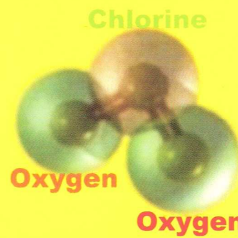


Breakthrough

The Miracle Mineral Solution of the 21st Century

Parts 1 and 2

4th Edition



The Chlorine Dioxide Ion

In the human body this ion is the most powerful
killer of disease that has ever been known

Save your life or that of
your loved ones.



Meet Taz Mania, killer
extra ordinaire of
disease pathogens
page 3-7

Jim Humble

The Miracle Mineral Solution of the 21st Century

Part I

Jim V. Humble

4th Edition

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The Miracle Mineral Solution of the 21st Century

Parts I and II

Author: Jim V. Humble

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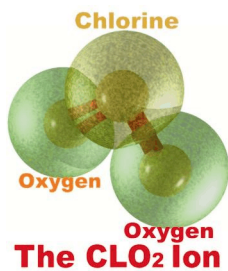
The author's email address is jim@jimhumble.com. Only emails with the subject of "Stories of Success" will get past the server's

spam filter. You will receive an automatic response. Follow the instructions in the response to communicate with Jim.

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Editor's Note Dated October, 2009

First published in 2006 this book ranks among the most read books in the world. Over 3 million downloads have gone out from thousands of web sites. Over 4,000 web site owners are “friends of MMS” and they provide free copies to anyone who asks for it. The original copyright statement remains unchanged. As of June, 2009, Jim Humble became a perpetual traveler and his work continues in Africa and other countries as described in his updated web site <http://JimHumbleFoundation.org>.

The links within the original book version gradually became obsolete or broken. Therefore a table has been placed at the end of the book which lists Internet resources – recent educational materials that have been written mostly by Jim since June 2009. They are updated frequently and are listed at the end of this book.

The world-wide Flu Pandemic announced by the World Health Organization has caused numerous health web sites in the U.S. to be brought off-line. This is based on U. S. Congress openly supporting arrests and fines against persons and organizations that promote alternative remedies for flu and Influenza other than those approved by the World Health Organization. Vaccinations and Tamiflu or other approved antibiotics are said to be the only legitimate means of reducing flu symptoms. At the time of writing, most web sites located in non-US countries still provide MMS information as listed at the end of volume one.

Viewed as a classic work this book stands as the authentic history of how ClO₂ came to the front as the most potent and powerful germicidal agent on the planet. Jim explains how activated MMS cannot harm normal living body cells. His contribution was that he found the best way to package MMS as a safe affordable product, and to test it for five years to prove reliable

outcomes. His discovery is now used daily by more than a million people around the world, not including dogs, cats, horses, and other animals. All this since 2006 when MMS was introduced along with this book.

MMS suppliers are no longer listed or identified because search engines provide that information quite effectively.

Disinformation on the Internet states that MMS (and the ClO_2 that it generates) is the same as chlorine and therefore it is dangerous. That is not true. Chlorine dioxide has been well known in industry for 70 years. Chlorine Dioxide is even an approved food additive at food-packaging time because it destroys salmonella, e-coli, and every other known germ – eventually converting into molecules of water as it disappears.

MMS was developed and tested by Jim between 2001 and 2006, involving over 75,000 volunteers in five different countries. This is the story of those years and the events that led to standardization of the current MMS product.

New protocols and methods for using MMS have evolved in the years since the release of this book. The latest discoveries and innovations are described in the links at the end of the book. Disregard links within the book – they are now obsolete.

The Editor – October, 2009

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About This Book

I hope you do not think this book is just another account of a very interesting supplement that can help some people after they take it for several months. It is not. This book presents the Miracle Mineral Solution (MMS), which works in just a few hours. In the world today, the leading killer of mankind is malaria, a disease that is usually overcome by this solution in only 4 hours. This has been proven through clinical trials in Malawi, a country in eastern Africa. In these trials, MMS has never failed to kill the malaria parasite in an infected human. More than 75,000 malaria victims have taken the Miracle Mineral Solution and are now back to work and living productive lives.

After taking the Miracle Mineral Solution, AIDS patients are often disease free in several weeks, and other diseases and conditions simply disappear. If patients in hospitals around the world were treated with this Miracle Mineral Solution, over 50% of them would be back home within a week.

For more than 100 years, clinics and hospitals have used the active ingredients in this solution to sterilize hospital floors, tables, equipment, and other items. Now, this same powerful germ killer can be harnessed by the immune system to safely kill pathogens in the human body. Amazing as it might seem, when used correctly, the immune system can use this killer to attack only those germs, bacteria, and viruses that are harmful to the body. It does not affect the friendly bacteria in the body or any healthy cells.

In this book, I have, to the best of my ability, stuck to the facts of exactly what has happened regarding the Miracle Mineral Solution. This book is the story of the discovery and development of the most amazing enhancement for the immune system yet discovered. Thus, it is the greatest solution to the diseases and ills now known to mankind; it is not a drug. I believe if you follow my

efforts to develop the data presented in this book and to make it available to the public, the story will help make it real to you and convince you to give it a try. To that purpose, I have provided complete details on how to make the solution in your kitchen, and to buy most of the ingredients off the shelf. It is entirely possible that one day you will use this solution to save someone's life, perhaps your own.

Because the Miracle Mineral Solution functions as a supercharger to the immune system, it is not meant for treatment of any particular disease, rather it is meant to improve the immune system to the point of overcoming many diseases, frequently in less than 24 hours.

My purpose for writing this book is that this information is far too important to allow any one person, group, or even several groups to have control of it. It is information that the world should have. After 5 years of seeing practically nothing done by a group that could have done a great deal, I finally realized that the information simply had to be distributed to as many people as possible or someone would always be out of the loop of receiving this life-saving data. It regularly occurs that there is a great deal of important medical information withheld from the public that could save lives. It is my intention to prevent this from happening with this information.

Foreword

This foreword was written by Dr. Hector Francisco Romero G., a medical doctor in the state of Sonora, Mexico, where he has a very successful clinic that treats cancer and many other illnesses considered incurable. He uses the Miracle Mineral Solution (MMS) talked about in this book and a number of other noninvasive treatments. He is well known in Sonora for the work that he has done with Mexican Indians. Dr. Romero makes me look much greater than I am, but then how could I refuse his foreword.

Dr. Romero writes: A dear, good old friend of mine and respectful philosopher, teacher, impeller of men of good temper in this desert state of Sonora, Mexico used to say: “Those men who live ‘the University of Life,’ will leave footprints in this world.”

Not just anyone builds up and writes with his own ideas “a book.” This is the same case with my friend Jim Humble. This personality is a challenger, a world walker, an anxious person who has fought all his life to leave footprints with his contributions of investigation to humanity. He has covered thousands and thousands of kilometers as his investigation has shown in this book, suffering an infectious illness of malaria—an illness which put his life at risk—and demonstrating to medical science that it is possible to counter it with new alternative treatments. It will give a better quality of life to those sick ones from endemics zones, as Jim says, in the regions of Africa, Asia, and South America. In these places there is a lot of mortality due to malaria and other viral infections, such as HIV, causing the death statistics to be very considerable and higher than other places in the world.

His product was investigated and well recognized by the health authorities in an African country. With MMS, he offers them hope and quality of life, especially those who are threatened by these

destructive illnesses. Our experience in Mexico with MMS—in the state of Sonora—has been to treat some cases of contagious febrile infections, inflammatory degenerative tumors, prostate cancer, and other malignant tumors with good and promising results.

For all of these, I pray to God so he can have great intelligence, so he can continue to help these towns of the world that have no hope and are forgotten, especially the children, who deserve our attention for a life and a better future.

The Status of MMS As of March 2009

Including the 2,000 people I treated in Africa and the people I treated in the U.S. and Mexico, I have treated over 5,000 people directly or supervised their treatment in person. I have answered more than 10,000 emails. This is not meant to be boastful in any way, but rather to simply tell you how things are. I have seen more people recover from incurable diseases than any other person alive.

More than one million people in the U.S. alone have tried MMS. More than 50 people have manufactured MMS in their own homes. And, more than 350,000 bottles of MMS have been sold in the U.S. MMS is being manufactured in most European countries, and in South Africa, Australia, and Mexico. Worldwide, it is estimated that 20,000 bottles of MMS are being sold per month. In almost every instance, the price has been kept down to 20 USD or the equivalent. Each bottle contains 460 six-drop doses. That means each dose costs less than half a cent. Most people of the world can afford it.

I have sold over 50,000 copies of the English version of my book, ***The Miracle Mineral Supplement of the 21st Century***. It has been translated into German, Polish, Spanish, Croatian, French, and Czech. All of these versions are being sold at this time, and the Japanese book will be on sale before this edition is printed.

The Australian government and the Canadian government have both banned the sale of MMS; however, that has not slowed sales. It has merely made the sales go underground. This costs the governments money, because people no longer pay taxes on the manufacturing and sale of MMS. In these cases, the bans were instituted at the lowest levels by government clerks insisting that they must do their jobs.

In the U.S., all persons manufacturing MMS have changed the label to specify that MMS is sold for the purification of water (which it does very well). The chemical used in MMS, which will be identified later in this book, has been used to purify water for over 70 years. It is regulated by the EPA, not the FDA. Most MMS labels on bottles being sold throughout the world have been changed to indicate it is for water purification; however, it still kills pathogens of all kinds—just as it always has. It is very unfortunate that the governments of the world are beginning to force their citizens to resort to illegal practices in order to purchase the things that will keep them well. Most governments have begun to do this to a greater or lesser extent.

At this time, if you want to buy MMS for your own health you will have to go to the Internet and find someone selling MMS for water purification. It is now called the Miracle Mineral Solution. Remember that last word, ‘Solution’. It was ‘Supplement,’ but MMS cannot be sold as a supplement now. It is a water purification solution. The name of this book has been updated to reflect this change.

As people learn more about the importance of MMS for their health and how it can save their lives, they are going to start demanding that the government quit making laws that prevent people from exercising their freedom for health. This will bring about a change in the congressmen and senators being elected. Keep this in mind the next time elections are in progress, because by that time those up for election will be stating whether or not they want to help Americans gain control of their freedom for health.

PART I



Chapter 1 The Discovery

The phone was ringing at the other end of the house. It was a long, narrow house and there was furniture to get around and a hallway to get through. But in spite of the obstacle course, I made it. Bill Denicolo, an old friend in Chicago, was calling. We talked, and he asked, “Jim, are you any good at prospecting for gold?”

I have never been too modest, so I told him the truth—my truth. “Yes,” I said, “I am amongst the best, if not the best.” That was enough for him. He was a friend, and since he was already familiar with my work in mining, he believed me.

He continued, “I’m working with a group that wants to mine for gold in the jungle in South America. We need your help and we’re paying the going rate. Plus, you get a share of the profits.” That was it. I agreed to leave in approximately 1 month.

Bill sent a contract to my house in Las Vegas, Nevada, where I had retired from gold mining. The contract was quite generous. I was to be paid a reasonable salary and I would have 20% ownership of the operation, provided I located gold in the jungle. I signed a copy of the contract and sent it off, and received an airplane ticket in return. I was 64 years old at the time, but in top condition. I would have no trouble navigating my way through the jungle.

They were willing to use my gold recovery technology, but that required me to ship equipment ahead. It took the entire month to get things ready and to ready myself for the jungle. The most important thing I took, as relates to this story, was several bottles of stabilized oxygen. (Please don’t get the idea that stabilized oxygen is the miracle solution I am writing about.)

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It is dangerous to drink any water in a jungle. While it is usually quite safe to drink water from fast-moving streams in North America, it doesn't matter how fast a jungle stream is moving; the water is not safe to drink. In fact, it can almost always be guaranteed that one or more dangerous diseases are present. Despite this knowledge, I did drink from a fast-moving stream once while in the jungle and I developed typhoid fever.

Later, a number of people mentioned to me that the oxygen in stabilized oxygen would purify water by killing any pathogens present, especially if the water was left to sit overnight. To test this, I treated some sewage water with stabilized oxygen and sent the sample to a laboratory to be analyzed. The results came back showing all pathogens had been killed. Thus, I was relatively confident that I could purify my drinking water in the jungle with stabilized oxygen.

By the time I was packing for this trip, I had actually worked with stabilized oxygen for some time, and a friend of mine who lived just outside Las Vegas used it quite a bit with his animals. He gave it to his chickens in their water to keep them healthy, and he used it with his dogs. He even injected it into one of his dog's veins once when it was sick. The dog was cured in several hours.

The jungle we were headed to is located in the country of Guyana. The name had been changed a few years earlier from British Guyana to simply Guyana. Guyana is the country just south of Venezuela on the east coast of South America. You probably remember it from the story of Jim Jones and his cult. The entire cult committed suicide at one point (actually, only a few committed suicide after killing the children and many of the other adults with cyanide.)

At any rate, I arrived in Guyana on a normal, rainy day in the middle of 1996. I was met by several local people who were also members of the mining operation. They led me through the lines at the airport with no waiting. We drove about 30 miles to Georgetown, Guyana's largest city and its capital. I was taken to a

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local house where I was to stay until we departed for the interior, where we would prospect Guyana's greatest rainforest and jungle.

At the house, I met Mike, a local who owned the claims to a very large portion of the jungle and who was also one of the partners. Joel Kane, who lives in the eastern part of the U.S., was also one of the partners listed on the contract I signed. He was to arrive within 2 weeks and before we departed for the jungle. There was one other partner who was also supposed to arrive soon, but probably after we departed for the jungle. His name was Beta and he was related to a high official in the government. The official's name was Moses Nagamotoo, and he was the first minister directly under the prime minister. (Beta's real name was Satkumar Hemraj, but he preferred the name Beta.)

Beta was not present, but because he was our partner, I was invited to the first minister's (Moses Nagamotoo's) house for dinner the second evening I was there. While at his house, the first minister complained of a back problem that was almost preventing him from doing his job in the government. I explained to him that I sometimes adjusted people's necks and that I might be able to help his back. So, after dinner he allowed me to adjust his neck, which I did very delicately, making sure that I did not jerk or hurt him. Within minutes his back problem began to subside. We were all amazed and soon he was walking quite easily around the house.

The next day, one of the servants called me and asked if I would adjust Moses's daughter's neck, as she was having bad back problems as well. I agreed and they picked me up for dinner that night, which was the third evening I was there. After dinner I adjusted her neck. Her name was Angela. Moses had another daughter named Adila, but she did not have a problem. As amazing as it may sound, Angela was soon walking easily and her back problem seemed to disappear. I do not always have such spectacular results, but sometimes it does happen. I was very glad that I had taken the time to learn to adjust necks. Making such a powerful friend as Moses Nagamotoo was important. I did not realize how

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important it was at the time, but no doubt, it kept me from spending time in prison at a later date.

For the record, and future researchers, Sam Hinds was the prime minister. Jim Punwasee was the minister of mines, whom we often went to see and occasionally visited in his home.

The government had a gold laboratory where they bought gold from local miners. The problem was that all gold that came in was completely covered with mercury. They put the gold under a hood and used a blowtorch to burn off the mercury before weighing the gold. As everyone knows, mercury fumes are extremely poisonous. The fumes were going up the exhaust stack, out into the government courtyard, and into the government complex area. Many people had complained of this practice, and when they gave me a tour of their gold facilities this was mentioned. I offered to design a simple fume scrubber and they took me up on my offer. They had very little money for such refinements, so I designed the scrubber from two 55-gallon barrels. It just so happened that I had several thousand Ping-Pong balls stored in a warehouse in Las Vegas. I had them shipped to Guyana to be used in the scrubber. By the time the balls arrived I was in the jungle, but they simply poured the Ping-Pong balls into the barrel designed to use them, turned on the water spray, and it was working when I returned. It did the job.

As luck had it, between the mercury scrubber and helping the first minister and his daughter, I hit it off very well with a few officials in the government there. I had a friend who wanted to move from Russia to Guyana, and I mentioned this to the minister of mining. A couple of days later, I got a call from the minister of immigration saying that I could call my friend and tell him to visit the Guyana Consulate in Moscow. He said papers were waiting for my friend there that would allow him to immigrate to Guyana. So you can see, I really did have a little bit of pull. I mention this merely to illustrate my good luck.

On our first expedition into the jungle, we would be taking eight men who would carry the supplies and set up camp as we reached various locations. Our workers were called droggers. These men

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were hired by Mike and they arrived at the house about a week ahead of time to begin putting supplies and equipment together. One of the droppers was the foreman, and the others, of course, were workers.

Finally, it was time for our expedition to begin and neither Joel nor Beta had arrived. But we couldn't wait. The men only made \$6.00 a day (U.S. money), but it still cost to keep them around and we wanted to get things done. So, the final crew consisted of me, Mike the landholder, and the eight droppers.

The trip into the interior took about 2 days. First, there was about an hour's ride from Georgetown to the town of Parika on the Mazaruni Cuyuni River. We loaded our supplies onto a large truck and four taxis, and arrived at Parika at about 9:00 a.m. We then loaded our supplies onto several large speedboats. The river at this point is more than 5 miles wide. Should you decide to do your own research on this part of the story, you will find that the next leg of the journey took us about 4 hours at what can be called high speed on that river.

We finally arrived at our next destination, the town of Bartica, which is considered the gateway to the interior of the country of Guyana. There, we bought food supplies at a number of food stores constructed like warehouses, which mostly supply excursions into the interior. Our buyer bought almost nothing except beans and rice. Normally, they buy only rice for such trips, but because I was there they added several sacks of beans. (On other trips, I had been able to get them to buy a variety of groceries.)

We then loaded all of our supplies into several boats and crossed the river to a port on the other side, about 1 mile away, where we transferred our supplies and equipment into two very large trucks. The trucks had wheels that were more than 6 feet in diameter for driving through the jungle on roads that were mainly mud. Even with those big wheels, the trucks could not venture off the roads. The supplies were tied down securely and most of the men elected to walk on a somewhat shorter route to the next jumping-off point into the jungle. I soon learned why they preferred

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to walk. The road was so rough and the trucks bounced so badly that it took constant attention just to hold on. There was no sleeping during the 5-hour trip to the final jumping-off point to the last river leg of our journey.

We arrived after dark, as it always gets dark at 6:00 p.m. and gets light at 6:00 a.m. in the jungle near the equator. We slept wherever we could that night. I slept on a bench outside the small store there. The next morning, we loaded all of our supplies into boats and continued up the Cuyuni branch of the river. Boats in this river are usually loaded to the gills, as the saying goes. The sides of the boats were less than 4 inches above the water. It wouldn't have required a very large wave to send water over the sides of the boats, loaded as they were, and cause one to sink to the bottom. However, there are seldom large waves in these rivers, because there are never storms in the jungle. It rains terribly hard, but very little wind accompanies the rain, so storms simply do not occur. In fact, there are no natural disasters in this area of the world; i.e., there are no storms, no hurricanes, no forest fires, and no earthquakes.

We traveled upriver for about 4 hours and arrived at the final jumping-off point. After we unloaded the boats and they pulled away, the men began loading themselves with supplies. The droggers carried their loads on their backs, but the weight was on their heads. A strap went around the top of each man's head and down to the pack against his back. They claimed that this was the least tiring load-carrying method. They carried loads of up to 80 pounds like this through the jungle and mountains.

It was now about 10:30 a.m. and we would have to travel up over a jungle mountain to the other side. Well, we called it a mountain, but hills are not considered mountains in that area unless they are at least 1,000 feet high. This hill was only 997 feet high, but by the time we had climbed to the top, we were certain it was a mountain.

The mountain was totally covered with jungle vegetation. In this area, where the humidity is 100%—and sometimes even 110%—it does not matter if it rains or not. One is very soon soaking wet, as

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the perspiration cannot evaporate. All clothes are soaked. Those who bring leather boots soon have boots full of water, because either the rain or the sweat quickly fills them. Keeping an eye on what the locals were wearing, I wore only tennis shoes. Boots offer some protection from snakes, but they become almost impossible to use after a short time due to perspiration. I decided to just be extra careful in watching for snakes.

Some of the men had to make several trips over the mountain in order to get all of our supplies to the other side. It took almost 2 complete days of travel to arrive at our campsite. This gives you an idea of how far out in the jungle we were. Several days later, when two of our men came down with malaria, we were plenty worried. We had been assured that there was no malaria in this area of the jungle and we had not thought to bring malaria medicine along with us. I immediately sent two men running to the closest mining camp hoping that they might have malaria drugs. That would take at least 2 days, and if they did not have malaria medicine, it would be at least 6 days before the men returned. We simply had to accept those facts, because it was the best we could do.

We might have tried calling a helicopter, but we didn't have a radio. Radios don't work in the jungle anyway, except for very short distances. Considering all I had learned about stabilized oxygen and how it kills pathogens in water, it seemed to me that it might cure malaria. I sat down with the men who had malaria and asked them if they would be interested in trying this "health drink" from America. They were very sick and suffering. They lay in their hammocks shivering from the chills while at the same time they were running high fevers. Their symptoms included headaches, aching muscles and joints, nausea, diarrhea, and vomiting. They were willing to try anything and they did so.

I gave them both a healthy dose of the stabilized oxygen in some water and they drank it straight down. That was all I could do; we just had to wait for the runners to return. In 1 hour, the shivering had stopped. That didn't mean much, as the shivering comes and goes, but they looked a little better. Four hours later they were

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sitting up kidding about how bad they had been feeling. They got up out of their bunks and sat down at the table to eat dinner that evening. The next morning two more men had come down with malaria. They took the same doses of stabilized oxygen and they were feeling okay by noon. We were all amazed. (This is not the whole story, and stabilized oxygen does not work all the time.)

I continued with the gold prospecting. I had developed a method of assaying for gold (that means to determine the amount of gold that is present) that was quite simple. I was able to conduct assays myself, instead of having to send my assays off to a lab somewhere and wait a couple of weeks for the results. Soon I had located some gold deposits and we began planning to erect a gold mill in the jungle. This is not a story about gold, so to make a long story short, while putting up the gold mill and doing further gold prospecting, I did quite a bit of traveling in the jungle. Wherever I went I treated people for malaria (and sometimes typhoid fever). Although the stabilized oxygen only worked about 70% of the time, it was enough to make me quite famous in the jungle.

On the way back to town during that first trip into the jungle, we reached a mining operation that was shut down for vacation. There were a number of men merely waiting for the mill to start up again. One of the men was sitting at a table looking very sick. I asked him what was wrong and he said that he was waiting for a boat to pick him up. He said he had typhoid fever and malaria at the same time. I mentioned my stabilized oxygen, which I called a health drink, and he said he would try it. On my return from town, he came running out to meet me. He grabbed my hand and pumped it up and down. He told me that he had gotten better within hours after I left and he didn't have to go into town after all. I left him with a small bottle of drops, as I had done in other places in the jungle.

There are a number of good stories like this one, but unfortunately, there were also a lot of people the stabilized oxygen did not help. Still, it was a treatment that got much better results than the standard malaria medicines. People in malaria areas cannot afford to take the preventative malaria medicines, as side effects

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always develop over time. Thus, the locals never take the preventative malaria medicines. They have to depend upon being cured by the standard malaria medicines after they contract malaria. Unfortunately, malaria has developed a resistance to those medicines. Visitors can only afford to take preventative malaria medicines for a short period. As it turned out, several of my associates were hospitalized as a result of the preventative malaria medicines.

I visited a missionary clinic near one of the mining villages in the jungle. They had, as I remember, four beds. I offered the “health drink” to them, but they told me that malaria was a disease visited upon the people of the jungle because of their sinful sex practices and that they did not believe that God wanted them to have a cure for malaria. There was nothing I could do to change their minds. I felt terrible seeing those people suffering, but I had to leave. I won’t mention the religion involved, as I feel that they must have changed their minds about helping malaria victims by this time.

Back in Georgetown I telephoned a friend, Bob Tate, to tell him how stabilized oxygen cured malaria. He immediately flew to Guyana. We discussed it and decided to see if we could sell the stabilized oxygen in Guyana. We put an ad in the local paper stating that our solution cured malaria. That was a mistake. Immediately, the local television station sent reporters over to our place and we were on TV telling about our solution. Then the radio and newspaper reporters arrived. We were famous for about 3 days. Then the government dropped a bomb on us. The minister of health called us in for an interview. She told us that if we sold our solution to one more person we would be put in their prison and that we wouldn’t like it. I had seen the prison and I knew that she was right.

