INTERNATIONAL SPIRITUAL AWAKENING MINISTRIES

FOR IMMEDIATE RELEASE

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Patient Cites "Uncleanness, Racism, and Professional Misconduct" at Tampa General Hospital

"Patient wants Investigations into Allegations & Immediate Corrections to give a Voice to the Voiceless"

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The worst thing that an out-of-towner wants to occur is to get sick and must call 911. This was the case with Letitia Peters. This was her first time in Tampa, Florida to attend Daymond John's Success Formula training class at the Tampa Convention Center. When the EMT arrived, and asked, "Was Tampa General Hospital alright?" She replied, "O.K."

Ms. Peters states, "First, I hate going to the hospital. I was debating if I should go or not. I was hoping that my medical conditions would improve over time so I could attend class, but they did not. I was extremely fatigue, developed a facial rash, mouth sores, and severe edema in feet and legs. My left leg had radiating sharp pain constantly, which was unbearable when I walked. I had a fleece jacket on all day and turned off the air in the room because my legs, feet, and body were extremely cold. I was not getting better.

I even alerted my instructor Scott Z. that I was going to be late and later I informed him that I should go to the hospital. I had a meeting scheduled with Kym N. at the Hilton between 8:00 a.m. to 8:30 p.m., but he was late and another manager Steve came to discuss some "challenges". When I was talking to Steve I informed him that I was having problems with my eyes. I was having trouble keeping them open. I had dark rings around my eyes and my eyes were puffy. I missed the last day of class, which was very disappointing because that was my sole purpose that I was here. I had a couple of days in Tampa to get some rest and relaxation. I cannot be silent the people do not have anyone speaking up for them. I was horrified by what I saw and experience because I thought that I was going to "catch" something else in that hospital. I could not wait until I got out of there.

Here are 7 issues:

1. The bathrooms in the E.R. and outside the E.R. are not cleaned. There was dried urine on the bathroom floor that apparently was there for a long time. I was not going to sit on a toilet and I was surprised that there was no "bathroom paper cover seats" to place on the toilet installed on the walls. I had to get paper towels and placed them on the toilet seat. Since paper towels were one of the laundry list of items that they did not want to be placed in the toilet, I had to place it in the trash. There was "poop" on the toilet. The guest who was in the other bathroom stall said that she told someone 1 hour ago, and no one had cleaned it up. She told me that she was coming out. I was so disgusted by all of the "poop", I decided to hold my pee and wait until I returned to Hilton Tampa Downtown. There was trash on the floors and the floors did not look clean.
2. Registration was not done initially. It was done 3+ hours later after I had the CAT Scan done and I was trying to rest. Tampa General Hospital Personnel wanted me to sign documents on the computer. First, the print was so small on that tiny computer that I could not read it. I informed her that I was not going to sign anything until I read it. She asked if I wanted her to provide a hard copy and I said yes. She did not have a hard copy readily available and had to go and get a copy. As I was reading the information, I crossed out the "research section", "living wills", Medicaid info" and sentences about releasing info to psychiatric care" and I put not "n/a" or "not

consenting it". The document asked if I received the "privacy practices" and I was not going to "initial" that I had. She had to walk back to get the privacy practices. She did not have several documents that should have go and get, which took time. She should had all of the documents. I believe that people are not receiving the proper documents. My concern is that many of the patients are signing on the computer pad without reading it. Many of the patients are "agreeing" to be used for research or "human guinea pigs" without realizing it. I crossed out the entire section with a "BIG X" and included the words over the section "not consenting to". Is this how people are secretly being "selected" as human guinea pigs? She did not tell me upfront that I did not have to accept all of the "sections".

3. I had to asked several Tampa General Hospital staff to put on "gloves". Some of them touched my body without gloves or typed on the computer and then touch my body with the same gloves, which horrified me. I know about cross-contamination and I did not want that to occur. I did not see any of the Tampa General Hospital staff wash their hands before putting on the gloves. By touching door knobs can also breed "germs".

