



CASE STUDY IN RURAL UGANDA OF COMMUNITY BASED ORGANIZATION [WASART AFRICAN YOUTH MOVEMENT] GRASSROOTS INFECTIOUS DISEASE CONTROL PROGRAM USING AN ADVANCED COVALENT SILVER HYDROSOL.

Rural-Based Population Case Study of Potential Oxysilver™ Remedy.

By Ssemakula Peter Luyima, researcher/African Author of *Why Africa Slept: Apathy and Isolation*, Chairman/Founder WASART African Youth Movement.

Abstract

Objective: To investigate the use of an advanced covalent silver hydrosol [OXYSILVER™] dietary supplement as a nutritional solution to support the human body immune system so that the human body can recover from inflammations associated with malnutrition, dehydration and infection (associated with pathogens) that are at pandemic proportions in the rural population of Mukono and Kireka as well Kampala University and other communities in Uganda, misleadingly dubbed “HIV/AIDS”, “malaria”, and other chronic illnesses, then evaluating the before and after nutritional supplementation in contradistinction to the negative public health implications associated with invasive antibiotics and antiretroviral drugs in Uganda and throughout Africa, of which most have failed to provide significant relief and appear to be causing more harm than good.

Design: Villagers of Mukono District and other section communities in Uganda suffering from epidemic inflammations during the period of 10th July 2008 and September 30th 2008 were observed by WASART African Youth Movement affiliated activists.

Setting: One urban district and three villages in rural areas of Mukono District including other communities in Uganda. 26 people participated in this rural case study, there names are written at the end of this report from WASART African Youth Movement.

Subjects: 70 subjects suffering from different inflammations [*acute to degenerative*] were administered the dietary supplement, a humanitarian donation, requested from Dr Len Horowitz, and Healthy World Distributing, LLC, and given to WASART African Youth Movement for the People of Uganda and Africa. .

II INTRODUCTION

THE WASART AFRICA OXYSILVER™ humanitarian donation exercise composed of different subject groups suffering from different infections residing in villages of Mukono, Kireka and Kampala University in Uganda.

The nano-silver technology, is a new, breakthrough covalent silver hydrosol formulation and a dietary supplement that is proven safe and effective for immune support performance called **OXYSILVER™**, intended to provide nutritional support with amazing result for the collapsing immune systems by providing natural elements in high-tech formulations that make the human body very inhospitable for harmful pathogens [*invasive bacteria, viruses and fungi*], for the subjects who voluntarily accepted to take the product orally.

The Oxysilver™ dietary supplement is presently embodied in the form of a water product, and as such is taken orally by a user with specific dietary supplementation amounts given to the individual in the same fashion as a nutritional product. The Oxysilver™ product contains NO additives, NO chemicals, NO adverse effects or dissimilar drug agent reactions; it is NOT a metal or anything of this nature, only a trace mineral product applying the most advanced technology known to man.

Instead, Oxysilver™ utilizes in part a novel arrangement, a proprietary process where silver atoms are permanently suspended by covalent fusion in an ultra-purified water process to achieve the truly amazing results reported about Oxysilver™ by users of the products, during the successful WASART Oxysilver™ case studies in the villages of Mukono, followed by Kireka and Kampala University including other section communities in Uganda.

These silver components, at the ppm levels provided in the product, have been determined by the FDA to be safe for use in the presence of humans; in addition, the materials utilized in the ground-breaking research conducted by WASART Africa Youth Movement grassroots researchers are more fully described as a trioxide-silver covalent bond which is a powerful and permanent bond formed when hydrogen is removed from the solution in the catalytic reactor process that is almost identical to what NASA uses on the International Space Station.

In both cases, in the practical application of the Oxysilver™ dietary supplement, there were two major purposes of this study. First, to prove the significant health improving potential of Oxysilver™ related to the administration procedure, evaluating the overall safety and risk (if any), and examining the Oxysilver™ dietary protocol performance of every user administered Oxysilver™.

The second purpose of our rural case study in Uganda is to examine the history of covalent silver hydrosols use for dietary measure to address chronic illness and control

of infectious inflammations, its scientific rationale, and possible future as the best alternative solution to pandemics associated with malnutrition, dehydration and contagious infections (associated with pathogens).

Part I - The problems of rural Ugandans

Between 1999 and 2000 more people died of what has been misleadingly dubbed as "AIDS" in Africa than in all the wars on the continent, as mentioned by then the UN Secretary General Kofi Annan.

The death toll is expected to have a server impact on many economies in the Sub-Saharan Africa region. In Uganda, it is already being felt. Life expectancies in Uganda are already decreasing rapidly, while mortality rates are increasing.

