERTENTLY INCREASE THE LEVEL OF UNMETABOLIZED ACETALDEHYDE IN THAT PERSON'S BLOOD?

- DISULFIRAM (ANTABUSE) OR ITS METABOLITE DITIOCARB (DTC) -

I WANT TO EXAMINE IN GREATER DETAIL THESE THREE STUDIES -

JEAN-MARIE LANG, CHRISTIAN TREPO, MYRIAM KIRSTETTER, ET AL: 'RANDOMISED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF DITIOCARB SODIUM ('IMUTHIOL') IN HUMAN IMMUNODEFICIENCY VIRUS INFECTION', "THE LANCET", SEPTEMBER 24, 1988, PAGES 702 - 706.

EMIL C. REISINGER, PETER KERN, MARTIN ERNST, ET AL: 'INHIBITION OF HIV PROGRESSION BY DITHIOCARB', "THE LANCET", MARCH 24, 1990, PAGES 680 - 682.

EVAN M. HERSH, M.D.; GARY BREWTON, M.D.; DONALD ABRAMS, M.D.; JOHN BARTLETT, M.D. ET AL: 'DITIOCARB SODIUM (DIETHYLDITHIOCARBAMATE) THERAPY IN PATIENTS WITH SYMPTOMATIC HIV INFECTION AND AIDS', "JAMA - THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION", MARCH 27, 1991, PAGES 1538 - 1544.

HEREINAFTER, I WILL REFER TO THESE STUDIES AS SIMPLY "LANG", "REISINGER" AND "HERSH".

IN ALL THREE OF THESE STUDIES THERE WAS A VARIABLE THAT WAS NOT TAKEN INTO ACCOUNT AND THEREFORE NOT MEASURED -

- THE LEVEL OF UNMETABOLIZED ACETALDEHYDE IN THE BLOOD OF THOSE PATIENTS TO WHOM DITIOCARB HAD BEEN GIVEN -

FIRST, I WANT TO CLARIFY THE TERMS "METABOLIZED" AND "UNMETABOLIZED" AS I THINK OF THEM.

TO ME, "METABOLIZED" SIMPLY MEANS:

- TO BE CHANGED INTO SOMETHING DIFFERENT -

WHEREAS "UNMETABOLIZED" SIMPLY MEANS:

- TO REMAIN THE SAME -

YOU WILL SEE HOW I ARRIVED AT THESE FIGURES LATER, BUT FOR NOW -

WHEN THE HIGHLY TOXIC, POISONOUS SUBSTANCE KNOWN AS ACETALDEHYDE IS PROCESSED BY THE LIVER, 98.43% OF IT IS METABOLIZED (OR CHANGED) INTO HARMLESS ACETIC ACID WITHIN 18.6 MINUTES.

WHAT IF 98.43% OF IT COULD NOT BE CHANGED WITHIN 18.6 MINUTES? LET'S SAY, FOR SOME REASON, THE LIVER NOW TOOK 2 HOURS TO DO WHAT IT NORMALLY ACCOMPLISHED IN 18.6 MINUTES.

ISN'T IT TRUE THEN THAT FOR MORE THAN AN ADDITIONAL 1½ HOURS POISONOUS, UNMETABOLIZED (UNCHANGED) ACETALDEHYDE WOULD BE FLOWING THROUGHOUT THE BODY?

THIS THEN IS HOW I WILL BE THINKING OF THE TERMS "METABOLIZED" AND "UNMETABOLIZED"THROUGHOUT THE REST OF THIS FILE.

THE FIRST FEW PAGES OF THIS FILE ARE PRIMARILY A COMPARISON AND CONTRAST OF THE THREE AFOREMENTIONED STUDIES.

THE STUDIES TOOK PLACE IN FRANCE, GERMANY AND THE UNITED STATES.

THE FRENCH STUDY (LANG) TOOK PLACE FROM DECEMBER, 1985 TO JUNE, 1986. THE GERMAN STUDY (REISINGER) TOOK PLACE AT SOME TIME BETWEEN MAY, 1986 AND NOVEMBER, 1987. THE UNITED STATES STUDY (HERSH) TOOK PLACE AT SOME TIME BETWEEN JANUARY, 1987 AND APRIL, 1989.

NUMBER OF PATIENTS - LANG (83), REISINGER (60) AND HERSH (389).

CONDITION OF THE PATIENTS - IN THE LANG AND REISINGER STUDIES THE PATIENTS WERE AT THE SAME STAGE OF THE INFECTION; THEY HAD NOT YET DEVELOPED AIDS SYMPTOMS. IN THE HERSH STUDY THE AIDS SYMPTOMS <u>HAD</u> TO BE MORE IN EVIDENCE:

LANG (P. 703) - "ALL PATIENTS ADMITTED TO THE STUDY HAD SERUM ANTIBODIES TO HIV BY THE WESTERN BLOT TECHNIQUE. PATIENTS WERE ELIGIBLE IF THEY BELONGED TO GROUPS II, III, OR IV-A OF THE CDC CLASSIFICATION AND HAD A CD4 POSITIVE HELPER-INDUCER LYMPHOCYTE COUNT OF LESS THAN 600/ul."

REISINGER (P.680) - "INCLUSION CRITERIA WERE MALE SEX, 18-55 YEARS, SERUM ANTIBODIES AGAINST HIV-1, WALTER REED STAGE 2-4, NORMAL BLOOD COUNTS, AND NORMAL SERUM CREATININE AND LIVER ENZYME LEVELS."

HERSH (P. 1539) - "PATIENTS WERE REQUIRED TO HAVE THREE OR MORE OF THE FOLLOWING: LYMPHADENOPATHY, FEVER, NIGHT SWEATS, WEIGHT LOSS, DIARRHEA, FATIGUE, THRUSH, HAIRY LEUKOPLAKIA ....."

LENGTH OF THE STUDIES - LANG (32 WEEKS), REISINGER (24 WEEKS) AND HERSH (24 WEEKS).

IN ALL THREE OF THE STUDIES ½ OF THE PATIENTS WERE GIVEN DITIOCARB AND ½ WERE GIVEN PLACEBO. THE PATIENTS WHO WERE GIVEN DITIOCARB WERE GIVEN IT <u>ONCE A WEEK</u> IN THE FOLLOWING AMOUNTS AND MANNER:

LANG: 10mg/kg BODY WEIGHT - ORALLY
REISINGER: 5mg/kg BODY WEIGHT - INTRAVENOUSLY OR
10mg/kg BODY WEIGHT - ORALLY
HERSH: 400mg/m2 OF BODY SURFACE AREA - ORALLY

NO, I DO NOT KNOW HOW TO CORRELATE THESE MEASUREMENTS - mg/kg BODY WEIGHT VERSUS mg/m2 OF BODY SURFACE AREA, BUT BEAR WITH ME.

