

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, Gesheker 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 UN-AIDS 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 medications 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.

percentage for AIDS cases among adults/adolescents, through June 1999, is given as 10%. (*HIV-AIDS Surveillance Report*: midyear edition. Vol 11, No 1, 1999. U.S. Department of Health and Human Services).

The cumulative absolute total for this age group is reported as being 702,748.

U.S. AIDS deaths for the period January 1996 to June 1997 were stated by the U.S. CDC [Centers for Disease Control, in Atlanta, Georgia] as amounting to 32,750. (*Trends in the HIV and AIDS Epidemic*, CDC: 1998.)

On May 13, 1999, a SAFA-AFP report datelined Paris stated that 1998 UNAIDS and WHO reports had said that AIDS was responsible for one death in five in Africa, or about two million people.

It quoted a Dr. Awa Coll Seck of UNAIDS as saying that there are 23 million carriers in Africa of HIV.

This SAFA-AFP report quotes Dr. Coll Seck as saying: "In Southern Africa, the prevalence of the (HIV) infection has increased so much in five years that this region could, if the epidemic continues to spread at this rate, see its life expectancy decline to 47 by 2005."

(Interestingly, the five years to which Dr. Coll Seck refers coincide closely with the period since our liberation from apartheid, white minority rule in 1994.)

The report went on to say that almost 1,500 people are infected in South Africa every day and that, at that point, the equivalent of 3.8 million people in our country carried the virus.

Again as you are aware, whereas in the West HIV-AIDS is said to be largely homosexually transmitted, it is reported that in Africa, including our country, it is transmitted heterosexually.

Accordingly, as Africans, we have to deal with this uniquely African catastrophe that:

- contrary to the West, HIV-AIDS in Africa is heterosexually transmitted;
- contrary to the West, where relatively few people have died from AIDS, itself a matter of serious concern, millions are said to have died in Africa, and,
- contrary to the West, where AIDS deaths are declining, even greater numbers of Africans are destined to die.

It is obvious that whatever lessons we have to, and may draw from the West about the grave issue of HIV-AIDS, a simple superimposition of Western experience on African reality would be absurd and illogical.

Such proceeding would constitute a criminal betrayal of our responsibility to our own people. It was for this reason that I spoke as I did in our parliament, in the manner in which I have indicated.

I am convinced that our urgent task is to respond to the specific threat that faces us as Africans. We will not eschew this obligation in favour of the comfort of the recitation of a catechism that may very well be a correct response to the specific manifestation of AIDS in the West.

We will not, ourselves, condemn our own people to death by giving up the search for specific and targeted responses to the specifically African incidence of HIV-AIDS.

I make these comments because our search for these specific and targeted responses is being stridently condemned by some in our country and the rest of the world as constituting a criminal abandonment of the fight against HIV-AIDS.

Some elements of this orchestrated campaign on condemnation worry me very deeply.

It is suggested, for instance, that there are some scientists who are "dangerous and discredited" with whom nobody, including ourselves, should communicate or interact.

In an earlier period in human history, these would be heretics that would be burnt at the stake!

Not long ago, in our own country, people were killed, tortured, imprisoned and prohibited from being quoted in private and in public because the established authority believed that their views were dangerous and discredited.

We are now being asked to do precisely the same thing that the racist apartheid tyranny we opposed did, because, it is said, there exists a scientific view that is supported by the majority, against which dissent is prohibited.

The scientists we are supposed to put into scientific quarantine include Nobel Prize Winners, Members of Academies of Science and Emeritus Professors of various disciplines of medicine!

Scientists, in the name of science, are demanding that we should cooperate with them to freeze scientific discourse on HIV-AIDS at the specific point this discourse had reached in the West in 1984.

People who otherwise would fight very hard to defend the critically important rights of freedom of thought and speech occupy, with regard to the HIV-AIDS issue, the frontline in the campaign of intellectual intimidation and terrorism which argues that the only freedom we have is to agree with what they decree to be established scientific truths.

Some agitate for these extraordinary propositions with a religious fervour born by a degree of fanaticism, which is truly frightening.

The day may not be far off when we will, once again, see books burnt and their authors immolated by fire by those who believe that they have a duty to conduct a holy crusade against the infidels.

It is most strange that all of us seem ready to serve the cause of the fanatics by deciding to stand and wait.

It may be that these comments are extravagant. If they are, it is because in the very recent past, we had to fix our own eyes on the very face of tyranny.

I am greatly encouraged that all of us, as Africans, can count on your unwavering support in the common fight to save our continent and its peoples from death from AIDS.

Please accept, Your Excellency, the assurance of my response.

Thabo Mbeki