

Jim Humble

MMS in Africa

Treating HIV and Cancer

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www.projectavalon.net/lang/fr/jim_humble_2_interview_transcript_en.htm



I first met Jim Humble in November 2008, and my interview with him is available [here](#). For those who are unaware of Jim's work, he is the inventor of MMS (Miracle Master Solution) which, according to Jim, two million people worldwide have used to successfully and rapidly treat a range of serious illnesses and other viral conditions - with very little cost and with comparatively little difficulty. I have personally received many testimonies of the apparent benefits of MMS - and witnessed several apparent miracles first-hand.

I had the pleasure of interviewing him again. As you'll see in the video, Jim has been getting some quite remarkable results. He has been very successfully treating hundreds of patients with AIDS and cancer and has collected reports of patients with AIDS being restored to full health within three weeks using a particular protocol which he has developed. He describes what he calls 'MMS 2', which he says works particularly effectively in conjunction with MMS 1 for treating cancer.

Of interest to some of you may be one project (added as an outtake - nothing to do with MMS, and which he's not devoted any time to recently) which is so off-the-wall that it's barely believable, and which I would not believe myself if Jim had not given his word to me that he was reporting his experiences accurately. That project is an accidental discovery of a chemical - again, *chemical* - way of transmuting radioactive materials to (a) eliminate all traces of radioactivity within three days and (b) create as a by-product a residue of precious metals that produces a profit of radioactive material processed.

Besides presenting some information that might be extremely valuable for anyone who is seriously ill, the video is also great fun for anyone who loves and respects Jim and his remarkable work.

BILL RYAN (BR): We can begin. So, Jim Humble, it's wonderful to meet you again. This time we're in snowy southern Germany.

Just let me say this to the camera here: This is the 22nd of January, 2010. I'm still getting used to saying 2010 because it was 2009 a short while ago. We last met... when was it now? It was at the conference in [unclear: possibly Sasbachwalden] which was, I think it was about 14 months ago.

JIM HUMBLE (JH): Yes, yes. I remember.

BR: And as we say in English: *There's a lot of water under the bridge since then*. What I would love to know is what have you been doing and where have you been doing it since we last met? Tell us and everyone else who will be watching this, which will be an awful lot of people, what you have been up to since our last interview, which I think was in November 2008.

JH: Yes, well I went home to Mexico. I was in Mexico for about a month and I started getting sick. I got sicker and I got sicker... and I got *really* sick. I took MMS and I just got worse.

I said, *Okay, I'm going to the hospital to find out what's wrong*. So I went to the hospital and the first thing they did in the hospital is X-ray my lungs. I don't know why they

knew to X-ray my lungs because I wasn't coughing, I wasn't breathing real hard; I was breathing a little bit harder than normal.

They showed me the X-ray and my lungs were almost completely filled with mucus. I was really feeling bad and they put me in a room with some oxygen and all of that kind of stuff.

My secretary came in and she gave me a dose of MMS every hour. But I was smart by then because what I had done wrong was I had taken too big doses. I was taking it too heavy and that's what was really making me worse, was too big doses. I started taking one drop an hour. All night long, I took one drop an hour.

Well, that hospital was really surprised that I got well in a couple of days. Of course, they let me go once I was well.

But the point is that I really didn't know what to do until I saw my lungs almost filled with mucus, and right away I knew it was pig flu... the Swine Flu... because that's what the swine flu does. It goes directly into your lungs. It fills your lungs with mucus and that's what kills you, basically.

BR: So this was when the outbreak was starting in Mexico at that time?

JH: No, it was before that.

BR: Before that?

JH: Before the outbreak. I got well in about two days and they let me go from the hospital on the third day when I got okay.

My secretary got it. I treated her pretty much the same way and she got over it, too.

But then about two weeks later is when the outbreak in Mexico City hit with the Swine Flu. They were saying that there were only 80 deaths and that sort of thing. But we had friends in that hospital, that special hospital that was treating it, and they said 2000 deaths.

BR: Two thousand?

JH: Two thousand. So I called up the Senate because everyone wanted to do something about it. I happen to have a friend in the Senate, one of the top guys in the Mexican Senate.

And he said: *Jim, I know you can help with this, but the safest thing for you to do would be to get out of the country right now.*

He said: *I probably can protect you, but I'm not sure I can.*

I'm not telling you who this guy was, but he's one of the top guys in the Mexican Senate.

