

FDA FOIA REQUEST ON CHLORINE DIOXIDE/MMS

By Pastor Ricardo Beas, 1/9/2026

SUMMARY:

On August 16, 2020, I submitted a Freedom of Information Act (FOIA) request to the U.S. Food and Drug Administration (FDA), related to chlorine dioxide/MMS (Master Mineral Solution), requesting the following:

“ A copy of any and all studies and documents pertaining specifically to MMS or to chlorine dioxide that the FDA, as referenced in the above notice, relied upon in 2010 and may rely on today regarding claims of the dangers of the use and consumption of MMS and/or chlorine dioxide in the quantities as used and recommended by the Genesis II Church of Health and Healing and Jim Humble. For the sake of expediency, it is requested that the FDA provide at least 10 studies that prove its claims that MMS and/or chlorine dioxide is “dangerous.” Such 10 studies will satisfy this request.”

On September 1, 2020, I received a response from the FDA confirming receipt of my FOIA request, assigning it request number 2020-6321. For the next 5 years I emailed them multiple times requesting a status on my request, and they would always come out with excuses to delay the release of the records, never giving me an estimated date for the release.

Finally, on January 2, 2026 I received a response from the FDA saying that they were responding to my "recent" FOIA request, and provided me 3 reports of alleged chlorine dioxide injuries and noted that this concluded my request, with no further responsive records to be released, as noted in email correspondence that followed their initial response.

While my request was for any studies or documents used by FDA to issue the chlorine dioxide/MMS warning on Oct 2010, the three reports they released were dated years later, one on March 14, 2017, and a second one on April 14, 2017, which is suspicious in that in the last 15 plus years, out of three reports, two reports were issued one month apart. The third report was dated August 8, 2023, but claimed that the injury happened around the summer of 2011, twelve years earlier, which also makes no sense, that someone would make a report so many years after the incident.

The documents released prove that:

- 1. The FDA had no studies, analysis, or injury reports that would justify or back up the warning they issued against chlorine dioxide/MMS in October 2010; and that,**
- 2. To this date, FDA has no studies or similar research documents that confirm without a doubt that chlorine dioxide/MMS is unsafe to use as a cure or treatment for disease.**

For a deep analysis on the benefits of chlorine dioxide/MMS and the attacks that corrupt health authorities, Big Pharma, and other bad actors have brought upon those that have tried to show the world the benefits of chlorine dioxide/MMS, such as Jim Humble, and Mark Grenon and his sons, I recommend you read Dr. Pierre Kory's book, ***“The War on Chlorine Dioxide: The Medicine That Could End Medicine”*** (waronchlorinedioxide.com).

Pastor Ricardo Beas

www.TheNaturalLawChurch.com



Outlook

NEW FOIA REQUET: MMS AND/OR CHLORINE DIOXIDE STUDIES

From Ricardo Beas <ricardobeasv@hotmail.com>

Date Sun 8/16/2020 3:09 PM

To Brockner Ryan, Beth <Beth.BrocknerRyan@fda.hhs.gov>; Sly, Elizabeth <Elizabeth.Sly@fda.hhs.gov>

Cc ricardobeasv@hotmail.com <ricardobeasv@hotmail.com>

Dear Sir or Madam:

This is a request under the Freedom of Information Act under 5 U.S.C. Section 552. The records sought and to what extent are described below and are related to studies of MMS and/or Chlorine Dioxide, and official statements made by the FDA regarding the dangers of MMS and/or Chlorine Dioxide for medical use and/or consumption.

On or around October of 2010 the FDA published a Consumer Health Information notice titled, "Miracle Treatment Turns Into Potent Bleach", in which it states,

"FDA experts say MMS is dangerous, and they're advising consumers to stop using the product immediately."

The above still is FDA policy as can be seen in the following link:

<https://www.fda.gov/consumers/consumer-updates/danger-dont-drink-miracle-mineral-solution-or-similar-products>

I request the following:

1. A copy of any and all studies and documents pertaining specifically to MMS or to chlorine dioxide that the FDA, as referenced in the above notice, relied upon in 2010 and may rely on today regarding claims of the dangers of the use and consumption of MMS and/or chlorine dioxide in the quantities as used and recommended by the Genesis II Church of Health and Healing and Jim Humble. For the sake of expediency, it is requested that the FDA provide at least 10 studies that prove its claims that MMS and/or chlorine dioxide is "dangerous." Such 10 studies will satisfy this request.

As used herein, "documents" means written or electronic material, information, reports, studies and related documentation, together with any attachments thereto, electronic, recorded. All documents requested here in are requested in electronic format only, such as a PDF file.

If any or all documents do not exist please note that specifically in your response.

I request that you disclose these documents and materials as they become available to you, without waiting until all the documents have been assembled.