ZIDOVUDINE USE:

LANG (P.703) - "NO PATIENT RECEIVED ZIDOVUDINE DURING THE TRIAL SINCE IT WAS NOT READILY AVAILABLE IN FRANCE THEN."
REISINGER - ZIDOVUDINE IS NOT MENTIONED. I ASSUME THAT IT WAS NOT AVAILABLE IN GERMANY EITHER.
HERSH - (P. 1540) - YES/NO - DITIOCARB (35/18), Placebo (37/19)

SIDE EFFECTS AND ADVERSE REACTIONS TO DITIOCARB - REISINGER (P.679) STATES:

"A DOSE RESPONSE STUDY IN PATIENTS WITH AIDS-RELATED COMPLEX (ARC) OR AIDS SHOWED THAT DOSES UP TO 400mg/m2 ADMINISTERED ONCE WEEKLY WERE NOT TOXIC WHEREAS 800 mg/m2 EITHER ONCE OR TWICE A WEEK HAD SIDE-EFFECTS."

I HAVE BEEN TRYING TO OBTAIN A COPY OF THE ARTICLE THAT ARRIVED AT THESE CONCLUSIONS BUT HAVE THUS FAR BEEN UNSUCCESSFUL. IT IS -

REISINGER E., KERN P., DIETRICH M. 'CLINICAL TRIALS WITH DIETHYLDITHIOCARBAMATE IN HIV-INFECTIONS'. "MITT ÖSTERR GES TROPENMED PARASITOL" 1988; 10:287-92.

SIDE EFFECTS AND ADVERSE REACTIONS TO DITIOCARB:

LANG - I'LL TALK ABOUT THIS LATER.

REISINGER (P.681) -"NAUSEA AND FATIGUE WERE INFREQUENT IN BOTH DTC GROUPS." (P.682) - "NO SEVERE SIDE-EFFECTS WERE OBSERVED."

HERSH (P.1538) - "THE ADMINISTRATION OF DITIOCARB DID NOT INDUCE ANY MAJOR ADVERSE CLINICAL OR BIOLOGICAL REACTIONS." (P. 1542) - "THERE WERE ACTUALLY FEWER ADVERSE REACTIONS ATTRIBUTED TO DITIOCARB THAN TO PLACEBO."

CONSEQUENTLY, I AM GOING TO MAKE THE ASSUMPTION THAT THE AMOUNT OF DITIOCARB ADMINISTERED PER PATIENT IN THE REISINGER STUDY WAS JUST ABOUT EQUAL TO THAT OF THE HERSH STUDY BECAUSE NO SIGNIFICANT SIDE EFFECTS WERE NOTED IN EITHER STUDY.

THE DRINKING OF ALCOHOL

LANG - I'LL TALK ABOUT THIS LATER.

REISINGER (P.681) - "BECAUSE OF THE DISULFIRAM-LIKE EFFECT OF DTC, INTOLERANCE TO ALCOHOL (PALPITATION, RASH, DIZZINESS, NAUSEA, HEADACHE) WAS SEEN IN 4 PATIENTS (15%) WHO REPORTED ALCOHOL CONSUMPTION WITHIN 2 DAYS OF DTC ADMINISTRATION. HOWEVER, 11% OF PLACEBO-TREATED PATIENTS REPORTED SIMILARLY....."

HERSH (P.1539) - "BECAUSE DITIOCARB IS A DITHIOCARBAMATE AND HAS DISULFIRAM (ANTABUSE)-LIKE EFFECTS, PATIENTS WERE ADVISED NOT TO CONSUME ALCOHOL FROM 12 HOURS BEFORE TO 48 HOURS AFTER TREATMENT."

CONSEQUENTLY, I ASSUME THAT THE DRINKING OF ALCOHOL WAS NOT A FACTOR IN EITHER THE REISINGER OR HERSH STUDIES, BECAUSE IF IT HAD BEEN, ALOT MORE SIDE-EFFECTS AND ADVERSE REACTIONS WOULD HAVE BEEN REPORTED IN BOTH OF THEM.

CONCLUSIONS OF THE REISINGER AND HERSH STUDIES -

REISINGER (P.682): "INTRAVENOUS DTC WAS SUPERIOR TO ORAL DTC AND TO PLACEBO IN HIV-1 INFECTION."

" "ORALLY DTC TENDED TO DECREASE HIV-RELATED DISEASES, BUT THE DIFFERENCE FROM THE ORAL PLACEBO GROUP WAS NOT SIGNIFICANT."

" "INTRAVENOUS ADMINISTRATION OF DTC IS MORE EFFECTIVE THAN ORAL ADMINISTRATION IN DELAYING THE PROGRESSION OF HIV-INFECTION IN THE EARLY SYMPTOMATIC STAGES."

(P.679): "55 PATIENTS WERE EVALUABLE AT THE END OF THE STUDY: NO PATIENT WHO HAD RECEIVED DTC BUT 6 PLACEBO PATIENTS HAD AIDS, A SIGNIFICANT DIFFERENCE. SIGNIFICANTLY DELAYED DISEASE PROGRESSION WAS OBSERVED IN THE INTRAVENOUS DTC GROUP COMPARED WITH ITS MATCHING PLACEBO. THE BENEFIT IN THE ORAL DTC GROUP WAS NOT STATISTICALLY SIGNIFICANT. DURING AN 18-MONTH FOLLOW-UP 3 DEATHS OCCURRED IN THE ORIGINAL PLACEBO GROUPS, WHEREAS NO PATIENT WHO HAD INITIALLY RECEIVED DTC DIED. A SIGNIFICANT DELAY IN PROGRESSION TO AIDS WAS OBSERVED IN THE DTC GROUPS."

HERSH (P.1538): "TEN NEW ACQUIRED IMMUNODEFICIENCY SYNDROM (AIDS)-DEFINING OPPORTUNISTIC INFECTIONS OCCURRED IN THE TREATED PATIENTS AND 21 IN THE CONTROLS. REDUCTION OF NEW OPPORTUNISTIC INFECTIONS IN THE DITIOCARB GROUP WAS SIGNIFICANT IN ALL PATIENTS (RELATIVE RISK [RR], 0.44) AND IN PATIENTS WITH AIDS (CDC GROUPS IV-C1 AND IV-D) (RR, 0.12)."

(P.1542): "THE STATISTICALLY SIGNIFICANT BENEFIT OF DITIOCARB WAS SEEN IN ALL PATIENTS, AND SEPARATELY IN THE SUBGROUPS OF AIDS PATIENTS."

(P.1539): "PATIENTS FROM EIGHT MEDICAL CENTERS....."

(P.1541): "FINALLY, THE REDUCTION IN OIs IN THE DITIOCARB GROUP WAS SEEN IN ALL STUDY CENTERS."

