



CHOICES

THE NEWSLETTER OF HAWAII ISLAND HIV/AIDS

January 2005

U.S. officials covered up concerns about anti-HIV drug

Weeks before President Bush announced a plan to protect African babies from HIV infection, top U.S. health officials were warned that research on the key drug in the plan was flawed and may have underreported thousands of severe reactions, including deaths, government documents show. The 2002 warnings about the drug, nevirapine (sold in the United States under the name Viramune) were serious enough to suspend testing for more than a year, to have the U.S. government let Uganda's government know of the dangers, and prompt the drug's maker to pull its request for permission to use the medicine to protect newborns in the United States. But the National Institutes of Health, the government's premier health research agency, chose not to inform the White House as it scrambled to keep its experts' concerns from scuttling the use of nevirapine in Africa as a cheap solution, according to documents obtained by the Associated Press.

"Everyone recognized the enormity that this decision could have on the worldwide use of nevirapine to interrupt mother-baby transmission," NIH's AIDS research chief, Edmund Tramont, reported March 14, 2002, to his boss, Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases. The documents show Tramont and other NIH officials dismissed the problems with the nevirapine research in Uganda as overblown and were slow to report safety concerns to the Food and Drug Administration. NIH's nevirapine research in Uganda was riddled with such sloppy record keeping that NIH investigators couldn't be sure from patient records which mothers got the drug. Instead, they had to use blood samples to confirm doses, the documents show.

Less than a month after Bush announced a \$500 million plan to push nevirapine across Africa to slow the AIDS epidemic, the Health and Human Services Department sent a nine-page letter to Ugandan officials identifying violations of federal patient protection rules by NIH's research. The NIH research "may have represented a failure to minimize risk to the subjects," the Office of Human Research Protections told Ugandan authorities in summer 2002.

Nevertheless, NIH officials told the AP they remain confident after re-reviewing the Uganda study and other research that nevirapine can be used safely in single doses by African mothers and children to prevent HIV transmissions from mother to child during birth. But they acknowledged that their Uganda research failed to meet required U.S. standards. As a result, NIH recently asked the National Academy of Sciences to investigate its science in the case and has spent millions in the last two years improving its safety monitoring and record keeping.

"I would say there are many lessons that we have learned from this review that will help us do our clinical research, both domestically and in-

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CHOICES

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Hawai'i Island HIV/AIDS Foundation

Mission Statement

The Hawaii Island HIV/AIDS Foundation is a non-profit organization dedicated to assisting those affected by HIV/AIDS to maximize their quality of life, and to ending the spread of HIV. We also utilize the lessons learned in the HIV epidemic to care and advocate for others in the fight against related diseases.

Vision

To build a healthier, stronger, and more sustainable community that supports all its members with a focus on HIV issues.

Core Values

Responsiveness: To people with HIV/AIDS and their families and to the prevention education needs of the community.

Accountability: To our consumers, funding sources, and the community at large.

Integrity: To provide services to the entire community in a humane, loving, non-judgmental manner.

Diversity: To embrace the philosophy of "inclusiveness".

Collaboration: To establish and maintain partnerships within the community that maximizes resources and decreases duplication of services.

Leadership: To set the highest standards for responsibility to our mission, vision and values, and be recognized as a positive, inspirational role model in our community.

Advocacy: A collective public voice to speak on behalf of those affected by HIV/AIDS.

Life is just one
damned thing
after another

Elbert Hubbard 1856-1915

ternationally, much better," said H. Clifford Lane, NIH's number 2 infectious-disease official. One lesson derived from a closer review of the Uganda research is that even single doses of nevirapine can create instant resistance, meaning patients may not be able to use the drug or others in its class again when their HIV infection worsens, Lane said. "It was unexpected, and what it means is nevirapine probably shouldn't be a drug of first choice if other options are available," Lane said.

Lane said NIH officials were aware in spring 2002 about the impending White House announcement on nevirapine but did not tell presidential aides of the problems because they were confident, even before reviewing the Uganda research, that the underlying science was solid.