I talked to my friend the first minister, Moses Nagamotoo, one evening. He explained to me that two drug companies had called the minister of health and threatened to quit shipping drugs to the local hospital if she didn’t do something about the person claiming to be able to cure malaria. He explained that there was nothing his government could do at this time to help me, but he mentioned that

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he suggested to the minister of health that she give me some latitude.

At that point, I made an even bigger mistake. Although we removed our ad from the newspaper, I continued to sell the solution to more people who needed it. My partner, Bob Tate, had already gone home, but I was still planning to mine for gold in the jungle. We were just about ready with our mining supplies when I got word that the government was going to charge me with a crime and that it would be better if I were gone or somewhere else. I found that people in Georgetown are more afraid of the jungle than are people from Las Vegas. They seldom chase people in the jungle. I immediately made the trip up the river and the supplies followed me a few days later.

This is the basic story of the discovery that stabilized oxygen sometimes cures malaria; however, this is only the beginning of my story. I did not consider it a miracle solution, yet. I stayed upriver for slightly over 6 months working on the gold recovery mill. I financed that part of the operation myself, because Joel Kane was very slow in arriving and never provided additional money. When he finally did arrive and saw some of the gold that my mill was recovering, he wanted complete ownership and offered me 3%, instead of the 20% in the contract. When I did not agree, he had Mike, the owner of the land, and the droggers that Mike had hired tear down my working mill and carry it off into the jungle. I know that's what he did, because he told me so. According to the contract, if he did not use my technology, he did not need to give me 20%. The problem for him was that the new technology that Mike, the landowner, implemented didn't work. Thus, not only did I lose my investment, but he lost his as well. He was a millionaire and really didn't care, but it was a little tougher on me.

When I came back to town after those 6 months, all the Ministry of Health problems had blown over and I left for the U.S. I lost my investment money, but I had the knowledge of what the stabilized oxygen could do and it was very exciting. I no longer cared about

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the gold. I couldn't wait to get home to begin a testing program to find out why the stabilized oxygen only worked part of the time.

I went back to Guyana a couple months later when another company hired me to help them improve their gold recovery process. I was still working with the stabilized oxygen. One night, I was careless and allowed myself to be bitten hundreds of times by mosquitoes. It really wasn't planned, but when the mosquitoes started biting, I just let them bite. Several days later I began to develop malaria. The typical first symptom was light indigestion at a meal. It wasn't very pronounced, only a slight feeling of nausea that passed in about 15 minutes. As is common, I didn't feel the real nausea until the next day. Since I did get sick, I decided that I might as well check out my own medicine. I decided to wait until I got a blood test at the hospital in Georgetown before starting any treatment. That was almost a fatal mistake. The bus that runs from that part of the jungle to Georgetown did not come, and I knew that people who wait too long for treatment almost always end up dead. I waited a couple of days for the bus, but it didn't arrive and I was getting very sick. Still, I wanted to be absolutely certain, with a blood test, that I had malaria. I was going home soon and I would not have any chance to do further testing of this kind in the U.S.

I didn't tell anyone I was performing a test on myself. My employers, seeing how sick I was, felt responsible for getting me back to town. So, when I agreed to pay for part of the cost for an airplane to pick me up, they instantly agreed. In that part of the jungle, they do have a radio and a nearby landing strip. The plane came the next day (now my fourth day of being sick). I rode a bicycle to the landing strip. By this time I was very sick. When I arrived at Georgetown, they put me in a taxi and took me straight to the hospital.

At the hospital, I waited several hours for a blood test. I was definitely experiencing the symptoms of malaria, and the doctor told me that my blood tested positive for malaria. I was an outpatient, so he just gave me a small bottle of malaria pills. Of course, I did not take the pills; instead, I took a large dose of my own medicine.

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Within hours I was feeling better. It worked for me. To top it off, I went back to the hospital and had another blood test taken that showed I was now negative for malaria. I was elated! I was the first patient to have a blood test both before and after taking the stabilized oxygen. I believed I had discovered a cure for malaria.

I planned to leave Guyana right after I tested negative for malaria. I was riding my Honda motorcycle, which I bought when I first arrived in Guyana, around the city. As I rode along the street I met an old friend from Canada who was there to do some diamond mining. I stopped and we shook hands and sat down at a sidewalk café to talk. As we were talking, he noticed a friend shuffling along the street. He called out and the friend came over. We were introduced and he was invited to sit down. He looked very tired and just a little sick. I asked him what was wrong and he said malaria. He said that the drugs that the hospital was giving him didn't seem to be helping much. I said, "Well, you just happened to come to the right place."

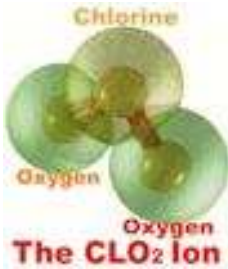
I explained what I had just found out about curing malaria and said, "If you will wait just several minutes, I will ride home and get you some solution to take." He agreed to wait. When I returned, I mixed a drink and gave it to him in a glass furnished by the sidewalk café. We continued to talk.

After about half an hour he said, "You know, I feel a little bit better. It must be my imagination." All in all, we sat there about 2 hours after he took the solution. In that short period of time, all of his symptoms were gone. I gave him a small bottle of the solution and later that night he came to where I was staying and got another bottle from me.

My plans at that time were to complete the research and then turn the information over to the world. I was sure I could get it out to the world one way or another.

Chapter 2

Development of MMS



I arrived back in the U.S. in the last part of 1997 and moved to Walker Lake, Nevada, where my partner, Bob Tate, had moved my portable laboratories. The plan was to set up and manufacture my own special mining equipment in order to make a living while also investigating the stabilized oxygen that I had used in the jungle. Unfortunately, during my exchange of Guyana money for American money before departing Guyana, a large sum of money was stolen from me, as I had no experience with the money system there. Therefore, our funds for investing in the mining equipment manufacturing business were very limited. So, I sold my 40-foot oceangoing houseboat for a small sum, which helped a lot.

We worked our mining equipment business for about a year, but then Bob began to develop the terrible illness known as Lou Gehrig's disease and was unable to do much work. Equipment sales began to falter for many reasons. The magazine in which we advertised made a big mistake with our advertising and then refused to give us credit for the mistake, which cost us thousands. Eventually, I ended up living on my Social Security income and the small amount I was able to earn doing an assay or two from time to time.

With my son's help in furnishing me with a computer and using the Internet, I began writing to various penpals in Africa. After some time, I made friends with a man in Tanzania who took people on safaris to Mount Kilimanjaro. His name was Moses Augustino. I realized that he was mainly interested in making friends with people in America because he hoped to come upon some kind of an opportunity. Had I been in his shoes, I might have been doing the

Chapter 2: Development of MMS

same thing. He soon asked me for \$40. I realized that \$40 was a lot of money to him. At that time, \$40 was quite a bit to me as well, but I wanted him to try the stabilized oxygen on some malaria cases in Tanzania, so I sent it to him.

The \$40 paid off! Following my instructions, he began giving my solution to malaria victims that he knew in his area. Many people were getting well fast, but again not everyone. He had a doctor friend whom he told about the stabilized oxygen. At that time, we called it the “Humble Health Drink.” I sent his doctor friend two bottles and I received an email back from the doctor saying that he couldn’t see how salty water would help a malaria case. I emailed him back and said, “Just try it and you will see.”

He did try it and he was amazed. He began to treat all of his malaria patients with the solution. The problem was, there weren’t many cases of malaria in this particular area. If there had been as many cases in his area as there were in south Tanzania, he would have treated hundreds of people and it might have been a different story. But he only saw a few cases of malaria each week. I thought you might like to see the two letters sent to me at my request. They are included on the next two pages.

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**FURAHA DISPENSARY,
P.O.Box 11293,
Arusha-Tanzania,
EAST AFRICA.**

TO WHOM IT MAY CONCERN,

I'm working as a Clinician, I own a small dispensary in Arusha town, this town is situated northern part of Tanzania, this is the biggest country in East Africa after Kenya and Uganda.

I have been working in this field for 7 years now.

One of my usual responsibilities is to provide medical care to patients who come to my office for seeking medical advice and examination.

Most of the patients who come often in my office always suffer from Malaria and Water-borne diseases e.g. Typhoid, Bacillary Dysentery etc.

Malaria is one of the dangerous disease which attacks our people, and there has been various measures which are taken to combat this disease, for example in recent years our government has launched new medicine to combat this disease called SP (Sulfadoxine 500mg combined with Pyrimethamine 40mg). Eventhough I always witness resistance with high mortality rate.

I first knew about Humble Health Drink (HHD) in May/2001, I have been giving this drink as Health Drink, I have been using this drink to many patients who comes to my office, but I discovered that among those patients who had taken HHD; those who were suffering from Malaria, amazingly all malaria symptoms disappeared within 2-5 hours but they continued to be weak for 6- 24 hours, after such period they appeared to be back normal, I have been giving them weak solution which is called Humble Health Drink Phase 1.

But also I discovered that there were few cases where Humble Health Drink Phase 1 appeared to fail to eliminate Malaria parasites, I then gave them solution which is called Humble Health Drink Phase 2, here a weak organic acid is mixed with stronger solution of Humble Health Drink and 48 hours is allowed to pass before consumed by the patient.

Within 2-4 hours after Humble Health Drink Phase 2 is administered; amazingly all all symptoms disappeared completely, here again I noticed patients to be back to normal 8-24 hours, and after such period most of patients appeared to resume to the normal.

For most cases there were no failures in treating malaria when I used Humble Health Drink, I have been visiting all patients who used both Phases and come to discover that all Malaria symptoms disappeared totally.

Since the day I first used Humble Health Drink up to the moment, I have successfully managed to treat 30 patients and some of them I managed to keep their records.

I would like to welcome anyone who would like to contact me by using my phone numbers given below or to visit me in Tanzania.

Sincerely,

Kittu J. Thomas.



Kittu J. Thomas,

P.O.BOX 11293,

Tel: +255 742421996 / +255 744306581

Arusha-Tanzania.

Chapter 2: Development of MMS

Nature Beauties Safaris Ltd.

P.O.Box 13222 Tel/Fax:255 272504083,

E-mail: nature.beauties@habari.co.tz,

WEBSITE: www.nature-beauties.com

ARUSHA-TANZANIA-EAST AFRICA.

TO WHOM IT MAY CONCERN,

My job is conducting safaris in the country of Tanzania to our famous tourist attractions as it is known that this country harbour famous attractions in Africa e.g Mount Kilimanjaro, Serengeti National park, Ngorongoro crater, Lake Manyara national park (famous for its tree climbing lions), Tarangire national park, Selous game reserve, Zanzibar Islands etc.

I have been working in this job for three (3) years now, my responsibility in these trips is to Guide tourists who most of them comes from USA & Europe, I explains about Animals, Birds, Plants, African Cultures etc.

I first learned about Humble Health Drink in March/2001, as I have traveled around Tanzania I gave various people who had Malaria this Humble Health Drink, what is now called Humble Health Drink Phase 1.

Within 2 and 4 hours all symptoms of malaria disappeared, I noticed that when the symptoms had disappeared that they still seemed weak from the disease for 8 to 24 hours, but all appeared to be back to normal within that time.

There were a few cases of where the Humble Health Drink Phase 1 did not seem to help malaria patient. I then gave them a second mixture now designated Humble Health Drink Phase 2. In this case a weak organic acid is mixed with a stronger solution of the Humble Health Drink and a certain amount of time is allowed to pass before the health drink is consumed. Within 2 to 4 hours after Phase 2 is consumed all malaria symptoms appear to be gone. Again the patient seems to be slightly weak, and the weakness seems to disappear within 8 to 24 hours .

I have had no failures when giving the Humble Health Drink to malaria patients. That is to say, all patients appear to have no more malaria symptoms when I have used one or both of the Humble Health Drinks, Phase 1 and Phase 2.

I have kept written record of all people who had malaria and who were given this Humble Health Drink. I have the name and address of each person. In all there were twenty one (21) people who had malaria and who benefited.

Anyone is welcome to call me at the phone number given below, or to visit me in Tanzania.

Sincerely,

Moses Augustino.



Moses Augustino,
P.O.Box 13222,
Tel: +255 0744290223,
Arusha- Tanzania,

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Moses Augustino and his wife in 2000. Moses was the first man to cure someone in Africa of malaria using MMS.

Many people were treated after these letters were written and I received more data concerning the stabilized oxygen (Humble Health Drink).

Meanwhile, I was working to figure out the chemical composition of the stabilized oxygen and how it was made. I needed to find out why it wasn't 100% effective. I learned that Dr. William F. Koch first started working with this solution in Germany back in 1926. He used it in conjunction with mentally retarded children, because he believed that the stabilized oxygen produced nontoxic oxygen identical to the oxygen produced by breathing. Dr. Koch used his formula for 10 years believing that it somehow increased oxygen to the brains of the retarded children. Unfortunately, that was not the case. The problem was that either the chemistry was not modern enough to allow Dr. Koch to understand exactly what the formula was doing, or he just didn't understand chemistry well enough.

The formula found its way to the U.S. around 1930. Over the years, those who could find the actual formula began to add it to various products, thinking that it was a form of oxygen that the body could use. Since that time, researchers studying stabilized oxygen have continued to make the same mistake. The fact is, what has been called stabilized oxygen for the past 80 years contains no

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oxygen that the body can use. In order for oxygen to be useful to the body, it must be in its elemental state. That means it can have no charge. In other words, it cannot be an ion form of oxygen. The oxygen that is in stabilized oxygen is in an ionic form with a -2 charge. Saying that the body can use the oxygen in stabilized oxygen is like saying that the body can use the oxygen in carbon dioxide. Do you understand? Carbon dioxide has two ions of oxygen with the same -2 charge. If you only breathe carbon dioxide you will die. The oxygen in stabilized oxygen merely becomes part of the water in the body. Water is made up of oxygen and hydrogen. In that composition, oxygen and hydrogen do not destroy any pathogens at all. Later in my research, when I realized all of this, I was amazed to find that several universities had made this mistake. Of course, early on, I did not know any better either; I just knew the solution needed to be improved.

When you take a breath of air, you are taking millions of oxygen atoms into your lungs. Guess what happens when you breathe out. You are breathing oxygen out in the form of carbon dioxide. The amount of oxygen going out is the same as the amount that came in, but going out it is carbon dioxide. You see, the dioxide is oxygen, but it is *spent* oxygen (so to speak). The thing that the oxygen does that keeps the body alive is it oxidizes things in the body. Oxidation involves an oxygen atom accepting electrons, which destroys poisons, neutralizes chemicals, and releases heat energy. In the process, carbon dioxide, carbon monoxide, or some other combination is created. When the oxygen accepts the electrons, it is no longer an oxygen atom; it becomes an oxygen ion with a -2 charge. If it already has a -2 charge, as it does in stabilized oxygen, it cannot oxidize anything, and thus, it is of no value to the body as oxygen. So if it isn't the oxygen in the so-called stabilized oxygen that kills the malaria parasite, what does?

Finding the formula for stabilized oxygen was a hard thing to do back in 1998, particularly given my limited knowledge of chemistry. Nobody who had the formula was telling, and even when they sold it, they didn't put the ingredients on the label. However, I

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did find one company that gave instructions for using stabilized oxygen. They said that after you put the drops into a glass of water it became unstable, and thus, you should never wait more than 1 hour before drinking the mixture. I thought that was interesting, so I put 10 drops into a standard glass of water (8 ounces), waited for about 8 hours, and then smelled it, like chemists often do. I thought I smelled chlorine. I realized that if water did make the stabilized oxygen unstable, it was because the water had made it less alkaline (more neutral). I had been using 10 drops, but was getting the idea that I would have to use more. After adding 20 drops of stabilized oxygen to an 8 ounce glass of water, I decided to add a little vinegar, because it contains acetic acid, which I knew would make the solution even less alkaline than the water made it. I waited for more than 24 hours this time and was then able to detect a much stronger smell of chlorine.

By that time my friends in Africa trusted me to some small extent, so they were willing to give it a try. They started using the improved formula of 20 drops of stabilized oxygen in a full glass of water with 1 teaspoon of vinegar. After waiting 24 hours, they gave it to several of those who had not been helped by the original dose. In every case, the malaria victim was cured when they used the vinegar and waited 24 hours.

To test my mixture, I bought some chlorine measuring sticks used for swimming pools. Guess what? After a few hours, the mixture began to measure a slight amount of chlorine. After 24 hours, it measured at least 1 ppm (part per million) chlorine. That wasn't the total answer, but I was getting closer. I didn't realize it at first, but the sticks were measuring chlorine dioxide.

Next, I put a lid on the glass containing the mixture and found that it developed the same strength of chlorine in 2 hours as it did in 24 hours without the lid. That is, of course, as long as I used the vinegar. The reason was that the chlorine was not evaporating into the air as quickly. I transmitted this data to Tanzania and they began to use this new procedure. They added the teaspoon of vinegar, used

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a lid, and waited for 2 hours before giving it to the malaria victims. It worked every time. They were not experiencing any failures.

This all sounds easy now, but I did more than 1,000 different tests over a period of 1 year to figure out all these “simple” things. My money was very limited and swimming pool test strips were expensive, as were the various chemicals that I needed to conduct the testing. I must admit that I didn’t do anything really brilliant. I just blundered along with the small amount of knowledge I possessed of the chemistry of metallurgy. There was also the fact that I was a research engineer in the aerospace industry for almost 25 years. I set up tests for A-bombs and that sort of thing. So, I did have some experience conducting tests. I tried a dozen or more acids and a hundred combinations.

The 2-hour wait was okay for the doctor, but it wasn’t very practical for my friend Moses Augustino. He was always on the move and would run into cases of malaria on his travels. He needed a method that would allow him to give a person a dose within 5 minutes or so, as he simply could not always wait 2 hours. Stabilized oxygen is stable due to its very high alkalinity (i.e., the opposite of acidity.) When a few drops are added to a glass of water, the alkalinity is neutralized by the water and ions in the drops become unstable and begin to release chlorine. At least that is what I thought at the time. So the question was, how do we get this to happen faster?

The research required the purchase and testing of different acids, which I finally accomplished. After trying all the mineral acids and various organic acids, I found that vinegar, an organic acid that is 5% acetic acid, worked the best. Then I made a mini-breakthrough, which now seems obvious. Instead of using a glass of water, I used no water at all. I just put 20 drops of stabilized oxygen and 1/4 teaspoon of vinegar in a clean, dry, empty glass. I swirled it around to mix it. That worked, and in only 3 minutes! I checked the mixture with the chlorine strips and it showed a reading of over 5 ppm in only 3 minutes’ time. When I added 1/2 glass (4 ounces) of water, it diluted the mixture out to less than 1 ppm, but the taste

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was terrible. The stabilized oxygen mixture with water doesn't taste too bad before the chlorine is released, but afterwards it's pretty bad. Some people don't seem to mind the taste; however, most people do, especially children, and they are the ones who need the solution most.

I tried various juices to see which ones might work the best. There were two problems: I needed something that would taste okay, and I needed something that would not change the amount of chlorine. After trying many juices and tasting a lot of drinks, I settled on plain old apple juice, without added vitamin C. I transmitted this information to my friends in Tanzania and they used it for a few months, but then something happened and I didn't hear from them again. I worried that my friend Moses had been injured on one of his trips to Kilimanjaro, as he simply dropped out of contact. The doctor explained to me that he had not heard from him either. He also mentioned that he was going to move. I have never heard from the doctor again, despite the numerous emails I have sent. He gave me a great deal of help and I miss hearing from him. I continued to send emails to Moses, and finally, in February 2009, I received word from him. We are now in communication again and I am helping him with money needed to begin selling MMS in Tanzania.

You may be wondering at this point about the formula for stabilized oxygen. I did finally uncover it. I am sure that a lot of researchers would have figured it out in half an hour, but living on a desert lake with a very limited income, it took me a while. Today, anyone in the world can find the information, but let me save you some trouble. The formula is NaClO_2 . The name is sodium chloriTe. That sounds like salt, but it's not quite the same. Table salt is NaCl , and the name is sodium chloriDe. Notice the difference in the second to last letter. One is chlorite, and the other is chloride. So let me tell you about what all the other researchers seem to have missed.

First, the chlorine I smelled was actually chlorine in the air above the solution, but there was no chlorine *in* the solution. I

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discovered that what is in the solution is chlorine dioxide, which is different than chlorine. Sodium chlorite (stabilized oxygen) is highly alkaline—the opposite of acidic. When it is neutralized, it becomes unstable and begins to release, not oxygen, but chlorine dioxide. However, this is where the oxygen comes in. The formula for chlorine dioxide is ClO_2 . That's one ion of chlorine and two ions of oxygen, but the body cannot use that oxygen, because it has already lost its ability to oxidize. However, the chlorine ion has a powerful ability to oxidize. Chlorine dioxide is a powerful explosive. It cannot be contained, as it will explode and destroy the container. It is always generated where it is used, because it cannot be moved. Even a chlorine dioxide particle as small as one ion will explode if it hits the right thing, namely a pathogen in the body or some other item more acidic than the body. Body tissues are unaffected by chlorine dioxide, as they are much stronger than pathogens.

An explosion is merely a fast chemical reaction releasing energy, which is usually some kind of oxidization. When a chlorine dioxide ion meets a pathogen, it accepts five electrons of charge and results in an instant oxidization, which is the explosion. The result of this explosion (chemical reaction) is that the chlorine ion is completely neutralized. The two oxygen ions that were part of the chlorine dioxide ion are already neutral, which for oxygen is a -2 state. That means that the oxygen ion cannot oxidize anything; it can only become a part of the water in the body. The body cannot utilize it for any kind of oxidation. The chlorine ion becomes a chloride, which is basically just table salt with no particular power. Both the oxygen and the chlorine do not have any charge that will create any kind of oxidation at this point. So you see, it's the chlorine dioxide ion (the combination of chlorine and oxygen) that does the work, and it has a far greater capacity to oxidize pathogens than oxygen.

Another fact is that several deep breaths of air will supply more oxygen to the human body than the stabilized oxygen can be expected to supply. Since the formula was created to produce

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oxygen identical to the oxygen in the respiration process, what would be the point of taking the stabilized oxygen when you could simply take a couple of deep breaths? It's a moot point, so we won't waste time on it. The fact is, what the researchers believed was happening was not. The oxygen just becomes a part of the water in the body and/or possibly becomes part of a carbon dioxide ion, but it cannot be used by the body for anything else.

The function of chlorine dioxide is to attract electrons away from anything that it can oxidize. It does not supply oxygen. The chlorine dioxide ion is the oxidizer, not the oxygen. Check your chemistry book. Oxygen is not the only oxidizer. Any reaction in which electrons are transferred is considered oxidation. If the researchers that worked with stabilized oxygen had been able to understand modern chemistry, they may have been more successful in their research. There is a lot more to the process than is covered in this initial explanation. I intend to go over it thoroughly as I continue the story of the development of MMS. It's written so anyone can understand it.

At the time I made this discovery, I had just moved a few miles to the town of Mina, Nevada, where I continued writing emails to people in Africa. Thirty miles away from Mina is the town of Hawthorne, Nevada. There I met J. Andrew Nehring, a man who ran a small hobby shop. He had just returned from the Mayo Clinic where he had been operated on for cancer of the pancreas. He was continuing to be tested at a hospital in a nearby city. Unfortunately, the tests were still returning positive for cancer. He was scheduled for exploratory surgery in approximately 60 days at the Mayo Clinic. While visiting a mutual friend, he heard me talking about my solution. He asked me about it and wondered if it would help his cancer. Since many people had already tried stabilized oxygen on cancer and had experienced some success, I believed that the addition of vinegar might make the solution even better for treating cancer, as it had made the solution better for treating malaria.

We both agreed to try it. I had not noticed any side effects at this point. IT IS NOT A DRUG. So, he began taking the solution

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using vinegar as the activator. Within 2 weeks his cancer readings began to decline. The high reading was 82 (whatever that meant). At the next visit to the hospital the reading was 71. A month later the reading was 55. Two months later it was 29, and so on until the reading was less than 5. The doctors at the hospital didn't know what had happened, but as soon as the readings began to go down, they canceled the appointment at the Mayo Clinic. They wanted to see what was happening. When the reading reached 3, they said there was no point in further testing. This is just one of a number of cancer stories from the past 10 years in which the cancer just went away when the patient took MMS.

