

Sam Mhlongo in defense of Mbeki

Mr. T. Butcher  
Daily Telegraph Africa Correspondent

5 February 2004

Dear Mr Butcher

The observations and remarks that follow are in response to your piece under the heading 'BITTER AIDS DEBATE SETS AFRICA AGAINST ITSELF' of which you were the author: The Daily Telegraph 9<sup>th</sup> January 2004. In the article you make some comments about the view of both South African President Thabo Mbeki and our Minister of Health, Dr. Manto Tshabalala-Msimang.

It would help if the media would acquaint itself with the work of President Mbeki's Aids Advisory Panel. We are extremely concerned that newspapers throughout the world repeatedly print falsehoods on the subject of Aids and attribute these to both President Mbeki and Health Minister Dr Manto Tshabalala-Msimang. We have repeatedly asked for the evidence to back these falsehoods. At this point, may we point out to you that the Aids Panel includes both sides of the debate on whether or not there is a link between HIV and AIDS. Professor Luc Montagnier, a leading virologist and the scientist considered to have discovered the HI virus is a member of this panel. We should also point out that there was a non-adversarial conference at the European Parliament in Brussels on "**AIDS IN AFRICA**" on December 8<sup>th</sup>, 2003. Prof. Montagnier, Prof Mhlongo and others participated in this conference. Prof Mhlongo stated the following in his introduction with regard to the deliberate misrepresentations of President Mbeki on the issue of AIDS: *"the international lie that President Mbeki has stated that HIV is not the cause of AIDS was nailed - there is*

*no such record. President Mbeki's two questions however remain unanswered: Why is AIDS in Africa so vastly different from AIDS in Europe and North America? Why does AIDS in Europe and North America remain largely confined to the same groups in which it was initially described - i.e., intravenous drug users and the gay community?"*

President Mbeki has said that standard medical science recognizes the fact that the lowering of the body's self-defence mechanism, the Immune Deficiency in AIDS, is not caused exclusively by HIV. Accordingly he has urged that our government should respond to all causes of immune deficiency, and not just HIV. You will be aware that incontrovertible evidence exists demonstrating the link between poor nutrition, cancer chemotherapy, the use of amyl nitrates, stress from whatever cause and the development of AIDS (Acquired Immune Deficiency Syndrome). The list is huge. Through self-education, the President has come to understand the meaning of the word syndrome. In clinical terms this means **a group of concurrent symptoms in one patient**. In other words such a patient could have two or more diseases which are quite diverse e.g. Cushings' Syndrome. Such a patient could present with diabetes and infertility. Under the circumstances to describe HIV/AIDS as a single disease is problematic.

The President and his health minister have said that the South African Health Service should also respond to all the so-called opportunistic infections from whatever cause, which may lead to death. This approach is non selective and includes AIDS.

It is noted that you suggest that the President has been forced to change his position on AIDS as a direct result of pressure by Aids activists. This is not true, and we note that you produce no evidence to support this conclusion. President Mbeki neither a dissident nor a mainstreamer. All we are aware of is that he has raised questions surrounding the subject of AIDS because of his interest in his people and his scientific approach to issues such as HIV/AIDS and social inequalities. His questions remain unfortunately unanswered up to today. The formation of the AIDS Panel was a direct result of his questioning mind and application. The Panel consists of 33 scientists: those who believe that HIV is the cause of AIDS forming a majority (20 versus 13). At the conclusion of the debate in 2000, the panel agreed on 10 experiments to clarify a number of issues surrounding AIDS. It is regretted that apart from Prof. Mhlongo, some of the South African Panel members have gone out of their way to make certain that the Panel does not implement the decisions it took. (See Presidential Aids Advisory Panel Report March 2001) The copy of this report is available for consultation in the Department of Family Medicine & Primary Health Care at Medunsa.

It is important to note that long before the advent of ARV's, the medical profession treated opportunistic infections whenever these were encountered. On the subject of HIV/AIDS, our public health system long compiled and implemented health education strategies which included healthy life styles and prevention of STI's including HIV/AIDS. Anti-retrovirals for needle stick injuries and rape victims were introduced at the same time. The implementation of this programme by President Mbeki's government took place without any pressure from the AIDS activists but from genuine commitment and discussions within government. Subsequently, the government began the process of introducing these drugs

against mother-to-child transmission of HIV. To this effect , several trial sites were established in the country. More recently the government has approved a comprehensive plan to rollout ARV's in South Africa. Included in this plan are issues such as nutrition and the role of African traditional therapeutic methods. The government is cognizant of issues relating to affordability testing to adverse reactions due to the use of these drugs. It is incorrect and misleading to suggest that the evolution of these government programmes on the subject of HIV and AIDS were the direct result of pressures on the government from outside bodies.

