

29 May 2007

The Conference Organizing Committee:
'Responsibilities of Governments and
Civil Society in the Fight Against
HIV and AIDS in Africa –
The Way Forward to 2015'

<http://www.prospects-for-africa.de/>

Dear Birte

Thank you for the pre-final draft communiqué for Chancellor Merkel and others, arising from our recent conference on 'Responsibilities of Governments and Civil Society in the Fight Against HIV and AIDS in Africa – The Way Forward to 2015' in Bonn, 23-24 May 2007'.

For the reasons to follow, I am unable to accept the draft communiqué in its current form, and think it important that I record several deeply disquieting aspects of the conference, which I shall be reporting to the South African government in detail on my return to Cape Town, as well as to Chancellor Merkel and the other intended recipients of the communiqué.

To introduce myself before I begin, and for the information of the conference delegates to whom I've copied this email, I am the national chairman of the Treatment Information Group in South Africa. More about me and my group appears in the 'About us' tab of our website: www.tig.org.za

As I saw it, the following themes and assumptions powerfully dominated the conference, either expressly articulated or clearly implied:

Africa needs to be saved from an apocalyptic health catastrophe in the form of a devastating plague, terrible already and calamitous to come.

The Africans affected by this plague are nearly all sub-Saharan, which is to say the dark-skinned, black curly-haired negroid people of Africa.

Whereas this plague is largely spread in Europe and the US by male homosexuals having anal intercourse, in Africa it's spread by African men having sexual intercourse with African women.

What makes the plague especially severe in Africa is that, unlike European women, African women are weak and disempowered. Consequently they are unable to refuse the sexual demands of African men and are unable to insist that African men cover their members with rubber condoms before having sexual intercourse with them, with the

result that during ejaculation African men inoculate African women with their infected semen, thus infecting them with the deadly germ.

African men go around infecting African women with their deadly germs by having sexual intercourse with them no matter how strong and healthy they might appear. In other words, they can feel hale and hearty, but if they would just visit a Western trained doctor and submit to his HIV antibody test many of them would discover that actually they are mortally ill.

It is only a matter of time before both the infected man and women then die an early death from any one of about thirty primordial diseases in the US CDC's list of AIDS indicator diseases, which can be anything from pulmonary TB to invasive cervical cancer to dementia. It's just a matter of bad luck which one they get and die of. How long they've got is not exactly known; some experts say about ten years, some eight, some fifteen, and others talk vaguely about a shortened life expectancy.

The wealthy Western countries of the G8 bloc need to save Africa from this plague by providing millions of euros to pay the salaries of European professionals who deeply concerned about the way the plague is being spread in Africa; to pay Africans to teach their countrymen that, contrary to what they understand, it's actually extremely dangerous for them to enjoy sexual intercourse with anyone but their lawfully married husbands and wives (and even that's not a safe bet), because if they do they can catch a deadly germ, and one day on some future indeterminable date be killed by it; and for the purchase of synthetic pharmaceutical compounds to attack this germ from the multinational pharmaceutical industry, mostly European- and American-based, but sometimes from corporations registered in Developing World countries, although owned by the same investment groups of international finance capital.

Without the urgent intervention of the countries of the industrialised West, sharing its sophisticated Western scientific knowledge about this germ and providing good strong Western ARV drugs to treat it, Africa is doomed in the future to suffer massive population loss in a public health disaster rivalling the European Black Death of the mid-1300s, with the collapse of its already fragile economies and public institutions.

That the African countries historically and currently regarded as the epicentre of the AIDS epidemic, Uganda and South Africa, are experiencing healthy annual population growth rates according to national census returns (in my country about 2%; in Uganda more than 3%), despite well over a decade of the virus allegedly ripping through its people, is misleading; it must be understood that these hard statistics are mere anomalies in the bigger picture, and that someone will be able to explain them away another day.