At that time, my goal was to get this information to the world one way or another. I developed a plan to put some of the story on the Internet to be distributed throughout the world. The way I envisioned doing this was to put the information in an email, ready to be sent out to the world. I wanted it to be distributed in the way viruses are often sent. When a person received this MMS information, it would have a tiny program that would allow the receiver to easily send the information out to every email address on his computer. Of course, he would be in total control. A person would only have to push one button and all the information concerning how to use and make MMS would go out to every email address on his computer that he so designated. Do you see how quickly that could propagate around the world? I was determined to make it a reality.

I sold the one thing I had, a special process for gold recovery. I received \$17,000 for the process. I searched the Internet and finally found a company whose representatives claimed they could develop such a distribution program. I started working with them to get the program written. I paid \$5,000 up front, several thousand as the program progressed, and a large sum at the end. The program never worked. So, I never got a working program and I had spent most of my money. Just to be fair, let me tell you the name of the company that refused to furnish me with a working program after I had paid

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them \$14,000. It was Danube Technologies, Inc., located in Seattle, Washington.

They told me that when I made the final payment they would send me the working program. Their first proposal to me was dated April 9, 2001. My final payment to them was made on November 11, 2001. The program never came close to working. They claimed it did. They also said that the program was illegal. They would not do anything more. Now, 6 years later, I am finally selling this book. The program would have dispersed the MMS story very quickly, but a book is even better. Far more information can be conveyed in a book than can be sent in an email.

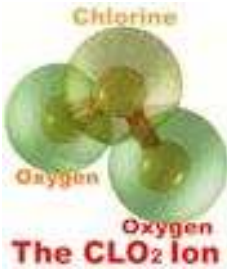
I'm sure you must be thinking that with such an amazing cure philanthropists like Oprah Winfrey and Bill Gates would be standing in line to give me money to carry out my mission, but that is not the case. It took a while to get it all figured out, but I finally realized it is all based on money or the desire for prestige. Oprah wants to know what is going to bring her TV program the biggest audience, because that is what brings in the money, and Bill Gates does not build his prestige by helping the little guy. His millions go to the big pharmaceutical laboratories, which in turn gain him powerful friends throughout the world. To invest in something that works but reduces the income of the pharmaceutical companies would be unthinkable. He told me over the phone that he would not back us until we had FDA approval. That takes \$100 million dollars and he knows we will never have that kind of money.

I sent many letters to these people and dozens of other organizations. It wasn't, for the most part, that they didn't believe me. For 100 years the medical establishment and the pharmaceutical companies with their billions of dollars have stood shoulder to shoulder using the laws enacted by Congress to hold the alternative medicine manufacturers and practitioners at bay. They have tried to make them look like quacks and charlatans, but the fact is that millions of Americans have discovered they are not. Despite medical warnings, every year more and more people discover answers in the alternative medicine field, and now it is a

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multibillion-dollar business. You can't possibly think that millions of Americans are so stupid that they would prefer quacks and charlatans if they were not getting real help addressing their health problems. It may surprise you to know that 55% of Americans now use alternative medicine and have quit going to their family medical doctors. That's why the government is frantically working to get all supplements under the control of the medical establishment.

Since the release of the first edition of this book, the FDA has announced its intentions to shut down at least 50% of the alternative medical businesses. A new law enacted by Congress gives the FDA the right to require that all supplements be tested to prove their efficacy. This means that the FDA can stop the sale of any supplement at any time and require testing, which can cost up to \$100 million per supplement. While more than 900,000 people die from drugs each year, the alternative health industry does not average even one death per year. But should someone so much as report being sick from a health supplement, the FDA can, and does, stop the sale of every supplement of that kind in the country. In several such cases the supplements were never allowed back on the shelves, even though nothing was ever found to be wrong with them. Given this new law and what the government has said it is going to do, it is obvious that the FDA intends to ensure that eventually only drugs will be available to those who are sick. So please, tell your friends about this book.



Chapter 3 Stabilized Oxygen, MMS, and a Contract

As stated in the previous chapter, I moved to the small town of Mina, Nevada, in 2001, where I lived on a gold milling property at no cost. Dick Johnson, the owner of the property and a friend, offered me this opportunity to help me out with my research. It gave me a few extra dollars to put towards the investigation of stabilized oxygen.

The stabilized oxygen mixture has been renamed several times since I began making the solution in my kitchen. It is not easy to get the chemical sodium chlorite, but if you keep at it, you can get some. It is available through many chemical supply houses, and I'll tell you how to get it later in this book. I began making the solution much stronger than the stabilized oxygen that is sold on the market. For many years, stabilized oxygen was 3.5% sodium chlorite. At this time, my solution, which I have named the Miracle Mineral Solution (MMS), is 22.4% sodium chlorite. That's almost seven times stronger than regular stabilized oxygen. This means that when I make a trip into the jungle, I can carry seven times as much "healing power" as I was able to carry with the original stabilized oxygen formula.

Let me explain what has happened. Over the past 80 years, researchers have conducted their tests using from 5 to 20 drops, at most, of the 3.5% solution. As I started helping people with malaria and other problems, if a few drops didn't work, I just gave them more. In all the research literature I have read concerning stabilized oxygen, no one has ever increased the dosage beyond 25 drops, and very few have used that many. (What happened to the old idea that

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if 10 drops is good, 40 drops is 4 times better?) The only precaution I took was to always try the heavier doses on myself first. Generally, I was dealing with people who wanted to get well, and they agreed to try it after I had tested it. I didn't go directly from 10 drops of stabilized oxygen to 120, but eventually I arrived at 120 drops and used a second dose of 120 drops 1 hour later. I increased the dosage a little at a time until I determined what it took to overcome a problem. It is not a drug; it is a mineral solution. I am an inventor, not a doctor. I don't even know what the Hippocratic oath says. I am not trying to do what doctors do. Ever since I thought it was possible, my goal has been to invent a way to help the immune system overcome malaria, and I have accomplished it. In my opinion, I have never put anyone at risk, and I have personally helped over 2,000 people. Over 75,000 people have overcome malaria with the help of people I have trained. The people treated were "cured" and no deaths were ever reported, even though over 300 deaths could have been expected for a study of this size. When I say "cured" I'm referring to the fact that they got up, smiled, put their clothes on, and went back to work. They have not relapsed, as far as we can tell.

Did we do double-blind and triple-blind tests? No. The money has not been available. As I have said, Bill Gates will not help us until we are FDA approved, which costs millions, but those people in Africa who went back to work feeling good didn't care if we had FDA approval or not. When I phoned the FDA, they told me that they had no say in Africa and would not comment on my use of MMS there, but if I want to get it approved for treatment of malaria in America, that will be another story. They don't care if it is not a drug. The minute I say treatment of any disease, it becomes a drug and it must undergo countless tests and laboratory evaluations, which run anywhere from \$50 million upwards.

The country of Malawi has approved MMS as a mineral solution that can be given to anyone, including those who are sick. They have shown a bit of reasonable logic. It isn't likely to happen here in the U.S. The doctors and pharmaceutical companies have

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lobbied Congress to the tune of billions of dollars to have all the laws written in their favor and to produce money for them. Every year, over 900,000 people in the U.S. die from medical drug-related causes. However, when just one person died in 1 year from an amino acid found in a health food store, the FDA ordered that amino acid to be removed from all health food stores in the U.S., in spite of the fact that it had helped more people than most drugs. Now, years later, that amino acid still cannot be sold. The particular amino acid was replacing a drug and was costing the drug companies money. The drug companies and the FDA are always ready to pounce on anything that might eat into the profits of the pharmaceutical companies.

So long as one is promoting a mineral solution in the attempt to make people feel better, there is no criticism. So long as one is promoting a mineral solution attempting to make people healthier, there is no criticism. But the minute one attempts to treat someone for some specific condition with a solution that has been used for 80 years, then that is a different story. You must be a doctor, you must do clinical trials, and you must have \$100 million for double- and triple-blind tests, and to meet the dozens of other requirements. No one offers to furnish the money. They just tell you what you are required to do. How dare you try to treat someone for a disease! Only doctors and pharmaceutical companies are permitted to do that.

There are many people in America who realize that drugs only treat the symptoms, not the causes of a disease. Why would a company bother to research how to best treat the symptoms of a disease instead of attempting to find a cure for the disease? A lot of us have asked this question, but not the FDA. Perhaps it's because they know the answer: As long as the drug companies are only treating the symptoms, they won't cure the disease and they can go on selling their drug until the person dies.

Several wealthy people offered to pay to distribute MMS throughout the country of Haiti. They wanted to eliminate malaria in Haiti. But when we approached more than 15 clinics there, we

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found that they were controlled by doctors in the U.S. The doctors in the U.S. were determined to keep us from giving our mineral solution to a single person. Haiti did not receive the solution and thousands still have malaria.

Has anyone been hurt? No. Thousands of people with malaria have taken MMS and they are now happy and well. No one has claimed any lasting, negative side effect. There has been an instant reaction in about 1 out of 100 people, but that's not a side effect. The reaction normally lasts less than 30 minutes. Look it up in a medical dictionary or on the Internet. A side effect is an effect that a drug has on healthy cells that are not a part of a disease. An instant reaction is the result of the body adjusting to MMS as it affects diseased cells or disease causing germs. There are no effects on healthy cells.

We know that MMS (22.4% sodium chlorite) generates chlorine dioxide (ClO_2) when mixed with vinegar. The reason it produces chlorine dioxide when mixed with vinegar is because the acetic acid (in the vinegar) causes the solution to be neutralized or to become slightly acidic. MMS is normally extremely alkaline. When it is made acidic, by adding the vinegar, it becomes slightly unstable and begins to release chlorine dioxide. By measuring the drops and the acetic acid, we know that it creates about 3 mg of chlorine dioxide in approximately 3 minutes. When we add apple juice (or some other juice without vitamin C), it dilutes the solution so that there is about 1 ppm chlorine dioxide in the total apple juice mixture. MMS continues to generate chlorine dioxide, but now at a much slower rate.

Chlorine and chlorine dioxide have been used to purify water and kill pathogens in hospitals, and for many other antiseptic uses for more than 100 years. Lately, chlorine dioxide has been used more and more frequently, especially to purify water. The FDA has authorized its use for the cleaning of chicken, beef, and other foods. Research has proven chlorine dioxide to be much safer than chlorine, as it is selective for pathogens when used in water and it does not create compounds from other constituents in the water,

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which chlorine does. Simple chemistry tells us that without a doubt, the same situation exists in the body. It has been proven that chlorine in drinking water creates at least three different carcinogenic compounds when it enters the body, but no such compounds have been found with the use of chlorine dioxide. In 1999, the American Society of Analytical Chemists stated that chlorine dioxide is the most powerful pathogen killer known to man.

If this is the case—and it is—then you would think that the pharmaceutical companies might say to themselves, “Hmm, if chlorine dioxide is such a powerful killer of bacteria, viruses, and other germs, and since it is used to kill viruses on foods throughout the food industry, maybe, just maybe, it can be used to kill those things in the human body.” But no, they want to develop drugs that make you feel a little bit better, which you will buy again and again. No point in creating something that’s going to cure a person with just one dose! Pharmaceutical companies should have discovered it 100 years ago, but they didn’t. You might say this is just my opinion, my truth, but I am going to have to call it a fact, because it is such an obvious truth. There is no excuse for why research has not been conducted on a solution that has been used for 100 years to kill disease-causing germs. The pharmaceutical companies not only have not done the research, they have actually refused to test stabilized oxygen many times.

So what happens when you put stabilized oxygen into the body? First, it goes down into the stomach. There are dozens of research papers that state that when it comes in contact with strong stomach acids it immediately breaks down into oxygen. However, they don’t describe the tests used to prove this hypothesis. I tested stomach acids in a glass and never had this result. I even tried tripling the strength of the acid in the glass to three times the acid that would normally be found in the stomach, and it never immediately broke down the sodium chlorite. In fact, it didn’t increase the speed of the production of chlorine dioxide beyond approximately 1/100 of a milligram per hour—in other words, it essentially didn’t increase it at all. Of course, all that can be created when the sodium chlorite

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does break down is chlorine dioxide and sodium (an insignificant amount). That is all there is; there isn't anything else left. The chlorine dioxide "explodes" when it touches items that are a great deal different than cells of the body by accepting five electrons with tremendous energy. The items that cause this "explosion" are almost always things that are bad for the body. Otherwise, it simply bounces off healthy cells. There is more about this later in the book (see chapter 15), but again, chlorine dioxide is the oxidizer here, not oxygen.

Without the use of vinegar, lemon, lime, or citric acid, a tiny amount of chlorine dioxide is all that is produced. Any benefit from the stabilized oxygen has to be derived from the tiny amount of chlorine dioxide, because there is nothing else except an insignificant amount of sodium. The oxygen that is finally released by the chlorine dioxide is not useable by the body. All stabilized oxygen sold on the market today is a solution of sodium chlorite; there are no electrolytes of usable oxygen to be derived from it. Thus, since stabilized oxygen did indeed provide some benefit, we know that the chlorine dioxide was responsible.

The addition of vinegar changes the conditions dramatically. A solution consisting of 20 drops of stabilized oxygen and 1/4 to 1/2 teaspoon of full strength vinegar provides approximately 1 milligram of chlorine dioxide when consumed in 4 ounces of juice. The chlorine dioxide remains in the body for only about 1 hour.

The red blood cells that normally carry oxygen throughout the body have no mechanism to differentiate between chlorine dioxide and oxygen. Thus, in the walls of the stomach, where the blood picks up nutrients of various kinds, a red blood cell will accept a chlorine dioxide ion that touches it. If there happens to be a malaria parasite present, it will be destroyed and the chlorine dioxide will be destroyed as well. If there are no parasites present, the chlorine dioxide will be carried by the red blood cell to some part of the body where oxygen would normally be used to oxidize poisons and other bad things. There, the chlorine dioxide will be released. It won't be able to oxidize some of the things that oxygen can oxidize,

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but it will have a greater capacity to oxidize those things it can oxidize.

Let me use an analogy to explain that last paragraph. Let's say that when an oxygen molecule arrives it is carrying a high-caliber, high-powered rifle with only two bullets. Chlorine dioxide can be compared to a Tasmanian devil carrying a machine gun of lower caliber, but with hundreds of bullets. He might not have the power of the rifle, but with the machine gun and all his bullets he can kill hundreds of small or weak things, while the rifle has only two bullets. Fortunately, only small and weak things need to be killed. The red blood cell is a bus designed to carry oxygen, but the driver isn't very picky and will also carry the Tasmanian devil. Taz, the chlorine dioxide, is let off by the red blood cell at approximately the same spot where oxygen would normally be let off. The terrorists are not a bit worried; they can handle Mr. Oxygen. But this time there is a surprise. The guy that gets off the bus is ferocious. He's much worse than the oxygen that normally gets off. He jumps out and lets fly with his machine gun, killing every single harmful terrorist that is present. So when the red blood cell bus arrives, watch out for Taz!

If the chlorine dioxide does not hit anything that can set it off, it will begin to deteriorate, and thus gain an electron or two. This may allow it to combine with other substances, creating a very important substance that the immune system can utilize to make hypochlorous acid. Hypochlorous acid is probably the most important acid used by the immune system. It is used to kill pathogens, killer cells, even cancerous cells. When the body has a deficiency of the important substance from which the immune system creates hypochlorous acid, the condition is called myeloperoxidase deficiency. Many people suffer as a result of this deficiency and the condition may worsen during disease situations, because the immune system needs a great deal more of this acid when a disease is present. I have made

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some suppositions here; however, we definitely know that chlorine dioxide is made in the body from sodium chlorite and that it kills the hell out of pathogens.

There is one other function that the chlorine dioxide performs in the body. It tends to neutralize poisons. Almost all substances that are poisonous to the body are, to some extent, acidic in nature or below the neutrality of the body. The chlorine dioxide neutralizes many of these poisons. We believe that can be the only explanation for why a malaria victim often goes from totally sick to totally well in less than 4 hours. The poisons that malaria generates are neutralized by the chlorine dioxide at the same time the parasites are killed.

As an example, I once gave some chlorine dioxide to a dog that was bitten by a rattlesnake. I gave him a drink of the solution every 1/2 hour. The dog seemed to know it would help him and he drank it right down each time I gave it to him. He was okay in a few hours, which would indicate that the poison was probably neutralized by the chlorine dioxide.

When I moved to Mina, Nevada, I was finally able to order my first 100-pound drum of sodium chlorite. Actually, Dick Johnson, the same friend who helped me by providing me with a place stay in Mina, bought it. When the drum arrived, he dropped by and took a few pounds to keep for himself, so he would never be without.

I began helping people in Mina and some of them began buying the solution that I bottled in my kitchen. There are a number of people in Mina who have been using MMS for several years now, and I have sent bottles all over the world. People have used it to treat cancer and every other disease you can think of that might be caused by bacteria, viruses, molds, yeast, or other pathogens.

I was eventually approached by Arnold, a businessman who lived in Reno and owned a nonworking gold mill in Mina. (I've changed Arnold's name, since everything I'm going to say about him isn't good.) He asked me to do some gold assays. We began talking, and when I mentioned that I had helped people with malaria, he was extremely impressed. We talked on several

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occasions, and in time, we finally signed a contract. In the contract, he agreed to provide the funding to make MMS available throughout the world. He wanted to put up an Internet site in Budapest and sell MMS to the world from there. I found him to be like many other wealthy men who think MMS is great. They want to get others to invest money, but they don't want to invest any themselves. He began talking to numerous people about MMS and was able to interest many "humanitarian" groups. He called and told me about each new group he was talking to concerning investing in MMS to combat malaria in Africa.

Arnold is a great humanitarian himself. He works to help the homeless in Reno, and he always stops to help anyone who is broken down on the highway. He supplies a truckload of clothes and other items to an orphanage in Mexico each year. When a homeless person or someone down on their luck arrives in Mina, he will either give them a job himself or somehow get them a job with someone else in town. He helps out in many ways in Reno, including distributing meals to the homeless at Christmastime, and he was quite helpful to me, including working towards getting MMS distributed in Africa for 6 years.

The problem was that he never kept any of the agreements we made in the contract we had signed. Instead, he kept finding people who might "potentially" finance the distribution of MMS in Africa for malaria victims. We were always just weeks or months away from getting the money to distribute the MMS in Africa or to get the money to conduct clinical trials to prove to the world that it works.

Arnold began to use MMS to help people, as he is very compassionate towards people who are sick. He personally gave MMS to many people after ensuring that they knew how to use it correctly. He found veterans who had malaria that kept coming back and provided MMS to them. That was one way that he proved to himself that it worked. However, I began to realize that he would not let me talk to any of the groups that he had said were interested in helping to finance the distribution of MMS to the world. I don't know what his reasoning was, but it seemed he was not as effective

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in dealing with people as he thought. Group after group and individual after individual lost interest in MMS and simply discontinued their relationships with him and his ideas, and went away. Living out here in the desert, I never got to talk to any of these people or groups. I was always told about them, but was never allowed to talk to them. Arnold refused to even discuss it.

This continued for 5 years. He made many mistakes, such as hiring a young kid to create our Web site, who then sued us when we insisted that the Web site be created the way we wanted. The kid took us to court and sent letters to government agencies saying that we were crooked and our MMS solution was a fake. Those letters prevented us from getting a letter from the IRS stating that we were a nonprofit group.

When I began writing this book on October 1, 2006, 5 years after the date the Web site was scheduled to be completed (October 1, 2001), and thousands of dollars later, we still did not have a Web site. Four additional people who had been hired all bombed out, taking our money and producing nothing. Had I been able to use some of the money that was lost, I could have completed clinical trials in Kenya. Arnold also hired a grant writer who began to work against us. Arnold was very bad with people, but always thought he was especially good. I mention these negative aspects only to point out why I had to write this book. It's part of the story, and getting the details of MMS to the world is, and has always been, my purpose.

I should emphasize that I do not think that Arnold is a bad guy. But I finally realized that if I stayed with him it would have to be his way or nothing. If I wanted to get this information to the world, I had to leave that partnership. It wasn't happening Arnold's way and he would not allow us to try any other way. Thus, I had to get away so I could do what I knew would work.

By this time it was 2006, and I could no longer justify keeping this information from the world. There were (and are) millions of people who needed MMS. How could I allow them to die when they could be saved? The answer was I could not.

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I called a friend, Ed Heft, who had a house in Mexico located on a bay just off the Sea of Cortez. He immediately invited me to come down and finish the book. He said I could live there at no charge. It was an ideal offer and I accepted. So I packed my bags and left about mid-November 2006. There were several other important events that took place before I left, but I will discuss them later (see chapter 4). I arrived in Mexico, somewhere below the border, and stayed in the house on the bay while I continued to write my book. Anyone familiar with Mexico knows where I was, but I'll not name the place for now.

Christmas came and went and I continued to write. Finally, the book was finished in March 2007 and I had saved enough money working the job Arnold had given me cleaning up the old gold mill to buy the first 1,000 books. I had also spent this time putting together a Web site—not a very good one, but it did the job and sold books.

I only sold a few books, as I was not a very good Web advertiser, but the few that did sell got to the right people and some of them began making MMS and selling it right away. One company began selling large amounts immediately. They knew how to advertise on the Web and they sold thousands of bottles of MMS. For the record, their name is Global Light.

My book sold for \$14.95 and that helped out quite a bit. I also made two ebooks. I divided the hard book, *The Miracle Mineral Supplement of the 21st Century*, into 2 parts and offered the first part (Part I) as a free downloadable file. Then if someone wanted to read the second part (Part II), it cost them \$9.95. That worked fairly well. For every 15 people who read Part I, one person would purchase and download Part II. Since there was no cost to me for Part II, it was mostly profit.

The selling of MMS is what really started the ball rolling. I was down in Mexico and couldn't ship books out, so I had the book company ship the books to Clara Tate who became my secretary in Nevada. She shipped all the books from there. Soon I realized we

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were running out of books and that I needed to place the next order right away.

Things started to improve. One company called me up and offered to help by purchasing a large order. I decided to sell the second edition for \$19.95. So the sale of 500 books at half price would give me \$5,000 dollars immediately, which was all that the printing company required up front. My friend in Canada, Kenneth Richardson, said that he would pay the rest of the cost when the books were ready to be delivered to Clara in Nevada. I couldn't lose. Although I had no money to speak of, everything was being paid for. I placed an order for 10,000 copies of the second edition.

A number of people interviewed me on the radio and for various Web associations. My book sales increased to an average of about \$350 a day, including the ebook and hard copy. I'd like to name all who helped, but there were just too many and there isn't enough room in this book. It wouldn't be fair to leave anyone out. One person whom I think was especially effective in keeping my book selling was Adam Abraham who promoted it on his radio show, "Talk for Food."

Getting the book sales to increase over the amount mentioned above has been tough. It has hung on at that level for some time, so I will be working on that. I have been able to use some of the money I've made for helping in Africa, but for the most part, I am saving the money for when I travel there.

I found that I couldn't live on the bay and still get everything done that I needed to accomplish. Most of the computer equipment and supplies I required were available in a large Mexican city 60 miles away, and I needed to move there.

Meanwhile, there were those who encouraged me to get the book printed in Spanish, and with the money from the book sales I was able to do that. I found a nice lady in town who wanted to help, and soon we had made an agreement that she would start a Mexican company and sell Spanish books and MMS. I moved to town and was lucky to rent rooms from the lady's family. I made one room into an office for computers, and the other into a bedroom. The

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family was very good to me. I hired the sister of the lady to be my secretary. Her mother took great care of me; my clothes were washed and ironed and my bed was always made. I was no longer alone.

The Mexican company that we were establishing was extremely important, as the North American Free Trade Agreement (NAFTA) states that any products that are legal in one country are legal in the other countries signed on to the agreement. That meant that if we could get MMS registered and legal in Mexico, it would also be legal in the U.S. and Canada. We could circumvent a lot of problems in the U.S. Of course, I would also be making money on MMS in Mexico. I had decided not to sell MMS in the U.S., as I thought that would help get MMS accepted and selling, since people could not accuse me of trying to make money on snake oil. That may have helped in the beginning, but it was priced so low that no one seemed to care if I made some money on the sales or not. I won't try to sell any MMS in the U.S., but a number of companies who are selling MMS have agreed to donate to my African fund.

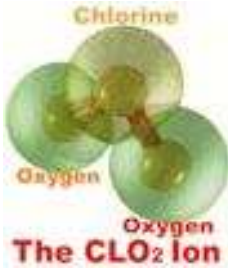
In addition, Nexus magazine decided to get my book translated into German and to publish it, which they did, with an agreement to pay me a royalty. It is now published in English, Spanish, German, Croatian, Polish, Czech, and French. It has been translated into Japanese and will soon be published there as well.