(P.1538): "WE CONCLUDE THAT, IN THIS STUDY, DITIOCARB WAS SAFE AND REDUCED THE INCIDENCE OF OPPORTUNISTIC INFECTIONS IN PATIENTS WITH SYMPTOMATIC HIV INFECTION."

EXPLANATION - VARIOUS EXPLANATIONS ARE ADVANCED, BUT NEITHER REISINGER OR HERSH HAVE YET FOUND OUT THE DEFINITIVE REASON FOR DITIOCARB'S EFFECTIVENESS. AS HERSH STATES (P.1543):

"THE PRECISE CASCADE OF EVENTS BY WHICH DITIOCARB EXERTS ITS ACTIVITY IS NOT FULLY ELUCIDATED."

I THINK ANOTHER FACTOR HAS TO BE CONSIDERED - THE AMOUNT OF UNMETABOLIZED ACETALDEHYDE THAT WAS FLOWING IN THE BLOOD OF THOSE PATIENTS TO WHOM DITIOCARB HAD BEEN GIVEN. THE AMOUNT MUST HAVE BEEN VERY SMALL, ELSEWISE THE PATIENTS WOULD HAVE BEEN DISPLAYING ALOT MORE ADVERSE REACTIONS.

YOU MIGHT ASK - IF THE DRINKING OF ALCOHOL WAS NOT A SIGNIFICANT FACTOR IN THE REISINGER OR HERSH STUDIES, HOW COULD ACETALDEHYDE HAVE GOTTEN INTO THE BLOOD OF THOSE PATIENTS TO WHOM DITIOCARB HAD BEEN GIVEN?

LET ME DIGRESS FOR A MOMENT -

WHAT DOES DITIOCARB (DISULFIRAM, ANTABUSE, DTC) DO WHEN IT ENTERS THE BODY OF A PERSON?

- IT "PLUGS UP" THE LIVER AS FAR AS THE METABOLIZATION OF ACETALDEHYDE IS CONCERNED -

IF YOU TAKE DITIOCARB TODAY YOU WON'T GET RID OF IT BY TOMORROW. IT WILL STAY WITH YOU FOR DAYS.

REISINGER (P.679):

"DESPITE THE SHORT SERUM HALF-LIFE OF DTC SOME EFFECTS OF THIS DRUG LAST UP TO 7 DAYS, INDICATING RAPID INTRACELLULAR PENETRATION."

ENCYCLOPEDIA AMERICANA, 1991 EDITION, VOLUME 1, PAGE 518:

> "IN GENERAL, DISULFIRAM MAKES ALCOHOL SYMBOLICALLY UNAVAILABLE TO THE ALCOHOLIC AND THEREBY REDUCES THE DESIRE TO DRINK. ITS SLOW RATE OF METABOLISM IN THE BODY GIVES THE INDIVIDUAL PAUSE BEFORE IMPULSIVE RELAPSE."

REMEMBER - IN ALL THREE OF THESE STUDIES THE PATIENTS WERE GIVEN DITIOCARB ONCE A WEEK.

IN OTHER WORDS, THERE WASN'T A TIME DURING THE ENTIRE COURSE OF ALL THREE STUDIES THAT DITIOCARB WAS NOT PRESENT IN THE LIVERS OF THE DITIOCARB PATIENTS.

ACETALDEHYDE IS A HIGHLY TOXIC POISON. NORMALLY, HOW IS IT METABOLIZED BY THE LIVER?

THE "JOURNAL OF APPLIED TOXICOLOGY", OCTOBER, 1991 ISSUE STATES (P.374) THAT THE HALF-LIFE OF ACETALDEHYDE IN THE BLOOD OF RATS IS 3.1 MINUTES. I SHALL ASSUME THAT THIS RATE COULD BE APPLIED TO HUMAN BEINGS. MAYBE IT'S MORE, MAYBE IT'S LESS.

THIS FIGURES OUT THUSLY - 98.43% OF THE ACETALDEHYDE THAT IS IN THE BODY OF A HUMAN BEING WILL BE METABOLIZED IN 18.6 MINUTES BY THE LIVER IF IT IS FUNCTIONING NORMALLY (SEE CHART, PAGE 13). IN OTHER WORDS, JUST ABOUT ALL OF A HIGHLY TOXIC POISON WILL BE RENDERED HARMLESS BY THE LIVER IN LESS THAN 20 MINUTES.

IF THE LIVER IS "PLUGGED UP" IN ANY DEGREE WHATSOEVER WITH DITIOCARB THE ACETALDEHYDE CANNOT BE PROPERLY METABOLIZED. IF IT IS "PLUGGED UP" JUST A LITTLE BIT - SAY WITH THE RESIDUE THAT REMAINS 7 DAYS AFTER INITIAL ADMINISTRATION - PERHAPS THE ACETALDEHYDE WILL REMAIN TOXIC FOR ONLY A FEW EXTRA MINUTES. HOWEVER, WHAT IT IT IS NEWLY "PLUGGED UP" WITH THE ONCE A WEEK SERVING? COULD THE ACETALDEHYDE REMAIN POISONOUS FOR MAYBE AN HOUR OR LONGER? SINCE SIDE-EFFECTS AND ADVERSE REACTIONS WERE NOT A FACTOR IN EITHER THE REISINGER OR HERSH STUDIES, THE AMOUNT OF ACETALDEHYDE MUST HAVE BEEN VERY SMALL INDEED.

INDEED, HOW MIGHT IT HAVE GOTTEN INTO THE PATIENTS' SYSTEMS IF THE DRINKING OF ALCOHOL WAS NOT A FACTOR?

THE SAME ISSUE OF THE "JOURNAL OF APPLIED TOXICOLOGY" STATES (P.374):

> "ACETALDEHYDE HAS BEEN IDENTIFIED IN OAK LEAVES, TOBACCO, APPLES, BROCCOLI, COFFEE, GRAPES, GRAPEFRUIT, ORANGES, LEMONS, ONIONS, PEACHES, PEARS, PINEAPPLES, RASPBERRIES, STRAWBERRIES AND MANY SPICES. EUROPEAN BEERS HAVE BEEN FOUND TO CONTAIN AS MUCH AS 13.5mgl-1. THE ACCEPTABLE DAILY INTAKE RECOMMENDED BY FAO/WHO IS 0.0-2.5mg kg-1 BODY WEIGHT."
>
> "ANOTHER SIGNIFICANT CONTRIBUTION IS MADE BY COFFEE ROASTING AND MOTOR VEHICLE EXHAUSTS."
>
> "AMBIENT AIR LEVELS OF ACETALDEHYDE RANGE FROM NON-DETECTABLE TO 123 ug m-3 IN MAJOR U.S. CITIES."

