S. Africa's Mbeki Challenges Economic Apartheid in AIDS Policy Fight

by Lydia and David Cherry

In a series of bold moves taken to tackle the AIDS pandemic in Africa, South Africa's President Thabo Mbeki has challenged the "economic apartheid" of the presently doomed global financial and monetary system, and raised the critical point, that to stop AIDS, Africa must have *development* of infrastructure, medical care, and science. On May 22, the question is expected to be on the table at the meeting between Mbeki and President Bill Clinton in Washington.

The "economics" of AIDS was clearly stated on May 4 in Geneva, when South African Foreign Minister Nkosazana Dlamini-Zum said, "President Mbeki is simply asking whether conditions of abject poverty, malnutrition, and lack of adequate health facilities, which have a negative impact on the immune system of individuals, did not create a climate in which HIV can rapidly progress toward a full-blown AIDS status." The minister was responding to a barrage of criticism against Mbeki for his work against HIV-AIDS.

After he raised this obvious but crucial question, of the connection between poverty and HIV-AIDS, Mbeki was hit with an intense campaign of media slanders from London and Wall Street, as well as from the Oppenheimer mining cartel interests in Africa. For the international financier establishment, especially the London center of the "Empire" to which South Africa is still tied, a call for economic development is a *casus belli*.

And, not to be overlooked in understanding how the AIDS policy fight is seen as a threat to the British imperial interests, was the strike on May 10 that brought out *more than 4 million people,* or over half of South Africa's labor force. The strike was led and supported by the two other components of the African National Congress (ANC) government alliance, the Congress of South African Trade Unions (Cosatu) and the South African Communist Party (SACP). Cosatu's strike call reads: "Our campaign against HIV-AIDS, TB [tuberculosis], and other diseases cannot be successful until we defeat enemy number one, which is high unemployment and poverty for the majority of our people."

The backlash against Mbeki should not be a surprise. As *EIR* reported on May 12, Democratic Party Presidential precandidate Lyndon LaRouche, beginning in 1985 through to the present, identified the economic policy roots of the AIDS crisis, and called for a crash program of medical research, public health measures, and upgrading medical and health-care facilities. For this, *EIR* said, LaRouche "was damned and vilified by his enemies and by other ignorant or frightened people." And, with the spread of the AIDS epidemic out of control, it is now clear that LaRouche was right.

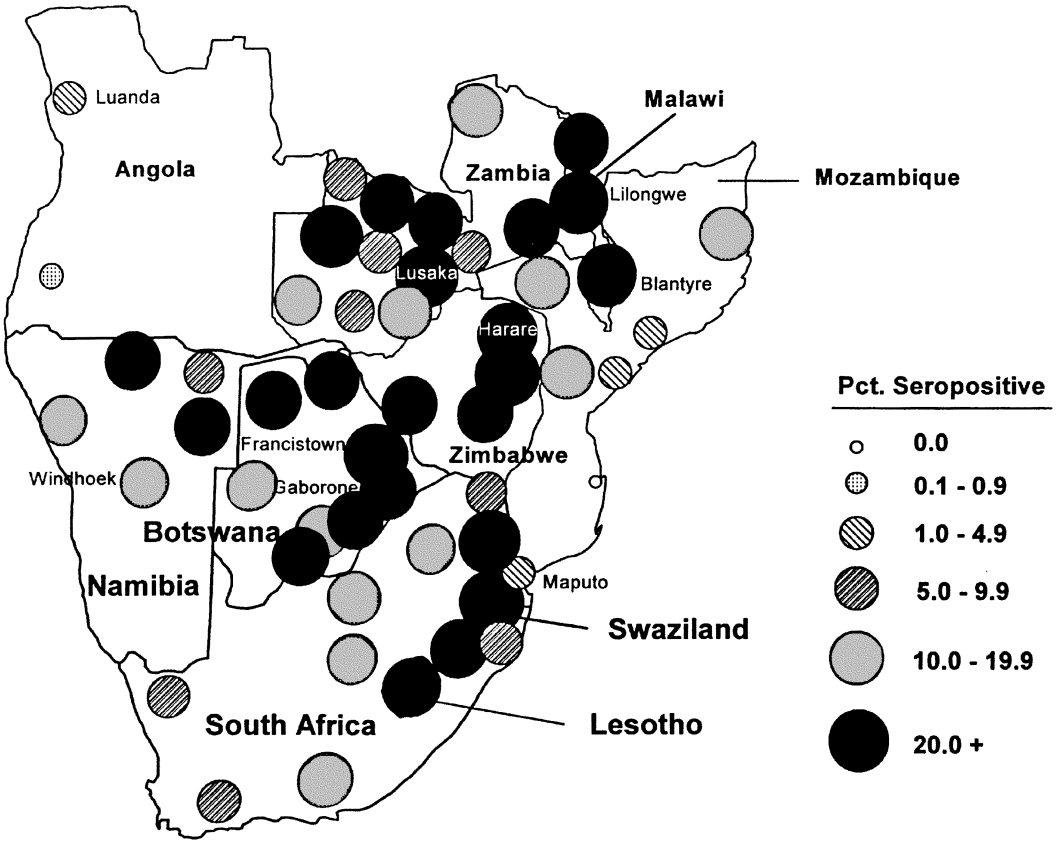
President Mbeki has been the most prominent person recently to let the genie out of the bottle, and reopen the question of development and disease. And, beginning in early March, when South Africa announced the formation of an international panel of experts to reexamine the scientific evidence about HIV and AIDS, Mbeki and his government began to be branded as uncaring about AIDS victims. The campaign of slanders intensified on April 3, when Mbeki sent out a letter to President Clinton and other world leaders on his fight against AIDS, in which he said, *"as an essential part of our campaign against HIV-AIDS, we are working to ensure that we focus properly and urgently on the elimination of poverty among the millions of our people"* (emphasis added) (see letter, below).