I went to the airport, and while I was waiting for the plane to come in, to get on the plane, some people came and said a city nearby had a lot of the Swine Flu in it. They really wanted somebody to help them. They came over to get me and I said, *Okay*. So I cancelled my flight and went to see a doctor in town because I didn't want to go over to that city by myself.

But the doctor said: *Yes, yes, I'll go with you. He says: We'll go in early in the morning.*

So the next morning, I called the doctor and he wouldn't even talk to me. His secretary says: *He ain't going to talk to you. You just might as well forget about calling him anymore.*

I called him several times. [The secretary said]: *Just forget about calling him because he isn't going to talk to you.*

That just gave me the clue that I needed to get out of the country, so I went back to the airport and got the first plane out the next day.

BR: Because it had changed overnight?

JH: Yeah. I went to South Africa. I had a friend in South Africa that invited me to Durban to meet a doctor there. I went to another country in Africa and I also travelled by bus so that I couldn't be traced.

I had a friend there who introduced me to a Catholic priest. The Catholic priest helped me get doing work at the local clinic. Of course, the Catholics owned the clinic... and it was an herbal clinic.

In addition to the herbal clinic, they had projects in the herbal clinic of testing nutrients. I was able to get in on one of those projects so that I could start proving out MMS.

So we started treating people for HIV and we just kept getting bigger and bigger. Of course, I was furnishing all of the MMS for free. Then I hired a man to keep records.

BR: And the patients were improving? The HIV patients were improving?

JH: The HIV patients were all improving. They were all getting... A lot of them were HIV/AIDS patients. Most of them had AIDS. Most of them were really sick when they came in.

They had things like breast cancer and regular cancer in other places on their body. There were 50 different things that were wrong with people. Each one of them listed it on their record. Every one of those people that came in – we finally treated 700; by the time I get back it'll probably be 1000 – they just all were in pretty bad shape.

Every one of them that finished the protocol that we checked, and we checked hundreds of them, every one that we checked was completely successful.

In other words, if they did the protocol, they were completely healthy again, they were completely back to normal. A lot of them, the ones that had cancer and various bad stuff, went back to the doctor and had the doctor check them out. All of their bad stuff was gone.

BR: Is this a particular protocol that you developed for these patients? Or is this a standard protocol?

JH: It was sort of an improvement of the standard protocol that I was using. But the standard protocol is on my website. It isn't in my book.

BR: That's JimHumble.biz.

JH: Yes, that's right, JimHumble.biz.

BR: Okay.

JH: I updated that protocol there to match what I'm doing in Africa. I didn't change much. It was just changed a slight amount. Now it's extremely simple: Just take three drops of activated MMS every hour for eight hours a day for three weeks.

If you can do that, your HIV/AIDS will be gone. Not only that, in three weeks you'll be completely back to health. Everybody who had cancer, it was gone by the end of three weeks. All the rest of the diseases, too.

BR: Let me repeat that back to you. This is quite important for people to write down as they're watching this: *Three drops of activated MMS per hour for eight hours a day for three weeks.*

JH: Right.

BR: And you're saying that simple protocol is likely to handle some pretty serious conditions.

JH: Except for cancer... I stated it wrong about cancer. It handles most everything, but anytime you have cancer of any kind I always give you MMS2, too. So you have that same protocol except I add MMS2 to that.

BR: Now, what is MMS2? For the people who saw the first video just over a year ago, what is MMS2?

JH: MMS2 is this chemical... when you put it in water it changes into hypochlorous acid. Hypochlorous acid is that acid that the immune system has been using for hundreds of thousands of years to kill all of the things that the immune system needs to kill. There are a lot of things that the immune system kills all of the time.

BR: Because it produces hypochlorous acid naturally?

JH: That's right. Hypochlorous acid is naturally produced in your body, and a lot of people are deficient in hypochlorous acid. The funny thing about it is, even though this has been

known for years, nobody ever thought of giving a person extra hypochlorous acid.

It never occurred to them! Now, why do you recommend that never happened? Because they should have. It should have occurred to anybody: *This guy is deficient in hypochlorous acid. I'm going to give him a little bit more and see if his immune system works a little bit better.*

Nobody ever did that. I'm the first guy who has done it and, of course, I'm not a doctor. But it would seem to me like it should have occurred to any doctor to do it. It just seems like it should have.