So, in all this time, thousands of people have been cured and many people have wanted to lend a hand, but no one with money has stepped up to the plate and said, "Let me help." Many rich people have refused when I have asked. But now it actually looks like the book sales will produce enough money to cure at least one country in Africa and the project will be accomplished.

Nevertheless, it continues to amaze me that millions of dollars are spent on frivolous purchases each year, and the world marches blithely on ignoring the fact that the human race is marked for extinction, refusing to see the evidence staring them in the face. Just a small fraction of the money spent on all the frivolous waste could

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change everything. See the last part of chapter 10 for more information on this topic.



Chapter 4

Dr. Moses Flomo, Sr., An African Herb Doctor

I signed the contract with Arnold in 2001. As I have said, Arnold talked to numerous people concerning MMS (which we called OS-82) about helping the people in Africa with malaria. Each time he spoke to someone new he believed he had found someone who would provide us with the funds to prove MMS worked. Then we could ask the world to help us cure Africa. I remained in Mina, Nevada, continuing to write emails to people in Africa. Many didn't believe what I told them about MMS, and some asked me not to write them again.

Somewhere around July 2003, my emails to Africa paid off. I finally got in touch with a doctor in Guinea, West Africa. His name was Dr. Moses Flomo, Sr. I began telling him about the results we had achieved in Tanzania. He was interested. I sent him a bottle of MMS and he tried it on a single malaria patient who recovered in only hours. He immediately went to the office of the Ministry of Health. Dr. Gamy was the deputy minister of health at that time in Guinea.



Dr. Moses Flomo, Sr.

Dr. Flomo met with one of the doctors in the office who then authorized him to test 25 people. He was to test those 25 people without charge. If MMS worked, he could then begin charging people for MMS as a treatment for malaria.

Chapter 4: Dr. Moses Flomo, Sr., An African Herb Doctor

Dr. Flomo put a large sign outside his clinic that said, “Free treatment for malaria.” Within hours he had more than 25 people signed up, and he treated them the same day. He had them agree to come back the next day for testing. The next day, all the people who returned were malaria free. He began treating people for malaria for 5,000 GNF (0.75 USD) on October 1, 2003.

People started lining up outside his office, and he continued treating them for a few weeks. Unfortunately, Dr. Flomo couldn't see the value of MMS. He believed he could make a lot of money selling herb formulas in capsule form. He was only doing the malaria thing to get me to help him with his herbs. I agreed to help him as long as he was working to address malaria. He wanted me to send him some empty capsules, some herb books, a capsule filling machine, and some other supplies. When I sent him a package containing some books and a small semiautomatic capsule-filling machine, his post office held it. He got so upset with them that he closed his clinic. It didn't make a lot of sense to me, but he wasn't from Guinea and he thought that was the reason he was being treated badly.

We later learned that the postmaster had taken the package and put it on his desk. The next day, he became ill and the package remained on his desk for 2 weeks. Then an accident occurred and the package was essentially destroyed by rain.

After closing his clinic, Dr. Flomo decided to go out to an American bauxite company, the biggest one in that part of the world. He knew one of the doctors in the company's clinic, so he took some MMS to the doctor and explained how it worked. They began treating workers who had malaria with it. In all, they treated about 2,000 people. The result was a 50% reduction in absenteeism. Dr. Flomo began negotiating to sell them 150 bottles of MMS for 60,000 USD. That's 400 USD per bottle. I had never intended to sell the bottles for more than 26 USD, but Flomo insisted that we could use the money to set up a clinic. Since we had never settled on an exact price, I said okay. After all, that was still somewhat less than 1 USD per treatment.

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At that time, Arnold didn't have complete control of MMS. He hadn't yet figured out how to get complete control. I still had some say in how things were handled. Later, Arnold told me that the people who were putting up the money wanted him to have complete control, but at this time, I was able to allow Dr. Flomo to sell the MMS. Later I was not allowed to do such things.

There were some glitches in the bauxite company transaction and quite a bit of time passed. I determined the main problem was that Dr. Flomo was making trips elsewhere, working on his herb plan. It was quite an extensive plan, and he intended to plant many acres with various herbs. Dr. Flomo would not allow me to talk to the doctors at the bauxite clinic. We had to go through him and he was always busy elsewhere.



Dr. Flomo's herb clinic.

I decided to tell Arnold about the possible sale. That was a mistake. Arnold tried to call the clinic at the American bauxite company, but he couldn't find the right phone number. So he got in touch with the U.S. company that owned the bauxite company and got the phone number of the president of the company in Guinea. The president said that he would not use our MMS (OS-82) until a university had published a paper stating that they had tested MMS and that it worked. That ended the \$60,000 sale of bottles to the bauxite company clinic, as the doctors there were informed that they

Chapter 4: Dr. Moses Flomo, Sr., An African Herb Doctor

could not use MMS. If we had not contacted the front office, the doctors in the back would have continued to use it. (Arnold had made a big mistake. I didn't want to stir things up in the front office, as I realized that things were delicately balanced.) If they had already been using MMS for 6 months and absenteeism had been reduced by 50% for that time, no one would have stopped the use of MMS. As it was, the front office was never informed that the clinic had already treated 2,000 people. At any rate, I continued to work with Dr. Flomo and sent him 10,000 empty capsules and a number of small capsule-filling machines.



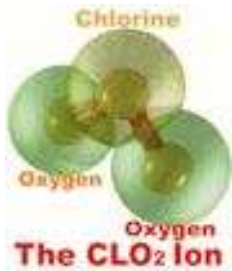
Dr. Flomo and a local herbalist preparing herbal formulas.

Guinea is full of malaria. If Dr. Flomo had continued to treat people for 0.75 USD each (an amount people in Guinea can afford), he would have become rich by Guinea standards. He would have been the most well-known doctor in that part of the world. Instead, he chose to continue selling herbs, which never worked. We would have furnished him with unlimited quantities of MMS and he could have changed an entire country, but he just had to try selling his herbs.

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If you read chapter 19, you'll see his mistake. He was so focused on his own goals, he simply couldn't adjust his vision to see the bigger picture. He wasn't interested in helping the people of that country; he was only interested in making money. He lived in his own world. Still, over 2,000 people were cured of malaria as a result of Dr. Flomo's efforts.

MMS is available for your purchase today. Just go to one of the search engines and search on MMS. I have no financial interest in the companies that sell it in the U.S. I just thought you might like to try it before you make 100 bottles. Then, after you are convinced, you can refer to chapter 18, which explains how to make 100 bottles and more.



Chapter 5 Kenya, East Africa

Arnold just happened to know the man in charge of the missionary group called the Faith Christian Fellowship International or FCF Int. We had decided at that point that we should charge 5 USD per dose of MMS. It didn't matter that Africans couldn't afford to pay that amount, because we were planning to get the money from one of the humanitarian sources. However, that still wasn't going anywhere. Finally, it occurred to me that we could offer to make a large charitable donation to FCF Int. I told Arnold and he thought it was a valid idea.

Arnold offered to give them \$200,000 worth of MMS if they would furnish the money to send me to their missions to train their people in how to use OS-82. (That's what we were calling MMS at that point. The name has changed a number of times.) Since we had set the price of a dose at 5 USD, we could make \$200,000 worth for about \$50.

Let me just reiterate here that it was my idea. The 2,000 people treated in Guinea, the 5,000 people treated in Sierra Leone, and the 75,000 people treated in Uganda and Kenya have all been cured as a direct result of my ideas. Yes, Arnold helped, but he didn't come up with the ideas, nor did he contact the people in Guinea or Sierra Leone. I did all of it without any financing from Arnold. And still, everything had to be done his way, because that is the way the donors wanted it done (at least that's what he always told me). I wouldn't have minded doing it his way if something was actually getting done, but it wasn't.

Regardless, the offer impressed FCF Int. and they decided to go ahead and send me to both Kenya and Uganda. For some reason, Arnold never allowed me to talk to the head of the FCF missionary

The Miracle Mineral Solution of the 21st Century

group or any of the other people who might have helped to finance our trips to Africa. However, he had to send me to Africa, as he was not qualified to teach anyone how to use MMS and he knew it. But he was absolutely adamant that things must be run his way, and so things *were* always run his way. That, of course, is why I am writing this book. Arnold tried, but he made many mistakes.

FCF Int. finally sent me to Africa in 2004. Before going, I manufactured hundreds of bottles of MMS in my kitchen using kitchenware and a very accurate laboratory scale.

[As an aside, by October 1, 2006 I had bottled many hundreds of bottles with 450 doses per bottle. That added up to well over 1 million doses. And by the time I was writing the second edition of this book, there were at least four manufacturers making MMS.] The bottles that we finally decided upon were tall, dark green 4-ounce bottles with dropper tops, so the drops could be easily dispensed from the bottles as long as there was solution inside. I was reasonably sure there were no other similar bottles in Africa and I was correct. A bottle of MMS could be recognized a block away, as nothing else was similar. Everyone is still using this same green bottle bought from a company in New York. The company's name and address are provided in chapter 18.



All MMS used in Africa has been bottled in these 4 ounce green bottles.

I arrived in Kakamega, Kenya, on January 31, 2004. I was met at the airport by four people who each gave me a hug. There was Javan Ommani, the head minister of the mission there; Gladis Ayugu; Hezron Juma, the second in command at the mission; and finally Beatic Iadeche. They were very glad to see me and they were very gracious. I was driven to the mission where they had a very nice room fixed with mosquito netting and everything that I would need.

Chapter 5: Kenya, East Africa



Doctor Isaac Opondo came to see me that evening. He was responsible for the mission hospital and he had been told that I was going to be giving people something to help with malaria. He was worried. He really needed to know what I was going to be giving them. I realized that if he didn't like me, or MMS, that he could shut everything down and nothing would happen. I would have to return home without having accomplished anything. So I began to explain exactly what MMS was and how it worked. He understood chlorine dioxide, because his scientific knowledge included water purification plants and disinfectants. I told him most of the things already mentioned in this book, plus additional information. He was interested. I have found that exact facts work better than anything else, and that is what I gave him.

Finally, Dr. Opondo said, "I have the picture, and if you can really get the chlorine dioxide into the body, I believe it will do exactly what you say it will do." Once he had the picture of the chlorine dioxide in his head, he was so convinced that he said, "My wife is sick with malaria. Can I go get her right now?"

I said, "Sure." She arrived about 20 minutes later. I mixed an MMS drink for her that contained only 5 drops. I considered 15 drops to be the standard dose at that time and I do not remember exactly why I only used 5 drops. I guess I was worried about making her nauseous. The next morning she was feeling a little

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better, but she was not completely well and I had told him that she would be well. I was scheduled to start treating at the hospital that morning. This was a problem, but not as bad as you might think.

The doctor believed my explanation of how the chlorine dioxide worked and he seemed to have faith in what I had to say. The problem was that the strain of malaria here was more virile than the strain of malaria in South America. In seeing that the doctor's wife was indeed a little better, I knew the MMS was working, but that the dose simply was not large enough. I told the doctor that his wife just



Dr. Opondo with MMS needed another dose, and he agreed.

That morning, when I began treating people at the mission hospital, I put on my white lab smock with the words, "The Malaria Solution Foundation," embroidered in gold lettering on the front. I wore my hat, light tan pants, and white shoes. I looked like a doctor. I arrived at the hospital at about 8 a.m. and Dr. Opondo set me up in his office. Of course, I explained to the people in the office that I was not a doctor. They didn't care. I was the only white man for 50 miles in any direction and they all had a great deal of respect for white men.

I discussed the number of drops to be given to each patient with Dr. Opondo. I pointed out that the malaria here seemed to be a stronger strain than the strain in South America. We decided to use 15 drops per dose. Soon his wife arrived to get her next dose, this one containing 15 drops, and then she went home. With that second dose, Dr. Opondo's wife became the first person I helped overcome malaria in Africa.

Chapter 5: Kenya, East Africa

We dispensed 15-drop doses all day, but the next day most of the patients came back feeling better, but not well. That did it. I decided on 30-drop doses, as we needed to achieve a cure with only one dose. There were too many malaria victims to have to handle each one twice.

The hospital laboratory was overloaded, so we simply could not check every sick person's blood for malaria. However, in that area there isn't much question about whether or not a person has malaria. Normally, a doctor merely looks at a person to determine whether or not they are infected. But they did take as many blood samples as were practical. Everyone who tested positive for malaria by blood sample, eventually tested negative after the second dose or after the 30-drop dose. In general, it took about 4 hours for all the malaria symptoms to disappear. In a few cases, it took up to 12 hours for the symptoms to disappear. Although many of the patients had other diseases as well as malaria, we never had a failure as far as the malaria was concerned. We cannot guarantee that fact, as everyone did not receive a blood tested, but to the best of our knowledge MMS never failed to kill the malaria parasite.

We treated the patients who were still feeling bad and everyone of them had recovered by the time they returned the next day. Dr. Opondo agreed with me that we should increase the dosage to 30 drops. It began to work with only one treatment. This was eight times the dose that was used in South America. This would equal 240 drops of the stabilized oxygen sold in health food stores. At the hospital, each malaria victim was introduced to me and those who could speak English would describe their symptoms a little bit. I gave a dose to everyone. I did not only try to help malaria victims. I knew that MMS would help most problems. Some of the patients soon threw up worms, and others said that various difficulties were better.

The Reverend Ommini was head of the mission there and he looked a little tired. He told me that ever since his accident he had not had any trouble with malaria. He walked with a cane and he had some steel braces in his leg. He said that maybe the steel was

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somehow causing a reaction in his blood and that it was killing the malaria parasites. I looked in his eyes and at his face very closely. I could only see extreme tiredness. He was sick and didn't know it. I asked if he was taking pain tablets, and he admitted that he took several each day. I said, "Reverend, please do me a favor and have your blood tested for malaria." All of a sudden, he realized how he really felt.

I had actually meant for him to have his blood tested the next day, but he took one more look at me and went to wake up the laboratory technician. In about 1 hour he came back with an amazing report. The average malaria patient who showed up for treatment at the hospital had a reading of +6. Rev. Ommi had a reading of +120. He could have dropped dead at any minute. I gave him the biggest dose I felt would be safe, which was 30 drops. Normally, a



person with a reading that high would be sick in bed, almost unable to move, but in some cases, pain killers will mask the symptoms.

The next morning, Rev. Ommi felt much better, but he was sick again by noon. At noon, his blood was reading +6, which was a normal reading for a person sick with malaria. I gave him another 18 drops and by the next morning he was proclaiming that he felt great. He looked good and his blood reading indicated he was free of malaria parasites. He was lucky that it turned out that way. Often, when people take pain tablets, the tablets mask the pain of malaria. They don't realize they are suffering from malaria, just as Rev. Ommi did not realize it. They keep taking more and more pain tablets, as their headaches and the pains in their joints get worse and worse. This is a very dangerous situation, as a person can

Chapter 5: Kenya, East Africa

be walking around with enough malaria in their body to kill them. In this case, a malaria victim can just drop dead, and it does happen.

Rev. Ommini began organizing malaria clinics at churches around the area, so that people with malaria could come to the churches to be treated. Each morning, about eight of us would crowd into a mini-bus driven by Peter Mwangi, a local pastor who owned the mini-bus. The bus was about 20 years old. It was really nothing more than a shell of a bus with a motor. Everything else had been stripped out. The door hinges were far beyond worn out. They managed to keep the door from falling off, but not from rattling. Being the only white person, I had to ride up front, but then so did three other people. Peter was something of a mechanic, so he kept the bus going. But everything on the bus was extremely worn. When an auto gets as bad as that bus was and something quits working, you simply pull it out and throw it away. When it comes right down to it, all you really need is a motor, a chassis, and wheels.



People at a church await our arrival. There were over 300 at this church.

Peter drove us to several churches each day and also helped me by taking pictures. There were usually 50 to 200 people at a church. They introduced me to the crowd and asked me to say something

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before we got started. I would talk for a minute or so, state that it was my pleasure to be there, and that I hoped they would feel better. Then they would stand in line as I began filling the glasses that were furnished at each church.

When there were several hundred people, I would ask for extra glasses and somehow someone would get them. Then we would line up 20 or 30 of the glasses and I would begin putting the solution in them. I had a small measuring spoon that held exactly the right amount of solution (30 drops). Then I would add vinegar to each glass. After waiting three minutes, I would then pour pineapple juice into each glass until it was about 3/4 full. We would then distribute the glasses.

Several times, when a group heard that I would not be inoculating them, they expressed disappointment. They felt that if they were not getting inoculated, the medicine might not be powerful enough to help. However, as the day wore on at each church, people started feeling better. Headaches went away, nausea vanished, and muscle pains subsided. The people were quite surprised and very pleased, and they showed it. It was always a pleasure to see the people getting better and feeling well.

While we were in Kakamega, Javan wanted us to visit one private clinic. We were to spend a full day at the clinic. The name of the clinic was The Bukura Community Nursing and Maternity Home. When we arrived, there was a big, long line of local people who needed help with malaria. We spent most of the day there and then we left them with several bottles of MMS for their use. Vincent Orimba was in charge. He treated many people and took their blood readings both before and after they took the MMS. Unfortunately, his clinic was associated with the missions that withdrew their support for MMS, thus the clinic no longer receives funding for MMS. I have included a picture of Dr. Orimba at his clinic. No doubt, he, like most of the other people in this book, can still be contacted.

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Dr. Vincent Orimba talks with a mother about her baby who has just taken MMS.

While in Kakamega I did not see any other white people. One lady stopped me on the street and shook my hand. She said that she wanted to tell her husband that she shook the hand of a white person today. Probably the biggest laugh I got at the table was when I told everyone that my biggest worry was that these converted cannibals might decide that they would rather have a good meal than go to heaven. All of them past the age of 30 claimed to be converted cannibals, but I doubt that any of them were. They just like to have something to say.

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February 11, 2004

Jim Humble
The Malaria Solution Foundation

Here I present to you my special observations during the Malaria Campaign using the Malaria Solution Formula.

1- The very 1st day of the introduction a very sick baby of 1 ½ years was brought complaining of convulsions from high fever with temperature of 104 F (40 C). Blood slide microscopic examination was positive of malaria with 4 pluses ++++ indicating very severe infection with malaria falciparum parasites.

After resuscitation the patient was given the malaria solution phase 1. After 4 hours the blood slide microscopic examination was done. The parasites were reduced to 2 pluses (++) . At that time phase 2 was given (5 drops of the malaria solution). The following day the blood slide was negative of malaria.

Note: No other antimalaria drug was given. No antibiotic was given. After two days the child was discharged. There had been no temperature above normal nor any other symptoms for 48 hours. The malaria had been cured by the Malaria Solution administration alone without the usual quinine for such serious cases.

2- A female patient aged 34 years had persistent fevers sever headaches in evenings, persistent nausea, loss of apatite, and loss of weight. Microscopic examination of blood revealed malaria falciparum parasites present. She had not responded to many antimalaria drugs including quinine injections. Malaria Solution phase 2 was given in two doses within 24 hours. By the third dose all signs and symptoms had reduced. After 5 days the patient was back to work eating well after two months of illness. A check of the blood slide showed negative.

3- Three sick children were administered Malaria Solution after the presence of symptoms of bronchial pneumonia for 2 days. After 6 hours the signs and symptoms had reduced. They stayed in the ward for 48 hours until the symptoms of pneumonia were completely gone. No other antibodies were administered.

4- I smeared the Malaria Solution to warts in the groin region of a male patient of 5 years. Within 5 days the warts were gone.

Chapter 5: Kenya, East Africa

Cases 3 and 4 indicate that the malaria solution is effective against other diseases.

5- During a mobile clinic campaign one of the female patients was given phase 2 Malaria Solution. She immediately started having severe abdominal pain. I gave her 3 glasses of water which she vomited after each glass. Soon she was feeling better.

Note: On further interrogation I found out that this patient was a known case of peptic ulcer and was on treatment at the moment with antacids.

Conclusion: This patient could have been saved from the reaction from the Malaria Solution if she had told us she had stomach ulcer. In the future we should ask about stomach ulcer.

In conclusion let me say that I am on the look out for other benefit of the Malaria Solution and will give you a feed back as I progress carefully in assessing which other conditions can be treated using the Malaria Solution.

Since the campaign is almost free I find it hard to charge a fee for Microscopic blood examination as many patients cannot afford it. That would strengthen the positive results, but as in the case #1 above, finance is a problem.

I am continuing with the Malaria Solution Program.

Sincerely,



Dr. Isaac Opendo
PO Box 1176, 50100
Kakamega, Kenya
Phone 0722-300301

The Miracle Mineral Solution of the 21st Century



BALL - WORLD MISSION

EMATSAYI MISSION HEADQUATER

P.O Box 117, 50100 KAKAMEGA, KENYA

Tel No: 0722-300301

February 11, 2004

We the people of the Ematsayi Mission which is the headquarters of 128 Ball Churches and their pastors, hereby give our thanks and appreciations to The Malaria Solution Foundation for sending Mr. Jim Humble to bring us the Malaria Solution. Over one thousand patients have been treated and reported that they have recovered from malaria including the Bishop Rev. Javan Ommani and his wife. So of the places he visited are: Ematsay Mission Hospital 80 patients were treated and reported back that they have recovered by Dr. Isaac Opondo.

2. Bakura Community nursing Home 3 patients were treated and reported that they have recovered after taking phase two of the treatment led by Dr. Edwin Otieno.

3. Inaya Church clinic, 512 patients were treated some returned the second day for number two of the phase 2 treatments and reported recovered. Led by Rev. Mutuli.

4. Imanga and Naburers Church clinics 228 patients were treated and reported recovered under Rev. Javan Masimber.

5. Emangale, Nazareti, Musaga 125 patients treated. They reported recovery of malaria. Led by Rev. Eseri Mahonga.

6. Kialala Church Clinic 50 were treated, reported recovered from Malaria. Led by Rev. Parton Wangila.

7. Mwilala 36 people were treated positive live reports came back. Led by Rev. Charles Ommani.

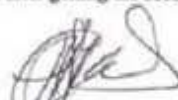
8. Anyiko Church Clinic 250 patients were treated and reported recovered. Led by Rev. Henry Apondi.

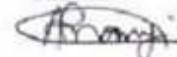
9. Buyonga Church Clinic 50 people were treated and reported recovered. Led by Sister Jackline Makokha.

10. Eshirumba Church Clinic 52 were treated and reported recovered. Led by Pastor E. Kabole.

With time running out some with malaria were left before being treated. There has been reported three cases of vomiting and at least one case of diarrhea after taking the Malaria Solution but in all cases the situation settled after getting the second treatment. Sincerely we thank all concerned in this program.


Rev. Javan Ommani
Bishop


Rev. Hezron Okaba
Ass. Bishop

Alfred Okwanyi
Chairman


Chapter 5: Kenya, East Africa

PETER MWANGI GITAU
P.O. BOX 659
KAKAMEGA
KENYA
2/11/2006

TO WHOM IT MAY CONCERN
RE: JIM V. HUNBLE

This is to certify that I, Peter Mwangi Gitau has worked with JIM since 2004. He came to the Ematsayi Ball Mission to treat people for malaria and for all this long, I have been driving him. We visited many churches and treated about 1000 people with Malaria Solution. After that, we went to Uganda to help people there and over 500 people were treated in the Life Medical Centre in Kampala, Uganda.

We left each other and he, JIM sent me some bottles of the Malaria Solution to treat and train people how to use the Solution in Kakamega Town. See pictures and report of those treated on the next page.

I am looking forward to treating as many more people in Kenya and helping JIM in this work as more money and donations are made available to us.

It's my pleasure to have many people treated and get well and reach out to millions with Malaria Solution.

Yours faithfully

P. Mwangi

Peter Mwangi.
0722 860674

The Miracle Mineral Solution of the 21st Century

February 11, 2004

Location: Ematsayi Mission

I Sila Kombo, give much thanks to God who brought brother Jim Humble to Kenya to give the Malaria Solution. I am happy that when I got the Malaria Solution I was recovered. I would like to ask the office of the Christian Faith fellowship to extend the treatment up to Tanzania country where I am a Bishop having more than 25 churches where the disease (Malaria) kills so many people and I've seen this chance to be of help to us in Africa. Thank you. Good bless.

Yours Sincerely,

A handwritten signature in black ink, appearing to be 'Sila Kombo', written in a cursive style.