Mbeki's statements have been denounced in major media as scientific kookery, and even "apartheid." On April 19, the British news service Reuters wrote: "Skeptic Mbeki 'Fiddles While Rome Burns,' " and the South African *Mail and Guardian* headlined its article, "Mbeki's AIDS Letter Defies Belief."

These slanders could not be further from the truth. The real issue is that Mbeki's investigation of the spread of AIDS has led him toward the conclusion that there is no middle ground, and no room for gradualism in the war for development: Extreme poverty makes AIDS unstoppable, and without a medical infrastructure, which no African country has, existing treatments for AIDS cannot be effective.

It is this outlook which is expected to be high on the agenda of the Mbeki-Clinton meeting on May 22. In fact, it appears that Mbeki's moves have intersected, if not catalyzed, a series of developments in Washington concerning AIDS. First, on April 30, it came to light that the Clinton Administration has been treating infectious diseases, and particularly HIV-AIDS, as a "national security threat." Then, on May 10, by Executive Order, Clinton reversed the U.S.

FIGURE 1
Seroprevalence of HIV-1 for low-risk populations in Southern Africa, 1998



Source: U.S. Bureau of the Census.

policy that threatened and imposed sanctions against African countries that produced or used generic drugs instead of the high-priced U.S.- and European-produced "big name" pharmaceuticals (see *National*).

But with AIDS spreading at frightening rates in other parts of the world, from India, to Brazil, to Russia, it is clear that taking action for Sub-Saharan Africa alone is totally inadequate. Already, on May 17, at a meeting of the World Health Organization (WHO) in Paris, the government of Brazil took steps to assert the right of all the poor countries, not just Sub-Saharan Africa, to access generic AIDS drugs.

Poverty Underlies AIDS

In his April 3 letter, Mbeki notes that in 1998, the Mandela government decided to rapidly step up its own efforts to combat AIDS, following UN reports that Sub-Saharan Africa accounts for two-thirds of the world incidence of HIV-AIDS, and that South Africa was one of the worst affected.

Among other things, the ANC government set up a Ministerial Task Force against HIV-AIDS chaired by the Deputy President, Thabo Mbeki. It is no accident that the section of Mbeki's letter that says the *elimination of poverty* is an "essential part of our campaign against HIV and AIDS" has been virtually unreported in the international press.

According to South African government figures, some 4.3 million people, or 10% of the South African population, are HIV-positive. In southern Africa as a whole, over 50% of hospital patients are now estimated to be HIV-positive, according to regional health experts at a meeting in Mozambique's capital, Maputo, on May 11.

Now, to the chagrin of the AIDS orthodoxy worldwide, Mbeki won't let the poverty component of AIDS causation go unnoticed. On May 11, he responded to the announcement by five major drug companies that they would reduce the cost of AIDS drugs to Africa, by noting that even with the cheaper medicine, South Africa cannot embark on a wide-scale drug program, because the country simply does not have the vast resources necessary to give patients the supervision they would need while taking the drugs, all of which can have serious side-effects. He suggested that the drug companies could do a lot more: "You have these large, large volumes of capital, which is what you need to impact on development and therefore on the poverty issue," he said,

adding that the United States needs to take the lead in helping direct that money to the poor countries that need it.

