

Mbeki Letters: Thought Leadership series
Vol.9: A brief commentary on the question of HIV and AIDS.
By Thabo Mbeki March 7, 2016

Towards the end of 2015 I sent the communication below to a fellow African to respond to some comments he had made on the matter of 'Mbeki, HIV & AIDS'. We publish this as part of the series we have been carrying on various on the 'Mbeki Presidency.'

In 2002 a few of us here in South Africa wrote a booklet entitled "Castro Hlongwane...", and sub-titled it "HIV/AIDS and the Struggle for the Humanisation of the African".
An overview Here is an excerpt from that booklet, which speaks for itself:

"The first report on the incidence of HIV in South and Southern Africa was published in the "New England Journal of Medicine" and the "South African Medical Journal", both in 1985.

Two of the most important findings in this report were that in our country and region:
HIV infection was confined to male homosexuals; and, HIV was not endemic in this region of the world.

To quote this report, it said:"The only positive subjects were in the group compromising male homosexuals. The majority of these positive subjects had either recently been to the United States or had had sexual contact with other homosexuals who had visited the United States... Our preliminary data show that the agent implicated in causing AIDS, HTLV-III (later named HIV), is not endemic in this part of Africa."

During the same year, October 1985, German researchers had an article published in the British medical journal, The Lancet. They stated that: "the data suggest that HTLV-III was rare in Africa until recently, and still is rare in much of the continent."

Some of our friends, the friends of the Africans, say that five years later, this situation had changed completely. They say that now, in our region and country, the HI Virus was transmitted heterosexually and that it had become endemic.

The point made in the 1985 report about male homosexuals and HIV coincided with what science said about the incidence of HIV in the United States and Western Europe at the time. To all intents and purposes, 15 years later, this situation has not changed both in the US and in Western Europe. But, as we have said, and as is generally known, our own situation has changed radically, resulting also in it being said that we now have the highest incidence of HIV or the spread of HIV in the world.

The question that arises from this is – why! Why does the same virus behave differently in the US and Western Europe from the way it behaves in Southern Africa! It would seem obvious that this question must be asked. If we are interested in the advance of scientific knowledge, the better to understand the African human condition, it is imperative that an answer be found.

It would seem equally obvious that for us successfully to deal with the HI Virus as it affects us, we need to understand what induces it to behave differently in different parts of the world.

In answer to these questions, some of our friends, the friends of the Africans, say that we are affected by a particular type or variant of the HI Virus, which is unique to ourselves and which also mutates at a high frequency rate.

However, this answer throws up new questions. Why is this special type of HI Virus confined only to our region of the world! Why does it not spread to other areas, even within Africa! What happened to the 1985 South African HI Virus which behaved in the same way as the US and West European HI Virus! If it mutated into what it is today, why did it not mutate in the same way in the US and Western Europe!

Once more, scientifically substantiated answers to these questions are necessary to enable us to defeat the HI Virus as it affects us. It would seem only logical, once the assertion was made that ours is a unique HI Virus, that, consequently, unique solutions have to be found to respond to this distinct situation.

Up to now, no answers have been provided to any of the questions that have been posed. Instead, in the name of science and friendship with the Africans, the omnipotent apparatus of which (Herbert) Marcuse wrote, has sought to present honest questions as a manifestation of unacceptable non-conformity.

It has done everything it could, and continues to act, to punish those who dare to ask questions. It uses its might, sustained by the self-repression of the Africans, to ensure the permanent repression of those who inquire."

Thirteen (13) years later today I would stand by everything said in this excerpt and still ask that the questions posed should be answered by those who have the scientific capacity to do so!
Am I wrong in this regard? Professor Montagnier – HIV & AIDS.

You will recall that (the French) Prof Luc Montagnier shared the 2008 Nobel Prize for Medicine, awarded to him as a tribute for having been a co-discoverer of the HI virus (HIV).

Later he appeared in a video documentary done by a Canadian, Brent Leung, entitled "House of Numbers", which canvassed many views on the issue of HIV and AIDS. Here is a transcript of his comments in the documentary:

Leung [the filmmaker]: You talked about oxidative stress earlier. Is treating oxidative stress one of the best ways to deal with the African AIDS epidemic?