In order to help to determine my status to assess fees, you should know that I am an individual seeking information for personal use and not for commercial use.

If there are any fees for searching or copying these records, please inform me if the cost will exceed \$10.00. I request a waiver of all fees for this request in that (a) disclosure of the requested information to me is in the public's interest because it is likely to contribute significantly to the public's understanding of how the FDA operates as relates to public announcements that may be beneficial or

detrimental to the public in general, and whether FDA has any bias against products not manufactured by its pharmaceutical industry donors, which would be a conflict of interest; (b) this information is not being sought for commercial purposes, and (c) the request is for such documents to be provided in electronic format.

I further request that all documents be provided by reply email to the following address:
RicardoBeasV@hotmail.com.

If you deny any part of or this entire request, please cite each specific exemption you feel justifies the refusal to release the information and under what legal authority and notify me of the appeal procedures available to me under the law.

I look forward to your response within the 20 working days, as outlined by the applicable regulations. Thank you for your consideration of this request.

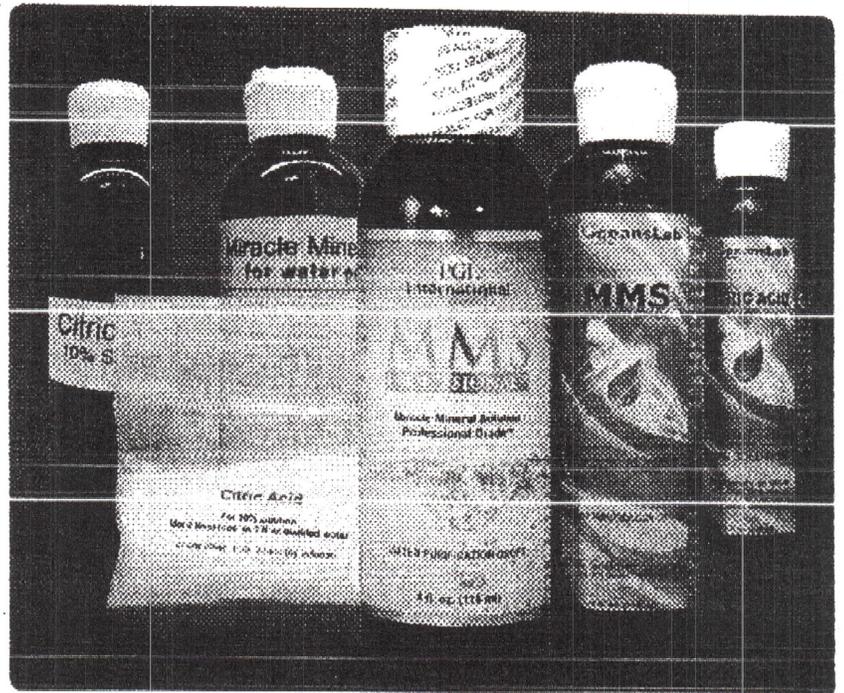
Respectfully submitted,

Ricardo Beas
1361 Mountain View Lane
Chula Vista, CA 91911
619-621-5899
RicardoBeasV@hotmail.com

1.2

'Miracle' Treatment Turns into Potent Bleach

Consumers are being warned not to drink a product sold on the Internet as a medical treatment after some users got sick after drinking it—including one person who had a life threatening reaction.



The Food and Drug Administration (FDA) says the product—known as Miracle Mineral Solution, Miracle Mineral Supplement, and MMS—becomes a potent chemical that's used as a bleach when mixed according to package directions. The agency first warned consumers about the product in July, but federal regulators say it's still available for sale on the Internet.

FDA says the product is sold by many independent distributors on several websites and through online auctions. Consumers should be alert when buying such an item on the Internet because the product's labeling, colors, and logos may vary.

According to FDA experts, drinking the amount recommended on product labels can cause nausea, vomiting, diarrhea, and symptoms of severe dehydration. Some labels claim vomiting and diarrhea are not uncommon after the product is ingested—and even maintain such reactions are evidence MMS is working.

FDA experts say MMS is dangerous, and they're advising consumers to stop using the product immediately.

Dangerous Mixture

Distributor websites describe MMS as a liquid that's 28 percent sodium chlorite in distilled water. Product directions tell consumers to mix the sodium chlorite solution with citric acid—such as, lemon or lime juice—or another acid before drinking. When the acid is added, the mixture becomes chlorine dioxide, a powerful bleaching agent, says FDA expert Charles Lee, M.D.

Lee says both chemicals are the active ingredients in disinfectants, and they have many other industrial uses.

Some distributors claim MMS mixed with citric acid is an antimicrobial, antiviral, and antibacterial liquid that is a remedy for colds, acne, cancer, HIV/AIDS, hepatitis, H1N1 flu, and other conditions. But FDA experts say they aren't aware of any research that shows the product can effectively treat any illnesses.