ENCYCLOPEDIA AMERICANA, 1991 EDITION, VOLUME 1, PAGE 518:

"UNFORTUNATELY, HOWEVER, THE DISULFIRAM/ALCOHOL REACTION CAN BE SET OFF BY ALCOHOL USED IN FOOD PREPARATIONS OR BY INHALED FUMES (AS FROM AFTER-SHAVE LOTION)."

IN OTHER WORDS, A PATIENT WHO HAD DITIOCARB IN HIS LIVER COULD GET UP IN THE MORNING, HAVE A GLASS OF ORANGE JUICE, HAVE A CUP OR TWO OF COFFEE, SMOKE A CIGARETTE, SHAVE AND APPLY AFTER-SHAVE TO HIS FACE AND AUTOMATICALLY THE LEVEL OF UNMETABOLIZED ACETALDEHYDE IN HIS BLOOD WOULD HAVE BEEN INCREASED.

THROUGHOUT THE DAY IF HE ATE SOME FRUIT OR SIMPLY SMELLED AUTO EXHAUST FUMES HIS LEVEL OF UNMETABOLIZED ACETALDEHYDE WOULD BE INCREASED.

IF THE PATIENT TOOK HIS DITIOCARB CAPSULE ON SUNDAY EVENING AND SIX DAYS LATER ATE AN APPLE ON SATURDAY AFTERNOON, THERE WOULD STILL BE ENOUGH OF A DITIOCARB RESIDUE IN THAT PATIENT'S LIVER TO PREVENT NORMAL METABOLIZATION OF ACETALDEHYDE; 98.43% OF IT WOULD NOT BE METABOLIZED IN 18.6 MINUTES; PERHAPS 19.6 MINUTES WOULD BE REQUIRED TO DO THE JOB; THIS MEANS THAT ON THIS PARTICULAR SATURDAY AFTERNOON A TOXIC POISON WOULD BE FLOWING FREE THROUGH THE BLOOD OF THIS PATIENT FOR AN EXTRA MINUTE.

IN OTHER WORDS, THROUGHOUT THE ENTIRE COURSE OF THE WEEK VARYING AMOUNTS OF UNMETABOLIZED ACETALDEHYDE COULD BE IN THE BLOOD OF THOSE PATIENTS WHO TOOK DITIOCARB IF THOSE PATIENTS WERE INDEED EXPOSED TO THE FACTORS WHICH ARE LISTED ON PAGE 374 OF THE "JOURNAL OF APPLIED TOXICOLOGY" AND ON PAGE 518, VOLUME 1 OF THE ENCYCLOPEDIA AMERICANA.

GRANTED, IT MIGHT BE A MINUTE AMOUNT, NOT ENOUGH TO MAKE THE PATIENT NAUSEOUS, BUT THE FACT IS INDISPUTABLE - ACETALDEHYDE, IN ANY AMOUNT, CANNOT BE PROPERLY METABOLIZED BY THE LIVER IN A NORMAL MANNER IF DITIOCARB IS PRESENT IN ANY AMOUNT.

I THINK IT WAS THIS UNMETABOLIZED ACETALDEHYDE THAT WAS AT WORK IN THE REISINGER AND HERSH STUDIES: IT IS MY HYPOTHESIS THAT THE HIV VIRUS ITSELF WAS BEING DESTROYED BY THIS HIGHLY TOXIC POISON.

THE SAME CAN BE SAID FOR THE LANG STUDY; HOWEVER, I THINK THAT THE QUANTITY OF UNMETABOLIZED ACETALDEHYDE BEING GENERATED IN THESE FRENCH PATIENTS WAS GREATER AND THEREFORE MORE EFFECTIVE. HOW COULD THIS HAVE COME ABOUT?

BUT FIRST -

IN THE REISINGER STUDY 15 PATIENTS RECEIVED 5mg OF DITIOCARB (DTC) INTRAVENOUSLY ONCE A WEEK AND 15 PATIENTS RECEIVED 10mg OF DITIOCARB (DTC) ORALLY ONCE A WEEK. IN THE LANG STUDY ALL 83 PATIENTS RECEIVED 10mg OF DITIOCARB(DTC) ORALLY ONCE A WEEK.

NOW WE HAVE SOMETHING TO COMPARE.

WHAT DOES REISINGER HAVE TO SAY ABOUT THOSE PATIENTS WHO RECEIVED 10mg OF DITIOCARB (DTC) ONCE A WEEK? (P.682)

"ORALLY DTC TENDED TO DECREASE HIV-RELATED DISEASES, BUT THE DIFFERENCE FROM THE ORAL PLACEBO GROUP WAS NOT SIGNIFICANT."

NOW, LET US LOOK AT SOME OF THE OBSERVATIONS WHICH LANG MAKES ABOUT HIS PATIENTS; REMEMBER, THEY TOO RECEIVED 10mg OF DITIOCARB (DTC) ORALLY ONCE A WEEK:

(P.702) - "THE DISEASE DID NOT PROGRESS TO CDC-DEFINED ACQUIRED IMMUNODEFICIENCY SYNDROME IN THE DITIOCARB GROUP BUT DID SO IN 4 PATIENTS IN THE PLACEBO GROUP (3 BETWEEN WEEK 0 AND 16, 1 BETWEEN WEEK 17 AND 32). DITIOCARB WAS ALSO ASSOCIATED TO A SIGNIFICANTLY GREATER EXTENT THAN PLACEBO WITH RELIEF OF CONSTITUTIONAL SYMPTOMS, IMPROVEMENT IN CLINICAL STATUS (INCLUDING SHRINKAGE OF ENLARGED SPLEEN AND LYMPH NODES), AND IMPROVEMENT IN IMMUNE FUNCTION (AS MEASURED BY CD4+ CELL COUNT AND SKIN TEST REACTIVITY). WHEN PLACEBO WAS REPLACED BY DITIOCARB, SIMILAR IMPROVEMENTS WERE OBSERVED, WHEREAS SYMPTOMS SLOWLY REAPPEARED AND CD4+ CELL LEVELS PROGRESSIVELY DECLINED WHEN DITIOCARB TREATMENT WAS REPLACED BY PLACEBO."

(P.704) - "ALL THE 9 PATIENTS IN THE DITIOCARB GROUP WITH A HISTORY OF WEIGHT LOSS AT ENTRY REGAINED NORMAL WEIGHT AFTER 16 WEEKS' TREATMENT. THE SPLEEN BECAME IMPALPABLE IN 4 OF THE 7 DITIOCARB RECIPIENTS, BUT IN NONE OF 8 PLACEBO RECIPIENTS, WITH SPLENOMEGALY AT ENTRY."

(P.704) - "WHEN CHANGE IN CLINICAL STATUS WAS SCORED AS IMPROVED, STABLE, OR WORSE BY THE PHYSICIANS AFTER 16 WEEKS, 42% OF DITIOCARB RECIPIENTS HAD IMPROVED COMPARED WITH ONLY 5% IN THE PLACEBO GROUP ($p < 0.01$)."

