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Office of
National AIDS Policy

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Correspondence Routing Slip

Tracking Number: G3533 ~~G3532~~

Date Rcvd: 01-07-97

From: Robert M. Tomasullo

Staff Action:

Reviewed By Jeff:_____ Reviewed By: Patsy ✓

Assigned To: CP

RCVD:_____ DONE:_____

Recommendations/Instructions:

We have a form ltr. Ask RS?

To Support Staff:_____

Date of Response: 5-7-97

2/4/97 checked w/RS. will give me a ltr. after checking w/HHS about their reply to PAC.

5/7/97 I have not been able to get a ltr from Richard Soriano so I am closing this out w/NR. C

n:\corresli

Social Security
3511 N Pine Island Rd
Sunrise, Fl 33351
01/02/97

Patricia Flemming
National AIDS Policy Coordinator
White House
Washington, DC

I am writing to express my concerns about PL 104-193 as it affects HIV/AIDS. with the recent implementation of this law legal aliens living with AIDS or merely HIV positive are put into an impossible and difficult situation.

The legislation prohibits public funds (SSI, Medicaid, Food Stamps, etc.) from going to legal aliens in the U.S.. No matter how long they have resided here legally, access to these benefits must be denied.

The U.S. has long prohibited HIV positive individuals from attaining permanent residence status, but we have not in the past denied benefits to those who had already attained legal residency.

These individuals are now in a "catch 22" situation. They cannot become citizens because of their positive status, no matter whether they were infected after their arrival in the United States or before. they can face deportation even if they have reside in the U. S. for many years legally.

These individuals would in many cases face discrimination, imprisonment, or other hardships if they try to return to their native country.

Without access to health care their conditions will deteriorate rapidly, and could even become life threatening, placing an even greater burden on our health care facilities.

As the National AIDS Policy Coordinator, I urge you to make recommendations to the administration which will help these individuals. We are adding to the burdens these individuals face and creating additional stress not only on them, but on our entire health care system.

Robert M Tomasulo
Social Security
HIV Coordinator

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G3534

Date Rcvd: 01-08-97

From: Peter J. Visclosky
Congress of the U.S.

Staff Action:

Reviewed By Jeff:_____ **Reviewed By: Patsy**_____

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

To Support Staff:_____

Date of Response: 1-14-97

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THE WHITE HOUSE

WASHINGTON

JAN 14 1997

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

Dear Mr. Roberts:

I have received the package of information you sent me regarding the study of acetaldehyde as a treatment for HIV disease. The package contains a copy of a letter I sent you on October 18, 1995 in response to your letter to me dated September 18, 1995.

As I stated in my letter, I believe that promising opportunities for treatments for HIV disease should be pursued. However, I must leave it to those scientists who are trained in this field of study to decide which proposals merit investigation. In the Federal government, those scientists are found at the National Institutes of Health (NIH).

It appears that you have contacted the right person -- Dr. Jack Whitescarver in the Office of AIDS Research at NIH. I can add nothing more to what Dr. Whitescarver has communicated to you.

I regret that I cannot be of further assistance.

Sincerely,

Patricia S. Fleming

Patricia S. Fleming
Director
National AIDS Policy Office

cc: The Honorable Peter J. Visclosky

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
NORTHEAST-MIDWEST
CONGRESSIONAL COALITION
MIDWEST VICE-CHAIR
WHIP-AT-LARGE

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Washington, DC 20515-1401

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VALPARAISO, IN 46383
(219) 464-0315

January 3, 1997

Ms. Patricia Fleming
Director
National AIDS Policy Office
750 17th Street, N.W. Suite 600
Washington, D.C. 20503

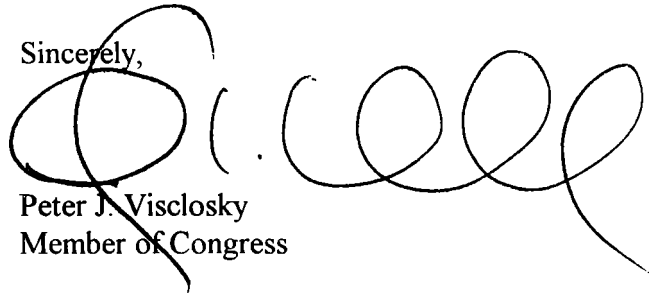
Dear Ms. Fleming:

On December 10, 1996, I wrote you in regard to my constituent, Mr. John Roberts. A copy of said letter is enclosed for your reference.

I would greatly appreciate being advised as to the status of this matter at your earliest convenience.

Thank you in advance for your courtesies in this regard and should you have any questions, please feel free to call on my District Director, Mr. David Rozmanich, at the Gary District Office.

Sincerely,



Peter J. Visclosky
Member of Congress

PJV:rm

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
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December 10, 1996

Ms. Patricia S. Fleming
Director, Office of National Aids Policy
750 17th Street, NW
Suite 600
Washington, D.C. 20503

Dear Ms. Fleming:

I am writing on behalf of my constituent, Mr. John Roberts. Enclosed please find literature submitted to me concerning the HIV virus and the AIDS disease. Mr. Roberts believes he is putting forth a viable measure to halt the dreaded disease. In fact, Mr. Roberts feels that his proposition contains the "magic bullet" that can "cripple" HIV.

On September 1, 1996, Mr. Roberts had written you with his concerns and has yet to have received a response. I ask that you please review the enclosed material and issue a reply to both Mr. Roberts and myself.

If you have any questions concerning this matter, I urge you to contact me or my District Director, David Rozmanich, at 219-884-1177. Thank you for your time and kind attention to this matter.

Sincerely,

Peter J. Visclosky
Member of Congress

PJV:dsr

SEPTEMBER 1, 1996

AN OPEN LETTER TO:

PATRICIA S. FLEMING
DIRECTOR
OFFICE OF NATIONAL AIDS POLICY
THE WHITE HOUSE
WASHINGTON

COPY WITH ENCLOSURES TO: Congressman Peter J. Visclosky

DEAR MS. FLEMING,

JUST TO BE SURE THAT YOU RECEIVE IT, I HAVE SENT DUPLICATE PACKETS OF MY RESEARCH TO YOU. ONE I HAVE SENT BY REGULAR MAIL AND THE OTHER ONE BY CERTIFIED MAIL. BOTH PACKETS WERE DIRECTED TO YOUR ADDRESS AT 750 17th St. N.W., SUITE 600, WASHINGTON, D.C. (202-632-1090). ZIP - 20503.

AS YOU CAN SEE, THE PACKET CONTAINS THIS LETTER TO YOU, MY JULY 22, 1996 LETTER TO DR. STANDISH AND MY 35 PAGE "FILE" DATED JANUARY 1, 1996.

AFTER READING THESE DOCUMENTS YOU WILL SEE WHY I AM CONVINCED THAT I HAVE DISCOVERED A "MAGIC BULLET" TO "CRIPPLE" HIV, THE VIRUS WHICH IS THE ROOT CAUSE OF AIDS. THE MAGIC BULLET IS THE CHEMICAL COMPOUND KNOWN AS "ACETALDEHYDE".

IF I HAD HIV/AIDS AND WAS TOLD THAT I MIGHT BE HELPED IMMEASURABLY BY OBTAINING A CERTAIN NUTRIENT FROM MY LOCAL HEALTH FOOD STORE, BY HAVING MY PHYSICIAN PRESCRIBE FOR ME A CERTAIN CHEMICAL AND BY HAVING THAT SAME PHYSICIAN ADMINISTER A PARTICULAR PROCEDURE TO ME ONCE A WEEK IN HIS OFFICE, I WOULD NOT LET 24 HOURS LAPSE BEFORE AT LEAST TRYING TO FIND OUT ALL OF THE DETAILS.

THE CORE OF THE HEALING PROCESS IS SIMPLY THIS -

1. N-ACETYL CYSTEINE ("NAC") WOULD HELP RESTORE APOPTOSIS BACK TO NORMAL LEVELS.

2. NAC WILL AFFORD THE BODY 100% PROTECTION AGAINST THE TOXIC EFFECTS OF UNMETABOLIZED ACETALDEHYDE.

3. UNMETABOLIZED ACETALDEHYDE WILL POISON HIV, THEREBY "INACTIVATING" IT.

MS. FLEMING, IN YOUR LETTER (SEE PAGE 13 OF MY FILE) YOU STATE:

"IT IS IMPORTANT TO ASSESS ANY POTENTIAL AVENUE OF RESEARCH..... SHOULD ANY NEW INFORMATION DEVELOP, I ENCOURAGE YOU TO SHARE IT WITH THE NIH."

MS. FLEMING, I AM SENDING THIS PACKET TO NUMEROUS PEOPLE INCLUDING -

1. WILLIAM E. PAUL, M.D., DIRECTOR, OFFICE OF AIDS RESEARCH, NATIONAL INSTITUTES OF HEALTH

2. JACK WHITESCARVER, Ph.D., DEPUTY DIRECTOR, OFFICE OF AIDS RESEARCH, NATIONAL INSTITUTES OF HEALTH

HOWEVER, MS. FLEMING, I FEEL THAT THE ULTIMATE DECISION ABOUT THIS MATTER RESTS IN YOUR HANDS.

PRESIDENT HARRY S. TRUMAN KEPT A SIGN ON HIS WHITE HOUSE DESK WHICH STATED:

"THE BUCK STOPS HERE."

MS. FLEMING, IN MY OPINION, "THE BUCK" HAS LANDED UPON YOUR DESK.

IF YOU THINK THAT MY IDEAS HAVE POTENTIAL VALIDITY, ARE YOU PREPARED TO DIRECT DR. PAUL TO IMPLEMENT IMMEDIATELY (STARTING TOMORROW, FOR INSTANCE) A CLINICAL TRIAL OF THE PROCEDURE WHICH I DESCRIBE IN MY "HYPOTHETICAL CONVERSATION WHICH I WOULD HAVE WITH MY PHYSICIAN IF I HAD HIV/AIDS" (STARTING ON PAGE 7 OF MY JULY 22 LETTER)? IT IS MY HOPE THAT AFTER 18 WEEKS OF SUCH A TRIAL, THE PATIENTS WOULD SHOW AN INCREASE IN THEIR T-CELL COUNT.

IF YOU DO NOT FEEL THAT SUCH A COMMAND FALLS WITHIN THE SCOPE OF YOUR AUTHORITY, THEN THE CONCEPT OF AN "AIDS CZAR" IS JUST A FICTION, IS IT NOT?

IN CONCLUSION, MS. FLEMING, DO YOU THINK THAT MY IDEAS HAVE PRACTICAL MERIT? IF SO, HOW SOON ARE YOU PREPARED TO INITIATE A CLINICAL TRIAL? TOMORROW?

IF YOU DO NOT THINK THAT MY IDEAS HAVE PRACTICAL MERIT, MS. FLEMING, COULD I KNOW OF THE SCIENTIFIC REASONING UNDERLYING YOUR JUDGEMENT?

YOURS TRULY,

John S. Roberts

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

P.S. IF THE TRIAL IS UNDERTAKEN -

1. THE PATIENTS SHOULD AVOID FOODS CONTAINING NITRITES. CERTAIN PREPARED MEATS SUCH AS HOT DOGS AND BACON CONTAIN NITRITES. THE PHYSICIANS' DESK REFERENCE, PAGE 2642, 49th EDITION, 1995 STATES:

   "IN RATS, SIMULTANEOUS INGESTION OF DISULFIRAM AND NITRITE IN THE DIET FOR 78 WEEKS HAS BEEN REPORTED TO CAUSE TUMORS, AND IT HAS BEEN SUGGESTED THAT DISULFIRAM MAY REACT WITH NITRITES IN THE RAT STOMACH TO FORM A NITROSAMINE, WHICH IS TUMORIGENIC. DISULFIRAM ALONE IN THE RATS' DIET DID NOT LEAD TO SUCH TUMORS. THE RELEVANCE OF THIS FINDING TO HUMANS IS NOT KNOWN AT THIS TIME."
   (IT IS MY HUNCH THAT HUMANS WOULD BE AFFECTED IN A SIMILAR MANNER - j.s.r.)

2. THE PATIENTS SHOULD NOT DRINK CITY WATER.
   SUPER-NUTRITION, PAGE 115 STATES: "CHLORINE IS AN OXIDANT, TOO; MOST OF US DRINK CHLORINATED WATER WHICH CONSUMES VITAMIN E IN OUR BODY."
   "GOOD HOUSEKEEPING", PAGE 84, AUGUST, 1996 STATES: "VITAMIN E's BENEFITS APPEAR TO BE LARGELY RELATED TO ITS ANTIOXIDANT PROPERTIES."

P.P.S. I HOPE TO HAVE MS. FLEMING'S RESPONSE AT SOME TIME WITHIN THE NEXT FEW WEEKS. IF YOU WOULD LIKE TO SEE IT, JUST LET ME KNOW, AND I WILL MAIL A COPY OF IT TO YOU.

JULY 22, 1996

LEANNA J. STANDISH, ND, PhD
DIRECTOR
BASTYR UNIVERSITY AIDS RESEARCH CENTER
144 N.E. 54th STREET
SEATTLE, WASHINGTON 98105-9916

DEAR DR. STANDISH,

THANK YOU FOR YOUR RECENT LETTER, DATED JUNE 27, 1996 (ATTACHED).

ALSO ATTACHED ARE CONGRESSMAN VISCLOSKY'S LETTER TO YOU, DATED JULY 10, 1996; MY LETTER TO CONGRESSMAN VISCLOSKY, DATED JUNE 23, 1996; MY LETTER TO YOU, DATED MAY 11, 1996; AND PROFESSOR MANKES' LETTER TO ME DATED 16 APRIL, 1993.

I HAVE ALSO INCLUDED IN THIS ENVELOPE THE DOCUMENT WHICH I HAVE REFERRED TO AS MY "FILE". IN MY LETTER TO CONGRESSMAN VISCLOSKY IT IS ITEM NUMBER 8.

AS YOU CAN SEE, IT IS DATED JANUARY 1, 1996 AND IS 35 PAGES LONG.

DR. WHITESCARVER'S COMPLETE LETTER, DATED AUGUST 9, 1995, TO CONGRESSMAN VISCLOSKY COMPRISES PAGES 32 and 33 OF MY FILE.

DR. STANDISH, I WOULD LIKE TO AFFORD YOU A LITTLE BIT OF HISTORY -

BECAUSE OF MY EFFORTS, THE NATIONAL INSTITUTES OF HEALTH, ONE OF THE MOST RENOWNED MEDICAL RESEARCH FACILITIES IN THE WORLD REVISED ITS EVALUATION OF A CERTAIN CHEMICAL.

FOR THE PAST 28 YEARS I HAVE BEEN A LIBRARIAN AT THE LAKE RIDGE SCHOOL SYSTEM OF GARY, INDIANA. IN OCTOBER I WILL BE 60.

THROUGHOUT MY COLLEGE YEARS I NEVER TOOK A COURSE IN BIOLOGY OR ANY OF THE MEDICAL SCIENCES. THE ONLY CHEMISTRY COURSE WHICH I DID TAKE I ALMOST FLUNKED.

I BARELY KNOW THE DIFFERENCE BETWEEN A T-CELL AND A T-BAG.

NEVERTHELESS, BECAUSE OF MY EFFORTS, THE NATIONAL INSTITUTES OF HEALTH REVISED ITS EVALUATION OF THE CHEMICAL COMPOUND, "ACETALDEHYDE".

THE FOLLOWING PASSAGE COMES FROM 100 QUESTIONS AND ANSWERS ABOUT AIDS - A GUIDE FOR YOUNG PEOPLE BY MICHAEL THOMAS FORD, MACMILLAN PUBLISHING, NEW YORK, 1992, PAGE 5:

> "IN EARLY 1981, FIVE PREVIOUSLY HEALTHY YOUNG GAY MEN WERE SEEN AT A CLINIC IN LOS ANGELES. EACH HAD SYMPTOMS THAT APPEARED TO BE THE RESULT OF DAMAGED IMMUNE SYSTEMS. THIS WAS UNUSUAL BECAUSE NONE OF THE MEN HAD ANYTHING IN THEIR MEDICAL HISTORIES TO EXPLAIN THEIR CONDITIONS. SHORTLY AFTER THESE CASES WERE REPORTED, IN JUNE OF THAT YEAR, OTHER PHYSICIANS AROUND THE COUNTRY BEGAN TO REALIZE THAT THEY, TOO, WERE SEEING SIMILAR CASES IN YOUNG MEN."

SINCE THE BEGINNING OF THE AIDS PANDEMIC, SCIENTIFIC RESEARCHERS HAVE BEEN FRANTICALLY SEARCHING FOR A SUBSTANCE WHICH MIGHT HALT THE DEADLY MULTIPLICATION (REPLICATION) OF THE AIDS VIRUS - HIV.

THE PROBLEM IS BEST EXPRESSED BY PETER S. ARNO, Ph.D. AND KARYN L. FEIDEN IN THEIR BOOK, AGAINST THE ODDS; THE STORY OF AIDS DRUG DEVELOPMENT, POLITICS & PROFITS, PAGE 17:

> "BETWEEN 1987 AND 1991 THE NATIONAL CANCER INSTITUTE TESTED 40,000 CHEMICAL COMPOUNDS AT FACILITIES IN FREDERICK, MARYLAND AND BIRMINGHAM, ALABAMA, TO SEE IF ANY COULD DISABLE THE AIDS VIRUS. DESPITE TO ODDS AGAINST FINDING A BREAKTHROUGH DRUG, RESEARCHERS CONTINUE TO SCREEN FOR COMPOUNDS THAT CAN INHIBIT HIV AT EACH STEP IN THE INFECTION PROCESS: WHEN IT BINDS TO THE CD4 MOLECULE; WHEN IT PENETRATES THE HELPER T CELL; WHEN IT TRANSCRIBES ITS GENETIC CODE INSIDE; AND WHEN IT REPLICATES. A MORE PROMISING DIRECTION FOR FUTURE RESEARCH IS TARGETED DRUG DEVELOPMENT - THAT IS, DESIGNING AN EFFECTIVE DRUG ON THE KNOWN BIOLOGICAL STRUCTURE OF HIV."

ON JANUARY 1, 1993 I READ A SHORT ARTICLE IN THE GARY POST TRIBUNE ABOUT THE RESEARCH OF PROFESSOR RUSSELL F. MANKES OF THE ALBANY MEDICAL COLLEGE, NEW YORK.

THE RESEARCH CONCERNED THE CAUSE OF A "HANGOVER"; PROFESSOR MANKES CONCLUDED:

> "THE HEADACHE, UPSET STOMACH AND BAD AFTERTASTE THAT ACCOMPANY A HANGOVER COME FROM THE TOXIC BY-PRODUCT OF ALCOHOL, A CHEMICAL CALLED ACETALDEHYDE....."

AFTER READING THIS ARTICLE, IT OCCURRED TO ME THAT ACETALDEHYDE MIGHT BE EFFECTIVE IN DESTROYING THE AIDS VIRUS (I HAVE SINCE LEARNED THAT THE CORRECT BIOLOGICAL TERM TO USE IS "INACTIVATE" AND NOT "DESTROY" WHEN REFERRING TO A VIRUS).

THROUGHOUT 1993 I CONTINUALLY SUGGESTED TO THE NATIONAL INSTITUTES OF HEALTH THAT ACETALDEHYDE MIGHT BE EFFECTIVE IN "DESTROYING" HIV, THE AIDS VIRUS.

THROUGHOUT 1993 THE NATIONAL INSTITUTES OF HEALTH DID NOT AGREE WITH ME. THIS IS WHAT THEY HAD TO SAY ABOUT ACETALDEHYDE:

> "THE MOLECULES YOU SUGGEST ARE NORMAL METABOLITES FORMED DURING NORMAL BODY FUNCTIONING, AND WOULD HAVE NO EFFECT ON HIV OR AIDS."
> NATIONAL INSTITUTES OF HEALTH (NIH) LETTER TO ME DATED JANUARY 26, 1993

> "HOWEVER, ACETALDEHYDE IS A NORMAL METABOLITE OF THE HUMAN BODY AND WILL HAVE NO EFFECT ON HIV INFECTION."
> NIH LETTER TO ME DATED MARCH 24, 1993

> "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."
> NIH LETTER TO CONGRESSMAN VISCLOSKY DATED JUNE 18, 1993

> "ACETALDEHYDE IS A NORMAL METABOLITE OF THE HUMAN BODY THAT WOULD NOT SIGNIFICANTLY HINDER HIV INFECTION."
> NIH LETTER TO ME DATED SEPTEMBER 22, 1993

"TO DATE, THE NIH HAS NOT IDENTIFIED ANY COMPELLING DATA OR A CONVINCING RATIONALE TO PURSUE ACETALDEHYDE AS AN ANTI-HIV AGENT."
NIH LETTER TO ME DATED NOVEMBER 1, 1993

THESE PASSAGES COME FROM THE LETTERS OF FOUR DIFFERENT SCIENTISTS EMPLOYED AT THE TIME BY THE NATIONAL INSTITUTES OF HEALTH.

NEVERTHELESS, AFTER 1993 I CONTINUED TO MAIL UPDATES OF MY RESEARCH TO BOTH THE NATIONAL INSTITUTES OF HEALTH AND MISCELLANEOUS PRIVATE CITIZENS, SCIENTISTS, GOVERNMENT OFFICIALS AND ORGANIZATIONS WHO I THOUGHT MIGHT BE CONCERNED ABOUT THE PROBLEM OF HIV/AIDS; AS OF MARCH 21, 1996 THE FIGURE TOTALLED 70.

ON DECEMBER 13, 1994 THE NATIONAL INSTITUTES OF HEALTH SENT TO ME A LETTER IN WHICH THIS STATEMENT WAS MADE:

"THE KNOWN TOXICITY OF ACETALDEHYDE WOULD HAVE LIKELY PREVENTED EVALUATION EVEN IF THE AGENT HAD SHOWN ANTI-HIV ACTIVITY IN THE DRUG SCREEN PROGRAM SPONSORED BY THE NATIONAL CANCER INSTITUTE."

ON FEBRUARY 1, 1995 THE CENTERS FOR DISEASE CONTROL WROTE TO ME A LETTER IN WHICH THEY ANSWERED MY QUESTION, "DOES ACETALDEHYDE DESTROY HIV IN THE TEST TUBE?" THUSLY:

"ALL THE ALDEHYDES ARE CAPABLE OF INACTIVATING HIV; HOWEVER, THEIR ACTUAL EFFECTIVENESS DEPENDS ON THE CONCENTRATION USED."

AND IN HIS AUGUST 9, 1995 LETTER TO CONGRESSMAN VISCLOSKY (SEE PAGE 32 OF MY FILE) DR. WHITESCARVER STATED:

"THE FACT THAT ACETALDEHYDE INACTIVATES THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN TEST TUBE EXPERIMENTS....."

AT THIS POINT IN TIME I AM GOING TO ASSUME THAT ACETALDEHYDE NOT ONLY "INACTIVATES" HIV IN THE TEST TUBE BUT ALSO IN THE HUMAN BODY.

THERE IS ONLY ONE PROBLEM WITH ACETALDEHYDE - IT IS HIGHLY TOXIC; REFER TO PROFESSOR MANKES' LETTER.

DR. STANDISH, IN YOUR LETTER YOU ASK:

"I THOUGHT DR. WHITESCARVER'S RESPONSE TO YOUR LETTER WAS PROBABLY ON THE MARK. HOW DO YOU REPLY TO HIS CRITICISMS?"

ON PAGES 25 AND 26 OF MY FILE I RESPONDED TO SOME OF THE CRITICISMS MADE BY DR. WHITESCARVER, BUT, CORRECT ME IF I AM WRONG DR. STANDISH, I THINK THAT THE SPECIFIC CRITICISMS YOU HAVE IN MIND AT THE PRESENT TIME ARE THOSE WHICH I DELINEATED IN MY MAY 11, 1996 LETTER TO YOU. FOR CLARITY SAKE, LET ME REPEAT THEM AGAIN:

"THE FACT THAT ACETALDEHYDE INACTIVATES THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN TEST TUBE EXPERIMENTS DOES NOT NECESSARILY MAKE IT A GOOD CANDIDATE FOR ANTI-HIV THERAPY IN HUMANS."

"THE HIGH TOXICITY OF ACETALDEHYDE MAKES IT A SIGNIFICANTLY LESS DESIRABLE CANDIDATE FOR USE IN INDIVIDUALS WHO SUFFER FROM SEVERELY WEAKENED IMMUNE SYSTEMS AND WHO ARE PRONE TO CONTRACTING NUMEROUS OPPORTUNISTIC INFECTIONS AND MALIGNANCIES."

IN HIS LETTER (PAGE 32 OF MY FILE) DR. WHITESCARVER ALSO STATES:

"MR. ROBERTS, HOWEVER, INSISTS THAT THE TOXICITY COULD BE AMELIORATED BY THE ADMINISTRATION OF SULFUR AMINO ACIDS AND VITAMIN C. HE CITES RESEARCH CONDUCTED TWENTY YEARS AGO IN NORMAL, UNINFECTED MICE. THIS RESEARCH, HOWEVER, IS NOT APPLICABLE TO HUMANS INFECTED WITH HIV."

DR. STANDISH, WHEN ANY SCIENTIFIC STUDY OBTAINS A 100% RESULT, ISN'T THIS AN INDICATION THAT SOMETHING OF SINGULAR IMPORTANCE MAY HAVE OCCURRED?

REFER TO PAGE 34 OF MY FILE; SPECIFICALLY LOOK AT COMBINATION CB3 OF TABLE 2 - ALL OF THE RATS, 30 OUT OF 30, 100%, WERE PROTECTED AGAINST A LETHAL DOSE OF ACETALDEHYDE.

IT IS MY ASSUMPTION THAT RATS AND MONKEYS ARE USED IN BIOLOGICAL EXPERIMENTS BECAUSE IF CERTAIN RESULTS ARE ACHIEVED WITH THEM, THESE SAME RESULTS MAY OCCUR IN HUMAN BEINGS.

AS A MATTER OF FACT, JUST RECENTLY - JULY 17, I SAW A BRIEF REPORT ON THE TELEVISION NEWS OF A SCIENTIFIC STUDY WHICH UTILIZED RATS TO DEMONSTRATE THAT NICOTINE WAS JUST AS ADDICTIVE AS HEROIN AND COCAINE. I MIGHT BE WRONG, BUT I THINK THAT THE SUBSTANCE RELEASED IN THE RATS' BRAINS WAS "DOPAMINE". THE CLEAR INDICATION OF THE STUDY WAS THAT HUMAN BEINGS WERE ADDICTED IN A SIMILAR MANNER.

I'LL NEVER FORGET A TELEVISION INTERVIEW WITH ONE OF THE MOST POPULAR SINGERS OF OUR TIME - RAY CHARLES. HE SAID IT WAS EASIER FOR HIM TO KICK THE HEROIN HABIT THAN TO GIVE UP SMOKING.