Severe Reactions

FDA has received several reports of consumers who got sick from drinking the MMS and citrus juice mixture. The reports say consumers suffered from nausea, severe vomiting, and life-threatening low blood pressure caused by dehydration.

FDA officials are urging anyone who has had a negative reaction to consult a health care professional as soon as possible. Consumers and health care professionals should report negative side effects to FDA's MedWatch program at 800-FDA-1088 or online at www.fda.gov/med-watch/report.htm.

Find this and other Consumer Updates at www.fda.gov/ForConsumers/ConsumerUpdates

Sign up for free e-mail subscriptions at www.fda.gov/consumer/consumernews.html



FDA Receipt of FOI Request

From FDA_FOI@fda.gov <FDA_FOI@fda.gov>

Date Tue 9/1/2020 8:12 AM

To RicardoBeasV@hotmail.com <RicardoBeasV@hotmail.com>

Ricardo Beas Ricardo Beas

Re: Confirmation # FDA2067900

Requester Ctrl #:

In Reply refer to: 2020-6321

The Food and Drug Administration (FDA) has received your Freedom of Information Act (FOIA) request for records regarding:

studies of MMS and/or Chlorine Dioxide, and official statements made by the FDA regarding the dangers of MMS and/or Chlorine Dioxide; A copy of any and all scientific and peer-reviewed studies and documents pertaining specifically to Miracle Mineral Solution, known as MMS, or to chlorine dioxide that the FDA, as referenced in the above notice, relied upon in 2010 and may rely on today ETC

We will respond as soon as possible and may charge you a fee for processing your request. If your informational needs change, and you no longer need the requested records, please contact us to cancel your request, as charges may be incurred once processing of your request has begun. For more information on processing fees, please see

<http://www.fda.gov/RegulatoryInformation/FOI/FOIAFees/default.htm>.

Due to an increase in the number of incoming requests, we may be unable to comply with the twenty-working-day time limit in this case, as well as the ten additional days provided by the FOIA. The actual processing time will depend on the complexity of your request and whether sensitive records, voluminous records, extensive search, and/or consultation with other HHS components or other executive branch agencies are involved. Please note that requests for medical device approval records (e.g. 510K, PMA, DEN) may take up to 18 to 24 months to process.

If you have any questions about your request, please call Rochelle A. Coleman, Information Technician at 301-796-8982 or write to us at:

Division of Freedom of Information,
U.S. Food and Drug Administration
5630 Fishers Lane, Room 1050
Rockville, MD 20857
Fax: 301-827-9267

You also have the right to seek dispute resolution services from:

2.1

FDA FOIA Public Liaison
Office of the Executive Secretariat
5630 Fishers Lane, Room 1050
Rockville, MD 20857
E-Mail: FDAFOIA@fda.hhs.gov

and/or:

Office of Government
Information Services
National Archives and Administration
8601 Adelphi Road - OGIS
College Park, MD 20740-6001
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-Mail: ogis@nara.gov
Fax: 202-741-5769

Note: Do NOT reply directly to this E-mail



January 2, 2026

In Response Refer to File: **FDA-FOIA-2020-6321-CDER-1**

Richard Beas
1361 Mountain View Lane
Chula Vista, CA 91911

Dear Requester,

This letter is in response to your recent Freedom of Information Act letter dated August 28, 2020 in which you requested adverse event cases associated with the drug Chlorine Dioxide. Your request was received in the Center for Drug Evaluation and Research on September 1, 2020.

As part of FDA's ongoing system modernization efforts, the Food and Drug Administrations' Adverse Event Reporting System (FAERS II) was released on November 10, 2021 and resulted in the following changes to the FOIA case report output:

1. The FOIA Batch Printing Report for Cases is now a single file that may contain Electronic Submissions, MedWatch Reports (i.e., 3500, 3500A and 3500B) or Attachment files presented in ascending order based on Case IDs with the Case IDs in the report listed on the cover page.
2. All cases will appear in one standardized 'Case Report Information' format. Please refer to the Case Information section, eSub data element, to identify the case as either an Electronic Submission (eSub: Y) or a MedWatch Report (eSub: N).
3. If Attachments and original MedWatch Report images are included with a submission, they will be displayed following each case report.
4. All applicable FOIA exemptions, including exemptions to protect personal privacy information, trade secret information and/or confidential commercial information will continue to be cited where information has been withheld (redacted). Please note the gray overlay background previously used to identify redacted portions in the narrative has been replaced with the applicable FOIA exemption with a series of asterisks (e.g., (b)(6)***)

The releasable documents are enclosed. After a thorough review of the responsive records, we have determined that portions of the documents are exempt from disclosure under FOIA exemption (b)(6) of the FOIA 5 U.S.C. § 552, as amended and delineated below:

Exemption (b)(6) permits the withholding of information which, if released, would constitute a clearly unwarranted invasion of personal privacy. In this case, it was determined that there is no countervailing public interest qualifying under the standard set forth, under exemption (b)(6), to release the personal identifying information of certain third parties.