BR: What was the story behind this occurring to you to try that? Because this was something you hadn't stumbled on when we last spoke, right?

JH: Yeah, well I stumbled on it because... I hate to say it, it wasn't because I was smart. [laughs] I stumbled on it. I have a friend that helped me with the chemistry a little bit.

BR: Mm-hm.

JH: One day he says: *You know, one day I'm going to try some of this Calcium hypochlorite.* He says: *Chlorine is good for the system. I've tried a number of other chlorine things. I'm going to try that.* So we tried it for a few weeks.

Then he had some friend that had prostate cancer and we said: *Well, let's see if we can find somebody who is willing to try it.* So we gave it to him and, believe it or not, the prostate cancer went away in a couple of weeks. He started feeling better right away after taking it. In a couple of weeks they had a test – no more prostate cancer.

BR: That was with the MMS2 on its own?

JH: That was the MMS2 on its own.

BR: Okay.

JH: I said to myself: *There's got to be something about this that I don't know yet.* So I started studying it and found out that when you put Calcium hypochlorite into water it changes to hypochlorous acid. Well, guess what?

Calcium hypochlorite is pool chlorine. Most chemists don't realize that pool chlorine is really hypochlorous acid. You put Calcium hypochlorite into water and it changes into hypochlorous acid.

BR: Right.

JH: That's HOCl. When it goes out and kills various things in the pool and sterilizes the pool it isn't chlorine that's killing those things, it's oxygen. The oxygen comes off that formula - HOCl.

The oxygen... the O that comes out of that goes and kills things. It isn't the chlorine. The Cl becomes table salt.

BR: Yep.

JH: So, it's just something that most people don't understand, and I didn't understand it either. But after we had been playing with it and stumbled on it I finally found that out.

BR: So it was after that, you refined it further?

JH: Yeah.

BR: So the protocol you were using in Africa was a combination of MMS1 and MMS2? Is that right?

JH: Yes. When a person has cancer, I add that to their protocol. You'd be amazed at the fantastic results I got with cancer when I added that to it.

But anyhow, to finish up the story in Africa, everybody was getting well, everybody who did the protocol, the 700 people that I treated... everybody who did that protocol, that we could determine did the protocol, and most of them did.

When they saw their friends getting well, they figured they'd better do the same thing, and they did; they followed through. We checked on those people. We went to their homes and checked on them. We said: *Show us what you're doing.* They were doing it right.

The ones that had done it right, and most of them had, they were well, all the way up to feeling back to normal, back to their jobs, back to teaching school or whatever the hell they were doing. They were back to their lives. They had come to us sick and now they were okay.

Now you say: *How could we prove that they were well?* There is no way of proving those guys were well because all tests for HIV test for antibodies. Antibodies are always going to be there whether the HIV is there or not. The antibodies are going to be there – or antigens

Some tests are just for the special proteins that they think are in the virus. But no matter what it is, you're never testing for the virus. You're always testing for something that has to do with the virus. There's no way of proving that a person is HIV-negative.

BR: Okay, but you're getting anecdotal evidence by listening to people saying: *Listen, I feel great.* Yes?

JH: Yes, anecdotal, and that's all we care about. As long as those people are happy and they're healthy and they're back to their lives, we're happy.

BR: [laughs] Are you also getting reports from people outside of Africa who've heard about these protocols and who are applying it to themselves?

JH: Absolutely. I've got a lot of reports. I have 35,000 emails. Now, every one of those emails aren't from people who've got well, but some of them are. Either I or my secretary has answered every one of those emails that come in, no matter what they are. Whether they're questions or whether they're sick and they need to know something or whatever, we answer them all.

In any case, we got lots of reports from outside of Africa and around. But I was using mostly that protocol before I left Mexico anyway.

BR: The exact protocols for people now who really want to know what to do... you're saying that it's written up accurately on your website, JimHumble.biz.

JH: That's right. And also there are a number of other protocols on there, and the one for cancer is on there, too, that tells you how to use MMS2 along with the MMS1.

BR: Is it easy to get hold of MMS2 ... people who want to get hold of it?

JH: You can get it anywhere in the world. It's one of the most available chemicals on Earth because no matter what country you go to, I don't care how third-world a country it is and how poor the people are there, there are always rich people there, too. And those rich people, a lot of them have swimming pools.

