

**Stakeholders
of the
Pharmaceutical
Investment
Business
in Democratic
South Africa**

THIS COURT CASE UNCOVERS THE STAKEHOLDERS OF PHARMACEUTICAL INTERESTS IN SOUTH AFRICA

During the Apartheid regime, the pharmaceutical interests had been sitting at the “cabinet table” for four decades. In democratic South Africa the pharmaceutical interests were forced to take other measures in order to protect their economic interests. The pharmaceutical stakeholders reorganised their strategy, now trying to promote their interests through organisations like the old “MCC”, deeply embedded in the new structures of democratic South Africa for almost a decade.

As exemplified above, the advent of the Dr Rath Health Foundation in South Africa in 2004 challenged these hidden interests. They now had to articulate themselves in order to protect the “business with disease” on which they had become economically or career wise – directly or indirectly – dependent.

This Application brought about by the “TAC” and the current “SAMA” leadership is a historic document for it features all those individuals and organisations currently active in democratic South Africa on behalf of the “business with disease” and unites them behind one goal: Eliminate natural health as a threat to the patented drug business. This Application is also a valuable document for it reads like a “who’s who” of these organisational and individual stakeholders:

THE SOUTH AFRICAN AND MEDICAL ASSOCIATION

The “South African Medical Association” (SAMA) is the organisation responsible for medical practice in South Africa, but its leadership is almost exclusively focused on pharmaceutically-oriented medicine. So determined was the “SAMA” leadership to cement the pharmaceutical monopoly to the AIDS epidemic that every single member of the “SAMA” board personally signed to launch this court case against natural health approaches!

A closer look at the background of these "SAMA" individuals documents that most of them are directly or indirectly linked to the promotion of ARV drugs and their careers are dependent on the continuation of the pharmaceutical investment business. The following paragraphs describe these connections in detail:

THE MEMBERS OF THE "MANAGING BOARD" OF SAMA

Among the members of the "South African Medical Association" who personally launched this legal attack on natural health are:

Prof. AA Stulting, Free State University

Prof. AA Stulting, Free State University, acted as a consultant for the "Essential Drug List" for South African hospitals. At the same time he is "Chairman of the Board" of the "Foundation for Professional Development" an organisation that is primarily sponsored by pharmaceutical companies and will be discussed below in detail.*



Prof. Denise White

Prof. Denise White has been the Vice-Chairperson of the South African Medical Association. She has been engaged in a campaign against natural health approaches, in particular as they relate to AIDS that borders on a "witch hunt." On March 11, 2005, White issued a statement on behalf of SAMA directly attacking micronutrients in the prevention and therapy of immune deficiencies and the work of our Foundation.*

Dr LM Mogudi

Dr LM Mogudi, until recently has been the President of SAMA. While Dr Mogudi may have expertise in the field of property

management, e.g. as Director of “Dijalo Property Services,” he has no proven expertise in the field of micronutrient research.

Dr TKS Letlape

Dr TKS Letlape, is the current “Chairperson” of SAMA. Together with Prof. Stulting, Dr Letlape sits on the Board of Directors of the pharmaceutically-sponsored “Foundation for Professional Development” (see below) and manages different “arms” either strategically sponsored by this “Foundation” (e.g. the “Tshepang Trust”) or even wholly owned by it (e.g. the “Health Science Academy”).*

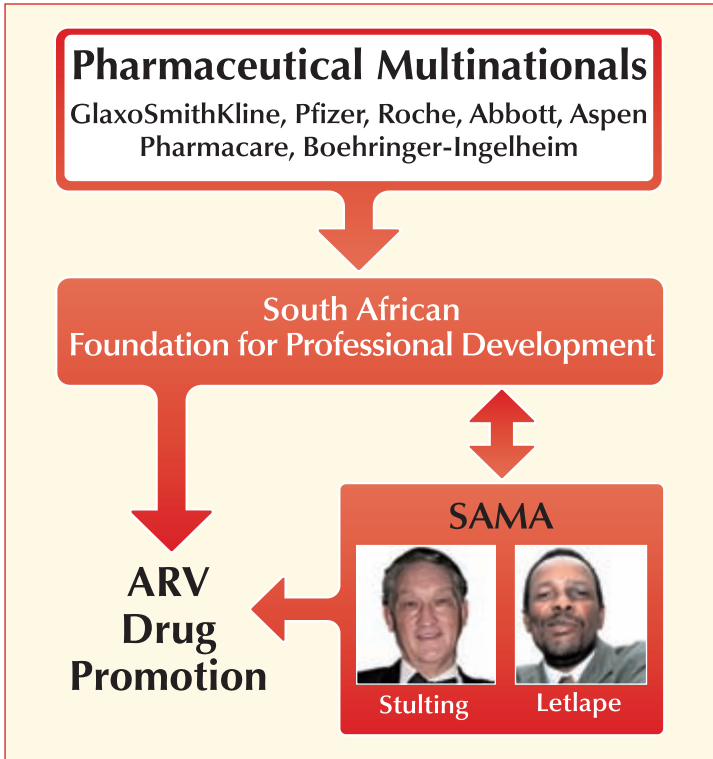


Dr TS Tshabangu

Dr TS Tshabangu is a “Task Team” member of the “Pharmaceutical Industry Association of South Africa,” the decisive lobby organisation of the manufacturers of ARVS to promote their drugs throughout South African society.*

PHARMACEUTICAL COMPANIES AND “AGENCIES” LINKED TO MEMBERS OF THE SAMA MANAGING BOARD:

Several members of the SAMA managing board hold strategic positions on the Board of the “Foundation for Professional Development,” an organisation essentially influencing all aspects of the medical profession in South Africa. A list of the “sponsors” of this Foundation documented on its own website reads like a “who’s who” of ARV promotion.*



DRUG MULTINATIONALS FINANCING THE SOUTH AFRICAN "FOUNDATION FOR PROFESSIONAL DEVELOPMENT"

Pharmaceutical companies manufacturing and distributing ARV drugs and influencing the health care sector of South Africa

GlaxoSmithKline (GSK)

GlaxoSmithKline, based in the UK, produces no less than the seven ARV products, including the world's best selling anti-retroviral drug, AZT. According to GSK's public records, the global sales of its ARV drugs in 2005 were nearly 37 billion (!) South African Rand, an increase of more than 10% over the previous year.*

Pfizer

Pfizer, a US-based pharmaceutical multinational, is the world's largest drug company. Pfizer distributes at least two ARV products each of them with global sales of hundreds of millions of Rand.*

Roche

Roche, a Swiss-based pharmaceutical multinational distributes at least three different ARV drugs. In 2005, the global sales of one of these drugs alone, Fuzeon, surpassed 1.5 billion South African Rand.*

Abbott Pharmaceuticals

Abbott Pharmaceuticals, the US-based multinational drug company manufactures the ARV combination product "Kaletra". The total global sales of this ARV drug already in 2004 were close to \$ 900 million or R 6.5 billion (!). In order to continuously increase the global market for its ARV drugs, the Abbott company is simultaneously marketing a diagnostic test kit named "OraQuick Advance" for the rapid mass diagnosis of HIV.*

Aspen Pharmacare

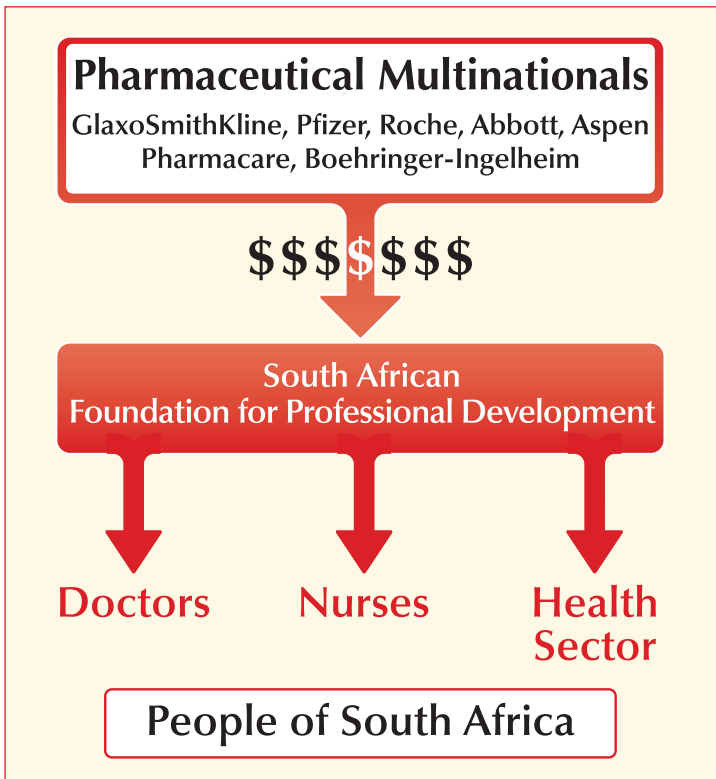
Aspen Pharmacare, a South African drug company specialised in the distribution of generic ARVs is selling no less than six different types of these drugs. One of the main shareholders of Aspen is COSATU's "Pharmaceutical Investment Trust" CEPPWAWU.*

Boehringer-Ingelheim

Boehringer-Ingelheim, a German-based pharmaceutical multinational company is the manufacturer of at least two ARV drugs, among them the first ARV drug marketed globally, Viramune (Nevirapine). In 2005 Boehringer's net profits from the sales of Nevirapine alone surpassed 2.7 billion (!) South African Rand.*

In summary, these Pharmaceutical Multinationals

- **Support the South African “Foundation for Professional Development” and its “educational efforts” including training seminars of the “South African Medical Association” and other South African health professions;**
- **Increase their ARV markets every time ARVs become part of these seminars in “medical education” or in “professional development.”**
- **Promote the multi-billion Rand export business of ARV drugs to Africa by influencing the health care system of South Africa**



Beside the drug companies themselves, the “Foundation for Professional Development” in South Africa is being heavily sponsored by organisations many of which function as promoters of pharmaceutical drugs under the cover of education, research or even charitable goals.

“THIRD PARTIES” CHANNELLING MONEY TO SOUTH AFRICA IN THE INTEREST OF PHARMACEUTICAL MULTATIONALS

This deceptive “scheme” of drug companies to promote their merchandise through “third parties” is – among others – being described in detail in Dr Angell’s book in the chapters of “Marketing Masquerading as Education” and “Marketing Masquerading as Research.”

The following “third party” organisations linked to the pharmaceutical industry are listed as sponsors of the South African “Foundation for Professional Development:”

Afrox Health Care

“Afrox Health Care” is a particularly good example for the multiple layers of interests that make it often difficult to trace back to the real stakeholders. “Afrox”, a South African company belongs to the “BOC” group, which has recently been acquired by the German multinational corporation, “Linde AG.”