4. When I was out in the hallway for hours, someone hit my foot, which woke me up and caused me pain. It was not just a tap. It seemed like it was done intentionally. I had to ask to be move and when I was getting a room. A gentleman in the hall was coughing profusely and I did not want to be exposed to his germs. I don't recall if he was given a mask.

5. On some paperwork, I saw Dr. Wilson's name listed as my attending physician, but he was not. As I started to explain my medical condition, he was "short" with me and he said that he would talk to Dr. Napolli (resident). I thought he was very rude.

6. I felt like my issues were not being addressed and they were too busy "covering them up" doing "minimal testing". I have seen this type of pattern time and time again. I was too sick to address it back then, but I will do so now. The face looked "darker" and I had a facial rash that was overlooked. I had mouth sores, which were visible and Dr. Napolli saw them, but he did not do a culture or a swab to find out what they were or what caused them. I had not eaten since 8:45 a.m. He made a statement that "he did not think the 2 were related". I had several edema and swelling in my legs and feet, but the nurse Win gave me an I.V., which contained "sodium chloride" to take my blood. Wouldn't "salt" make my condition worse without the doctor seeing me, which took 3 hours? Win said that he was taking blood. He never stated that he was giving me an I.V. Since I have very small veins, I usually prefer not to have them done and I prefer to receive a needle and be sticked twice if necessary. He made that decision for me. When I addressed it with him, he wanted to "make it up", but the damage was done and later he was no longer my nurse even though he was still there. Immediately, I started feeling better when the sodium chloride was inserted. It felt like it was "purifying" my blood a term a nurse told me once several years ago. The sodium chloride was "pushing" whatever it was through my body. I informed her that my blood did not need to be purified. I was looking at the vials of blood that were taken earlier by her laying there on the table, while she was using an I.V. with sodium chloride. It was getting rid of the proof that I had an "alleged reaction". The Poison Control Center was "in" on it as well. When I asked Dr. Napolli if he would consider doing a cholinesterase test, he said that I did not have it done in the E.R. I am thinking what a statement to say to anyone like he knew. When I told him that I did have it done in the E.R. and the hospital sent it out, he still refused to do one. The result of that cholinesterase test was positive. He was silent. Of course, the blood and CAT of the abdomen and pelvic would not show anything when I was given "sodium chlorine" before taking blood and "saline" before doing the CAT. When I mentioned that I wanted an x-ray to be done below the knee because when I went through airport security TSA noted that they saw several "images" that set off the alarm in my back and behind the knee. I wanted to see these "obstructions". He stated that a "fold in the clothing" could have sent off the alarm". I informed him that I used to travel a lot for the U.S. Federal Government and I never sent off the airport security. When he pressed on my legs and back I told him that he pressed too hard. I informed him that I did not have a history of "back problems", but I did have a history of leg and feet problems with no or very mild back pain. This was an allergic reaction that I experienced at the Hilton, which caused the nerves in my leg to become severely agitated, sores in my mouth, and all of the other issues that put my health in a crisis mode. I informed him I knew

that this was my body's response to a chemical or mold reaction, but this was much worse. When I was administered morphine, I could feel my nerves in my legs calming down. Eventually, my pain was barely there.

When I asked TSA where the "images" were located, I was told images were seen under my breasts, back, shoulders, and behind my knees and she did a pat-down search. Afterwards, I immediately had diarrhea for 10 minutes and I was peeing so much that I switched my window seat for an aisle seat. When I visited Pro Vision 2's website (http://www.sds.l-3com.com/advancedimaging/provision-2.htm), it states that the Pro Vision 2 can reveal "metallic" and "non-metallic" types of concealed weapons, explosives, and contraband made of liquids, gels, plastics, powders, metals, ceramics and it does NOT use X-rays or any ionizing radiation.