I AM ABOUT TO LIST THREE STUDIES. THE AUTHOR CONCLUDES ONE OF THEM ("COMPARISON OF PROTECTION.....") WITH THESE WORDS:

"FINALLY, IT SHOULD BE NOTED THAT OUR EXPERIMENTS WERE CARRIED OUT ONLY IN ANIMALS (RATS). FURTHER ANIMAL EXPERIMENTATION IS NECESSARY BEFORE ANY EXTRAPOLATION OF THESE FINDINGS FOR HUMAN USE CAN BE CONSIDERED."

I AM GOING TO ASSUME THAT HUMAN BEINGS WOULD BE PROTECTED AS EASILY AND AS FULLY AGAINST THE HARMFUL EFFECTS OF ACETALDEHYDE POISONING AS WERE THE RATS IN THESE STUDIES PROVIDING OF COURSE THAT THEY (THE HUMANS) INGEST THE PARTICULAR SUBSTANCES WHICH THE AUTHOR MENTIONS.

THE PARTICULAR AUTHOR, OR SHOULD I SAY SCIENTIFIC RESEARCHER, TO WHOM I AM REFERRING IS HERBERT SPRINCE, OR SHOULD I SAY HERBERT SPRINCE AND ASSOCIATES.

IN MY OPINION, THE RESEARCH THAT "THEY" HAVE DONE IS SOME OF THE MOST OVERLOOKED OF THE 20th CENTURY. IT COULD BE OF VITAL IMPORTANCE TO MILLIONS OF PEOPLE THROUGHOUT THE WORLD.

IN MY OPINION, ANY PERSON WHO IS ADDICTED TO SMOKING AND/OR DRINKING WILL MOST LIKELY NOT GIVE UP THEIR HABIT SIMPLY BECAUSE THEY KNOW THAT IT IS BAD FOR HIS OR HER HEALTH.

P.S. DR. SPRINCE'S ASSOCIATES WERE CLARENCE M. PARKER, GEORGE G. SMITH AND LEON J. GONZALES. THE WORLD OF SMOKERS AND DRINKERS OWES THEM AN IMMENSE DEBT OF GRATITUDE.

HOWEVER, WOULDN'T IT BE BENEFICIAL FOR THAT PERSON TO KNOW THAT HE OR SHE COULD SLOW DOWN THE RATE AT WHICH THEY ARE CAUSING THEIR BODY TO DETERIORATE, BECAUSE OF THEIR BAD HABITS, BY SIMPLY SUPPLEMENTING THEIR DIET WITH NATURAL FOODS SUCH AS VITAMIN C, CYSTEINE AND THIAMINE (VITAMIN B1).

I'LL BET THAT VERY, VERY FEW PROBLEM SMOKERS AND DRINKERS ARE AWARE OF THIS FACT.

HERE ARE THREE OF THE MAJOR SPRINCE STUDIES. I HAVE INCLUDED THE COMPLETE ABSTRACT OF THE FIRST ONE IN MY FILE (SEE PAGE 23). EVERY SMOKER AND DRINKER SHOULD MEMORIZE THE FIRST TWO SENTENCES OF THAT ABSTRACT -

> "ACETALDEHYDE IS A TOXIC SUBSTANCE COMMON TO HEAVY DRINKING OF ALCOHOL AND HEAVY SMOKING OF CIGARETTES. IT HAS BEEN IMPLICATED THEREBY IN DISEASES OF THE CARDIOVASCULAR, RESPIRATORY, AND CENTRAL NERVOUS SYSTEMS." P.S.

THE SPRINCE STUDIES -

> 'PROTECTIVE ACTION OF ASCORBIC ACID AND SULFUR COMPOUNDS AGAINST ACETALDEHYDE TOXICITY: IMPLICATIONS IN ALCOHOLISM AND SMOKING', "AGENTS AND ACTIONS", VOL. 5/2 (1975)
>
> 'COMPARISON OF PROTECTION BY L-ASCORBIC ACID, L-CYSTEINE, AND ADRENERGIC-BLOCKING AGENTS AGAINST ACETALDEHYDE, ACROLEIN, AND FORMALDEHYDE TOXICITY: IMPLICATIONS IN SMOKING', "AGENTS AND ACTIONS", VOL. 9/4 (1979)
>
> 'PROTECTIVE ACTION OF SULFUR COMPOUNDS AGAINST ALDEHYDE TOXICANTS IN CIGARETTE SMOKE', "EUROPEAN JOURNAL OF RESPIRATORY DISEASES", (1985) 66. SUPPL. 139. 102-112

AGAIN, IT IS MY ASSUMPTION THAT THE HUMAN BODY COULD BE PROTECTED AGAINST THE TOXICITY OF ACETALDEHYDE BY INGESTING THE FOLLOWING NATURAL NUTRIENTS IN THE AMOUNTS SPECIFIED:

	mM/kg
L-ASCORBIC ACID (VITAMIN C)	2.0
L-CYSTEINE FB (A FREE FORM AMINO ACID)	1.0
THIAMIN.HCL (VITAMIN B1)	.3

I LIKE TO REFER TO THIS AS "THE SPRINCE RATIO".

THIS MORNING I WENT TO MY LOCAL HEALTH FOOD STORE AND CHECKED OUT THE PRICES. HERE THEY ARE:

> L-ASCORBIC ACID, 250 CAPSULES, $16.63 (EACH CAPSULE CONTAINS 500mg)
> L-CYSTEINE FB, 60 CAPSULES, $13.95 (EACH CAPSULE CONTAINS 500mg)
> 60 CAPSULES OF THE GENERIC BRAND COST $6.95
> THIAMIN.HCL, 200 TABLETS, $7.15 (EACH TABLET CONTAINS 100mg)

AS I WAS DRIVING HOME FROM THE HEALTH FOOD STORE I REMEMBERED THAT THERE WAS ANOTHER SUBSTANCE IN THE SPRINCE STUDY ('PROTECTIVE ACTION OF ASCORBIC ACID.....') WHICH GENERATED A 100% RESULT. IN FACT, WHEN I LOOKED AT THE STUDY AGAIN I SAW THAT THERE WAS TWO NOT ONE : N-ACETYL-L-CYSTEINE AND L-CYSTEIC ACID.H_2O. FOR CLARITY SAKE, I HAVE ATTACHED TABLE 1 OF THIS STUDY. I HAVE LABELLED THE TWO "100%".

P.S. THE LAST SENTENCE, TOO, SHOULD BE MEMORIZED - "OUR FINDINGS COULD POINT THE WAY TO A POSSIBLE BUILD-UP OF NATURAL PROTECTION AGAINST THE CHRONIC BODY INSULT OF ACETALDEHYDE ARISING FROM HEAVY DRINKING OF ALCOHOL AND HEAVY SMOKING OF CIGARETTES."

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the foregoing, it is evident that acetaldehyde is a toxic substance common to heavy alcohol drinking and heavy cigarette smoking and implicated in cardiovascular and pulmonary disease [4]. Therefore it becomes important to search for in vivo protectants against its adverse effects. Such protectants (particularly, naturally-occurring ones) could be of potential therapeutic value as preventives for tissues chronically exposed to elevated acetaldehyde levels.

In the previous publications from this laboratory [1–3], details were presented of the protective action in rats of L-cysteine free base (FB), thiamin · HCl, and L-2-methylthiazolidine-4-carboxylic acid against acetaldehyde toxicity and lethality at a carefully standardized LD 90 dose level. This study presents our findings on the protective action of related sulfur compounds and ascorbic acid against acetaldehyde toxicity in rats at the same standardized LD 90 dose level.

Materials and methods

The following is a brief outline of the methodology used; details are set forth in our previous publication [1]. Carworth Farms (CFE) strain male albino rats 90 ± 5 days old and weighing 365 ± 20 grams were deprived of food, but not water, overnight. Next morning, they were reweighed just prior to test for calculation of dosages of the test compounds. Compounds tested and the doses used are listed in Tables 1 and 2 under 'results'. Test compounds were freshly prepared as solutions or fine suspensions in physiological (0.9%) saline purged with nitrogen gas to protect against undesirable oxidation. Dilutions were made to concentrations convenient for oral intubation of the desired dose at convenient volumes (1–2.5 ml). Acetaldehyde was always freshly distilled just before use.

For initial screening, 30 rats per day were generally tested in equal groups (5 rats/group). Such tests were made in duplicate on two consecutive days to give a *minimum* of 10 rats/group tested. When a given test compound showed definite protection, these tests were replicated with more rats to the total number indicated in Table 1. Test compounds or combinations thereof were intubated orally 30–45 minutes prior to oral intubation of

Table 1
Protective action of L-ascorbic acid and sulfur compounds against anesthetic and lethal effects of acetaldehyde in the rat. (Toxic oral dose of acetaldehyde used was LD 90 = 18 m*M*/kg.)

Compounds tested (oral dose)	Dose (m*M*/kg)	% anesthetized after 3–10 minutes	% dead after 3 hours	24 hours	72 hours
Control (saline)	–	96 (48/50)	54 (27/50)	90 (45/50)	90 (45/50)
Reduced forms					
L-Ascorbic acid	2.0	53 (8/15)	27 (4/15)	27 (4/15)	27 (4/15)
L-Cysteine (FB)	2.0	20 (5/25)	8 (2/25)	20 (5/25)	20 (5/25)
DL-Homocysteine (FB)	2.0	60 (6/10)	50 (5/10)	60 (6/10)	60 (6/10)
L-Glutathione (Rd.)	2.0	47 (7/15)	0 (0/15)	33 (5/15)	33 (5/15)
N-Acetyl-L-cysteine	2.0	10 (2/20)	0 (0/20)	0 (0/20)	0 (0/20)
Oxidized forms					
L-Dehydroascorbic acid	2.0	80 (8/10)	20 (2/10)	70 (7/10)	70 (7/105)
L-Cystine	2.0	87 (13/15)	47 (7/15)	93 (14/15)	93 (14/10)
DL-Homocystine	2.0	90 (9/10)	30 (3/10)	90 (9/10)	100 (10/1)
L-Glutathione (Ox.)	2.0	80 (8/10)	10 (1/10)	80 (8/10)	80 (8/10)
DL-Thioctic acid	2.0	60 (6/10)	60 (6/10)	70 (7/10)	70 (7/10)
Other sulfur compounds					
Thiamin · HCl	2.0	10 (2/20)	0 (0/20)	10 (2/20)	10 (2/20)
L-MTCA	2.0	25 (5/20)	5 (1/20)	25 (5/20)	25 (5/20)
Taurine	2.0	45 (9/20)	15 (3/20)	45 (9/20)	45 (9/20)
Cysteamine · HCl	2.0	53 (8/15)	33 (5/15)	67 (10/15)	67 (10/15)
Sodium metabisulfite	2.0	5 (1/20)	0 (0/20)	5 (1/20)	5 (1/20)
L-Cysteic acid · H_2O	2.0	13 (2/16)	0 (0/16)	0 (0/16)	0 (0/16)

Compounds tested were intubated orally 30–45 minutes prior to oral intubation of 18 m*M*/kg of acetaldehyde (LD 90 dose). Doses are expressed in m*M*/kg. After intubation, rats were observed over a 24–72 hour period for anesthetic effects (loss of elevation and righting reflexes) and lethal response (deaths). Figures in parentheses = No. of rats anesthetized or dead/No. of rats tested. Anesthesia (loss of righting reflexes) with acetaldehyde generally occurred within 3–10 minutes and lasted for 5–15 minutes. Deaths were recorded at 3, 24, and 72 hours.

ONLY EXPERIENCE COULD TELL WHICH OF THE THREE ("THE SPRINCE RATIO", N-ACETYL-L-CYSTEINE, L-CYSTEIC ACID.H_2O) WOULD BE THE MOST EFFECTIVE IN TREATING HUMAN BEINGS. HOWEVER, AT THIS TIME I WANT TO FOCUS UPON N-ACETYL-L-CYSTEINE.

REFER TO PAGE 10 OF MY FILE WHEREIN I HAVE INCLUDED PASSAGES OF AN INTERVIEW WHICH DR. RICHARD A. PASSWATER HAD WITH DR. LUC MONTAGNIER. AFTER YOU READ THIS PAGE, AND AFTER YOU HAVE CONSIDERED WHAT I HAVE WRITTEN THUS FAR, I ASK YOU THIS - COULD THIS BE THE SCENARIO? -

> N-ACETYL-L-CYSTEINE WOULD SERVE A TWO FOLD FUNCTION: NOT ONLY WOULD IT RESTORE APOPTOSIS BACK TO NORMAL LEVELS, BUT IT WOULD ALSO PROTECT THE BODY AGAINST THE HARMFUL EFFECTS OF ACETALDEHYDE POISONING.

ONLY EXPERIENCE WOULD TELL, AND THAT IT WHY IT IS SO VITAL TO HAVE A CLINICAL TRIAL.

BY THE WAY, DR. PASSWATER DEFINES 'APOPTOSIS' THUSLY:

> "DEVELOPMENTAL OR PROGRAMMED CELL DEATH CHARACTERIZED BY MEMBRANE BLEBS, EXTENSIVE CHROMATIN CONDENSATION, AND DNA FRAGMENTATION. PLAYS A ROLE IN NEGATIVE SELECTION OF DEVELOPING T CELLS AND THE KILLING OF TARGETS BY CYTOTOXIC T LYMPHOCYTES."

HIS COMPLETE INTERVIEW WITH DR. MONTAGNIER CAN BE FOUND ON PAGES 50-65 OF "WHOLE FOODS", SEPTEMBER, 1995.

IN YOUR LETTER YOU QUESTIONED:

> "WE ADVERTISED EXTENSIVELY THROUGHOUT THE U.S. IN BOTH THE CONVENTIONAL AND ALTERNATIVE MEDICAL/SCIENTIFIC/AIDS ACTIVIST COMMUNITIES KNOW THAT WE WERE LOOKING FOR EXCELLENT RESEARCH PROJECTS IN ALTERNATIVE MEDICINE AND AIDS. WHY DIDN'T YOU APPLY?"

DR. STANDISH, IT WAS NOT UNTIL I RECEIVED THE LETTER DATED JANUARY 25, 1996 FROM THE CDC NATIONAL AIDS CLEARINGHOUSE (SEE ATTACHMENT TO MY FEBRUARY 11, 1996 LETTER) THAT I BECAME AWARE OF THE EXISTENCE OF THE OFFICE OF ALTERNATIVE MEDICINE.

IN YOUR LETTER YOU STATE:

> "I MUST SAY THAT THE WAY YOU PRESENT YOUR IDEAS MAKES IT DIFFICULT TO EVALUATE THEM OBJECTIVELY."

TO FACILITATE MATTERS, I HAVE COMPOSED A HYPOTHETICAL CONVERSATION WHICH I WOULD HAVE WITH MY PHYSICIAN IF I HAD HIV/AIDS.

I KNOW IN MY MAY 11, 1996 LETTER TO YOU I ASKED THAT YOU GIVE CONSIDERATION TO ONLY "A MILD APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV"; HOWEVER, MY HYPOTHETICAL CONVERSATION WILL EMPLOY ELEMENTS OF BOTH THE "MILD" AND "INTENSIVE" APPLICATION.

THE NUMBER IN PARENTHESIS WILL INDICATE THE PAGE OF MY FILE ON WHICH THE DATA TO WHICH I REFER OCCURS.

GOOD MORNING DOCTOR. I WOULD LIKE TO PRESENT YOU WITH SOME RESEARCH I HAVE DONE RELATIVE TO HIV/AIDS. I CALL IT MY 35 PAGE FILE.

I WOULD LIKE FOR YOU TO CONTINUE ON IN YOUR ADMINISTRATION OF MEDICINES TO ME TO HELP ME FIGHT OFF THE INROADS WHICH OPPORTUNISTIC INFECTIONS MIGHT BE MAKING UPON MY BODY.

HOWEVER, I WOULD LIKE FOR YOU TO PRESCRIBE ANTABUSE FOR ME SO THAT I CAN START TAKING IT ON A DAILY BASIS.

AS I SAID IN MY FILE (8) IT IS MY ASSUMPTION THAT ANTABUSE WOULD NOT PROVE TO BE A DETRIMENT -

> "THE PRESENCE OF ANTABUSE IN THE LIVER WOULD NOT HINDER THE EFFECT WHICH MEDICINES MIGHT HAVE IN WARDING OFF THE OPPORTUNISTIC INFECTIONS ENGENDERED BY HIV/AIDS."

DOCTOR, WITH ANTABUSE IN MY LIVER I THINK WE CAN BEGIN THE ATTACK ON THE VIRUS WHICH IS THE CAUSE OF ALL MY PROBLEMS - HIV.

DOCTOR, I HAVE BECOME AWARE OF A CHEMICAL WHICH CAN INACTIVATE HIV; IT IS CALLED ACETALDEHYDE.

BOTH THE NATIONAL INSTITUTES OF HEALTH AND CENTERS FOR DISEASE CONTROL HAVE ACKNOWLEDGED THAT ACETALDEHYDE WILL INACTIVE HIV IN THE TEST TUBE (21).

DOCTOR, I AM GOING TO MAKE THE ASSUMPTION THAT ACETALDEHYDE WILL INACTIVATE HIV IN THE HUMAN BODY.

BASICALLY, DOCTOR, MY CONVERSATION WITH YOU TODAY WILL PRETTY MUCH DUPLICATE WHAT I HAVE WRITTEN IN MY FILE. HOWEVER, THERE WILL BE ONE MAJOR VARIANCE - TWO WEEKS FROM NOW I DO NOT WANT TO START OFF WITH THE 100 PROOF LIQUOR AS I ORIGINALLY STATED (24); INSTEAD, I WANT TO START OFF WITH A LIGHT WINE (12% ALCOHOL).

ALSO, I WANT THE TRIAL TO LAST 18 WEEKS, NOT 16 WEEKS AS I ORIGINALLY SUGGESTED (23).

FOR THE FIRST TWO WEEKS, BY TAKING A DAILY DOSAGE OF ANTABUSE, NOT TO EXCEED 500 mg (24), I ASSUME I WILL SUFFICIENTLY "PLUG UP" MY LIVER. FOR THE REMAINDER OF THE TRIAL PERIOD - 16 WEEKS - I WILL TAKE A DAILY ANTABUSE DOSAGE OF 250mg (24).

DURING THIS INITIAL TWO WEEK "PLUG UP" PERIOD I WILL BE CAREFUL NOT TO DRINK ALCOHOL OF ANY KIND WHATSOEVER. I UNDERSTAND THAT BY SO DOING I COULD MAKE MYSELF DEATHLY ILL. IN ADDITION, I WILL BE CAREFUL TO AVOID "HIDDEN ALCOHOLS" SUCH AS THAT FOUND IN AFTERSHAVE LOTIONS, CERTAIN SAUCES, FERMENTED VINEGAR, MARINADES, DESSERTS AND OTHER FOODS PREPARED WITH ANY ALCOHOL (26).

HOWEVER, I WILL IMMEDIATELY BEGIN TO INCLUDE IN MY DIET SUCH FOODS AS APPLES AND ORANGES (9) AND WILL DO SO FOR THE ENTIRE 18 WEEK PERIOD OF THE TRIAL. I UNDERSTAND THAT THIS COULD MAKE ME A LITTLE BIT NAUSEOUS, BUT IT SHOULDN'T BE TOO BAD; THE NAUSEA, OF COURSE, WOULD WELL UP BECAUSE OF THE SLIGHT, INCREASED (26) AMOUNT OF UNMETABOLIZED ACETALDEHYDE FLOWING IN MY BLOODSTREAM. DOCTOR, THIS CONSTITUTES THE BASIS OF "A MILD APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV".

IN TWO WEEKS, DOCTOR, I WANT TO COME BACK TO YOUR OFFICE AND HAVE YOU BEGIN THE TREATMENT WHICH I CALL "AN INTENSIVE APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV".

THE PROCEDURE WILL RESULT IN THE RELEASE OF A CONSIDERABLE AMOUNT OF POISONOUS ACETALDEHYDE INTO MY BLOODSTREAM.

YOU MIGHT BE RELUCTANT TO DO IT, BUT DOCTOR, I HAVE COME ACROSS SOME RESEARCH WHICH, I THINK, WILL AFFORD ME PROTECTION AGAINST THE TOXICITY OF ACETALDEHYDE.

THE RESEARCH TO WHICH I REFER HAS BEEN DONE BY HERBERT SPRINCE AND HIS ASSOCIATES (22-23).

SPRINCE HAS DISCOVERED AN AMAZING FACT OF NATURE (22); I WISH TO QUOTE IT AGAIN AT THIS TIME BECAUSE IT IS SO INTRIGUING:

> "TO THE BEST OF OUR KNOWLEDGE, OUR FINDINGS DEMONSTRATE FOR THE FIRST TIME THAT DIRECT (SPRINCE'S EMPHASIS) PROTECTIVE ACTION AGAINST ACETALDEHYDE TOXICITY AND LETHALITY CAN BE OBTAINED WITH CERTAIN NATURALLY-OCCURRING METABOLITES, NAMELY L-ASCORBIC ACID, L-CYSTEINE, AND THIAMIN, PREFERABLY IN COMBINATION AT REDUCED DOSE LEVELS."

I CALL THIS "THE SPRINCE RATIO":

L-ASCORBIC ACID (VITAMIN C)	2.0
L-CYSTEINE FB (A SULFUR COMPOUND)	1.0
THIAMINE.HCL (A SULFUR COMPOUND)	.3

AND PLANNED ON USING THESE NUTRIENTS IN MY TRIAL (24).

HOWEVER, ON JULY 22 A FACT OCCURRED TO ME THAT CAUSED ME TO CHANGE MY MIND - I REMEMBERED THAT ANOTHER NUTRIENT IN THE SPRINCE STUDY ALSO AFFORDED 100% PROTECTION AGAINST THE LETHALITY OF ACETALDEHYDE POISONING; THAT NUTRIENT IS

N-ACETYL-L-CYSTEINE.

FOR CONVENIENCE SAKE, IT IS CALLED "NAC".

ON PAGE 7 OF MY FILE I DEFINED IT; HERE IS THE FIRST SENTENCE OF THAT DEFINITION:

> "N-ACETYL CYSTEINE IS A MORE STABLE FORM OF THE SULFUR AMINO ACID L-CYSTEINE, AND IS A POWERFUL ANTIOXIDANT."

DR. LUC MONTAGNIER WHOSE LABORATORY DISCOVERED HIV IS GIVING IT SERIOUS CONSIDERATION (10).

THEREFORE, BY USING THIS NUTRIENT AND EMPLOYING ACETALDEHYDE COULDN'T WE POSSIBLY LAND A ONE/TWO KNOCKOUT PUNCH AGAINST THE DEADLINESS OF HIV; TO SUMMARIZE:

1. NAC WOULD HELP TO RESTORE APOPTOSIS BACK TO NORMAL LEVELS (10).

2. NAC WILL AFFORD 100% PROTECTION AGAINST THE TOXIC EFFECTS OF UNMETABOLIZED ACETALDEHYDE (SEE SPRINCE TABLE 1 ATTACHED TO MY JULY 22 LETTER TO DR. STANDISH).

3. UNMETABOLIZED ACETALDEHYDE WILL INACTIVATE HIV (21).

IF THIS INDEED WOULD OCCUR, I WOULD LIKE TO REPEAT THE TWO PARAGRAPHS AT THE BOTTOM OF PAGE 10 OF MY FILE; I HAVE MADE ONE SLIGHT REVISION TO THE SECOND PARAGRAPH:

> "I WOULD LIKE TO CONCLUDE MY RESEARCH BY SUGGESTING THAT ANTIOXIDANTS AND UNMETABOLIZED ACETALDEHYDE MIGHT BE OF SOME CONSIDERABLE BENEFIT TOWARD RESTORING HIV/AIDS PATIENTS TO A MODICUM OF GOOD HEALTH.
>
> "THERE IS NO DOUBT IN MY MIND, WHATSOEVER, THAT ACETALDEHYDE, IN COMBINATION WITH N-ACETYL-L-CYSTEINE (NAC), WILL EVENTUALLY BE SHOWN TO BE THE MOST USEFUL POISON EVER DEVISED BY NATURE FOR THE BENEFIT OF MANKIND."

THE CURRENT PRICE FOR NAC AT THE HEALTH FOOD STORE IS $3.90 FOR 30 CAPSULES. EACH CAPSULE CONTAINS 600 mg.

BY THE WAY, DOCTOR, AS A MATTER OF GOOD HEALTH I WILL START TAKING NAC ON A DAILY BASIS. DR. MONTAGNIER, WITH HIS APPLICATION OF IT, DID NOT START TO SEE GOOD RESULTS UNTIL AFTER SIX MONTHS (10).

OF COURSE, AS YOU ARE ABOUT TO SEE, DOCTOR, WHEN I COME TO YOUR OFFICE ONCE A WEEK YOU WILL PROBABLY HAVE ME TAKE DOUBLE, TRIPLE OR QUADRUPLE MY NORMAL DAILY AMOUNT OF NAC.

HERE THEN, DOCTOR, IS THE "INTENSIVE APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV" WHICH I WANT YOU TO ADMINISTER TO ME -

THE PROCEDURE WILL PROBABLY TAKE ALL MORNING OR ALL AFTERNOON (ABOUT 4 HOURS) (24). THE FIRST THING YOU WOULD DO, DOCTOR, IS TO HAVE ME SWALLOW MY INCREASED "DOSAGE" OF NAC - AND HERE I WILL LEAVE IT TO YOUR EXPERTISE TO DETERMINE THE AMOUNT. IN THE SPRINCE STUDY, 2.0 mM/kg (MILLIMOLES/KILOGRAM) OF NAC WAS ADMINISTERED TO THE RATS. EACH OF THE NAC CAPSULES CONTAINS 600 mg. I DO NOT KNOW HOW TO EQUATE GRAMS WITH MOLES.

30 TO 45 MINUTES LATER (24), DOCTOR, I WANT YOU TO GIVE TO ME 15 mL (½ oz) OF UNFORTIFIED WINE TO DRINK. I THINK THE ALCOHOL CONTENT WILL BE ABOUT 12%.

IF MY LIVER WERE NOT "PLUGGED UP" WITH ANTABUSE IT WOULD QUICKLY METABOLIZE ALL OF THE ACETALDEHYDE THAT WOULD HAVE BEEN GENERATED BY DRINKING THIS WINE; I THINK THAT 18.6 MINUTES WOULD BE THE MAXIMUM TIME INVOLVED (35).

HOWEVER, SINCE MY LIVER IS PLUGGED UP, LET'S ASSUME THAT 4 HOURS IS NEEDED TO DO THE JOB; IN OTHER WORDS, POISONOUS, TOXIC, LETHAL UNMETABOLIZED ACETALDEHYDE WILL BE FLOWING THROUGHOUT MY BODY FOR AN UNUSUALLY LONG PERIOD OF TIME.

