

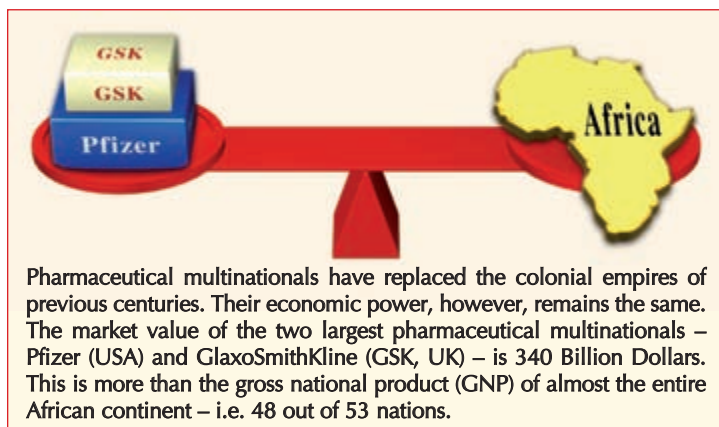


CHAPTER 1

The Hallmarks of Pharmaceutical Colonialism

While AIDS has been a serious health problem from its first appearance a quarter of a century ago, it has been strategically developed into a global health epidemic by the very interest group that pretends to fight it – namely the pharmaceutical investment business.

The pharmaceutical multinationals promote the AIDS epidemic particularly in the developing world for two main reasons: First, they depend on the continuation and expansion of this disease as a multi-billion Rand marketplace for their patented ARVs. Secondly, by forcing the governments of the developing world to spend an ever increasing amount of their national budgets to be paid to pharmaceutical multinationals – thereby cementing economic dependency of the poor nations from the rich.



PHARMACEUTICAL COLONIALISM AND ITS CONSEQUENCES FOR THE DEVELOPING WORLD

Pharmaceutical colonialism is the expansion of the pharmaceutical investment business with disease to the developing world. The market of pharmaceutical colonialism is the human body of billions of people living in the developing world and the diseases it harbours. These diseases are the marketplace for a multi-billion Rand business with patented drugs.

PHARMACEUTICAL COLONIALISM IN AFRICA



This map shows pharmaceutical colonialism on the African continent. In the countries with green colours pharmaceutical companies play an insignificant role. The countries with light red colours have some level of pharmaceutical business activity (up to 8 international drug companies). Only one country – South Africa – is the operative basis for more than 10 pharmaceutical multinationals. The most important ones are:

- Abbott
- Bayer
- Boehringer-Ingelheim
- Bristol-Myers Squibb
- GlaxoSmithKline
- Johnson & Johnson
- Merck, Sharp & Dohme
- Novartis
- Pfizer
- Roche
- Sanofi-Aventis
- Wyeth

This marketplace of pharmaceutical colonialism in the developing world is a particularly rapid growing one, because the health of the people in these countries is already severely compromised by malnutrition, poverty and other relics of the colonialism of earlier centuries. These preconditions are being strategically used by the pharmaceutical investment business to conquer and expand these markets for their patented drugs.

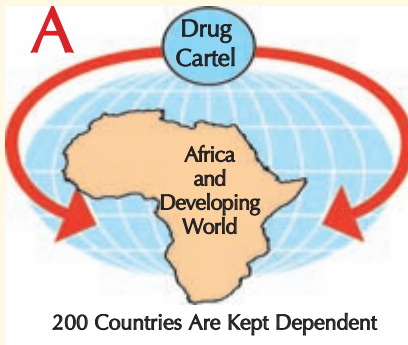
Since the people in the developing world are – as a result of previous forms of colonialism – generally poor and unable to pay for the patented drug merchandise, the stakeholders of pharmaceutical colonialism developed strategies to force the governments of the developing nations to use its revenues to provide for the “return on investment” for this industry.

Towards this end, pharmaceutical colonialism – through its stakeholders inside and outside the country – continuously increase the pressure on the governments of these developing nations and coerces them to pay their “tributes” to the pharmaceutical investment business. In order to enforce these tribute payments, pharmaceutical colonialism establishes specific “pressure groups” inside these countries that – under the pretext of fighting for “health rights” – use defamation, intimidation, coercion and even violence to reach its goals.