7. I was not given "discharge papers" to sign. In every hospital that I have been to, I had to sign "discharge papers" and for the doctor to go over any test results and next steps. I had questions about the CAT scan when the nurse gave me a copy. I waited until Dr. Napolli was done with a patient and then I went over the terms that I did not "understand".

One of the patients, John who I spoke with while waiting for a cab said that "they speak to you any kind of way and think that you are stupid and they are so smart". I do not believe that I received the best care at Tampa General Hospital and any other hospital since I was told that in 2010 that I was my family and I were in this program for the rest of our lives and there was nothing that we could do about it. It is time for people to be held accountable for their actions, as well as, their inactions. I don't believe I did receive the "best care" and I don't believe that the other patients who go there receive the best care there as well. I was informed afterwards that there were a number of complaints from that downtown location of Tampa General Hospital. I know that rogue U.S. Federal Government employees who are abusing their power gave two people a total of $125,000.00 in 2010. Police officers, prison guards and other government officials who improperly abuse the rights of individual Americans have long been recognized in federal law as a threat to society as a whole. That's why, immediately after the Civil War, Congress approved Title 18 USC 242 -- a statute making it a crime to deprive any person of their rights "under color of law." But, as case-by-case Justice Department records make very clear, a law on the books does not always translate into a law that is enforced. In this particular case, for example, the latest available Justice Department data show that federal prosecutors declined to file charges against virtually all -- 98.7% -- of the individuals who the investigative agencies had concluded were in violation of 18 USC 242. (http://trac.syr.edu/tracreports/civright/107/).

Now I know why God had me come to Tampa it was to meet this incredible team of Daymond John's, meet other students in the training and to be a voice to the voiceless. I believe that requesting people to be used in research should not be "imbedded" in a document in small print. It should be removed out of that document and developed as a separate stand-alone page in large print. I realize that people are "secretly being used as "human guinea pigs" and that is not right, while others are living their lives. You can read my open letter to America, God. and the Electoral System at www.ManifestTheTruth.com."

Deficiencies with the Current Regulations in the Human Research System

Since 1991, the Common Rule **has not** been a strict, ethical, enforceable and lawfully, promulgated regulation. The Common Rule "was originally written by the National Institutes of Health and do not always appropriately address the ethical issues in research outside of the biomedical context." It is now being updated after 20 years. Year and year, Congress, HHS & other Federal agencies continued to sponsor federally funded human subjects experiments, without ratifying any Federal regulations & International standards, which would protect the human subjects. Congress and HHS have failed to ratified legislation which would have closed the loopholes for the protection of the human research subjects. These deficiencies have benefited the researchers and have not protected the human subjects. There are:

1. **Former President Clinton & the Advisory Committee on Human Radiation Experiments (ACHRE):** He directed the ACHRE to uncover the truth, recommend steps to right past wrongs and propose ways to prevent unethical human subjects research from occurring in the future. The Federal Government and Government officials failed ignored to implement many of the 18 recommendations outlined in the ACHRE's final report as well as, the March 27,

1997 former President William Clinton's Memorandum: Directive to Strengthened Protections for Human Subjects of Classified Research; thus allowing continuous waivers for informed consent of classified and secret human subjects experiments; no sanctions for conducting research unethically; allowing for research conducted by Federal agencies that do not follow the Common Rule, privately funded research that is not regulated by the Food and Drug Administration or private individuals or institutions that do not receive any Federal funding to conduct human subjects research without requiring that informed consent must be obtained for the past 15 to 20 years. DHHS failed to implement the memorandum, but NASA has included it in their policy. As a result, many human subjects' experiments are being conducted without being required to obtain informed consent.