HOWEVER, DOCTOR, I WILL NOT BE WORRIED ABOUT THIS BECAUSE THE RESEARCH OF HERBERT SPRINCE AND HIS ASSOCIATES HAS SHOWN THAT N-ACETYL-L-CYSTEINE AFFORDS 100% PROTECTION AGAINST ACETALDEHYDE POISONING.

THIS THEN WOULD BE THE SCENARIO - FOR THE FOUR HOUR PERIOD MY BODY WOULD BE PROTECTED AGAINST THE TOXICITY OF ACETALDEHYDE WHILE AT THE SAME TIME THIS TOXICITY WOULD BE "INACTIVATING" MILLIONS OF AIDS VIRUSES - HIV. THE WORST THING THAT MIGHT HAPPEN TO ME DURING THE FOUR HOUR PERIOD IS THAT I MIGHT BECOME A LITTLE BIT SLEEPY.

THE IMPORTANT THING WE HAVE TO TAKE INTO CONSIDERATION, DOCTOR, IS HOW QUICKLY IS NAC METABOLIZED? IF IT IS METABOLIZED WITHIN ½ HOUR, MY "PROTECTIVE CUSHION" AGAINST THE TOXICITY OF ACETALDEHYDE WILL EVAPORATE. IF FOUR HOURS IS NEEDED TO METABOLIZE IT, I HAVE NOTHING TO WORRY ABOUT.

THIS THEN MIGHT BE THE "BUSY SCENARIO" - EVERY ½ HOUR, OR EVERY HOUR, OR EVERY 1½ HOUR, OR EVERY TWO HOURS I WOULD HAVE TO REPLENISH MY BODY WITH A "DOSE" OF NAC. I MIGHT HAVE TO BE AWAKENED TO DO SO. THAT IS WHY IT WILL BE NECESSARY FOR YOU TO KEEP YOUR EYE ON ME, DOCTOR, DURING THE ENTIRE FOUR HOUR PERIOD.

DURING MY NEXT THREE VISITS, DOCTOR, I WOULD LIKE FOR YOU TO REPEAT THIS PROCEDURE. IF I SUFFER NO ILL EFFECTS FROM THIS PROCEDURE, I WANT YOU TO CHANGE IT THUSLY:

WEEKS 5,6,7,8: ALCOHOL AMOUNT - 1 oz. OF UNFORTIFIED WINE (12% ALCOHOL)
WEEKS 9,10,11,12: ALCOHOL AMOUNT - ½ oz. OF FORTIFIED WINE (18% ALCOHOL)
WEEKS 13,14,15,16: ALCOHOL AMOUNT - 1 oz. OF FORTIFIED WINE (18% ALCOHOL)

IF AFTER 16 WEEKS OF THIS TREATMENT, AND IF I AM AMENABLE TO IT, IT WOULD BE MY EVENTUAL GOAL, DOCTOR, TO COME TO YOUR OFFICE ONCE A WEEK,AND YOU WOULD ADMINISTER TO ME 1 oz. OF 100 PROOF LIQUOR (50% ALCOHOL); HOPEFULLY, NO ILL EFFECTS WOULD OCCUR, AND MILLIONS UPON MILLIONS OF AIDS VIRUSES WOULD BE "INACTIVATED".

WHAT GOOD RESULTS MIGHT OCCUR? DOCTOR, IT IS MY CONJECTURE THAT ACETALDEHYDE WAS THE OPERATIVE FORCE IN A FRENCH HIV STUDY WHICH WAS DETAILED IN "THE LANCET", SEPTEMBER 24, 1988, PAGES 702-706.

HERE ARE THE RESULTS OF THAT STUDY RELATIVE TO SOME OF THE PATIENTS WHO HAD DITIOCARB (RELATED TO ANTABUSE) IN THEIR LIVERS:

1. CD 4+ (T-CELL) COUNT INCREASED
2. ENLARGED SPLEEN AND LYMPH NODES SHRANK
3. DIARRHEA DISAPPEARED
4. WEIGHT RESUMPTION OCCURRED
5. PERSISTENT FEVERS DISAPPEARED
6. IMPROVEMENT IN CLINICAL STATUS IN 42% OF THE PATIENTS

WELL, THAT'S ABOUT IT, DOCTOR; JUST A FEW THINGS BEFORE I GO -

I'LL CONTINUE TO EAT ALOT OF FRUIT (9).
I'LL SUPPLY MY BODY WITH ZINC (27).

DOCTOR, COULD A DIETARY DEFICIENCY OF ZINC CONTRIBUTE TO THE DEVELOPMENT OF ALCOHOLISM? (27)

DOCTOR, IN THE INTERVIEW HE HAD WITH DR. PASSWATER, DR. MONTAGNIER ALSO MENTIONED ZINC ALONG WITH THESE NUTRIENTS - SELENIUM, BETA CAROTENE, VITAMINS A, C AND E, ENZYMES SUPEROXIDE DISMUTASE (SOD) AND CATALASE, AND PROTEINS SUCH AS METALLOTHIONINE. (10) DOCTOR, I AM GOING TO INCLUDE THESE NUTRIENTS INTO MY DIET. I AM NOT A SMOKER, BUT IF I WERE,I WOULD BE SURE TO INCLUDE AN ABUNDANT AMOUNT OF VITAMIN C BECAUSE:

> "..... EACH CIGARETTE SMOKED DESTROYS AN ESTIMATED 25 mg OF VITAMIN C; THIS MAY BE AS MUCH AS MANY PEOPLE OBTAIN IN THEIR DIET. THE RDA IS ONLY 50 mg." (27)

DOCTOR, I READ AN INFORMATIVE BOOK ABOUT VITAMIN C; IT IS:

THE HEALING FACTOR - VITAMIN C AGAINST DISEASE BY IRWIN STONE
GROSSET & DUNLAP, NEW YORK, 1972

OH, BY THE WAY DOCTOR, DO YOU KNOW THE MEANING OF THE TERM - "ZINC FINGERS"? COULD A DIETARY DEFICIENCY OF ZINC EXACERBATE HIV/AIDS? (9)

DOCTOR, ON PAGE 3 OF MY FILE I BET $148.00 THAT THE WORD, "ACETALDEHYDE", IS NEVER MENTIONED ON ANY OF THE 452 PAGES OF THE BOOK -

DISULFIRAM AND ITS METABOLITE ..... (3)

DOCTOR, I STILL HAVE MY $148.00.

DOCTOR, WAS I CORRECT ABOUT MY UNDERSTANDING OF THE RESEARCH OF THE THREE JAPANESE RESEARCHERS? (3,4,5)

THEIR ACETALDEHYDE CONTAINING COMPOUND INHIBITED MORE THAN 90% OF THE N-MYRISTOYLATION OF P17 GAG PROTEIN PRODUCED IN THE HIV-1-INFECTED MT-4 CELLS. (4)

IF THEY HAD USED "PURE" ACETALDEHYDE - CH_3CHO - WOULD A 100% RESULT HAVE BEEN ACHIEVED? IF SO, WHY DIDN'T THEY USE "PURE" ACETALDEHYDE?

IN ANY EVENT, WAS I RIGHT WHEN I MADE THIS STATEMENT:

> "IN OTHER WORDS, HIV, WHICH IS THE VIRUS WHICH IS THE ROOT CAUSE OF AIDS, CANNOT BEGIN TO MULTIPLY AS LONG AS A CERTAIN COMPOUND CONTAINING ACETALDEHYDE IS PRESENT." (5)

AND FINALLY, DOCTOR, WHAT DO YOU THINK ABOUT THE COMMENTS I MADE ON PAGE 27? -

1. AVOID SUGAR
2. INCLUDE MOLASSES (RICH IN IRON)
3. AVOID FOOD ADDITIVES SUCH AS MSG
4. INCLUDE VINEGAR
5. INCLUDE GARLIC

I WOULD LIKE TO MENTION AGAIN THE BOOKS I LISTED ON PAGE 27 -

SUPER-NUTRITION BY DR. PASSWATER
SUGAR BLUES BY WILLIAM DUFTY

DOCTOR, IN CONCLUSION I WOULD LIKE TO REPEAT A STATEMENT WHICH DR. MONTAGNIER MADE TO DR. PASSWATER:

> "I AM CONVINCED THAT OXIDATIVE STRESS IS INDEED INVOLVED IN THE PROGRESSION FROM HIV INFECTION TO THE AIDS STAGE. I BELIEVE, THEREFORE, THAT ANTIOXIDANTS ARE NECESSARY IN THE TREATMENT. BUT ANTIOXIDANTS ARE NOT SUFFICIENT BY THEMSELVES." (10)

I WISH TO SUGGEST THAT THE ADDITIONAL FACTOR THAT DR. MONTAGNIER IS LOOKING FOR IS UNMETABOLIZED ACETALDEHYDE.

DOCTOR, THANK YOU AGAIN FOR YOUR HELP AND COOPERATION. I'LL SEE YOU AGAIN NEXT WEEK.

WELL, THAT'S ABOUT IT, DR. STANDISH.

THANKS FOR YOUR TIP ABOUT THE DIVISION OF RESEARCH GRANTS AT THE NIH, A LEAD WHICH I WILL PURSUE.

IN ADDITION, I WILL CONTINUE IN MY EFFORT TO MAKE THE PUBLIC AWARE OF MY RESEARCH BY MAILING THIS LETTER TO MISCELLANEOUS PRIVATE CITIZENS, SCIENTISTS, GOVERNMENT OFFICIALS AND ORGANIZATIONS.

IF YOU, DR. WHITESCARVER, CONGRESSMAN VISCLOSKY OR PROFESSOR MANKES HAVE ANY COMMENTS OR CRITICISMS, PLEASE MAIL THEM TO ME WITHIN THE NEXT FEW WEEKS, AND I WILL ATTACH THEM TO THIS LETTER.

AT THE VERY LATEST, SEPTEMBER 1, I WISH TO MAIL COPIES OF THIS LETTER TO THE "70" WHICH I HAVE ALREADY MENTIONED, AND OTHERS IN OUR SOCIETY WHO I THINK MIGHT BE CONCERNED ABOUT THE PROBLEM OF HIV/AIDS.

YOURS TRULY,

John S. Roberts

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219-763-1933

COPIES TO:

CONGRESSMAN PETER J. VISCLOSKY, WASHINGTON, D.C. AND GARY, INDIANA
JACK WHITESCARVER, Ph.D., NATIONAL INSTITUTES OF HEALTH, BETHESDA, MARYLAND
PROFESSOR RUSSELL F. MANKES, Ph.D., THE ALBANY MEDICAL COLLEGE, ALBANY, NEW YORK

BASTYR
UNIVERSITY

Research Department
144 N.E. 54th Street
Seattle, Washington 98105-9916
FAX (206) 517-3599

John S. Roberts
P.O. Box H.
Hogart, IN 46342
June 27, 1996

Dear Mr. Roberts,

Thank you for your persistent energy in trying to get the AIDS research community to take seriously your ideas about acetaldehyde and Antabuse. I cannot fully assess the validity of your ideas since I do not have in my possession a document from you that you refer to as your "file". I must say that the way you present your ideas makes it difficult to evaluate them objectively. Nevertheless, I am not one to dismiss even crazy sounding ideas without carefully going over the facts. I thought Dr. Whitescarver's response to your letter was probably on the mark. How do you reply to his criticisms?

The NIH funded Bastyr University AIDS Research Center recently distributed $105,000 for two small AIDS studies in alternative medicine. That $105,000 was the total allocation in our budget for funding extramural research. We advertised extensively throughout the U.S. in both the conventional and alternative medical/scientific/AIDS activist communities know that we were looking for excellent research projects in alternative medicine and AIDS. Why didn't you apply?

If our AIDS Research Center is refunded by the NIH in 1997, we will have funding for more extramural research studies. In which case, I urge you to write a sound scientific proposal, have it fairly evaluated by scientific review. If your idea is worthy of pursuit and you can construct a sound experimental design to test your hypothesis, then the Center may be able to fund the kind of study you feel is so urgently needed. I recommend that you contact the Division of Research Grants at the NIH (phone 301- 435- 0714) and ask them for a grant proposal form called the PHS-398 that you will need to complete in order to obtain any NIH funding. I think that the rigor required to complete a reasonable NIH style grant proposal will help you clarify your ideas and make them more accessible, and therefore more powerful to other scientists and physicians.

I hope this helps.

Leanna J. Standish, ND, PhD
Director
Bastyr University AIDS Research Center

cc: U.S. Representative Peter J. Viscloski
Jack Whitescarver, PhD Deputy director OAR, NIAID

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
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Congress of the United States
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VALPARAISO, IN 46383
(219) 464-0315

July 10, 1996

Dr. Leanna Standish
Bastyr University
144 NE 54th Street
Seattle, Washington 98105

Dear Dr. Standish:

Enclosed please find correspondence submitted to my office by my constituent, John S. Roberts.

Mr. Roberts has done research and has described two procedures through which HIV might be "inactivated" by acetaldehyde. He has sent material to you outlining his findings. Mr. Roberts is asking my office to request a response to his claim. Any information which you could provide John Roberts would be greatly appreciated.

Should you have any questions, please feel free to contact my District Director, David Rozmanich, at (219) 884-1177.

Sincerely,

Peter J. Visclosky
Member of Congress

PJV:dsr

JUNE 23, 1996

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

AS YOU CAN SEE, I HAVE SENT THIS LETTER TO YOU BY CERTIFIED MAIL; I HAVE ALSO PERSONALLY DELIVERED A COPY OF IT TO YOUR GARY, INDIANA OFFICE.

I HAVE ALSO SENT A COPY OF IT BY CERTIFIED MAIL TO BOTH DR. LEANNA STANDISH, CENTER FOR ALTERNATIVE MEDICINE RESEARCH IN HIV/AIDS, NATIONAL INSTITUTES OF HEALTH AND JACK WHITESCARVER, Ph.D., DEPUTY DIRECTOR, OFFICE OF AIDS RESEARCH, NATIONAL INSTITUTES OF HEALTH.

CONGRESSMAN VISCLOSKY, I NEED YOUR HELP.

WOULD YOU PLEASE REQUEST OF DR. STANDISH THAT SHE RESPOND TO MY LETTER OF MAY 11, 1996 (ATTACHED).

IF SHE THINKS THAT MY "MILD APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV" MIGHT BE VIABLE, COULD SHE MAIL TO ME THE NAMES OF RESEARCHERS WHOM I MIGHT CONTACT TO ASK TO APPLY FOR A $30,000 GRANT FROM HER OFFICE; OF COURSE, I WOULD NOT BE THE RECIPIENT OF ANY FUNDING WHATSOEVER.

IF SHE DOES NOT THINK THAT MY "MILD PROCEDURE" IS VIABLE, COULD SHE AFFORD ME THE RATIONALE BEHIND HER CONCLUSION.

TO RECAPITULATE, ON MAY 11 OR MAY 12 I MAILED TO DR. STANDISH AND DR. WHITESCARVER A PACKET CONTAINING THE FOLLOWING (I PERSONALLY DELIVERED SAID PACKET TO YOUR GARY OFFICE):

1. THE MAY 11 LETTER TO DR. STANDISH.
2. A FOUR PAGE ADVERTISEMENT WHICH I PLACED ON "THE INTERNET" DATED APRIL 9, 1996.
3. A 3 PAGE LETTER CONTAINING THE NAMES AND ADDRESSES OF MISCELLANEOUS PRIVATE CITIZENS, SCIENTISTS, GOVERNMENT OFFICIALS AND ORGANIZATIONS WHO I THOUGHT MIGHT BE INTERESTED IN MY HIV/AIDS RESEARCH; THE TOTAL FIGURE TO DATE IS 70. LETTER DATED 3/21/96.
4. A THREE PAGE LETTER TO "CURRENT HEALTH 2" DATED FEBRUARY 29, 1996.
5. A FIVE PAGE LETTER TO THE LAKE COUNTY AIDS TASK FORCE, DATED FEBRUARY 25,1996.
6. AN EIGHT PAGE LETTER TO BOTH THE DIRECTORS OF THE NATIONAL INSTITUTES OF HEALTH AND THE OFFICE OF ALTERNATIVE MEDICINE (NIH), DATED FEBRUARY 11, 1996.
7. A FOUR PAGE LETTER TO WYETH-AYERST LABORATORIES (THE COMPANY WHICH OWNS THE PATENT AND MANUFACTURING RIGHTS TO "ANTABUSE"), DATED JANUARY 27, 1996.
8. A THIRTY FIVE PAGE FILE OF MY RESEARCH RELATIVE TO HIV/AIDS, DATED JANUARY 1, 1996.

IF, BY HAPPENSTANCE, THIS PACKET DID NOT COME TO THE ATTENTION OF ANY OF YOU, JUST LET ME KNOW (219-763-1933), AND I WILL MAIL IT TO YOU IMMEDIATELY.

YOURS TRULY,

John S. Roberts

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

MAY 11, 1996

DR. LEANNA STANDISH
CENTER FOR ALTERNATIVE MEDICINE RESEARCH IN HIV/AIDS
NATIONAL INSTITUTES OF HEALTH
BASTYR UNIVERSITY
144 NE 54th STREET
SEATTLE, WASHINGTON 98105

DEAR DR. STANDISH,

TODAY IT OCCURRED TO ME THAT I SHOULD WRITE THIS LETTER TO YOU.

THROUGHOUT 1993 THE NATIONAL INSTITUTES OF HEALTH TOLD BOTH ME AND CONGRESSMAN PETER J. VISCLOSKY OF INDIANA THAT ACETALDEHYDE WOULD HAVE NO EFFECT UPON THE AIDS VIRUS - HIV.

IN DECEMBER, 1994 AND AUGUST, 1995 THE NATIONAL INSTITUTES OF HEALTH (NIH) CHANGED ITS POSITION (SEE PAGE 28 OF MY FILE).

TO BE MORE SPECIFIC - IN HIS LETTER TO CONGRESSMAN VISCLOSKY (SEE PAGES 32 AND 33 OF MY FILE) JACK WHITESCARVER, Ph.D., DEPUTY DIRECTOR OF THE OFFICE OF AIDS RESEARCH, NIH, STATED:

> "THE FACT THAT ACETALDEHYDE INACTIVATES THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN TEST TUBE EXPERIMENTS DOES NOT NECESSARILY MAKE IT A GOOD CANDIDATE FOR ANTI-HIV THERAPY IN HUMANS."
>
> "THE HIGH TOXICITY OF ACETALDEHYDE MAKES IT A SIGNIFICANTLY LESS DESIRABLE CANDIDATE FOR USE IN INDIVIDUALS WHO SUFFER FROM SEVERELY WEAKENED IMMUNE SYSTEMS AND WHO ARE PRONE TO CONTRACTING NUMEROUS OPPORTUNISTIC INFECTIONS AND MALIGNANCIES."

IN MY RESEARCH I DESCRIBE TWO PROCEDURES BY WHICH HIV MIGHT BE "INACTIVATED" BY ACETALDEHYDE.

AT THIS TIME I AM NOT SUGGESTING THAT YOU GIVE CONSIDERATION TO THE "INTENSIVE APPLICATION" OF UNMETABOLIZED ACETALDEHYDE; HOWEVER, I WOULD APPRECIATE IT IF YOU WOULD GIVE CONSIDERATION TO

> "A MILD APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV".

IF YOU THINK THAT A CLINICAL TRIAL IS FEASIBLE, COULD YOU FORWARD TO ME THE NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ANY "AIDS ACTIVISTS" WHO MIGHT HAVE THE INTEREST AND WHEREWITHAL TO INITIATE SUCH A TRIAL; A LICENSED PHYSICIAN WOULD BE NECESSARY IN ORDER TO PRESCRIBE ANTABUSE.

IF YOU DON'T THINK THAT SUCH A TRIAL IS FEASIBLE, I WOULD APPRECIATE RECEIVING FROM YOU THE RATIONALE BEHIND YOUR CONCLUSION.

YOURS TRULY,

John S. Roberts

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

COPIES WITH ENCLOSURES TO:

CONGRESSMAN PETER J. VISCLOSKY, INDIANA
JACK WHITESCARVER, Ph.D., DEPUTY DIRECTOR, OFFICE OF AIDS RESEARCH, NATIONAL INSTITUTES OF HEALTH

AND _____

The Albany Medical College
Albany, New York 12208

DEPARTMENT OF PHARMACOLOGY & TOXICOLOGY
THE NEIL HELLMAN MEDICAL RESEARCH BUILDING, A-136
(518) 445-5303
FAX (518) 445-5799

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

JANUARY 1, 1996

AIDS - CAN DEATH BE DELAYED? - PERHAPS

BY
JOHN S. ROBERTS

*ADVERTISEMENT REVISION, 1/11/96:

TO: _____

_____

_____

AIDS
THE AIDS VIRUS, HIV,
CAN BE CRIPPLED BY THE
CHEMICAL, ACETALDEHYDE.
IS A LONGER LIFE POSSIBLE?
CAN DEATH BE DELAYED?
- PERHAPS -

I AM GOING TO ASSUME THAT WHOEVER READS THIS FILE IS CONCERNED ABOUT THE PROBLEM OF AIDS.

IT IS MY HOPE THAT THE MEDIA WILL PROMOTE THE FOLLOWING ADVERTISEMENT FREE OF CHARGE AS A PUBLIC SERVICE FOR AN INDETERMINATE PERIOD OF TIME:

~~AIDS - CAN DEATH BE DELAYED?~~
~~- PERHAPS -~~
MAIL $5.00 TO ROBERTS, P.O. BOX H,
HOBART, IN 46342 TO OBTAIN 35 PAGES
OF MEDICAL RESEARCH

ANY PROFIT WOULD BE DONATED TO CRIA (COMMUNITY RESEARCH INITIATIVE ON AIDS) OF NEW YORK CITY.

ON PAGE 17 OF THEIR BOOK, AGAINST THE ODDS; THE STORY OF AIDS DRUG DEVELOPMENT, POLITICS & PROFITS, THE AUTHORS PETER S. ARNO, Ph.D., AND KARYN L. FEIDEN MAKE THIS STATEMENT:

> "BETWEEN 1987 AND 1991 THE NATIONAL CANCER INSTITUTE TESTED 40,000 CHEMICAL COMPOUNDS AT FACILITIES IN FREDERICK, MARYLAND, AND BIRMINGHAM, ALABAMA, TO SEE IF ANY COULD DISABLE THE AIDS VIRUS. DESPITE THE ODDS AGAINST FINDING A BREAKTHROUGH DRUG, RESEARCHERS CONTINUE TO SCREEN FOR COMPOUNDS THAT CAN INHIBIT HIV AT EACH STEP IN THE INFECTION PROCESS: WHEN IT BINDS TO THE CD4 MOLECULE; WHEN IT PENETRATES THE HELPER T CELL; WHEN IT TRANSCRIBES ITS GENETIC CODE INSIDE; AND WHEN IT REPLICATES. A MORE PROMISING DIRECTION FOR FUTURE RESEARCH IS TARGETED DRUG DEVELOPMENT - THAT IS, DESIGNING AN EFFECTIVE DRUG ON THE KNOWN BIOLOGICAL STRUCTURE OF HIV."

ON JANUARY 1, 1993 I BECAME AWARE OF THE TOXIC CHEMICAL COMPOUND KNOWN AS

"ACETALDEHYDE".

ON JANUARY 11, 1993 I WROTE A LETTER IN WHICH I ASKED THIS QUESTION OF DR. LUC MONTAGNIER, THE DISCOVERER OF THE VIRUS WHICH CAUSES AIDS - HIV:

> "HAS ANY RESEARCH EVER BEEN CONDUCTED TO SEE WHETHER ACETALDEHYDE MIGHT BE EFFECTIVE IN DESTROYING THE AIDS VIRUS?"

I MAILED A COPY OF THIS LETTER TO DR. JOHN P. BADER OF THE NATIONAL INSTITUTES OF HEALTH AND RANDY SHILTS (RECENTLY DECEASED, A VICTIM OF AIDS) OF THE SAN FRANCISCO CHRONICLE AND THE AUTHOR OF AND THE BAND PLAYED ON, A BOOK ABOUT THE DEVELOPMENT OF THE AIDS EPIDEMIC.

ON JANUARY 19, 1993 I WROTE A LETTER TO CONGRESSMAN PETER J. VISCLOSKY OF INDIANA IN WHICH I MADE THESE UNDER-LINED STATEMENTS:

> "THE HUMAN BODY CAN BE POISONED WITH A HIGHLY TOXIC SUBSTANCE AND STILL SURVIVE AND THE NAME OF THAT SUBSTANCE IS ACETALDEHYDE."
>
> "IT IS MY HYPOTHESIS THAT WHILE ACETALDEHYDE IS POISONING THE BODY, IT WILL AT THE SAME TIME DESTROY THE AIDS VIRUS."

I MAILED COPIES OF THIS LETTER TO DR. MONTAGNIER, DR. BADER AND RANDY SHILTS. ON JANUARY 26, 1993 DR. BADER WROTE TO ME A LETTER IN WHICH HE STATED:

> "THE MOLECULES YOU SUGGEST ARE NORMAL METABOLITES FORMED DURING NORMAL BODY FUNCTIONING, AND WOULD HAVE NO EFFECT ON HIV OR AIDS."

THROUGHOUT 1993 OTHER SCIENTISTS AT THE NATIONAL INSTITUTES OF HEALTH MAINTAINED THIS POSITION.

ON DECEMBER 13, 1994 DON LUCKETT, A PROGRAM ANALYST WITH THE NATIONAL INSTITUTES OF HEALTH, WROTE TO ME A LETTER IN WHICH HE STATED:

> "THE KNOWN TOXICITY OF ACETALDEHYDE WOULD HAVE LIKELY PREVENTED EVALUATION EVEN IF THE AGENT HAD SHOWN ANTI-HIV ACTIVITY IN THE DRUG SCREEN PROGRAM SPONSORED BY THE NATIONAL CANCER INSTITUTE."

ON FEBRUARY 1, 1995 AN "INFORMATION SPECIALIST" OF THE CENTERS FOR DISEASE CONTROL WROTE TO ME A LETTER IN WHICH THIS STATEMENT IS MADE; THE PARENTHESIS IS MINE:

> "ALL THE ALDEHYDES ARE CAPABLE OF INACTIVATING HIV (IN THE TEST TUBE); HOWEVER, THEIR ACTUAL EFFECTIVENESS DEPENDS ON THE CONCENTRATION USED."

ON AUGUST 9, 1995 DR. JACK WHITESCARVER WROTE A LETTER TO CONGRESSMAN VISCLOSKY IN WHICH HE STATED THE LATEST POSITION OF THE NATIONAL INSTITUTES OF HEALTH RELATIVE TO ACETALDEHYDE:

> "THE FACT THAT ACETALDEHYDE INACTIVATES THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN TEST TUBE EXPERIMENTS DOES NOT NECESSARILY MAKE IT A GOOD CANDIDATE FOR ANTI-HIV THERAPY IN HUMANS."