Montagnier [the scientist]: I think this is one way to approach, to decrease the rate of transmission, because I believe HIV we can be exposed to HIV many times without bring chronically infected, our immune system will get rid of the virus within a few weeks, if you have a good immune system; and this is the problem also of the African people. Their nutrition is not very equilibrated, they are in oxidative stress, even if they are not infected with HIV; so their immune system doesn't work well already. So it's prone, it can, you know, allow HIV to get in and persist. So there are many ways which are not the vaccine, the magic name, the vaccine, many ways to decrease the transmission just by simple measures of nutrition, giving antioxidants -- proper antioxidants -- hygiene measures, fighting the other infections. So they are not spectacular, but they could, you know, decrease very well the epidemic, to the level they are in occidental countries, western countries.

Leung: So if you have a good immune system, then your body can naturally get rid of HIV?

Montagnier: Yes.

Leung: Oh, interesting. Do you think we should have more of a push for antioxidants, and things of that nature, in Africa than antiretrovirals (AIDS drugs)?

Montagnier: We should push for more, you know, a combination of measures; antioxidants, nutrition advice, nutritions, fighting other infections -- malaria, tuberculosis, parasitosis, worms -- education of course, genital hygiene for women and men also, very simple measures which [are] not very expensive, but which could do a lot. And this is my, actually my worry about the many spectacular action for the global funds to buy drugs and so on, and Bill Gates and so on, for the vaccine. But you know those kind of measures (I am suggesting) are not very well funded, they're not funded at all, or they are, you know, it really depends on the local government to take choice of this, but local governments they take advice of the scientific advisors from the intelligent institutions, and they don't get this kind of advice very often.

Leung: Well there's no money in nutrition, right? There's no profit.

Montagnier: There's no profit, yes. Water is important. Water is key.

Leung: Now one thing you said, you were talking about the fact that if you have a built immune system, it is possible to get rid of HIV naturally. If you take a poor African who's been infected and you build up their immune system, is it possible for them to also naturally get rid of it?

Montagnier: [Nodding yes] I would think so.

Leung: That's an important point.

Montagnier: It's important knowledge which is completely neglected. People always think of drugs and vaccine. So this is a message which may be different from what you heard before, no?

Leung: The closing?

Montagnier: No, no, yes, my message, it's different from what you heard from (Anthony) Fauci or...

Leung: Yes, it's a little different.

Montagnier: Little different.

Please note: As you know, the Anthony Fauci to whom Montagnier refers is the leading US Government expert on HIV and AIDS and Director of the US Government National Institute of Allergy and Infectious Diseases (NIAID).

We said very much the same things about HIV and AIDS as did Prof Montagnier, including on (i) the critical importance of nutrition, (ii) the need for a multi-faceted intervention to treat sick people who were also suffering from immune deficiency, and (iii) the need to use antiretroviral (ARV) drugs with great care and caution, mindful of the vital importance of a healthy immune system. [I must also mention that I never said "HIV does not cause AIDS". This false accusation was made by people who benefitted from trumpeting the slogan "HIV causes AIDS" as though this was a religious edict. What I said is that "a virus cannot cause a syndrome". As you know, AIDS is an acronym for "Acquired Immune Deficiency Syndrome" – therefore AIDS is a syndrome, i.e. a collection of well-known diseases, with well-known causes. They are not, together, caused and cannot be caused by one virus! I said that HIV might be a contributory cause of immune deficiency – the ID in AIDS!]

However the question I wanted to pose arising from the Montagnier interview above is: Why were we wrong when we said the things Prof Montagnier said, while these were correct when he said them? Mortality & causes of death in South Africa.

The institution called Statistics South Africa (Statssa) is the official statistical authority in our country. It handles all statistics including such matters as the Population Census, the Socio-Economic Survey, Mortality statistics etc. [You can access Statssa on the Internet.]

Every year it publishes a Report on Mortality and Causes of Death. This is not an estimate, as is the case in many of our countries, but is based on the record of deaths and their causes which have to be reported to the Department of Home Affairs, with each Death Notice and its details certified by a Medical Doctor. Below is an extract from the Statssa Report on: Mortality and causes of death in South Africa, 2006: Findings from death notification Table 4.4: The ten leading underlying natural causes of death, 2006 Causes of death (Based on the Tenth Revision, International Classification of Disease, 1992)

Rank	Number	%	Causes of death
1	77 009	12,7	Tuberculosis (A15-A19)*
2	52 791	8,7	Influenza and pneumonia (J10-J18)
3	39 239	6,5	Intestinal infectious diseases (A00-A09)
4	26 628	4,4	Other forms of heart disease (I30-I52)
5	25 246	4,2	Cerebrovascular diseases (I60-I69)
6	19 549	3,2	Diabetes mellitus (E10-E14)
7	15 823	2,6	Chronic lower respiratory diseases (J40-J47)
8	15 736	2,6	Certain disorders involving the immune mechanism (D80-D89)
9	14 783	2,4	Human immunodeficiency virus [HIV] disease (B20-B24)
10	13 025	2,1	Ischaemic heart diseases (I20-I25)
	254 741	42,0	Other natural causes
	52 614	8,7	Non-natural causes
	607 184	100,0	All causes

As you will have seen from the above, what Statssa recorded as deaths from "HIV disease" came 9th in terms of the leading causes of death in South Africa in 2006, as indeed it did also in the preceding years.