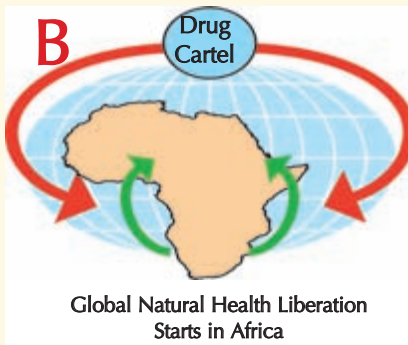
Pharmaceutical colonialism in the developing world today has strategically replaced the colonialism of earlier centuries. This form of colonialism no longer knows any national boundaries, and the colonial armies have been replaced by the power of international financial trusts.

The “tribute” payments to the pharmaceutical investment business from the developing world – compelled by the instruments of pharmaceutical colonialism – are financing the global reign of one of the most profitable and most unscrupulous investment business ever, with annual revenues surpassing the gross national product of the 100 poorest nations of the world.

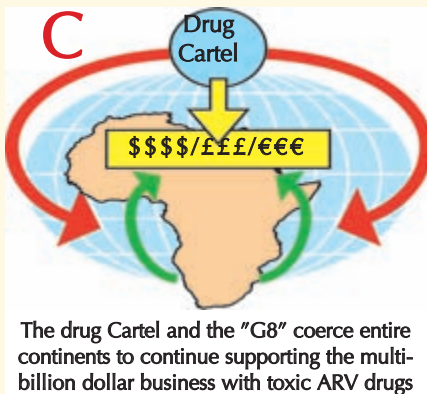
THE OPPRESSIVE NATURE OF PHARMACEUTICAL COLONIALISM



A: From its home base in a few industrialised countries, the drug cartel controls more than 80% of the global drug market – and at the same time the dependency of 200 nations.



B: Now Africa, in particular South Africa, has taken the lead to build its health care on effective, safe and affordable natural health approaches. This decision saves millions of lives – but it threatens the multi-billion dollar ‘fraud business with diseases’ by the drug cartel across Africa.



C: In order to prevent the collapse of their global fraud business the drug cartel is purring billions into Africa trying to bribe the governments of Africa. ‘Debt relief’ and economic aid will only be granted to governments that continue to import toxic AIDS drugs, and turn away from life-saving natural health solutions. This is the background of the ‘G8 Plan for Africa.’

THE DECEPTIVE NATURE OF PHARMACEUTICAL COLONIALISM

Pharmaceutical colonialism is particularly insidious because it lacks all visible characteristics of brutal colonialism. To the contrary, pharmaceutical colonialism is being deceptively presented to millions of people in Africa and the developing world under the veil of “charity for people in need” and disguised as “help for people suffering from diseases.”

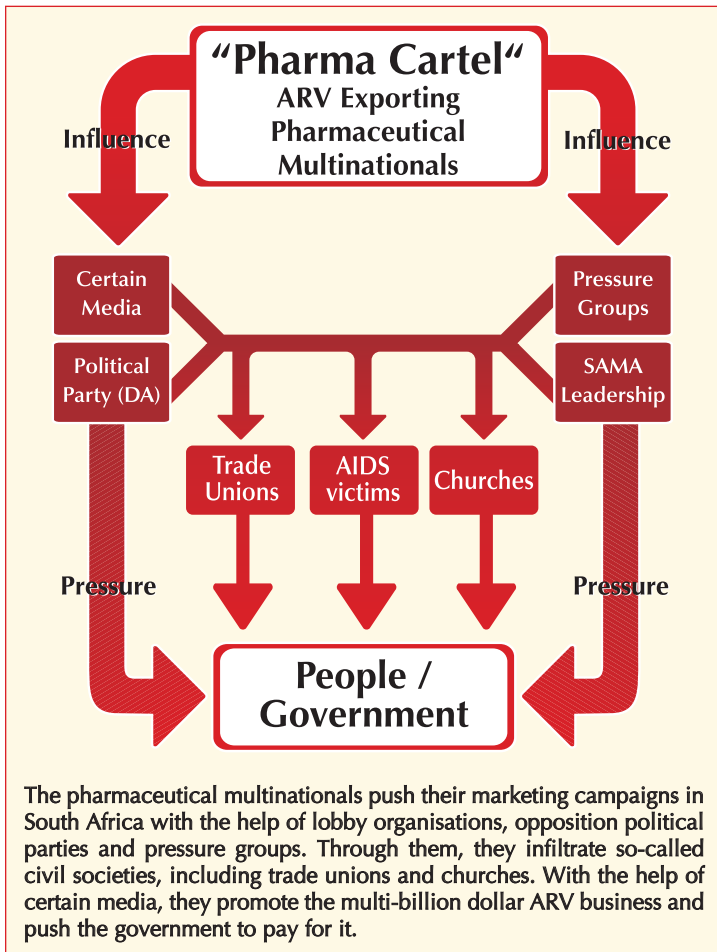
Pharmaceutical colonialism is hard to recognise because it is deceptively camouflaged. As opposed to the openly brutal appearance of the colonialism of past centuries, today's pharmaceutical colonialism comes in disguise and has – largely unrecognised by the people – infiltrated government bodies, corporate structures and civil society in many countries.