2000 began with 24 million Africans infected with the virus. In the absence of a health miracle, nearly all will die before 2010. Each day, 6,000 Africans die from "AIDS". Each day, an additional 11,000 are infected.

For the record, what causes the immune deficiency is a combination of malnutrition, dehydration, polluted water that not only fails to properly hydrate but introduces opportunistic pathogens, poor hygiene, stress factors and weakened immunity caused by pharmaceuticals – not just a virus alone, as many have the virus associated with "AIDS" but do not exhibit any symptoms. This is why proper nutrition is more safe and effective than drugs.

Throughout Uganda and Africa, many infectious symptoms continue to depopulate the rural populations, they die of preventable, reversible inflammations and symptoms, *such symptoms labeled as "malaria, tuberculosis, HIV/AIDS" to fit into the popular medical concepts utilized in orthodox medical academia that has abandoned traditional nutritional solutions for drugs and moneys associated with pharmaceutical special interests*, and other infectious illnesses which continue to claim millions of poor lives in Uganda.

First cases were recognized in 1982, ever since "HIV/AIDS" has been declared a major socio-economic and health challenge the *orthodox medical academia* in Uganda and continued to pose a threat to human resource development in all sectors including the educational sector. "AIDS" is touted to be due to highly lethal, progressively epidemic viral infections that destroy the immune system.

The causative pathogenic agents are HIV type 1 (HIV-1) (the supposed cause of almost all cases in Africa) and HIV type 2 (HIV-2), both of which have affinity for the CD4 antigen on T lymphocytes, macrophages, and other cells. It is estimated from Ugandan surveillance data which indicates that cumulatively, by December 2001, over two million people had been infected with "HIV" and that 947,552 deaths had occurred due to "HIV/AIDS" related illness.

The total number of people living with “HIV/AIDS” as of December 2001 was 1,050,555 out of the total population of 24 million Ugandans. Ninety percent of these were above 18 years of age. This had grave consequences in the workforce, which constitutes the 18 to 49 age group. “HIV/AIDS” disrupts production by affecting the workforce both directly and indirectly. Absenteeism due to own illness leads to direct loss in productivity. Infectious diseases disrupts production through reduction in supply of the working population that has resulted from loss of workers and changes in the composition as the more skilled and experienced get infected to “HIV/AIDS”.

Predictions are that the vast majority of “HIV”-infected rural Ugandans will ultimately die, even though it is not just the virus that causes the deaths. People with “HIV/AIDS” present with life-threatening opportunistic infections, wasting, central nervous system dysfunction, generalized lymph-adenopathy, and/or “Kaposi’s sarcoma”.

The opportunistic infections include most of the bacterial, fungal, and parasitic agents customarily associated with cellular immunodeficiency, with *P. carinii*, *C. albicans*, *Mycobacterium avium-intracellulare*, *herpes simplex*, *Toxoplasma gondii*, *cytomegalovirus*, and *Cryptococcus* leading the list.

Despite the extent of prevention and control measures with drugs in place to reverse what doctors deem “infectious diseases” in rural Uganda and Africa, great gaps exist in our knowledge of how best to end the fears of “AIDS”, “Malaria” and Poverty in Africa.

The fundamental problem is that the emphasis of **pharmaceutical special interests** on their “drugs” and “cures” being developed fit a class distinction, where the research is on problems that affect the wealthier people and those who can afford the medical treatments, not the poor rural people of Africa.

Who was involved - subjects and activists

The Chairman WASART African Youth Movement Ssemakula Peter Luyima called on a broad spectrum of humanitarian individuals, international business leaders and requested the assistance from Dr Len Horowitz and Healthy World Distributing LLC, in America who initiated an offer to assist Africa in formal correspondence to Chmn WASART Africa on behalf of the People of Uganda and Africa.

Volunteer representative groups in Kampala University and Republic of Uganda responded and did a great job with WASART activists in accomplishing this historical grassroots humanitarian exercise of sharing a life saving, prospering donation from America which has greatly blessed Uganda which too successfully addressed the sickly, poor population in different section communities in Uganda.

A group of 70 individuals were selected from a broad section of the general population, that is, in Mukono-Kireka-Kampala University and other section communities in Uganda. Each individual volunteered to participate in a series of oral tests taken by different subjects designed for the purpose of validating and collecting initial preliminary data of the effectiveness of the covalent silver hydrosol technology. (These humanitarian field tests are separate from in-clinic tests).

Some of the information desired from these tests included effectiveness to boost immune system of subjects and speed up recovery. As an initial indicator, a simple relief effort test was administered to each individual by way of breakthrough community based dietary protocols. In every case, every individual demonstrated an improvement in reversing the symptoms and relief effort while taking the dietary supplement.