To excite the sympathies of the delegates and harden their resolution to help Africa, the conference venue was festooned in black and white posters of mostly wretched looking African women, with rousing captions alongside them, many telling of the misery of their lives, the personal devastation of being told by doctors that they have the sex-virus in them, and how uncaring and unfaithful their men are, and the same theme came up in

speeches. The sophistication of this sort of deeply demeaning propaganda was both breathtaking and appalling. It hardly needs stating that sexual politics are inherently challenging and problematic in all cultures and always involves wonderful winning and terrible losing everywhere, but the message of the posters on display was that African men throughout sub-Saharan Africa are shallow in their emotions, uncaring, inconsiderate, faithless and violently abusive. In short, less than human. Or less human than Germans. Indeed, to drive the message home, I was shocked to see Deutsche Welle distributing DVDs entitled 'Violence against Women in South Africa' – as if this is a particularly South African problem. All of this anti-African male propaganda was undoubtedly highly effective in galvanising German NGO delegates to take action to save Africa, and particularly African women from its especially violent and sexually predatory men, but it is viciously racist; and no amount of hugging, and kissing and smiling by the speakers and delegates (of which there was lots) detracts from this.

When I discussed my perceptions in this regard with certain of the African delegates during tea- and meal-time breaks, they heartily agreed with me, and urged me to present them from the floor during the plenary session. But we had to talk furtively. It was as if we were discussing forbidden thoughts, namely that beneath all the sincere German goodwill in evidence at the conference lay the most insidious set of assumptions about African people.

Although we were told that 'universal access' means more than everyone in Africa getting ARV drugs (it includes, inter alia, giving them condoms to wear) getting ARV drugs to Africa was the unmistakable bottom line of the conference agenda, in evidence in several speeches. For instance, Christoph Benn stated that without these drugs millions will die; Sonja Weinreich spoke of how 80% of her African patients recovered their health on the drugs and rose from their deathbeds (as if touched by Jesus). And the draft communiqué makes this perfectly clear too, calling on the 'G8 Summit in June 2007 in Heiligendamm and the European Council [to] agree to: ... Ensure that WTO TRIPS flexibilities are used to guarantee access to life-saving medicines and commodities and restrict patents on AIDS drugs'.

In the 'G8' working group, I challenged the description of ARVs as 'life-saving'. I pointed out that no ARV manufacturer claims that its ARVs are 'life-saving', and a massive study of more than 22 000 cases published in *Lancet* in August last year decisively refuted this myth, which is so preciously subscribed to by professional AIDS treatment campaigners. I quote:

'The results of this collaborative study, which involved ... over 20 000 patients with HIV-1 from Europe and North America, show that the virological response after starting HAART [*Highly Active Antiretroviral Therapy*] has improved steadily since 1996. However, there was no corresponding decrease in the rates of AIDS, or death, up to 1 year of follow-up. Conversely, there was some evidence for an increase in the rate of AIDS in the most recent period. [We noted a] discrepancy between the clear improvement we recorded for virological response and the apparently worsening rates of

clinical progression'. – **The Antiretroviral Therapy (ART) Cohort Collaborative, *Lancet* 368:451-458 (2006)**

'The major findings are that, despite improved initial HIV virological control ... there were no significant improvements in early immunological response as measured by CD4-lymphocyte count, no reduction in all-cause mortality, and a significant increase in combined AIDS/AIDS-related death risk in more recent years.' – ***Lancet* editorial commenting on 'these somewhat paradoxical trends' reported in the above-cited study**

I also pointed out some recent epidemiological evidence from Africa that treatment with ARV drugs has precisely the opposite of a 'life-saving' effect, and that, to quote the *Lancet* editorial, they result in 'a significant increase in combined AIDS/AIDS-related death risk'.

This evidence is noted in a little leaflet I prepared, which interested readers can find online in:

[Why do President Mbeki and Dr Tshabalala-Msimang warn against the use of ARV drugs like AZT?](#) (PDF, 98 kB)

and in German:

[Warum warnen der südafrikanische Präsident Thabo Mbeki und Gesundheitsministerin Dr. Manto Tshabalala-Msimang vor dem Gebrauch von Anti-retroviralen Medikamenten wie AZT?](#) (PDF, 82 kB)

In case there's any problem with these links, the URLs are:

http://www.tig.org.za/pdf-files/azt-mbeki_tshabalala-msimang.pdf (PDF, 98 kB) in English;

http://www.tig.org.za/pdf-files/azt-deu-mbeki_tshabalal-msimang.pdf (PDF, 82 kB) in German.