2. **Former Senator John Glenn:** There is no law on the books requiring that informed consent must be obtained. Informed consent must be obtained prior to conducting research on human subjects. Former Senator John Glenn cited this issue in 1997 in his remarks for his proposed legislation S. 193, Human Research Subject Protection Act to the 105th Congress. The intent therefore of this legislation is twofold: First, to fill in the gaps of coverage of the common rule by requiring all research involving human subjects to abide by the rule; and second, to elevate the importance of conducting research ethically, the bill provides criminal fines and penalties for failure to comply with the requirements of this law, and by extension 45 CFR 46. The full text is available for your review at http://home.swipnet.se/allez/Eng/HumExpEn.htm. Former Senator John Glenn said, "I want to put this in personal terms once again. You just think about your own family, your own son, your own daughter, or grandchildren who might be, the next time they go to a doctor, the subject of some medical experiment that they are not even told about. I do not think there can be many things more un-American than that. That is unconscionable, and we should not permit that."

3. **Proposed Congressional Legislation to Protect the Human Subjects**: Congress passed the Defense Authorization Act of 2012 in less than a year, but Congress has failed to ratify any proposed legislation for the protection of human subjects in 1997, 2002, 2003, 2006, 2008 and 2011 for the past 15 years. In the April 29, 2002 press release, Congress Examines Research Protection Oversight System: Legislation Needed", Congress examines research protection oversight system and states that legislation is needed, but it is never ratified. The full press release can be found at http://www.cossa.org/hsbackground.htm.Year after year, Congress and HHS has funded human subjects' experiments, without having proper legislation to protect the human subjects. This has allowed for unethical, non-consensual human subject experiments to continue. A list of the proposed laws is at www.circare.org.

4. **President Clinton & National Bioethics Advisory Commission:** The issue of informed consent were addressed in 4 reports (1998, 1999a, 1999b, and 2001) because the topic is central to the protections offered to research. As a first priority, NBAC shall direct its attention to the consideration of the protection of the rights and welfare of humans research subjects. On May 17, 1997, the National Bioethics Advisory Commission (NBAC) unanimously adopted a resolution that "No person in the United States should be enrolled in research without the twin protection of informed consent by an authorized persons and independent review of the risks and benefits of the research. Later that month, Former President Clinton stated that "Science must respect the dignity of every American. We must never allow our citizens to be unwitting guinea pigs in scientific experiments that put them at risk without their consent and full knowledge." Almost 15 years later, the former Senator John Glenn's, NBAC's and former President Clintons'goals remains unmet. In the May 4, 1999 letter, NBAC Chair, Harold T. Shapiro's memo to former President Clinton stated in his memo "Consistent with your October 3, 1995, Executive Order 12975, the NBAV has focused a good deal of its efforts over the last three years on issues surrounding the protection of human research subjects…I know of your interest, as well as that of the Congress, which has rightfully inquired about the adequacy of existing protections… our key concerns are the following:

· Federal protections for persons serving as human research subjects do not yet extend to all Americans.

· Despite widespread implementation of federal regulations by those departments agencies sponsoring substantial amounts of biomedical research, a number of departments and agencies who sponsor primarily non-biomedical research or little research overall have failed to implement these federal protections.

· Federal protections do not always include specific provisions for especially vulnerable populations of research subjects.

· Many federal agencies find the interpretation and implementation of the Common Rule confusing and/or unnecessarily burdensome.

· Federal protections are difficult to enforce and improve effectively throughout the Federal Government, in part because no single authority or office oversees research protections across all government agencies and departments.

· New techniques are needed to ensure implementation at the local level.

5. **EPA sued by the Pesticide Industry:** March 2002 — the pesticide industry sued EPA over this approach, and the U.S. Court of Appeals for the District of Columbia Circuit ruled that EPA's interim approach was not established through required notice and comment rulemaking and should be vacated. In a June 2003 decision, the court stated that, as a consequence, **"the agency's previous practice of considering third-party human studies on a case-by-case basis, applying statutory requirements, the Common Rule, and high ethical standards as a guide, is reinstated and remains in effect unless and until it is replaced by a lawfully promulgated regulation."**