In additional humanitarian studies, WASART Africa Youth Movement and activists in Kampala University, Kireka and other section communities in Uganda performed Oxysilver™ tests on so-called “HIV/AIDS” and “Malaria” including other “infectious diseases”. As representative examples, many individuals have recovered amazingly with relief effort, and are now much better than they were before on drug treatments. Subjects felt great relief while taking Oxysilver™ product.

Where they were seen and supplemented.

Oxysilver™ dietary supplementation was given to 70 subjects, who were recorded as supplemented in their village homes [WASART et al; 2008], the subjects were seen by their people, activists and health care providers, and all were convinced of the relative safety or effectiveness of Oxysilver™ dietary supplementation.

The humanitarian grassroots agenda we have developed with our international partners, will fit into the Ugandan health care reform proposals and as well throughout Africa nations. These will include a range of dietary supplementation clinical research activities with participation of relevant Ugandan-African health care institutions for the larger Ugandan-African rural-urban population, as a major public health initiative.

We take this humanitarian work seriously and will follow through to the best of our ability to save poor lives in Uganda and throughout Africa with the help of international partners and African governments.

The solution to the problem

Advanced covalent silver hydrosol has been clinically proven to kill strains of every harmful pathogen against which it has been tested on with successful results.

There are no microbes that have been found that are resistant to this product. In addition, while different microbes have different DNA or RNA and different modes of attacking cells, it appears that they all have the same structure, including a shell that protects the vital internal processes of the microbe from its environment.

The catalytic energetic effect of the engineered nano-silver particles does not depend on any of the drug-related means of killing pathogens.

Part II - How the project came to be.

The WASART Africa humanitarian rural case study is a dynamic international collaboration that was evolved between the Chairman/Founder of WASART African Youth Movement, **Ssemakula Peter Luyima**, and an offer from **Dr Len Horowitz**, **award winning health science writer**, *Publisher and endorsed Why Africa Slept: Apathy and Isolation book yet to be released in America 2009*, in association with collaboration of international business leaders and renowned humanitarians brought together for the ultimate humanitarian purpose to help end fears of the epidemics and pandemics taking toll on poor rural people of Uganda and as a larger study of what is happening in rural background Africa.

This project will advance an economically sustaining program to effectively address a myriad infectious illnesses plaguing Africans using an advanced covalent silver hydrosol product called Oxysilver™, and even more potent and highly advanced Oxysilver™ product to be distributed to the African public, and to acquire a manufacturing facility in Uganda to produce the product for Uganda and Africa that has currently proved successful in rural population of Mukono and other section communities in Uganda, with support of activists and health care professionals.

The product and investment will save many thousands of lives and be financially prospering for adult youth [18-35 years] joining WASART African Youth Movement, and investors, including people stricken with infectious illnesses that recover and choose to help save the lives of others by distributing this breakthrough in health science.

2] What was used for treatment[s]

The dietary protocols from doctors were submitted to WASART by Dr Len Horowitz, who collaborated with WASART African Youth Movement to advance the high tech formulation in Oxysilver™ for alternative health treatment in Africa, which was used for the effective Oxysilver™ dietary supplementation given to all the 70 subjects, who took the humanitarian donation and witnessed remarkable results experienced by recovering chronically ill persons and health care professionals.

iii] Background

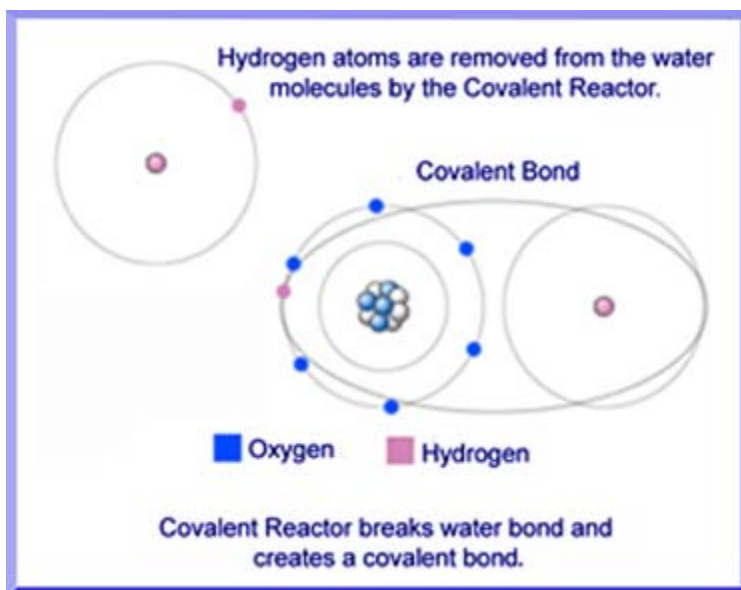
Throughout the centuries and into today, silver hydrosols in various forms have been used to benefit mankind. Some cultures added powdered silver to a new born's first bath as protection against a harsh world. Milk farmers used to use a silver pail to collect milk. The raw milk could remain unrefrigerated for hours without spoiling. Similarly in 17th century Europe early settlers would often throw silver dollars into their wells or water barrels in order to kill bacteria and keep the water potable. During plagues in Europe, wealthy families gave their children silver spoons to suck on, with a silver spoon in his mouth.”