DR. WHITESCARVER'S COMPLETE LETTER IS INCLUDED IN THIS FILE.

MY KNOWLEDGE OF BIOLOGY IS MINIMAL; I BARELY KNOW THE DIFFERENCE BETWEEN A GENE AND A CHROMOSOME; HOWEVER, I AM GOING TO ASSUME THAT THE WORDS "DESTROY" AND "INACTIVATE" ARE ALMOST SYNONYMOUS.

OTHER THAN THE DIFFERENCE OF OPINION I HAD WITH THE NATIONAL INSTITUTES OF HEALTH IN 1993 REGARDING THE NATURE OF ACETALDEHYDE, NO ONE TO WHOM I HAVE MAILED MY RESEARCH (SEE PAGE30) HAS WRITTEN OR CALLED TO TELL ME THAT I HAVE MADE ANY MIS-STATEMENTS OF SCIENTIFIC OR MEDICAL FACT.

ON DECEMBER 21, 1995 I WENT TO THE LIBRARY AT THE INDIANA UNIVERSITY SCHOOL OF MEDICINE, NORTHWEST CAMPUS, GARY. I WANTED TO SEE WHAT REFERENCES MIGHT BE PULLED UP ON THE COMPUTER RELATIVE TO "DISULFIRAM" AND HIV OR AIDS. THE "AIDSLINE DATA BASE" OF THE NATIONAL LIBRARY OF MEDICINE WAS UTILIZED; THE LIBRARIAN KINDLY HELPED ME OUT.

THE PRINTER WHIPPED OUT A FEW ABSTRACTS; UNFORTUNATELY, THE WORDS, "KEYSTONE CONFERENCE" WERE NOT MENTIONED IN ANY OF THEM; HOWEVER, THE PRINT-OUT DID REVEAL THAT A BOOK ENTITLED:

> DISULFIRAM AND ITS METABOLITE DIETHYLDITHIOCARBAMATE: PHARMACOLOGY AND STATUS IN THE TREATMENT OF ALCOHOLISM, HIV INFECTIONS, AIDS AND HEAVY METAL TOXICITY. 1st ed.
> BY P.K. GESSNER AND T. GESSNER, CHAPMAN & HALL PUBLISHERS, 1992
> LONDON AND NEW YORK, 452 PAGES

HAS BEEN WRITTEN.

AS I LEFT THE LIBRARY AND STARTED TO DRIVE HOME, SOMEWHAT DISAPPOINTED, I THOUGHT OF SOMETHING ELSE WHICH I WANTED TO FIND OUT FROM THE COMPUTER. I DROVE AROUND THE BLOCK, PARKED THE CAR AND WENT BACK INTO THE LIBRARY. THE LIBRARIAN WAS ABOUT TO LEAVE FOR THE DAY, BUT AGAIN SHE KINDLY HELPED ME OUT.

THIS TIME I REQUESTED THAT SHE ENTER THE WORDS "ACETALDEHYDE" AND HIV OR AIDS.

AGAIN, THE PRINTER WHIPPED OUT THE ABSTRACTS.

ON THE FOLLOWING PAGE I HAVE INCLUDED TWO OF THEM. I DID NOT REALIZE THEIR SIGNIFICANCE UNTIL I RE-READ THEM A FEW TIMES; THE UNDER-LINING IS MINE. I AM INDEBTED TO THESE JAPANESE RESEARCHERS - A. TASHIRO, S. SHOJI AND Y. KUBOTA.

ACETOALDEHYDE IS THE SAME THING AS ACETALDEHYDE.

AFTER YOU READ THESE ABSTRACTS YOU MUST WONDER - HAS ANY CHEMICAL YET BEEN DISCOVERED THAT CAN INACTIVATE HIV AS EFFECTIVELY AS ACETALDEHYDE?

USE WHATEVER WORD YOU WANT - "DESTROY" OR "INACTIVATE" - ACETALDEHYDE WILL DO IT TO THE VIRUS WHICH CAUSES AIDS - HIV.

MIGHT I BE MORE CORRECT AND ACCURATE IF I WERE TO SAY, "HIV CANNOT REPLICATE WHEN ACETALDEHYDE IS PRESENT".

AS I HAVE MENTIONED, THE BOOK, DISULFIRAM AND ITS METABOLITE DIETHYLDITHIOCARBAMATE HAS BEEN WRITTEN AND IS CURRENTLY AVAILABLE. I CALLED A LOCAL BOOKSTORE AND FOUND OUT THAT THE TOTAL PRICE IS $148.00; I WILL TRY TO OBTAIN A COPY OF THIS BOOK THROUGH INTER-LIBRARY LOAN.

I DISLIKE GAMBLING, BUT, I WOULD BE WILLING TO BET THAT THE WORD, "ACETALDEHYDE", IS NEVER MENTIONED ON ANY ONE OF THE 452 PAGES OF THIS BOOK. HOW MUCH TO BET? LET'S SAY $148.00; IF I AM RIGHT, I WILL KEEP THE MONEY; IF I AM WRONG, I WILL DONATE THE $148.00 TO CRIA.

ROG:

;
SI - MED/90121218
AU - Tashiro A
AU - Shoji S
AU - Kubota Y
TI - Antimyristoylation of the gag proteins in the human immunodeficiency virus-infected cells with N-myristoyl glycinal diethylacetal resulted in inhibition of virus production.
AB - The gag proteins of human retroviruses such as human immunodeficiency virus (HIV-1) are specifically myristoylated in their amino termini (1, 2, 3). N-myristoyl glycinal diethylacetal (N-Myr-GOA) and other N-Myr-compounds (N-Myr-Gly-GOA, N-Myr-Gly-Gly-GOA and N-Myr-Gly-Gly-Gly-GOA) were newly synthesized and investigated for activity of antimyristoylation of these gag proteins and for influence on viral replication. Of the N-Myr-compounds tested, N-Myr-GOA most severely inhibited the protein myristoylation; N-Myr-Gly-GOA also inhibited it, but moderately. Furthermore, it was observed that N-Myr-GOA at 20 microM caused noticeable inhibition (about 80%) of the production of mature HIV in the HIV-1-infected MT-4 cells. In this system, N-Myr-GOA substantially inhibited more than 90% of the N-myristoylation of p17 gag protein produced in the HIV-1-infected MT-4 cells. These results suggest that the N-myristoylation of p17 gag protein of HIV-1 may be essential in its structural assembly or maturation.
SO - Biochem Biophys Res Commun. 1989 Dec 29;165(3):1145-54.

4
SI - MED/89033966
AU - Shoji S
AU - Tashiro A
AU - Kubota Y
TI - Antimyristoylation of gag proteins in human T-cell leukemia and human immunodeficiency viruses with N-myristoyl glycinal diethylacetal.
AB - N-Myristoyl (N-Myr-) glycinal (aminoacetoaldehyde, GO) diethylacetal (A), which is abbreviated as N-Myr-GOA, and other N-Myr-compounds (N-Myr-Gly-GOA, N-Myr-Gly-Gly-GOA, and N-Myr-Gly-Gly-Gly-GOA) were newly synthesized and then employed for NH2-terminal antimyristoylation of structure proteins in the human T-cell leukemia virus (HTLV-I) and the human immunodeficiency virus (HIV). The protein myristoylation of structure proteins p19gag, of HTLV-I, and p17gag, of HIV, was determined separately, using radiolabeled myristic acid, in vitro. The radiolabeled proteins, after immunoprecipitation with an antiserum to adult T-cell leukemia (ATL) or the anti-p17gag monoclonal antibody of HIV, were identified as p19gag of HTLV-I and p17gag of HIV by fluorography after SDS-polyacrylamide gel electrophoresis (SDS-PAGE). The protein myristoylation was resistant to NH2OH-treatment. Of the N-Myr-compounds tested, N-Myr-GOA remarkably prevented the myristoylation of p19gag and p17gag, but N-Myr-Gly-Gly-GOA and N-Myr-Gly-Gly-Gly-GOA did not.
SO - J Biochem (Tokyo). 1988 May;103(5):747-9.

SS 2 /C?
USER:
stop y
TIME 0:01:44 NLM TIME 16:30:10
. . .

THE ABSTRACTS OF THE RESEARCH OF THESE JAPANESE SCIENTISTS CONTAIN A WORD WHICH I HAVE NEVER HEARD OF BEFORE - MYRISTOYLATION. I HAVE CONSULTED SEVERAL DICTIONARIES BUT HAVE COME UP EMPTY HANDED.

I AM GOING TO MAKE A SURMISE AS TO WHAT THIS WORD MEANS BY EXAMINING ITS DERIVATION.

THE WORLD BOOK DICTIONARY STATES THAT "MYRISTIC" IS "OF OR DERIVED FROM THE NUTMEG." THIS IS TRACED BACK TO MEDIEVAL LATIN IN WHICH "MYRISTICA" MEANS NUTMEG TREE.

A PHOTOGRAPH OF NUTMEGS APPEARS ON THE FOLLOWING PAGE.

ON THE FOLLOWING PAGE IS ALSO A PHOTOGRAPH OF CELL DIVISION. DOESN'T STAGE 3, THE METAPHASE, LOOK LIKE A NUTMEG? I AM GOING TO SURMISE THAT MYRISTOYLATION DESCRIBES THE APPEARANCE OF THE CELL AT THIS STAGE - IT LOOKS LIKE A NUTMEG, AND IT IS READY TO DIVIDE.

AM I RIGHT OR WRONG? IF I AM RIGHT, COULD WE SAY THAT THE SAME DESCRIPTION WOULD APPLY TO A VIRAL BODY WHEN IT IS AT THIS STAGE? THEN, ANYTHING THAT HAD THE POWER OF "ANTIMYRISTOYLATION" WOULD PREVENT A UNIT OF LIFE FROM REACHING THAT STAGE OF DEVELOPMENT WHEREIN IT DIVIDED (REPLICATED) ITSELF.

THEN AGAIN, I COULD BE ENTIRELY WRONG ABOUT THIS. ANOTHER ABSTRACT I READ SAID THAT MYRISTOYLATION HAS TO DO WITH "LIPID MODIFICATION".

IN ANY EVENT, THESE JAPANESE ABSTRACTS TELL US THAT ACETALDEHYDE IS PART OF A COMPOUND, ABBREVIATED (N-MYR-GOA), THAT "REMARKABLY PREVENTED" MYRISTOYLATION WITH THE RESULT THAT "VIRAL REPLICATION" WAS "SEVERELY INHIBITED".

IN OTHER WORDS, HIV, WHICH IS THE VIRUS WHICH IS THE ROOT CAUSE OF AIDS, CANNOT BEGIN TO MULTIPLY AS LONG AS A CERTAIN COMPOUND CONTAINING ACETALDEHYDE IS PRESENT.

THERE IS ONLY ONE PROBLEM WITH ACETALDEHYDE - IT IS A POISON CAPABLE OF CAUSING DEATH.

AS DR. WHITESCARVER STATED IN HIS LETTER:

> "THE HIGH TOXICITY OF ACETALDEHYDE MAKES IT A SIGNIFICANTLY LESS DESIRABLE CANDIDATE FOR USE IN INDIVIDUALS WHO SUFFER FROM SEVERELY WEAKENED IMMUNE SYSTEMS AND WHO ARE PRONE TO CONTRACTING NUMEROUS OPPORTUNISTIC INFECTIONS AND MALIGNANCIES."

WHAT IF THE DEADLY NATURE OF ACETALDEHYDE COULD SOMEHOW BE NULLIFIED? I THINK THE MEANS IS AT HAND - I HAVE LABELLED IT "THE SPRINCE RATIO". PLEASE REFER TO PAGE 34.

I WISH TO ASK A SIMPLE QUESTION - WHY DIDN'T ALL OF THOSE 30 RATS DIE AFTER BEING POISONED WITH A LETHAL DOSE OF ACETALDEHYDE? (I AM SPECIFICALLY REFERRING TO "TABLE 2", COMBINATION GROUP "CB3") OR PERHAPS THE BETTER QUESTION TO ASK IS - HOW WERE ALL THOSE 30 RATS ABLE TO LIVE AFTER BEING POISONED WITH A LETHAL DOSE OF ACETALDEHYDE?

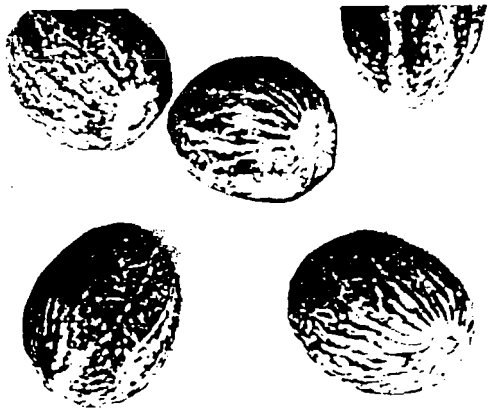
I THINK THE ANSWER SOMEHOW INVOLVES ASCORBIC ACID (VITAMIN C), CYSTEINE AND THIAMIN; I THINK THE ANSWER ALSO INVOLVES "ACETYL COENZYME A" - SEE PAGE 7.

SPRINCE'S RESEARCH, "PROTECTIVE ACTION OF ASCORBIC ACID (VITAMIN C - j.s.r.) AND SULFUR COMPOUNDS AGAINST ACETALDEHYDE TOXICITY: IMPLICATIONS IN ALCOHOLISM AND SMOKING", STATES:

A. "CURRENTLY, THE PHYSICIANS' DESK REFERENCE OF 1974 RECOMMENDS A HIGH DOSE OF ASCORBIC ACID (1g) FOR MANAGEMENT OF THE SEVERE EFFECTS OF THE DISULFIRAM-ETHANOL REACTION." p.168
   (THIS REACTION IS CAUSED BY UNMETABOLIZED ACETALDEHYDE; IN 1995 THE RECOMMENDATION IS STILL 1g - j.s.r.)

PAGE 6

NUTMEG is the kernel of a tropical fruit, which is widely used as a spice. When the fruit is ripe it looks like a golden-yellow pear hanging among shiny, gray-green leaves. The tree grows to be as much as 70 feet high and is an evergreen. The trees originally grew in the Molucca (Spice) Islands, but they have been successfully raised in all of the East Indies, the West Indies,



J. R. Watkins Co.

Kernels of Nutmeg provide the spice used in cooking. A membrane covering the kernel provides mace, another spice.

Brazil, Ceylon, and India. Nutmeg trees have long, pointed leaves with well-marked veins. The pale-yellow flowers droop in clusters, and look like lilies of the valley.

As the fruit ripens, the fleshy part becomes rather hard, somewhat like candied fruit. It finally splits open at the top, showing a bright-scarlet membrane, which partly covers the nut. The spice called *mace* comes from this membrane. The kernels are the familiar household nutmegs.

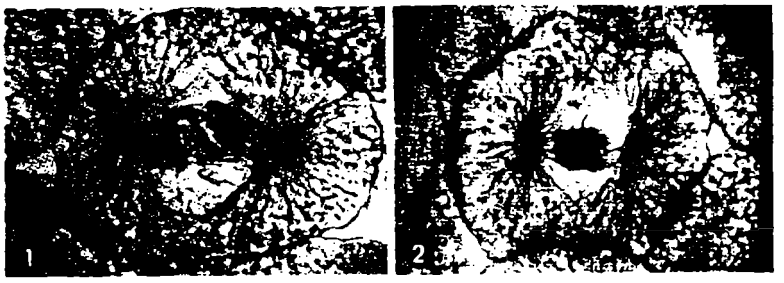
Nutmeg trees do not begin bearing until they are about nine years old. Each tree produces from 1,500 to 2,000 nuts yearly. The fleshy part of the fruit is often preserved and eaten like candy. A clear oil, called *oil of mace*, is made from the kernel.

Scientific Classification. Nutmeg trees belong to the nutmeg family, *Myristicaceae*. They are genus *Myristica*, species *M. fragrans*.

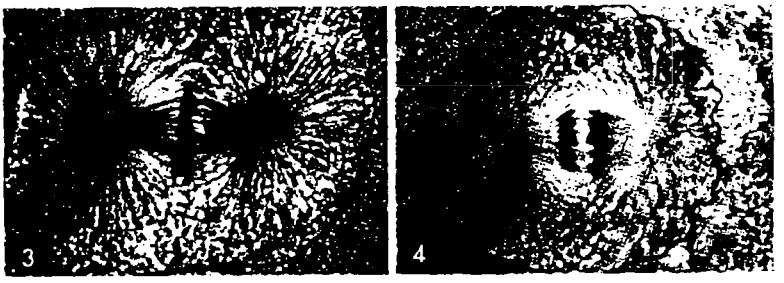
HAROLD NORMAN MOLDENKE

See also MACE.

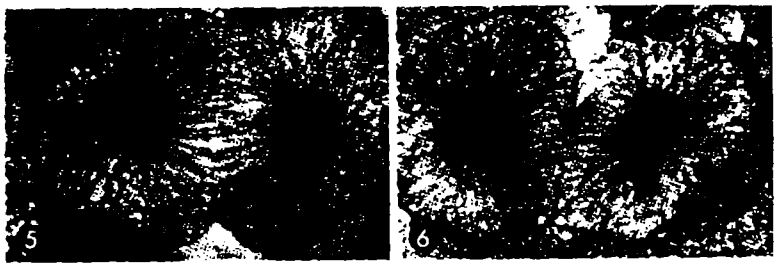
TRAIT TRANSMISSION IN THE DIVISION OF BODY CELLS



First, strands of deoxyribonucleic acid (DNA), which carry genetic "messages" and appear as granular chromatin, thicken, shorten, and duplicate themselves. Centrioles and asters take up positions at opposite ends of the cell, or poles. 1. As the beginning stage, or prophase, continues, the DNA strands and associated nucleoproteins form visible chromosomes. 2. At the end of the prophase, the chromosomes are linked to the poles by a football-shaped series of fibers called the spindle.



These micrographs show the first steps in cell division. 3. In the metaphase, the chromosomes form a flat plate, here seen edgewise. It lies at the middle of the spindle, whose fibers now are clearly visible. The original chromosomes and their duplicates lie along the plane. 4. In the anaphase, the two sets of chromosomes are pulled apart by the spindle fibers, allowing one set of chromosomes to go into each cell.

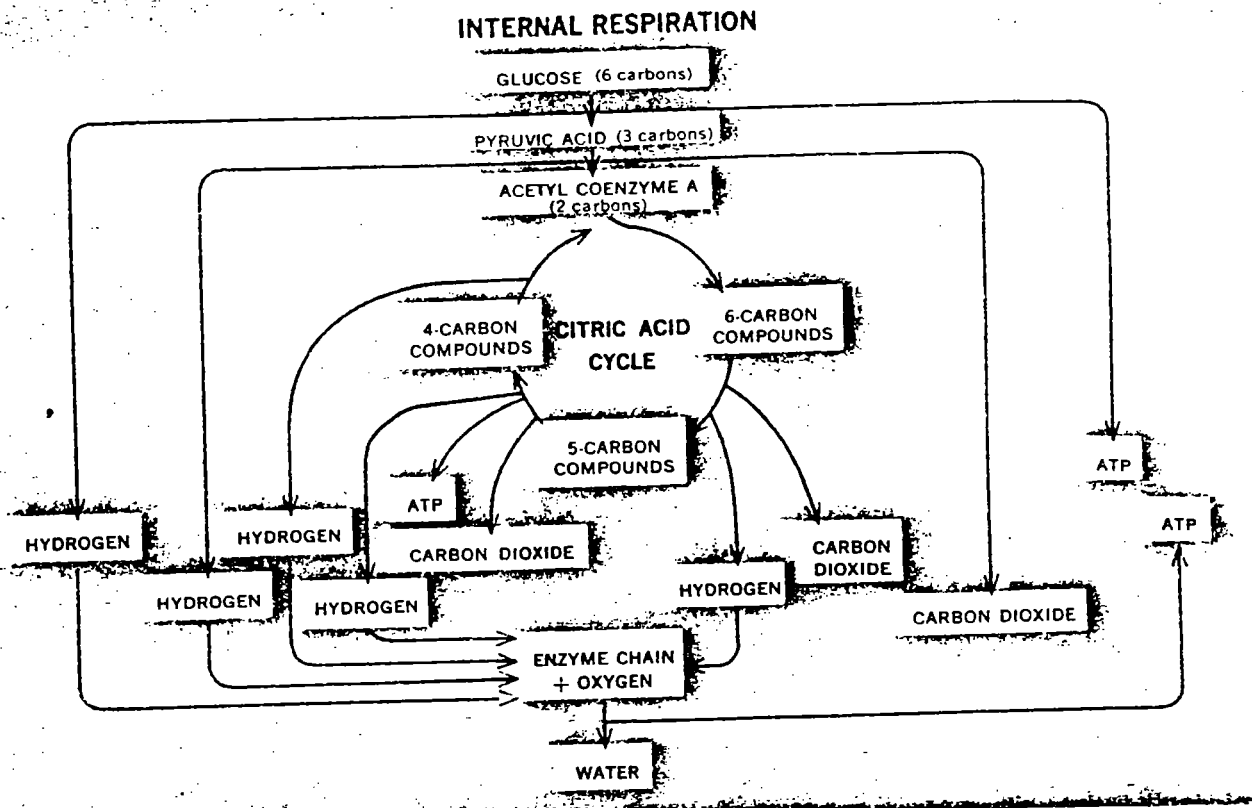


Cell division is completed in the telophase. 5. The two sets of chromosomes are drawn to their respective poles, and the spindle begins to disappear. The cell memorane pinches at mid-cell. 6. The membrane has pinched so far that the cell will soon be divided, and the chromosomes are starting to spread and thin.

THE WORLD BOOK ENCYCLOPEDIA
VOLUME 14, PAGE 465
1973 EDITION

COMPTON'S ENCYCLOPEDIA
VOLUME 11, PAGE 43d
1975 EDITION

THIS DIAGRAM WAS TAKEN FROM THE MERIT STUDENTS ENCYCLOPEDIA,
VOLUME 15, PAGE 592, 1990 EDITION



"AN ADULT MAN, FOR EXAMPLE, IS COMPOSED OF MORE THAN 100 TRILLION DIFFERENT CELLS."
MERIT STUDENTS ENCYCLOPEDIA, VOLUME 4, PAGE 278, 1990 EDITION

"INTERNAL RESPIRATION OCCURS INSIDE EVERY LIVING CELL. IT CONSISTS OF A SERIES OF CHEMICAL REACTIONS IN WHICH THE ENERGY IN FOOD MOLECULES IS RELEASED A STEP AT A TIME."
MERIT STUDENTS ENCYCLOPEDIA, VOLUME 15, PAGE 592, 1990 EDITION

THE FORMULA FOR ACETALDEHYDE IS CH_3CHO. IT CONTAINS TWO CARBON ATOMS.

"ACETYL COENZYME A (Co A), ACETYL DERIVATIVE OF COENZYME A, A SULFUR-CONTAINING NUCLEOTIDE, THAT IS A PRECURSOR IN THE METABOLISM OF FATTY ACIDS, CARBOHYDRATES, AND PROTEINS, BEING AN IMPORTANT INTERMEDIATE IN THE KREBS' CYCLE. COENZYME A FUNCTIONS AS A CARRIER OF THE 2-CARBON ACETYL GROUP, WHICH IS ATTACHED TO THE SULFUR GROUP."
THE RANDOM HOUSE ENCYCLOPEDIA, PAGE 1880, 1977

N-ACETYL CYSTEINE IS A MORE STABLE FORM OF THE SULFUR AMINO ACID L-CYSTEINE, AND IS A POWERFUL ANTIOXIDANT. IT IS AN EXCELLENT PRECURSOR OF GLUTATHIONE, ANOTHER MAJOR ANTIOXIDANT. GLUTATHIONE IS ALSO THE PRECURSOR, WITH SELENIUM, OF GLUTATHIONE PEROXIDASE, ONE OF THE MOST IMPORTANT ANTIOXIDANT ENZYMES IN THE BODY.

PAGE 8

B. "BIOCHEMICALLY, IT HAS ALREADY BEEN SUGGESTED THAT CYSTEINE CAN PROTECT COENZYME A AGAINST ACETALDEHYDE INHIBITION BY COMPLEXING PREFERENTIALLY WITH ACETALDEHYDE. PRESUMABLY, REDUCED GLUTATHIONE, HOMOCYSTEINE, AND N-ACETYL-CYSTEINE COULD ALSO COMPLEX WITH ACETALDEHYDE BY VIRTUE OF THEIR FREE (-SH) GROUPS." p.168

C. "THIAMIN COULD ALSO SERVE AS A PROTECTANT AGAINST ACETALDEHYDE FOR SOME VERY GOOD REASONS. THUS, AS COCARBOXYLASE (PYROPHOSPHATE) IT IS BELIEVED TO COMPLEX NORMALLY WITH ACETALDEHYDE TO EVENTUALLY FORM ACETYL COENZYME A BY WAY OF THE LIPOIC (THIOCTIC) ACID PATHWAY." p.16

D. "THIS POSSIBILITY IS SUPPORTED BY REPORTS THAT ASCORBIC ACID HAS A THIAMIN-SPARING ACTION IN VIVO WHICH MAY DUE TO THIAMIN DISULFIDE ACTIVATION IN TISSUES BY CYSTEINE." p.169

E. "FINALLY, IT IS IMPORTANT, TOO, TO REMEMBER THAT CYSTEINE BY COMPLEXING WITH ACETALDEHYDE MAY PROTECT THE (-SH) GROUPS OF COENZYME A AND REDUCED LIPOIC ACID, BOTH OF WHICH ARE ASSOCIATED WITH THIAMIN PYROPHOSPHATE ACTIVITY. THUS, COMBINATIONS OF ASCORBIC ACID, CYSTEINE, AND THIAMIN IN CERTAIN RATIOS COULD FUNCTION MORE EFFECTIVELY THAN ANY OF THESE COMPOUNDS ALONE AS PROTECTANTS AGAINST ACETALDEHYDE."P16

AM I CORRECT ABOUT THIS? - THERE SEEMS TO BE SOME SORT OF AN INTRINSIC AND UNIQUE BIOCHEMICAL RELATIONSHIP THAT COULD BE SAID TO EXIST BETWEEN ACETYL-COENZYME A AND ACETALDEHYDE.

ACETALDEHYDE IN COMBINATION WITH ASCORBIC ACID, CYSTEINE AND THIAMIN MIGHT EVENTUALLY BE RECOGNIZED AS THE MOST FELICITOUS, UNIQUE AND USEFUL POISON KNOWN TO MAN.

WHEN YOU READ THIS FILE YOU WILL NOTE THAT I HAVE DESCRIBED TWO PROCEDURES:

"A MILD APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV."

"AN INTENSIVE APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV."

THREE YEARS AGO I HAD A HUNCH ABOUT ACETALDEHYDE. IT IS MY PRESENT HUNCH THAT THE "INTENSIVE APPLICATION" COULD BE ADMINISTERED SAFELY; THE ONLY SIDE EFFECT MIGHT BE THAT THE PATIENT OR PATIENTS WOULD BECOME A LITTLE BIT SLEEPY.