In 1997, NIH began studying in Uganda whether nevirapine could be given safely in single doses to stop mother-to-baby transmissions. That research showed it could reduce HIV transmission in as many as half of births. But by early 2002 an NIH auditor, the agency's medical safety experts, and the drug's maker all disclosed widespread problems about the U.S.-funded research in Uganda. Boehringer Ingelheim, the Connecticut-based company that makes nevirapine, told NIH it identified at least one "critical compliance issue" that compromised the integrity of the study and more than four dozen issues it described as "serious" and "major." Boehringer and NIH auditors cited concerns such as failing to get patients' consent about changes in the experiment, administering incorrect doses, and delays and underreporting of "fatal and life-threatening" problems.

"It appeared likely, in fact, that many adverse events and perhaps a significant number of serious adverse events for both mother and infant may not have been collected or reported in a timely manner," Westat Corp. reported in March 2002. Westat is a professional medical auditing firm hired by NIH to visit and audit the Uganda site. Westat reported there were 14 deaths not reported in the study database as of early 2002 and that the top two researchers in Uganda acknowledged "thousands" of bad reactions that weren't disclosed.

NIH said the subsequent review whittled that list down significantly, all deaths were eventually recorded, and the majority of bad reactions are believed to have been caused by the poor health of patients, not the single dose of nevirapine. But they conceded it was incumbent on a U.S. research project to fully and quickly disclose them. Officials said the problems began when NIH converted the research from determining the drug's usefulness to supporting FDA approval for the drug. Paperwork in Uganda wasn't kept to the FDA standards, they said. "We may not have reported exhaustively, but we reported all serious side effects," said professor Francis Mmiro, a lead doctor in the Uganda study. "What you may call a serious side effect in the U.S. is not a serious side effect in Kampala."

NIH officials reviewed the bad news in early March 2002. Meeting minutes, written in shorthand, raised broad concerns: Half the babies in the study were also enrolled in a vitamin A study that could have affected the outcome, and medical staff running the trials didn't follow procedures for divulging serious adverse events. The minutes quote an NIH official who visited Uganda as saying, "The site staff doesn't know what they don't know."

But Tramont, the AIDS research chief, and other top NIH officials repeatedly dismissed the concerns as preliminary or overblown, and they sought to salvage the flawed research's underlying conclusions rather than start over. "There is presently no evidence that the study's scientific results are invalid," said a report Tramont sent to his staff less than two weeks after getting the March 2002 Westat audit.

In January 2002, Boehringer Ingelheim sent NIH an early copy of its report. But the drugmaker, fearing publicity about the report might destroy its chance to get the FDA approval of the drug for domestic use, asked NIH to destroy it before FDA regulators could learn about it. "Sensitive information. Asked for it to be destroyed when audit is upon us," NIH official Mary Anne Luzar wrote on the cover page of Boehringer's report. Boehringer says it never requested the document be destroyed, saying "our actions throughout the study evaluation were proactive and forthcoming."

Lane said the request to destroy the report was inappropriate and NIH never complied. But he conceded his agency inappropriately kept the audit from the FDA for weeks, saying, "It shouldn't have happened that way."

NIH at first sought to postpone the FDA review of nevirapine, then top NIH and FDA officials arranged for the drugmaker to pull its U.S. application rather than risk a public rejection that might scare African countries looking for U.S. guidance on the drug. Unaware of the internal NIH concerns, Bush announced in June 2002 a \$500 million effort to fight the spread of AIDS in Africa From page 3 and the Caribbean. The plan's centerpiece was nevirapine.

Two years later, after hundreds of thousands of doses of nevirapine have been distributed to African mothers and children, the FDA has recommended NIH stop using the drug with certain patients. It also has demanded stronger warnings to doctors and patients about possible lethal liver damage and rashes in patients who take nevirapine for longer periods of time.