I highlighted Sonja Weinriech's statement in her speech before the plenary session that 20% of her African patients had died on her ARV drugs. She immediately disputed this, and said no, she'd actually stated that 20% of her patients weren't cured by ARVs. When I checked my notes that evening, I found confirmation of what I'd heard her say in the plenary session. Perhaps the record could be checked; either I misheard or, at best, she'd forgotten what she said in the plenary session when denying my recollection during the 'G8' working group discussion that she'd said 20% of Africans whom she'd treated with ARVs had died on them.

The response I drew from the chairman of the discussion group to the mention of these apparently unmentionable data about the lethal toxicity reported in the medical and

scientific literature— exposing the basic agenda of the entire conference as both tragically misdirected and deadly – was that the working group wasn't the right forum for any debate of them. Notwithstanding my explicit mention of the *Lancet* data – that ARV treatment (again I quote the *Lancet*'s editor) results in 'a significant increase in combined AIDS/AIDS-related death risk', Sonja Weinreich persisted in propounding the myth that ARVs are 'life-saving', looking at me with a kindly *Gutmensch* smile, and repeating for my benefit the expression '*life-saving ARV drugs*', to help me understand that they in fact are. Readers will understand if I confess that I was left wondering whether her doctorate was in medicine or divinity.

During the discussion group deliberations, I mentioned being struck by the omission of any support for indigenous traditional African medicine in the demands enumerated at the end of the communiqué. I mentioned that South African President Thabo Mbeki had recently established a Presidential Advisory Panel on Traditional African Medicine, for the research, support, protection and defence of these ancient healing schools – particularly having regard to the neo-colonial predations of the Western commercial, commodity-based, bio-medical industry, and the repeated, shockingly insulting attacks on traditional African medicine by the leading ARV drug promoting lobby in South Africa, the Treatment Action Campaign. I pointed out that the WHO itself recognizes that more than 80% of South Africa's people consult traditional healers when unwell, for whatever reason, and that most of my country's people have an understanding of health and disease that is completely different from that adhered to by Western allopathic doctors. So how about funding for President Mbeki's Advisory Panel on African Traditional Medicine, I asked? The response of the discussion group chairman was that it was not the right place to raise this, because it had not been canvassed in the plenary sessions. I wondered whether the real reason wasn't that to the Europeans running the conference, all sold on Western ARV drugs, the ancient learning of African traditional medicine, integral to African culture, is useless and even dangerous mumbo jumbo.

During the meeting of the 'G8' working group, the concept of 'civil society driving Europe's AIDS agenda for Africa' came up a few times, so I made the observation that whereas I didn't doubt that the delegates to the conference were all authentic representatives of civil society constituencies – the Church etc – in South Africa an entirely different situation prevailed. In my country a democratic liberation movement is in power after nearly a century of struggle against colonial and apartheid racist and fascist oppression, and that it governs with massive popular support, elected on a steadily increasing majority, currently enjoying more than 70% of the popular vote. Yet whenever our country's leaders voice their reservations about the merits of the American and European agenda to save our people from the price of their sexual sins with highly toxic patented pharmaceutical drugs, their views are disregarded or venomously derided. In other words, in their determination to save Africa, Europeans are not interested what Africans themselves think, because Europeans know what's good for Africans, better than Africans themselves – a remarkably colonial, racist, paternalistic attitude. I mentioned that the ARV drug promoting Treatment Action Campaign, which campaigns aggressively against our democratic government in the most intemperate terms, is no genuine 'civil society' representative at all; it is entirely a child and tool of its foreign

financial sponsors (R38m in 2006, and increasing ‘exponentially’, according to a report posted on its website in February that year) and that without this colossal funding, exclusively foreign, the TAC would be nothing. (What I didn’t mention is that perceptions overseas notwithstanding, HIV-positive people are actually represented by the National Association of People Living With HIV-AIDS, not the TAC.) Again my contribution to the discussions was shut down by the chairman: ‘I have to stop you. The TAC are our guests here. [*Indeed, they were introduced at the beginning of the conference as ‘our special guests’.*] Many of us are friends of the TAC. It has done very good work in South Africa.’ When I riposted, ‘But you’ll agree that my analysis is not factually wrong,’ he confirmed it. In short, at a feel-good conference like this, where ideas are fixed and minds are as focussed in unison as a laser beam’s, certain unpleasant hard facts are unacceptable, and may not be mentioned, lest the feel-good spirit be disturbed.