(P.704) - LANG TABLE II (SEE MY PAGE 13) HIGHLIGHTS THE "DISAPPEARANCE OF CONSTITUTIONAL SYMPTOMS" AND THEY ARE "PERSISTENT DIARRHOEA, WEIGHT LOSS, PERSISTENT FEVER". ALSO NOTE "DISAPPEARANCE OF SPLENOMEGALY".

AND TO TOP IT OFF, THE LANG STUDY SHOWED AN INCREASE IN THE CD4-POSITIVE LYMPHOCYTES (T-HELPER CELLS) - SEE LANG TABLE III (MY PAGE 13) AND STATES (P.705):

"THE PRESENT FINDINGS, AND THOSE ACCOMPANYING LONG-TERM ADMINISTRATION OF DITIOCARB (3 YEARS), CLEARLY SHOW THAT THE CD4+ CELL-DEFECT IS NOT AGGRAVATED. IN FACT, THE REVERSE OCCURRED, WITH DITIOCARB PRODUCING AN INCREASE IN CD4+ CELLS AND IMPROVEMENT IN CONSTITUTIONAL SYMPTOMS OF AIDS-RELATED COMPLEX. FURTHERMORE, PRELIMINARY DATA IN A SMALL NUMBER OF PATIENTS INDICATE THAT DITIOCARB DOES NOT ENHANCE HIV REPLICATION IN VITRO OR IN VIVO."

WHEREAS WITH REISINGER (P.681) THESE CELLS "..... DECREASED IN PERIPHERAL BLOOD IN ALL TREATMENT GROUPS DURING THE STUDY."

SEE ALSO REISINGER TABLE II (MY PAGE 13).

WHAT IN THE WORLD COULD HAVE ACCOUNTED FOR THIS DRAMATIC DIFFERENCE IN RESULTS?

IN BOTH THE REISINGER AND HERSH STUDIES THE SUBJECT OF ALCOHOL IS MENTIONED ALMOST AS AN ASIDE.

IN THE LANG STUDY IT IS NOT MENTIONED AT ALL.

LATE FRIDAY AFTERNOON, MAY 14, THIS THOUGHT OCCURRED TO ME WHILE I WAS REVIEWING THE LANG STUDY:

- MOST FRENCHMEN DRINK WINE WITH THEIR MEALS. -

DOMINIQUE NORBROOK, PASSPORT TO FRANCE, PAGE 20:

"ALTHOUGH MEALS IN FRENCH RESTAURANTS MAY NEED A LOT OF ELABORATE PREPARATION, EVERYDAY COOKING AT HOME IS QUICK, SIMPLE AND TASTY. A MEAL MAY CONSIST OF SEVERAL COURSES, EATEN WITH SLICES OF FRESH, CRUSTY BREAD AND ACCOMPANIED BY WINE."

SUNDAY AFTERNOON, MAY 16, AS I COMPARED AND CONTRASTED THESE THREE STUDIES FOR THE UMPTEENTH TIME IT DAWNED UPON ME - IT DAWNED UPON ME WITH CRYSTAL CLARITY -

IF YOU TAKE A MINUTE AND STEP BACK AND LOOK AT IT FROM A CERTAIN PERSPECTIVE YOU CAN SEE WHAT THE LANG STUDY COULD BE INTERPRETED AS REPRESENTING (ASSUMING, OF COURSE, THAT THE FRENCH DITIOCARB PATIENTS WERE DRINKING WINE WITH THEIR MEALS) -

- THE LANG STUDY REPRESENTS THE SUCCESS OF THE "DISULFIRAM/ALCOHOL PROCEDURE".

1. P.702 - "THE DISEASE DID NOT PROGRESS....."
2. P.704 - "ALL THE 9 PATIENTS IN THE DITIOCARB GROUP....."
3. P.704 - "WHEN CHANGE IN CLINICAL STATUS WAS SCORED....."
4. P.704 - LANG TABLE II
5. P.705 - ".....WITH DITIOCARB PRODUCING AN INCREASE IN CD4+ CELLS....."

WINE DRINKING WITH MEALS IS SO MUCH A PART OF THEIR CULTURE THAT I THINK THE FRENCH RESEARCHERS SIMPLY OVERLOOKED ALCOHOL AS A FACTOR AND DID NOT REALIZE THAT AN EXCESS AMOUNT OF UNMETABOLIZED ACETALDEHYDE WAS BEING GENERATED WHENEVER THE DITIOCARB PATIENTS DRANK WINE WITH THEIR MEALS.

OTHER THAN INTERVIEWING THE PATIENTS THEMSELVES, WHAT CLUES DO WE HAVE THAT THIS MIGHT HAVE BEEN THE CASE?

SIDE EFFECTS AND ADVERSE REACTIONS TO DITIOCARB

SIDE EFFECTS AND ADVERSE REACTIONS WERE NOT FACTORS IN THE REISINGER AND HERSH STUDIES. I STILL CONCLUDED, HOWEVER, THAT THERE MUST HAVE BEEN A SMALL OR MINUTE AMOUNT OF UNMETABOLIZED ACETALDEHYDE AT WORK DESTROYING THE HIV VIRUS ITSELF.

LANG STATES (P.705):

> "DITIOCARB DID NOT INDUCE MORE MAJOR ADVERSE CLINICAL OR BIOLOGICAL REACTIONS THAN PLACEBO (TABLE IV), ALTHOUGH IT WAS ASSOCIATED MORE FREQUENTLY WITH MINOR SIDE-EFFECTS —— UNPLEASANT TASTE, ABDOMINAL DISCOMFORT, NAUSEA, OR MALAISE."

NOW LET'S LOOK AT LANG TABLE IV (SEE MY PAGE 13).

THERE IS ONE SIDE-EFFECT THAT I WANT TO FOCUS UPON - "NAUSEA". YOU WILL NOTE THAT 19% OF THE DITIOCARB PATIENTS SUFFERED NAUSEA WHEREAS THE REISINGER STUDY NOTED (P.681) THAT:

> "NAUSEA AND FATIGUE WERE INFREQUENT IN BOTH DTC GROUPS."

REMEMBER - THE REISINGER "ORAL" GROUP GOT THE SAME DOSAGE AS DID ALL OF THE LANG "ORAL" GROUP - 10mg/kg PER PATIENT.

IF YOU LOOK BACK IN THIS FILE TO THE FEBRUARY 18 LETTER THAT I WROTE TO DR. BADER YOU WILL SEE A PAGE WHERE I LISTED THREE DIFFERENT DESCRIPTIONS WHICH I TOOK FROM THREE DIFFERENT ENCYCLOPEDIAS TO DESCRIBE THE "DISULFIRAM/ALCOHOL PROCEDURE".

IN ALL THREE DESCRIPTIONS IS FOUND THE WORD - "NAUSEA".