However, as perfectly disguised as these interests of pharmaceutical colonialism may be operating within any society, they can be recognised by their common denominator: they all seek to cement and expand the monopoly of the investment business with patented pharmaceutical drugs on global health.

Pharmaceutical colonialism seeks to expand its global rule just like the colonialism of previous centuries. In countries where the pharmaceutical investment interests do not directly control the government they will not rest until they have reached this goal by political, economic, and other means. Towards this end the stakeholders of pharmaceutical interests are being placed in all strategic sectors of society, including politics, media, pharmaceutically-oriented medicine and civil organisations.

CIVIL SOCIETY AS A STRATEGIC TARGET OF PHARMACEUTICAL COLONIALISM

The stakeholders of pharmaceutical colonialism are masters of “deception and confusion”, a tool they strategically use to “divide and conquer”. In order to cement its control within a society it



passes all boundaries of social class, religion and colour. The specific strategic instruments used to cement this control are the shares of drug companies.

While in the developing world, only a minority of people have the financial resources to buy stock of pharmaceutical companies, the stakeholders of pharmaceutical colonialism are strategically lobbying the investments of “institutional investors” such as the pension funds of trade unions and similar financial resources from civil society organisations.

Largely unbeknown to the members of these civil organisations, their leaders are thereby strategically co-opted to become servants of pharmaceutical colonialism and instruments of cementing its continuous reign. Most significantly, millions of poor members of mass organisations, like trade unions, are thereby unwillingly forced to finance the continuation of pharmaceutical colonialism with their own money. Thus, millions of people belonging to such an organisation are harmed twice: they are robbed of their own money that is being used to finance the “business with disease” of pharmaceutical colonialism that feeds of their own bodies as well as diseases spread among their families and communities.

In a similar way, the stakeholders of pharmaceutical colonialism are strategically infiltrating other sectors of civil society, including churches. In this case, the influence is being bought by “donations” from churches and charitable organisations – mostly located within the leading pharmaceutical export nations.

Unbeknown to millions of believers in developing countries, these charitable organisations abroad are frequently set up or financed by the pharmaceutical industry and some of their leaders – including some church leaders abroad – have close relations to these interests. By means of these “donations,” frequently allocated to finance the purchase of drugs by churches and communities in the developing world, pharmaceutical colonialism even abuses religious organisations. This is a particularly malicious instrument, because it violates the beliefs and sincerity of millions of church members.



THE ESCALATING AIDS CRISIS AS A TOOL OF PHARMACEUTICAL COLONIALISM TO MAINTAIN ECONOMIC DEPENDENCY

Under this "Samaritan" cover, pharmaceutical colonialism has developed into one of the most deadly forms of colonialism ever. Drug multinationals use the immune deficiency disease AIDS and other diseases as a multi-billion rand export markets for their toxic and largely ineffective drugs.

To consistently expand their AIDS markets and create ever more economic dependency, the pharmaceutical multinationals are using unscrupulous marketing schemes: They promote to patients suffering from immune deficiency diseases, toxic drugs that further damage the immune system, rendering their bodies susceptible to new infectious diseases and, thereby, creating new drug markets.

Through its "business with AIDS" and other diseases, pharmaceutical colonialism takes the lives of people across Africa and the developing world in genocidal proportions and the economies of entire continents are being kept in shackles.