In determining to withhold such information, FDA considered 5 USC 552(a)(8)(i), when applicable, and whether FDA reasonably foresees that disclosure of such information would harm an interest protected by the relevant exemption(s) and whether disclosure is prohibited by law. The following charges may be included in a monthly invoice:

Reproduction: \$0.00 Search: \$14.50 Review: \$0.00 Other: \$0.00 (CD) TOTAL: \$14.50

The above total may not reflect final charges for this request.

PLEASE DO NOT SEND PAYMENT UNLESS YOU RECEIVE AN INVOICE FOR THE TOTAL MONTHLY FEE.

3.1

This concludes the response for the Center for Drug Evaluation and Research. If we can be of further assistance to you, please do not hesitate to contact me at kia.bazemore@fda.hhs.gov.

Sincerely,

Kia Bazemore
Government Information Specialist
Division of Information Disclosure Policy
Office of Regulatory Policy
Center for Drug Evaluation and Research

In accordance with 45 CFR § 5.61 and 21 CFR § 20.41(b)(5), you have the right to appeal this determination. Your appeal should clearly identify the agency determination that is being appealed. It would be helpful if you provide specific reasons explaining why you believe the agency's adverse determination should be reconsidered. By filing an appeal, you preserve your rights under FOIA and give the agency a chance to review and reconsider your request and the agency's decision.

Your appeal must be mailed within 90 days from the date of this response, to:

Director, Office of Management Enterprise Services
U.S. Food & Drug Administration
5630 Fishers Lane
Room 1050
Rockville, MD 20857

or emailed within 90 days from the date of this response to : FDAFOIA@fda.hhs.gov Please clearly mark both the envelope and your letter or email "FDA Freedom of Information Act Appeal." Items arriving or delivered after 5 p.m. Eastern Time will be deemed received on the next workday.

If you would like to discuss our response before filing an appeal to attempt to resolve your dispute without going through the appeals process, please contact Charis Wilson at 240-402-9116. You may also contact the FDA FOIA Public Liaison for assistance at:

Office of Management Enterprise Services
US Food & Drug Administration
5630 Fishers Lane Room 1050
Rockville, MD 20857
E-mail: FDAFOIA@fda.hhs.gov

If you are unable to resolve your FOIA dispute through our FOIA Public Liaison, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services
National Archives and Records Administration
8601 Adelphi Road – OGIS
College Park, MD 20740-6001
Telephone: 202-741-5770
Toll-Free: 1-877-684-6448
E-mail: ogis@nara.gov
Fax: 202-741-5769

Enclosure: MedWatch Reports

All dates displayed in the report are in EST(GMT-05:00) time zone

Basic Details			
Company Unit	CDER-CTU	Originating Account	FAERS
Source Medium	MWO (Drug)	Source Form Type	E2B XML 3500
Priority	Routine		
FDA Received Date	14-Mar-2017	CTU Received Date	14-Mar-2017
CTU Triage Date			
Report Type	Spontaneous	Report Classification	
Assign To	User		
User/Group			
Forward to Department	<input checked="" type="checkbox"/> CDER		

Contact				
Source Form Type	First Name	Last Name	Email Address	Phone
<input checked="" type="checkbox"/>	(b) (6)	(b) (6)	(b) (6)	(b) (6)

A. PATIENT INFORMATION

Patient Identifier (In confidence)	(b) (6)
Age	6 Year(s)
Date of Birth	
Sex	Female
Weight	22 kg(s)
Ethnicity (Check single best answer)	Not Hispanic/Latino
Race (Choose all that apply)	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

B. ADVERSE EVENT, PRODUCT PROBLEM

Check all that apply	<input checked="" type="checkbox"/> Adverse Event <input type="checkbox"/> Product Use Error <input type="checkbox"/> Product Problem (e.g., defects/malfunctions) <input type="checkbox"/> Problem with Different Manufacturer of Same Medicine
Outcome Attributed to Adverse Event (Check all that apply)	<input type="checkbox"/> Death <input checked="" type="checkbox"/> Life-threatening <input checked="" type="checkbox"/> Hospitalization - Initial or Prolonged <input checked="" type="checkbox"/> Other Serious (Important Medical Events) <input type="checkbox"/> Disability or Permanent Damage <input type="checkbox"/> Congenital Anomaly/Birth Defect <input type="checkbox"/> Required Intervention to Prevent Permanent Impairment/Damage (Devices)
Date of Death	
Date of Event	14-Mar-2017
Date of this report	14-Mar-2017

Describe Event, Problem or Product Use Error

Describe Event, Problem, or Product Use Error: Acute liver failure

Relevant Tests/Laboratory Data, Including Dates

Pt presented with acute liver failure, AST/ALT 3000's, INR 1.3, PT 14.3, Total bilirubin 14.5, Direct bili 8.9, albumin 2.5.