African health officials are having second thoughts. South African officials in July recommended ending the single-use treatment because of the new concerns about drug resistance. African doctors said they weren't aware of the full extent of NIH's concerns but feel comfortable—at least until better options emerge—administering it in single doses to AIDS-sickened mothers who have few other choices to pro
From page 3

Board Bios.....THOM.....

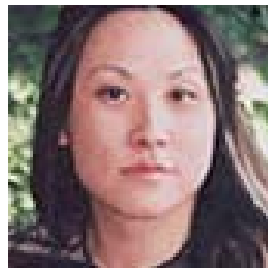
I am honored to chair the Advisory Board for the HIV-life Channel at Gay.com, of which I am one of the original creators. Having lived with HIV for many years, I have experienced an array of issues surrounding the disease. For example, I worked with a retail company for 14 years as an executive vice president and was terminated because of my HIV status. I also experienced the ultimate joy of finding the great love of my life at a time when I thought I was going to die. Unfortunately, many years later, in July 2001, my husband passed away in my arms on a beach in San Francisco.



There is a lot of information available about HIV/AIDS, but much of it is scattered, and rarely does any of it deal with HIV from a truly inner, personal perspective. Because of this void, I created True Stories, a monthly column about the challenges of living with HIV. The HIVlife channel's focus is to create a destination for credible information and interactive support. My ultimate goal in life is to still be around when they find a cure.

.....Cecilia

I was born and raised in Hong Kong. I moved to the United States with my parents at the end of 1984 when I was 19 years old—the same time the "mysterious" virus hit the gay



From page 6

You can evaluate the quality of the carbs in your diet with the Glycemic Index (below), a food ranking system typically used by diabetics that categorizes foods based on how quickly they are converted to glucose (blood sugar). Those foods with low (<40) indices are converted more slowly, providing longer-lasting energy (and creating less of a shock to the body). Those with high (>60) indices are converted more rapidly; the quicker a food is converted, the faster your body gets energy from it (but the more short-lived it is).

That doesn't mean the foods at the high end of the list are bad or that you should eliminate carrots or bagels from your diet. But if you're getting most of your energy from foods like this, you're putting an unnecessary burden on your body to clean up all that sugar. As a general rule, medium to low glycemic index foods are best for replenishing energy after exercise. Depending on how soon before exercise you eat, you may want to have something that will convert relatively quickly, in which case you'd choose a food with a higher index. For a complete glycemic index listing, go to www.mendosa.com/gilists.htm or check out the new book "The Glucose Revolution: The Authoritative Guide to the Glycemic Index." -- Suzanne Murray

community.

As a transgendered woman, I had spent most of my life dealing with my own identity as well as sexuality—trying to find my place in the gay community did not solve my misery. I had tried to be the "perfect" son for my parents and to live my other life through drugs and alcohol.

Through my struggles, I managed to graduate from Golden Gate University, San Francisco, in 1991. At the time, I was still struggling internally with who I am and what I am.

I did not begin my transition from male to female until 1992, and I depended heavily on drugs and alcohol to numb my pain so that the feelings of shame became "bearable." My living in oblivion was short lived, as I found myself beginning to use intravenous drugs and supporting my habit by doing sex work.

There was a moment of clarity in 1993 when I decided to turn my life around by offering my services to the transgender community and pursuing gender reassignment surgery. That dream was quickly shattered as I tested HIV-positive in August 1993. Knowing that there was no cure, I sunk immediately into severe depression—not mourning the loss of my life but my hope of actualizing my true self. The thought of living the rest of my life as a man was quite painful. I did more drugs in coping with my anger. Yet, I refused to turn back. I continued to live my life as who I truly am—a woman.

My life came to another turning point on the night of Aug. 19, 1995, when two men assaulted me. Thinking that I was a biological woman, they tried to rape me. I resisted and was stabbed by one of the two men. That was the moment when I realized that my lifestyle would kill me before the virus would even have a chance. I got myself into a recovery program and have not looked back since.