HOWEVER, IN CASE THE MEDICAL COMMUNITY WOULD STILL CONSIDER THE "INTENSIVE APPLICATION" TOO RISKY TO IMPLEMENT, I WISH THEN TO CONCLUDE BY FOCUSING UPON THE "MILD APPLICATION". ALTHOUGH THEY WOULD NOT BE AS DRAMATIC AS THOSE (WHICH I THINK WOULD BE) ENGENDERED BY THE "INTENSIVE APPLICATION", THERE SHOULD, NEVERTHELESS, BE SOME POSITIVE RESULTS.

FIRST, I AM GOING TO MAKE THREE ASSUMPTIONS -

1. IN AND OF ITSELF, ALONG AS ALCOHOL IS NOT DRUNK, THERE IS NO HARM IN "PLUGGING UP" THE LIVER WITH ANTABUSE.

2. THE PRESENCE OF ANTABUSE IN THE LIVER WOULD NOT HINDER THE EFFECT WHICH MEDICINES MIGHT HAVE IN WARDING OFF THE OPPORTUNISTIC INFECTIONS ENGENDERED BY HIV/AIDS.

3. THERE IS ENOUGH ACETALDEHYDE IN THE FOODS LISTED BY THE "JOURNAL OF APPLIED TOXICOLOGY", OCTOBER, 1991, PAGE 374 TO DO SOME GOOD. TO QUOTE THIS JOURNAL AGAIN:

> 'ACETALDEHYDE HAS BEEN IDENTIFIED IN OAK LEAVES, TOBACCO, APPLES, BROCCOLI, COFFEE, GRAPES, GRAPEFRUIT, ORANGES, LEMONS, ONIONS, PEACHES, PEARS, PINEAPPLES, RASPBERRIES, STRAWBERRIES ANY MANY SPICES. EUROPEAN BEERS HAVE BEEN FOUND TO CONTAIN AS MUCH AS 13.5 mgl(-1). THE ACCEPTABLE DAILY INTAKE RECOMMENDED BY FAO/WHO IS 0.0-2.5 mg kg(-1) BODY WEIGHT.'

THE PATIENT WILL TRY TO INCLUDE AS MANY OF THESE FOODS AS IS PRACTICAL INTO HIS OR HER DIET; THE PATIENT MIGHT BECOME NAUSEOUS FROM TIME TO TIME, BUT THIS IS TO BE EXPECTED. THE UNMETABOIZED ACETALDEHYDE FLOWING IN THE BLOODSTREAM WOULD BE THE CAUSE OF THIS NAUSEA.

WHAT THEN DOES THE "MILD APPLICATION" INVOLVE? THE ANSWER IS SIMPLY THIS - GOOD HEALTH AND NUTRITIONAL HABITS.

IN MY FILE I MENTION THAT CIGARETTE SMOKING SHOULD BE AVOIDED BECAUSE IT DEPLETES THE BODY OF VITAMIN C. I NOW THINK THAT IT IS IMPRACTICAL TO ASK A PERSON TO STOP SMOKING; INSTEAD, I WOULD RECOMMEND THAT HE OR SHE SUPPLEMENT THEIR DIET WITH VITAMIN C TABLETS. HOWEVER, A SMOKER MIGHT HAVE TO BE VERY CAREFUL; REMEMBER THAT THE "JOURNAL OF APPLIED TOXICOLOGY" LISTED TOBACCO AS CONTAINING ACETALDEHYDE, AND TOO MUCH SMOKING, WITH ANTABUSE IN THE LIVER, MIGHT HAVE A SERIOUS SIDE EFFECT UNLESS THE BODY WAS BEING REPLENISHED WITH ASCORBIC ACID (VITAMIN C), CYSTEINE AND THIAMINE.

ORANGE JUICE, OF COURSE, CONTAINS AN ABUNDANT SUPPLY OF VITAMIN C. CYSTEINE AND THIAMINE CAN BE OBTAINED, WITHOUT PRESCRIPTION, FROM ANY HEALTH FOOD STORE.

WITH THE "MILD APPLICATION" THE PATIENT WILL EASILY ACQUIRE VITAMIN C, AND, UPON REFLECTION, I THINK IT WOULD DO NO HARM TO INCLUDE ALSO CYSTEINE AND THIAMINE IN THE DIET; THESE INGREDIENTS ARE, OF COURSE, ABSOLUTELY ESSENTIAL IN THE "INTENSIVE APPLICATION".

IN MY FILE I RECOMMEND THAT ZINC TABLETS BE TAKEN. I HAVE SINCE DISCOVERED THAT CASHEWS ARE RICH IN ZINC.

I THINK A DIETARY DEFICIENCY IN ZINC MIGHT PREDISPOSE A DRINKER TO BECOME AN ALCOHOLIC; SEE PAGE27 OF MY FILE.

HERE ARE TITLES OF THREE ABSTRACTS RELATIVE TO ZINC WHICH I FOUND IN THE "JOURNAL OF CELLULAR BIOCHEMISTRY", SUPPLEMENT 21B, 1995, APRIL 2-23,1995 OF THE KEYSTONE SYMPOSIA ON MOLECULAR & CELLULAR BIOLOGY:

> 'A NOVEL ZINC FINGER PROTEIN LOCALIZED IN DISCRETE NUCLEAR DOMAINS IN DEVELOPING OLIGODENDROCYTES' p.139

> 'RETROVIRAL NUCLEOCAPSID PROTEINS WITH CCCC OR CCHH TYPE Zn++FINGERS FUNCTION IN RNA PACKAGING BUT RENDER VIRUS PARTICLES NON-INFECTIOUS' p.190

> 'A NEW CLASS OF ANTI-VIRAL DRUGS ATTACK HIGHLY CONSERVED ZINC FINGERS IN RETROVIRAL NUCLEOCAPSID PROTEINS' p.191

IT IS MY HUNCH THAT A DIETARY DEFICIENCY OF ZINC WILL EXACERBATE HIV/AIDS.

PAGE 10

WHEN INTERVIEWED BY DR. PASSWATER ("WHOLE FOODS"/SEPTEMBER, 1995, pp. 50-65) DR. MONTAGNIER, THE DISCOVERER OF HIV, MENTIONED THE FOLLOWING NUTRIENTS ON PAGE 56 - SELENIUM, ZINC, BETA CAROTENE, VITAMINS A, C AND E, ENZYMES SUPEROXIDE DISMUTASE (SOD) AND CATALASE, AND PROTEINS SUCH AS METALLOTHIONINE.

ON PAGE 56 DR. PASSWATER ALSO ASKED THIS QUESTION OF DR. MONTAGNIER:

> "WHAT SORTS OF INVESTIGATIONS HAVE BEEN MADE WITH NAC (N-ACETYL CYSTEINE j.s.r. OR OTHER ANTIOXIDANTS SUCH AS LIPOIC ACID AND CURCUMIN AS POSSIBLE MEDIATORS OF THE PROGRESSION TO AIDS?"

TO WHICH DR. MONTAGNIER REPLIED:

> "WE STARTED SOME OPEN TRIALS WITH NAC FOLLOWING THE WORK OF THE HERZENBERGS AT STANFORD AND THAT OF DROGE IN GERMANY. IN HIV INFECTED PATIENTS, THE GLUTATHIONE SYSTEM IS DEPRESSED EVEN AT EARLY STAGES. THE RATIONALE IS TO RESTORE THE OXIDATIVE PROTECTION SYSTEM BACK TO NORMAL.
>
> "WHEN WE TREAT PATIENTS FOR LESS THAN SIX MONTHS WITH NAC, WE DON'T SEE MUCH CHANGE. HOWEVER, WHEN THE NAC TREATMENT IS LONGER THAN SIX MONTHS, NAC WILL RESTORE APOPTOSIS (DEVELOPMENTAL OR PROGRAMMED CELL DEATH - j.s.r.) BACK TO NORMAL LEVELS. THIS IS A PRELIMINARY RESULT, AND WE WILL REPEAT THE STUDY IN OUR NEW APPLIED RESEARCH LABORATORY. WE PLAN TO OPEN A NEW RESEARCH CENTER AT THE END OF THIS YEAR FOR HIV ASYMPTOMATIC PATIENTS; THERE WE WILL FOLLOW A BATTERY OF LABORATORY MARKERS AND TREAT PATIENTS ACCORDINGLY.
>
> "I AM CONVINCED THAT OXIDATIVE STRESS IS INDEED INVOLVED IN THE PROGRESSION FROM HIV INFECTION TO THE AIDS STAGE. I BELIEVE, THEREFORE, THAT ANTIOXIDANTS ARE NECESSARY IN THE TREATMENT. BUT ANTIOXIDANTS ARE NOT SUFFICIENT BY THEMSELVES."

I WOULD LIKE TO CONCLUDE MY RESEARCH BY SUGGESTING THAT ANTIOXIDANTS AND UNMETABOLIZED ACETALDEHYDE MIGHT BE OF SOME CONSIDERABLE BENEFIT TOWARD RESTORING HIV/AIDS PATIENTS TO A MODICUM OF GOOD HEALTH.

THERE IS NO DOUBT IN MY MIND, WHATSOEVER, THAT ACETALDEHYE, IN COMBINATION WITH ASCORBIC ACID, CYSTEINE AND THIAMINE WILL EVENTUALLY BE SHOWN TO BE THE MOST USEFUL POISON EVER DEVISED BY NATURE FOR THE BENEFIT OF MANKIND.

John S. Roberts

NOVEMBER 18, 1995

MR. RICK LOFTUS, RESEARCH ASSOCIATE
CRIA
COMMUNITY RESEARCH INITIATIVE ON AIDS
275 SEVENTH AVENUE
NEW YORK, NY 10001-6708

DEAR MR. LOFTUS,

RECENTLY I HAD ACCESS TO "THE INTERNET". I CAN'T QUITE REMEMBER WHAT I EXACTLY TYPED IN, BUT I THINK IT WAS A COMBINATION OF "KEYSTONE", "AIDS" AND/OR "HIV". EVENTUALLY I BECAME AWARE OF THE NAME, "ANNE DE GROOT".

I CALLED HER, AND SHE GAVE ME THE NAME OF "L.E. HENDERSON" OF FREDERICK, MARYLAND; SHE SPECIFICALLY MENTIONED ABSTRACT D4-127 OF THE "JOURNAL OF CELLULAR BIOCHEMISTRY", SUPPLEMENT 21B, 1995.

SHE ALSO GAVE ME THE ADDRESS AND TELEPHONE NUMBER OF THE KEYSTONE SYMPOSIA IN SILVERTHORNE, COLORADO.

I CALLED DR. LOUIS E. HENDERSON AND DR. JIM BENNETT, DIRECTOR OF THE KEYSTONE SYMPOSIA, AND NEITHER ONE OF THEM IS AWARE OF DISULFIRAM (ANTABUSE) BEING USED IN THE TREATMENT OF HIV/AIDS.

DR. HENDERSON'S ABSTRACT, PAGE 191 IS ENTITLED:

> "A NEW CLASS OF ANTI-VIRAL DRUGS ATTACK HIGHLY CONSERVED ZINC FINGERS IN RETROVIRAL NUCLEOCAPSID PROTEINS".

I DON'T KNOW WHETHER THIS HAS ANY RELEVANCE, BUT IN MY OWN RESEARCH I POINTED OUT THE FACT THAT ZINC WAS AN ESSENTIAL COMPONENT IN THE DIET OF ANYONE WHO DRANK ALCOHOL -

> "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....."
>
> ENCYCLOPAEDIA BRITANNICA, MACROPAEDIA, VOLUME 1, PAGE 438, 1974 EDITION

COULD A DIETARY DEFICIENCY OF ZINC EXACERBATE HIV/AIDS?

MR. LOFTUS, AT THIS POINT IN TIME I AM INTRIGUED AS TO THE SOURCE OF YOUR INFORMATION -

> ".....PRESENTATIONS ON DISULFIRAM ATTRACTED MUCH ATTENTION....."

SOON, I AM GOING TO FORWARD TO MS. PATRICIA S. FLEMING AND OTHERS AN UPDATE TO MY RESEARCH. IF I HAD SPECIFIC DATA FROM YOU IT WOULD BE MOST HELPFUL.

UNLESS I HEAR DIFFERENTLY FROM YOU I AM GOING TO ASSUME THAT THE "PRESENTATIONS ON DISULFIRAM" DELINEATED POSITIVE RESULTS SIMILAR TO THOSE

FOUND IN THE LANG STUDY ("THE LANCET", SEPTEMBER 24, 1988, PAGES 702-706); IN THIS CLINICAL TRIAL, LANG EMPLOYED A CHEMICAL "COUSIN" OF DISULFIRAM (ANTABUSE) - DITIOCARB; TO SUMMARIZE LANG'S FINDINGS:

1. 42% OF THE DITIOCARB RECIPIENTS SHOWED IMPROVEMENT IN THEIR CLINICAL STATUS AS COMPARED TO 5% IN THE PLACEBO GROUP.
2. THE CD4+ CELL COUNT INCREASED IN SOME OF THE PATIENTS.
3. ENLARGED SPLEEN AND LYMPH NODES SHRANK IN SOME OF THE PATIENTS.
4. DIARRHEA DISAPPEARED IN SOME OF THE PATIENTS.
5. SOME OF THE PATIENTS REGAINED WEIGHT.
6. PERSISTENT FEVERS DISAPPEARED IN SOME OF THE PATIENTS.

IF I AM CORRECT ABOUT MY ASSUMPTION THAT THE "PRESENTATIONS ON DISULFIRAM" DID INDEED LIST POSITIVE RESULTS, THIS THEN JUST MIGHT BE A TANGENTIAL CORROBORATION OF A HYPOTHESIS WHICH I PROPOSED TO CONGRESSMAN PETER J. VISCLOSKY OF INDIANA IN A LETTER DATED JANUARY 19, 1993; IN THAT LETTER I STATED:

"THE HUMAN BODY CAN BE POISONED WITH A HIGHLY TOXIC SUBSTANCE AND STILL SURVIVE AND THE NAME OF THAT SUBSTANCE IS ACETALDEHYDE."

"IT IS MY HYPOTHESIS THAT WHILE ACETALDEHYDE IS POISONING THE BODY, IT WILL AT THE SAME TIME DESTROY THE AIDS VIRUS."

SINCE 1993 I HAVE BECOME AWARE THAT THE CORRECT BIOLOGICAL TERM IS "INACTIVATE" NOT "DESTROY" WHEN REFERRING TO A VIRUS.

BOTH THE NATIONAL INSTITUTES OF HEALTH AND THE CENTERS FOR DISEASE CONTROL HAVE ACKNOWLEDGED TO ME THAT ACETALDEHYDE CAN INACTIVATE HIV.

IN MY RESEARCH I DESCRIBED TWO PROCEDURES ("INTENSIVE" AND "MILD") WHEREIN I THOUGHT ACETALDEHYDE MIGHT BE SAFELY EMPLOYED TO INACTIVATE HIV.

MY PRESENT GOAL IS TO TRY TO CONVINCE SOMEONE/SOMEWHERE WITH MEDICAL EXPERTISE AND/OR AUTHORITY TO CONDUCT A 16 WEEK CLINICAL TRIAL OF THE "MILD" PROCEDURE; TO RECAPITULATE IT BRIEFLY - IN THIS PROCEDURE THE PATIENT WOULD TAKE ANTABUSE TABLET ONCE A DAY, WOULD REFRAIN FROM DRINKING ALCOHOL, WOULD REFRAIN FROM EATING ANYTHING WITH SUGAR IN IT, WOULD REFRAIN FROM SMOKING CIGARETTES (SMOKING DEPLETES THE BODY OF VITAMIN C), WOULD REFRAIN FROM EATING FOODS WITH FOOD ADDITIVES SUCH AS MSG (MONOSODIUM GLUTAMATE), WOULD TAKE ZINC SUPPLEMENTS AND WOULD MAKE THESE FOODS PART OF HIS OR HER DIET - APPLES, BROCCOLI, GRAPES, GRAPEFRUIT, ORANGES, LEMONS, ONIONS, PEACHES, PEARS, PINEAPPLES, RASPBERRIES AND STRAWBERRIES.

IF MY HYPOTHESIS IS CORRECT, AND SINCE THESE FOODS NATURALLY CONTAIN ACETALDEHYDE, THERE SHOULD BE SOME SLIGHT IMPROVEMENT IN THE PATIENT'S HEALTH AFTER 16 WEEKS OF THIS REGIMEN.

YOURS TRULY,

John S. Roberts

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

COPIES TO:
MS. PATRICIA S. FLEMING, THE WHITE HOUSE
CONGRESSMAN PETER J. VISCLOSKY
PROFESSOR ANNE DE GROOT, M.D., BROWN UNIVERSITY
LOUIS E. HENDERSON, Ph.D., FREDERICK CANCER RESEARCH DEVELOPMENT CENTER
JAMES BENNETT, Ph.D., DIRECTOR, KEYSTONE SYMPOSIA

THE WHITE HOUSE

WASHINGTON

OCT 18 1995

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

Dear Mr. Roberts:

Thank you for your letter of September 18. I appreciate your interest in finding a cure for AIDS. This is a goal we all share most strongly.

It is important to assess any potential avenue of research. In their correspondence with you, the Office of AIDS Research at the National Institutes of Health has expressed its views regarding the potential of your proposed approach. Should any new information develop, I encourage you to share it with the NIH.

Thanks again for your interest.

Sincerely,

Patricia S. Fleming
Director
Office of National AIDS Policy

n:g1926

OCTOBER 1, 1995

MR. RICK LOFTUS, RESEARCH ASSOCIATE
CRIA
COMMUNITY RESEARCH INITIATIVE ON AIDS
275 SEVENTH AVENUE
NEW YORK, NY 10001-6708

DEAR MR. LOFTUS,

THANK YOU FOR YOUR LETTER OF SEPT. 21, 1995 (COPY ATTACHED).

IN MY LETTER WHICH I WRITE TO YOU TODAY I SHALL BE REFERRING TO A SEPTEMBER 4, 1995 LETTER WHICH I MAILED TO CONGRESSMAN PETER J. VISCLOSKY OF INDIANA AND VARIOUS OTHER SCIENTISTS, GOVERNMENT OFFICIALS AND ORGANIZATIONS; IT CONSISTS OF 17 PAGES.

IF PERCHANCE ANY OF THOSE TO WHOM I MAIL A COPY OF THIS LETTER (OCTOBER 1) DID NOT RECEIVE THAT SEPTEMBER 4 LETTER, JUST LET ME KNOW, AND I WILL MAIL TO THEM A COPY OF IT.

IN YOUR LETTER YOU STATE:

> "YOU ARE PROBABLY AWARE THAT PRESENTATIONS ON DISULFIRAM ATTRACTED MUCH ATTENTION DURING THE MOST RECENT KEYSTONE CONFERENCE ON AIDS PATHOGENESIS, THIS PAST SPRING."

I AM NOT AWARE OF THE "KEYSTONE CONFERENCE" AND ITS FINDINGS RELATIVE TO DISULFIRAM (ANTABUSE). WAS THE WORD "ACETALDEHYDE" EVER MENTIONED DURING THIS CONFERENCE? ON PAGE 7 OF MY SEPTEMBER 4 LETTER I STATED:

> "THUS FAR, I HAVE FAILED TO TURN UP ONE INSTANCE IN ANY OF THE PUBLISHED LITERATURE WHEREIN 'ACETALDEHYDE' IS MENTIONED IN THE SAME CONTEXT WITH 'HIV' AND/OR 'AIDS' AND/OR 'DITIOCARB'; ....."

WERE THE PRESENTATIONS AT THE KEYSTONE CONFERENCE PUBLISHED? IF SO, I WOULD BE MOST INTERESTED IN KNOWING THE SOURCE. MR. LOFTUS, ANY HELP WHICH YOU COULD AFFORD ME WOULD BE MUCH APPRECIATED.

IT IS MY PRESENT GOAL TO INTEREST SOMEONE/SOMEWHERE WITH MEDICAL EXPERTISE AND/OR AUTHORITY IN LAKE AND PORTER COUNTY, INDIANA AND COOK COUNTY, ILLINOIS TO INITIATE A CLINICAL TRIAL OF THE PROCEDURE WHICH I CALL ON PAGE 7 OF MY SEPTEMBER 4 LETTER -

> "A MILD APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV".

MY ULTIMATE GOAL, OF COURSE, IS TO HAVE INITIATED A CLINICAL TRIAL OF THE PROCEDURE WHICH I CALL ON PAGE 4 OF MY SEPTEMBER 4 LETTER -

> "AN INTENSIVE APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV".

IF SUCH A TRIAL EVER WOULD PROVE TO BE SUCCESSFUL, I SHALL BE INDEBTED TO PROFESSOR RUSSELL F. MANKES OF THE ALBANY MEDICAL COLLEGE AND RICHARD A. PASSWATER, Ph.D. OF THE SOLGAR NUTRITIONAL RESEARCH CENTER.

A JANUARY 1, 1993 NEWSPAPER ARTICLE, WHICH QUOTED PROFESSOR MANKES, MADE ME AWARE OF ACETALDEHYDE. AND, AS I STATED ON PAGE 4 OF MY SEPTEMBER 4 LETTER:

> "AS RICHARD A. PASSWATER, Ph.D., STATED ON PAGE 128 OF HIS BOOK, SUPER-NUTRITION (DIAL PRESS, 1975; POCKET BOOK, 1976):
>
> > 'A COMBINATION OF CERTAIN SULFUR AMINO ACIDS AND VITAMIN C GAVE 100 PERCENT PROTECTION AGAINST A STANDARD LETHAL DOSE OF ACETALDEHYDE IN LABORATORY RATS.' "

RECENTLY, DR. PASSWATER WAS KIND ENOUGH TO MAIL TO ME A COPY OF AN INTERVIEW HE HAD ON MAY 3, 1995 WITH DR. LUC MONTAGNIER, THE DISCOVERER OF HIV.

I HAVE ATTACHED A COPY OF THE FIRST PAGE, AND THE COMPLETE ARTICLE CAN BE FOUND ON PAGES 50-65, "WHOLE FOODS", SEPTEMBER, 1995.

MR. LOFTUS, IN YOUR LETTER YOU STATE:

> ".....THE USE OF SULFHYDRYL-CONTAINING COMPOUNDS TO INHIBIT HIV IS AN APPROACH THAT IS BEING TAKEN SERIOUSLY BY A NUMBER OF INVESTIGATORS NATIONWIDE."

THIS IS JUST A TANGENTIAL REFERENCE; HOWEVER, I WOULD LIKE TO POINT OUT THAT "THE SPRINCE RATIO", WHICH I MENTION OF PAGE 4 OF MY SEPTEMBER 4 LETTER, INCLUDES TWO SULFUR CONTAINING COMPOUNDS. AGAIN, "THE SPRINCE RATIO":

L-ASCORBIC ACID (VITAMIN C)	2.0
L-CYSTEINE FB (A SULFUR COMPOUND)	1.0
THIAMINE.HCL (A SULFUR COMPOUND)	.3

COULD ALL OF THIS HAVE SOMETHING TO DO WITH THE "INTERNAL RESPIRATION" OF EACH CELL WHICH INVOLVES THE "CITRIC ACID CYCLE" AND "ACETYL COENZYME A"?

> "ACETYL COENZYME A (Co A), ACETYL DERIVATIVE OF COENZYME A, A SULFUR-CONTAINING NUCLEOTIDE, THAT IS A PRECURSOR IN THE METABOLISM OF FATTY ACIDS, CARBOHYDRATES, AND PROTEINS, BEING AN IMPORTANT INTERMEDIATE IN THE KREBS' CYCLE. COENZYME A FUNCTIONS AS A CARRIER OF THE 2-CARBON ACETYL GROUP, WHICH IS ATTACHED TO THE SULFUR GROUP." (UNDERLINING MINE)
>
> THE RANDOM HOUSE ENCYCLOPEDIA, PAGE 1880, 1977 EDITION

MR. LOFTUS, THANKS AGAIN FOR YOUR LETTER, AND, NEEDLESS TO SAY, I AM MOST CURIOUS TO KNOW THE FINDINGS OF THE KEYSTONE CONFERENCE REGARDING DISULFIRAM (ANTABUSE).

P.S. PROFESSOR MANKES' REFERENCE TO ACETALDEHYDE HAD TO DO WITH A "HANGOVER".

> "THE HEADACHE, UPSET STOMACH AND BAD AFTERTASTE THAT ACCOMPANY A HANGOVER COME FROM THE TOXIC BY-PRODUCT OF ALCOHOL, A CHEMICAL CALLED ACETALDEHYDE, SAID RUSSELL MANKES, ASSOCIATE PROFESSOR OF TOXICOLOGY AND PHARMACOLOGY AT THE ALBANY MEDICAL COLLEGE".

DR. PASSWATER'S REFERENCE TO ACETALDEHYDE WAS IN THE CONTEXT OF A PARAGRAPH ENTITLED "VITAMIN C DETOXIFIES POISONS".