Chairman of the supervisory board of “Linde AG” is Manfred Schneider, an influential corporate executive, who is – at the same time – Chairman of the supervisory board of the German pharmaceutical multinational “Bayer.” This chain of ownerships provides options for direct and indirect influence of “Bayer’s” drug business on the “South African Medical Association.”*

The European Union

The decisive political body of the European Union (EU), its cabinet, is the “European Commission”. The following facts about this Commission are relevant in this context:

The members of the “EU Commission” were not elected in a democratic process but were appointed as political stakeholders with close ties to corporate interests. Largely outside any democratic control they manage these interests across the European continent and beyond. A case in point was the previous EU commissioner Fritz Bolkestein, who had been a prominent board member of the pharmaceutical multinational Merck .*

Under the umbrella of “charity” and “help for the poor”, the “EU Commission” spends – without any democratic control – billions of Rand to promote pharmaceutical drugs across Africa and other developing regions.



Billions in tax payer money extorted from the citizens of Europe by the political stakeholders of the drug cartel in form of taxes turned the rather idyllic capital of Belgium, Brussels (front), into the politbuero of the European drug cartel (back) from where it coordinates its global economic conquest.

Since these EU billions are essentially allocated for financing the import of ARVs and other patented drugs to Africa mainly from European-based pharmaceutical companies, this entire scheme represents a “subsidy programme” for European drug manufacturers – paid for by the people of Europe in form of taxes.

Moreover, in case of the promotion of toxic ARVs, the people of Europe – unknowingly – are financing the expansion of diseases and of pharmaceutical markets at the expense of the health and lives of millions of people in Africa and beyond.

International AIDS Society (Sweden)

Another organisation that fits the description of “Marketing masquerading as research” is the “International AIDS Society (IAS)” based in Sweden. The mission of this organisation is to “Accelerate ... HIV research ... with a particular focus on the role and responsibilities of industry as sponsors.” Towards this end the “IAS” set up an “Industry Liaison Forum (ILF)” with the specific goal to promote scientific and financial commitment from pharmaceutical and diagnostic companies in low income countries.*

Ministry of Health of Lesotho

The government of Lesotho has entered into a so-called “partnership” with pharmaceutical multinational “Bristol Meyer Squibb”. On the web site of the Lesotho Ministry of Health and Social Welfare this partnership is prominently featured. The Lesotho government web page reads: “The ministry has initiated a process of establishing a Communicable Disease Complex at Bots abelo, which currently provides treatment to AIDS patients through provision of antiretrovirals.”

A focus of Bristol Meyer Squibb’s “partnership” with Lesotho is to “provide support to NGOs working in AIDS. The project duration is three years for which the total budget is 26.7 million.” These NGOs (non-governmental organisations) are little more than drug lobby organisations that promote ARV drugs to

the poor and pressuring the impoverished African nations to spend billions for drug imports.*

The National institutes of Health (NIH), USA

The National Institutes of Health (NIH) in Bethesda, Maryland, are one of the largest financial resources in the field of medicine globally. The AIDS research conducted at this Institute and the grants provided by it are almost exclusively focused on patented ARV drugs. The undue influence of pharmaceutical companies on NIH researchers has been the object of several investigations.*

US-President Bush's so-called PEPFAR-Plan

The “Presidential Emergency Plan for AIDS Relief (PEPFAR)” is a scheme similar to the European Union’s AIDS drug subsidy programme. Initiated by US President George Bush, PEPFAR allocated US\$ 15 billion of taxpayer money to pay for exports of ARV drugs manufactured primarily by US-based pharmaceutical multinationals. This multi-billion-Rand subsidy programme for the US drug industry was sold to the people of America and Africa alike as a programme of “relief” and charity.

The official web site of PEPFAR lists the South African “Foundation for Professional Development” as one of its “Prime Partners,” receiving \$1.8 million or 12.8 million Rand in 2005 alone.*



The leaders of the 3 leading drug export nations (from left: Germany, US, UK) having a “happy hour” at the 2007 summit of the largest industrialised countries (G8) after having succeeded to launch a 500.000.000.000 Rand ARV marketing campaign in Africa on behalf of the drug industry.

USAID (USA)

This US-based organisation co-sponsored by the US government is a primary agency by which US drug companies expand their global markets. The official web site of USAID specifies Pfizer Inc., the world's largest drug company, as one of its Public-Private Partnerships:

"Pfizer Global Health Fellows. USAID works behind the scenes to establish assignments for Pfizer's "Global Health Fellows Program," which loans personnel worldwide to NGOs and ministries of health for the President's Emergency Plan for AIDS Relief. Along with healthcare personnel, Pfizer loans financial and organisational management experts who support partner NGOs and local ministries in strengthening health systems. As a result of Pfizer loaning a fellow with expertise in financial management, the "Mothers to Mothers to Be" (M2M2B) in Cape Town, South Africa, was able to open 15 new sites and is planning 17 more."*

This unethical programme of promoting toxic ARVs to pregnant women and unborn babies is being promoted in South Africa by a foreign organisation named "Medecines Sans Frontiere (MSF)", i.e. "Doctors without Borders, " which will be described below in detail.