The first year in recovery was the real challenge, as I found myself learning to live a new and drug-free life. That was also the time when I was diagnosed with chronic fatigue. The only driving force behind me was my newfound relationship with my mother and sharing my story with high school students. As my relation with my mother grew stronger, so did my health (the triple combination therapy might have helped a little). By the end of 1997, I was working full time as a substance abuse and HIV counselor, sharing my strength and hope with clients. The happy ending to this took place on April 18, 1998, when my mother offered to pay for my gender reassignment surgery in Bangkok.

After working for almost two years in the field of social work, I realized that my true passion comes from doing service for the community. I am currently working with the homeless as a health worker at the San Francisco Department of Public Health. I am also president of the board of directors with the San Francisco LGBT Pride Celebration Committee. I continue to share my experience as a person with AIDS, an Asian and a woman.

See related articles on page 7

Bush Administration's Approach to Domestic, Global HIV/AIDS Undergoing 'Ominous' Developments, Opinion Piece Says

December 10, 2004

The Bush administration's approach to HIV/AIDS has experienced several "ominous" developments recently, both domestically and globally, author Esther Kaplan writes in a *Nation* opinion piece. Bush has "abandon[ed] the domestic for the international" by creating the \$15 billion initiative President's Emergency Plan for AIDS Relief, which concentrates on "orphans, abstinence and faith," Kaplan writes. However, the program has "undermine[d]" the Global Fund to Fight AIDS, Tuberculosis and Malaria, which lost funding from the United States because the Bush administration "prefer[s] its own U.S.-owned and -operated vehicle," Kaplan says, adding that "Bush's neglect of the domestic epidemic has borne fruit," as data show that the number of new HIV cases in the United States is rising. AIDS organizations and lobbyists should "engage in a resurgent AIDS activism," African leaders should "publicly protest the 'morality'-based strictures of Bush's largesse," HIV-positive people should "raise their voices" when they lose access to treatment services and media outlets

should "pick up on" the "mounting evidence" showing that abstinence-only sex education programs put teenagers at risk of contracting sexually transmitted diseases, Kaplan says. "It will take a series of eruptions like these to rattle the new Republicans' AIDS machine," she concludes (Kaplan, *Nation*, 12/20).

South Korea abandons plans to create Korean word for condom

South Korea has dropped plans to replace the English word for condom with a Korean word after people with identical or similar-sounding names complained. The Korean Anti-AIDS Federation said it will shelve the use of *ae-pil*, which is derived from the Chinese characters for *love* and *necessity*. *Ae-pil*, picked from 19,000 suggestions sent in by the public, triggered complaints from many South Koreans with similar-sounding characters in their names, said federation official Kim Hoon-soo. "An old lady called to complain, saying she was worried about her grandson being teased due to her name being 'condom,'" said Kim. The federation promotes condom use in South Korea, where just 10% of people use condoms

U.K. survey shows little sympathy for people with AIDS

A new study of 2,000 adults in the United Kingdom shows very little sympathy for those who are infected with HIV, and some frightening misperceptions about how HIV is transmitted, *The Guardian* reports. The survey, conducted by Interact Worldwide, showed:

- Nearly one quarter of the people polled said injection drug users who became infected with HIV through needle sharing should not receive treatment through public health programs.
- Sixty percent said they would have more sympathy for someone infected with HIV through a blood transfusion than through sexual contact.
- One fifth said it is people's own fault if they contract HIV.
- Forty-one percent said immigrants shouldn't be allowed into the country if they are HIV-positive.

Regarding knowledge about how HIV can be transmitted, 11% said HIV could be transmitted by kissing, 5% said it could be transmitted by using silverware that has been used by an HIV-positive person, and only 26% thought heterosexuals were at high risk of becoming infected through unprotected sex.

"The results show that many respondents are not aware that this is an issue for everyone," Ros Davies, Interact Worldwide's CEO, told *The Guardian*. "They still perceive HIV/AIDS as a disease affecting only minority groups--gay men, drug users, and prostitutes. The reality is that HIV/AIDS should be an issue of concern to us all, especially young people."

tect newborns.