YOURS TRULY,

John S. Roberts

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

COPIES TO:

PRESIDENT CLINTON, THE WHITE HOUSE
CONGRESSMAN PETER J. VISCLOSKY, INDIANA
MS. PATRICIA S. FLEMING, NATIONAL AIDS POLICY COORDINATOR, THE WHITE HOUSE
PROFESSOR RUSSELL F. MANKES, Ph.D., THE ALBANY MEDICAL COLLEGE, NEW YORK
RICHARD A. PASSWATER, Ph.D., SOLGAR NUTRITIONAL RESEARCH CENTER, BERLIN, MARYLAND
JEAN-MARIE LANG, HÔPITAL HAUTEPIERRE, STRASBOURG, FRANCE
JACK WHITESCARVER, Ph.D., NATIONAL INSTITUTES OF HEALTH, OFFICE OF AIDS RESEARCH
DAVID SATCHER, M.D., Ph.D., DIRECTOR, CENTERS FOR DISEASE CONTROL, ATLANTA
MS. JEANNE WHITE, PRESIDENT, RYAN WHITE MEMORIAL FOUNDATION, NOBLESVILLE, INDIANA
AmFAR, NEW YORK CITY, ATTENTION: JEFFREY LAURENCE, M.D., AND ELIZABETH TAYLOR
PEDIATRIC AIDS FOUNDATION, SANTA MONICA, CALIFORNIA
BERNADINE HEALY, M.D., CLEVELAND CLINIC FOUNDATION
MS. BRENDA LEIN, PROJECT INFORM, SAN FRANCISCO
JOHN S. JAMES, AIDS TREATMENT NEWS, SAN FRANCISCO
LARRY KRAMER, NEW YORK CITY
PETER S. ARNO, Ph.D., MONTEFIORE MEDICAL CENTER, NEW YORK CITY
STEPHEN JAY GOULD, HARVARD UNIVERSITY
ACT-UP, NEW YORK CITY
BRIAN JANKOWSKI, NEW YORK CITY
MICHAEL T. JAMES, THE KUPONA NETWORK, CHICAGO
DAVID BRUDNOY, RADIO STATION WBZ, BOSTON
DAVID GOLD, GMHC, NEW YORK CITY
MS. EILEEN DURKIN, HOWARD BROWN MEMORIAL CLINIC, CHICAGO
CORAL DRANE, MEDICAL RESEARCH COUNCIL, LONDON
PROFESSOR SUBBIAH SIVAM, Ph.D., INDIANA UNIVERSITY SCHOOL OF MEDICINE, GARY
DAVID ROSS, VOLUNTEER SERVICES, MUSEUM OF SCIENCE AND INDUSTRY, CHICAGO
PROFESSOR PAUL A. VOLBERDING, M.D., DIRECTOR, AIDS PROGRAM, SAN FRANCISCO GENERAL HOS
PROFESSOR STEVEN M. WOLINSKY, M.D., DIVISION OF INFECTIOUS DISEASES,
NORTHWESTERN UNIVERSITY MEDICAL SCHOOL, CHICAGO
PROFESSOR PHYLLIS J. KANKI, DVM, SD, HARVARD SCHOOL OF PUBLIC HEALTH
PROFESSOR ROBERT L. MURPHY, M.D., MEDICAL DIRECTOR, HIV/AIDS TREATMENT CENTER,
NORTHWESTERN UNIVERSITY MEDICAL SCHOOL, CHICAGO
PROFESSOR HERMINIA PALACIO, M.D., MPll, AIDS PROGRAM, SAN FRANCISCO GENERAL HOSPITAL
DONALD P. FRANCIS, M.D., D.Sc., MEDICAL AFFAIRS DEPARTMENT, GENETECH, SAN FRANCISCO
MS. BETTY STERN, CHICAGO
DAVID B., GARY
MRS. JANE SCHROEDER, MERRILLVILLE
MS. JEAN LUBECKIS, LANSING, ILLINOIS
F. RITCHEY EIBEL AND JOHN H. BETJEMANN, THE METHODISTS HOSPITALS, NORTHWEST INDIANA
MRS. JOYCE NORRIS, ACWORTH, GEORGIA
ROBERT ERB, LAKE COUNTY AIDS TASK FORCE, INDIANA
DR. LUC MONTAGNIER, INSTITUT PASTEUR, PARIS

AND _____

Sept. 21, 1995

Mr. John S. Roberts
POB H
Hobart IN 46342

Dear Mr. Roberts,

Thank you for your information regarding disulfiram and acetaldehydes for HIV infection.

As you may know, CRIA is involved in a number of independent clinical trials of potential AIDS treatments for all people with HIV. We are studying salicylic acid derivatives as anti-HIV agents, as well as cyclophosphamide to inhibit HIV-associated B-cell hyperactivity. While ongoing work prevents us from initiating any new trials at the moment, we are always on the lookout for new ideas.

You are probably aware that presentations on disulfiram attracted much attention during the most recent Keystone conference on AIDS pathogenesis, this past spring. While I am not aware of any human trials having sprung from this research--at least not yet-- the use of sulfhydryl-containing compounds to inhibit HIV is an approach that is being taken seriously by a number of investigators nationwide.

Sincerely,

Rick Loftus

Rick Loftus, research associate

Community Research Initiative on AIDS
275 Seventh Avenue, New York, NY 10001-6708 Phone: 212/924-3934 Fax: 212/924-3936

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Antioxidant Nutrients and AIDS: Exploring the Possibilities

An interview with Dr. Luc Montagnier, the discoverer of HIV.

BY RICHARD A. PASSWATER, PH.D.

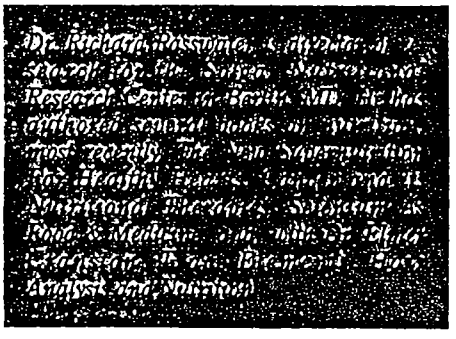
It doesn't seem like too many years ago that we learned of a dreadful new and mysterious disease that threatened to wipe out mankind. Little was known about this new disease, except that it was spreading rapidly. Some projected that it would be killing us by the millions within a few years and bankrupting our health care system along the way.

Fortunately, this hasn't happened, and a large part of the reason why it has not is due to Dr. Luc Montagnier of the Pasteur Institute in Paris. He and his colleagues discovered the cause of the disease we now call Acquired Immune Deficiency Syndrome (AIDS) and determined how it's transmitted.

AIDS was formally recognized as a new disease on June 5, 1981 when the Centers for Disease Control (CDC) reported that five Los Angeles men had developed an unexplained immune deficiency. It is characterized as the breakdown of the body's immune system due to the decrease of selected cells in the immune system. This decrease results in defects in immune function which then allows "opportunistic" infections that cannot infect people with healthy immune systems to readily infect and soon kill AIDS patients.

During 1980, there were a few reports of certain diseases such as rare cancers and infections leading to quick "wasting" of the patient and rapid death.[1,2] There particularly was an increase in cases of Pneumocystis carinii pneumonia and herpes simplex. This was followed by an increase in the incidence of Kaposi's sarcoma.

The CDC established a task force led by Dr. James Curran to look for other cases, present and past, and to learn what they could about these alarming new reports. At that time, the earliest confirmed case they could find occurred in 1978. As the number of similar reports increased, they were recognized as a common disorder of the immune system in 1981. It was found that these patients had a depletion of certain white blood cells that play a critical role in defending the body against invading organisms. These cells were formerly called T4-helper lymphocytes, but now by international convention are called CD4 lymphocytes. (CD stands for cluster of differentiation markers.) Because immunology knowledge is rapidly expanding and terminology is perplexing and changing, a glossary for the relevant terms used in this discussion is provided on Page 63.



Later investigation has identified several other immune changes, but the depletion of CD4 lymphocytes has been related to AIDS ever since its first description. With the dramatic reduction in the number of CD4 lymphocytes, the ratio of CD4 to CD8 cells changes; this is often used as a marker of the disease progress.

Thanks to the research of Dr. Montagnier and his colleagues, the cause of this mysterious disease which behaved differently from normal viral or bacterial infections, was uncovered relatively quickly in 1983.[3] As a result, most of us don't have to worry about this disease and we don't give much thought to Dr. Montagnier's discovery. As an example, you can receive a blood transfusion today and not have to worry about Human Immune Deficiency Virus (HIV) which is the virus that causes AIDS, being transmitted to you in the blood you receive. The fact that a test had been developed to detect HIV in blood was a comforting thought to me when I needed blood a few years ago.

'I estimate that Dr. Montagnier's discovery has saved more than two million lives worldwide and about 400,000 in America.'

Even those who are at high risk owe a huge "thank you" to Dr. Montagnier because his discovery of both HIV-1 and HIV-2 strains of the virus has led to protective preventive measures.

HIV is an unusual virus. It is a retrovirus which means that it reverses the normal pattern of replication. Its genetic material contains only RNA instead of DNA. Retroviruses depend on an enzyme called reverse transcriptase to use the genetic material in the white blood cells that they infect to make the proteins needed for the virus to survive. In essence, the HIV turns the

DATE: _ _ _ _ _ _ _ _ _

TO: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

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ATTENTION: ANYONE WHO MIGHT BE CONCERNED ABOUT AIDS

I WANT TO MAKE YOU AWARE OF MY RESEARCH PERTAINING TO HIV/AIDS (SEE ATTACHED).

MY CURRENT GOAL IS TO CONVINCE SOMEONE/SOMEWHERE WITH MEDICAL EXPERTISE AND/OR AUTHORITY TO INITIATE A CLINICAL TRIAL THAT WOULD USE THE CHEMICAL KNOWN AS "ANTABUSE".

THE PURPOSE OF SUCH A TRIAL WOULD BE TO SEE IF THE SUFFERING OF CHILDREN AFFLICTED WITH AIDS COULD BE ALLEVIATED BY UTILIZING A PROCEDURE THAT I CALL:

"A MILD APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV".

MY KNOWLEDGE OF BIOLOGY AND DISEASES IS MINIMAL; HOWEVER, I AM GOING TO ASSUME THAT THE SYMPTOMS OF HIV/AIDS INFECTION WHICH APPEAR IN CHILDREN WOULD BE SIMILAR TO THOSE APPEARING IN ADULTS.

THE SYMPTOMS OF WHICH I SPEAK ARE:

1. ENLARGED SPLEEN AND LYMPH NODES
2. DIARRHEA
3. WEIGHT LOSS
4. PERSISTENT FEVER

IF MY THINKING IS CORRECT, A SLIGHT DIMINUTION OF THESE SYMPTOMS SHOULD APPEAR DURING THE COURSE OF THE TRIAL (16 WEEKS).

IN ADDITION, THERE MIGHT BE A SLIGHT INCREASE IN THE CD4-POSITIVE LYMPHOCYTES (T-HELPER CELLS).

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

SEPTEMBER 4, 1995

THE HONORABLE PETER J. VISCLOSKY
HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

ATTACHED IS A COPY OF YOUR LETTER TO ME DATED AUGUST 22, 1995.

I AM NOT ASKING YOU TO PROCEED ANY FURTHER ON MY BEHALF.

I WANT TO THANK YOU FOR THE HELP YOU HAVE AFFORDED ME OVER THE PAST 3½ YEARS.

I WRITE THIS LETTER SOLELY FOR THE PURPOSE OF ESTABLISHING IT AS THE MEANS BY WHICH I HOPE TO INFLUENCE SOMEONE/SOMEWHERE WITH MEDICAL EXPERTISE AND/OR AUTHORITY TO INITIATE A CLINICAL TRIAL WHICH WOULD UTILIZE THE CHEMICAL COMMONLY KNOWN AS "ANTABUSE". THE OBJECTIVE OF SUCH A TRIAL WOULD BE TO SEE IF THE INCREASED AMOUNT OF UNMETABOLIZED ACETALDEHYDE IN THE BLOODSTREAM, DUE TO THE PRESENCE OF ANTABUSE IN THE LIVER, WOULD HAVE ANY EFFECT ON INACTIVATING THE VIRUS WHICH CAUSES AIDS - HIV.

BEFORE I PROCEED FURTHER, I AM GOING TO ASSUME THAT SOMEONE MIGHT READ THIS LETTER AND NOT KNOW WHAT ANTABUSE IS AND WHAT IT DOES. I WISH TO OFFER A BRIEF EXPLANATION.

IN ORDER TO QUENCH THE ALCOHOLIC'S CRAVING FOR A DRINK, PHYSICIANS PRESCRIBE ANTABUSE.

IT IS HOPED THAT IF THE ALCOHOLIC KNOWS, IN THE BACK OF HIS MIND, WHAT TERRIBLE CONSEQUENCES WILL ENSUE IF HE TAKES A DRINK, WHILE ANTABUSE IS IN HIS SYSTEM, HE WILL REFRAIN FROM DRINKING - HENCE THE TERM, "AVOIDANCE THERAPY".

HERE IS WHAT COULD HAPPEN IF YOU COMBINE ALCOHOL AND ANTABUSE -

> "DISULFIRAM (ANTABUSE) IS A DRUG TO TREAT ALCOHOLISM. WHEN ALCOHOL IN THE BLOODSTREAM INTERACTS WITH DISULFIRAM, IT CAUSES A FLUSHED FACE, SEVERE HEADACHE, CHEST PAINS, SHORTNESS OF BREATH, NAUSEA, VOMITING, SWEATING AND WEAKNESS. SEVERE REACTIONS MAY CAUSE DEATH....."
>
> PAGE 976, COMPLETE GUIDE TO PRESCRIPTION & NON-PRESCRIPTION DRUGS, H. WINTER GRIFFITH, M.D., THE PUTNAM PUBLISHING GROUP, NEW YORK, 1993

LET'S SUPPOSE THE ALCOHOLIC HAS BEEN TAKING ANTABUSE ON A DAILY BASIS BUT ONE DAY DECIDES -

> "AH, TO HELL WITH IT. I'M GOING TO TAKE A DRINK. I DON'T GIVE A DAMN WHAT ANYONE SAYS OR THINKS."

HE COULD STOP TAKING ANTABUSE, BUT HE WOULD HAVE TO WAIT ABOUT A WEEK BEFORE HE COULD START DRINKING AND NOT BE IN DANGER OF EXPERIENCING "THE ANTABUSE REACTION". IT TAKES THE BODY ABOUT A WEEK'S TIME TO "FLUSH OUT" COMPLETELY ALL OF THE ANTABUSE THAT HAS BEEN SWALLOWED.

SCIENTIFICALLY, I COULD SAY THAT WHEN A PATIENT SWALLOWS ANTABUSE "RAPID INTRACELLULAR PENETRATION" TAKES PLACE IN THE LIVER; IN ADDITION, ANTABUSE HAS A SLOW RATE OF METABOLISM - UP TO SEVEN DAYS.

I AM NOT GOING TO SAY THIS. FROM NOW ON I WILL SAY - WHEN A PERSON SWALLOWS ANTABUSE HE "PLUGS UP" HIS LIVER WITH ANTABUSE. AS I WRITE THIS LETTER I AM NOT AWARE OF ANY ILL EFFECTS WHICH WOULD BE CAUSED BY PLUGGING UP THE LIVER WITH ANTABUSE, OTHER THAN THE FACT THAT ALCOHOL SHOULD BE AVOIDED.

WHAT OCCURS IN THE BODY WHEN ANTABUSE IS IN THE LIVER AND A DRINK IS DRUNK? WHAT CAUSES THE SEVERE REACTION TO ALCOHOL?

ALCOHOL IS BROKEN DOWN (METABOLIZED) IN THE FOLLOWING WAY:

> "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. THE ALCOHOL MOLECULE IS CONVERTED BY THIS ACTION TO ACETALDEHYDE, ITSELF A HIGHLY TOXIC SUBSTANCE, BUT THIS IS IMMEDIATELY ACTED UPON BY ANOTHER ENZYME, ALDEHYDE DEHYDROGENASE, AND CONVERTED TO ACETATE, MOST OF WHICH ENTERS THE BLOODSTREAM AND IS ULTIMATELY OXIDIZED TO CARBON DIOXIDE AND WATER."
>
> PAGE 438, ENCYCLOPAEDIA BRITANNICA, MACROPAEDIA, VOLUME 1, 1974 EDITION

THE "JOURNAL OF APPLIED TOXICOLOGY", OCTOBER, 1991, PAGE 374 STATES THAT "THE HALF-LIFE OF ACETALDEHYDE IN THE BLOOD WAS ESTIMATED AS 3.1 MIN."; THIS FIGURE WAS DERIVED FROM EXPERIMENTS UPON RATS, BUT I AM ASSUMING THAT IT IS NEARLY THE SAME FOR HUMAN BEINGS.

I AM NOT GOING INTO SCIENTIFIC DETAIL, BUT I WILL SAY THAT BY UTILIZING THIS HALF-LIFE FIGURE THE CONCLUSION IS THAT ACETALDEHYDE "A HIGHLY TOXIC SUBSTANCE" IS QUICKLY CHANGED (METABOLIZED) IN THE HUMAN BODY INTO SOMETHING HARMLESS WITHIN ¼ HOUR'S TIME.

WHEN THE LIVER IS PLUGGED UP WITH ANTABUSE, THIS CANNOT HAPPEN. ACETALDEHYDE CANNOT BE QUICKLY CHANGED INTO SOMETHING HARMLESS. IT REMAINS "UNMETABOLIZED" AND FLOWS THROUGH THE BLOODSTREAM AS A TOXIC POISON FOR A PERIOD OF HOURS.

THIS IS WHAT CAUSES THE SEVERE REACTION TO ALCOHOL WHEN ANTABUSE IS PLUGGING UP THE LIVER - A TOXIC POISON, ACETALDEHYDE, IS FLOWING IN THE BLOOD, AND THE BODY IS TRYING TO COPE WITH IT AS BEST AS IT CAN. SOMETIMES FAILURE RESULTS AND DEATH ENSUES.

ATTACHED IS A COPY OF THE AUGUST 9, 1995 LETTER WHICH JACK WHITESCARVER, Ph.D. SENT TO YOU, CONGRESSMAN VISCLOSKY.

BOTH THE CENTERS FOR DISEASE CONTROL AND NATIONAL INSTITUTES OF HEALTH HAVE ACKNOWLEDGED THAT HIV, THE VIRUS WHICH CAUSES AIDS, CAN BE INACTIVATED IN THE TEST TUBE BY ACETALDEHYDE -

> "ALL THE ALDEHYDES ARE CAPABLE OF INACTIVATING HIV; HOWEVER, THEIR ACTUAL EFFECTIVENESS DEPENDS ON THE CONCENTRATION USED."
>
> CENTERS FOR DISEASE CONTROL LETTER TO ME, DATED FEBRUARY 1,1995

> "THE FACT THAT ACETALDEHYDE INACTIVATES THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN TEST TUBE EXPERIMENTS DOES NOT NECESSARILY MAKE IT A GOOD CANDIDATE FOR ANTI-HIV THERAPY IN HUMANS."
>
> DR. WHITESCARVER'S LETTER

PAGE 22

I AM GOING TO ASSUME THAT THE WORDS "INACTIVATE" AND "DESTROY" ARE ALMOST SYNONYMOUS.

THE KEY QUESTION, OF COURSE, IS:

CAN ACETALDEHYDE "INACTIVATE" HIV IN A LIVING HUMAN BEING?

THE NATIONAL INSTITUTES OF HEALTH IS THE ONLY GOVERNMENTAL AGENCY WHICH CAN INITIATE AND CONDUCT A CLINICAL TRIAL; UNDERSTANDABLY, IT IS UNWILLING TO EXPERIMENT WITH ACETALDEHYDE BECAUSE, AS DR. WHITESCARVER STATES:

> "THE HIGH TOXICITY OF ACETALDEHYDE MAKES IT A SIGNIFICANTLY LESS DESIRABLE CANDIDATE FOR USE IN INDIVIDUALS WHO SUFFER FROM SEVERELY WEAKENED IMMUNE SYSTEMS AND WHO ARE PRONE TO CONTRACTING NUMEROUS OPPORTUNISTIC INFECTIONS AND MALIGNANCIES."

LET US SUPPOSE, FOR ARGUMENT'S SAKE, THAT ACETALDEHYDE CAN INACTIVATE HIV IN THE LIVING HUMAN BEING.

THE KEY QUESTION, OF COURSE, IS:

HOW COULD ACETALDEHYDE'S TOXICITY BE AMELIORATED OR NEGATED?

IN LATE JUNE OF THIS YEAR I LOCATED AND READ A SCIENTIFIC STUDY WHICH WAS CONDUCTED 20 YEARS AGO; THE STUDY DEALT WITH EXPERIMENTAL RESEARCH UPON RATS; THE PURPOSE OF THIS RESEARCH WAS TO DETERMINE THE EFFECTIVENESS WHICH CERTAIN SUBSTANCES MIGHT HAVE IN PROTECTING THESE RATS AGAINST THE TOXICITY OF ACETALDEHYDE POISONING; THE NAME OF THE STUDY IS:

> "PROTECTIVE ACTION OF ASCORBIC ACID AND SULFUR COMPOUNDS AGAINST ACETALDEHYDE TOXICITY: IMPLICATIONS IN ALCOHOLISM AND SMOKING"

AND IT IS BY HERBERT SPRINCE AND HIS ASSOCIATES, AND IT IS FOUND IN "AGENTS AND ACTIONS" 5(2) 164-73, MAY 75.

MY KNOWLEDGE OF BIOLOGY IS MINIMAL; HOWEVER, IT IS MY IMPRESSION THAT IF A CERTAIN RESULT CAN BE OBTAINED FROM AN EXPERIMENT UPON RATS, THIS SAME RESULT JUST POSSIBLY MIGHT BE ACHIEVED IF HUMAN BEINGS WERE THE OBJECT OF THE EXPERIMENT.

I AM GOING TO ASSUME THAT THE SPRINCE STUDY HAS APPLICABILITY TO THE HUMAN CONDITION. I THINK THAT HIS CONCLUSION AND "RATIO" SHOULD BE GIVEN SERIOUS CONSIDERATION.

THE SPRINCE CONCLUSION:

> "TO THE BEST OF OUR KNOWLEDGE, OUR FINDINGS DEMONSTRATE FOR THE FIRST TIME THAT DIRECT (SPRINCE'S EMPHASIS) PROTECTIVE ACTION AGAINST ACETALDEHYDE TOXICITY AND LETHALITY CAN BE OBTAINED WITH CERTAIN NATURALLY-OCCURRING METABOLITES, NAMELY L-ASCORBIC ACID, L-CYSTEINE, AND THIAMIN, PREFERABLY IN COMBINATION AT REDUCED DOSE LEVELS."

"THE SPRINCE RATIO":

L-ASCORBIC ACID (VITAMIN C)	2.0
L-CYSTEINE FB (A SULFUR COMPOUND)	1.0
THIAMINE.HCL (A SULFUR COMPOUND)	.3

I WISH TO QUOTE SPRINCE'S ABSTRACT IN FULL:

"ACETALDEHYDE IS A TOXIC SUBSTANCE COMMON TO HEAVY DRINKING OF ALCOHOL AND HEAVY SMOKING OF CIGARETTES. IT HAS BEEN IMPLICATED THEREBY IN DISEASES OF THE CARDIOVASCULAR, REPIRATORY, AND CENTRAL NERVOUS SYSTEMS. PROTECTION AGAINST ACETALDEHYDE TOXICITY (i.e. ANESTHESIA AND LETHALITY) WAS STUDIED IN RATS BY ORAL INTUBATION OF TEST COMPOUNDS 30-45 MINUTES PRIOR TO ORAL INTUBATION OF A STANDARDIZED ORAL LD 90 DOSE (18 MILLIMOLES/KILOGRAM) OF ACETALDEHYDE. ANIMALS WERE MONITORED FOR ANESTHESIA (LOSS OF RIGHTING REFLEXES) AND LETHALITY FOR 72 HOURS. A TOTAL OF 18 COMPOUNDS WAS TESTED. L-ASCORBIC ACID AT 2 MILLIMOLES/KILOGRAM (mM/kg) SHOWED MODERATE PROTECTION AGAINST ANESTHESIA AND MARKED PROTECTION AGAINST LETHALITY. GREATEST PROTECTION AGAINST ANESTHESIA AND LETHALITY WAS OBTAINED AT 2mM/kg WITH EACH OF THE FOLLOWING: L-CYSTEINE, N-ACETYL-L-CYSTEINE, THIAMINE.HCL, SODIUM METABISULFITE, AND L-CYSTEIC ACID. A COMBINATION OF L-ASCORBIC ACID WITH L-CYSTEINE, AND THIAMIN.HCL AT REDUCED DOSE LEVELS (2.0, 1.0 AND 0.3 mM/kg, RESPECTIVELY) GAVE VIRTUALLY COMPLETE PROTECTION. A DETAILED LITERATURE REVIEW IS PRESENTED OF THE RATIONALE AND SIGNIFICANCE OF THESE FINDINGS. OUR FINDINGS COULD POINT THE WAY TO A POSSIBLE BUILD-UP OF NATURAL PROTECTION AGAINST THE CHRONIC BODY INSULT OF ACETALDEHYDE ARISING FROM HEAVY DRINKING OF ALCOHOL AND HEAVY SMOKING OF CIGARETTES."

IN ADDITION, I HAVE ATTACHED A COPY OF PAGE 166 OF THE SPRINCE STUDY. LOOK AT COMBINATION "CB3". NONE OF THESE RATS WERE DEAD AFTER 72 HOURS. IN FACT, THE WORST THING THAT OCCURRED TO THEM WAS THAT OUT OF 30 ONLY 3 RATS BECAME ANESTHETIZED AFTER 3-10 MINUTES.

AS RICHARD A. PASSWATER, Ph.D., STATED ON PAGE 128 OF HIS BOOK, <u>SUPER-NUTRITION</u> (DIAL PRESS, 1975; POCKET BOOK, 1976):

"A COMBINATION OF CERTAIN SULFUR AMINO ACIDS AND VITAMIN C GAVE 100 PERCENT PROTECTION AGAINST A STANDARD LETHAL DOSE OF ACETALDEHYDE IN LABORATORY RATS."

AT THIS TIME I WOULD LIKE TO PROPOSE A CLINICAL TRIAL OF A PROCEDURE WHICH I LABEL "AN INTENSIVE APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV".

1. CONDUCT THE CLINICAL TRIAL FOR SIXTEEN WEEKS.

2. FIRST, HAVE THE PATIENT PLUG UP HIS LIVER WITH ANTABUSE; FOLLOW THE REGIMEN RECOMMENDED BY THE <u>PHYSICIANS' DESK REFERENCE</u>, PAGE 2642, 1995 EDITION FOR THE TREATMENT OF ALCOHOLISM:

PAGE 24

A. THE TABLET SHOULD BE "PREFERABLY CRUSHED AND WELL MIXED WITH LIQUID".

B. "INITIAL DOSAGE SCHEDULE - IN THE FIRST PHASE OF TREATMENT, A MAXIMUM OF 500 mg DAILY IS GIVEN IN A SINGLE DOSE (SWALLOWED) FOR ONE TO TWO WEEKS." (TO BE SURE THE LIVER IS TOTALLY PLUGGED UP, UTILIZE TWO WEEKS; ALSO BE SURE TO TELL THE PATIENT TO AVOID ALCOHOL DURING THIS TIME).

C. "MAINTENANCE REGIMEN - THE AVERAGE MAINTENANCE DOSE IS 250mg DAILY (RANGE, 125 TO 500mg); IT SHOULD NOT EXCEED 500mg DAILY." (THIS SHOULD BE DONE EVERYDAY THROUGHOUT THE FOURTEEN REMAINING WEEKS OF THE TRIAL).

(OF COURSE, ALL QUANTITIES AND TIME PERIODS WHICH I MENTION IN THIS LETTER ARE ARBITRARY AND SUBJECT TO CHANGE; MEDICAL EXPERTISE WOULD DICTATE WHAT IS BEST; HOWEVER, THERE IS ONE CONSTANT WHICH WILL REMAIN INVARIABLE - THE SPRINCE RATIO.)

(I AM GOING TO ASSUME THAT IT TAKES 4 HOURS FOR A PLUGGED UP LIVER TO METABOLIZE (CHANGE INTO SOMETHING HARMLESS) THE ACETALDEHYDE THAT IS ENGENDERED IN THE HUMAN BODY AFTER 1 Oz. (A SHOT) of 100 PROOF ALCOHOL IS DRUNK.)