IT IS ON THIS BASIS AND LOOKING AT THE OTHER SIDE-EFFECTS LISTED IN LANG TABLE IV THAT I CONCLUDE THAT THE FRENCH DITIOCARB PATIENTS WERE EXPERIENCING "DISULFIRAM/ALCOHOL" REACTIONS.

LET'S SAY I AM CORRECT. LET'S SAY THAT THE "DISULFIRAM/ALCOHOL PROCEDURE" IS THE KEY TO THE ATTACK ON THE HIV VIRUS. HOW THEN SHOULD THE PROCEDURE BE IMPLEMENTED?

ON PAGE 22 OF HIS BOOK 100 QUESTIONS ANT ANSWERS ABOUT AIDS - A GUIDE FOR YOUNG PEOPLE, MICHAEL THOMAS FORD STATES:

> "TO MAKE THINGS WORSE, THE AIDS VIRUS MAY ENTER A CELL AND BECOME DORMANT, WAITING INSIDE THE CELL TO BE USED AT A LATER TIME. IT CAN STAY THERE AS LONG AS SIX MONTHS WITHOUT THE BODY RECOGNIZING ITS PRESENCE. HIV IS ALSO ABLE TO MUTATE, OR CHANGE ITS FORM, VERY EASILY. THIS MAKES IT VERY DIFFICULT FOR THE IMMUNE SYSTEM TO DESIGN AN EFFECTIVE PLAN OF ATTACK. THE IMMUNE SYSTEM FORMS DEFENSES BASED ON THE INVADING SUBSTANCE'S STRUCTURE. WHEN THAT STRUCTURE CHANGES, WHATEVER DEFENSES HAVE BEEN DESIGNED BECOME USELESS. WHEN HIV MUTATES, THE LYMPHOCYTES THAT HAVE BEEN PROGRAMMED TO ATTACK AND KILL IT NO LONGER RECOGNIZE IT, AND THE AIDS VIRUS CAN MOVE FREELY THROUGHOUT THE BODY UNTIL NEW DEFENSES ARE CREATED."

AND ON PAGE 28 HE STATES:

> "SOME PEOPLE DEVELOP AN ACUTE FLULIKE SYNDROME SIMILAR TO MONONUCLEOSIS, WITHIN TWO TO THREE WEEKS OF BECOMING INFECTED WITH HIV. THIS IS THEN FOLLOWED BY A LONG PERIOD DURING WHICH THE PERSON IS ASYMPTOMATIC, OR HAS NO SYMPTOMS AT ALL. THIS PERIOD CAN LAST FOR MANY YEARS. THIS IS DANGEROUS BECAUSE DURING THIS TIME AN INFECTED PERSON MAY UNKNOWINGLY PASS THE VIRUS ON TO OTHER PEOPLE. DURING THIS ASYMPTOMATIC PERIOD, THE VIRUS WILL CONTINUE TO MULTIPLY. FINALLY, MAYBE AS LONG AS EIGHT TO TEN YEARS AFTER THE INITIAL INFECTION, THE PERSON WILL ONCE AGAIN DEVELOP SYMPTOMS OF HIV INFECTION."

OF COURSE, TO KNOW ALL OF THIS IS VERY, VERY DISTRESSING AND DISCONCERTING.

HOWEVER, WITH THE "DISULFIRAM/ALCOHOL PROCEDURE" PERHAPS ENOUGH OF THE HIV VIRUSES THEMSELVES CAN BE DESTROYED PERIODICALLY BY ACETALDEHYDE SO THAT THE CD-4 POSITIVE LYMPOCYTES (T-HELPER CELLS) COUNT CAN BE INCREASED THUS VOIDING THE CHANCE FOR O.I.s (OPPORTUNISTIC INFECTIONS) TO DEVELOP IN THE BODY.

I DON'T KNOW IF THE HIV VIRUS CAN EVER BE TOTALLY "FLUSHED OUT" OF THE BODY, BUT, FOR STARTERS, THIS IS THE BEST WAY TO GO ABOUT IT THAT I CAN THINK OF -

ADMINISTER THE "DISULFIRAM/ALCOHOL PROCEDURE" ONCE EVERY TWO WEEKS FOR A YEAR - 26 SESSIONS ALL TOLD.

THE ADMINISTRATION WILL REQUIRE THE EXPERT SKILL OF A PHYSICIAN WHO IS WELL EXPERIENCED IN EMPLOYING THE "ANTABUSE" TECHNIQUE OF AVOIDANCE THERAPY TO CONTROL ALCOHOLISM.

THIS IS A VERY PERILOUS PROCEDURE. AS THE ENCYCLOPEDIA AMERICANA, VOLUME 1, PAGE 518, 1991 EDITION STATES:

> "BECAUSE OF THE DANGER OF DEATH FROM HEART FAILURE OR RESPIRATORY FAILURE DURING AN ALCOHOL-DISULFIRAM REACTION, THE DRUG SHOULD BE ADMINISTERED ONLY UNDER CAREFULLY CONTROLLED CONDITIONS."

ALSO IN ATTENDANCE SHOULD BE A PHYSICIAN WHO IS A SPECIALIST IN AIDS. HIS JUDGEMENT OF THE PATIENT'S CONDITION WILL BE SOUGHT AND RELIED UPON TO DETERMINE "HOW MUCH" OF THE PROCEDURE SHOULD BE EXPERIENCED AT A TIME.

IN ADDITION, IT MIGHT BE ADVISABLE TO GIVE THE PATIENT ZINC SUPPLEMENTS FOR AS THE ENCYCLOPAEDIA BRITANNICA, MACROPAEDIA, VOLUME 1, PAGE 438, 1974 EDITION STATES:

> "AS ABSORBED ALCOHOL IS PASSED THROUGH THE LIVER BY THE CIRCULATING BLOOD, IT IS ACTED UPON BY ADH(ALCOHOL DEHYDROGENASE), A ZINC-CONTAINING ENZYME FOUND CHIEFLY IN THE LIVER CELLS."

WITH THE DANGER OF DEATH ALWAYS AT HAND, THE APPLICATION OF THE PROCEDURE COULD NEVER BE "ROBUST".

I WOULD RANK IT IN TERMS OF "FROM VERY, VERY CONSERVATIVE TO CONSERVATIVE".

IN MY FEBRUARY 18 LETTER TO DR. BADER I USED THIS QUOTE FROM THE ACADEMIC AMERICAN ENCYCLOPEDIA:

> ".....A PATIENT MUST BE WARNED BEFORE USE OF THE POSSIBLE REACTIONS FROM THE MIXTURE OF THE DRUG AND EVEN VERY SMALL AMOUNTS OF ALCOHOL. REACTIONS INCLUDE HEADACHE, THROBBING IN THE NECK, NAUSEA AND VOMITING, SWEATING, THIRST, AND BLURRED VISION. THEY VARY IN INTENSITY, GENERALLY IN PROPORTION TO THE AMOUNTS OF DRUG AND ALCOHOL INGESTED, AND LAST FROM 30 MINUTES TO SEVERAL HOURS."