Let me here provide a concrete example. On the second day of the meeting I put out my group’s literature: three small lonely piles of the leaflets mentioned above, as well as a collection of citations from the medical literature – without any comment or polemics – on the horrible harm that the toxicity of AZT and similar drugs has been reported to cause unborn and newly born children (it’s online at http://www.tig.org.za/pdf-files/azt-achmat_geffen_heywood.pdf). The former document (Why do President Mbeki and Dr Tshabalala-Msimang warn against the use of ARVS like AZT?) recounted their several well-informed public statements, supported by citations from the medical literature. Just before lunch I heard from behind me the agitated exclamation, ‘He’s a denialist!’ and again, ‘He’s a denialist!’ I looked around and saw the TAC delegate Regis Tutu at the table where my leaflets were placed talking to a woman who I assume was part of the conference organizing committee. The next thing, all the leaflets were gone. I put out more after lunch; they were instantly removed as well. Let me say that the unpleasant accusation of the TAC delegate reminded me vividly of the time a similar allegation was made against me at a magistrates’ training course during the apartheid era – that I was ‘a communist’ (merely because I’d asked a question which made the whole system look ridiculous). I can just imagine what it must have been like during an earlier time in Germany when people were publicly singled as Jews. The poison in the charge hit me like a kick in the chest. Apparently if you dare to mention the deadly toxicity literature concerning ARV drugs you are a ‘denialist’ – although what one is supposed to be denying is unclear; perhaps that such drugs are ‘life-saving’. But anyway I wondered whether the conference organizers had any part in censoring the information I’d made available, or whether my group’s literature was simply stolen by the TAC delegate – thus denying delegates the opportunity to inform themselves about the reasons for my country’s leaders’ deep concerns about the grave toxicity of ARVs for African people. And I wonder, whatever the case, how the conference organizers propose to remedy the problem.

Various suggestions were made during the ‘G8’ discussion group meeting, some minor, some major, such as Sara Simon’s for G8 support for food security. I’ve just read a press release from her organization, dated the 25th instant, ‘Put food at the heart of the fight against HIV and Aids or fail warn leading aid agencies’: ‘CARE International UK,

Concern Worldwide (UK) and Overseas Development Institute (ODI) are challenging more than 25 of the world's leading international development organisations at a meeting in London today to put food first in their HIV and AIDS programmes. [...]'. But as she and Sandra Bulling note in their comments on the pre-final communiqué, this doesn't feature anywhere, even though it was pertinently raised in my presence at the 'G8' working group meeting. The reason, of course, is that the organisers of the conference and the authors of the draft communiqué have a different agenda: Much more important than food support for Africans (so unimportant that it's totally left out the pre-final communiqué) is getting American and European ARV drugs exported to Africa, irrespective of the warnings in the medical and scientific research literature about how very harmful these chemicals are, a matter to which President Mbeki and Dr Tshabalala-Msimang in my country have frequently referred. In fact, it was made quite clear by the chairman of the 'G8' working group that any proposal for major changes to the draft communiqué tabled at the meeting wasn't welcome – not even 'word-smithing', he said. The object of the meeting was to get the thing approved basically as is; and indeed the pre-final draft that I got this morning is hardly any different in substance. All of which means that the communiqué is in no real sense the fruit of the conference; it was drawn before it, and the object of the conference was simply to give it a bogus stamp of authenticity. Accordingly, I consider the communiqué to be a fraud on Chancellor Merkel, and I shall be communicating this to her office in due course.