Chapter 6 Uganda, East Africa

When I left Kakamega, Kenya, I flew to Nairobi. There I gave a lecture to Wade Porter and his group of doctors and nurses. The lecture was well received; they talked to me for an hour after it. There was much handshaking and friendly words, but for some reason, Wade and his wife decided I was evil, so that ended their plans to treat villagers in the nearby bush. They would never communicate about it, so I had no way to tell them differently. Even stranger, the director at FCF Int. in the U.S. was fired a few weeks after I returned. He was the person in the organization that made the decision to send me over there. Maybe there was no connection, but it seemed funny that he was fired and I never knew the reason. At any rate, the story continues.



Wade Porter and his wife are standing on each side of me. The others were doctors and nurses. Wade decided not to use MMS, as he believed I was evil.

The Miracle Mineral Solution of the 21st Century

From Nairobi, I flew to Kampala, Uganda. I was met at the airport by Solomon Mwesige, the main pastor of the mission there and the owner of the Life Link Medical Centre, a clinic connected to the mission. He drove me to his house, where he had fixed up a room for my stay. In this area, everyone who comes into a house must take off his shoes. I didn't notice this at first, but as soon as I did, I apologized and took my shoes off. They were very gracious hosts. Dinner was served every evening with everyone sitting at the table. The food was very good. In Uganda, where there is no fighting, food is plentiful. In fact, an observer would call it a land of plenty.

Solomon said that I could start using MMS at his medical clinic in the morning. I was anxious to get started, as this would be one more step in proving the safety and efficacy of MMS. I arrived at Solomon's clinic at approximately 8 a.m. on the 14th of February 2004. Patients were already arriving, as Solomon had made announcements at his church services that I would be there.



Life Link Medical Centre
P.O. Box 15081, Kampala, Uganda; phone 077 479017.

The clinic charged a small fee for each dose of MMS, labeled OS-82 at that time. I had stopped calling it OS-82 back in Kenya, because “Malaria Solution” was the only thing any of the doctors or

Chapter 6: Uganda, East Africa

nurses would call it. So that is what we finally started calling it. The people of Africa had actually named it. When I called Arnold and told him the new name, he immediately agreed.

I started off using the data obtained at the Kakamega mission in Kenya. I used 30 drops and almost everyone was getting sicker and vomiting after taking a dose. Of course, the next day—and frequently just hours later—they were well, but the vomiting was not popular. Again, the malaria in this area was different than the malaria in other places. Everyone who had malaria here also had an enlarged spleen. For some reason, the drops were reacting differently with this strain of malaria and it probably had something to do with the patients' enlarged spleens. The malaria victims in Kakamega did not have enlarged spleens. Not everyone was vomiting, so we continued with 30-drop doses for several days, but people were beginning to stay away.

Finally, I decided that I had to do something. I had each person take a 15-drop dose and come back in 4 hours for a second dose of 15 drops. This worked out OK. The 15-drop doses did not cause anyone to vomit, and soon people were returning and lining up outside for help. Once again, minor problems had been overcome. Each new situation has added to the collection of important information provided to others for use in administering MMS.



Author and nurse look on as mother gives her baby MMS at the Life Link Medical Centre in Kampala, Uganda.

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All doses, whether 15-drop or 30-drop, require the addition of $\frac{1}{4}$ to $\frac{1}{2}$ teaspoon of vinegar, lemon, lime, or citric acid solution (that's 5 drops of acid for each drop of MMS). Without one of these food acids, the solution does very little good. The food acid acts as an activator that makes the solution work. As stated earlier, one must wait 3 minutes before adding anything else. After the 3-three minute wait, you can then add a 4-ounce glass of juice to mask some of the taste. It is important to remember that the juice cannot contain any added vitamin C. This is the reason for using fresh juice, because one can be sure that vitamin C has not been added. Almost all bottled or canned juice has vitamin C added as a preservative. Vitamin C is very good for you, but in this case, it prevents the MMS from being effective in the body. So only use fresh juice.

Solomon had a microscope at his clinic and technicians who could use it to determine whether or not the malaria parasite was in a person's blood. During the time I was there, we treated at least 50 patients who tested positive for malaria before treatment and tested negative after treatment. However, most of the 500+ patients we treated didn't care. They only wanted to feel better and after two doses of MMS they did. The fact is, at least 95% of them had malaria; we just did not have the time to test everyone's blood. Still, we verified 50 cases of people who were cleared of the malaria parasite.

Shortly after I arrived at the Life Link Medical Centre I met one special pastor from the DRC Congo. His name was John Tumuhairwe and he was interested in MMS. After he accepted a dose himself, he immediately began to help others as they arrived. He was very enthusiastic concerning MMS and talked to me extensively about going to the DRC Congo, but I didn't have the money or support to do so. He visited a number of places in Kampala and almost arranged for me to visit the army in northern Uganda where the fighting was taking place. I was willing to go, as there was widespread malaria in the army and it would have been a significant contribution to settling the war. It would have also been

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a very good way to advertise MMS at the time, but John was unable to get things completely arranged while I was there.



Author gives Ev. John Tumuhairwe his first dose of MMS for recurring malaria. Read John's letter at the end of this chapter.

When I left, I gave him my last bottle of MMS, which was enough to help about 180 people with malaria. Several months later, I sent him 10 more bottles that he used quite a bit. If you read John's letter to me, you will see that he treated quite a few people in the Congo with all the MMS I sent him. The picture shown here was taken as I was giving him his first dose of MMS. He, like most of the people named in this book, can still be contacted. On October 10, 2006 I sent him another 10 bottles.

A few of the malaria victims at the clinic were children. Some of these children would have died without MMS. Although reactions were infrequent, it was in this clinic that we began to notice that the reactions that did occur were often similar. As time progressed, we occasionally noticed the following reactions:

1. Dizziness – Some patients reported dizziness several hours after taking MMS. The dizziness never lasted more than 1 hour. When the dizziness passed, the symptoms of malaria seemed to disappear at the same time.

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2. Nausea – Nausea usually occurred within 10 to 15 minutes of taking MMS and seldom lasted more than 15 minutes.
3. Vomiting – On rare occasions someone vomited as a reaction to MMS, but never more than once.
4. Fatigue – The fatigue was total and throughout the body. It was quite amazing, as I experienced this once myself several years earlier when I first took MMS to overcome a case of malaria I had contracted in the jungle. One feels completely lethargic and is unable to move. It is not really unpleasant, it's just a weird sensation that's slightly alarming. It lasts from 1 to 4 hours, no longer.
5. A combination of several or all of these reactions – This is rare, but it did happen once or twice. There is really nothing that needs to be done for any of the reactions. They all pass and have no lasting effects.



Author mixing doses of MMS in the clinic room.

The doctor at this clinic was a black man who had a great deal of compassion for children. He treated them with kindness and appeared to be very concerned. He saved several lives while I was there simply by making the correct diagnoses. He questioned me thoroughly about MMS. I ended up telling him about my friend who had used stabilized oxygen and injected the solution into the veins of his animals. I also mentioned that he had injected me a couple of

Chapter 6: Uganda, East Africa

times. In our discussions I finally told him that the strength of the solution that my friend used for injecting the animals was 15 drops in 20 ml of injection solution.



Most children seemed to think MMS was a magical drink. These three certainly did.

Toward the end of my stay there, I noticed the doctor talking to groups of people who met him outside the clinic. After he talked to several groups, I asked him about them. He said that the groups consisted of advanced AIDS patients and their relatives. I didn't ask him what the conversations were about, as it seemed that would be impolite; however, the day that I left he took me aside and said that he was going to treat some AIDS patients and that he would use an injection of MMS. He said that he was connected to the very large Kampala Hospital and that he would be able to approach AIDS patients that were being sent home to die. You may think that I would feel concern at this point, but back in Las Vegas I had my friend inject me several times. We first used one drop, then several drops, and then a full dose two different times. There was never any adverse reaction, but the injection did handle a very bad case of the flu. So I wasn't worried about the AIDS patients; on the contrary, I was extremely sad that we couldn't treat every AIDS patient that was being sent home, plus the AIDS patients still in the hospital.

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Again, MMS releases chlorine dioxide into the body. Chlorine dioxide is the most powerful killer of pathogens known to man. There is no reason why it wouldn't kill the AIDS virus. It does no damage to the human body in the low concentration used in MMS. When using direct injection into the blood, you cannot use vinegar. The fact is, the blood has the same neutral pH level as water, thus it dilutes MMS and causes the release of chlorine dioxide over a period of a few hours without vinegar.

At the time, I did not encourage the doctor, nor did I discourage him. I could not see that the injection would hurt any of the AIDS patients and it would probably help them. After I returned home I kept in close contact with this doctor as he treated 390 AIDS patients over a period of 8 months. They had all been sent home from the local Kampala Hospital to die. His emails indicated that 6 out of 10 AIDS patients felt good and were anxious to go back to work or back to their lives within 3 days of receiving the treatment. The other 40% recovered within 30 days. Not one of the cases that he was able to keep track of had a relapse. Two out of the 390 cases died. The patients who were well within 3 days needed time to recover, but it seemed they were only recovering from an extreme case of weakness. Unfortunately, I must keep this doctor's name confidential. But as you can see, he had very good results, as all of these patients were slated to die within weeks of being released from the Kampala hospital.

I did not find it hard to believe his reports, as he had no reason to lie to me day after day. I was not paying him anything and wasn't even sending him free MMS (I left him with 40 bottles). In addition, I have treated a number of AIDS patients successfully myself and my friend who runs a business in Malawi treated several employees who were too sick from AIDS infections to come to work. They are now all back to work.

It turned out that Solomon Mwsegi, the owner of Life Link Medical Centre had a health problem very similar to the health problem experienced by Rev. Ommi, the pastor in Kenya. Solomon was taking pain tablets for the pain caused by malaria.

Chapter 6: Uganda, East Africa

Both he and his wife were avoiding the fact that they had malaria. Pain tablets often mask the symptoms of malaria—not very well, but they keep you going. To take them for an extended period is extremely dangerous, as the malaria can kill you without you even feeling it. When I asked him about it, he said, “I know its malaria. I’ve just been putting off doing anything about it. I’ll take a double dose right now.”

I asked if he was sure, mentioning that it was going to make him nauseous. He said, “I know it is, but I want to get it over with and I want to be sure the malaria is killed.” He had been carefully watching what I was doing and how I adjusted the number of drops, so he took the double dose (with the vinegar activator and the standard 3 minute wait). He later told me that he wanted the drops to make him sick, as he felt that would be proof that something was really working in his body.

Here, word for word, is what I wrote in my notes at the time: “Within 20 minutes he was nauseous. Within 1 hour he could not drive the car. He had diarrhea. At home he felt totally tired, like he didn’t want to move except to go to the toilet. It started at about 11 a.m. that morning and by 4 p.m., when we got home, he was better. At 8 p.m., he was awake and lying on the couch. He said all sickness was gone, but he was feeling weak. The next morning he was slightly dizzy, but feeling good otherwise.” From the beginning to the end of this ordeal, he was very enthusiastic about it. When he got sick, he was enthusiastic because he believed the MMS was working. The next day when it was over, he couldn’t believe how well he was feeling.

His wife was watching the whole ordeal and was very worried, but she was also afraid of doing nothing, because she was well aware that her pain tablets were also masking her malaria. When she proceeded to take a dose herself, Solomon stayed with her. She was not as nauseous as Solomon had been, but she stayed sick for most of the following day. After that she was extremely happy about how well she was feeling. She said it was the first time in over a year that she felt like herself. Evidently, when malaria is masked by pain

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tablets it gets very bad; thus, the MMS was extra reactive. However, both Solomon and his wife could have avoided the reaction by simply taking smaller doses over several days, instead of trying to do it all at once. The problem was that they were extremely busy and didn't feel that they could afford the extra time.

It didn't seem to matter whom I was involved with while I was in Africa; the people were willing to trust me. I think they could sense that I would not do anything that was not in their best interest. The time spent at Solomon's clinic was very productive, as I learned more of the ins and outs of MMS.

Despite the general goodwill I experienced, an unfortunate situation did occur. My driver, Peter Mwangi, had also come to Kampala and arrived the day after I had. Solomon furnished him a room in his house and Peter was a great help in the clinic. He helped me mix MMS doses, took pictures, and learned as much as he could about MMS. However, several months after his arrival, Solomon accused Peter of raping one of his servant girls. The girl was pregnant. Peter said that it was impossible; he hadn't done any such thing. It seemed to me that since I was in the same house I would have heard some kind of noise, or would have noticed the girl crying or something. But I had not heard anything. From what I had observed while I was there, Peter had a great deal of integrity, so I believed Peter when he said he didn't do it.

Another thing that seemed peculiar to me was how Solomon fired person after person from his clinic, even while I was there. I worked with the people that he fired and they all seemed to be doing a good job. I never understood why he fired any of them, so when he accused Peter of raping his servant girl, I questioned that accusation, but I did not interfere with Solomon's operation of the clinic.

In any case, we treated over 500 people while I was there. Solomon asked me to help and to remain present, because the people who came were expecting a white man. The people of that area had a great deal more confidence in MMS because a white man was helping them. Even when I quit giving the solution to people,

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they were much more confident when I was simply present. Solomon had promised that a white man would be there, and the people who came were much more confident even if I only stood outside on the front porch.

I finally left Kampala on February 27, 2004 and flew back to Reno, Nevada. From there I returned to the desert town of Mina, Nevada.

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Life Link Medical Center

Lugujo Church Zone
PO Box 15081
Kampala, Uganda
Phone 077 479 017


February 27, 2004

This paper is to verify that Jim Humble gave Dr. ~~Simon Mwesige~~ and the staff here instructions and training in the use of the Malaria Solution.

During Jim's stay here from 2/15/04 to 2/28/04 some 400(EN) malaria patients were treated with the Malaria Solution. Some were given blood tests for malaria and of the blood tests given approximately 40% tested positive. The exact number of patients that tested positive were 25(EN) patients. All patients that tested positive to malaria were given the Malaria Solution. All those given the malaria solution eventually tested negative for malaria on either the first, or second dose, and one person on the third dose.

All other patients not given the blood tests testified to feeling well within 24 hours of taking the Malaria Solution either the first or second time.

Sincerely,



Rev. Solomon Mwesige
Director

Chapter 6: Uganda, East Africa

Ev John Tumuhairwe.
Katwe RD Buyaya House plot No 53
Po.box71915
Kampala Uganda East Africa.

Dear Humble,

I hope this letter finds you well and strong. This is John Tumuhairwe. Just to remind you, we first met in Uganda at life link, the first time you came to Uganda, with a Kenyan brother who was with you, when you introduced the malaria solution. I had visited Pastor Solomon and I was staying at the Clinic (Life Link), because I used to live in DRC Congo those days. I immediately got interested in the malaria solution and I joined you and Dr. Emma, to start giving the malaria solution, to people.

I also contacted the Ministry of Defence in Uganda, who wanted, to meet you, but we didn't make it I think due to some other arrangements Pastor Solomon had. You gave me a bottle of malaria solution, which I then took to DRC Congo and it did a lot of miracles and wonders to the people I gave to drink.

This was after we treated and HIV positive woman, whose CD 4 count had lowed so much, but she recovered immediately and her CD 4 was risen from 50 to 200.

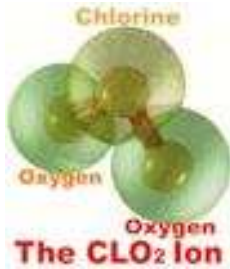
When I came back to Uganda, I took some malaria solution to the government chief chemist, Mr. Onen, who is new in Japan for one year course. He tested it and gave me a Certificate for it, whose copy I later gave to Pastor Solomon to give to you, but I also sent you a copy by mail.

Later when I started living in Uganda, I asked you to give me permission to use malaria solution which you did and sent us ten bottles of malaria solution, to use with Dr. Emma after you found out, that he had stopped working for Pastor Solomon's Clinic. It is part of these bottles, that I have used to go to the Ministry of Defence here in Uganda. I have been treating soldiers here who are HIV positive and the results have been good. I am also working, with other organizations, and the branch of World Vision International in Uganda to test on HIV positive patients, in their care.

As I mentioned to you later I am intending to rung the first Holistic Healing Centre in Kampala-Uganda. We shall use the humble health drink (malaria solution) as our major treatment.

Yours in bond of love for Christ Jesus.
God Bless you.

Ev. John Tumuhairwe.



Chapter 7 The Continuing Story of MMS

In Mina, I continued sending emails to everyone I could think of. I sent emails to the president of the U.S., to Bill Gates, to various people who did humanitarian things, and to all of the TV shows with a humanitarian focus, such as Oprah. I continued to send out free bottles of MMS and I sold the 4-ounce bottles containing 325 doses for \$20 each, or for \$5 to anyone living in town. Later, when I doubled the strength, I sold the 4-ounce bottles with 450 doses for the same price.

As time passed, people talked to me about various problems and I continued to find new uses for MMS. All of my life I'd had trouble with my teeth. In fact, most of my teeth are missing and I wear dentures. At that time, my gums were quite soft and my teeth were somewhat loose. They often got sore and they had started to hurt. I thought I would have to have one or two pulled. I finally decided that I should brush my teeth with MMS. I swirled 6 drops of MMS and 1/2 teaspoon of vinegar together in a glass and then waited the 3 minutes and added 1/3 glass of water. I used that to brush my teeth and again I was amazed. All of the infection and soreness disappeared in hours. Within a week, my gums had hardened up. When I finally did go to have a tooth pulled, it took the dentist a full hour to pull it. My gums were so tough and the tooth was so well embedded into my jawbone he couldn't simply grab it with his pliers and pull. It wouldn't come out. I'm not sure I should have had the tooth pulled. It looked perfectly healthy when it was finally out. The dentist was more surprised than I was.

Since that time, there have been a number of other people who have used MMS for oral hygiene. All who have used it have had the

Chapter 7: The Continuing Story of MMS

same results, a much healthier mouth. There have even been a number of people who were able to fix their abscessed teeth merely by brushing with MMS.

In working toward distributing MMS in Africa, my contention was always that if Arnold would provide me with enough money for a round-trip airplane ticket and some living expenses, then I would travel anywhere. I would talk to the various government agencies and hospitals until I found someplace to do clinical trials. Arnold's contention was that we could not go anywhere in Africa until we had an invitation. According to Arnold, there was plenty of money; we just needed an invitation. His stance on this issue kept us immobile for years.

At one point, Peter Mwangi, who had served as my driver in Kenya and Uganda and whom I trained in dispensing MMS, secured an invitation from a hospital in Kenya for me to travel there and do clinical trials. We could have conducted clinical trials on 100 malaria patients with before and after blood tests for less than \$20,000, including my travel expenses. The money was available, but Arnold would not allow me to go to Kenya. Instead, he wanted to help Floyd Hammer and his wife who were involved in various projects in Tanzania, but who could not conduct clinical trials for months. In the end, he never conducted clinical trials, and a clinical trial was what we needed at the time. We could have had it through Peter, but we were going to do it Arnold's way, regardless of the results.

Time after time, for over a year, Floyd Hammer was given money from our Malaria Solution Foundation and he never provided us with any information as to its use. We helped him buy a pickup truck and shipped a large container of food supplies to Tanzania. When Floyd wrote a report to his people in the U.S., he never acknowledged that we had helped at all. He talked about treating malaria patients, but he never acknowledged that he was using MMS to treat them. Finally, Arnold said that he wasn't going to send the Hammers any more money. If I could have had the money Arnold had already sent them, I could have completed the clinical

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trials in Kenya and would have had the proof that everyone was asking for. I had repeatedly told Arnold that giving Floyd money was not helping, but it took over a year before he would listen.

I had also tried to get Arnold to hire Peter Mwangi. He was traveling to hospitals that were willing to try MMS and he was proficient in the dispensation of MMS. He could have also been traveling to churches, orphanages, and clinics. The people there trusted him and many were willing to use the solution. In the same amount of time that we wasted fooling around with Floyd, Peter could have helped thousands of people and dozens of clinics would have used MMS. Unfortunately, Arnold would not consider anything I suggested. Hiring Peter, a local, instead of someone from the U.S. would have been ridiculously cheap. We would not have had to pay for his airplane ticket and he would have worked for less than 100 USD a month. We would have had to pay for gasoline, some operating expenses, and the shipping of plenty of MMS, that's all. His expenses were 1/10 the expenses of a foreigner or missionary. He would have accomplished exactly what we wanted to do. Arnold didn't trust Peter, but he had never met him. I had worked with him every day for an entire month. We were good friends by the time I left. On the other hand, Floyd took our money—thousands of dollars—and didn't even say thanks. The money we had paid Floyd got us absolutely nothing as far as we could tell.

Arnold made mistake after mistake, all the while saying that everything had to be done his way. As I have said, he hired the kid who made so much trouble and prevented us from obtaining legal nonprofit status for the Malaria Solution Foundation. He also hired a collection of other people to work on our Web site and they all failed. For over 6 years Arnold said he was going to have a Web site created and never accomplished it. He sent thousands of dollars to Floyd Hammer and we never received any acknowledgment or data concerning malaria patients helped by our MMS. With all the money Arnold lost, I could have had a number of clinical trials completed in Kenya and have acquired the proof we needed to show

Chapter 7: The Continuing Story of MMS

others MMS was safe and effective. Even though he continued to fail, he adamantly insisted that everything had to be done his way. He continued to claim that the people who were going to sponsor us would only do so if he was in total control. Arnold actually prevented MMS from being distributed, all the while proclaiming to be getting it done.

Arnold continued to tell me that although I was on the board of the Malaria Solution Foundation, it was going to be operated like a corporation. Basically, he said that he was the president and things were going to happen the way he specified. Arnold and John continued to say that I had no say in the way things were being run. There was no arguing with either one of them. If there was any discussion about events that had taken place, they would both get together and tell me my memory was wrong and start shouting. I could not get them to listen to my ideas. Everything went along quietly as long as I kept my mouth shut. I could have left, and I should have, but there was always the promise that they would come up with the money to get me to Africa to prove MMS so the world would accept it. I kept my mouth shut because that promise was always hanging there in front of me. To be completely fair, when I finally returned from Africa the last time, Arnold called me with several questions concerning how to do things. He stated he wanted my input, but as things continued, he would do things as he wanted regardless of my input. Up to this point, Arnold had been the only game in town for me. Then I realized I could write this book.

A Contract With the World Health Organization

Before my trip to Kenya and Uganda, I wrote quite a few letters to the World Health Organization (WHO), which evidently didn't want to appear disinterested. They returned one of my letters saying they had a program in which they tested various drugs that might have some effect on malaria. They indicated they were interested in MMS. After some discussion, they sent me a contract to sign. We

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negotiated a bit, changed some points, and finally, I signed their contract and sent them a bottle of MMS. About a year and a half later, after I returned from Africa, I finally got a letter from them stating that they were testing my solution in a separate lab. They had contracted with a doctor to do the testing for them. I was enthused to learn that a doctor was actually doing the testing, but he tested it on mice and reported it simply didn't work. I was amazed, but he reported that it wouldn't cure mice or even improve their condition. There was nothing more I could say, as I wasn't present when the testing was done. At that time, 35,000 human patients had been cured of malaria, but it couldn't cure a mouse? Sorry, but he was wrong.

There is a country in Africa that won't allow WHO to come across its borders, and I now believe it's for good reason. It seems to me that if WHO was really as interested in helping the world as it claims to be, it would have at least given MMS a comprehensive testing, especially since they were informed of the successes in Kenya and Uganda. At that time, over 35,000 people had been successfully treated in the field, based on reports that said that everyone went away feeling good. When I informed the doctor of our fieldwork, he was not interested. Had WHO been even slightly interested, I would have been invited to help with the testing. The doctor doing the testing didn't understand the first thing about MMS. He didn't understand the vinegar activation and he didn't understand what the chemicals were. He didn't want to know. He preferred to use my solution without knowing what it was. My evaluation of his disinterest is that he just wanted to prove it didn't work and that's all. Let me say it again, he was completely disinterested in the fact that 35,000 malaria patients had been successfully treated in the field. I talked to him at length on the phone, but again, he showed no interest. Obviously, all WHO wanted was a doctor's signature that said that MMS didn't work.

There was also a doctor in Israel who tested MMS and said it did not work, but he refused to use vinegar to activate it. He said that acetate was the same thing, so he would only use acetate. Well,

Chapter 7: The Continuing Story of MMS

the fact is, acetate is not the same as vinegar. Chemically, they are totally different, but he simply would not use vinegar, as he obviously believed he knew best.