Covalent Silver Hydrosols, history and pertinent literature review

In 2008 WASART African Youth Movement, pioneered the development of Covalent Concentrated Oligodynamic Silver Hydrosols formulation as a dietary supplement concentrate made with the covalent silver reactor and a new geometric photon laser, invented by Dan Nelson, so he could use it in the wild to purify water and remain free from infections and illness. In 1986 an inventor carried out vital research, wherein a covalent reactor was created that suspended silver in pure water.

Covalent Oligodynamic Silver Hydrosol™, serves as a key historical health research product for those interested in investigating covalent silver hydrosols and referring to the inventor, who completed years of research in several laboratories and universities testing his theories, but the inventor who now desires to remain anonymous – was repeatedly told that permanent suspension of a metal in water was impossible and against the law of physics.

His breakthrough technology reactor uses a patented and proprietary process where silver atoms are permanently suspended by covalent fusion in purified water. A covalent bond is a chemical bond formed by sharing a pair of electrons. An engineer contracted to build new covalent fusion reactors worldwide, designed the silver based water filtration systems (with NASA team) on the MIR space station and at NASA.



The solution of pure water and energized silver and oxygen uniquely boasts a covalent electromagnetic bond between these two non-toxic elements that kills most harmful germs, oxygenates the blood, alkalines the body, helps feed essential nutrients to healthy cells and desirable digestive bacteria, and even relays a musical note which active DNA depends.

Millions of positively charged oxygen atoms are atomically bonded to the negatively charged silver atom in the newest patent pending reactor. Bacteria, Viruses, and Molds have one electron in their molecular makeup and are negatively charged.

The newly formed covalent silver molecule attracts the negatively charged electrons found in these hostile organisms, steals the electron from them changing their polarity, killing them in the process. As electrons are collected more full oxygen atoms are released from the covalent molecule and the positive charge of the molecule is maintained. These molecules are permanently suspended in pure water and are not toxic to the body.

Bond type	Length (nm)	Strength in vacuum (kcal/mole)	Strength in water (kcal/mole)
Covalent	0.15	90	90
Ionic	0.25	80	3
Hydrogen	0.30	4	1
Van der Waals	0.35	0.1	0.1

This breakthrough is exemplified in light of the increasing failure of antibiotics to deal with mutating pathogens; a renewed interest in silver's anti-microbial properties was inevitable. Since its discovery over ninety years ago, silver water is reported to have saved more lives from deadly infections than any other natural substance in existence.

Methods and Materials

The subjects studied were drawn from Ugandan rural Mukono community, Kireka, Kampala University, and other section communities in Uganda.

The rural case study in Uganda was for a larger study of epidemic control in Africa, this selected rural population in Mukono and other section communities in Uganda as representative of African rural backgrounds.

Materials for administering the rural humanitarian case study and other section population, were given to WASART African Youth Movement by Rev Burk-Elder: Hale, Third and his associates, with interviews which were performed during the month of July at different section communities, followed in August and September 2008, with help of health care providers in the rural villages in Uganda.

A REAL OXYSILVER™ BREAKTHROUGH RURAL SUCCESS STUDY IN UGANDA AFRICA.

A group of 70 individuals were randomly selected to participate in Oxysilver™ test study. Individuals were divided into groups as follows: **GROUP (1)** consisted of rural population of Mukono suffering from different infectious diseases, and served as representative test group; **GROUP (2)** consisted of Kireka and Kampala University, both served as representative test groups for the Oxysilver™ product. All individuals in all representative groups were first required to participate in base line study, with said study to be used as a reference for comparison. The base line data was collected during the first week of study in account of their previous drug usage. The test studies were performed the following week for all groups.

For the mild to chronic individuals, the Oxysilver™ tests performed consisted of taking orally Oxysilver™ from 1 to 3 and 1 to 9 teaspoons of the product. Each individual was monitored for any potential adverse reaction such as abnormal pain, weight loss, etc. during these humanitarian donation tests.