Senate Finance Committee chairman Chuck Grassley (R-Iowa) has asked the Department of Justice to investigate NIH conduct on the issue, saying in a letter released Monday that he was compelled to do so by the "serious nature of these allegations and the grave implications if the allegations have merit." The FDA also has asked for stronger warnings to doctors and patients about possible liver damage and rashes in people who take nevirapine for long periods of time. (AP)

Sugar is on the tip of everyone's tongue these days. The Zone Diet calls the sweet stuff by that forbidden four-letter word -- carb -- while the best-selling "Sugar Busters!" continues its smear campaign among dieters to permanently forsake it.

Sugar -- the kind found in high-fat, high-calorie goodies like candy bars -- has traditionally topped diet gurus' hit lists. But now, even the form of sugar wrapped in nutritious foods such as fruits, bread and pasta is being blacklisted by the weight-loss set. "Sugar is not the root of all evil," says Lori Marcotte, R.D., director of food and nutrition programs at the Center on Hunger and Poverty at Tufts University. "In fact, as a carbohydrate, it's your body's main source of energy."

Carbohydrates come in two forms: simple sugars which consist of fructose (from fruit), lactose (from dairy products) and sucrose (table sugar); and complex sugars which are found in starchy or fiber-rich foods like pasta, bread and grains. During digestion, your body converts both simple and complex sugars into glucose (blood sugar), which travels through the bloodstream. Your body releases the hormone insulin to pull the glucose out of the blood so the muscles can use it. Some of the glucose is burned immediately as energy; anything extra is stored in your muscles and liver for future use, or stored as fat, if you take in more calories than your body needs.

This is where sugar-free diets try to "trick" your body. "Their theory is that if you're eating too much sugar, you overproduce insulin, which helps your body store sugar in cells and [supposedly] makes you fat," says Marcotte. By reducing the amount of sugar -- and total calories -- eaten, you force your body to turn to fat for fuel instead of carbs. "That's why these diets work to a point," she adds, "because they are really reducing a person's total energy intake, which promotes the breakdown of fat for fuel." On the downside, low-carbohydrate diets can reduce your endurance and your ability to concentrate, and are often lacking in fiber, B-vitamins and antioxidants, nutrients you normally get from grains, fruit and vegetables.

Carbohydrates should make up 60 to 65 percent of your total daily calories, according to the American Dietetics Association; 20 to 30 percent of calories should come from fat and the remaining 10 to 15 percent from protein. Before you climb on the carb-haters' bandwagon, take a look at your diet and see where the calories are coming from -- protein, carbs or fat -- and how many you actually need. Reducing the total number of calories you eat -- instead of strictly limiting entire food groups -- may give you the sweet taste of success you've been looking for.

How can you tell if you're eating too much sugar? It's not as easy as counting the number of Hershey's kisses you indulge in.

As far as refined sugar goes, the USDA recommends getting no more than 6 to 10 percent of your daily calories from the sweet stuff. "That translates into 6 to 18 teaspoons per 1,600 to 2,800 total daily calories," says Lori Marcotte, R.D., GymAmerica expert and director of food and nutrition programs at the Center on Hunger and Poverty at Tufts University. "One 12-oz. soda alone can contain 12 to 14 teaspoons."

But what about other forms? "While simple sugars [in candy] do provide energy through calories, they don't provide your body with important nutrients like vitamins and minerals," says Lori Marcotte, R.D., director of food and nutrition programs at the Center on Hunger and Poverty at Tufts University. "On the other hand, complex sugars such as those in pasta, bread and grains are nutritious on top of providing energy."

Generally, if you try to eat the highest quality carbs -- meaning those with the most fiber and nutrients -- and stay within the 60-65 percent of total daily calories range (provided you're not overeating in general), the vast majority of people don't have to worry about overdosing on sugar. Continued on page 4

Those who do need to worry -- and who are more susceptible to adult onset (or Type II) diabetes -- typically fall into a category called Syndrome X, says Amy Myrdal, M.S., R.D., of the Center for Clinical and Lifestyle Research in Shrewsbury, Massachusetts. "The characteristics include obesity, especially excess fat around the abdomen, high blood pressure and abnormal cholesterol (high LDL or bad cholesterol and low HDL or good cholesterol)," she explains. If you fall into this category, speak with your doctor or a nutritionist about designing a healthful diet.