In conclusion, there have been many attempts to ensure that the safety and welfare of the human subjects are protected, but many Federal agencies have failed to implement these federal protections, including DHHS and Congress. In the 2001 NBAC's final report states, "Despite the fact that many research institutions voluntarily apply the Common Rule-even to their privately financed research-there are other significant sectors of privately funded research that remain ungoverned either by State or Federal law. NBAC finds that the absence of Federal jurisdiction over much privately funded research means that the **U.S. government cannot know how many Americans currently are subjects in experiments, cannot influence how they have been recruited, cannot ensure that research subjects know and understand the risks they are undertaking, and cannot ascertain whether they have been harmed**. Not only does this prevent the Federal Government from protecting Americans enrolling in research, but it affects the Federal Government's ability to craft policies governing emerging technologies. While preparing its 1997 report Cloning Human Beings, for example, NBAC noted that the **Common Rule's lack of jurisdiction over privately funded research made it impossible to rely on IRBs as the primary mechanism for protecting human subjects against inappropriate uses of those technologies."** I have completed a 41 page analysis, which discuss these issues in depth is available for review.

Failure of OHRP to Investigate Allegations

"If HHS receives an allegation or indication of noncompliance related to human subject research that is conducted or supported solely by a Common Rule department/agency other than HHS, HHS will refer the matter to that department/agency for review and action as appropriate" as stated at http://www.hhs.gov/ohrp/humansubjects/commonrule/ . In May 2011, I went to OHRP's office to file a formal complaint to find out which Federal agency was responsible for conducting non-consensual human experimentation on my family and on those Americans in the U.S.A. I was told by OHRP's management that "there was nothing that this office could do for you and that you should contact each agency and request a FOIA request." In addition, she was not aware of any agency, which was using electromagnetic radiation. I walked out with a copy of the Belmont report and the 45 CFR 46 in my hands, which I received. Others who contacted OHRP have received a similar response by letter, which states: **"OHRP has determined that it does not have jurisdiction over the matters referenced in your letter. Therefore, OHRP will not be able to pursue this matter on your behalf."** If it is not OHRP's jurisdiction, to ensure compliance oversight over human subject research, then who is responsible? Since January 15, 2009, all IRBs must use the Internet-based registration maintained by DHHS as stated in 45 CFR 46.501. Is the answer right on DHHS's website?

6. "Non-consensual" Human Research Subjects Request to Discontinue Participation

I am speaking for myself and for my family, as well as, on behalf of the countless of my fellow Americans and those worldwide who have been placed in a human experiment, without our voluntary, informed written or oral consent or

knowledge. I am writing you today to request that we would like to discontinue or "opt-out" our participation in these human subject experiments without prejudice. As stated in 45 CFR 46.116 (a)(8)) states, " and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled." I am not waiving any legal claims, rights or remedies because of my participation as a non-consensual human subject. The legal rights of subjects may not be waived and human subjects may not be asked to release or appear to release the investigator, the sponsor, the institution or its agents from liability for negligence.

7. Human Subject Research Fails to Meet the 4 Criteria to Waive Informed Consent

According to 45 CFR 46.116 (d), ALL of the 4 criteria listed must be met to waive informed consent. An IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent set forth in this section, or waive the requirements to obtain informed consent provided the IRB finds and documents that:

(1) The research involves no more than minimal risk to the subjects; Minimal risk is the probability and magnitude of physical or psychological harm that is normally encountered in the daily lives, or in the routine medical, dental, or psychological examination of healthy persons.

(2) The waiver or alteration will not adversely affect the rights and welfare of the subjects;

(3) The research could not practicably be carried out without the waiver or alteration; and

(4) Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

Each one of the 4 criteria to waive informed consent has been violated:

In response to (1) The research practices, which myself and many other non-consensual human subjects can be reclassified as "cruel and unusual punishment" or "crimes against humanity", which goes way beyond the physical or psychological harm that is "normally" encountered or in the routine of a medical, dental, or psychological examination. This is torture. As a result, many non-consensual human subjects are/were diagnosed with cancer and other illnesses; many are maimed or died as a result of the daily torture with lasers, electromagnetic radiation- gamma rays, infrared, microwave. Some even committed suicide. Many have lost their hair and teeth.