I thought you might like to see the contract I signed with WHO, but it is several pages long and there really isn't enough room here to include it. However, I have included the letter that accompanied the contract. If you are really interested in seeing the contract, just write me and I will send you a copy. You could even come by my place and view the actual contract.

Around this time, Arnold really began taking control of MMS. He said that I could not give any more away. When I gave two local people each a bottle of MMS, Arnold found out and there was a long discussion about how I might go to jail because of it. He wanted us to maintain control of every bottle.

I am sure Arnold believes that he was the one who got everything going in Africa. He continued to meet with people and groups hoping to find someone to finance us in Africa, and I continued to live out in the desert. Arnold would not allow me to meet any of the people who might finance us. However, out in the desert, I was able to get help for over 5,000 people with malaria by making friends in Africa through email communications. Arnold had done nothing except talk about what he was going to do in Africa and nothing had happened. According to him, he had unlimited money (millions) to handle Africa and I only had my Social Security check.

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WORLD HEALTH ORGANIZATION



ORGANISATION MONDIALE DE LA SANTE

Téléphone Central/Exchange: 791. 2111
Direct: 791. 2665/3193
Email: pinkr@who.int

Mr Jim Humble
P. O. Box 185
1200 Doolittle St.
Mina, Nevada 89422
USA

In reply please refer to:
Prêté de rappeler la référence:

Your reference:
Vôtre référence:

04 APR 2003

Dear Mr Humble,

Enclosed are two signed copies of the Confidentiality Agreement. Kindly affix your signature on each page, return one copy to us and retain a copy for your file.

We should like to clarify that if and to the extent the idea of using the Preparation OS-82 for a new indication (i.e. in this case malaria, leishmaniasis, trypanosomiasis, filariasis and/or onchocerciasis) is not in the public domain at the time of disclosure by you to WHO/TDR, and if we cannot demonstrate that this idea was known to WHO/TDR prior to disclosure by you, this idea would not fall in the exceptions of paragraph 3 (a) and (b) of the enclosed agreement.

With best wishes.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Carlos Morel".

Dr Carlos M. Morel
Director
Special Programme for Research and
Training in Tropical Diseases (TDR)

Chapter 7: The Continuing Story of MMS

About one year after returning from Uganda I was working on the roof and fell off and broke my neck and back. I was rushed to the hospital in the nearby city, but they didn't have the necessary equipment to treat me, so they flew me by airplane to Reno. When I finally arrived in Reno, they opened up my neck and put a titanium screw into the second cervical (the same bone that the actor who played Superman broke). You should see the screw—it looks like a regular 1-1/2 inch wood screw. My back healed quite quickly, but my neck refused to heal. The doctor had not brought the bones together tightly enough. The screw should have been given another half turn. Six months went by and still no healing. The doctor insisted that he needed to open my neck back up and put in two more screws. The Veterans Hospital said that I needed another operation as well, but they had a different idea about what needed to be done and wouldn't be able to get to it for another 6 months. I was left between a rock and a hard place (or a broken neck in this case).

Then a friend in Canada, Michael Haynes, suggested that I look into magnetism. In searching the Internet, I found a group of clinics that were using a new theory of magnetism, which works on the basic concept that magnetism must have a complete magnetic circuit through the body in order to achieve maximum healing power. I learned the clinics were experiencing great results; however, the cost of treatment was very high. After getting as much information about the new technology and as much data on the old technology as I could find, I bought some of the strongest magnets available. In fact, they are so strong they are dangerous. They can crush a finger or cut it off if handled improperly.

I bent a soft steel bar, 12 inches by 2 inches by 3/8 inches, into a curve so that it would go from the front of my neck to the back of my neck. The magnets I bought were put in place so they would create a complete magnetic circuit through my neck, with the south pole nearest the broken bone. I put the magnets in place for a total of 5 days and nights, and sat up all night to make sure they did not move. At the end of 5 days, my neck began to swell. I went back to the doctor and had another x-ray. The bone had completely healed.

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The doctor removed my neck brace. He said that I didn't need it anymore. He said he was glad that he had decided to wait before performing another operation on me. He didn't realize that I was using magnets. When I told him, he didn't care and he wasn't interested. In fact, he had wanted to perform the operation. He had not decided to wait; I had refused the operation. If he'd had his way, I would have had the operation.

I don't know what the magnetic circuit does, but I do know that the extremely strong magnets caused the area to swell with blood and turn red. No doubt, the extra blood aided healing. The x-rays from before and after prove that the bones healed in the 5 days that I kept the magnets in place. I was particularly relieved to know that if an opportunity arose to return to Africa, my neck was healed and I could go. If you have problems getting bones to heal, look into magnetic therapy.

After some time passed, a man called from Guinea. He wanted us to come to his country to help the people there. He said that he was a friend of the first lady and that he could get us approved by the government. He had told the first lady about us, and they were anxious for us to come. Arnold finally took me to meet him, so we talked, and as things were being set for us to go, I called the man. That was when all hell broke loose and Arnold told me that I was never to talk to this man again. He would not allow me to talk to anyone he considered his contact. There was the typical hollering and screaming that I so hate and cannot take part in. Arnold told me that this man had decided that he was going to dictate the terms of our every move in Guinea, and that we simply could not accept that arrangement. So we didn't go to Guinea. I can't tell you how humiliating it was to be told that I couldn't even talk to someone.

Chino Goes to Sierra Leone West Africa

A very active young fellow by the name of Chino contacted me and stated that he would like to know more about MMS, which we were calling the Malaria Solution at that time. I met Chino in Beatty,

Chapter 7: The Continuing Story of MMS

Nevada, in March 2005. I explained how MMS worked, mixed some doses and had him take one.

Chino explained that his family in Sierra Leone owned a large gold mining concession along the main river there. He explained that the malaria was so bad that everyone in his family had it and that many people there had died of malaria. He said that he needed as much MMS as I could furnish. I said I would try to get him as much as possible. We had decided to charge a price that any African could afford at that time, which was about 0.10 USD per dose. I explained the price and he said that he could get the money. I furnished him with 20 bottles, each of which could treat approximately 200 people (likely a few more, because more than half of the people to be treated were children). I offered to give the bottles to him free of charge, but he insisted that he would pay in the near future.

About 2 months later he visited me in the desert. He had been to Sierra Leone and had treated about 1,000 people in the village and around the area where his family lived. He said that more people were waiting for him to bring more bottles of MMS. He explained that it was not possible to charge anything for MMS, because the minute he began selling doses for any amount of money, the government would come, take the money, and the MMS. That's the way it is in East Africa. The government wants all the money and all the business. If you give the stuff away, there is no money in it and the government is not interested. The only way for it to



Chino in Sierra Leone with MMS.

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work was to bring it into the country and give it away without charge.

If we had charged for MMS, the government would have taken it and sold it to those who could pay large sums for the treatment. Chino's assessment of the situation was that MMS had to be furnished freely or the people of Sierra Leone would never get the MMS. But he said that he had people in the U.S. who would furnish the money. I didn't ask him for money, even though he continued to say he would pay.



People line up to take a dose of MMS in Sierra Leone. Notice how closely they stand next to one another. This was Chino's operation.

I put together 100 bottles, each containing 450 doses. Then Chino and I traveled to Reno and shipped the bottles to Sierra Leone. He paid for the shipping with a credit card. I did not ask for any money, but did ask him to bring us a signed letter from each person with malaria that was treated and helped. He then left to go back to Sierra Leone to begin helping more people. He later returned from Sierra Leone after having helped an additional 5,000 malaria victims. This trip took about 3 months. He had a camera and his cousin took a number of pictures of the people helped during the process. When he returned, he did not have any signed letters, but

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he did have the pictures. Later he asked for more bottles. We never refused any of his requests for bottles of MMS, even though he did not bring the signed letters. I have included pictures of his work in Sierra Leone.



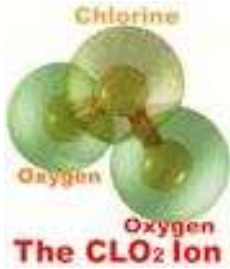
Chino, on the left, gives MMS to a boy who is somewhat reluctant to take it. Most children are very enthusiastic about taking MMS and consider it some kind of magical drink.

John continued to talk about furnishing the money for us to go to Africa. Arnold said we couldn't go until we had an invitation. Since they had the money and kept talking about financing a trip to Africa to do clinical trials, I kept quiet. They relied on my desire to help the people of Africa. Thus, they took my technology, allowed me no say at all, and paid me nothing except expenses for the trip, which of course, was really nothing at all. They assured the sponsors that no one would be receiving payment for the technology (i.e., I would not be receiving payment). They said that the sponsors wanted all of their money to go toward helping people in Africa, and I couldn't really argue against that. How could I be so selfish as to want some return for my technology? The fact is though, I never knew who the "sponsors" were.

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I finally realized that although they were ensuring that the money went towards treating people in Africa, they were also using my technology to become known in the country of Malawi. They were working on several different business ventures there, including mining and a new rice technology that would furnish rice protein worldwide. I was not included in any of that, and I didn't want to be. I believed that if I continued to work toward getting this MMS information to the world, money would eventually come my way. If not, at least this important data would not be under the control of any one person. I could not allow that to happen, and I am now seeing that it is published to the widest audience I am able to reach.

Chapter 8 Malawi, East Africa



The Malaria Solution Foundation, formed by myself and Arnold, finally received an invitation, not from the government of Malawi, but from a businessman there. His name is Zahir Shaikh, and he is a great humanitarian. Once he learned about us, he wanted us to help him help his people. So, with his invitation and money that John furnished, Arnold and I flew to Malawi in February of 2006, along with two other people Arnold wanted to bring along.



From left to right, James Christiansen, Jim Humble (author), Zahir Shaikh, and John Wyaux.

On the night before we left for Malawi, we were having a farewell dinner and John said to me, with everyone listening, “I just want you to know that you have to do everything exactly as Arnold

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wants it done, or there will be no money to finance you in Malawi. You are a loose cannon and we can't have you screwing things up."

I simply replied, "All right, I'll do it Arnold's way." Talk about off the wall—everything was already being done Arnold's way. They had already ensured I had no say and they reminded me repeatedly. John just had to get this one last dig in and for no apparent reason as far as I could tell. There were many things that were not going to work Arnold's way, but he would have to see that for himself as we went along. He certainly wasn't going to listen to me.

I wanted to walk out on the whole thing. I did not appreciate the way they were treating me, but we were slated to help sick people in Malawi and I just couldn't turn my back on them. (The fact is, if I had walked out, the mission would have failed.) Yes, John's money made the mission possible, but my years of work pushing the idea and my technology were the reasons there was a mission in the first place. I had no idea they considered me a loose cannon, as I had agreed to their demands. When I returned a little over a month later, John apologized because his girlfriend said he should, but that didn't really change anything. People with money have a tendency to show little respect for people without money. Money, however, has never been my thing. I spent 50 years and hundreds of thousands of dollars studying spiritual philosophies and religions. I have something John and Arnold will never have and will never understand. My spiritual studies have enabled me to be sufficiently receptive to new possibilities; that is why I was able to discover MMS.

Zahir Shaikh, the businessman who invited us to Malawi, is an East Indian whose ancestors moved to Malawi many years ago. He took us to many government offices all around the capitol of Malawi helping us get approval for MMS (which at that time we called the Malaria Solution). Our success in getting MMS accepted in Malawi was completely orchestrated by Zahir.

Every day, he would take us around the city in his automobile to visit various officials, such as the chief of police, the inspector

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general, and the health minister. When we visited the office of each official, Zahir would introduce us and then Arnold would talk about our mission to bring MMS to Africa and suggest that I tell them the details of how MMS really works. At that point, I would spend 10 to 20 minutes explaining the basic chemistry of MMS. The time I took was determined by how many questions the officials asked. I thought this was particularly interesting, since before we left on the trip Arnold was adamant that we should not tell anyone in Malawi how the solution worked. I tried to point out that our program would not succeed if we didn't tell people how MMS worked, and that was one of the reasons they called me a loose cannon. This was one of the main points of contention.

I was forbidden to tell anyone how it worked, yet to the very first person we met, Arnold said, "This is the inventor and he will tell you how it works." So for months Arnold was stuck on not explaining how it worked, but when we were actually there, he immediately saw that we would have to tell them the details. At one point Arnold even said to me, "If you start telling them how it works, I will take you down to the airplane and send you home." (That was when we were talking about going to Guinea). This is one of the many examples of how Arnold demonstrated that he must have complete control.

I didn't really push the point, because I knew that the doctors and the scientifically trained officials would never allow us to do anything without an explanation of how MMS worked. Another point of disagreement was Arnold's insistence that we should not be the ones to administer MMS, that we should only train the people there and then let them give MMS to the malaria victims. But that simply wasn't practical. I didn't push that point either, as I knew Arnold would have to change when he got there. When you bring a solution, you had better be prepared to give it to the people. If you don't, no one will trust you or your solution! As it turned out, we always administered the doses. Arnold was smart enough to see that it had to be that way. To hand the solution to a local and say, "Here

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you give it,” just doesn’t work in Africa. They would conclude you are afraid to administer your own solution.

So as we arrived at different places, I, as the inventor, made sure we gave the doses and Arnold quickly saw the advantage. When we went to see an official, I would generally mix doses for everyone, including the officials. Believe it or not, every official we saw was willing to drink some. So the very first thing we did in Malawi was to personally give people their doses of MMS. When we finally went out to a prison and other places, we again were the ones to dispense doses of MMS. In the entire time we were there, I do not believe we had a single Malawian dispense the doses. Basically, everything went the way I said it would go, but there was no recognition of that. Rather, it just increased Arnold’s determination to have everything go the way he dictated.

Once the doctors and technicians saw that we were willing to give the solution and that it worked, they began asking to be allowed to handle the solution and the situation. It was important that we did not act as though we were in any way hesitant to dispense the solution.

While we were in Malawi, Arnold fired the two other people he had brought with us. One was a photographer named James Hackbarth, and the other was a friend of Arnold’s named John Wyaux. I won’t tell you all the details, just the highlights. The most embarrassing part happened in what was probably the most exclusive restaurant in town. Everyone had on suits and ties and we were the only white people there. Arnold stood up and shouted at John Wyaux. I never really knew why. The whole restaurant went deathly silent when Arnold began to shout. I just sat there looking at my plate, too embarrassed to look up. Finally, Arnold stomped out of the restaurant because he was so angry and things settled back down to a normal level of conversation. I found out the next day that John had said something to Zahir, the businessman who was helping us, but Zahir never heard what was said. I didn’t hear what was said either. In fact, no one but Arnold heard what was said. John didn’t even know what he had said that set Arnold off. To this

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day, I don't know what John said, thus I still have no idea why he was fired.

Three evenings later, Arnold was slightly inebriated. He entered James Hackbarth's room and fired him, because according to Arnold, he wasn't taking the right types of pictures. I admit I didn't like some of his pictures, but I figured all we had to do was explain exactly what we wanted. In any case, after that Arnold told both of them that they would have to get home the best they could. During the few days they had left, Arnold was extremely rude to them anytime he saw them. Perhaps I should have gone home with them, as no one deserves that kind of treatment, but I wanted the Malawi project to succeed so badly that I was able to compromise my integrity concerning the treatment of my acquaintances. All of my decisions and choices were then, and still are, predicated on the idea that I want MMS to be used widely throughout the world.

We had the same problem in Malawi as we had in Kenya. The initial doses that I mixed were too weak. When we began helping prisoners in our clinical trials at a prison, they all returned the next day feeling better, but not totally well. So I increased the doses. There was one other problem. We were purchasing juice that had vitamin C added as a preservative. The added vitamin C reduced the effectiveness of MMS by about 75%. I had already proven this fact, but I let it slip by me at first, as I had never had a real problem with it before. Once I realized that vitamin C was present in the purchased juice, I only used fresh juice and increased the dosage, after which our malaria recovery rate improved to 100%.

Someone had suggested that it would be easy to obtain permission to do clinical trials in the local prisons, so we had decided to give it a try. We visited a local prison by the name of Maula in the city of Lilongwe, which is the capital of Malawi. The manager of the prison gave us permission to talk to the medical technician. The assistant medical technician's name was S.S. Kamanja. Although he was the assistant, he was always the only one there. He arranged for us to do the clinical trials. We slipped him a few dollars at several different times and he was quite cooperative.

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He was actually quite cooperative even before we slipped him a few dollars, but he was such a nice man that we thought it would be nice to help him out a bit.



Three nurses in the prison watch as I show them how to mix MMS.

We then left the prison to find a lab or hospital that would be able to process blood samples. It was especially important that they be a separate organization. We finally settled on a medical hospital called MARS, which was an international organization. MARS stands for Medical Air Rescue Service. Dr. Joseph Aryee was the person in charge and was very responsive to us. We explained what we wanted to do and what our MMS actually did. We mixed a dose to show him. He went ahead and drank the mixture, as did most other officials in Malawi. He assigned us a medical lab technician whose name was Paul Makaula. Dr. Aryee said that all we would need to do would be to pay Paul's salary while he was working for us. We agreed on 300 USD for 6 days, plus his gasoline and other expenses. Dr. Aryee allowed the medical lab technician to use the MARS lab and microscope for the blood tests for the prison at no charge, which we thought was very generous. He wanted to be of some help.

Throughout the country of Malawi, the officials all drank a full dose of MMS. If it had been a drug, they probably would not have

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taken it. If they were not willing to take MMS, which is merely a mineral supplement, then they would not be willing to have their people take it. In my opinion, these officials were very courageous to assist us in helping their people. They were willing to take the MMS based on our word.

It is my belief that the reason the Pharmaceutical Medicines and Poisons Board so readily accepted our MMS as a mineral supplement, rather than a drug, was that so many officials drank it without hesitation when we told them that it was not a drug. In essence, many people really wanted to see MMS help their country. They wanted it to work and they were willing to cooperate in order to have it work for them.

Back at the prison the next morning, S.S. Kamanja brought in the first 10 men and Arnold checked each patient's temperature. The first thing we learned was that ear thermometers simply do not work in Africa. I think it is because people clean their ears differently in Africa, or not at all, especially when they are in prison. Luckily, we had the plastic strip thermometers that you just press on the forehead. Within about 10 seconds, a person's temperature can be read in the plastic. Eventually, Arnold was using the strip thermometers on everyone he checked. The strip thermometers worked well and we were able to take the temperature of each patient, which was generally quite high. Paul, the lab technician, stuck each patient's finger, took a blood sample, and put it on a slide with the patient's name. Then I mixed the doses in plastic cups and Arnold handed the cup to each patient. They were each given 6 drops of MMS with $\frac{1}{4}$ teaspoon of vinegar. We waited 3 minutes and then pineapple juice was added to their glasses. The blood sample slides were then taken to the MARS laboratory and Paul checked each one under the microscope. We carefully recorded the data from the blood samples of the 10 patients we had seen that morning.

When we had finished taking blood samples, recording the data, and giving each of the 10 patients a dose, we asked if there were any more prisoners complaining of malaria. Kamanja said that there

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were 19 more. We said, “Bring them all in and we will dose all of them,” which is what we did. We returned that afternoon after 3:00 p.m. to see the results, but they were not so great. Most said they were feeling better, but they all still had fevers. The fever had been reduced in only one man. I knew something was wrong. We dosed everyone again, the 10 who were actually being tested and the other 19 who were just receiving a dose without giving blood samples or having records kept. We again used only 6 drops.

You probably guessed it, the next morning everyone still tested positive for malaria. It was then I began to remember that in Kenya I had been using 15 drops. We only used 6 drops in the U.S. for maintenance. I began to get an inkling of what was going wrong. I also remembered the experiments proving that vitamin C reduced the effectiveness of the chlorine dioxide. I began working that evening at getting the correct juice without vitamin C added.

The Malawi prisons are much like concentration camps. The prison is enclosed with a wire fence with barbed wire at the top. There are armed guards at the corners of the prison in small guard shacks. While we were there, they asked us if we would like to see the women’s quarters. Of course, we said yes. The women sleep on the bare floor with only a blanket or two. Arnold said that he would get the women foam mattresses to sleep on. Women who have children have the children stay with them in the prison. The guards get most of the food slated for the prison and sell it elsewhere. Therefore, the inmates have very little to eat. They do raise a few vegetables, such as potatoes. There is a single toilet for the entire women’s dorm with water that runs continuously. Aside from the bare floors, the prison stays fairly clean. The women bathe outside under a water faucet, out of the sight of the men.

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Two female prison inmates give their babies MMS. Both babies were okay in 24 hours.



Five pads on which female inmates sleep. Children also stay here with their mothers.

There was one man in the prison who had a high fever, but his blood test came back negative (meaning no malaria was present). Since he seemed to have malaria symptoms, we suspected he may have been faking it. However, when we gave him MMS, his temperature came down to normal overnight and his symptoms disappeared. Paul, the lab technician, said that he checked the blood

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a second time, but there were still no malaria parasites present. In any case, he got well even if it wasn't malaria. There was also one prisoner who refused treatment, but since he was there, we recorded his name and temperature anyway. Several days later, when he saw all of the other prisoners getting well and he was still sick, he decided that he wanted to be treated also. So, we went ahead and dosed him and he was okay the next day.

When I finally realized that the pineapple juice from the grocery store had vitamin C added as a preservative, we bought pineapples and a juice maker and made our own juice. In addition to using fresh juice, we increased the dose to 18 drops. The next morning, before using the 18-drop doses, we again checked the patients. Of the 10 from which we had originally taken blood samples, the one man that did not test positive for malaria was feeling okay. The other nine said that they were feeling better, but again were still not well. A second blood test was done. This test showed that the malaria parasites were still present, but the parasites looked distorted in several cases. We then dosed everyone with 18 drops and used the fresh pineapple juice. We also dispensed the same 18-drop dose to the 19 additional prisoners with malaria.

The blood tests that our lab technician performed the next morning all came back negative and all patients reported they were feeling good. The other 19 also reported feeling good. We then selected another 10 cases to check. Again, we had Paul take their blood. We treated them with 18 drops of MMS and used the fresh pineapple juice. Arnold was very helpful and assisted in everything. He handed out the doses to the patients and took their temperatures while I mixed the doses and recorded the information. The next morning, (24 hours later) all of their blood samples tested negative for malaria. In addition, all of the "old" patients whom we treated in the prison were still feeling well.

I had learned in Uganda that a sure way to completely destroy the malaria parasite was to use two doses of 15 drops each, separated by 1 to 4 hours. If we had started out using this dosage, there would never have been any trouble here. I have to plead that I

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am old and have a poor memory. Two years had passed since the treatments in Uganda. I had simply forgotten the details and had to learn them over again. In the U.S., we usually use 6-drop doses for maintenance, but we often need to go above 6 drops to overcome some problems. I had forgotten that we used two 15-drop doses in Uganda. I'll never make that mistake again and hopefully someone smarter than me will be dispensing MMS next time.

At the end of the prison tests, Dr. Aryee at the MARS hospital reviewed Paul's blood tests and gave us a very positive letter. The fact was that every patient who originally tested positive for having malaria in their blood tested negative after the MMS treatment and they were feeling fine. It took several extra doses for the first 10 tested, but all eventually tested negative. Let me say that again: All eventually tested negative, which meant MMS was 100% successful, even if it did take an extra day to get the first group cured.

While in Malawi we also visited several grass hut villages. There we helped with every kind of sickness you can imagine. We dosed the villagers as they came to us and told us what was wrong. We didn't refuse a dose to anyone. Why not treat as many as we could, it was only a mineral supplement. Most of the people in the village had one disease or another. Their water was not pure and the warm weather encouraged all kinds of diseases. They walked with bare feet and the grass and streams contained diseases that entered through the skin. The next day when we returned to the village, most of the illness had been overcome. A number of people had vomited worms and some had dead worms in their stools. In the future, we hope to go back with enough MMS so all of the villages can have what they need.

Let me mention at this point that after Arnold fired the two people he had brought, he was very active in getting things done. He made things happen. I was pretty much just along for the ride at that point. I had no say in how things were handled. Arnold dictated everything and he made it work. So I helped at the prison and made suggestions to Arnold. I carried the technical side of things, but

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Arnold controlled all phases of the operation. I really didn't need to be there except to figure out why the solution hadn't initially worked and then make the necessary adjustments. The fact is, Arnold made the whole operation work and it was successful.