"VERY, VERY CONSERVATIVE" I WOULD CALL 30 MINUTES AND "CONSERVATIVE" I WOULD CALL 4 HOURS.

I THINK THAT PATIENTS WITH "FULL BLOWN" AIDS MIGHT CHANCE 30 MINUTES OF TREATMENT, AND PATIENTS WHO HAD RECENTLY BEEN EXPOSED TO AIDS AND HAD JUST BEEN DIAGNOSED AS BEING HIV-POSITIVE MIGHT CHANCE 4 HOURS.

WHEN I WAS 18 I GOT VERY, VERY DRUNK AND WAS SEVERELY HUNG-OVER THE NEXT DAY. IN MY EARLY TWENTIES I GOT VERY, VERY DRUNK THREE OR FOUR TIMES AND WAS SEVERELY HUNG-OVER THE NEXT DAY.

FROM ABOUT 7A.M. UNTIL ABOUT 7P.M. I FELT NAUSEOUS, VOMITED AND HAD A SPLITTING HEADACHE. AT TIMES DURING THIS APPROXIMATE 12 HOUR PERIOD I WAS FEELING SO MISERABLE THAT I WISHED THAT I WERE INDEED DEAD.

APPLICATION OF AND REACTION TO THIS SORT OF ACETALDEHYDE CONCENTRATION I WOULD CATEGORIZE AS BEING "ROBUST".

AFTER A YEAR'S TREATMENT OF THIS NATURE (½ TO 4 HOURS) THE SPECIALIST IN AIDS MIGHT BE ABLE TO DETERMINE WHETHER THE TREATMENT COULD BE SPACED OUT TO ONCE A MONTH. THEN, IF HE SEES FURTHER IMPROVEMENT, MAYBE A ½ YEAR OF YEARLY "BOOSTER" OF THE "DISULFIRAM/ALCOHOL PROCEDURE" MIGHT BE ALL THAT WOULD BE NEEDED TO KEEP THE HIV VIRUSES FROM INORDINATELY MULTIPLYING.

WHO KNOWS, MAYBE ALL OF THEM COULD EVENTUALLY BE CLEANSED OUT OF THE BODY.

I WANT TO CONCLUDE BY REITERATING A STATEMENT WHICH I INITIALLY MADE IN MY JANUARY 19 LETTER TO CONGRESSMAN VISCLOSKY:

THE HUMAN BODY CAN BE POISONED WITH A HIGHLY TOXIC SUBSTANCE AND STILL SURVIVE

AND THE NAME OF THAT SUBSTANCE IS ACETALDEHYDE.

IN TERMS OF METABOLISM, ACETALDEHYDE IS REALLY QUITE A UNIQUE SUBSTANCE AS FAR AS THE BODY IS CONCERNED, IS IT NOT?

THE CLOSEST "CHEMICAL COUSIN" TO ACETALDEHYDE IS THE GAS, FORMALDEHYDE. FORMALIN, A 37% SOLUTION OF GASEOUS FORMALDEHYDE, IS AN IMPORTANT INGREDIENT OF EMBALMING FLUID. WHAT MIGHT HAPPEN IF A LITTLE BIT OF FORMALIN WERE INJECTED INTO A PERSON? WOULD DEATH OR BLINDNESS BE THE RESULT?

ACETALDEHYDE IS ALSO CLOSELY RELATED TO THE GAS THAT IS USED IN COMBINATION WITH OXYGEN TO PRODUCE THE HOTTEST FLAME KNOWN TO MAN, THE FLAME THAT CUTS THROUGH STEEL - ACETYLENE ("ACETALDEHYDE IS MADE COMMERCIALLY BY THE ADDITION OF WATER TO ACETYLENE IN THE PRESENCE OF SULFURIC ACID AND MERCURIC SULFATE." - THE NEW COLUMBIA ENCYCLOPEDIA, 1975 EDITION, P.11).

SYMBOLICALLY, PERHAPS ACETALDEHYDE WILL PROVE TO BE THE "INNER FLAME" BY WHICH THE HIV VIRUS CAN BE VANQUISHED FROM THE BODY.

I HOPE SO.

John S. Robert

LANG

TABLE II—CLINICAL OUTCOME OF HIV INFECTION IN FIRST ARM OF TRIAL

—	Active	Placebo	p†
Progression to AIDS	0/38	3/39 (PCP, *Mycobact avium*, and Kaposi sarcoma)	..
Disappearance of constitutional symptoms* (IV-A patients)	8/11	0/5	<0·001
Lymphadenopathy score	−0·43‡ (SD 1·94)	+0·43‡ (SD 1·26)	<0·05
Disappearance of splenomegaly	4/7	0/8§	<0·05

*Persistent diarrhoea, weight loss, persistent fever.
†Fisher's exact test.
‡Change from baseline.
§No spleen became impalpable; two additional spleen enlargements were noted.

LANG

TABLE III—CD4 CELL COUNT DURING THE FIRST ARM OF TRIAL

—	Active		Placebo		
	Patients tested	Median (mean, SD) count	Patients tested	Median (mean, SD) count	p*
Baseline	42	415 (405, 111)	41	380 (389, 132)	NS
Week 8	36	475 (517, 172)	39	420 (461, 226)	NS
Week 16	36	522 (542, 215)	38	420 (447, 181)	<0·05

*Student's *t* test.

LANG

TABLE IV—SIDE-EFFECTS

Adverse reaction	Percentage of patients with adverse reactions	
	Active (n = 83)	Placebo (n = 79)
Unpleasant taste	41 (32)	4 (3)
Abdominal discomfort	33 (26)	8 (6)
Nausea	19 (15)	3 (2)
Sensation of malaise	10 (8)	1 (1)
Anorexia	9 (7)	1 (1)
Excitement	6 (5)	3 (2)
Somnolence	5 (4)	1 (1)
Vomiting	2 (2)	1 (1)
Rash	0 (0)	0 (0)

Number of patients in parentheses. No patient in either group had >25% drop in haemoglobulin concentrations, red or white cell count, or platelet count.