THE HEALTH CARE SYSTEM OF SOUTH AFRICA: STRATEGIC TARGET OF DRUG MULTINATIONALS

The facts documented above reveal important connections between the globally operating pharmaceutical investment business, and the health care sector in South Africa. They are:

1. Pharmaceutical multinational companies – in particular the manufacturers of ARV drugs – invest hundreds of millions of Rand to promote their merchandise in South Africa and throughout the developing world.
2. Important targets of these investment interests are the professional organisations within the health care sector in each country, such as the “South African Medical Association.”
3. In order to escape public scrutiny, these investments are generally not made to professional organisations like SAMA directly, rather than to so-called intermediary “Foundations” that appear as non-profit organisations. Under the umbrella of “education,” “professional training,” “research” and other socially acceptable goals these “Foundations” serve as vehicles to promote the merchandise of its sponsors, namely patented ARV drugs. The “disguise” of pharmaceutical drug promotion as “education” is a pervasive global marketing scheme used by pharmaceutical multinationals and correctly characterised as “Marketing Masquerading as Education” by Dr Angell.*
4. To make sure that these ARV promoting “Foundations” are serving the interests of their sponsors, they maintain close ties with the professional organisations – often through selected individuals. A case in point is the intimate connection between the ARV promoting “Foundation for Professional Development” and the “South African Medical Association.” The alignment of the goals of both “organisations” is assured by the fact that the Chairman of the ARV promoting “Foundation,” Dr Stulting, sits also on the Board of Directors of SAMA. Vice versa, the Chairman of SAMA, Dr Letlape, sits on the Board of the pharmaceutically sponsored “Foundation for Professional Development.”
5. Through this ruse, the globally operating pharmaceutical interests – namely the promoters of toxic ARV drugs – are directly influencing medical education and training in South Africa and affect the decision taking of tens of thousands of doctors and other health professionals in the country.

6. The great majority of general practitioners, family doctors and other health professionals responsible for providing primary health care in the country are unaware of this commercial impact of pharmaceutical interests on their profession. These health professionals faithfully rely on the recommendations of the leadership of professional organisations like SAMA unaware of any bias.
7. Most significantly, this “alignment of interests” between the pharmaceutical investment business and the SAMA leadership is depriving tens of thousands of doctors and other health professionals in South Africa of objective medical and scientific information – including science-based natural health – to benefit their patients and to help control AIDS and other diseases.
8. These ruses have been designed and implemented by the pharmaceutical multinationals all over the world. Due to their deceptive nature they are equally hard to recognise for, professionals and the public alike. It takes extraordinary circumstances – such as this lawsuit – to reveal these mechanisms and thereby help to abolish them.

In the context of this Application it is particularly significant that, while most of the SAMA executives backing this Application have a track record in pharmaceutically oriented medicine – some of them even with vested interests – the accessible public records do not show any research or publication in the field of nutritional or traditional medicine for any of them.

This is particularly remarkable since the “Objects of Association” of the “South African Medical Association” lists as a specific goal of this organisation: “To promote involvement in medical education, research, ... understanding of alternative practices, e.g. traditional healing.”*

THE ARV DRUG BUSINESS IS A GIANT MONEY MAKING MACHINE



In one year (2005) one drug company (GlaxoSmithKline, GSK) raked in 37 billion Rand from its global business with ARVs. This amount of money is so huge that if one rand coins were piled up, they would circle the globe two times. Without the stakeholders of the drug business having infiltrated the health care sector this would not be possible.

The questions are justified:

1. On the basis of which qualifications did these SAMA executives launch their litigation aimed at discrediting science-based natural health approaches to the AIDS epidemic ?
2. How long will the many thousands of doctors of South Africa – and SAMA members – tolerate the abuse of their organisation by a handful of SAMA functionaries closely connected to the economic interests of pharmaceutical industry ?

The “Medicines Control Council of South Africa” (“MCC”)

As discussed above, the role of the “MCC” as a “key instrument” to protect the monopoly of pharmaceutical medicine has been cemented during the Apartheid regime and has had this function until recently. Today, the “MCC” is a democratically controlled regulatory body and has become another good example of the people of South Africa taking control of their destiny.

The “Advertising Standards Agency of South Africa” (“ASA”)

As discussed above, the “ASA” is a private company, co-founded by the “Pharmaceutical Manufacturer’s Association of South Africa,” with the goal to protect its market monopoly of patented drugs. Masking its primarily self-serving (“self-regulatory”) purpose, the “ASA” deceptively parades as a democratically controlled and “authoritative” organisation. This is clearly not the case.

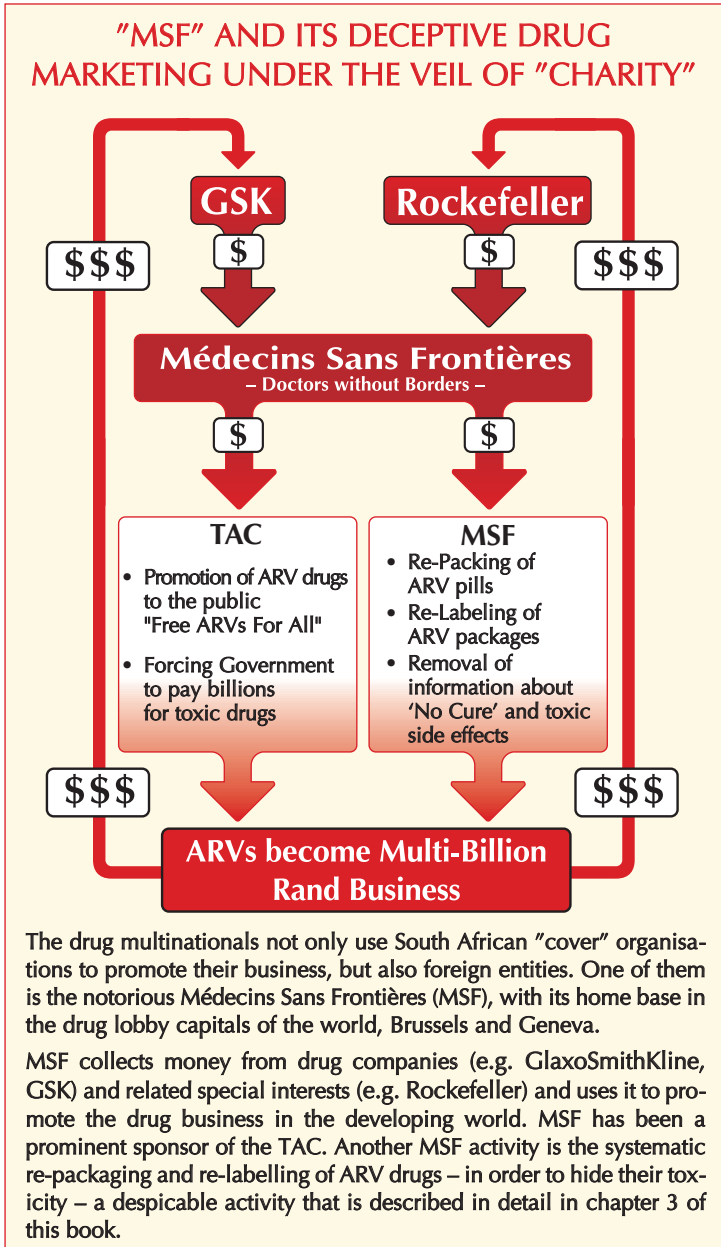
The “ASA’s “ alleged power derives from reprimands, bans and other coercive tools towards its member media which “voluntarily” submit themselves to this rule. More details about the ASA “censorship” organisation were documented in previous paragraphs of this document.