This particular chemical is mostly for swimming pools although it's used for everything else. It's used for water purification, too.

BR: Okay.

JH: Around the world, it's one of the better chemicals for water purification.

BR: But surely you want to be very careful about what you're getting? Because if you go to a hardware store and get a bottle of stuff that's for cleaning your swimming pool, it could contain anything.

JH: That's right, you can't do that. It's very important that you use Calcium hypochlorite. There's such a thing as Sodium hypochlorite. It's used for the same thing, but you can't use that for your MMS2.

It's got to be Calcium hypochlorite, not Sodium hypochlorite. The Sodium hypochlorite is cheaper and it's not as good.

BR: Does it work in the same way as MMS1, that you activate it with an acid?

JH: No, you don't activate it.

BR: You just add it to water?

JH: No, you don't add it to water. You put it in a gel capsule.

BR: Okay.

JH: You fill the gel capsule up, then you take a few of those in a day's time. That's MMS2. It turns to hypochlorous acid in your stomach when it hits the water. We've got fantastic results from it. If you didn't have any MMS1, you could still use MMS2. It will do everything that MMS1 will do.

We could use them both all the time, but there's no point in it. MMS1 does the job and we only need MMS2 for the cancer.

BR: Now, for people that haven't seen the first video, you're not making any money out of the sales of MMS, are you?

JH: No.

BR: So just to say this for you, and for you to verify, you're actually wanting to make this freely available to the world as a grassroots remedy for these things that otherwise you could spend thousands of dollars trying to fix and not even succeed. Right?

JH: Right.

BR: Your income comes from sales of your book.

JH: That's right. I don't make any income from the sale of MMS1 or 2. A lot of people around the world do, though. A lot of people make a living from it. A lot of people are giving it away. So it's pretty available in most places now.

BR: And that's something that you encourage. You want people to...

JH: Absolutely! I tell them in my book how to make it, how to manufacture it in your kitchen. A lot of people will call me up and say that they're doing it and they want to know if they got the mixture right.

I can ask them one question and if they... I know for sure they cannot fake it. I can make sure that they have the correct mixture from right here [gestures to self] just by them telling me what they're doing in their kitchen. If their

answer is right, I know it can't be faked, so then I know the mixture is right.

BR: Okay. So what is your book and how do people get that?

JH: My book is *Miracle Mineral Solution of the 21st Century* and it's on miraclemineral.org.

BR: That's the book where the first part is available for free?

JH: That's right.

BR: And then what I would like to highly recommend, as would you, is that then they pay the small amount extra for the second half of the book that tells the entire story from the beginning, right?

JH: That's right. You can download the first half for free and then the second half you can download for twelve bucks. Or you can buy it in the hard copy and have it sent to you anywhere in the world.

BR: And it's being translated into a large number of other languages.

JH: Yes, there are eleven languages. The main language is German.

BR: Okay. Now, this sounds like an incredible story that so many people watching this will want to know more about. What happens next? Where do you go from here? How do you spread the word? What's the future of this huge project that you've started here?

JH: Well, in the country that I'm in in Africa, I want to complete that whole country. We want go through the entire country and handle most of the disease that's there. The country is 60 percent HIV... *60 percent HIV!*

BR: That's almost impossible to imagine.

JH: It is, isn't it? And all of those people... well maybe not all of them, but at least 50 percent of them are taking the ARV drugs. [Ed note: *antiretroviral drugs*] Now, can you imagine how many millions of dollars every year they're taking out of that one country in ARV drugs?

I wish that anybody who thinks about ARV drugs, or thinks that they're good, would just take and open up an ARV drug package and look in it and see what it says.

It will tell you that it's killed dozens of people just in the tests being made... in the tests to see what it does. The small print that nobody reads! It's killed dozens of people just in the tests.

And then there's another... on the back of the sheet, there's at least 35, 40, 50 diseases that the ARV drugs have *caused* people to have. They put it right in print and say it because the law requires them to. Then they tell those poor African people that *if you don't take these drugs, you're going to die*.

They're taking them while taking MMS and the drugs are being neutralized. After they get done with the protocol they're still taking the MMS two or three times a week. If they don't, they're going to get sick again because of those drugs, and they're scared to quit taking them because the doctor says: *If you quit taking these drugs, you're going to die*.

And those people... you know... they're not educated. They don't know. If the doctor says they're going to die, they believe they're going to die.