Other Relevant History, Including Preexisting Medical Conditions

4.2

C. PRODUCT AVAILABILITY

Product Available for Evaluation? (Do not send product to FDA)	Yes
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Returned to Manufacturer on	
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D. SUSPECT PRODUCTS 1 of 1

Product Name	Chlorine dioxin		
Strength		If Other	
Manufacturer/Compounder			
NDC# or Unique ID			
Lot Number			
Dose or Amount	1 Gtt drop(s)	If Other	
Frequency	Other	If Other	unknown
Route	Oral	If Other	
Therapy Start Date			
Therapy End Date			
Therapy Duration	6 Month	If Other	
Diagnosis or Reason for Use (indication)	Autism, recommended by book Healing Autism by Kerri Rivera		
Is the Product Compounded?			
Is the Product Over-the-Counter?			
Expiration Date			
Event Abated After Use Stopped or Dose Reduced?	Doesn't Apply		
Event Reappeared after Reintroduction ?	Doesn't Apply		

E. SUSPECT MEDICAL DEVICE

Brand Name	
Common Device Name	
Procode	
Manufacturer Name	
City	
State	
Model #	
Lot #	
Catalog #	
Expiration Date	
Serial #	
Unique Identifier (UDI) #	
Operator of Device	<input type="checkbox"/> Health Professional <input type="checkbox"/> Lay User/Patient <input type="checkbox"/> Other
Other	
If Implanted, Give Date	
If Explanted, Give Date	
Is this a single-use device that was reprocessed and reused on a patient?	
If Yes for the above field, Enter Name and Address of Reprocessor	

CONCOMITANT MEDICAL PRODUCT DESCRIPTION

4.3

Receipt No: RCT-38816

FDA 3500 Form

G. REPORTER

Last Name	(b) (6)	
First Name	(b) (6)	
Address	(b) (6)	
City	(b) (6)	
State/Province/Region	(b) (6)	
Country	If Other	
Postal/Zip Code	(b) (6)	
Phone	(b) (6)	
Email	(b) (6)	
Health Professional?	Yes	
Occupation	Physician	If Other
Also Reported to	<input type="checkbox"/> Manufacturer/Compounder <input type="checkbox"/> User Facility <input type="checkbox"/> Distributor/Importer	
If you do NOT want your identity disclosed to the manufacturer, please mark this box:	<input checked="" type="checkbox"/>	

All dates displayed in the report are in EST(GMT-05:00) time zone

Basic Details			
Company Unit	CDER-CTU	Originating Account	FAERS
Source Medium	MWO (Drug)	Source Form Type	E2B XML 3500
Priority	Routine		
FDA Received Date	14-Apr-2017	CTU Received Date	14-Apr-2017
CTU Triage Date			
Report Type	Spontaneous	Report Classification	
Assign To	User		
User/Group			
Forward to Department	<input checked="" type="checkbox"/> CDER		

Contact				
Source Form Type	First Name	Last Name	Email Address	Phone
<input checked="" type="checkbox"/>	(b) (6)	(b) (6)	(b) (6)	

A. PATIENT INFORMATION

Patient Identifier (In confidence)	(b) (6)
Age	71 Year(s)
Date of Birth	
Sex	Female
Weight	81.1 kg(s)
Ethnicity (Check single best answer)	Not Hispanic/Latino
Race (Choose all that apply)	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

B. ADVERSE EVENT, PRODUCT PROBLEM

Check all that apply	<input checked="" type="checkbox"/> Adverse Event <input type="checkbox"/> Product Use Error <input type="checkbox"/> Product Problem (e.g., defects/malfunctions) <input type="checkbox"/> Problem with Different Manufacturer of Same Medicine
Outcome Attributed to Adverse Event (Check all that apply)	<input type="checkbox"/> Death <input type="checkbox"/> Life-threatening <input checked="" type="checkbox"/> Hospitalization - Initial or Prolonged <input type="checkbox"/> Other Serious (Important Medical Events) <input type="checkbox"/> Disability or Permanent Damage <input type="checkbox"/> Congenital Anomaly/Birth Defect <input type="checkbox"/> Required Intervention to Prevent Permanent Impairment/Damage (Devices)
Date of Death	
Date of Event	13-Apr-2017
Date of this report	14-Apr-2017

Describe Event, Problem or Product Use Error

Describe Event, Problem, or Product Use Error: 7 days ago, the patient's friend gave Miracle Mineral Supplement (MMS) to help with the patient's eczema flare. Patient's friend put 6 drops of MMS into a glass of water (rather than the recommended 1 drop) and the patient consumed the water with the increased MMS. Immediately, the patient experienced burning on her skin and it turned bright red. Within a day, the patient's skin began to crack on arms and trunk and the past 2 days, the patient reported fevers, chill, nausea, and vomited.