“Médecins Sans Frontières” (“MSF”)

“MSF” is an international organisation deceptively featured by SAMA and the TAC as a charitable organisation working in the poor townships of South Africa to allegedly help the needy.

This description could not be further from the truth:

- “MSF” is located in Geneva (the seat of the WHO) and Brussels (the seat of the EU) where also most of the pharmaceutical lobby organisations are located. Under the veil of a charitable



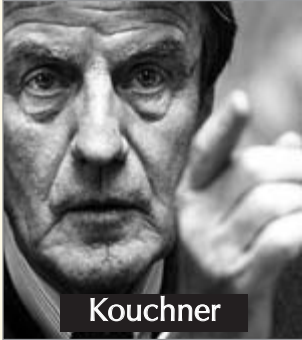
operation, “MSF” attracts good-willed young doctors from all over the world and uses them as promoters of pharmaceutical drugs – without providing adequate training in science based nutritional medicine.

- The influence on the “MSF” operation by the global pharmaceutical investment business with ARV drugs is provided through its donors as well as the “MSF” Board. The most prominent member of “MSF’s” Board of Advisors is Richard Rockefeller, the son of David Rockefeller Sr., and an influential member of the Rockefeller Trust, the world’s largest pharmaceutical investment group.*
- Simultaneously, one of the largest donors to “MSF” is the foundation of the investment bank “Lehmann Brothers” with Christopher Gent, the CEO of GlaxoSmithKline (GSK) as its most prominent Board member.* As detailed above, GSK is the world’s second largest drug company and the largest manufacturer of ARV drugs.
- As mentioned above, the “MSF Coordinator” in South Africa listed in the SAMATAC complaint as a “witness” for their ARV promotion business, is an individual by the name of Martha Darder. Darder is the “Coordinator” of an ARV drug promotion campaign, deceptively named “Access to essential medicines campaign” with its base in Khayelitsha.

The term “essential medicines” is yet another term masking the mere promotion of toxic ARV drugs. Nowhere in their affidavits does Darder or any other “MSF” witness refer to the obvious: The use of micronutrients as biologically “essential” to enhance the immune system of patients suffering from immune deficiency diseases (AIDS).

Particularly appalling is the fact that Darder seems to take pride in the fact that “MSF” is promoting highly toxic ARVs not only to pregnant women, but – through the mothers’ blood circulation – to the unborn babies in the mother’s womb. Covering

THE MILITARISATION OF AFRICA AS PART OF THE DRUG CARTEL'S STRATEGY TO KEEP CONTROL OVER ITS AFRICAN DRUG MARKET



Kouchner



Sarkozy

Less than two months after the global exposure of "MSF" in this affidavit, the drug cartel expanded its global power grip. Backed by the pharmaceutical industry, Nicolas Sarkozy became president of France. Significantly, one of his first acts was to appoint Bernard Kouchner as his minister of foreign affairs – one of the founding members of "MSF".

The political agenda of these two men became soon obvious: their key assignment is to protect the multibillion dollar drug markets in Africa on behalf of drug multinationals. Their task: to avoid at all costs a domino effect of African countries liberating themselves from the shackles of pharmaceutical colonialism.

Towards this end the current French government is pursuing a strategy of rapid militarisation of the entire African continent. Under the pretext of "charity", it became the driving force behind the deployment of tens of thousands of foreign troops to Darfur – ignoring all reservations from the African Union. Moreover, through massive arms deals the nuclear power France is expanding its strategic control over Africa.

such unethical "marketing campaigns" for toxic ARVs under deceptive terms like "Mother to child transmission prevention programme" is a hallmark of "MSF" and similar organisations.

Willem Daniel Francois Venter



As detailed above, Dr Venter is head of the “HIV Clinicians Society of Southern Africa”, a special interest group that also focuses on promotion of ARVs. Dr Venter’s entire academic career is dependent on the upholding the fallacy that ARVs are a cure for HIV or AIDS. Essentially all of Venter’s publica-

tions serve the promotion of ARVs, while not a single one of his publications addresses the key role of micronutrients to improve immune function. Dr Venter has no record of any basic scientific research in the fields of biology, biochemistry, cell physiology or molecular biology. The list of his publications does not include any specific studies of basic scientific research either.

Despite that fact, he parades as an “expert” in the field of basic scientific research in viral diseases, namely HIV infections, arrogantly discrediting the research of those who actually worked as scientists over decades in this field.