At the end of the tests, the individuals were asked to complete a questionnaire, and report – subjectively - how they felt during the administration session and after the administration session. Information of interest included how well the individual was able to recover between administration exercise period and or days, any “malaria” during or after administrations, abdominal pain, and overall feelings of energy and relief effort after the sessions were completed.

In their previous use of drug agents, most individuals noted no change in the individuals during their previous duration of taking other anti-retroviral and antibiotics. Before the administration on Oxysilver™, these individuals reported that they used to feel very weak, with most subjects experiencing “malaria” after taking drug agent treatments. When the individuals on drug agents used Oxysilver™, there was a significant difference in the individual healing process from the base line study to the test study. While using the Oxysilver™, all individuals [70/70] reported having more relief effort while taking

Oxysilver™, and recovering more quickly between taking the Oxysilver™. In addition, the Oxysilver™ users reported feeling energetic at the end of the administration session, with little or no pain, and no “malaria” and other “infectious diseases”.

B]. Health Professionals examinations and records.

Study subjects included all patients aged less than five years to 35 years and older who were selected from the rural population and other section communities in Uganda, for administration of Oxysilver™ dietary supplement – between July 2008 and September 2008.

Patients who were pregnant and those discharged from the hospitals in less than three days were excluded from the study because they were more likely to have problems that would require decisions about life-sustaining treatment. Patients were first investigated at Victoria Medical Center and in nine villages of Mukono and other section communities in Uganda.

The WASART Oxysilver™ educational materials were tailored for the rural population and used a question-and-answer format and several thought-provoking case Oxysilver™ rural studies. For example:

“You have been suffering from HIV/AIDS for years. Your condition has worsened and you are now unable to recognize people and speak understandably. You’ve developed sever pneumonia. Would you want to be hospitalized and treated with antibiotics and or ARV drugs? Or, would you choose to decline life-prolonging OxySilver [OXS] water treatment which will make you healthier with great immunity to fight the illness troubling you? Since you are unable to communicate your wishes, who should make these health care decisions for you?”

Clinical studies.

All materials used in the Oxysilver™ have been clinically tested for safety and efficacy. National Drug Authority in Uganda have performed lab tests and reviewing documentations about silver water science, for the purpose of determining the effectiveness of these product ingredients on individual treatment performance, namely relief effort, strength and faster recovery improvements.

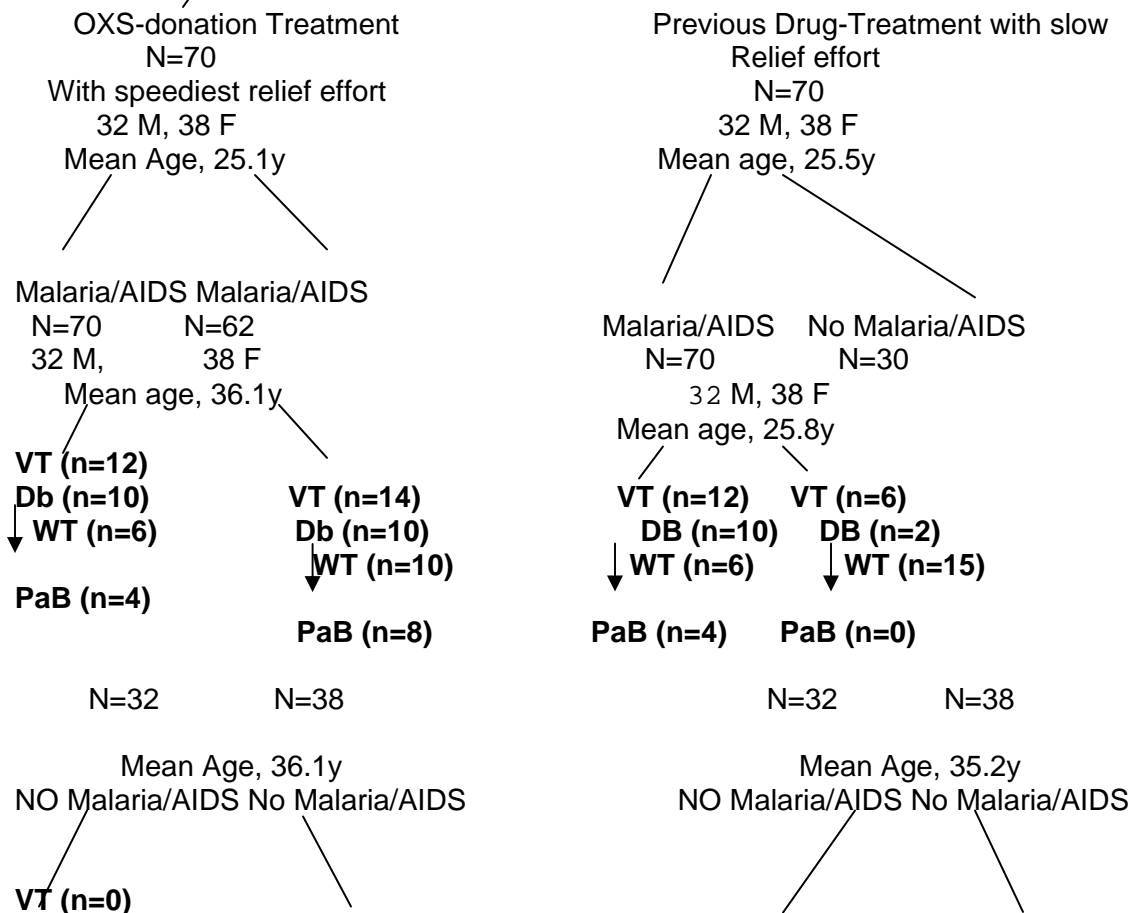
In tests performed with Oxysilver™ over 99% of users experienced health improvements in strength and/or faster recovery healing process within minutes or hours of using the donated product. In addition, most individuals who used Oxysilver™ who suffered from some type of infectious disease or discomfort found relief with a period of 2 minutes to 30 minutes. Further, all materials used in Oxysilver™ are listed under FDA silver chat compound-amount lists of what needs to be taken for safety of human silver consumption.