BR: So this means that a big part of your mission is education.

JH: Yeah, but I can't educate those people. I can't do it because if I start telling them that, they'll throw me out of the country so fast it isn't funny.

BR: How do you propose to spend the next year? What's your vision for the next year, if everything goes well for yourself?

JH: The Catholics have already said I've got to start with my own clinic. By the time I'm back there, my people should have rented a clinic that's close to the bus station so people can get to it from all over that particular country. They're coming in to be treated for HIV right now at about 25 people a day. The whole idea there is to get our whole system in.

We're not going to fight the medical system that's already in there. We're not going to do anything against the medical system. We're just going to put it in and have it alongside the medical system, so they have a choice of either coming to us to get well or going to the medical people to get well.

BR: So you're not picking any fights with anybody?

JH: That's right.

BR: That's probably pretty smart.

JH: And, of course, there's lots of malaria there, a tremendous amount of malaria there. Of course, as you know, malaria kills more people than anything else in the world.

We will also put a sign up on our clinic for malaria, too, you know? We'll be treating HIV and malaria and we'll slowly increase that to other diseases that they might have. There's sleeping sickness and various other different diseases that they have in that area that they might get.

Pretty soon, people will be coming to us for everything.

BR: For the benefit of the people who are seeing this video for the first time and haven't seen the previous one, malaria was a success story that really got MMS well known in the world because your first trials, didn't you cure... wasn't it 80,000?

JH: More like 100,000.

BR: One hundred thousand.

JH: Of course, it wasn't me. It was people I trained.

BR: Right.

JH: I did treat more than 2000 malaria cases myself. But yes, that's one of the things that really got it known to some people, of course.

BR: That's in a different group of African countries. Right?

JH: Yes. Yes, that was different groups. Anybody that came to me and said they're going to Africa, I'd give them as much as they told me they could use.

One guy came and said he could use 500 bottles, so we got him 500 bottles. He took them in boxes over there. He treated thousands of people over on the Ivory Coast, but he only was there for a few months. He treated all of these people and he went back to America, and so it didn't get continued.

BR: But the word is spreading throughout the world by word of mouth. You don't see commercials for MMS on

television. You don't see it on billboards. And yet, it's all over the internet. It's all over the alternative community. There must be millions of people by now who've benefited from this treatment.

JH: A couple of million at least.

BR: A couple of million?

JH: Yeah.

BR: And a lot more that you might never get to hear about.

JH: Yes. One interesting point that I want to add in here, because I like it... and that is: No matter how bad a condition that anybody is in, once they have started taking MMS they don't die.

I don't care if they've got cancer and the doctor has given them two weeks to live. If they start taking MMS, there has been no report of any of these people dying. There's been no report anywhere in the world that somebody died after they started on MMS, regardless of what condition they were in.

And if there had been... Believe me, I get emails from all over the world and I get reports on how it's going all over the world. I would've known about it within hours if somebody had died. So far, nobody has died. People kept telling me: *Somebody's going to die and then you're going to be in trouble.* [laughs]

Well, that hasn't happened. In ten years, that hasn't happened. Nobody has died.

It really does amazing things in the body right away. You take it and there's amazing things starting to happen in your body; and the worse condition your body is in, the more amazing things it does.

BR: What do you think is the message for other people, or maybe the inspiration also for yourself in terms of taking this on? Are there other opportunities for people to join you in this mission, or in their own missions, that have got to do with body-healing in a different way?

JH: Oh, I think there's a lot of people out there right now who have their own missions. They're out training people in their neighborhoods, and neighborhoods in Africa.

There's a lot of different people carrying MMS to different places in Africa and treating the people there. There is nobody doing it in a huge scale, like thousands of them, but there's a lot of people doing it in small scales around.

I'd like to think that MMS is bringing a message to the world. That is: It works... for one thing... but the message is that we need the freedom to use what we need for our own bodies.

I mean, no government should have the right to tell us that we can't have a particular medicine or a particular solution or a particular food or anything.

The governments... more and more are trying to control it more and more. And there are new laws going in every day – big laws! – tremendous laws that are trying to stop us from getting the vitamins and the foods that we want to have ourselves.

I think that the main message that MMS should be bringing right now is that we need... the people need, or the world needs their freedom, that we should not allow the governments to take our freedom away from us.