Arnold asked me once, "How would you have done it differently?" Well, I would have done many things differently, simply because no two people do things the same way. But, he asked me if I disagreed with how he did things. At that point, I felt there was no point in nitpicking. I did not disagree with anything except the way he fired the two guys who he brought along on the trip and the fact that he tried to keep such complete control of the bottles of MMS solution. At one of the villages I wanted to leave a bottle with the chief, but Arnold insisted that we would come back the next day to treat those who needed a second dose. However, we never returned, even though I suggested it several times. Thus, many went untreated, and it upset me whenever we didn't keep our commitments.

I hope you understand my purpose. I don't just want to help some people in some villages. That is important and very valuable, but my real purpose is to first prove MMS to the point that the world becomes willing to use it to help destroy many health problems in Africa, including malaria and AIDS. When that happens, the world will need to spend less and less money on Africa. Right now, the world spends untold billions of dollars in Africa. Malaria alone is the biggest cause of poverty in Africa. Each year, 500 million people are sick with malaria and can't work; millions more have AIDS and other problems. It also takes millions of other people to care for the sick. Everywhere you go in Africa you see nonprofit humanitarian groups working to help the people there. Billions and billions of dollars are being spent in an effort to help Africa, but still it isn't enough. This money will not be needed when these diseases are under control or even eradicated, and those billions of dollars can be allocated to other purposes.

We accomplished a lot in Malawi, but not as much as we had hoped. We got several agencies of the government to accept our

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MMS as a mineral supplement, which was important, but we treated less than 100 people while we were there. After we gained government acceptance and did a couple of 10-patient clinical trials, we went home. In actuality, we did a total of three clinical trials. Finally, 6 months later we also found out that the clinical trials conducted by the malaria board of the government resulted in the same 100% malaria recovery rate that our tests proved in the prison.

There is the promise that we may treat the entire country one day, and I hope we do. Arnold did a very good job. He kept at it until we had our data. However, we did not come close to doing what we had set out to do. We were supposed to spend a great deal of time in the villages training the chiefs and others to use MMS. We only went to three villages in all. We did not train anyone in a single village to use MMS, and that was really why we were there. I assume we left because we were out of money, but I never actually knew why. I wanted to stay and do our job. I was merely told that we were going home, so we went home. Our original idea was to treat a few thousand people, but we went home after doing just three clinical trials.

We left Malawi for the U.S. on April 27, 2006. I again wound up out in the desert in Mina. Nothing has happened in Malawi since then, only lots of promises. I worked for Arnold as the foreman of a crew of men fixing up his mill. It was a chance for me to make a few dollars while I was writing this book. John was financing most of the operation at the mill. (This is Arnold's friend who helped with finances for some time, not the John who was fired.) They spent hundreds of thousands of dollars on the mill and mining operations. They continued to talk about returning to Africa, but it didn't appear to me that it was going to happen anytime soon, because Arnold needed to be in charge of operations at the mill or they would lose money. My single goal was to get MMS to the world, so I focused on writing this book.

Up to this point, Arnold still had not allowed me to talk to any of the new groups that he found that were interested in helping our cause. I suppose he believed that I am as bad with people as he is.

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Isn't it normal for people to see their own faults in others? At any rate, things have changed as detailed below.

I continued to have a strong desire to see the entire country of Malawi treated for malaria, and Arnold and John continued to say they would furnish the money, but Arnold did not trust me to go to Malawi alone and he was not ready to go. In addition, even if they did treat all of Malawi and start on another country, they still planned to keep the details of MMS a secret. They wanted to treat all of Africa while keeping it secret. Thus, I became determined to see that the world be given the complete information. Even if organizations and people throughout the world know the secret of MMS, that will not prevent us or others from treating Africa for all the problems that MMS can handle. Hopefully, everyone will understand that. I have furnished as much information as I can in this book so that you, the reader, can save lives. You really can—please try. As of March 1, 2008, more than 15,000 books have been sold and over 11,000 bottles of MMS are being sold each month.

MMS is available for your immediate purchase. If you don't want the hassle of mixing up doses and you would like to try my exact formula, you can order it from my friends in Canada or places in the U.S. where other people are manufacturing MMS. At this time, they all charge about the same price. Most are putting it in the same size bottle, which is a 4-ounce bottle that actually contains 5.5 ounces, and selling it for only 20 USD, plus shipping (which does not amount to much). So far, they have all kept the price down. I want everyone to be able to afford to be well, without it being a financial worry to them. There are 450 6-drop doses in each bottle. It should last you about 1 year. That's far more solution than anyone selling the weaker stabilized oxygen is offering. So, make it yourself or buy it. Just get it into as many hands as possible.

The next several pages show documents from the Malawi government, which serve as evidence that we were there. You could always give them a call.

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MALAWI BUREAU OF STANDARDS

Our file code: BS/LAB/35/4

Our date: 06-04-07

Your file code:

Your date:

Address Correspondence to the Director-General

Malaria Solution Foundation
P.O Box 719,
Lilongwe

Dear Sir

MS SOLUTION AND NALI VINEGAR

We submit our Report No. 354/AJ 134 on the analysis of the above mentioned sample which you brought to the Bureau.

Our receipt **No 42483** for **MK2,791.25** being the cost of testing and reporting is attached for your kind attention.

We thank you for using our facilities and look forward to serving you again in future.

Yours faithfully

Patricia N Nayeja
Senior Scientific Officer
For: **DIRECTOR-GENERAL**

PNW/ljm

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Ref: PMPB/PR/114

12th April 2006

The Manager,
The Malaria Solution Foundation,
USA.

Dear Sir,

REGISTRATION OF MS SOLUTION

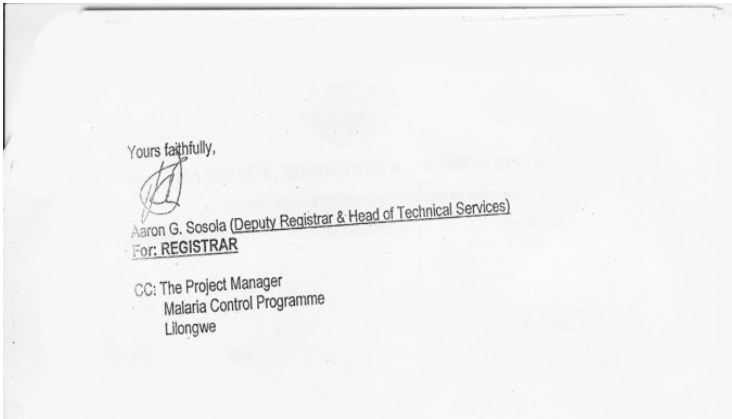
I would like to acknowledge receipt of dietary mineral supplement (MS Solution) and its write-up.

Well, if this product is indeed a dietary mineral supplement, then its not under the jurisdiction of Pharmacy, medicines and Poisons Board to register. But the claims of the label on the bottle suggest that it cures or alleviates certain medical conditions which may include malaria.

The composition of the solution of sodium chloride (NaCl) and water which may have undergone electrolysis to make chlorine dioxide (Cl₂O) which may kill pathogens does not show any pharmacological activity. From the documentation, it does not stipulate the pharmacological activity and mode of action on the malaria plasmodium. Similarly, the medical journals do not mention anything concerning this preparation.

Moreover, in Malawi the Malaria Control Programme through its taskforce is the sole authority that can accept or refuse an anti-malarial medicinal product in Malawi. This is to protect the public and the resistance of anti-malarial drugs.

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Chapter 9 Understanding the Miracle Mineral Solution

To understand MMS one must understand chlorine dioxide, as that is what is generated and what kills pathogens in the body. As explained in chapter 2, chlorine dioxide is highly explosive; therefore, whenever it is used it must be generated on site. It cannot be transported, since it will instantly destroy any container that one might try to house it in. It cannot even be moved through metal or plastic pipes.

Numerous methods, which use many different chlorine chemicals, have been devised to generate chlorine dioxide. Chlorine dioxide is used in many industrial processes: It is used in paper mills to bleach paper pulp white; it is used in cloth mills to bleach cloth; and most importantly, it is used to purify water in thousands of water purification systems throughout the world. In such systems, it is selective for pathogens and other bio-organisms that might be harmful to larger animals and humans. It does NOT combine with hundreds of constituents, as does free chlorine. When free chlorine combines with these items, it creates carcinogenic compounds. Thus, although the initial cost of installing a chlorine dioxide system is higher, in the long run, a chlorine dioxide system saves money and is much safer from a health standpoint.

One of the most popular methods of generating chlorine dioxide is by treating sodium chlorite, a white or slightly yellow, flaky substance. While this sounds like table salt, it is not quite the same thing. Table salt is sodium chloride, and we generate chlorine dioxide from sodium chlorite. Note the last two letters of each of these.

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Throughout the world today, sodium chlorite (NaClO_2) methods are used to generate chlorine dioxide more often than any other method. To arrive at the formula for chlorine dioxide, we merely remove the sodium (Na) and we are left with ClO_2 . (Don't worry; you don't have to understand these formulas to understand the basics of what I am explaining here.) There are several dozen methods that use sodium chlorite to generate chlorine dioxide. The FDA has approved several methods in which swimming pool acid is added to a watery solution of sodium chlorite for the purpose of making chlorine dioxide, which is then used to sterilize chicken and beef before it is sold to the public. The acid generates the chlorine dioxide from the sodium chlorite. In many cases, the chlorine dioxide does not have to be rinsed off vegetables that have been sterilized, as the chlorine dioxide soon turns to salt, but not enough to make the vegetables salty.

In 100,000 health food stores in the U.S., one can also find sodium chlorite in a watery form known as stabilized oxygen. In almost all cases, stabilized oxygen is manufactured by simply adding 3.5% sodium chlorite by weight to distilled water; that's 35,000 ppm. You can also create it in your own kitchen, just don't use any metal pots or pans—not even stainless steel. Only use plastic, glass, or CorningWare. However, you will be much better off making MMS with my formula or buying it from someone who is using my formula. I'll tell you exactly how to do that later in this book.

For 80 years, hundreds of thousands of people put a few drops of stabilized oxygen into their water or juice and drank it down thinking that it somehow furnished extra oxygen to their bodies. The few who realized that some form of chlorine was generated, mentioned it in passing, but still insisted that the chlorite furnished the body with oxygen. Somehow, during all those years, not one of the alternative medicine groups ever decided to have a good chemist look at the formula, at least they never wrote about doing so. The fact is that simple chemistry shows us that no oxygen that the body can use is generated.

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Chlorine dioxide is a powerful chemical and it has many uses. It is an oxidizer, less powerful than oxygen, but with a greater capacity for oxidizing, as it explodes when it encounters certain chemical conditions and is neutral in other chemical conditions. It is selective.

What do we mean when we say it explodes? To review the discussion presented in chapter 2, an explosion is merely a fast chemical reaction, generally oxidation, that also releases energy. There are two oxygen ions in the ClO_2 formula, so why aren't they released so the body can use them? It's because they have a -2 charge. They did their oxidizing before they arrived in this formula. They cannot oxidize further, but the chlorine combined with the oxygen can. When chlorine dioxide touches an anaerobic pathogen with an outer surface that cannot withstand oxidation or a poison that can be oxidized, it instantly accepts five electrons. It destroys anything that it can draw electrons from and it generates heat at the same time (this action is called oxidation, even when oxygen is not a part of the process). The oxygen atoms are then released from the chlorine dioxide; however, they are not elemental oxygen, they are ions of oxygen with a -2 charge. They have the same charge as the oxygen in carbon dioxide, a gas that will kill you if you breathe enough of it even though it is not a poison. In other words, it doesn't do anything to the lungs; instead, it prevents the lungs from getting the elemental oxygen that you need.

Hydrogen and oxygen mixed together become water, and that is all the oxygen can do at this time. It becomes water or it becomes part of a carbon dioxide molecule. The chlorine, after the explosion of oxidation, loses its charge and becomes a chloride—basically table salt—which again has no ability to oxidize, as it no longer has any charge. There is nothing else left to cause any kind of side effect.

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The basic idea is simply that oxygen and chlorine must be charged to the correct number of electrons or they do not oxidize. When oxygen is not capable of oxidizing, it simply cannot do the job the body needs it to do. What sodium chlorite really does is give us chlorine dioxide, a chemical that selectively destroys almost all pathogens that exist in the body. Each tiny chlorine dioxide molecule has tremendous power to destroy those things from which it can draw electrons, but it does not have the power to draw electrons from healthy cells or aerobic bacteria.

Chlorine dioxide does not last forever. There is too much energy bundled into a small particle. It begins to lose some of its energy after a few minutes in the body and the same thing happens when it is released into public water supplies. When it has lost some of its energy in the body and is no longer explosive (unable to oxidize), it can then combine with other substances. There is some evidence that it helps make myeloperoxidase, a chemical that the body uses to make hypochlorous acid, which is then used by the immune system to kill pathogens, killer cells, and other things. Chlorine dioxide is the only chemical known that has these qualities and that can do these things in the body without resulting in side effects. In public water works and in paper mills, the chlorine dioxide is generated at the site where it is used. Similarly, it is generated on site in the body from sodium chlorite.

How to Generate Chlorine Dioxide in the Human Body

None of the people who used stabilized oxygen for all those years ever realized the benefits they were experiencing were the result of chlorine dioxide; and thus, no one ever tried to generate more of it. They believed that the millions of oxygen ions connected to the chlorine were available to the body. While they received a little benefit from the few drops of stabilized oxygen they added to water, which then released chlorine dioxide, it was released very slowly, and really too slowly to do much good (a few chlorine dioxide ions per hour instead of per minute). There was always some benefit, but

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nowhere near the full potential offered by MMS. For 80 years they missed out.

So if we are going to generate chlorine dioxide in the body, we need to do it about 1,000 times faster than is possible with a few drops of stabilized oxygen in a glass of water or juice, which gives you about 1 ppb (one part per billion). What we really need is 1 ppm (one part per million) and often even more. In fact, sometimes it takes 1 ppt (one part per thousand). But don't worry about those figures; one does not need to know all the technical details to make it work. Just know that to cure AIDS it takes at least 1,000 times more chlorine dioxide than stabilized oxygen gives you, actually more like 10,000 times more.

As mentioned above, the FDA has authorized adding swimming pool acid to solutions of sodium chlorite in order to generate chlorine dioxide. All of the public water purification plants which do so, use various mechanical devices to add the acid at a pre-established speed to the flow of watery sodium chlorite. In the human body, we want to add a lot of chlorine dioxide and do not have a mechanical device we can use to add the acid slowly. We also want it to persist for a while, so that it can be carried around to all parts of the body. Chlorine dioxide will persist for 1 to 2 hours if one has a food-grade source to ingest.

The Importance of Vinegar, Lime, Lemon, or Citric Acid

This is where vinegar, lime, or lemon comes in. The part that is important is the 5% acetic acid in the vinegar or the citric acid in lime or lemon. (On June 1, 2007 it was discovered that pure citric acid works even better than vinegar, lime, or lemon.) When one of these items is added to sodium chlorite it causes the solution to begin to release chlorine dioxide. The addition of 6 drops of a solution that is 22.4% sodium chlorite (MMS) to 30 drops of vinegar, lime, or lemon will release approximately 2 mgs of chlorine dioxide in 3 minutes—that's the reason for the 3-minute wait. However, when you add 4 ounces of water or apple juice to

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make about 1/2 glass of liquid, the process nearly stops, leaving the solution with 2 mgs chlorine dioxide for the body, which is quite a bit. Adding vinegar, lime, or lemon to the sodium chlorite does the trick. If you don't add one of these items, all you have is the same old stabilized oxygen health drink, which is interesting, but it really doesn't get the job done.

Thus, MMS starts off by producing 2 mgs of chlorine dioxide. It has an immediate effect. We have been talking about using 6 drops of MMS, which is a maintenance dose, but if you are treating a disease, you may need 15 to 18 drops for a full dose. As you read the instructions you will see that you usually start off with small doses and work your way up.

To give you an idea of how small 1 mg is, consider a standard U.S. dime. One gram is almost exactly 1/2 of a dime. Now imagine 1/2 of a dime cut into 1,000 pieces. One of those pieces is 1 mg. That's smaller than a speck of dust. That's how powerful chlorine dioxide is; it only takes 1 mg of chlorine dioxide to begin killing pathogens in the body. The chlorine dioxide remains in the system for only a little over 1 hour. When the chlorine dioxide degenerates, it results in either chemicals that the immune system really needs, or the chlorine turns to a chloride, leaving an insignificant amount of table salt and water. Thus, there simply can be no side effects. There is nothing left to cause side effects.

Make no mistake: Chlorine dioxide ions are extremely powerful. They are very small particles that contain a tremendous amount of energy, but they only remain that way for a few minutes. They contain too much energy to last for any length of time. In the world of submicroscopic energy particles, chlorine dioxide ions are torpedos with selective warheads. Their chemical makeup gives them this quality, and no other chemical has the same quality.

Some people have taken more than 40 times the amount of sodium chlorite contained in stabilized oxygen. A perfectly healthy person may experience a small amount of nausea for 10 to 15 minutes from a dose that large, and someone suffering from a serious illness may be nauseous for a longer period. I have tried 25

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times the recommended MMS dose, as have a few other people, and it did make me nauseous, but it did not have any lasting side effects. The point is, chlorine dioxide is not only not harmful, it is of great benefit to the body. The nauseousness is the result of the chlorine dioxide attacking pathogens in the body. In the case of a liver condition, such as hepatitis, one almost always gets nauseous. The reason for this is that the liver begins to expel the poisons as the chlorine dioxide begins to destroy them, but it also cures the condition in record time.

One lady with hepatitis C did exactly what I told her not to do. Instead of taking 2 drops at first, to be certain she killed the hepatitis she used 30 drops, added the vinegar, waited 3 minutes, and added it to apple juice. It made her sick for 3 days. She then put the MMS aside and did not touch it for 8 months. She thought that since it had made her so sick that it didn't work, but when she finally decided to go to the doctor, he could find no hepatitis in her body. Both were amazed. I have given it to many people with one of the hepatitis diseases, A, B, or C. I can guarantee that 30 drops will make any hepatitis patient feel very sick, but it will also usually cure them. However, that is not the way to do it. A hepatitis patient should never start out with more than 2 drops. Normally, they will not feel any nausea with this dosage, and if they slowly increase the drops until they can take 15 drops three times a day without nausea, they will usually test negative for hepatitis of all kinds. I should mention at this time that nothing is an absolute guarantee. Each person is different and there can be extenuating circumstances that change the outcome.

Procedure for Taking MMS for Maintenance

It is important to take MMS for longevity. I wish I could say for certain that it will add an additional 25 years to your life; however, I can't prove that yet, but I do believe it. All the evidence points to that conclusion. Dozens of older people are taking MMS and realizing that all the diseases that normally kill older people no

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longer have their sting. Their immune systems are up to 100 times stronger than normal for people of their age, and pneumonia, flu, and other diseases just aren't able to get a foothold as long as they are taking the maintenance dose every day.

Younger people can get by with taking the MMS maintenance dose two or three times a week, but older people need to take it at least once a day. When taking it once a day, every day, one can probably get by with taking 4-drop doses with the vinegar, the 3-minute wait, and the added apple juice (see below for exact instructions.) Anyone taking it two or three times a week should always take at least 6 drops per dose. Remember, hundreds of thousands of people have been taking this solution for 80 years; all I have done is added a little food acid. No side effects have been reported in all these years and no side effects have been reported in the 6 years since the vinegar was added. Technically, there should not be any. It has been proven that a small quantity of chlorine dioxide (as in MMS) does not attack healthy cells. (A large quantity would kill anyone or anything.)

As explained earlier, chlorine dioxide deteriorates into constituents that are totally nonpoisonous. Nothing is left behind to build up, as is the case with many conventional medicines. The chlorine dioxide lasts long enough to do its job and then the part that does not furnish the immune system with needed ions becomes nothing but micro amounts of table salt and water. The chlorine dioxide has just a few minutes to do its thing and then it no longer exists. It leaves nothing behind that can build up.

Initial procedure: Keep in mind that anyone taking MMS for the first time should start out with no more than 2 drops for their first dose. The reason being that 2 drops will not produce enough of a chemical reaction to cause significant nausea in those who have a health condition. If you have a serious illness, 2 drops could cause mild nausea for 10 minutes or so. In that case, continue taking 2 drops daily or several times daily until there is no nausea. When you have reached the point where there is no nausea from 2 drops,

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then use 3 drops the next time. Continue this until you are at 15 drops three times a day and then drop back to 6 drops a day. When using MMS for treatment of some serious illness, you will need to consider that MMS is only active in the body for about an hour. Thus, hourly doses will make the best progress, as the more MMS you can get into the body without creating nausea or diarrhea, the greater the positive effect it will have against the illness.

Keep in mind that when we refer to drops we always mean that one must add 1/4 to 1/2 teaspoon of vinegar, lime, lemon, or citric acid and then wait 3 minutes before adding 1/2 glass of juice. That's 4 ounces of juice for those of you who are more scientific. Without the vinegar, lime, or lemon, the whole exercise is little more than the drinking of a nice health drink. But nice health drinks don't do the job. And remember, DO NOT use juice with added vitamin C.

So the exact procedure is this: Add 2 drops of MMS to a clean, empty, dry glass. Then add 10 drops of vinegar, lime, or lemon (if you use citric acid see the instructions in chapter 10). Swirl the glass by hand to mix the contents. Wait 3 minutes. Add 1/2 glass of apple juice and drink right away. You can substitute grape juice or pineapple juice as long as they are fresh, but don't buy juices with added vitamin C and do not use orange juice. Orange juice prevents the production of chlorine dioxide.

As I have said, the reason for using fresh juice is that most juices have vitamin C added as a preservative. It makes the juice last longer and it is good for you, but it inhibits the release of chlorine dioxide. It can even prevent you from getting the results that you want from taking MMS. So, if you do use store-bought juice, make sure that it does not say that vitamin C has been added. If it does, you can always drink it several hours before or after taking MMS.

Allowing the drops and vinegar to sit more than 3 minutes is not necessarily a problem. The chlorine dioxide in the drops begins to separate and the chlorine goes off into the air. Thus, the concentrate of chlorine dioxide remains fairly constant for up to 10 minutes; however, tiny amounts of chlorine do remain in the solution.

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Putting a lid on the container makes the chlorine dioxide much stronger. Some people do this to make a stronger drink. The very best practice is to not allow the drops and acid to sit for longer than 3 minutes before adding your juice and drinking it.

To ensure a strong drink of chlorine dioxide, drink it immediately after adding the juice. (It's not dangerous to allow it to sit longer, just not as effective). Juices that can be used are apple juice, grape juice, pineapple juice, and cranberry juice. Again, **do not use orange juice**. Orange juice prevents the production of chlorine dioxide, and thus prevents MMS from being effective.

Additional Technical Stuff: This is just to further clarify some points made earlier. There are two levels of deterioration that take place when we are talking about a dose of MMS:

1. The first thing that deteriorates is the sodium chlorite. After the vinegar is added, the sodium chlorite begins to deteriorate releasing chlorine dioxide into the solution. A chlorine dioxide ion is an extremely small particle that contains a tremendous amount of energy and power.
2. Chlorine dioxide is not very stable and it too quickly begins to deteriorate. A chlorine dioxide ion retains its ability to destroy pathogens, diseased cells, poisonous substances, and other harmful items for only about 60 minutes. It begins to lose its energy within seconds after being released from the sodium chlorite, but it can usually do its job for up to 60 minutes. By the end of an hour or so, it has deteriorated to the point that it will no longer destroy pathogens, but it can still combine with various other chemicals.

Okay, so maybe “a tremendous amount of energy” isn't very scientific, but let's just say that chlorine dioxide begins to deteriorate almost immediately and continues until it is no longer chlorine dioxide. It separates into its constituents of chlorine, oxygen, and energy—nothing else. The chlorine and oxygen have lost their charge and thus are not active.

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The deterioration of chlorine dioxide in the human body leaves absolutely nothing behind. The process of destroying pathogens and other harmful items in the body leaves nothing behind but dead pathogens, and again, chloride and oxygen that can only become a part of the water of the body.

Arnold and I founded the Malaria Solution Foundation. He was in charge. I withdrew from that foundation when I realized its members were not very committed to treating malaria in Africa. They informed me that they had plenty of money and millions to spend treating malaria in Africa, but they continued with mining and rice distribution programs and nothing happened with the program to distribute MMS in Africa. If they were really committed, but were just too busy, they could have sent me.

We have the cure for the disease that has been the biggest killer of humans for hundreds of years. So while millions of people have been suffering and dying, what has the Malaria Solution Foundation been doing? They have been over in Africa giving out rice bran packets to school children. That's a nice program. It's nice to help children, but our organization was formed to solve the problem of malaria. I may be beating this point to death, but there were a number of people who could not see why I left the foundation to concentrate on writing this book.