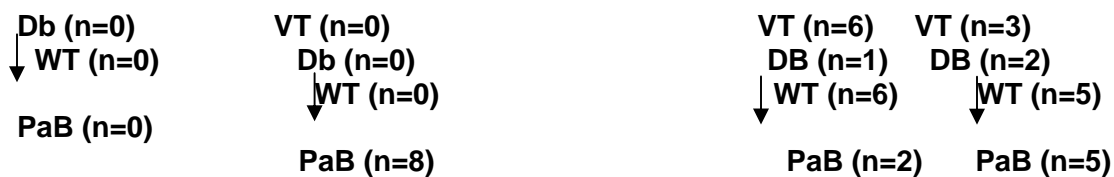
Results

Clinical Symptoms.

Among the 70 individuals given Oxysilver™ dietary supplementation versus their previous use of drug agents to verify the different results, most had recurrent vomiting before they were on Oxysilver™. Some had “diabetes”, many had a weight-loss ratio, a result of their previous invasive anti-retroviral drug treatment with symptoms suggestive of infectious illness syndrome, and irregular bowel movements and increased intestinal gas (all subjects had one or more clinical indicators in addition to abdominal pain), before Oxysilver™ dietary supplementation. Additional complaints included joint pains with other complications and periodic rashes. The above medical problems were successfully reversed with Oxysilver™ dietary supplementation, better than before when the subjects were on invasive drug treatment agents.

Terminally ill patients in rural case study Uganda on Oxysilver™ Treatment (n=70)





Mean Age, 36.1 y

Mean Age, 35.3y Mean Age, 35.0 y

Fig 1. Clinical Examination improvement on rural patients in Mukono Uganda with infectious diseases in particular malaria/AIDS supplemented on Oxysilver™ with successful results Versus Drug administration with no benefit. VT indicates recurrent vomiting; DB, Diabetes; WT, weight-loss ratio; and Pab, patients with abdominal pain along with recurrent vomiting, diabetes, or decreased weight-height ratio/other immunodeficiency disorders. The total number of patients with the foregoing symptoms is less for those supplemented with Oxysilver™ treatment than patients previously on drug treatment alone had more symptoms.

Fig 2. Dose-Related Side Effects of Oxysilver™ Versus Drug treatment Agents

Adverse event	5 ml (n=28) Oxysilver™	10 ml (n=28) Oxysilver™	5mg (n=7) ARV/antibiotics agents	10mg (n=7) ARV/antibiotics agents	Rural case study (%) (N=70)
Vomiting	0.0	0.0	3.0	10.8	0.6
Joint Pains	0.0	0.0	3.4	3.4	1.5
Abdominal Pain	0.0	0.0	1.4	2.6	0.0
Sickle cells	0.0	0.0	1.4	4.5	0.6
Dizziness	0.0	0.0	3.7	3.7	2.9
Diarrhea	0.0	0.0	4.7	5.2	3.0

Headache	0.0	0.0	3.6	5.6	4.0

Safety of OXS Administration on rural Ugandans/other section communities

OXS was well tolerated with all the patients being supplemented on this dietary supplement while 4.0% of those previously on drug agents could not tolerate the effects of the drugs with most of the patients taking OXYSILVER treatment (n=32) have discontinued DRUG Agents due to adverse effects.