Relevant Tests/Laboratory Data, Including Dates

Other Relevant History, Including Preexisting Medical Conditions

No significant past medical history. Past surgical history includes exploratory laparotomy secondary to GSW in the abdomen in 2007. Patient has a history of IV heroin use but quit 15 years ago. Patient also reports a penicillin allergy with an anaphylactic reaction.

C. PRODUCT AVAILABILITY

Product Available for Evaluation? (Do not send product to FDA)	No	5.2
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Returned to Manufacturer on

D. SUSPECT PRODUCTS

1 of 1

Product Name	Miracle mineral supplement		
Strength		If Other	
Manufacturer/Compounder			
NDC# or Unique ID			
Lot Number			
Dose or Amount		If Other	
Frequency		If Other	
Route		If Other	
Therapy Start Date	06-Apr-2017		
Therapy End Date			
Therapy Duration		If Other	
Diagnosis or Reason for Use (indication)	Eczema flare		
Is the Product Compounded?			
Is the Product Over-the-Counter?			
Expiration Date			
Event Abated After Use Stopped or Dose Reduced?	No		
Event Reappeared after Reintroduction ?	No		

E. SUSPECT MEDICAL DEVICE

Brand Name	
Common Device Name	
Procode	
Manufacturer Name	
City	
State	
Model #	
Lot #	
Catalog #	
Expiration Date	
Serial #	
Unique Identifier (UDI) #	
Operator of Device	<input type="checkbox"/> Health Professional <input type="checkbox"/> Lay User/Patient <input type="checkbox"/> Other
Other	
If Implanted, Give Date	
If Explanted, Give Date	
Is this a single-use device that was reprocessed and reused on a patient?	
If Yes for the above field, Enter Name and Address of Reprocessor	

CONCOMITANT MEDICAL PRODUCT DESCRIPTION

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G. REPORTER

Last Name		(b) (6)	
First Name			
Address			
City			
State/Province/Region			
Country	USA	If Other	
Postal/Zip Code			
Phone			
Email		(b) (6)	
Health Professional?			
Occupation		If Other	
Also Reported to	<input type="checkbox"/> Manufacturer/Compounder <input type="checkbox"/> User Facility <input type="checkbox"/> Distributor/Importer		
If you do NOT want your identity disclosed to the manufacturer, please mark this box:	<input checked="" type="checkbox"/>		

All dates displayed in the report are in EST(GMT-05:00) time zone

Basic Details			
Company Unit	CDER-CTU	Originating Account	FAERS
Source Medium	MWO (Drug)	Source Form Type	E2B XML 3500B
Priority	Routine		
Override Auto Calculation Rule	No		
FDA Received Date	08-Aug-2023	CTU Received Date	08-Aug-2023
CTU Triage Date		CTU Data Entry Date	
Report Type	Spontaneous	Report Classification	Drug
Assign To	User		
User/Group			
Forward to Department	<input checked="" type="checkbox"/>		
Case Priority	Direct		

Contact				
Case Reporter	First Name	Last Name	Email Address	Phone
<input checked="" type="checkbox"/>	(b) (6)	(b) (6)	(b) (6)	

Section A - About the Problem	
What kind of problem was it? (Check all that apply)	<input checked="" type="checkbox"/> Were hurt or had a bad side effect (including new or worsening symptoms) <input type="checkbox"/> Used a product incorrectly which could have or led to a problem <input type="checkbox"/> Noticed a problem with the quality of the product <input type="checkbox"/> Had problems after switching from one product maker to another maker
Date the problem occurred	20-Jun-2011
Serious	Yes
Did any of the following happen? (Check all that apply)	<input type="checkbox"/> Hospitalization - admitted or stayed longer <input type="checkbox"/> Required help to prevent permanent harm <input type="checkbox"/> Disability or health problem <input type="checkbox"/> Birth defect <input checked="" type="checkbox"/> Life-threatening <input type="checkbox"/> Death <input checked="" type="checkbox"/> Other serious/important medical incident(Please Describe Below)
Other serious/important medical incident(Please Describe Below)	6.i

4. Tell us what happened and how it happened (Include as many details as possible FDA may reach out to you for any additional documents if necessary)