Finding my religion

by **Thom**

Though raised Catholic, I retired that faith at a very early age. When Sister Mary Monica told me in the fourth grade that it was a sin to be homosexual, I knew it was not a fit for me. At 14, after I told my mom I was gay, she nailed pamphlets about STDs to a wooden cross she had hung above my bed. When I walked into my room and saw them, I thought two things: 1. Mom and Sister Mary Monica hate homosexuals, which means they hate me. 2. Why do Catholics get off on nailing things to crosses?

So via that experience, I went out on my own (it was easy to do; my mom abandoned me shortly after I told her I was gay) to find another religion that would accept me, the 14-year-old homosexual in Kansas. Unfortunately -- or, I should say, fortunately -- in my travels and experimentation, I found that organized religion as a whole had no place for me, a gay young boy who was actually very proud to be a homosexual.

Those years of research, trying to find some kind of religion to accept me, continued to fail me over and over again. Whenever the homo thing came up, it was obvious that there was in the long run no reservation at the table for me, the homo, even in the infamous Last Supper scene. (And if you look at that famous image, you will see that they obviously didn't consult any homos, as the table setting is terrible and the food looks second-rate. What's more, every good homosexual knows that, for a dinner party in general, but even more so for a party of 13 of your closest friends, you should never allow anyone to go barefoot. It's very tacky, even if the invite did say casual.)

In attempting to find a religion, I ultimately created one of my own. My personal religion combines a variety of elements found in assorted organized religions, but it does not have a name or a symbolic emblem. It does not have a house of worship with a free tax benefit; does not have an "OK to park in the middle of the street and disrupt traffic during church service" sign; nor does it ask me for money. My religion is free of cost to my wallet and my soul.

My spiritual belief system, I find now, is derived largely from Buddhism, but even Buddhism is not the core of my spiritual beliefs. Buddhism did provide me some things that made sense, tools that have helped me become the person I am proud of being. I studied the practice of letting go of the ego, of learning not to covet or create expectations. In freeing myself from those things, I found more of me and who I really was. In finding more "me," I found a thing called joy. In finding joy, I found my eternal light. In finding my eternal light, I found what the meaning of life was for me. It was so simple: That life is precious. That time is limited and was created to experience what I choose to experience. That I can love who I want to love, and by loving in this manner, I learn to love unconditionally. I also learned that compassion ultimately breeds humility, which has rewarded me in ways I never could have imagined. I even found compassion for Sister Mary Monica and my mother. So, ironically, I found my religion by understanding what I disliked about organized religion. Somehow, through it all, I ended up with me. And I am quite happy with the outcome.

Amen. **To see bio's of the authors see page 4**

by **Cecilia**

I was born into my religion. My mother is Catholic, and I was baptized when I first came into this world. For many years, I was taught the values of the church, believing that my desires and lifestyles would lead me to hell.

As a teenager, I desperately sought shelter in the church. I was an altar boy; I was involved in the Legion of Mary. Saying the rosary was a daily practice up until I graduated high school. My experience was a punishing and unforgiving Catholic Church.

My religion, however, has very little to do with my understanding of God. As I began to understand my core of beliefs, I decided to say my farewells to organized religion.