3. THE TRIAL WILL TAKE PLACE AT A PHYSICIAN'S OFFICE OR CLINIC; FOR FOURTEEN WEEKS THE PATIENT WILL REPORT TWICE A WEEK, LET'S SAY MONDAY AND THURSDAY; THE PATIENT WILL BE TOLD THAT TREATMENT WILL LAST ALL MORNING OR ALL AFTERNOON.

4. BEGIN THE TRIAL THUSLY - HAVE THE PATIENT INGEST L-ASCORBIC ACID (VITAMIN C), L-CYSTEINE FB AND THIAMINE.HCL; MEDICAL EXPERTISE WOULD DETERMINE THE AMOUNT; HOWEVER, THE SPRINCE RATIO WOULD BE ADHERED TO.

5. 30 TO 45 MINUTES LATER, ADMINISTER ALCOHOL IN THE MANNER DESCRIBED BY THE PHYSICIANS' DESK REFERENCE, PAGE 2642:

"....A DRINK OF 15 mL (½ oz) OF 100 PROOF WHISKEY, OR EQUIVALENT, IS TAKEN SLOWLY. THIS TEST DOSE OF ALCOHOLIC BEVERAGE MAY BE REPEATED ONCE ONLY, SO THAT THE TOTAL DOSE DOES NOT EXCEED 30 mL (1 oz) OF WHISKEY. ONCE A REACTION DEVELOPS, NO MORE ALCOHOL SHOULD BE CONSUMED. SUCH TESTS SHOULD BE CARRIED OUT ONLY WHEN THE PATIENT IS HOSPITALIZED, OR COMPARABLE SUPERVISION AND FACILITIES, INCLUDING OXYGEN, ARE AVAILABLE."

6. LET US SUPPOSE THAT IT TAKES AN HOUR FOR L-ASCORBIC ACID, L-CYSTEINE FB AND THIAMINE.HCL TO BE METABOLIZED COMPLETELY. WOULDN'T IT BE A GOOD IDEA THEN TO ADMINISTER A "BOOSTER" OF THIS COMBINATION EVERY ½ HOUR DURING THE 4 HOUR PERIOD? - SO THAT THE PROTECTIVE "CUSHION" AFFORDED BY THESE SUBSTANCES AGAINST POISONOUS, UNMETABOLIZED ACETALDEHYDE WOULD NOT BE DISSIPATED. IN THE MEANWHILE, DURING THIS 4 HOUR PERIOD, MILLIONS OF AIDS VIRUSES ARE BEING INACTIVATED BY THIS SAME, POISONOUS, UNMETABOLIZED ACETALDEHYDE.

7. CHECK THE RESULTING "T-HELPER CELL" COUNT AS THE TREATMENT PROGRESSES.

DR. WHITESCARVER STATES:

"MR. ROBERTS CONTENDS THAT THE LANG STUDY PRODUCED POSITIVE RESULTS BECAUSE PATIENTS WHO PARTICIPATED IN THE STUDY MAY HAVE DISREGARDED PROTOCOL PROHIBITIONS ON ALCOHOL CONSUMPTION, WHICH WOULD RAISE LEVELS OF ACETALDEHYDE TO TOXIC LEVELS. DR. LANG, HOWEVER, NEVER SUGGESTED THAT A SIGNIFICANT NUMBER OF HIS PATIENTS DEVIATED FROM THE PROTOCOL REGIMEN."

ON SEVERAL OCCASIONS I MAILED TO JEAN-MARIE LANG, HÔPITAL HAUTEPIERRE, STRASBOURG, FRANCE, COPIES OF MY RESEARCH. I NEVER ELICITED A RESPONSE FROM HIM.

IF DR. WHITESCARVER IS PRIVY TO ADDITIONAL INSIGHTS OF DR. LANG OTHER THAN THOSE PUBLISHED IN HIS ARTICLE, I WOULD APPRECIATE KNOWING ABOUT IT.

AN EXAMINATION OF THE LANG ARTICLE REVEALS THAT THE WORDS "WINE", "ALCOHOL" AND "ACETALDEHYDE" NEVER APPEAR.

AN EXAMINATION OF THE LANG ARTICLE REVEALS THAT A SENTENCE LIKE THIS NEVER APPEARS:

"SINCE DITIOCARB IS SIMILAR TO ANTABUSE, WE WARNED OUR PATIENTS TO REFRAIN FROM DRINKING WINE; WE TOLD THEM THAT IF THEY DID DRINK WINE THEY COULD BECOME VERY SICK."

THE LANG STUDY IS A COMPILATION OF RESEARCH WHICH OCCURRED AT SIX DIFFERENT LOCALES IN FRANCE.

WHEN THE SCIENTISTS COMBINED THEIR DATA, THIS IS ONE OF THE FACTS THAT APPEARED - 19% OF THE PATIENTS WHO RECEIVED DITIOCARB EXPERIENCED NAUSEA COMPARED TO 3% WHO RECEIVED PLACEBO.

IN ALL OF THE DESCRIPTIONS WHICH I HAVE READ ABOUT "THE ANTABUSE REACTION" THERE IS ONE WORD THAT INVARIABLY APPEARS - "NAUSEA".

WHEN I NOTICED THIS 19% FIGURE I GOT THE HUNCH THAT SOME OF THESE FRENCH PATIENTS MIGHT HAVE EXPERIENCED THE ANTABUSE REACTION.

THE DRINKING OF WINE SO PERMEATES THE CULTURE OF FRANCE THAT I THINK THE RESEARCHERS SIMPLY FORGOT TO TAKE IT INTO ACCOUNT AS A FACTOR.

DR. WHITESCARVER STATES:

"THERE COULD BE MANY EXPLANATIONS FOR THE PRELIMINARY FINDINGS THAT HAVE LITTLE OR NOTHING TO DO WITH THE PHARMACOLOGICAL ACTIVITY OF DITIOCARB OR ACETALDEHYDE. THERE IS NO EVIDENCE TO DATE TO SUSPECT THAT INCREASED LEVELS OF ACETALDEHYDE WERE RESPONSIBLE FOR THE OBSERVED RESULT."

AFTER THE LANG STUDY, THREE OTHER MAJOR "DOUBLE-BLIND", "PLACEBO-CONTROLLED" STUDIES WERE CONDUCTED RELATIVE TO HIV/AIDS. THE WORD "ACETALDEHYDE" IS NEVER MENTIONED IN ANY OF THESE STUDIES. THUS FAR, I HAVE FAILED TO TURN UP ONE INSTANCE IN ANY OF THE PUBLISHED LITERATURE WHEREIN "ACETALDEHYDE" IS MENTIONED IN THE SAME CONTEXT WITH "HIV" AND/OR "AIDS" AND/OR "DITIOCARB"; IF DR. WHITESCARVER IS AWARE OF SOME UNPUBLISHED STUDIES WHICH EXIST, I WOULD APPRECIATE KNOWING ABOUT THEM.

OF COURSE, IT IS MY HOPE THAT SOMEONE/SOMEWHERE WITH MEDICAL EXPERTISE AND/OR AUTHORITY WILL DECIDE TO CONDUCT A SIXTEEN WEEK CLINICAL TRIAL OF THE AFOREMENTIONED PROCEDURE WHICH I CALL "AN INTENSIVE APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV" WITH A WILLING VOLUNTEER OR VOLUNTEERS.

IF THOSE IN THE MEDICAL COMMUNITY ARE STILL RELUCTANT TO INITIATE THIS TRIAL BECAUSE OF ACETALDEHYDE'S TOXICITY, I HAVE AN ALTERNATIVE PROCEDURE TO SUGGEST. I CALL THIS ONE "A MILD APPLICATION OF UNMETABOLIZED ACETALDEHYDE TO INACTIVATE HIV". THE RESULTS MIGHT NOT BE DRAMATIC, BUT, NEVERTHELESS, THERE SHOULD BE SOME SLIGHT IMPROVEMENT IN THE PATIENT'S HEALTH.

THE SAME "JOURNAL OF APPLIED TOXICOLOGY" WHICH I HAVE CITED STATES:

> "ACETALDEHYDE HAS BEEN IDENTIFIED IN OAK LEAVES, TOBACCO, APPLES, BROCCOLI, COFFEE, GRAPES, GRAPEFRUIT, ORANGES, LEMONS, ONIONS, PEACHES, PEARS, PINEAPPLES, RASPBERRIES, STRAWBERRIES AND MANY SPICES."

WHY NOT DO THIS? - PLUG UP THE PATIENT'S LIVER WITH ANTABUSE AND RECOMMEND A DIET RICH IN ORANGE JUICE AND THE FRUITS LISTED BY THIS JOURNAL.

THE IMPORTANT THING TO KEEP IN MIND ABOUT THIS PROCEDURE IS THAT ALCOHOL IS TO BE AVOIDED COMPLETELY. OF COURSE, ALCOHOL CANNOT BE DRUNK AND "HIDDEN ALCOHOLS" ARE TO BE AVOIDED -

1. THE FUMES OF AFTER-SHAVE LOTIONS HAVE BEEN KNOWN TO SET OFF THE ANTABUSE REACTION.

2. WATCH OUT FOR SAUCES, FERMENTED VINEGAR, MARINADES, DESSERTS OR OTHER FOODS PREPARED WITH ANY ALCOHOL.

PROBABLY NO INHERENT DANGER WOULD BE IMPLICIT IN THIS PROCEDURE OTHER THAN THE FACT THAT THE PATIENT MIGHT FEEL NAUSEOUS FROM TIME TO TIME BECAUSE OF THE SLIGHT INCREASED AMOUNT OF UNMETABOLIZED ACETALDEHYDE FLOWING IN HIS BLOODSTREAM BECAUSE OF DRINKING ORANGE JUICE OR EATING FRUIT.

CONDUCT THIS TRIAL FOR SIXTEEN WEEKS. THE PATIENT COULD IMMEDIATELY START DRINKING ORANGE JUICE AND EATING FRUIT; HE WOULD NOT HAVE TO WAIT TWO WEEKS UNTIL HIS LIVER GOT TOTALLY PLUGGED UP.

THE PATIENT WOULD NOT HAVE TO REPORT TWICE A WEEK TO THE PHYSICIAN'S OFFICE OR CLINIC.

IT WOULD BE THE PATIENT'S RESPONSIBILITY TO INCLUDE ORANGE JUICE AND FRUIT IN HIS DIET.

IT WOULD BE THE PATIENT'S RESPONSIBILITY TO SWALLOW HIS ANTABUSE TABLET EVERYDAY.

ONCE A MONTH THE PATIENT COULD REPORT TO HAVE HIS "T-HELPER CELL" COUNT MEASURED.

AGAIN, THIS PROCEDURE MIGHT NOT YIELD MUCH OF A RESULT; NEVERTHELESS, THERE SHOULD BE SOME SLIGHT IMPROVEMENT IN THE PATIENT'S HEALTH.

IN BOTH THE "INTENSIVE" AND "MILD" APPLICATIONS, CIGARETTE SMOKING SHOULD BE AVOIDED; SUPER-NUTRITION, PAGE 47, STATES:

> ".....EACH CIGARETTE SMOKED DESTROYS AN ESTIMATED 25mg OF VITAMIN C; THIS MAY BE AS MUCH AS MANY PEOPLE OBTAIN IN THEIR DIET. THE RDA IS ONLY 50mg."

IN BOTH THE "INTENSIVE" AND "MILD" APPLICATIONS, THE PATIENT SHOULD AVOID GOING INTO A ROOM IN WHICH AIR WICK IS PRESENT; THE "JOURNAL OF APPLIED TOXICOLOGY", TO WHICH I HAVE REFERRED, STATES:

> "ACETALDEHYDE IS A PRIMARY COMPONENT IN AIR WICK, A COMMERCIAL ROOM DEORDORANT." ACETALDEHYDE IS ALSO EMITTED BY WOOD BURNING, OAK LEAF BURNING, COFFEE ROASTING AND MOTOR VEHICLE EXHAUSTS.

IN THE "INTENSIVE" APPLICATION THE PATIENT SHOULD TAKE ZINC SUPPLEMENTS OR EAT FOODS RICH IN ZINC, NAMELY - BEEF, PORK, LAMB CHOPS, OYSTERS, PEANUTS, BEEF LIVER, BREWER'S YEAST OR WHEAT GERM; BECAUSE AS THE ENCYCLOPAEDIA BRITANNICA STATED:

> "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."
>
> (THIS IS JUST A SIDE THOUGHT - COULD A DIETARY DEFICIENCY OF ZINC CONTRIBUTE TO THE DEVELOPMENT OF ALCOHOLISM?)

A FEW DAYS AGO I GOT THIS HUNCH - PATIENTS IN BOTH THE "INTENSIVE" AND "MILD" APPLICATIONS SHOULD AVOID FOODS OR BEVERAGES WHICH CONTAIN SUGAR. ELIMINATE SODA POP, CANDY, PASTRIES AND PACKAGED BREAKFAST CEREALS FROM THE DIET. CHECK THE LABELS OF EVERYTHING THAT IS BOUGHT. IF IT CONTAINS SUGAR OR CORN SYRUP, DON'T BUY IT.

ALL OF THIS MIGHT NOT DO ANY GOOD, BUT THEN AGAIN, IT WON'T DO ANY HARM. FOR THE DELETERIOUS EFFECTS WHICH SUGAR HAS UPON THE HUMAN BODY, REFER TO THE BOOK, SUGAR BLUES, BY WILLIAM DUFTY; PUBLISHER, WARNER BOOKS, 1976.

IT IS ALSO MY HUNCH THAT FOOD ADDITIVES SUCH AS MONOSODIUM GLUTAMATE (MSG) SHOULD BE AVOIDED.

I THINK THAT "INTENSIVE" AND "MILD" PATIENTS WOULD ALSO BENEFIT BY INCLUDING IN THEIR DIET BLACKSTRAP MOLASSES AND APPLE CIDER VINEGAR, THE RAW-UNFILTERED-ORGANIC KIND MADE FROM FRESH WHOLE APPLES; HEALTH FOOD STORES CARRY THIS ITEM.

BLACKSTRAP MOLASSES IS RICH IN IRON. I DON'T HAVE ANY FACTS ABOUT VINEGAR YET; IT'S JUST A HUNCH; BUT I THINK IT COULD BE BENEFICIAL. GARLIC SHOULD BE CONSIDERED TOO.

WELL, I GUESS I BETTER NOT GO OFF ON TOO MUCH OF A TANGENT DISCUSSING DIET. I AM REALLY NOT THAT KNOWLEDGEABLE ABOUT IT. I REPEAT, GOOD BOOKS TO REFER TO ARE SUPER-NUTRITION AND SUGAR BLUES.

I CONSIDER THIS LETTER TO BE THE CONCLUSION TO MY RESEARCH ON HIV/AIDS. IN ALL CANDOR I MUST SAY THAT I AM SOMEWHAT BEMUSED BY THE REPLIES WHICH HAVE COME FROM THE OFFICES OF THE NATIONAL INSTITUTES OF HEALTH (NIH) RELATIVE TO THE CHEMICAL KNOWN AS "ACETALDEHYDE".

THROUGHOUT 1993 NIH STATED:

"ACETALDEHYDE IS A NORMAL METABOLITE OF THE HUMAN BODY"
"FORMED DURING NORMAL BODY FUNCTIONING"
"AND WILL HAVE NO EFFECT ON HIV INFECTION"

IN LATE 1994 NIH STATED:

"THE KNOWN TOXICITY OF ACETALDEHYDE WOULD HAVE LIKELY PREVENTED EVALUATION EVEN IF THE AGENT HAD SHOWN ANTI-HIV ACTIVITY IN THE DRUG SCREEN PROGRAM SPONSORED BY THE NATIONAL CANCER INSTITUTE."

THE NIH NOW STATES, IN 1995:

".....ACETALDEHYDE INACTIVATES THE HUMAN IMMUNODEFICIENCY VIRUS (HIV) IN TEST TUBE EXPERIMENTS....."

I WISH NOW TO DELINEATE SOME OF THE RESULTS OF THE LANG STUDY; THE FULL REFERENCE TO THE ARTICLE IS:

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.

THE SUMMARY (ABSTRACT) OF THE ARTICLE READS:

"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."

IN THE ARTICLE LANG STATES (BY THE WAY, NONE OF THE PATIENTS WERE TAKING AZT (ZIDOVUDINE) BECAUSE IT WAS NOT AVAILABLE IN FRANCE AT THE TIME):

"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."

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

LANG TABLE II (ATTACHED) 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):

"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."

ALSO SEE LANG TABLE III (ATTACHED).

TO SUMMARIZE THE IMPROVEMENTS NOTED BY LANG IN THOSE PATIENTS WHO WERE SWALLOWING DITIOCARB (RELATED TO ANTABUSE):

1. CD4+CELL COUNT INCREASED
2. ENLARGED SPLEEN AND LYMPH NODES SHRANK
3. DIARRHEA DISAPPEARED
4. WEIGHT RESUMPTION OCCURRED
5. PERSISTENT FEVERS DISAPPEARED
6. IMPROVEMENT IN CLINICAL STATUS IN 42% OF THE PATIENTS

IF UNMETABOLIZED ACETALDEHYDE WAS NOT THE CAUSE, WHAT, INDEED, WAS THE CAUSE OF THESE POSITIVE RESULTS?

YOURS TRULY,

John S. Roberts

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

COPIES TO:

PRESIDENT CLINTON, THE WHITE HOUSE
JACK WHITESCARVER, Ph.D., NATIONAL INSTITUTES OF HEALTH, OFFICE OF AIDS RESEARCH
MS. PATRICIA S. FLEMING, NATIONAL AIDS POLICY COORDINATOR, THE WHITE HOUSE
CONTINUED ON THE NEXT PAGE

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AND <u>(updated 1/1/96 - j.s.r.) - "MAGIC"JOHNSON,</u> DR. VARMUS, DR. PAUL, DR. BADER, EMBASSY OF JAPAN-WASHINGTON, D.C., DR. GALLANT, PROFESSOR DIETRICH, DR. HERSH, PROFESSOR HASELTINE, CHICAGO TRIBUNE, CHICAGO SUN-TIMES, DR. NULL, TONY BROWN PRODUCTIONS, BONAVENTURE HOUSE, DR. COHAN PAM ZEKMAN, "PLUS VOICE", "POZ", ROBERT ERB, NEW YORK TIMES, NEW YORKER, (MARK TAYLOR, JIM GORDON, SCOTT BOSLEY-POST-TRIBUNE), DR. CUTLER, DR. FEUERS, HIV TALK RADIO, WYETH-AYERST LABORATORIES, DR. HIRSCH, "OUT/LOOK", DR. BAGASRA, DR. HENDERSON, DR. BENNETT, PROFESSOR ANNE DE GROOT

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PETER J. VISCLOSKY
1ST DISTRICT INDIANA

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August 22, 1995

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

Dear John:

I write to apprise you of a reply I have received from the National Institutes of Health (NIH) in response to your proposal for a cure for AIDS.

Enclosed, please find a copy of the letter I received from the NIH's Deputy Director of the Office of AIDS Research, Jack Whitescarver, Ph. D. I regret that this response is not more encouraging, but I believe it clearly addresses your concerns.

Be assured that I will continue to monitor all research efforts in the fight against AIDS with your views in mind. Do not hesitate to let me know if you have any other questions or concerns.

Sincerely,

Pete

Peter J. Visclosky
Member of Congress

PJV:clm
Enclosure

NATIONAL INSTITUTES OF HEALTH
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AUG - 9 1995

The Honorable Peter J. Visclosky
House of Representatives
2464 Rayburn Building
Washington, D.C. 20515-1401

Dear Mr. Visclosky:

The Office of AIDS Research (OAR) has been asked to reply to correspondence you have forwarded to Dr. Harold Varmus, Director of the National Institutes of Health (NIH), from one of your constituents, Mr. John S. Roberts. Mr. Roberts has written numerous letters to various scientists, government officials, and organizations advocating the use of acetaldehyde for the treatment of HIV infection and AIDS. You may recall that the NIH addressed this issue, at your request, in response to a similar letter from Mr. Roberts in June 1993. A copy of this correspondence is enclosed for your convenience.

The fact that acetaldehyde inactivates the human immunodeficiency virus (HIV) in test tube experiments does not necessarily make it a good candidate for anti-HIV therapy in humans. There are many agents known to be active against HIV. Researchers at the National Cancer Institute have identified over 3,000 compounds that are active against HIV, and the NIH currently is developing and evaluating the most promising ones.

The high toxicity of acetaldehyde makes it a significantly less desirable candidate for use in individuals who suffer from severely weakened immune systems and who are prone to contracting numerous opportunistic infections and malignancies. Mr. Roberts, however, insists that the toxicity could be ameliorated by the administration of sulfur amino acids and vitamin C. He cites research conducted twenty years ago in normal, uninfected mice. This research, however, is not applicable to humans infected with HIV.

In an attempt to substantiate his contention, Mr. Roberts repeatedly cites a study conducted in France by Dr. J.M. Lang that produced preliminary data suggesting that the drug Ditiocarb may have activity against HIV infection. This result, however, was not reproduced in later studies. Mr. Roberts contends that the Lang study produced positive results because patients who participated in the study may have disregarded protocol prohibitions on alcohol consumption, which would raise patient levels of acetaldehyde to toxic levels. Dr. Lang, however, never suggested that

a significant number of his patients deviated from the protocol regimen.

There could be many explanations for the preliminary findings that have little or nothing to do with the pharmacological activity of Ditiocarb or acetaldehyde. There is no evidence to date to suspect that increased levels of acetaldehyde were responsible for the observed result. Consequently, there is little justification for committing limited resources to investigating this possibility at this time. In any case, furture support for research in this area would require the submission of a grant application by a competent research scientist. Funding then would be contingent on it passing a dual level of peer review.

The NIH currently is supporting more promising scientific approaches to the development of anti-HIV and AIDS therapies. For instance, a nucleoside analogue known as 3TC has shown promise in combination with other anti-HIV compounds in initial clinical trials. Several HIV protease inhibitors also have shown promise as well as an immune system modulator, interleukin-2. Currently, NIH-sponsored researchers are evaluating over 65 different agents in AIDS clinical trials.

I hope this information will prove useful in addressing the concerns of your constituent. Please contact us again if we can provide any additional assistance.

Sincerely,

Jack Whitescarver

Jack Whitescarver, Ph.D.
Deputy Director

Enclosure

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Table 2
Protective action of combinations of L-ascorbic acid and certain sulfur compounds against anesthetic and lethal effects of acetaldehyde in the rat. (Toxic oral dose of acetaldehyde used was LD 90 = 18 m*M*/kg.)

Combinations (CB) tested (oral dose)	Dose (m*M*/kg)	% anesthetized after 3–10 minutes	% dead after 3 hours	24 hours	72 hours
CB1: L-Cysteine FB	1.0				
Thiamin · HCl	0.3	60 (6/10)	10 (1/10)	60 (6/10)	60 (6/10)
CB2: L-Cysteine FB	2.0				
Thiamin · HCl	0.3	13 (2/15)	0 (0/15)	13 (2/15)	13 (2/15)
CB3: L-Ascorbic acid	2.0				
L-Cysteine FB	1.0	10 (3/30)	0 (0/30)	0 (0/30)	0 (0/30)
Thiamin · HCl	0.3				
CB4: L-Ascorbic acid	2.0				
N-Acetyl-L-cysteine	1.0	15 (3/20)	5 (1/20)	5 (1/20)	5 (1/20)
Thiamin · HCl	0.3				
Intraperitoneal (i.p.) dose					
CB3 (i.p.): Composition same as CB3		33 (5/15)	13 (2/15)	20 (3/15)	20 (3/15)

Combinations of test compounds were prepared as single solutions in saline. Procedural details of intubation and observations made are the same as described in Table 1 footnote, except for Combination CB3 (i.p.). Combination CB3 (i.p.) was administered intraperitoneally once a day for four days prior to dosing with acetaldehyde. On the fourth day, acetaldehyde (18 m*M*/kg) was intubated orally 30–45 minutes after the last intraperitoneal injection of Combination CB3 (i.p.).

acetaldehyde at the LD 90 dose level carefully standarized for rats of the above strain, sex, age, weight, and overnight treatment and found to be 18 m*M*/kg as previously reported [1]. Doses were expressed in m*M*/kg. Rats were observed after intubation over a 72-hour period for anesthetic effects (loss of righting reflexes) and lethal response (deaths). Further details of the test procedure and data obtained are presented in Tables 1 and 2.

The effect of using different routes of drug administration on protectant activity against acetaldehyde was also tested with a combination of ascorbic acid, cysteine, and thiamin (i.e., combination CB3 in Table 2). In this case, the protectant combination CB3 was administered intraperitoneally and the acetaldehyde orally. For details of procedure, see Table 2.

All test compounds listed in Tables 1 and 2 were obtained from the NBC Division of ICN Pharmaceuticals, Inc., with the exceptions listed as follows: DL-thioctic acid (Aldrich), taurine (Schwarz-Mann), cysteamine · HCl (Eastman), sodium metabisulfite (Fisher), and L-MTCA (see Reference 1 for its preparation). Compounds not listed in Table 1 were from the following sources: BAL (Aldrich), DTT (NBC), and DTE (NBC). Acetaldehyde was obtained from the Eastman Kodak Company.

Results

Results are self-evident from Table 1 and Table 2.

From Table 1, it is obvious that the reduced forms of L-ascorbic acid, L-cysteine FB, L-glutathione, and *N*-acetyl-L-cysteine gave marked protection in rats against the anesthetic and lethal effects of acetaldehyde. Thus, 72 hours after treatment, lethal values were only 27% for L-ascorbic acid, 20% for L-cysteine FB, and 33% for reduced glutathione compared to 90% for saline controls. Complete protection (zero % lethality) was obtained with *N*-acetyl-L-cysteine, but only meager protection with DL-homocysteine (60% lethality). Protection against transitory anesthetic effects was best obtained with L-cysteine and its *N*-acetyl derivative (20% and 10% anesthetized, respectively) in comparison with the saline control (96% anesthetized). The oxidized forms of these compounds showed very little protectant activity against either anesthetic or lethal effects of acetaldehyde. Other sulfur compounds which gave virtually complete protection against anesthetic and lethal effects were sodium metabisulfite ($Na_2S_2O_5$) which resulted in only 5% lethality and L-cysteic acid in zero % lethality. On the other hand, the amines taurine and cysteamine · HCl showed much less protection than their corresponding acids (L-cysteic acid and L-cysteine, respectively). Preliminary screening tests with compounds not listed in Table 1 gave the following results: BAL (2,3-dimercapto-1-propanol) was found to be non-protective at 0.5 m*M*/kg, a dose not too far removed from its lethal dose level of 1.0 m*M*/kg. On the other hand, DTT (diothiothreitol) and DTE (dlothioerythreitol) at

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		p*
	Patients tested	Median (mean, SD) count	Patients tested	Median (mean, SD) count	
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.

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 ACETALDEHYD.