In summer 2011, I took the Miracle Mineral Solution (MMS) daily at recommendation of my parents, not knowing what it was. I don't remember the exact date, but I believe I had bleach poisoning one day. After several weeks of no big issues, one day I had a reaction. Within 30 min of taking MMS, I began vomiting uncontrollably, I could not stand up or walk straight, had pain, had body aches, all of which lasted several hours. I think I vomited a couple dozen times at least. I was a little delirious and basically just as crawling to get to the toilet and the sink for water, I drank as much water as I could, but couldn't keep it down. It felt like this lasted several hours, but my concept of time was a bit off. By the end, I was vomiting a burnt orange colored bile, and diarrhea set in. I was exhausted and dehydrated. I was convinced I was dying. I did not go to the hospital, but I probably should have. We lived in a very rural area with no nearby medical facilities and we did not have health insurance. After several hours, my mom came home and gave me some prescription anti-nausea sleeping aid she had left over. I slept until late the next day. When I woke, I was still exhausted and dehydrated, but I wasn't vomiting or having diarrhea or any other symptoms. That was the last time I took MMS. I now know what it is. I am concerned about potential long term side effects of bleach

Relevant Test/Laboratory Data				1 of 1
Test Name		Test Date		
Test Result		Test Unit		
Low Test Range		High Test Range		
More Information Available?				

Additional Comments	

Section B - Product Availability	
Do you still have the product in case we need to evaluate it?	No
Do you have a picture of the product? (check yes if you are including a picture)	No

Section C - About the Products		1 of 1
Suspect	Yes	
Primary?	Yes	
Type	Drug/Biologic	
This report is about	Other	
Name of the product as it appears on the box, bottle, or package (Include as many names as you see)	Miracle Mineral Solution (MMS)	
Name of the company that makes (or compounds) the product		
Product Type(check all that apply)	<input checked="" type="checkbox"/> Over-the-Counter <input type="checkbox"/> Compounded by a Pharmacy or an Outsourcing Facility <input type="checkbox"/> Generic <input type="checkbox"/> Biosimilar	
Strength		If Other
NDC number		
Did the problem stop after the person reduced the dose or stopped taking or using the product?	Yes	
Did the problem return if the person started taking or using the product again?	Doesn't Apply	6.2

Drug Therapy		1 of 1
Expiration date		
Lot number		
Dosage Form		

Frequency		If Other	
How was it taken or used	Oral	If Other	
Date the person first started taking or using the product	20-May-2011		
Date the person stopped taking or using the product	30-Jun-2011		
Date the person reduced dose of the product			
Give best estimate of duration			
Is therapy still on-going?			

Why was the person using the product? (such as what condition was it supposed to treat) 1 of 1

Cure all, like vitamins

Returned to Manufacturer On	
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Section D - About the Medical Device

Name of medical device	
Name of the company that makes the medical device	

Other identifying information (The model, catalog, lot, serial, or UDI number, and the expiration date, if you can locate them)

Model Number	
Catalog Number	
Lot Number	
Serial Number	
UDDI Number	
Expiration date	
Was someone operating the medical device when the problem occurred?	

For implanted medical devices ONLY (such as pacemakers, breast implants, etc.)

Date the implant was put in		Date the implant was taken out (If relevant)	
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Section E - About the Person Who Had the Problem

Person's Initials	(b) (6)	6.3
Sex	Female	
Gender	Cisgender woman/girl	
Please Specify Other Gender		
Age (specify unit of time for age)	34 Year(s)	

Weight	54 kg
Ethnicity (Choose only one)	Not Hispanic/Latino
Race (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American

List known medical conditions (Such as diabetes, high blood pressure, cancer, heart disease, or others)

Please list all allergies (such as to drugs, foods, pollen or others)

List any other important information about the person (such as smoking, pregnancy, alcohol use, etc.)

List all current prescription medications and medical devices being used.

List all over-the-counter medications and any vitamins, minerals, supplements, and herbal remedies being used.

Section F - About the Person Filling Out This Form

Primary?	Yes
Reporter is Patient?	
Title	
Last name	(b) (6)
Middle Name	6.4
First name	(b) (6)
Number/Street	
City	

Country	UNITED STATES	
ZIP or Postal code		
Telephone number		
Email address	(b) (6)	
Fax		
Reporter Organization		
Department		
Reporter Speciality		
Today's date	08-Aug-2023	
Did you report this problem to the company that makes the product (the manufacturer/compounder)?	No	
If you do NOT want your identity disclosed to the manufacturer, please mark this box (Confidentiality Requested):	No	

6.5



Re: FDA FOIA Request 2020-6321

From Ricardo Beas <ricardobeasv@hotmail.com>

Date Mon 1/5/2026 8:37 PM

To Bazemore, Kia <Kia.Bazemore@fda.hhs.gov>

Hi Kia,

I reviewed your response more carefully and I need clarification. In my original FOIA request, I requested the following:

"1. A copy of any and all studies and documents pertaining specifically to MMS or to chlorine dioxide that the FDA, as referenced in the above notice, relied upon in 2010 and may rely on today regarding claims of the dangers of the use and consumption of MMS and/or chlorine dioxide in the quantities as used and recommended by the Genesis II Church of Health and Healing and Jim Humble. For the sake of expediency, it is requested that the FDA provide at least 10 studies that prove its claims that MMS and/or chlorine dioxide is "dangerous." Such 10 studies will satisfy this request."