Cases documented for Oxysilver™ dietary supplement results.

Organized Structure of WASART Oxysilver™ dietary supplementation Rural Case Study Administration Pictures in Uganda



Chmn WASART Ssemakula Peter Luyima administering OXS supplement to a 5year old HIV+ Girl Jane Nassande in rural Mukono Uganda on the 10th August 2008.

Discussion

Despite the development of antibiotics and antiretroviral medications for Africa's diseases treatment, "HIV/AIDS", "malaria" and other so-called "infectious diseases" remain a serious public health issue throughout Africa. An estimated 24 million Africans suffer severely. Another curiosity in the development of newer drug agents with improved immune system has not necessarily improved treatment of rural subjects suffering from endemic symptoms, but does increase the likelihood of side effects, such as vomiting, joint pains, "arthritis", "diabetes", "tuberculosis", "throat cancer", etc. Ultimately disappointing, none of the antibiotic and antiretroviral drugs seems to exert any benefit on the frequency of "infectious diseases" incidence, unlike Oxysilver™ dietary supplementation which has obvious health benefits.

Thus, it is WASART's contention that this group of antibiotics and antiretroviral drug agents, though impressive, may represent somewhat of a **"therapeutic dead end in Africa"** is valid, especially considering the large percentage of people in Africa with infectious diseases who either fail to respond to the drug agents, or can not tolerate them, there seems to be definite need for alternative applications, using Oxysilver™ dietary supplementation.

The African author Ssemakula Peter Luyima believes that the issue of the Oxysilver™ dietary supplementation technology breakthrough in Uganda, Africa, and its obvious role in addressing epidemics and pandemics deserves proper scientific examination and more clinical studies. At this time, the best available medication, antibiotics and ARV brands have been ineffective in up to 30% of subjects, or have produced undesirable side effects for up to 66% on subjects already on antiretroviral drug agents.

The available evidence with the remarkable Oxysilver™ dietary supplementation test success in rural Uganda and other section communities seems to highly suggest that Oxysilver™ dietary supplementation would be a far safer alternative than antibiotics and antiretroviral drugs, which heretofore has been unproven drugs approved in Africa by World Health Organization for "infectious diseases treatment" despite its addictive potential and unfavorable side effect profile.

What worked and what did not work.

In general, the Oxysilver™ dietary supplementation evidenced a significant difference and success in the volunteers' performance from the base line study to the test study. While using Oxysilver™ dietary supplementation, all subjects reported having more energy while taking Oxysilver™ dietary supplementation, as well as significant relief improvement in the amount of pain that they were feeling initially.

However, as an interesting note, what worked better than drug-vaccine clinical trials, for the purpose of promoting a beneficial healing response for the poor lives in Africa, was grassroots assertive action of WASART African Youth Movement with activists as

described in this report, and our international partners are glad to see such work being conducted.

For example, in all of the tests administered as cited, the Oxysilver™ dietary supplementation was placed on the tongue of the volunteers and or in water to take. It has been observed that in most individuals the Oxysilver™ dietary supplementation effect is more dramatic and more appreciated by every test subject as opposed to using only drug therapy.

What results show suggest given previous literature review on covalent silver hydrosols.

The phenomena as observed in this community based pilot study is a breakthrough compared to other health products. The way in which the Oxysilver™ dietary supplementation has achieved these results is new and historical for Africa. For example, in the treating of the individuals -- Oxysilver™ dietary supplementation was utilized for the purpose boosting the immune system with advanced dietary technology resulting in the natural elimination of pathogens by the body to recover the immune system of the dying subjects. In grassroots studies that have been conducted with volunteers from a broad cross section of the general population in Uganda, in each and every case users experienced an immediate increase in health improvement with the Oxysilver™ dietary supplementation.

Further research indicated as a result of the study.

For individuals in Sub-Saharan Africa who are new to Oxysilver™ dietary supplementation WASART is convinced that there is need to do numerous simple and no-risk tests that may be performed, on the grassroots action level by community based organizations, Non-governmental organizations with care and support of health care providers, to demonstrate to the African people, potential investors and governments in Africa, the validity of the Oxysilver™ dietary supplementation. WASART intends to remain in forefront with other African grassroots activists, having completed successful with this first ever historic grassroots supplementation with Oxysilver™ in rural section communities in Uganda, and is to expand this live saving blessing throughout Africa.