Dr Venter’s role as a credible independent witness is fundamentally challenged by the fact that he is president of the so called “Southern African HIV Clinicians Society”, an organisation that promotes almost exclusively ARVs as the only answer to HIV and AIDS – ignoring their toxicity and in their inability to cure either HIV or AIDS.

The true nature and function of this ARV promoting “Society” is documented in the newsletters of this organisation, called “Transcript.” The 27 February, 2006, edition of this newsletter is just one example how shameless the name “Southern African HIV Clinicians Society” is being used as a wholesale outlet for ARVs.

Venter’s Newsletter Transcript blatantly advertises the following drug promotion facts among the doctors and health professionals across Southern Africa:

- Aspen Pharmacare, one of the largest manufacturers of ARV drugs on the African continent “donated R75,000 to the society in 2005 and R100,000 in 2006 for the purpose of sponsoring or part-sponsoring up-and-coming HIV doctors;” – the “Society” being the “Southern African HIV Clinicians Society”, presided by Dr Venter, the “up-and-coming HIV doctors” supposedly young South African doctors being hired for the promotion of “Aspen Pharmacare Pty. Ltd.’s” merchandise, i.e. ARV drugs.
- The newsletter announces in bold letters to the “up-and-coming HIV doctors” that “Sponsorships [are] available to local and international HIV/AIDS conferences – through Aspen Pharmacare Fund” ... “How to apply [for this travel expense sponsorship to international ARV sales shows]” etc.
- The last two pages of this newsletter by Venter’s “Clinician Society” are largely occupied by the advertising of no less than 64 [sixty four] ARV products. Under the headline of “The latest anti-retroviral (ART) prices (private sector)” – obviously written for marketing purposes – Venters “Clinicians Society” promotes to its members the whole range of ARV products including drug specifications like “Strength,” “Nappi Codes,” “[Manufacturing] Company,” “Quantity,” “Price Inc. VAT” and “GSK Access Price Inc. VAT” [!] – GSK standing for “GlaxoSmithKline”, the world’s largest manufacturer of ARV products.
- To fence off any legal claims for openly promoting the sales of toxic ARV merchandise in their official “newsletter”, the reader finds a small disclaimer on the last page, stating that the views of this “official” newsletter of the “Clinician’s Society” does not necessarily reflect the views of the society!

Such is the quality of “expert witnesses” invoked by SAMA and the TAC in a case that is a matter of life and death for millions of South Africans.

VENTER'S "CLINICIAN SOCIETY" NEWSLETTER: ...

Transcript Newsletter of the SA HIV Clinicians Society

Current Private Sector Antiretroviral (ART) Prices

Private and Access programme prices are provided by FreeFlow Pharmacy dispensing and R710 charged, per month, in addition to a co-payment of R100. For information regarding use of 893 Global GSK Access pack, please contact the relevant country representative in Southern Africa only.

DESCRIPTION	STRENGTH	NAPPI CODE	COMPANY	QUANTITY	PRICE INC VAT	GSK ACCESS PRICE INC VAT
3TC 150	150mg	821632	GSK	60	112.18	42.00
3TC SYRUP	10mg/ml	821640	GSK	240 ml	79.62	50.00
ASPEN - LAMIVUDINE	150mg	703716	ASPEN	60	85.51	
CIPLA - LAMIVUDINE	150mg	701282003	CIPLA	60	85.51	
LAMIVIR ORAL SOLUTION	50mg/5ml	704041001	CIPLA	100ml	26.20	
ASPEN - LAMIVUDINE syrup	10mg/ml	703715	ASPEN	240ml	62.89	
LAMIVIR ORAL SOLUTION	50mg/5ml	704041002	CIPLA	240ml	62.88	
COMBIVIR Tablets		875821	GSK	60	368.00	144.00
ASPEN/LAMZID		703627	ASPEN	60	296.38	
CIPLA - LAMIVUDINE	150mg	701282003	CIPLA	60	85.50	
CRIVIVAN CAPSULES	400mg	824445	MSD	120	238.18	
CRIVIVAN CAPSULES	400mg	824445	MSD	180	357.28	
FORTO-VASE CAPSULES	200mg	857181	ROCHE	180	903.63	
INVIRASE CAPSULES	200mg	825697	ROCHE	270	615.69	
KALETRA CAPSULES		700922	ABBOTT	180	312.95	
KALETRA SYRUP	100mg	700924	ABBOTT	300ml	312.95	
NORVIR CAPSULES	80mg/ml	836095	ABBOTT	84	73.01	
NORVIR SYRUP	80mg/ml	836827	ABBOTT	90ml	62.59	
CIPLA ZIDOVUDINE	100mg	704037001	CIPLA	100	110.12	
RETROVIR CAPSULES	100mg	784265	GSK	100	214.32	115.77
RETROVIR CAPSULES	250mg	837350	GSK	60	294.12	130.00
RETROVIR CAPSULES	300mg	885317	GSK	60	320.45	134.10
ZIDOVIR	300mg	704038001	CIPLA	60	228.91	
RETROVIR INFUSION	10mg/ml	825018	GSK	5 x 20ml	319.46	200.00
RETROVIR SYRUP	10mg/ml	794236	GSK	200 ml	83.85	52.50
ASPEN ZIDOVUDINE	300mg	703712	ASPEN	60	240.31	
ZIDOVIR ORAL SOLUTION	50mg/5ml	704039001	CIPLA	100ml	33.39	



This catalogue page is taken from the newsletter "Transcript" published by the so-called "HIV Clinicians Society of Southern Africa" under Dr Venter (left). Since Dr Venter is listed as an ARV "expert," it is important to document what kind of "expertise" he has. Under the cover of "information" for "clinicians" Dr Venter and his "Society" are part of an outrageous marketing machinery of ARV merchandise in South Africa.