AIDS Panel Meets

On May 7-8, the first meeting of Mbeki's international panel of experts took place. Mbeki opened the conference by thanking the participating scientists: "We look for an answer because all the information that has been communicated [means] in reality that we are faced with a catastrophe. We can't respond to a catastrophe, only by saying: 'I will do what is routine.' "

Immediately, the hyenas of the international media put a negative spin on the event. Associated Press said that Mbeki is "taking a controversial stance on the worst catastrophe to hit Africa," and that "critics say . . . [he] is diverting precious time, energy, and resources while the epidemic rages unchecked."

Mbeki said he had been surprised by the uproar about his quest to have the causes of AIDS revisited, adding that criticism by eminent scientists had at times made it difficult for him to think he was not a fool. "But I'm no longer so sure about that, given that so many eminent people responded to the invitation of 'a fool' to come to this important meeting." Among the 34 scientists who came from around the world, including Africa experts from international agencies such as the World Health Organization and the Atlanta, Georgia, Centers for Disease Control, were French researcher Luc Montagnier, who discovered the virus. The panel also included California biologist Peter Duesberg, who is condemned by the press on the grounds that he denies that HIV causes AIDS.

As the initial meeting of the international panel took place, Dr. Zweli Mkhize, M.D., Health Minister of South Africa's KwaZulu-Natal province, which has the highest incidence of AIDS in the country, asked the panel: "For us in Africa there are a number of factors or issues that are not clear." He noted that in Kenya, a group of longtime prostitutes were found to be HIV-negative despite exposure. The question, whether they had developed immunity against HIV, had not been conclusively resolved.

Dr. Mkhize noted: "The province of KwaZulu-Natal in South Africa is reported to be the worst affected, with over a million people living with HIV. Many varied factors have been blamed for this situation, such as poverty, migrancy, the port of entry of foreigners through the sea; that KwaZulu-Natal is the most populous province, etc. However, there is no explanation why the second-highest rate of HIV does not occur in Gauteng, which shares most of the factors which exist in KwaZulu-Natal. . . . This then raises the question of whether the factors responsible for KwaZulu-Natal having the highest rate are well understood or not."

The meeting was just the beginning of the work of the Advisory Panel. According to a government press release, in the next phase, "these and other scientists will, over a period of about six weeks, exchange views over a 'closed Internet,' and meet again in South Africa to finalize and present their findings and recommendations." The Presidential AIDS Advisory Panel will be followed in July by the international AIDS 2000 Conference in Durban.

HIV Requires Co-Factor

For years, *EIR* has made the case that poverty, especially the process of economic collapse, creates the preconditions for the spread of AIDS and other pandemics. As early as 1974, LaRouche commissioned a study showing how economic collapse must lead to "biological holocaust." However, an exchange of letters between *EIR* and AIDS authorities at the Centers for Disease Control in 1988, reinforced the conclusion that the medical effects of economic collapse were outside the limits of officially permissible discourse concerning AIDS.

As both *EIR* and Dr. Mark Whiteside of the Miami Institute of Tropical Medicines have noted, HIV requires a co-factor for activation that depletes the immune system, such as malaria, protein deficiency, sleeping sickness, parasites, and arboviruses carried by mosquitoes or other insects. These are symptoms in Africa which are the effects of poverty and out-of-control malaria. Therefore, anyone contracting HIV dies quickly of AIDS in Africa—within six months to a year—as opposed to many years, at worst, in the United States. In East Africa, AIDS is also associated with the appearance of herpes zoster, which is caused by reactivation of the virus that causes chicken pox.

Some of the dissidents whom Mbeki is not supposed to speak to, according to the orthodox school, include Peter Duesberg of the University of California, biochemist David Rasnick, and historian of Africa Charles Geshekter. They assert, contrary to the evidence, that HIV does not cause AIDS, but is a mild, opportunistic infection found in most members of some populations of AIDS victims. An exposé of this dangerous fallacy was published in spring 1998 in *21st Century Science & Technology* magazine.

But these dissidents have usefully exposed some of the hoaxes perpetrated by the AIDS establishment in pursuit of its own agenda for world depopulation.