WASART is a historical successful example for what grassroots organizations in African can achieve, to supplement on volunteers live saving simple humanitarian tests of covalent silver hydrosol products for as many repetitions as possible as explained in the Covalent silver hydrosol protocol (every individual performed very well with the Oxysilver™ dietary supplementation). The user would take the Oxysilver™ dietary supplementation, wait a few minutes and or hours (to recover from the illness) and then continue taking Oxysilver™ dietary supplementation for as many repetitions as possible (14 teaspoons, for chronically ill people a day).

What most individuals will find is that when taking Oxysilver™ dietary supplementation, it is possible to recover very fast with more energy and immune system boosted than without Oxysilver™ dietary supplementation. WASART African Youth Movement noted that it is typical for users to exceed 75% improvements with Oxysilver™ dietary supplementation.

Conclusion

In conclusion, based on the WASART Oxysilver™ dietary supplementation™ **WASART** observed with other humanitarian activists groups in Uganda, and reported beneficial effects that many of users of the Oxysilver™ dietary supplementation in Uganda has revealed to us that it is clearly a legitimate, beneficial and life saving product. Oxysilver™ dietary supplementation is a new and invaluable breakthrough for Africa.

As more representative examples of successful individuals using Oxysilver™ dietary supplementation is collected by WASART, third party activists groups like WASART and health care institution and laboratories in Africa, further insight into this augmentation phase may be achieved. WASART, and groups like WASART Africa, are dedicated to bringing the African people only safe and valuable technologies that can end fears of “AIDS”, “malaria” and poverty in Africa.

Due to the Oxysilver™ dietary supplementation phenomena, WASART believes that the poor sickly population in Africa, or any individual who desires increased immune system protection or relief effort to reverse illness may achieve these results within minutes of taking the Oxysilver™ dietary supplementation.

ABOUT THE AFRICAN WRITER AND UNIVERSAL THINKER

Ssemakula Peter Luyima, Chairman and Founder WASART African Youth Movement, has been engaged in a remarkable collaboration with international humanitarian professionals and private corporations in America, communicating about the potential possibilities of Oxysilver™ dietary supplementation grassroots studies in Uganda on behalf of the African continent throughout 2008.

WASART African Youth Movement under the humble leadership of Mr. Ssemakula Peter Luyima received Oxysilver™ dietary supplementation donation worth \$30,000 from private corporations in America, thanks to Dr Len Horowitz, Rev. Burk-Elder: Hale, Third and John Kreitzer, for the purpose of investigating new health science solutions for Africa, starting with Uganda.

This work was performed in conjunction with the support of Dr Len Horowitz, the owner of the formulation known as *pure concentrated silver hydrosols* “Oxysilver™” (African formulation), John Kreitzer and BioAquatic, LTD., that bottles his formulations and the introduction of Ssemakula Peter Luyima Chairman WASART African Youth Movement who managed the project.

Over the past nine years, Mr. Ssemakula Peter Luyima has been a true African patriot in the field of community science based research and youth development initiatives in Africa.

Africa grassroots entities and activists will continue to keep a close eye on his work and hopes that he obtains better management directives in the future so that he gets even better results. Some international organizations have already helped support WASART African Youth Movement with local grassroots activism in Africa.

As a result of this humanitarian service with others in this breakthrough Africa Oxysilver™ dietary supplementation project in Uganda, wherein WASART invited activists and health care providers for what has proved to be a remarkably historic successful grassroots action for educating and marketing the potential of distributing Oxysilver™ for Africa's generation in urgent need of this historical breakthrough and divine gift witnessed by many in Uganda.

Names of those who participated in accomplishing this historical Oxysilver™ breakthrough in Uganda and Africa; WASART African Youth Movement

1. Ssemakula Peter Luyima, Chairman WASART African Youth Movement
2. Eric Labeja, Vice Chairman WASART African Youth Movement
3. Ssebunya Fred, WASART member/activist
4. Waititi Abdul Hakim, Secretary General;
5. Pauline Luyima Ateenyi, Health care professional
6. Juliet Nasinde, Assistant Secretary General
7. Tina Wamala, WASART General Principal
8. Solomon Ngandu WASART General Principal

Activist Groups in Kampala University and other individuals.

1. Kupenda For The Children President Jomo Anthony and organization members
2. Hope For the Hopeless and Chairman Emmanuel
3. Youth Action For old People's Hope
4. Festus Chuma- Journalist of East African University Press
5. Malinga Robert
6. Josiah Mutabazi

Health care providers in support of WASART Africa OXS project.

1. Faith Musoke [Nabisunsa High School Girls]
2. Grace Kamuli [Anesthetist]
3. Annet Mirembe [Medical Officer]
4. Niaga Rose [Nurse]
5. Betty Oketcho [Anesthetist]
6. Maria Aguti [Anesthetist]
7. Chris Kirunda[Anesthetist]