The media in South Africa and outside of it appear to refuse to look at what the health service is currently doing with regard to health issues in South Africa. There appears to be a preoccupation with agendas "dictated" by pharmaceutical companies. The media refuse to acknowledge the work of our health Minister who has said that various investigations are being conducted to respond to the challenge of immune deficiency, concentrating on natural, non-pharmaceutical substances. These include garlic and other substances that might be found in the "African potato". As a trained medical doctor, she is encouraging research in these areas while accepting the parallel use of anti-retrovirals. Nobody denies that garlic, vitamin C and several fruits contain anti-oxidants that boost immunity. The African people of South Africa, for so long oppressed are in need of this information.

Recent medical research in Israel has found that garlic destroys malignant cancer cells in mice. Researchers in various parts of the world have adopted an open approach to research on alternative methods with regard to the maintenance of good health and in

disease. The Weizmann Institute in Israel is one such an example. Researchers at this Institute are currently looking at the anti-microbial properties of allicin. Allicin is found in garlic. The Weizmann Institute can be accessed at: [www.weizmann.ac.il](http://www.weizmann.ac.il)

Several other trials on garlic have taken place in the UK with interesting results e.g. the Wolverhampton study by Zhang XH, Lowe D, Giles P, Fell S, Board AR and Baughan JA, Connock MJ, Maslin DJ. PMID: 11229829 (Pubmed – indexed for MEDLINE); Effectiveness of garlic oil capsules in the treatment of dyspeptic patients with *Helicobacter pylori* by McNulty CA, Wilson MP, Havinga W, Johnston B, O’Gara EA, Maslin DJ. PMID: 11683929 (PubMed – indexed for MEDLINE). We site these studies to demonstrate that science has no boundaries and studies on nutritional value of substances or foods should not be dismissed outright. It is perhaps pertinent to point out that medical school curriculae are extremely poor on modules relating to diet and nutrition. In other words medical doctors’ knowledge of diet and nutrition is extremely poor throughout the world.

The HIV/AIDS thesis is based on the argument that HIV invades healthy immune cells, makes them malignant, and thus destroys the body’s capacity for “self-defence’. The second matter is that the well-known anti-retroviral drug, AZT, was developed as a cancer drug and only after many years presented as an ARV drug in the management of immuno-compromised patients. If this is the case, the use of garlic and other anti-oxidants cannot be dismissed out of hand.

To the best of our knowledge, it would appear that only South African medical scientists among the international community of scientists dismiss research on garlic and other antioxidants in an offhand manner. Interestingly, when acupuncture was first introduced in European countries in the early 1970's, there was interest in the subject even though guarded. South Africa as a country needs to look at all possible therapeutic methods and research them without prejudice, recognizing that patients have a choice. Under the circumstances, support needs to be given to health professionals willing to undertake research on traditional methods of healing since it is accepted that the majority of patients in South Africa first consult a traditional healer prior to consulting western trained doctors. The Ministry of Health needs to be encouraged in this drive. "News24", for instance reported one Dr. Ezio Baraldi as saying "There is too much focus on garlic". Dr. Baraldi is the vice-president of the South African Sexual Health Association. Dr. Baraldi cannot claim to represent the vast majority of South Africans seeking therapeutic help.

For many years now the South African government has run the biggest HIV and AIDS programme, certainly as compared to all other African countries. This is beyond dispute. Despite all of this, the efforts of the South African government have been denigrated and misrepresented. All the programmes under the direction of the Department of Health in South Africa proceed on the assumption that HIV is the cause of AIDS.

We know that journalists seem to find it beyond their professional competence to admit publicly that they have made mistakes. We shall therefore not ask you to correct the false impressions you communicated in the article to which we have referred.

Nevertheless, we do hope that the ordinary requirement affecting all ordinary human beings, that at least we should try to tell the truth, will persuade you that in your future articles about the issue of HIV and AIDS in our country you will report the truth.

Naturally, the issue of your opinions on this or any other question, is a different matter altogether. You may very well hold and express the opinion that you think our government's response to HIV and AIDS is wrong, without compromising any ethical principle. The greatest challenge to journalists covering HIV stories in developing countries **(in particular the Republic of South Africa) is to subject all their stories to journalistic scrutiny.** We look forward to this approach from The Daily Telegraph and all other UK newspapers as indeed they did to some extent during the epoch of apartheid.

Yours sincerely

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