One hoax exposed by Geshekter (California State University, Chico) in a May 1999 paper, "Critical Reappraisal of African AIDS Research and Western Sexual Stereotypes," is the "Bangui Definition" of AIDS in Africa, adopted by consensus at the WHO's AIDS conference in Bangui, Central African Republic, in 1985. Because medical infrastructure to diagnose HIV did not exist in most of Africa, and was not going to be put in place, conference convenors decided to promote—in their words—"a simple, clinical" definition. The "major components" of the definition are "prolonged fevers (for a month or more), weight loss of 10% or greater, and prolonged diarrhea." No test for HIV is needed.

Thus, AIDS is made the diagnosis for symptoms of malaria (fever, wasting) and cholera (diarrhea, fever, wasting). Individuals with TB are also often assumed to have AIDS. These are the diseases of poverty. In fact, true AIDS victims will be concentrated *within* the numbers of those who suffer from these diseases.

When HIV tests *are* used in Africa, Geshekter points out, they are "notoriously unreliable among African populations where antibodies against endemic conventional microbes cross-react to produce ludicrously high false results.

"The data strongly suggest," he concludes, "that socio-economic development, not sexual restraint, is the key to improving the health of Africans.

His conclusion requires a major correction: He does not know—and no one knows—the extent of HIV in Africa, much less its rate of propagation. To avoid depopulation and collapse, it is vital to have rapid construction of the infrastructure needed for a healthy standard of living, but also to have a crash program of optical biophysics aimed at crushing HIV worldwide, lest AIDS outrun development.

President Mbeki: Fight AIDS, Eliminate Poverty

The following letter was sent by South African President Thabo Mbeki, to President William Jefferson Clinton, heads of state, and other world leaders, including UN Secretary General Kofi Annan. There has been a great amount of press and media commentary about this letter, but the full text has not been widely printed and disseminated to the public.

Most of the commentary has been misleading, and slanderous of President Mbeki, completely leaving out his urgent call to combat HIV-AIDS in a broader economic context, including the elimination of poverty. EIR *welcomes President Mbeki's call for urgent action against AIDS.*

April 3, 2000

I am honoured to convey to you the compliments of our government as well as my own, and to inform you about some work we are doing to respond to the HIV-AIDS epidemic.

As you are aware, international organizations such as UNAIDS have been reporting that Sub-Saharan Africa accounts for two-thirds of the world incidence of HIV-AIDS. These reports indicate that our own country is among the worst affected.

Responding to these reports, in 1998, our government decided radically to step up its own efforts to combat AIDS, this fight having, up to this point, been left largely to our Ministry and Department of Health.

Among other things, we set up a Ministerial Task Force against HIV-AIDS chaired by the Deputy President of the Republic, which position I was privileged to occupy at the time.

Our current Deputy President, the Hon. Jacob Zuma, now leads this Task Force.

We established Partnerships against AIDS, with many major sectors of our society including the youth, women, business, labour unions and the religious communities.

We have now also established a National AIDS Council, again chaired by the Deputy President and bringing together the government and civil society.

An important part of the campaign that we are conducting seeks to encourage safe sex and the use of condoms.

At the same time, as an essential part of our campaign against HIV-AIDS, we are working to ensure that we focus properly and urgently on the elimination of poverty among the millions of our people.

Similarly, we are doing everything we can, within our very limited possibilities, to provide the necessary medicaments and care to deal with what are described as "opportunistic diseases" that attach to acquired immune deficiency.

As a government and a people, we are trying to organize ourselves to ensure that we take care of the children affected and orphaned to AIDS.

We work also to ensure that no section of our society, whether public or private, discriminates against people suffering from HIV-AIDS.

In our current budget, we have included a dedicated fund to finance our activities against HIV-AIDS. This is in addition to funds that the central government departments as well as the provincial and local administrations will spend on this campaign.

We have also contributed to our Medical Research Council such funds as we can, for the development of an AIDS vaccine.

Demands are being made within the country for the public health system to provide anti-retroviral drugs for various indications, including mother-to-child transmission.

We are discussing this matter, among others, with our statutory licensing authority for medicines and drugs, the Medicines Control Council (MCC).

Toward the end of last year, speaking in our national parliament, I said that I had asked our Minister of Health to look into various controversies taking place among scientists on HIV-AIDS and the toxicity of a particular anti-retroviral drug.

In response to this, among other things, the Minister is working to put together an international panel of scientists to discuss all these issues in as transparent a setting as possible.

As you know, AIDS in the United States and other developed Western countries has remained largely confined to a section of the male homosexual population.

For example, the cumulative heterosexual contact, U.S.