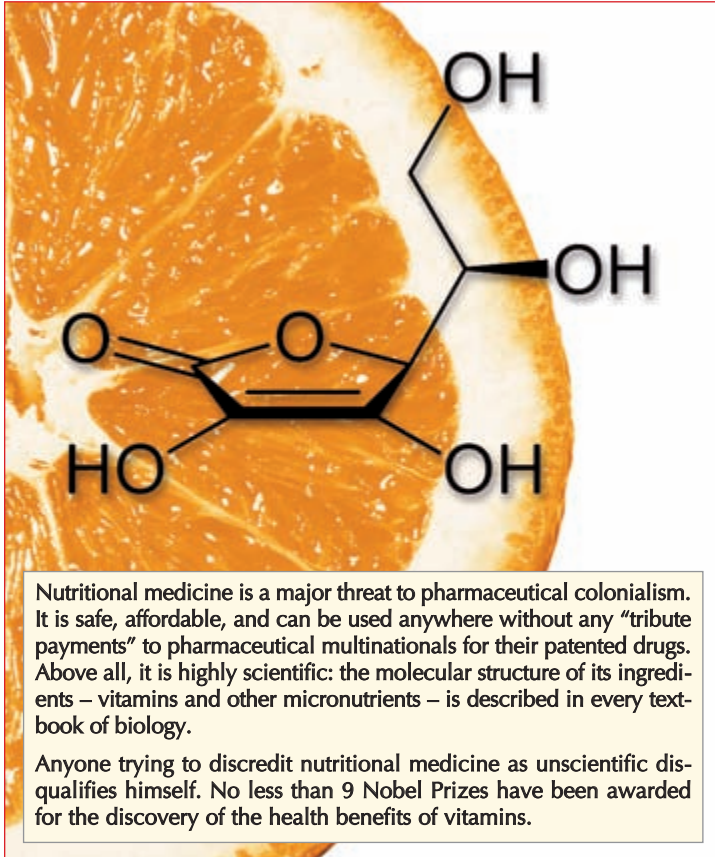
Moreover, pharmaceutical colonialism is one of the most important strategic tools used today by the former colonial powers to maintain the economic dependency of their former colonies and to cement economic injustice and dependency between the developing and industrialised world. Two out of three leading pharmaceutical export nations today are identical with the colonial empires of the previous century, namely Great Britain and Germany.

TERMINATING PHARMACEUTICAL COLONIALISM AS A PRECONDITION FOR ECONOMIC INDEPENDENCE OF THE DEVELOPING WORLD

It is a sobering analysis that the escalating AIDS crisis is not driven by a lack of ARV drugs but by it is the consequence of pharmaceutical colonialism strategically promoting these toxic drugs. The sooner this analysis is being accepted by the people and governments of the world, the sooner the AIDS epidemic can be halted and ultimately controlled.

Since the AIDS epidemic has been developed as a strategic tool of pharmaceutical colonialism to cement the economic imbalance between the industrialised and the developing world, controlling and ultimately ending the AIDS epidemic is a key to overcome this global injustice. The termination of pharmaceutical colonialism has become a precondition for the independent economic progress for the developing countries.

The implementation of micronutrients and other science based natural health approaches into public health policies is a strategic tool to reach this goal and terminate pharmaceutical colonialism as well as its devastating consequences on human lives and the economies of developing nations.



Towards this end, those countries determined to liberate themselves from pharmaceutical colonialism must take advantage of science based natural health. It is an undisputed scientific fact that optimum nutrition, particularly vitamins and other micronutrients improve the immune function in the human body and they are the basis of any effective and sustainable national and international health policies to prevent the development of AIDS and to improve the quality of life and life expectancy of people living with AIDS.



Centuries of colonialism left millions of Africans poor, malnourished and susceptible to epidemics. Pharmaceutical colonialism is feeding from these diseases.

The implementation of these basic facts of biological science into public health strategies will provide valuable time until ultimate cures, including vaccines, will be found to ultimately eliminate AIDS and other diseases. The sooner this path is taken by the countries of the developing world, the sooner the economies of African and other developing nations will recover from the strangulating



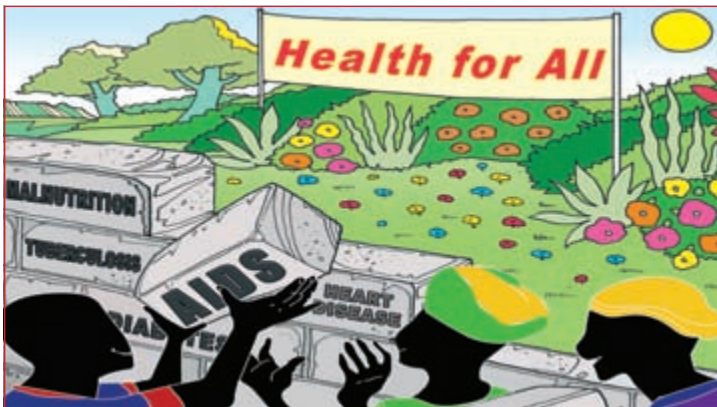
After the liberation from apartheid, the next challenge is the liberation from the "business with disease".

burden of “tribute” payments to pharmaceutical multinationals for the import of ineffective, harmful and expensive drugs. In this way, hundreds of billions of Rand will become available for food programmes, education, job creation and other urgent social needs in Africa and across the developing world

The end of the AIDS epidemic means the end of the pharmaceutical business with this epidemic. There is no question that the drug multinationals will do everything in their power to prevent these multi-billion Rand losses – including litigation to block the advance of natural health.