In response to (2): The rights and welfare of the subjects have been affected. The basic ethical principles of respect of persons, beneficence and justice as stated in the Belmont report have been violated. According to 45 CFR 46.123, the department or agency head may require that department or agency support for any project be terminated or suspended in the manner prescribed in applicable program requirements, when the department or agency head finds an institution has materially failed to comply with the terms of this policy. In addition, whether the applicant or the person or persons who would direct or has/have directed the scientific and technical aspects of an activity has/have, in the judgment of the department or agency head, materially failed to discharge responsibility for the protection of the rights and welfare of human subjects (whether or not the research was subject to federal regulation).

In response to (3) If the research could not be carried out without the waiver or alteration, then maybe it should not be doing it in the first place.

In response to (4): This is an ambiguous and open-ending statement with no timeframe attached to it. My family and I have never received any additional pertinent information after participation. When appropriate could mean anytime including after I am dead.

8. Human Subject Research Violates the Rights & Welfare of Vulnerable Population: Children

Many children/minors have been included in this human subject research, without receiving parental/guardian permission consent documentation as defined in 45 CFR 46.408 and these children/minors are not wards of the state or any other agency, institution, or entity as defined in 45 CFR 46.409. No adequate provisions were made for soliciting the assent of children and the permission of their parents or guardians, as set forth in 45 CFR 46.408 as stated in 45 CFR 46.407 (iii). These children/minor are involve in research, which involves greater than minimal risk as defined in 45 CFR 46.404 and does not present the prospect of direct benefit to them at defined in 45 CFR 46.406. In July 2005 the National Academy of Sciences came to the conclusion that the preponderance of scientific evidence shows that even very low doses of radiation pose a risk of cancer or other health problem and there is no threshold below, which exposure can be viewed as harmless. According to data from Hiroshima and Nagasaki, show that *symptoms may persist for up to 10 years and may also have an increased long-term risk for leukemia and lymphoma.*The effects of radiation on the human body can be found at www.atomicarchive.com/Effects/radeffects.shtml. As a result, the children's DNA has been altered and now these " DNA mutations" will become part of their permanent DNA. Now, when they will have children and this new modified DNA will become part of their hereditary and passed on for future generations to their children and their children's children. Some of these children are not economically or educationally disadvantaged, but they have been placed in because of their race. This research is not being conducted in accordance with sound ethical principles as stated in 45 CFR 46.607 (ii).

I am requesting a 90 day moratorium on all U.S. Human Research Subjects/Federally Funded Human Subjects Experiments Internationally until laws are ratified because the current Federal laws and International standards do not protect the human research subjects. This is a massive undertaking. It has been 20 years since this document has been updated. Even thought we have been treated like "animals", we are human beings. We should have the same rights as everyone else. This will allow Congress and the DHHS to develop a comprehensive plan to resolve this important issue that affects the lives of human beings. It appears that this is no big thing, but it is a MASSIVE thing for us, because you have no clue how it feels to lose your eyesight (temporarily and then regain it) or not being able to barely walk because of the excruciating pain . There has been poor oversight by HHS and Congress in the past 15 to 20 years for the protection of human subjects. Will the new revised "Common Rule" include the issues of ACHRE, NBAC, Executive Orders and Memorandums by former President Clinton, results of the EPA lawsuit, and former Senator John Glenn? If these issues are not even in the new revised Common Rule we will have the same problem today of "non-consensual" human subjects in the future.

Is there a conflict of interest with DHHS sponsoring experiments & those who are on the Advisory Board? How can DHHS "police" itself? In FY 1999, DHHS was the largest sponsor of federally funded programs. There was a proposal to have an independent organization to provide oversight for human subject research.