10

3.1 min → 5

6 × 3.1 = 18.6 MINU

3.1 min → 2.5

3.1 min → 1.25

3.1 min → .625

(6) 3.1 min → .313

3.1 min → .157

98.43
1.57
100.00

98.43% METABOLIZED AT THIS POINT

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

NOVEMBER 18, 1996

2nd REQUEST

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

AGAIN, I WRITE TO YOU.

LAST MONTH I PERSONALLY DELIVERED MY LETTER TO YOUR GARY OFFICE TO THE ATTENTION OF YOUR CONGRESSIONAL AIDE, MARA CANDELARIA. I THOUGHT THAT THIS WOULD SUFFICE; I DID NOT MAIL A COPY OF IT TO YOUR WASHINGTON OFFICE.

AS YOU CAN SEE FROM THAT LETTER, I ALSO MAILED A COPY OF IT TO MS. PATRICIA S. FLEMING, DIRECTOR, OFFICE OF NATIONAL AIDS POLICY, THE WHITE HOUSE.

THIS TIME, JUST TO BE SURE THAT I COVER ALL OF THE BASES, I AM SENDING THIS LETTER TO -

1. YOUR WASHINGTON, D.C. OFFICE
2. YOUR GARY OFFICE (ATTENTION MARA CANDELARIA)
3. MS. FLEMING, THE WHITE HOUSE

THIS LETTER HAS THE FOLLOWING ATTACHMENTS -

1. MY OCTOBER 15, 1996 LETTER TO YOU
2. MY SEPTEMBER 1, 1996 LETTER TO MS. FLEMING
3. MY JULY 22, 1996 LETTER TO LEANNA J. STANDISH, ND, PhD
4. MY 35 PAGE FILE DATED JANUARY 1, 1996

CONGRESSMAN VISCLOSKY, IN MY OPINION, MS. FLEMING IS DUTY BOUND TO ISSUE A RESPONSE TO EITHER YOU OR ME.

CONGRESSMAN VISCLOSKY, AS MY REPRESENTATIVE TO THE CONGRESS OF THE UNITED STATES OF AMERICA, I HEREBY RESPECTFULLY EXPECT OF YOU TO EFFECT THIS END.

YOURS TRULY,

John S. Roberts

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

COPY WITH ENCLOSURE TO:

PATRICIA S. FLEMING, DIRECTOR, OFFICE OF NATIONAL AIDS POLICY
THE WHITE HOUSE, WASHINGTON, D.C.
MARA CANDELARIA, CONGRESSIONAL AIDE
GARY, INDIANA

JANUARY 1, 1997

COPY TO
DAVID ROZMANICH

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

I DO NOT WISH TO CAUSE ANY UNDUE EMBARRASSMENT TO MS. FLEMING, BUT IF A RESPONSE IS NOT FORTHCOMING FROM HER, WHETHER IT BE POSITIVE OR NEGATIVE, IN REPLY TO MY LETTER TO HER DATED SEPTEMBER 1, 1996 (ATTACHED), I SHALL HAVE TO INCLUDE THESE PARAGRAPHS IN THE NEXT LETTER WHICH I WILL BE MAILING OUT TO VARIOUS PARTIES THROUGHOUT THE UNITED STATES AND THE WORLD WHO I THINK MIGHT BE INTERESTED IN THE PROBLEM OF HIV/AIDS:

> "ON MAY 26, 1993, ACTING ON MY BEHALF, CONGRESSMAN PETER J. VISCLOSKY FORWARDED MY HIV/AIDS RESEARCH TO BERNADINE HEALY, M.D., WHO WAS THEN DIRECTOR OF THE NATIONAL INSTITUTES OF HEALTH."
>
> "ON JUNE 18, 1993, ALTHOUGH SHE DID NOT AGREE WITH ITS CONCLUSION, DR. HEALY ISSUED A RESPONSE TO MY RESEARCH TO CONGRESSMAN VISCLOSKY."
>
> "UNFORTUNATELY, A SIMILAR RESPONSE HAS NOT BEEN FORTHCOMING FROM MS. PATRICIA S. FLEMING, PRESIDENT CLINTON'S DIRECTOR OF THE OFFICE OF NATIONAL AIDS POLICY, "THE AIDS CZAR", TO CONGRESSMAN VISCLOSKY'S DECEMBER 10, 1996 LETTER (ATTACHED)."

I AM MYSTIFIED AS TO WHY MS. FLEMING HAS CHOSEN NOT TO ISSUE A RESPONSE TO MY SEPTEMBER LETTER WHICH REFLECTS THE CULMINATION OF THREE ADDITIONAL YEARS OF MY RESEARCH SINCE 1993.

TO REITERATE - THE ONLY THING I WANT IS AN ANSWER TO EITHER ONE OF THE TWO QUESTIONS WITH WHICH I CONCLUDED THAT SEPTEMBER 1, 1996 LETTER; THEY WERE:

> "IN CONCLUSION, MS. FLEMING, DO YOU THINK THAT MY IDEAS HAVE PRACTICAL MERIT? IF SO, HOW SOON ARE YOU PREPARED TO INITIATE A CLINICAL TRIAL? TOMORROW?"
>
> "IF YOU DO NOT THINK THAT MY IDEAS HAVE PRACTICAL MERIT, MS. FLEMING, COULD I KNOW OF THE SCIENTIFIC REASONING UNDERLYING YOUR JUDGEMENT?"

AT THE VERY LATEST, MY NEXT LETTER WILL BE MAILED OUT TO "VARIOUS PARTIES" BY FEBRUARY 3, 1997.

YOURS TRULY,

John S. Roberts

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

COPIES TO:

MS. FLEMING, THE WHITE HOUSE
CARMENA PARRIS, AIDE TO MS. FLEMING
RICHARD SORIAN, AIDE TO MS. FLEMING
DWAYNE LAWLER,
WASHINGTON OFFICE OF CONGRESSMAN VISCLOSKY
DAVID ROZMANICH,
GARY OFFICE OF CONGRESSMAN VISCLOSKY

JAN 3 1997

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
NORTHEAST-MIDWEST
CONGRESSIONAL COALITION
MIDWEST VICE CHAIR
WHIP-AT-LARGE

Congress of the United States
House of Representatives
Washington, DC 20515–1401

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VALPARAISO CITY HALL
166 LINCOLNWAY
VALPARAISO, IN 46383
(219) 464–0315

December 10, 1996

Ms. Patricia S. Fleming
Director, Office of National Aids Policy
750 17th Street, NW
Suite 600
Washington, D.C. 20503

Dear Ms. Fleming:

I am writing on behalf of my constituent, Mr. John Roberts. Enclosed please find literature submitted to me concerning the HIV virus and the AIDS disease. Mr. Roberts believes he is putting forth a viable measure to halt the dreaded disease. In fact, Mr. Roberts feels that his proposition contains the "magic bullet" that can "cripple" HIV.

On September 1, 1996, Mr. Roberts had written you with his concerns and has yet to have received a response. I ask that you please review the enclosed material and issue a reply to both Mr. Roberts and myself.

If you have any questions concerning this matter, I urge you to contact me or my District Director, David Rozmanich, at 219-884-1177. Thank you for your time and kind attention to this matter.

Sincerely,

Peter J. Visclosky
Member of Congress

PJV:dsr

SEPTEMBER 1, 1996

AN OPEN LETTER TO:

PATRICIA S. FLEMING
DIRECTOR
OFFICE OF NATIONAL AIDS POLICY
THE WHITE HOUSE
WASHINGTON

COPY WITH ENCLOSURES TO: _____

DEAR MS. FLEMING,

JUST TO BE SURE THAT YOU RECEIVE IT, I HAVE SENT DUPLICATE PACKETS OF MY RESEARCH TO YOU. ONE I HAVE SENT BY REGULAR MAIL AND THE OTHER ONE BY CERTIFIED MAIL. BOTH PACKETS WERE DIRECTED TO YOUR ADDRESS AT 750 17th St. N.W., SUITE 600, WASHINGTON, D.C. (202-632-1090). ZIP - 20503.

AS YOU CAN SEE, THE PACKET CONTAINS THIS LETTER TO YOU, MY JULY 22, 1996 LETTER TO DR. STANDISH AND MY 35 PAGE "FILE" DATED JANUARY 1, 1996.

AFTER READING THESE DOCUMENTS YOU WILL SEE WHY I AM CONVINCED THAT I HAVE DISCOVERED A "MAGIC BULLET" TO "CRIPPLE" HIV, THE VIRUS WHICH IS THE ROOT CAUSE OF AIDS. THE MAGIC BULLET IS THE CHEMICAL COMPOUND KNOWN AS "ACETALDEHYDE".

IF I HAD HIV/AIDS AND WAS TOLD THAT I MIGHT BE HELPED IMMEASURABLY BY OBTAINING A CERTAIN NUTRIENT FROM MY LOCAL HEALTH FOOD STORE, BY HAVING MY PHYSICIAN PRESCRIBE FOR ME A CERTAIN CHEMICAL AND BY HAVING THAT SAME PHYSICIAN ADMINISTER A PARTICULAR PROCEDURE TO ME ONCE A WEEK IN HIS OFFICE, I WOULD NOT LET 24 HOURS LAPSE BEFORE AT LEAST TRYING TO FIND OUT ALL OF THE DETAILS.

THE CORE OF THE HEALING PROCESS IS SIMPLY THIS -

1. N-ACETYL CYSTEINE ("NAC") WOULD HELP RESTORE APOPTOSIS BACK TO NORMAL LEVELS.

2. NAC WILL AFFORD THE BODY 100% PROTECTION AGAINST THE TOXIC EFFECTS OF UNMETABOLIZED ACETALDEHYDE.

3. UNMETABOLIZED ACETALDEHYDE WILL POISON HIV, THEREBY "INACTIVATING" IT.

MS. FLEMING, IN YOUR LETTER (SEE PAGE 13 OF MY FILE) YOU STATE:

"IT IS IMPORTANT TO ASSESS ANY POTENTIAL AVENUE OF RESEARCH..... SHOULD ANY NEW INFORMATION DEVELOP, I ENCOURAGE YOU TO SHARE IT WITH THE NIH."

MS. FLEMING, I AM SENDING THIS PACKET TO NUMEROUS PEOPLE INCLUDING -

1. WILLIAM E. PAUL, M.D., DIRECTOR, OFFICE OF AIDS RESEARCH, NATIONAL INSTITUTES OF HEALTH

2. JACK WHITESCARVER, Ph.D., DEPUTY DIRECTOR, OFFICE OF AIDS RESEARCH, NATIONAL INSTITUTES OF HEALTH

HOWEVER, MS. FLEMING, I FEEL THAT THE ULTIMATE DECISION ABOUT THIS MATTER RESTS IN YOUR HANDS.

PRESIDENT HARRY S. TRUMAN KEPT A SIGN ON HIS WHITE HOUSE DESK WHICH STATED:

"THE BUCK STOPS HERE."

MS. FLEMING, IN MY OPINION, "THE BUCK" HAS LANDED UPON YOUR DESK.

IF YOU THINK THAT MY IDEAS HAVE POTENTIAL VALIDITY, ARE YOU PREPARED TO DIRECT DR. PAUL TO IMPLEMENT IMMEDIATELY (STARTING TOMORROW, FOR INSTANCE) A CLINICAL TRIAL OF THE PROCEDURE WHICH I DESCRIBE IN MY "HYPOTHETICAL CONVERSATION WHICH I WOULD HAVE WITH MY PHYSICIAN IF I HAD HIV/AIDS" (STARTING ON PAGE 7 OF MY JULY 22 LETTER)? IT IS MY HOPE THAT AFTER 18 WEEKS OF SUCH A TRIAL, THE PATIENTS WOULD SHOW AN INCREASE IN THEIR T-CELL COUNT.

IF YOU DO NOT FEEL THAT SUCH A COMMAND FALLS WITHIN THE SCOPE OF YOUR AUTHORITY, THEN THE CONCEPT OF AN "AIDS CZAR" IS JUST A FICTION, IS IT NOT?

IN CONCLUSION, MS. FLEMING, DO YOU THINK THAT MY IDEAS HAVE PRACTICAL MERIT? IF SO, HOW SOON ARE YOU PREPARED TO INITIATE A CLINICAL TRIAL? TOMORROW?

IF YOU DO NOT THINK THAT MY IDEAS HAVE PRACTICAL MERIT, MS. FLEMING, COULD I KNOW OF THE SCIENTIFIC REASONING UNDERLYING YOUR JUDGEMENT?

YOURS TRULY,

John S. Roberts

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

P.S. IF THE TRIAL IS UNDERTAKEN -

1. THE PATIENTS SHOULD AVOID FOODS CONTAINING NITRITES. CERTAIN PREPARED MEATS SUCH AS HOT DOGS AND BACON CONTAIN NITRITES. THE PHYSICIANS' DESK REFERENCE, PAGE 2642, 49th EDITION, 1995 STATES:

   "IN RATS, SIMULTANEOUS INGESTION OF DISULFIRAM AND NITRITE IN THE DIET FOR 78 WEEKS HAS BEEN REPORTED TO CAUSE TUMORS, AND IT HAS BEEN SUGGESTED THAT DISULFIRAM MAY REACT WITH NITRITES IN THE RAT STOMACH TO FORM A NITROSAMINE, WHICH IS TUMORIGENIC. DISULFIRAM ALONE IN THE RATS' DIET DID NOT LEAD TO SUCH TUMORS. THE RELEVANCE OF THIS FINDING TO HUMANS IS NOT KNOWN AT THIS TIME."
   (IT IS MY HUNCH THAT HUMANS WOULD BE AFFECTED IN A SIMILAR MANNER - j.s.r.)

2. THE PATIENTS SHOULD NOT DRINK CITY WATER.
   SUPER-NUTRITION, PAGE 115 STATES: "CHLORINE IS AN OXIDANT, TOO; MOST OF US DRINK CHLORINATED WATER WHICH CONSUMES VITAMIN E IN OUR BODY."
   "GOOD HOUSEKEEPING", PAGE 84, AUGUST, 1996 STATES: "VITAMIN E's BENEFITS APPEAR TO BE LARGELY RELATED TO ITS ANTIOXIDANT PROPERTIES."

P.P.S. I HOPE TO HAVE MS. FLEMING'S RESPONSE AT SOME TIME WITHIN THE NEXT FEW WEEKS. IF YOU WOULD LIKE TO SEE IT, JUST LET ME KNOW, AND I WILL MAIL A COPY OF IT TO YOU.

OCTOBER 15, 1996

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

DEAR CONGRESSMAN VISCLOSKY,

AS YOU CAN SEE FROM THE CERTIFIED MAIL DOMESTIC RETURN RECEIPT (ATTACHED) THAT THE OFFICE OF PATRICIA S. FLEMING RECEIVED MY PACKET OF RESEARCH RELATIVE TO HIV/AIDS.

IT CONSISTED OF -

1. MY SEPTEMBER 1, 1996 LETTER TO HER (ATTACHED)
2. MY JULY 22, 1996 LETTER TO LEANNA J. STANDISH, ND, PhD (ATTACHED)
3. MY 35 PAGE FILE DATED JANUARY 1, 1996 (ATTACHED)

WOULD YOU PLEASE REQUEST OF MS. FLEMING THAT SHE REPLY TO ME.
TO QUOTE FROM MY LETTER TO HER:

" IF YOU THINK THAT MY IDEAS HAVE POTENTIAL VALIDITY, ARE YOU PREPARED TO DIRECT DR. PAUL TO IMPLEMENT IMMEDIATELY (STARTING TOMORROW, FOR INSTANCE) A CLINICAL TRIAL OF THE PROCEDURE WHICH I DESCRIBE IN MY "HYPOTHETICAL CONVERSATION WHICH I WOULD HAVE WITH MY PHYSICIAN IF I HAD HIV/AIDS" (STARTING ON PAGE 7 OF MY JULY LETTER)? IT IS MY HOPE THAT AFTER 18 WEEKS OF SUCH A TRIAL, THE PATIENTS WOULD SHOW AN INCREASE IN THEIR T-CELL COUNT.

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CONGRESSMAN VISCLOSKY, THANK YOU FOR YOUR HELP IN THIS MATTER.

YOURS TRULY,

John S. Roberts

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

COPY WITH ENCLOSURES TO MS. PATRICIA S. FLEMING, THE WHITE HOUSE

P 582 870 363

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PATRICIA S. Fleming, Director
OFFICE of NATIONAL Aids Policy
750 17th St. N.W.
Suite 600
WASHINGTON, D.C. 20503

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X Arthur C. Atwater

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NOVEMBER 18, 1996

2nd REQUEST

THE HONORABLE PETER J. VISCLOSKY
UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
WASHINGTON, D.C. 20515-1401

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JOHN S. ROBERTS
POST OFFICE BOX H
HOBART, INDIANA 46342
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COPY WITH ENCLOSURE TO:

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THE WHITE HOUSE, WASHINGTON, D.C.
MARA CANDELARIA, CONGRESSIONAL AIDE
GARY, INDIANA

JANUARY 1, 1997

COPY TO
DAVID ROZMANICH

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UNITED STATES HOUSE OF REPRESENTATIVES
2464 RAYBURN BUILDING
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JOHN S. ROBERTS
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WASHINGTON OFFICE OF CONGRESSMAN VISCLOSKY
DAVID ROZMANICH,
GARY OFFICE OF CONGRESSMAN VISCLOSKY

JAN 3 1997

PETER J. VISCLOSKY
1ST DISTRICT, INDIANA

COMMITTEE ON APPROPRIATIONS
CONGRESSIONAL STEEL CAUCUS
EXECUTIVE COMMITTEE CHAIRMAN
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December 10, 1996

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Director, Office of National Aids Policy
750 17th Street, NW
Suite 600
Washington, D.C. 20503

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Sincerely,

Peter J. Visclosky
Member of Congress

PJV:dsr

SEPTEMBER 1, 1996

AN OPEN LETTER TO:

PATRICIA S. FLEMING
DIRECTOR
OFFICE OF NATIONAL AIDS POLICY
THE WHITE HOUSE
WASHINGTON

COPY WITH ENCLOSURES TO: _____

DEAR MS. FLEMING,

JUST TO BE SURE THAT YOU RECEIVE IT, I HAVE SENT DUPLICATE PACKETS OF MY RESEARCH TO YOU. ONE I HAVE SENT BY REGULAR MAIL AND THE OTHER ONE BY CERTIFIED MAIL. BOTH PACKETS WERE DIRECTED TO YOUR ADDRESS AT 750 17th St. N.W., SUITE 600, WASHINGTON, D.C. (202-632-1090). ZIP - 20503.

AS YOU CAN SEE, THE PACKET CONTAINS THIS LETTER TO YOU, MY JULY 22, 1996 LETTER TO DR. STANDISH AND MY 35 PAGE "FILE" DATED JANUARY 1, 1996.

AFTER READING THESE DOCUMENTS YOU WILL SEE WHY I AM CONVINCED THAT I HAVE DISCOVERED A "MAGIC BULLET" TO "CRIPPLE" HIV, THE VIRUS WHICH IS THE ROOT CAUSE OF AIDS. THE MAGIC BULLET IS THE CHEMICAL COMPOUND KNOWN AS "ACETALDEHYDE".

IF I HAD HIV/AIDS AND WAS TOLD THAT I MIGHT BE HELPED IMMEASURABLY BY OBTAINING A CERTAIN NUTRIENT FROM MY LOCAL HEALTH FOOD STORE, BY HAVING MY PHYSICIAN PRESCRIBE FOR ME A CERTAIN CHEMICAL AND BY HAVING THAT SAME PHYSICIAN ADMINISTER A PARTICULAR PROCEDURE TO ME ONCE A WEEK IN HIS OFFICE, I WOULD NOT LET 24 HOURS LAPSE BEFORE AT LEAST TRYING TO FIND OUT ALL OF THE DETAILS.

THE CORE OF THE HEALING PROCESS IS SIMPLY THIS -

1. N-ACETYL CYSTEINE ("NAC") WOULD HELP RESTORE APOPTOSIS BACK TO NORMAL LEVELS.

2. NAC WILL AFFORD THE BODY 100% PROTECTION AGAINST THE TOXIC EFFECTS OF UNMETABOLIZED ACETALDEHYDE.

3. UNMETABOLIZED ACETALDEHYDE WILL POISON HIV, THEREBY "INACTIVATING" IT.

MS. FLEMING, IN YOUR LETTER (SEE PAGE 13 OF MY FILE) YOU STATE:

"IT IS IMPORTANT TO ASSESS ANY POTENTIAL AVENUE OF RESEARCH..... SHOULD ANY NEW INFORMATION DEVELOP, I ENCOURAGE YOU TO SHARE IT WITH THE NIH."

MS. FLEMING, I AM SENDING THIS PACKET TO NUMEROUS PEOPLE INCLUDING -

1. WILLIAM E. PAUL, M.D., DIRECTOR, OFFICE OF AIDS RESEARCH, NATIONAL INSTITUTES OF HEALTH

2. JACK WHITESCARVER, Ph.D., DEPUTY DIRECTOR, OFFICE OF AIDS RESEARCH, NATIONAL INSTITUTES OF HEALTH

HOWEVER, MS. FLEMING, I FEEL THAT THE ULTIMATE DECISION ABOUT THIS MATTER RESTS IN YOUR HANDS.

PRESIDENT HARRY S. TRUMAN KEPT A SIGN ON HIS WHITE HOUSE DESK WHICH STATED:

"THE BUCK STOPS HERE."

MS. FLEMING, IN MY OPINION, "THE BUCK" HAS LANDED UPON YOUR DESK.

IF YOU THINK THAT MY IDEAS HAVE POTENTIAL VALIDITY, ARE YOU PREPARED TO DIRECT DR. PAUL TO IMPLEMENT IMMEDIATELY (STARTING TOMORROW, FOR INSTANCE) A CLINICAL TRIAL OF THE PROCEDURE WHICH I DESCRIBE IN MY "HYPOTHETICAL CONVERSATION WHICH I WOULD HAVE WITH MY PHYSICIAN IF I HAD HIV/AIDS" (STARTING ON PAGE 7 OF MY JULY 22 LETTER)? IT IS MY HOPE THAT AFTER 18 WEEKS OF SUCH A TRIAL, THE PATIENTS WOULD SHOW AN INCREASE IN THEIR T-CELL COUNT.

IF YOU DO NOT FEEL THAT SUCH A COMMAND FALLS WITHIN THE SCOPE OF YOUR AUTHORITY, THEN THE CONCEPT OF AN "AIDS CZAR" IS JUST A FICTION, IS IT NOT?

IN CONCLUSION, MS. FLEMING, DO YOU THINK THAT MY IDEAS HAVE PRACTICAL MERIT? IF SO, HOW SOON ARE YOU PREPARED TO INITIATE A CLINICAL TRIAL? TOMORROW?

IF YOU DO NOT THINK THAT MY IDEAS HAVE PRACTICAL MERIT, MS. FLEMING, COULD I KNOW OF THE SCIENTIFIC REASONING UNDERLYING YOUR JUDGEMENT?

YOURS TRULY,

John S. Roberts

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

P.S. IF THE TRIAL IS UNDERTAKEN -

1. THE PATIENTS SHOULD AVOID FOODS CONTAINING NITRITES. CERTAIN PREPARED MEATS SUCH AS HOT DOGS AND BACON CONTAIN NITRITES. THE PHYSICIANS' DESK REFERENCE, PAGE 2642, 49th EDITION, 1995 STATES:

   "IN RATS, SIMULTANEOUS INGESTION OF DISULFIRAM AND NITRITE IN THE DIET FOR 78 WEEKS HAS BEEN REPORTED TO CAUSE TUMORS, AND IT HAS BEEN SUGGESTED THAT DISULFIRAM MAY REACT WITH NITRITES IN THE RAT STOMACH TO FORM A NITROSAMINE, WHICH IS TUMORIGENIC. DISULFIRAM ALONE IN THE RATS' DIET DID NOT LEAD TO SUCH TUMORS. THE RELEVANCE OF THIS FINDING TO HUMANS IS NOT KNOWN AT THIS TIME."
   (IT IS MY HUNCH THAT HUMANS WOULD BE AFFECTED IN A SIMILAR MANNER - j.s.r.)

2. THE PATIENTS SHOULD NOT DRINK CITY WATER.
   SUPER-NUTRITION, PAGE 115 STATES: "CHLORINE IS AN OXIDANT, TOO; MOST OF US DRINK CHLORINATED WATER WHICH CONSUMES VITAMIN E IN OUR BODY."
   "GOOD HOUSEKEEPING", PAGE 84, AUGUST, 1996 STATES: "VITAMIN E's BENEFITS APPEAR TO BE LARGELY RELATED TO ITS ANTIOXIDANT PROPERTIES."

P.P.S. I HOPE TO HAVE MS. FLEMING'S RESPONSE AT SOME TIME WITHIN THE NEXT FEW WEEKS. IF YOU WOULD LIKE TO SEE IT, JUST LET ME KNOW, AND I WILL MAIL A COPY OF IT TO YOU.

FILE COPY

Office of
National AIDS Policy

Correspondence Routing Slip

Tracking Number: G3558

Date Rcvd: 01-28-97

From: Karin Wergath w/TAPE
Talk of The Nation: Science Friday

Staff Action:

Reviewed By Jeff:_____ **Reviewed By: Patsy** ✓

Assigned To:_____

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

NR

To Support Staff:_____

Date of Response: 1-30-97

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TALK OF THE NATION: SCIENCE FRIDAY
WNYC RADIO ONE CENTRE STREET NEW YORK, NY 10007 (212) 669-2297/8561

January 22, 1997

Patsy Fleming
White House Office of AIDS Policy
750 17th St. NW, Suite 600
Washington, DC 20503

Dear Patsy,

Here's a tape of last month's Science Friday program on the national AIDS strategy. I thought that the show went really well, and I was pleased with the information you and the other guests conveyed to our listeners--all in all, a very informative hour!

I hope you were pleased with the program as well. Please feel free to call me with any comments or questions about the program.

Thank you for your participation, and best of luck with your future endeavors.

Regards,

Karin Vergoth

Karin Vergoth
Producer
(212) 669-8561
kvergoth@npr.org

Office of
National AIDS Policy

Correspondence Routing Slip

FILE COPY

Tracking Number: G3538

Date Rcvd: 01-13-97

From: GARY Williams/DC#221496

Staff Action:

Reviewed By Jeff:_____ **Reviewed By: Patsy** ✓

Assigned To: ~~[illegible]~~ Pat M.

RCVD:_____ **DONE:**_____

Recommendations/Instructions:

Send Strategy, etc.

To Support Staff: 03-10-97

Date of Response:_____

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Cary Williams / D.C# 227496
New River Correctional Institution
P.O. Box 333
Raiford, FL 32083-0333

Office of National Aids Policy
750 17th ST N.W
Washington, D.C. 20500

Sirs, 1/9/91

I am interested in the governments policies on Aids, especialy the policy dealing with Prisoners with Aids and H.I.V.

Please send me all the information you can on the subjects above. thank you

Cary Williams