... PROMOTION CATALOGUE FOR ARV WHOLESALERS

ZIDOVIR ORAL SOLUTION	50mg/5ml	704039002	CIPLA	200ml	66.78
ASPEN ZIDOVUDINE	10mg/ml	703713	ASPEN	240ml	62.89
STOCRIN CAPSULES	50mg	893536	MSD	30	24.81
STOCRIN CAPSULES	200mg	862371	MSD	90	313.02
STOCRIN TABLETS	600mg	703318	MSD	30	217.08
VIRAMUNE TABLETS	200mg	840645	B Ingetheim	60	410.40
VIRAMUNE SYRUP	10mg/ml	861855	B Ingetheim	228 ml	228.00
ASPEN NEVIRAPINE	200mg	703718	ASPEN	60	194.60
ASPEN NEVIRAPINE SYRUP	10mg/ml	704731001	ASPEN	240ml	101.46
NEVIMUNE TABS	200mg	704036001	CIPLA	60	159.60
NEVIMUNE ORAL SUSPENSION	50mg/5ml	704040001	CIPLA	240ml	101.46
CIPLA NEVIMUNE SYRUP	10mg/ml	704036	CIPLA	240ml	101.46
VIRA-CEPT TABLETS	250mg	857203	Roche	270	615.54
VIRA-CEPT POWDER	50mg/G	857211	Roche	144	270.56
VIDEX TABLETS	25mg	793221	BMS	60	109.02
VIDEX TABLETS	50mg	852961	BMS	60	109.02
VIDEX TABLETS	100mg	793213	BMS	60	115.52
VIDEX TABLETS	150mg	793205	BMS	60	160.06
VIDEX POWDER		847518	BMS	1	130.95
VIDEX EC	250mg	704783001	BMS	30	156.82
VIDEX EC	400mg	704785001	BMS	30	202.37
ASPEN DIDANOSINE	25mg	703330	ASPEN	60	65.48
ASPEN DIDANOSINE	50mg	703332	ASPEN	60	95.74
ASPEN DIDANOSINE	100mg	703333	ASPEN	60	104.86
ASPEN DIDANOSINE	150mg	703392	ASPEN	60	157.30
ZERIT CAPSULES	20mg	837458	BMS	56	43.13
ZERIT CAPSULES	30mg	841323	BMS	56	46.22
ZERIT CAPSULES	40mg	837407	BMS	56	46.22
ZERIT SOLUTION	1mg/ml	846074	BMS	200ml	12.82
ASPEN STAVUDINE	20mg	701172	ASPEN	60	27.36
ASPEN STAVUDINE	30mg	701174	ASPEN	60	33.06
ASPEN STAVUDINE	40mg	701175	ASPEN	60	36.30
STAVIR (STAVUDINE)	30mg	701342	CIPLA	60	32.34
STAVIR (STAVUDINE)	40mg	701344	CIPLA	60	35.91
ZIAGEN TABLETS	300mg	898531	GSK	60	971.62
ZIAGEN SYRUP	20mg/ml	898538	GSK	240ml	339.12
TRIZIVIR		703537001	GSK	60	1806.56

These pages from Dr Venter's "newsletter" inform the doctors of South Africa how to make money from prescribing ARV drugs. The columns list the following information: 1. ARV name, 2. Dosage, 3. National Pharmaceutical Products Index (NAPPI) Code, 4. Drug Maker, 5. Quantity per Unit sold, 6. Price including VAT and 7. Discount to the prescribing doctors, paid by GlaxoSmithKline (GSK), the world's largest ARV manufacturer. Thus Venter's "Society" is using this newsletter to incentivise prescription of ARV drugs by doctors – in return for money!

Robert Edwin Dorrington

As detailed above, Professor Dorrington has served for a number of years as head of the University of Cape Town Retirement Fund that invests in highly profitable companies, namely in the “rapidly growing pharmaceutical and health care sector”.



Andrew Loft Gray

Dr Gray is a lecturer in pharmacy and a member of the South African Pharmacy Council. Significantly, Gray avoided including any curriculum vitae about his medical research but public research data document that he is yet another promoter of ARV drugs. Gray is the co-author of a book “HIV/AIDS in South Africa.” Gray himself contributed a specific chapter entitled “Challenges of ARVs” – exclusively dealing with AIDS chemotherapy in the form of ARVs and their promotion in the developing world. None of the 35 chapters of this almost 600 page book deals with micronutrients and other natural health approaches.*



Leslie London

Dr London is Director of Human Rights at the University of Cape Town. His 70 page long affidavit containing unfounded allegations about “unethical experiments” and his remarkable reinterpretation of the historic facts was dealt with in a previous section of this affidavit entitled “The Pharmaceutical Industry Behind the Medical Experiments in Nazi Concentration Camps.”



Kevin Rebe

Dr Rebe is a doctor at GF Jooste Hospital in Cape Town. He indicates that he has recently received a “diploma in HIV medicine”. According to his affidavit, his main function is to deal with HIV infected patients and promote ARV drugs to these patients as therapy. Nowhere in his entire affidavit does he acknowledge the essential role of micronutrients for optimum immune function. Nor does Dr Rebe mention that the recommendation for proper nutrition and micronutrients should be an integral part of any “consultation” of AIDS patients by a responsible physician – and any training course for any “diploma in HIV medicine”.