Has HHS reviewed the Europeans laws on the protection of human subjects' experiments? The European has stricter laws and many of them have come to conduct their clinical trials in the U.S. because it is "easier". Everyone is aware of the "easy pass", which is available. What steps will be taken to mitigate that the new laws are advantageous to the human subjects? The Common Rule should include regulations for biomedical and non-biomedical. I propose that Congress and DHHS should work closely together during while ratifying the Common Rule. DHHS has received over 1153 responses and not including the comments from the Bioethics Commission. Based on the past history of the DHHS, can they be objective to develop a Federal regulation, which is beneficial to the protection of human subjects and not advantageous to the researchers? Does DHHS have the resources, knowledge, skills, and ability to revise "The Common Rule" to become a strict, ethical, enforceable and lawfully, promulgated regulation that will protect the human subjects? If the Federal regulation, "The Common Rule" is revised correctly, then (1) Many human subjects' experiments will decrease dramatically (2) Researchers will face criminal charges, therefore eliminating the "free pass" for researchers to persecute, maim, mutilate, and even kill their human subjects and (3) informed consent will be required, therefore eliminating the researchers ability to "select anyone that they want of their chosen, without informing them" to participate in their experiments. **More importantly, will it be an enforceable Federal regulation, which researchers will be held accountable for their actions and it will eliminate many future unethical, human experiments?** In addition, there will no longer be people in lifelong non-consensual human subjects. All human subjects' experiments will be transparent. Will HHS bring in outside experts? How long will they take? The ACHRE used hundreds of people to go through all of those documents. Is Congress going to ratify its Human Subjects Protection Act? Will the revised "Common Rule" go out for review to the public again? Will the resolution of those public comments be posted? I am proposing a monthly update by HHS to Congress in this process and then to the public. Can the public be involved?

Approximately 600 pages of U.S. victims' testimonies were submitted to the Department of Health & Human Services, Office of Human Research Protections (OHRP) in Oct. /Nov. 2011. On Nov. 23, 2011, I sent a letter via email to the Bioethics Commission & to OHRP to respond to OHRP's Federal Register that OHRP will accept the public comments from the Bioethics Commission. In addition, one other victim also forwarded a letter to them as well. Was this action completed? I also sent my comments, which I provided to the Bioethics Commission.

HHS should have received the 25 pages of legal analyses: 12 pages of analysis by G. Mason cites legal cases (many attorneys would like this one) proves the inadequacy of 45 CFR 46 in enforcing the right to informed consent and retired attorney Robert S., provides more proof that the Federal Government agencies are involved and he discusses modern-day COINTELPRO tactics. This document is also available for review at www.COINTELPROContinuesToday.org.

In Dec. 20111, Bioethics Commission received 41 pages of analysis by Former Federal Govt. engineer, Letitia Peters provides proof that the Federal Government agencies and Congress have not ratified laws to protect human subjects in almost 20 years. From pages 36 to the end, she presents information relevant to HHS, Congress, & to the Federal Government agencies. My concerns about DHHS capabilities to handle a massive undertaking of updating 45 CFR 46 after 20 years are a serious concern. What will be Congress' role? This document will be available for review at www.thecanche.tumblr.com.

In closing, I support the efforts that America has done to condone crimes against humanity and torture in other nations, but now we need America to be here for us: the American people. My religious beliefs have been violated by being in a non-consensual human subject research as well. There are countless of men, women, and children in America and worldwide who are unaware that they are victims of COINTELPRO abuse and/or have been placed in a non-consensual human subject research. They do not attribute their ongoing "bad luck"; mishaps; animal killings; or mysterious, untreatable, disabling "environmental" diseases to covert operatives using old COINTELPRO tactics plus new weapons of war to terrorize, neutralize, and prevent resisting the treatment. These professional, well-orchestrated intrusions induce excruciating pain, exhaustion, terror, alienation, and sometimes result in violent behavior against themselves or others - eventually, one way or another, "neutralizing" and killing the non-consensual human subject. We want our lives back now. Princeton Theologian, Paul Ramsey whose 1970 work, The Patient as a Person states, "No man is good enough to experiment upon another without his consent."

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