In your response, you only provided 3 alleged injury reports submitted and registered in a FDA tracking system, using form 3500B Form, apparently associated with the Adverse Event Reporting System (FAERS II). There were no studies or similar writings related to chlorine dioxide and its potential harms. As a side note, my request was for documents used by FDA in their October 2010 warning (see <https://thenaturallawchurch.com/wp-content/uploads/2022/12/fda-warning-on-mms-and-supplier-rebuttle.pdf>), yet of the three reports/cases you provided, the earliest was from 3/14/2017, close to 7 years after the publication of such FDA warning.

Please verify that this is correct, that you have no responsive records associated with any such studies before or after the FDA warning publication of October 2010.

Thank you.
Ricardo Beas

 Outlook

RE: [EXTERNAL] Re: FDA FOIA Request 2020-6321

From Bazemore, Kia <Kia.Bazemore@fda.hhs.gov>

Date Tue 1/6/2026 7:49 AM

To Ricardo Beas <ricardobeasv@hotmail.com>

Good Morning Ricardo,

It is my understanding that your request is open to multiple offices and centers within the FDA, I was instructed to send you those reports as a response from CDER. You will likely receive more information from other centers within the FDA. I hope this helps.

Kind Regards,

Kia



FDA FOIA Request 2020-6321

From Ricardo Beas <ricardobeasv@hotmail.com>

Date Tue 1/6/2026 8:16 PM

To Landy, Eli <eli.landy@fda.hhs.gov>

 4 attachments (308 KB)

20006321_enc1_400_Redacted.pdf; 20006321_enc2_400_Redacted.pdf; 20006321_enc3_400_Redacted.pdf; 20006321_ltr_KB.pdf;

Landy,

Below and attached is an email I received from Kia Bazemore, with documents related to my above referenced FOIA request on Chlorine Dioxide. Are these all the documents that will be provided regarding my request? My request was for the following:

"1. A copy of any and all studies and documents pertaining specifically to MMS or to chlorine dioxide that the FDA, as referenced in the above notice, relied upon in 2010 and may rely on today regarding claims of the dangers of the use and consumption of MMS and/or chlorine dioxide in the quantities as used and recommended by the Genesis II Church of Health and Healing and Jim Humble. For the sake of expediency, it is requested that the FDA provide at least 10 studies that prove its claims that MMS and/or chlorine dioxide is "dangerous." Such 10 studies will satisfy this request."

Please advise if there are still documents pending to be released. If not, please advise if you have no further documents/studies responsive to my request.

Thank you,
Ricardo Beas



RE: [EXTERNAL] FDA FOIA Request 2020-6321

From Landy, Eli <Eli.Landy@fda.hhs.gov>
Date Wed 1/7/2026 10:37 AM
To Ricardo Beas <ricardobeasv@hotmail.com>

Beas,

CDER has no further records responsive to this request.

Eli Landy
Lead Regulatory Counsel
On detail to the Office of Operations | Office of Management and Enterprise Services
Office of the Commissioner
U.S. Food and Drug Administration
U.S. Health and Human Services
Tel: 301-796-2697
Email: eli.landy@fda.hhs.gov



Outlook

Re: [EXTERNAL] FDA FOIA Request 2020-6321

From Ricardo Beas <ricardobeasv@hotmail.com>

Date Wed 1/7/2026 11:02 AM

To Landy, Eli <eli.landy@fda.hhs.gov>

Does this mean that FDA concludes my FOIA request and no more responsive records will be produced, as opposed to only from CDER?

Thanks and best wishes on the New Year.

Ricardo Beas

 Outlook

RE: [EXTERNAL] FDA FOIA Request 2020-6321

From Landy, Eli <Eli.Landy@fda.hhs.gov>
Date Wed 1/7/2026 11:10 AM
To Ricardo Beas <ricardobeasv@hotmail.com>

FDA has concluded your request – no more records will be produced, by CDER or any other FDA office.

Best wishes on the New Year.

Eli Landy
Lead Regulatory Counsel
On detail to the Office of Operations | Office of Management and Enterprise Services
Office of the Commissioner
U.S. Food and Drug Administration
U.S. Health and Human Services
Tel: 301-796-2697
Email: eli.landy@fda.hhs.gov