And that's what we have been doing for the last 100 years; the governments have been taking our freedoms away from us as fast as they can.

That message should go to people that there's something that you can take. The governments would like to stop you if they get a chance, but don't let them. [laughs]

BR: It's not just about a practical solution which people can use to optimize their health. It's a matter of principle about personal sovereignty.

JH: That's right. Exactly. If we don't insist on that, we're going to wind up without the things that we need.

BR: Very good, Jim. Thank you. You're heading off back to Africa in a few days time, is that right?

JH: That's right.

BR: And do you plan to stay in Africa? Or is the future so fluid that you don't really know what you personally will be doing?

JH: Well, I plan to stay in Africa for a while, but I'm putting together a school in the Dominican Republic, a training school for MMS.

In the beginning it's going to be two weeks of intensive training. A person goes there and we not only train them but we have them actually do it for two weeks of actual application of MMS for practically everything in the world... and two weeks of getting it applied to them.

By the time a person leaves there, they'll know exactly what they can do with MMS and what they can't do with it because they will have done all of those things.

BR: So it's going to be like a little internship.

JH: That's right, an internship, and they'll be treating one another as well as treating the locals. It will pretty much give them a good idea of what they can do when they get back to wherever they're getting back to.

To tell you the basics of it – for \$1000 they get two weeks. They get room and board for two weeks and they get all of their training. When they leave, they have six bottles of MMS and a number of other things. So they really wind up with a bigger value than the cost of the \$1000 for staying there. And it's a nice vacation, a hard-working vacation, but a nice vacation.

BR: Where can people find out about that?

JH: It will be on the internet. They should look on my site. It'll be on JimHumble.biz and it will be probably on my other site. I have 20 sites. You can go to JimHumble.biz and then lead off onto my other sites from there, but it will be on JimHumble.biz when it's ready.

It's being worked right now and it should be ready in a month or two for actual people.

BR: If anyone wants to support you in any way – practically, materially, financially – what should people do to communicate with you personally?

JH: Well the best way for sending me money... the best way right now is MMS1@JimHumble.com. Any money that comes in there, my secretary will send them a receipt that they can use for tax purposes because that money goes from there right into my foundation.

BR: Okay. Now, when you say MMS1@JimHumble.com, is that a PayPal account?

JH: That's a PayPal account.

BR: Okay, good.

JH: So it comes in that way.

BR: All right. There are opportunities for people to support you in Africa if anyone wants to have an adventurous sabbatical, for anyone who is appropriately qualified – maybe somebody who has nursing experience, tropical medical experience, or who just fancies hanging out for a while with a pioneer doing some exciting work. Is this the kind of opportunity that's available?

JH: Yeah, yeah. People could come, and especially if they're interested in helping in some way, especially with money. We will need more and more money as time goes on, but we're doing okay now. It shouldn't sound like we aren't. The time will come when...

We're spreading out really slow, but the whole idea is to put in a separate organization that people can come to.

I'm never going to replace the medical system. We aren't going to try and prove it and get it into the medical system. We're never going to do that. I never want to prove it. I never want to have the medical system as my enemy.

I just want to become a healing system, basically, that goes out there throughout the various different countries and is available for anybody who wants to get treated. We'll treat them our way or they can go over and get operated on the medical way [laughs] ...either way.

BR: Maybe you can say that you want to support people that are aware of their own personal sovereignty.

JH: Yes, that too. [laughs]

BR: Okay, got it. Jim, it's been a great pleasure talking to you. I would love to keep up our communication. Would you be back here in Europe next year sometime?

JH: Probably so... yes.

BR: We should do interim updates on your progress and your expansion of your mission.

JH: Yeah, that would be fun!

BR: Jim Humble, thank you so much. I look forward to catching up with you again next year.

JH: Thank you, thank you. I look forward to seeing you next year, too.

BR: Wonderful. Jim Humble, the man and his wonderful achievements.

Now, Jim, I can't let you go without telling us about another project that you were researching that goes back to your gold mining days. You told me something about this off camera that was so unbelievable that...

It's an extraordinary story that I would love you to share. It's got nothing to do with MMS. It's something to do with disposing of radioactive waste. Tell us about this.

JH: We were working with recovering extra gold, precious metals, from ores, and we learned to burn the ores at a high temperature.