I appreciate that these notes and objections are pointless, and will have no bearing on the contents of the communiqué, just as Western merchants set on colonizing and pillaging African countries, and Western missionaries determined to destroy a people's age-old, indigenous cosmology and replace it with their own, have never been put off their designs by calls to reason and morality. My country and others in Africa are to have their health problems defined for them in terms of pharmaceutical industry-serving Western medical models and constructions (the African male promiscuity-, weak African women- and sex-germ theory), which completely ignore developmental, political, social and historical factors for the high burden of disease among the African poor; and it is to have European and American charity, mainly in the form of ARV drugs, forced on them whether they like it or not. It has always been this way, and there are no signs that anything's about to change.

I explicitly stated during the 'G8' working group meeting that my group and I rejected the draft communiqué in its entirety – both its goals and its assumptions – and I asked the chairman for his advice as to how my dissenting vote might effectively be recorded. I said I didn't want to go down as a supporting signatory, nor simply omitted from the list of supporters, thereby creating a false impression of unanimity, because I intended providing a report to my government about what had transpired at the conference, and didn't want any confusion about my group's position on the communiqué. Sonja Weinreich's sarcastic response to this serious concern was: 'Don't worry, I'll tell Chancellor Merkel.'

When the deliberations of the 'G8' working group were reported to the final plenary session, the chairman stated that there had been no serious disagreement about the

contents of the draft communiqué. But that claim wasn't true; I'd stated clearly that I dissented, and fundamentally so. He also ran through the matters and suggestions raised in the discussion – omitting to mention a single one of the issues I'd introduced, thus seriously misleading by omission the delegates present in the final plenary session as to the ambit and reach of the concerns raised during the 'G8' working group deliberations.

Notwithstanding my request for my dissenting position to be recorded and communicated, I see my name listed as a pro-signatory. In the conference organizers' philanthropic zeal, I can't think of a more compelling illustration of their contempt for heretical voices, for people who face them and say, 'If you don't mind, how about staying at home and attending to your own massive social and political problems. We'd prefer to solve our own in our own way.'

I left the conference sickened, thinking to myself: 'So this is how AIDS NGO business is done in Germany: when on a mission to save Africa (from the consequences of its supposedly out-of-control-sexuality), any kind of political chicanery goes. A couple of influential individuals decide what they want, and then call a conference to give their wishes the fake appearance that everyone shares what they want. One of the tricks is to only invite people likely to vote in support; but if they unexpectedly speak out of turn, just pretend to everyone that they didn't, just black out everything they say. How very slick these people are.'

Would the conference organizers please be so kind as to respect my wish that my Treatment Information Group be recorded as having rejected the communiqué, and that it be neither included among the NGOs who supported it, nor merely left out of the list of those who did, thus generating the false impression that everyone at the conference unanimously agreed with it, and thereby further misleading Chancellor Merkel and the other intended recipients.

Thanks.

Adv Anthony Brink
Chairman: Treatment Information Group
Cape Town
South Africa
www.tig.org.za
arbrink@iafrica.com

Postscript:

Numerous other delegates also complained about the form of the 'pre-final draft communiqué', mostly concerning its failure to mention the primacy of nutrition and the provision of food security. Instead of reacting to our concerns about the fundamental shortcomings of the communiqué and the way the conference was rigged, the organizers of the conference merely offered an apology for them, and persisted on their course – responding on 30 May (typos fixed):

Dear participants,

We sincerely appreciate your participation in the conference and your work in the working groups and on the communiqué. We sincerely apologise for the mistakes that we made in not having had a more open process on the drafting before and at the conference. This way we fully understand that some are not happy at all with this process and feel there was not enough participation and ownership. We take your point and promise to do better the next time. However we cannot change this at this point in time. Since many people are waiting for the communiqué to be distributed and put on their websites as an important contribution for some very important German as well as international networks, we ask you to bear with us and agree to the procedure that was proposed.

The final communiqué will be informed upon [*sic*] in tomorrow's parliamentary meeting. After that it will be distributed to German and international officials.

If you want to sign it, it will be put on the webpage www.prospects-for-africa.de, and you can sign by mailing your name and organization to info@prospects-for-africa.de.

Best regards,

Birte