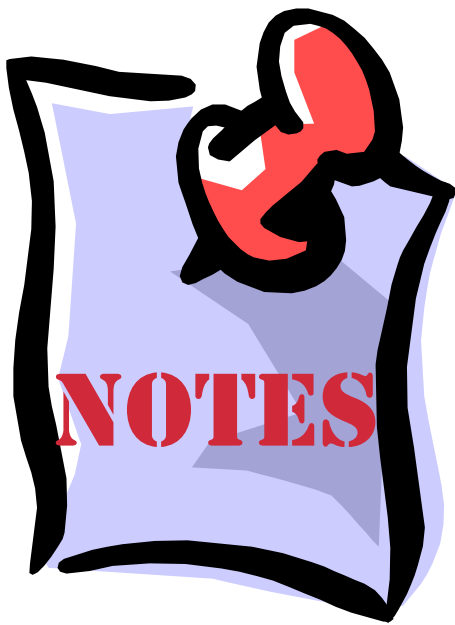
From my readings of the New Testament and my understanding of both Eastern and Western mysticism, I realized that unconditional love and compassion are the fundamentals of all teachings, regardless of denomination.

I believe in God. I believe that God has no gender. I believe that God loves everyone, and as long as we act on unconditional love and compassion, we are living in the grace of God.

Although my belief has evolved, I still find myself resorting to old rituals in times of need. When I walked into my grandmother's room last month, the night before she left, I found myself picking up the rosary and began praying, asking God to relieve her from pains. She passed on the next day, and I was grateful that my prayer was heard. I did not return to Catholicism, because I know that God listens regardless of what language we speak and how we pray. The method of prayer I chose was just a convenient one for me. If I had grown up sending my prayers through e-mails, I would have gone straight to the computer.

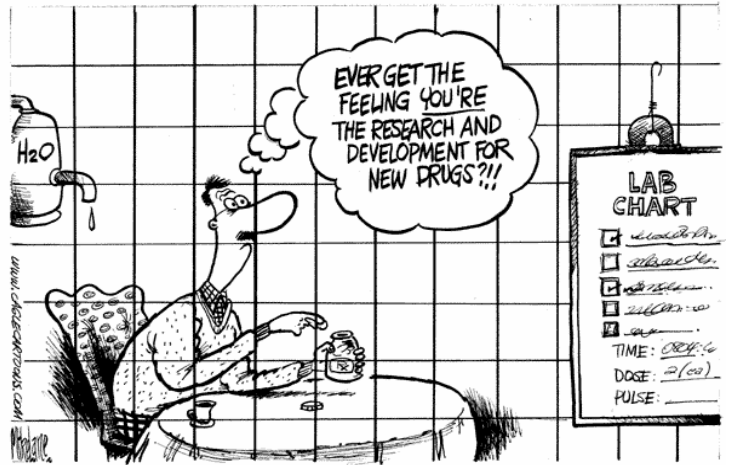
After all, we continue to interpret scripture in a way that is convenient to us. I vaguely recall words in the Gospel that speak of being childlike in order to enter heaven. So should we not have more respect for children? Unfortunately, children's services are almost always the first to get cut. We have chosen to create a society of contradictions, and it's up to us to correct this injustice.

So what happens when two men or two women declare their unconditional love for each other? Will they burn in hell just because the church said they would? Of course I'm doomed now that I've mentioned the remote possibility that the church might be just a little too male-centric and a little flawed. I may not have the perfect understanding of religion, but if it's a religion that speaks of hell and repentance, then they can keep their literature and pamphlets and put them in the recycling bin.



Leave a Legacy

When you evaluate your estate planning, please consider remembering the Hawaii Island HIV/AIDS Foundation in your will. Your gift will help support our Services to our clients.



The Hawai'i Island HIV/AIDS Foundation offices will be closed

**Monday
January 17
Martin Luther King Day
&
Monday
February 21
Presidents day**

As always, we have purified water available. Bring your own containers to fill

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Answers on calendar page

January 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 New Year Day
2	3	4	5	6	7	8 Anuene Potluck
9	10	11	12	13	14	15
16	17 Office closed	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February 2005

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5 Anuene Potluck
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21 Office closed	22	23	24	25	26
27	28	1. Excuse me	4. Update	7. Blanket		
		2. You are under arrest	5. One in a million	8. Repeat after m		
		3. Space invaders	6. Made in China	9. Big bird		