REISINGER

TABLE II—T-HELPER CELL COUNTS PER µl BLOOD IN PATIENTS WITH INITIAL COUNT BELOW 814/µl

Route	Time (mo)	Placebo	DTC
Oral	0	467 (193)	493 (204)
	6	442 (327)	428 (167)
	% loss	5·9 (53·5)	5·4 (37·7)
Intravenous	0	422 (283)	388 (225)
	6	250 (263)	352 (345)
	% loss	51·4 (35·6)	20·8 (30·4)

HALF-LIFE OF ACETALDEHYDE

10
3.1 min → 5
3.1 min → 2.5
3.1 min → 1.25
3.1 min → .625
(6) 3.1 min → .313
3.1 min → .157
3.1 min → .079
3.1 min → .040
3.1 min → .020
3.1 min → .010
3.1 min → .005
3.1 min → .0025
3.1 min → .0013

6 x 3.1 = 18.6 MINUTES

98.43
1.57
100.00

98.43% METABOLIZED AT THIS POINT

P.S. TO CONGRESSMAN VISCLOSKY:
COULD CLINICAL TRIALS OF THE "DISULFIRAM/ALCOHOL PROCEDURE" BEGIN IMMEDIATELY AT ONE OF OUR LOCAL HOSPITALS IN LAKE OR PORTER COUNTY. I DO NOT THINK THAT ALOT OF FUNDING WOULD BE REQUIRED. ALL THAT IS NEEDED IS A HOSPITAL ROOM, THE SERVICES OF A PHYSICIAN SPECIALIZING IN THE "ANTABUSE" TREATMENT FOR ALCOHOLISM, THE SERVICES OF A PHYSICIAN SPECIALIZING IN THE TREATMENT OF AIDS AND THE EXPERTISE OF A LABORATORY TECHNICIAN.

RESPECTFULLY,

J.S.K.

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MAY 3, 1993

DR. OMAR BAGASRA
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ROOM 328A
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1020 LOCUST STREET
PHILADELPHIA, PENNSYLVANIA 19107

DEAR DR. BAGASRA,

I HAVE NOT YET RECEIVED FROM YOU A REPLY TO MY LETTER OF APRIL 9. JUST IN CASE YOU DID NOT RECEIVE IT, I AM SUBMITTING IT TO YOU AGAIN.

DR. BAGASRA, BEFORE THIS MONTH IS OVER, COULD YOU POSSIBLY ANSWER THIS QUESTION FOR ME: -

IS THE HIV VIRUS DESTROYED IN VITRO BY THE ADDITION OF ACETALDEHYDE?

BY THE FIRST OF JUNE, AT THE LATEST, I WANT TO "GO PUBLIC" WITH THIS FILE BY MAKING ITS AVAILABILITY KNOWN THROUGH MEDIA ADVERTISEMENTS.

IN LIGHT OF PROFESSOR MANKES' APRIL 16 LETTER, ATTACHED, I HAVE DONE SOME MORE RESEARCH AND WILL HAVE A FEW MORE PAGES TO ADD TO THIS FILE.

DR. BAGASRA, I REALLY WOULD APPRECIATE HEARING FROM YOU, AND I WANT TO THANK YOU FOR GIVING THIS MATTER YOUR TIME AND CONSIDERATION.

YOURS TRULY,

John S. Roberts

JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
219-763-1933

COPIES TO: CONGRESSMAN PETER J. VISCLOSKY (WASHINGTON AND GARY OFFICES)
PROFESSOR RUSSELL F. MANKES, THE ALBANY MEDICAL COLLEGE

P.S. ON JUNE 1 I CALLED DR. BAGASRA AND WAS TOLD THAT HE HAD JUST LEFT THE COUNTRY TO ATTEND A TWO WEEK CONFERENCE IN PARIS. WHEN I OBTAIN AN ANSWER FROM HIM I WILL BE MORE THAN HAPPY TO INCLUDE IT IN THIS FILE.

J.S.R.

The Albany Medical College
Albany, New York 12208

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Mr. John S. Roberts
POB H
Hobart , IN 46342

16 April, 1993

Dear Mr. Roberts,

I received a package of correspondence from and to you relative to acetaldehyde and HIV today. I am really not sure why it was sent to me as I am not an AIDS researcher, my area of expertise lies in Toxicology, specifically alcohol. From your correspondence it appears that you have developed the hypothesis that acetaldehyde may be a useful adjunct to therapy for HIV infected individuals. It appears that this hypothesis has generally been dismissed by the NIH, specifically by Dr. John Bader.

From my perspective I would like to add a degree of caution to your continued efforts. Acetaldehyde, a highly toxic intermediate of alcohol metabolism, could in fact cause damage to viruses, However, the danger lies in the specificity of the toxicity. The therapeutic drugs which are being developed (such as AZT, DDC, etc.) rely on the principal of selective (or specific) toxicity, they cause death or damage to the infectious agent or diseased cell at doses which do not significantly affect normal function. A chemical that kills the patient while it kills the virus or cancer is not a useful drug. In the case of acetaldehyde, as you so rightly pointed out, it is toxic (and severely so) to a wide variety of human organ systems at exceedingly low dose levels. We believe it may also target the T-cells of the immune system and produce a lessening of their function, something which would be very dangerous in an HIV infected human. I do not dismiss your hypothesis, only add a note of caution to your quest.

It is important to remember that the more we learn about the basic biology of a disease process, the more likely we are to find a cure. I would urge you to continue your efforts, particularly with members of congress, to increase funding for medical research generally since, as amply illustrated by your letters, we cannot determine from where the next advance will come (perhaps the cure for AIDS will be found by research on the genetics of the fruit fly!!).

If I may be of any assistance to you please do not hesitate to write.

Sincerely,

Russell F. Mankes, Ph.D.
Associate Professor

APRIL 9, 1993

DR. OMAR BAGASRA
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DEAR DR. BAGASRA,

I RECENTLY READ ABOUT YOUR RESEARCH IN THE MARCH 22, 1993 ISSUE OF "USA TODAY".

WOULD YOU PLEASE GIVE SOME CONSIDERATION TO THE ATTACHED FILE.

WOULD YOU THINK OF DOING YOUR EXPERIMENT AGAIN, BUT THIS TIME ADD ONE ADDITIONAL INGREDIENT TO THE TEST TUBE - A DROP OR TWO OF ACETALDEHYDE.

SINCE ACETALDEHYDE IS A HIGHLY TOXIC POISON, IS THERE THE REMOTEST POSSIBILITY IN THE WORLD THAT IT COULD DESTROY THE HIV VIRUS?

I THINK THAT THE EFFECTS OF THE "DISULFIRAM/ALCOHOL PROCEDURE" COULD LAST AS LONG AS 12 HOURS.

IN NORMAL CONDITIONS (WITHOUT DISULFIRAM IN THE BODY) I BELIEVE THAT ACETALDEHYDE IS METABOLIZED IN JUST A FEW MINUTES BY THE LIVER.

WHAT EFFECT WOULD "UNMETABOLIZED" ACETALDEHYDE HAVE UPON THE HIV VIRUS?

IN OTHER WORDS, AFTER 12 HOURS WOULD THE HIV VIRUS STILL BE ALIVE IN THE TEST TUBE AFTER A DROP OR TWO OF ACETALDEHYDE HAD BEEN ADDED TO IT?

YOURS TRULY,

John S. Roberts

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