

AIDS, RSA & ANC

Professor Sam Mhlongo, MB,
BS, LRCP, MRCS, MMED
(London), MRCPGP (UK)



Why I Returned to RSA in 1998

- ◆ Indications of exciting times ahead
- ◆ RSA was moving into its second non-racial democratic election 1999
- ◆ AIDS was not topical issue in 1998 but rapidly became so in 1999 when Thabo Mbeki became President.

The President's AIDS Questions

- ✦ After his election in 1999, Mbeki was told that his people were dying in large numbers from AIDS. This was a foreign construct from the USA and western Europe, largely driven by the US-dominated WHO, itself a surrogate of pharmaceutical companies.
- ✦ All of you in this gathering may or may not recall President Mbeki's questions in 1999.

Mbeki's Questions

- ✦ He approached the MRC with a couple of questions that bothered him as a lay person.
- ✦ Why is AIDS in Africa so vastly different from AIDS in the USA and western Europe?
- ✦ Why does AIDS remain confined in the same groups in which it was originally defined in the USA and western Europe (gay men, iv drug users) whereas in Africa it is largely confined to heterosexual couples?

Mbeki's Questions

- ✦ The president went to ask William Makgoba, president of the MRC, as to whether or not he had read the works of Peter Duesberg, David Rasnick, and the Perth Group.
- ✦ These people were the leading critics of the AIDS dogma.
- ✦ Interestingly, a new phenomenon today is that AIDS scientists are beginning to deny their own findings in their research particularly when this runs counter to their hypothesis of AIDS. E.G. the authors of the Harvard study disclaiming their own observations of the benefits of micronutrients; and the 10-year Padian study on the non-sexual transmission of HIV.

Dr. Makgoba responded to the president's questions as follows:

"I have never heard of Peter Duesberg, David Rasnick and the Perth Group. I am not aware of any counter views to the HIV hypothesis of AIDS."

The president was shocked when he got this reply from the country's leading medical scientist.

It was at this time (Sept. 1999) when the president called me and after a discussion he made the statement about the MRC. **"What does one do when one's scientists do not read?"**

Nobody at the time in South Africa came to the aid of the president. What options did the president have at this stage?

International Scientists

- ✦ Through his own efforts, Mbeki approached the scientists in the USA and Australia already mentioned.
- ✦ This led to the formation of the Presidential AIDS Advisory Panel. The first meeting of this panel took place at the Sheraton in Pretoria, May 2000.
- ✦ The composition of the panel was 20 from the mainstream and 13 critics (dissidents) of the hypothesis.

Decisions of 1st Meeting

- ◆ AIDS debate to continue in the internet amongst panelists.
- ◆ Interactions among panelists to plan the proceedings of the second panel in Johannesburg, July 2000.
- ◆ The mainstreamers boycotted the internet discussions, against the decisions of which they were part.

Second Meeting, July 2000

- ◆ At this meeting there were now 50 panelists, the proportions of the panel remained the same.
- ◆ Critical decisions were taken with regards to the way forward.
- ◆ The way forward was to carry out 10 agreed experiments. My reliable information is that the SA cabinet approved a budget for these experiments in the spring of 2001. Regrettably, there has been no movement despite the scientists being ready to carry out these experiments. A fair question that might be asked is: who is blocking these experiments and why?
- ◆ During the proceedings, mainstreamers secretly held meetings to thwart the work of the Panel and embarrass the president. Their aims were:
 - 1) to neutralize the president's enquiries into the ill health of Africans and the meaning of AIDS in Africa.
 - 2) to save the face of the International AIDS conference held in Durban just a week later.
 - 3) to stifle Africans and their governments from going their own way—this continues, e.g. President Chirac of France recently remarked that President Mbeki has no idea of the minds of French-speaking Africans and should stay clear of that region.

What is AIDS in Africa?