After several years, I finally realized that I could not leave the MMS information in their hands. If I did, the world would never learn about it. This information simply cannot be owned or controlled by any one person or group. The Malaria Solution Foundation Web site (malariasolution.com) will tell you much about the programs that we conducted in Africa and maybe give you more confidence in what I have been saying—MMS really works. (This site, by the way, was finished in the last part of 2006, 5 years after I was first told that they were going to put up a good site). Their last trip to Malawi was last year, and it had nothing to do with curing malaria in that country. It had to do with distributing rice bran packets to orphanages. That is a feel good program; but the goal of the Foundation is not being addressed.

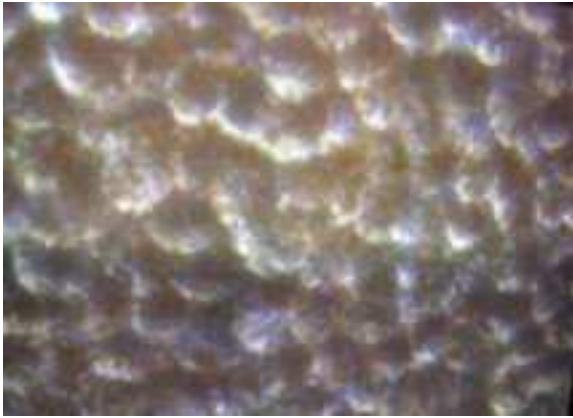
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If you are interested in obtaining additional verification of the validity of MMS, you might contact the Malawi government. They conducted their own separate tests with MMS which produced the same results we achieved in the prison: 90% of malaria patients were cured in less than 24 hours and 100% were cured in 48 hours. No other treatment has ever reached even a 10% cure rate in 24 or 48 hours.

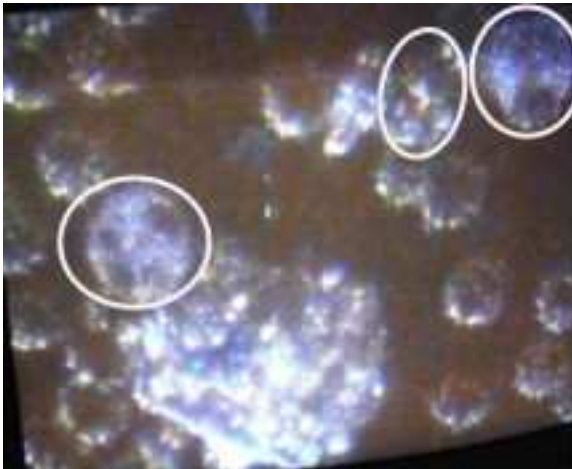
I have included two pictures of blood samples on the following page. These pictures were taken with a dark-field microscope that was designed especially for viewing blood. The first picture shows the blood of a person before taking a dose of MMS. All the cells shown are red blood cells. Notice how the cells are all touching one another and clumped together. This is an unhealthy condition. This person needs more water and minerals.

The second picture shows the blood of the same person 1.5 hours after taking a 10-drop dose of MMS with the vinegar, the 3-minute wait, and added water. Note that the red blood cells are no longer sticking together, but more importantly, the circles show three white blood cells moving towards the larger crystalline blood clot. They will ingest the clot trapping the crystalline particles. Although you cannot see movement in still pictures, these white blood cells were up to 10 times more active than normal after MMS was taken. A video of this blood shows the movement.

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First picture.



Second picture.

If you have Internet access, visit the following site to view these items: www.miraclem mineral.org.

You may not believe it, but for years the U.S. FDA has been suppressing all real cancer cures, as well as information concerning how vitamins prevent heart attacks, and all other information regarding products that may in any way reduce the income of the

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large pharmaceutical companies (Big PHARMA). Please don't take my word for it; become informed. Read the information available on the Internet. Just go to any search engine and search on "FDA Suppression." There is voluminous documentation from as early as the 1930's. You will see, they have put authors in jail and told them that they will only withdraw the accusations if the author will withdraw his claims. Once the author has lost all of his money and is tired of fighting he gives up. There are hundreds of medical facts that are being suppressed right now that would save thousands of lives around the world. There are many records of people who have died under very questionable conditions when they have tried to inform the public. Please don't write this off as a bunch of crazy conspiracy nonsense. MMS is one more medical fact that they will try to suppress. Try it so you will know that it works. Your life and the lives of thousands, even millions, are at stake. Isn't that important enough to at least try it once? Spend a couple of hours researching this issue. The facts are there.

Treating Symptoms

Modern medicine, by way of doctors, treats symptoms. The majority of the drugs you buy at pharmacies (99%) focus on treating symptoms. In other words, if you have a headache, the doctor gives you something for the pain, but doesn't figure out what is causing the headache. If you can't sleep, the doctor gives you a drug that helps you sleep, but doesn't figure out what is keeping you awake. If you get arthritis in the knee, the doctor gives you a drug for the pain, but doesn't figure out the reason for the arthritis. If you have poor digestion, the doctor gives you a tablet that neutralizes the acid in your stomach and allows the food to go through your system without being digested. He doesn't find the cause of the poor digestion, or even give you something that will digest the food. There are a thousand different drugs directed at symptoms and one side effect of many of these drugs is death. All drugs have side

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effects. Death is not a possible side effect of all of them, but most of them have caused a death at one time or another.

Why do you suppose the drugs of the world, especially in America, have been created to treat symptoms and not the causes of diseases? It's no secret that drugs only treat symptoms. Most people already know this, just ask anyone interested in health. Medical drugs treat symptoms and all of the medical research conducted by pharmaceutical companies is directed towards treating symptoms and not towards finding the causes of problems. Well, the reason is that if you find the cause of a disease or health problem, you can usually cure the problem. In that case, you cannot continue to sell the drug over and over until the person dies. Billions of dollars are involved. Treating symptoms does not cure or change the problem. Why hasn't there been any significant advancement in cancer treatment technology in 100 years? With one or two minor exceptions, the same treatments are used today as were used more than 100 years ago. The world has made dramatic advancements in almost everything except the treatment of cancer and other diseases. They have refined the treatments, made the drugs purer, made the needles better, made the X-ray machines better, made the records better, made the timers that time the treatments better, but the treatments themselves have not changed.

The pharmaceutical companies spend billions of dollars on two lawyers and often two law offices for each congressman and each senator in the United States. They have tried again and again to suppress vitamins. I don't have time to cover all of the facts here. Please become informed on this subject. The data and the proof are available. The truth cannot be suppressed. Just read the thousands of documents available on the Internet. The pharmaceutical companies spend billions influencing Congress under the pretense that they are interested in public safety. Do you imagine that we would be much safer if we didn't know about vitamins? The truth affects all countries of the world. At this time, the FDA has just informed the public that it intends to shut down over 50% of the alternative health supplement companies. This is because they finally prevailed upon

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Congress to pass a law stating that all supplements must be under FDA control.

MMS is such a simple cure that it need not be relegated to doctors. Individuals have the ability to treat themselves. This means that the FDA is going to have a much harder time suppressing it. The public, the sick and suffering, have one short window that is now open, but we don't know for how long. This time, the FDA cannot suppress a couple of doctors or arrest the author of a book, because they can't find me. I am not tied to some expensive lab and I can move around. But they don't have to find me to stop MMS. The billions of dollars behind them will definitely try, because ultimately, a great part of those billions are lost if MMS becomes well known. Please, please take the attitude that maybe, just maybe, I might be telling the truth.

This is where you come in. It now rests on your shoulders. I've done what I can do. It's up to you, the readers of this book, to spread the word to the world. It can happen if you will tell your friends. The more people you can get to read this book, and the more people you tell before the pharmaceutical companies find out about MMS, the less likely they will be able to suppress it. Up to this point, they have been so convinced that I am a charlatan that they have not paid any attention to me. This has been my only safeguard. But when they start getting reports of people getting well and people being cured, it will be a different story. This is now the fourth printing of this book. The first printing sold out and thousands of people were cured of many different diseases. Many who used this book passed the information on to their friends, but many did not. If we are going to win, many more are going to have to lend a hand, in order to distribute the book further.

There is a point of no return. I don't know how many people it will take to get there, but if we can reach that point, they will no longer be able to slam the door in our faces. That point will be reached when enough people have learned about MMS, and have used it and know it works. Believe me, a few individuals isn't enough. It will take millions who know that it works. Please join us.

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Either use it or just support the idea that the public deserves to know. Get as many people to download the free book (*The Miracle Mineral Solution of the 21st Century Part I*) as possible and/or have them buy *Part II* online or the hardcopy of this book. When you are successful in using MMS to help someone or yourself, broadcast it widely. We may only have a few months. We probably have less than a year to get it to the public. The elimination and prevention of suffering, misery, and the death of millions depends upon you. (Sorry to be so dramatic, but this is a fact.)

Again, go to Google and search on “FDA Suppression” and you will realize that I am telling the truth. Otherwise, you will realize that what I am saying here is true when they begin their campaigns to convince the public that the facts in this book are false. The problem that they will have is that anyone can try it, but they will use fear to prevent millions from even considering it. That is why we need millions who have already tried it and know that it works. Join the crusade. Lives are at stake. Of course, if you don’t tell your friends, the FDA and the Big PHARMA will not mount such a campaign.

If you are on a tight budget and don’t have the 10 bucks for Book II, send me an email according to the instructions given on the copyright page at the beginning of this book and I will email you a free copy. As you will note on the copyright page, in the event of my death, this book becomes public domain. I apologize again for being so dramatic, but I am 76 years old and in my years I have learned that people would rather hear the facts than someone “beating around the bush.”

I also want to say that any excess profit earned on the sale of this book, beyond the expenses of its distribution, will be spent in Africa towards eliminating diseases there. I can now state that I am part of the Kinnaman Foundation. So money can be donated to the African-America MMS Project at the Kinnaman Foundation, and such donations are fully deductible for income tax purposes.



Chapter 10

A New Look at Disease

There is another important discovery I would like to tell you about. It is amazing that an inventor should have discovered it instead of one of the world's most prominent scientists. Apparently, it's just too simple for science, as the information has been available for 100 years. It was mostly luck that I was in the position to make the discovery. No doubt, 60 years of spiritual seeking made the discovery possible. As with MMS, I really have to tell the world about it. It must be told far and wide or I will forever suffer the consequences, as the sin of omission is just as bad as the sin of commission, as far as karma is concerned

I can't say what it is right up front, because I'd probably lose you, but hang on for a few paragraphs and I will surprise you. I was first introduced to sodium chlorite in about 1985. As far as I could tell, it was used to purify water and kill diseases on tropical fish. In actuality, it was being used in many places around the world to purify water and as a health drink. I soon discovered that some health food stores carried it and that it was called stabilized oxygen. There was always a fair market for it, as it seemed to help recovery from many different diseases. I had heard many great claims for stabilized oxygen, but like most medicines, it seemed to only work for some people, and often only some of the time.

After my discovery in the jungle that stabilized oxygen sometimes cured malaria, and my later discovery that the addition of a food acid increased the rate of recovery from malaria to 100%, I began to see hundreds of people recover from diseases. When I traveled to Africa, I witnessed thousands of people recover from malaria and other diseases. Then, while I lived in my small desert town, I watched more people recover from diseases. During that

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time, I sent many bottles of MMS to Africa and hundreds more were cured of malaria and other diseases. As I have said earlier, at one time I sent enough for one person to treat over 5,000 people for malaria in Sierra Leone, and at another time, I sent enough to treat over 1,600. Of course, there were many times when I only sent 1 to 10 bottles. (I should mention that some of the time Arnold furnished the money for me to send these bottles, and other times he did not.) In addition, I sold and gave many bottles away around town, to people in the neighboring town, and to individuals in other places in the U.S. I'm not saying all this to brag, and I hope it doesn't sound like it. I'm simply trying to make a point.

However, before I make the point, let me also say that since I came to Mexico, I have received more than 12,000 emails and hundreds of phone calls. Many have been from people asking questions, but there have also been those who wanted to tell me how they were now free from the symptoms of lupus; diabetes; hepatitis A, B, and C; AIDS; cancer; and many other diseases. In Hermosillo, my Mexican, schoolteacher partner, Clara Beltrones, has treated about 100 people in her home, many while I was present. She has also treated more than 500 local Indians.

For example, one night a man called and brought his wife by after hearing a local radio talk show. She came in with a standard walker that you push along, but she could not hold onto the walker, so her husband had to hold her hand on it. Her right hand and right foot were both paralyzed, and she had trouble walking on the foot. She complained that her sciatica was giving her much pain. Clara gave her a 6-drop dose and had her wait 1 hour while they discussed things. In that first hour, the lady noticed that the pain was going away in her sciatica and that feeling was coming back in her hand. After the second 6-drop dose 1 hour later, she noticed feeling returning to her foot. Soon she was moving her fingers and her toes. Before she left, she had regained full movement of her hand and her foot. She could move all her toes and the other muscles in her foot. She left, still using the walker, but she did not need help from her

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husband, and it was obvious that she would soon be walking without the walker, once she got used to her new mobility.

I don't mean to say that everyone is instantly healed. Many work at it a lot longer and sometimes there are other things involved aside from diseases. However, as I have said, within 1 year of arriving in Mexico, I had sold more than 8,000 books, *The Miracle Mineral Supplement of the 21st Century*, and more than 11,000 5.5-ounce bottles of MMS were being sold in the U.S. each month. Of course I was not selling the MMS.

It's going to be up to the scientists to prove or disprove what I say here, but I see ample evidence to state with confidence that most diseases—I'd say up to 95% of all diseases caused by pathogens—can be cured with MMS. That includes 95% of all discomforts not caused by accidents, 95% of all blood diseases, all cancers, and all other, so called, disorders of mankind. Do you see what I am saying? We are on the edge of eradicating most diseases that afflict mankind—forever.

Hundreds of times people have come to me, and more recently to Clara, to get a bottle of MMS. We have had them take a dose, as we have wanted to show them how to mix the drops, and within minutes their pains of 20 years disappear. Do you see? MMS has no nutritional value whatsoever. It is strictly a killer. It kills pathogens and oxidizes heavy metal poisons. It does nothing else. The only explanation as to why people have had the experiences described above is that there was something in their bodies that was killed, as that is all MMS can do. One might say that some heavy metals were oxidized, and in some cases that may be what happened; however, there have been times when the subject was first tested for heavy metals and there were none. It really doesn't matter, does it? If the people are well, who cares?

So far, thousands of people have gotten well. I have come to the conclusion that there are thousands of different kinds of bacteria, viruses, molds, yeasts, parasites, fungi, and other microorganisms that have no name and which are not recognized. In addition, there are many other organisms, necessarily micro in nature, which are

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pleomorphic, in that they can switch back and forth from one kind of microorganism to another. Medical science has no clue about most of them, but when you kill them, the person becomes well and goes back to work or to his life. We can't say they were cured, as it upsets almost everyone, including people on our side. Maybe someone can come up with a better way to explain why all these people got well, but for now no one has.

So I want you to take a new look at disease. People who are sick and in pain are often told that they are imagining it, that they have some mental problem and the sickness solves it, or that it is a condition brought on by their genes and they inherited it. They often spend thousands of dollars for psychiatric help and are sometimes even convinced that they may actually be making it up or that it is the result of the fact that their mother didn't love them enough or some such thing. However, in almost every case when a person who has had such an experience tries MMS the pain that was supposedly a creation of their imagination is gone within several weeks, and sometimes within just a few hours.

Now consider this: Colonies of viruses and bacteria may become established right up against a bone and thrive on the bone creating acids that cause much pain, or mold may gather and grow in areas of low blood flow preventing the flow of nutrients in that area and using the nutrients that do get there. A colony of viruses that live in a muscle can cause muscle pains and a colony of viruses can form around a nerve and shut off the nerve impulses. Some colonies are worse than others. It is well known that colonies of bacteria can grow on a heart valve, so why not other places? Some colonies cause arthritis and others cause diabetes. Colonies of viruses and bacteria are responsible for causing hundreds of different ailments.

Thus, you didn't get sick because you ate too much sugar. You didn't get sick because you ate too much white bread, too much ice cream, too much meat, or even too many acid-causing foods. All of these things may be contributing factors, and they can all feed microorganisms and thus help them thrive, but the real reason you

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got sick was because microorganisms, mostly anaerobic microorganisms, invaded areas of your body. Our bodies are really stronger than most people believe. But if you are sick, it is because colonies grew here and there or they invaded your entire body or various organs of your body. Again, there are likely other contributing factors, such as the fact that you breathed too much poisonous smoke or allowed your body to become too cold, but these factors only allowed the colonies of anaerobic microorganisms to start growing or to get worse.

Some researchers have reported that when the brains of people who had Alzheimer's disease have been analyzed, spirochetes (a microorganism that is often considered pleomorphic) have been found, showing that colonies of bacteria grow in the brain as well. Now, don't ask me about Alzheimer's. I have not performed any research in this area and no one has called saying that he has treated a person with Alzheimer's or has treated himself for Alzheimer's. I have had emails asking about it, but none reporting the use of MMS for this disease. Just about everything else has been treated and someone has called to report on it, but not Alzheimer's.

As I have stated before, I'm an inventor, not a doctor or a scientist; however, I have been a research engineer. I set up tests for an A-bomb, worked on intercontinental A-bomb and H-bomb missiles, worked with the first vacuum tube computers, and developed new technology concerning the recovery of gold. This is not to brag, but to point out that I am not scientifically illiterate. Thus, I feel qualified to make these statements here, and I am sure there will be those who will want to prove me either wrong or right. I am sure that there will be people working to prove it one way or the other, because there are those who have already begun to investigate my suggestions.

It is my belief that we have turned the corner into a new age where there is no such thing as an incurable disease. The death knell for the drug companies has already been rung. Medical doctors will be needed to set bones, improve breasts, do plastic surgery, and work on various other physical things. Alternative medicine

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practitioners will work mainly with nutrition to improve health, but they will not be focused on overcoming diseases. Imagine for a minute, if you will, a world populated with healthy people, where there is extremely little disease. It can be a reality in your lifetime if you pitch in and help a little. Hundreds of millions of dollars are needed for research with MMS, but we are closing in on it.

Many people are already successfully treating themselves. Just see that this book gets out to as many people as you can, and see that as many people try a bottle of MMS as soon as possible. If the person next door cannot afford a bottle, buy one for him yourself. Do your part and we will arrive. That is all that the world needs at this point is a bit of help from you, the reader of this book. The world may never meet you, but it won't happen without your help and the day will come that you will know that you really made a difference. You will know that you did your part to stop the drug companies and help those less fortunate to overcome their diseases.

Now that I've told you the good news, let me tell you the bad news—and I mean really bad news. I wanted to tell you the good news first, as I don't like to be a doomsayer. But I need to tell you that the situation on Earth is worse than 99.999% of the population understands. I have people call me from all over the world. I have received thousands of emails and have talked to hundreds of people, and you won't like hearing what I've learned. You might even think I'm crazy, but I've got to say it as I could not live with myself if I didn't. I'd really rather not mention it, as there are enough people who think I'm nuts already, but I've got to if only to get some people thinking. It's this: **Our leaders are trying to kill us.**

Now, I talk to medical doctors, to clinics, to health professionals, and to sick people every day. I doubt that anyone talks to more medical professionals in the health industries around the world than I do and what I have found is this: There are many new diseases out there. There are dozens, if not hundreds of new diseases, and they are not natural diseases. MMS handles all of the natural diseases, such as flu, TB, pneumonia, diabetes, and malaria in a very short time. The recently created diseases are much harder

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to handle, as they seem to have a certain ability to hide in the body when antibodies or oxidation chemicals are present. All these new diseases are traceable back to government laboratories. None came from monkeys and our leaders refuse to do anything to stop their proliferation.

There is no way that I can tell you the whole story in a few paragraphs, but it's important to note that there is mercury in vaccinations, chemotherapy simply kills people and nothing more, foods are poisoned with Aspartame, modern medicine has killed and is killing more people than all the wars put together, and the America public isn't as dumb as some people seem to think. More than 55% of the public has quit going to their family medical doctors and are opting for alternative medical techniques. There must be a reason. People don't just quit going to someone who is helping them to stay well.

Millions and millions of people are sick from diseases that the government doesn't even recognize. Morgellons disease is only one of a collection of terrible diseases that millions now have, which the government doesn't recognize. Lyme disease was not recognized by medicine for a long time and is now only recognized by a few doctors, yet millions in the world have Lyme disease. There are dozens of others. The World Health Organization (WHO) refuses to so seek the opinion of more than one doctor on MMS, even after they were told of 75,000 victims cured of malaria. Their doctor claimed he tested it, but that makes no sense. He was in Switzerland where there is no malaria. In our experiences, people have gotten well in 4 hours, and testing could be done in 1 day. Yet, it took him a year and a half to get around to testing it, and then after 3 days he said it wouldn't work. Once a doctor understands the chemical formula of MMS, he usually will agree that it has merit. It is so obvious that few doctors even have to test it before agreeing that, at the very least, it should work.

Religious Christians should be aware that the Bible says that in the last days the Earth will be deluged with disease and sickness. I don't believe in the Bible as religious people do, but there are some

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things there that make one think. Lyme disease comes from many places, not just ticks. You can contract it having sex, from eating certain meats, and even from drinking from certain water supplies. There are those who want to kill the human race. They have been working at it for a lot longer than you would believe. It's not an easy job, but they have been at it for a godawful long time. I'm here, right now, watching it every day.

No one is sure where Morgellons disease has come from, but hundreds of thousands of people have it, probably millions. There are those who think that it can be traced to chemtrails in the sky, but we don't know. Millions and millions of dollars are being spent on those chemtrails. If you are like most people, you are going to tell me those chemtrails are just commercial airplanes flying by, that Morgellons disease is nothing more than a psychological condition, and that Lyme disease is cured by the family doctor. And then you might tell me that the reason that we have not advanced in the treatment of cancer for over 100 years is because all of the research has found that nothing is better than surgery and the poison of chemo or radiation. And if you tell me that, then it will never have occurred to you that science should have answers by now.

The fact is, chemtrails are not the same as contrails. Chemtrails result when chemicals are sprayed at high altitude for biological warfare testing or the routine control of vegetation and pests. Friends of mine were actually in an airplane in the sky right next to a cargo plane that was dumping thousands of pounds of powdered chemicals out its rear. Chemtrails are very real; too many people have seen the evidence.

Then, of course, there is AIDS and the millions of people dying from AIDS. Did you know that in the U.S. more people die from hepatitis C than from AIDS? And many die from AIDS. The point is, the public trustingly goes on dying like flies without ever considering that anything is wrong. There are dozens of diseases that you have never heard of, which I only hear of now and then, that are killing or disabling thousands. Many call me in terrible pain asking if MMS might help or if I know a way to use MMS more

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effectively. It breaks my heart every time. We should have a hundred million dollars to work on this to find the answers. Instead, we have no money, but are still collecting more data each day. I believe we will have the answers to all of these government-generated diseases within a reasonable time, hopefully less than 1 year. You can help—just keep telling people about what you have read here and get them to buy this book. Thanks for your support.

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MMS Information Web Sites That Are Frequently Updated

This List Updated - October, 2009

MMS is not sold through any of these Web Pages.

Links to updated MMS information	Descriptions
[Here] www.JimHumble.biz/	Recent writings and protocols of Jim Humble
[Here] www.MMS-education.com/	An index of basic MMS information & articles
[Here] www.mms-central.com/MMSbook1.pdf	Free download Jim's MMS1 book - Volume One
[Here] www.MMS-education.com/	Free MMS newsletter signup
[Here] www.JimHumbleFoundation.org/	Read about Jim's vision for the future
[Here] www.MiracleMineral.org/book.php/	Jim's hardback book (both vols)
[Here] www.MMSanswers.com/	Database of diseases with Jim's comments
[Here] www.MiracleMineralStories.com/	Testimonials regarding MMS1 results

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[Here] <u>www.mms-articles.com/</u>	Free newsletter signup
[Here] <u>www.JimHumble.biz/biz-mms2intro-eng.htm</u>	Introduction to MMS2 and how to use it
[Here] <u>www.mmsmedicalresearch.com/</u>	College course notes regarding MMS and ClO ₂
[Here] <u>www.mmsinstructions.com/</u>	Latest MMS1 low dosage suggestions
[Here] <u>www.MMS-central.com/mms2dosage.htm</u>	Description and dosage suggestions for MMS2

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