I am convinced that it would be perfectly understandable that the normal, thinking African would ask the questions:

Why did it come about that so much noise was made internationally about the 9th leading cause of death in our country, with not even so much as a whimper about the 1st leading cause of death, tuberculosis?

Why would the South African Government, knowing the health condition of its own population very well, have been expected so to focus on the 9th leading cause of death as virtually to treat as less urgent and important the first eight (8) leading causes of death, even taken together?

Did this have to do with the fact that South Africa could be a lucrative market for the sale of ARVs, as it now is? [You might know that our first democratic administration, from 1994 to 1999, had a major confrontation with the pharmaceutical companies about the pricing of their products in South Africa. In the end they admitted that we were right. However they insisted that (i) they would sell their products in our country at prices which the well-off white South African population could afford, that (ii) if they accepted our decision to buy their products wherever they were cheapest (a practice called using parallel imports), this would set a bad example for the rest of the developing world, (iii) they would price their products in South Africa bearing in mind that South Africa serves as a role model for other developing countries, and (iv) as commercial companies they have no choice but to pursue the profit motive! From all this you can see why it was absolutely necessary for "the AIDS industry" that South Africa was whipped into line so that it sets an example by being an enthusiastic purchaser of ARVs!]

Conclusion

The "Prelude" in the "Castro Hlongwane..." booklet includes this quotation:

"In money terms, first there is the pharmaceutical industry. If AIDS in Africa is now a national security threat, as President Clinton has declared, American money will be appropriated for the very expensive drugs to spend in Africa – billions of dollars of potential profits. If Washington doesn't appropriate funds, there's the fear that African nations might buy generic, foreign-made copies of U.S. drugs. Then there is the public health establishment. More billions can go for salaries, offices, staffing, travel and long reports. The World Health Organisation budget has skyrocketed along with African AIDS statistics. Many public health officials are well meaning, seeing AIDS fears as the only way to get money to help the misery afflicting so much of Africa. In America, government AIDS money is spreading far and wide. Federal spending now tops 10 billion and is increasing yearly even as caseloads fall." (AIDS Hype in Africa? No HIV Test Required, Disease Defined Differently Than in U.S., by Jon Basil Utley, Robert A. Taft Fellow at the Ludwig von Mises Institute, USA, April 30, 2000.)

In 2000 I addressed the 13th International AIDS Conference which was held in our country in Durban. Here is part of what I said: "Let me tell you a story that the World Health Organisation told the world in 1995. I will tell this story in the words used by the World Health Organisation."

"This is the story: The world's biggest killer and the greatest cause of ill-health and suffering across the globe is listed almost at the end of the International Classification of Diseases. It is given the code Z59.5 - extreme poverty.

"Poverty is the main reason why babies are not vaccinated, why clean water and sanitation are not provided, why curative drugs and other treatments are unavailable and why mothers die in childbirth. It is the underlying cause of reduced life expectancy, handicap, disability and starvation. Poverty is a major contributor to mental illness, stress, suicide, family disintegration and substance abuse. Every year in the developing world 12.2 million children under 5 years die, most of them from causes which could be prevented for just a few US cents per child. They die largely because of world indifference, but most of all they die because they are poor.

"Beneath the heartening facts about decreased mortality and increasing life expectancy, and many other undoubted health advances, lie unacceptable disparities in wealth. The gaps between rich and poor, between one population group and another, between ages and between sexes, are widening. For most people in the world today every step of life, from infancy to old age, is taken under the twin shadows of poverty and inequity, and under the double burden of suffering and disease."

"Castro Hlongwane..." says: "Given that our minds on this matter (of HIV and AIDS) have become thoroughly clogged by the information communicated by the omnipotent apparatus, a miracle will have to be achieved to get all our people to use their brains, rather than perish on emotional responses based on greatly heightened levels of fear."

In this regard, was "Castro Hlongwane..." wrong?
Was the WHO wrong?
Was Jon Basil Utley wrong?