- ✦ There is no evidence that shows AIDS in Africa, or indeed anywhere in the world, is sexually transmitted.
- ✦ Current tests for AIDS are looking for HIV antibodies and not the virus.
- ✦ Immunology teaches that the possession of antibodies to any disease is a good thing. The unexplained paradox is that HIV is the only exception. **AIDS in Africa is based on the Bangui definition.**

Bangui criteria

- ◆ Fever
- ◆ Weight loss
- ◆ Diarrhoea (*Almost exclusively due to hypoproteinaemia*)
- ◆ Candidiasis
- ◆ Pneumocystis carinii pneumonia
- ◆ Tuberculosis

* Note: All of these conditions were common in Africa long before AIDS and they continue to be common due to poverty. In higher social classes who can afford cancer chemotherapy, they frequently all come down with combinations of the above.

HIV antibody tests

- ✦ Manufacturers of HIV antibody tests issue a warning against dependence on their kits in the diagnosis of HIV / AIDS
- ✦ **Abbott Laboratories** in their packet inserts on Elisa state *“At present there is no recognized standard for establishing the presence or absence of HIV-1 antibody in human blood”*
- ✦ **Procleix HIV-1 / HCV Assay:** This manufacturer states clearly *“This assay is not intended for use as an aid in diagnosis”*

AIDS in RSA

✦ Like western Europe and the USA, AIDS is found in three groups:

- 1) the gay community
- 2) drugs addicts
- 3) the impoverished and malnourished.

✦ You don't have to be a rocket scientist to conclude that the impoverished and malnourished constitute the overwhelming percentage of AIDS patients in South Africa.

NAIDS

- ✦ **N**utritionally **A**cquired **I**mmune **D**ysfunction **S**yndrome is the leading cause of human mortality, accounting for tens of millions of childhood deaths per year, decades before the AIDS era. Medical scientists at the Durban medical school stated from their research findings in the 1960s and 70s that 50% of black children died before the age of 5. The causes of death:

- Fever
- Pneumonia
- Dehydration
- Diarrhoea

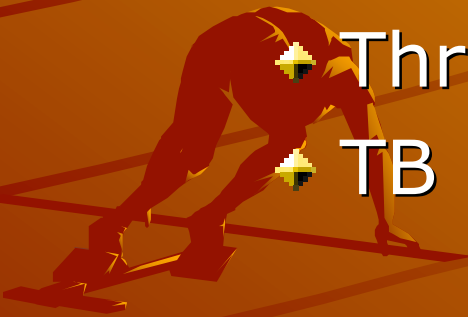
How are these features different from “HIV/AIDS” as defined today?

NAIDS

- ◆ fever
- ◆ herpes
- ◆ diarrhoea
- ◆ PCP
- ◆ Thrush
- ◆ TB

These features satisfy the Bangui definition of AIDS in Africa.

The common denominator in all of these is protein-energy malnutrition.



Conclusion

- ◆ The approved experiments of the AIDS Panel have not as yet been carried out even though according to my reliable information the cabinet did approve the funding for all of them.
- ◆ Where is the blockage? Who is thwarting the president's wishes by preventing this necessary work for South Africa and the ANC? The death of Peter Mokaba appears to have been a plus for those opposed to the experiments. The obvious opponents are the pharmaceutical companies, the mainstreamers and the TAC.
- ◆ The opponents appear to be dictating to our government and this is against democracy for which we fought and many died. There is an impression that our government is dead scared of the media and TAC.

iAIDS INC. IYANITHUKA. iSIZWE SIYATHUKWA.

- ✦ In Western Europe, which country has the highest rate of unwanted pregnancies?
- ✦ How do you interpret your answer?
- ✦ In Africa, which country has the most reliable statistics?
- ✦ This country has a lower rate of unwanted pregnancies than answer to question #1.
- ✦ On the basis of the correct answers above, it is very reasonable to conclude that AIDS is not sexually transmitted.

MAYIHLOME

The Standard: Kenya, Wednesday Dec 28, 2005



A malnourished child lies on the floor of Manderu District Hospital yesterday when President Kibaki toured the facility to assess the famine situation in the district where 27 people have died.