WJ Du Plooy

Dr Du Plooy has been Professor of Pharmacology at the Medical University of Southern Africa (MEDUNSA). He is chairman of the so-called “ethics committee” there, a group of individuals who decides which clinical studies they will allow to be conducted. The members of this “ethical committee” did not hesitate to allow the distribution of toxic ARVS to thousands of patients at MEDUNSA, and to allow clinical studies with such harmful substances.



Dr DuPlooy was a key player in obstructing the MEDUNSA study by Prof. Sam Mhlongo (see page 5).

At the same time this committee has not allowed a single clinical study with science-based natural health approaches like micronutrients – despite their well-established safety record. Thus, this so-called “ethical” committee is apparently used as a “censorship instrument” – installed as “gatekeepers” of pharmaceutical interests at MEDUNSA and other clinics – in order to prevent the gathering of further clinical evidence for the health benefits of nutritional and other natural and safe therapies.

It was Dr DuPlooy who blocked for two years the clinical study with micronutrients in AIDS patients at MEDUNSA – the study of which Prof Sam Mhlongo was the principal investigator. For details please read the "Dedication" at the beginning of this book.

INDIVIDUAL "OPERATIVES" SUPPORTING OF THE BUSINESS WITH TOXIC ARV DRUGS

In addition to the witnesses above SAMA and the TAC have "enlisted" certain other individuals as "witnesses" who also promote toxic ARV drugs to the poor as "life-saving" – deliberately ignoring the fact that these drugs do neither cure HIV nor AIDS. The bigger goal of these subversive "operatives" is to use the AIDS epidemic as a tool to attack the South African government and its policies.

Mark Heywood, The so-called "AIDS Law Project" ("ALP"), Witwatersrand

Heywood is head of "ALP" and has been the "National Secretary of the "TAC." The "ALP" and the "TAC" also share much the same foreign financiers, mainly from organisations based in drug exporting nations. The ALP provides legal support and "protection" for the "storm troopers" of the "TAC." This includes the channelling of foreign nationals into the country who perform services for the "ALP".

Together with certain media the "ALP" is part of the scheme to "terrorise" South African society with legal assaults with the same goal as the "TAC", namely to "force the government to spend millions of Rand on toxic drugs." These legal assaults are being staged to bully the courts and public opinion into the false perception of ARVs as effective therapies for AIDS – and thereby hiding the non-existing scientific proof for the efficacy of ARV drugs.

Jonathan Berger,
"The AIDS Law Project"

Berger is one of many foreign nationals who are "operatives" in South Africa. Financed by foreign founders, these "operatives" coordinate subversive activities in South Africa targeted at undermining government policies.

Dianne Kohler-Barnard,
"Democratic Alliance"(DA)

The "DA" is a political party in South Africa that uses "TAC" slogans for its election campaigns, including such irresponsible demands as "Free ARVs for all!" The "DA" has consistently refused to reveal the founders and financiers of its party activities. It has been described two years ago as "a political party that would not be in parliament without the financial support of the pharmaceutical industry" – a statement that has remained unchallenged since.

Eric Goemaere,
"MSF"

Goemaere is another foreign "operative" with his base in Khayelitsha. The connections of his "MSF" founders with foreign pharmaceutical interests have been described in detail above.

**Further "Operatives" Promoting Toxic ARV Drugs
to the People of South Africa**

- **Peter Saranchuk**, "MSF," foreign national, temporarily Khayelitsha.
- **Andrew Boule**, foreign national, temporarily Khayelitsha.
- **Greg Hussey**, foreign national, temporarily Khayelitsha.
- **Rodney Ehrlich**, foreign national, temporarily Khayelitsha.
- **Gilles van Cutsem**, foreign national, temporarily Khayelitsha.
- **David Pienaar**, Tableview
- **Khopotso Bodibe**, journalist
- **Terrence Albert Bell**, journalist

THE COMMON DENOMINATOR OF THE NETWORK OF ARV PROMOTERS IN SOUTH AFRICA

Most of the organisations and individuals listed in the SAMATAC complaint belong to a network of ARV promoters – until now entrenched in South African society. They can be characterised by the following common denominators:

1. They have direct or indirect economic or professional interests in the promotion of ARV drugs.
2. They have consistently misled the public by deceptively representing ARV drugs as being able to effectively prevent and treat HIV and AIDS.
3. Many of these individuals are foreign nationals, channelled into South Africa under the pretext of “charity work” by foreign organisations with links to the pharmaceutical investment business.
4. None of them has ever done any significant scientific research or gathered comprehensive clinical experience with science-based natural health and in particular the application of micronutrients.
5. None of them has ever promoted micronutrients in a clinically effective way to improve the immune system of patients suffering from immune deficiencies and AIDS.
6. None of them qualifies to assess, let alone challenge, our research expertise in the area of micronutrients and science-based natural health.

The list of individuals mentioned above should be taken as the starting point for an immediate and comprehensive education programme in basic biology with a focus on the key role of micronutrients in optimising the function of the immune system. Allowing them to maintain their current position on ARVs and to continue promoting these toxic drugs as the only solution to AIDS will severely compromise public health in South Africa.

The Missing Link

Knowing about the severe toxicity and the high costs of ARVs, the globally operating pharmaceutical interests knew that it would be close to impossible to develop profitable marketing strategies for these drugs especially in the developing world. In order to solve this “problem” and organise public pressure on the government of South Africa to spend billions of Rand to mass import these drugs, they had to develop special strategies.

This was the birth hour of “pressure groups” disguising behind “charitable motives” but operating like ordinary street thugs with the goal to attack the government domestically and trying to discredit it internationally.

The promoters of the ARV drug business – here the TAC –
create the impression that they act in the interest of
AIDS patients and operate as a new type
of “freedom fighters” for health rights.

The facts on the following pages correct this lie.