Burning those ores at a high temperature, if there was any radioactivity in certain materials, and materials that were radioactive, we learned that we could reduce the radioactivity to zero. So we started experimenting with different radioactive materials.

An example was a radioactive material that's in the oil pipes that they use to transport oil in the southern states to different places from the oil wells. Those pipes have to be cleaned out every so often.

They're radioactive. The material is radioactive in there. It's low radiation, but it's high enough that the government won't let you throw it away, and they won't let you keep it. So if you can't keep it and you can't throw it away, you sort of wind up with piles here and there. It's illegal, but there's nothing you can do with it.

So we got some of that material and were able to reduce the radiation to zero by burning it. In the process of burning, it created enough precious metals in there to more than pay for the process. In fact, you can make about \$1000 per ton above the cost of burning the material.

The burning material... For example, it's material that we add to it, a material about like gun powder. With the gun powder and the proper chemicals added to that, the radiation always dropped to zero.

It takes three days after you burn it for the radiation to go all the way to zero. We had very good Geiger counters and that sort of thing.

We've demonstrated the process to Texas A&M and other universities. Three or four other universities finally sent professors to look it over and see if we were lying or what. [laughs] We always demonstrated it. We always showed it worked, and nobody ever believed it.

BR: I can't tell you how bizarre this sounds. This is impossible, what you're talking about.

JH: That's true... or it *sounds* impossible.

BR: It sounds impossible.

JH: Yes, but I have to say that there's a lot of things that are "impossible" that get done all the time. You can take a chicken and put it in a place where it can't possibly get any calcium and it'll still produce eggs.

BR: Yes, that's right. There seems to be a biological capacity for transmutating elements.

JH: That's right.

BR: I know that in mainstream biology that is regarded as "witchcraft thinking", but there is some evidence for this. You're saying that there's some kind of chemical transmutation of elements that is taking place when you burn this radioactive waste in a particular way. Is that right?

JH: Yes, we produce a particular kind of gunpowder that produces a really, really high temperature. Burns slow... it doesn't go *bang!* It goes slow, but it produces such a high temperature that you really don't want to look at it because it'll hurt your eyes.

It produces a really, really high temperature, and then you just let it sit there until it cools. And you grind it up and you get a certain amount of precious metals out it.

And, like I say, the radioactivity always goes to background level – nothing left. It's always gone, completely.

BR: In three days?

JH: In three days.

BR: That is bizarre! [laughs] I can't tell you how bizarre this is. If anyone here doesn't have a physics or a chemistry background, this is really bizarre. [both laugh]

That's an incredible story. But of course there's a message to this, isn't there, which is you've got to be prepared to examine the unbelievable in order to make a breakthrough in any kind of science or technology.

JH: That's right. You bet!

BR: And one of the messages here is that mainstream academic processes don't allow one to do that because you've got to work within the system.

JH: Anybody who wants the formula, I'd be glad to tell them how to do it, with the one idea that if they actually make a business from it or use it somewhere, I get part of the profits. [both laugh]

BR: So this is another thing that people can contact you about. That's an amazing story!

JH: Yeah, they can contact me if they're really interested and they have money or something that they want to do with it. Just for casual interest... I don't see any point in discussing it casually.

BR: Well, you want to be careful about this because you're going to get a lot of messages from people when they hear this.

Listen, I've got one last question before we close: What happened to that hat? You had a beautiful hat which I met you in 14 months ago.

JH: Actually, it was just about as good as the one you've got! [laughs] I loved that hat. I always liked wearing that hat. The problem with it is I keep thinking about the idea that if those bad guys are going to come for me, they're going to say: *Just go down the street and shoot the guy with the hat.* [both laugh]

I figure I'm not going to give them that much satisfaction. They'll probably give me another ten seconds or fifteen seconds to get away if I don't have the hat on. [laughs]

BR: You think I should be taking this advice onboard?

JH: I think you should... because you're one of the guys they're going to be mad at! [laughs]

BR: I don't know. I haven't got quite as much hair as you've got, actually. You've got some beautiful silvery locks there that make you look pretty handsome. I hide my bald patch underneath it.

JH: Well, you'll just have to worry about that later, I guess.

BR: [laughs] Okay. Jim, thank you so much.

JH: You're welcome. Thank you.

[Click here](#) for Jim Humble's personal website.
[Click here](#) for Bill Ryan's first [Project Camelot] interview with him in November 2008.