But now, with this comprehensive background information being part of public awareness, the interests of pharmaceutical colonialism can no longer win this battle. Now it is up to the people, to defend their constitutional right to health and life.

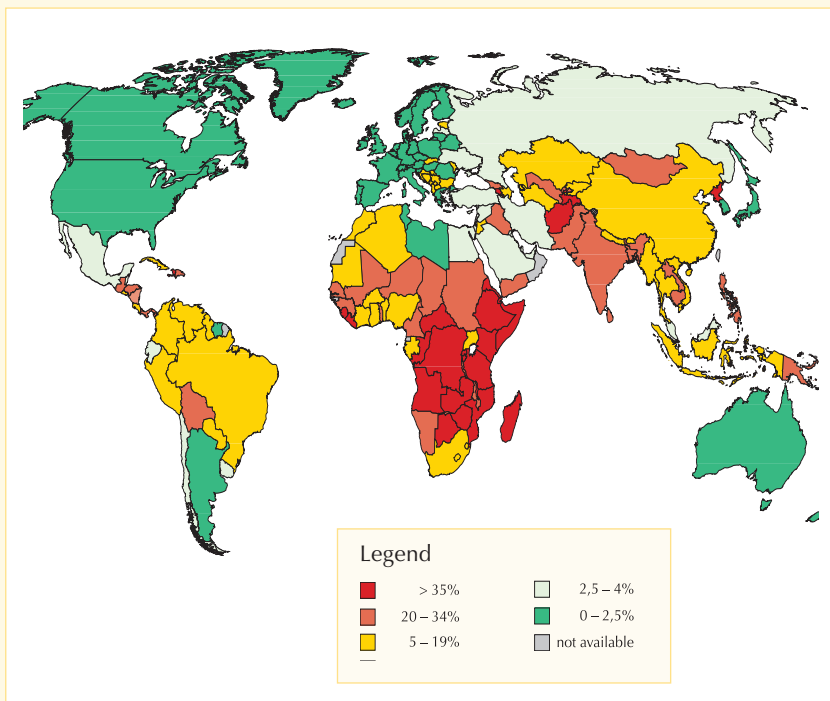
The liberation of mankind from the yoke of the pharmaceutical ‘business with disease’ is the largest liberation movement of all time. This battle is being fought and will be won to the benefit of this generation and all generations to come.



Terminating pharmaceutical colonialism is a precondition for eliminating diseases and building a healthy nation.

WORLD HUNGER MAP

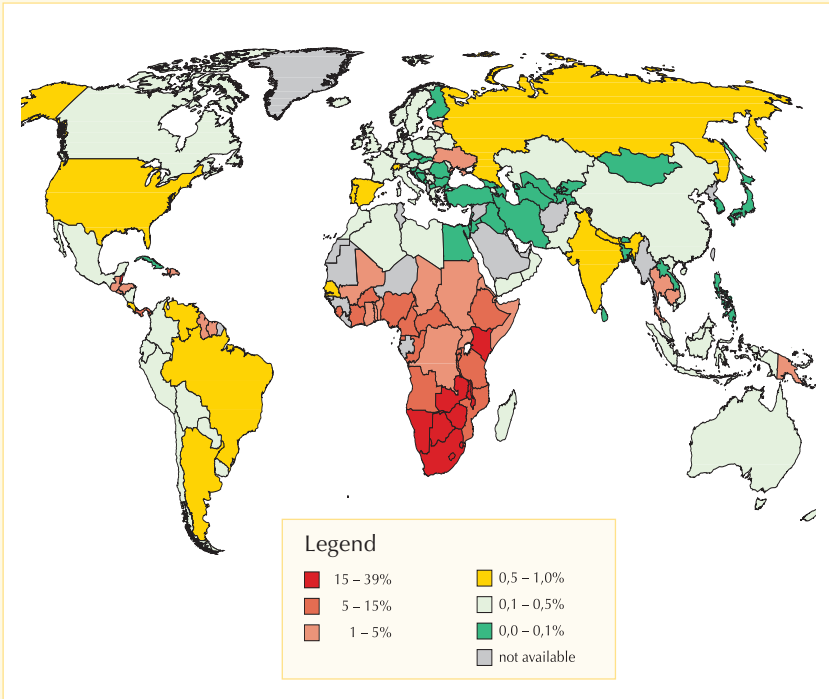
(Source: FAO)



This is the "World Hunger Map" published by the United Nation's Food and Agricultural Organisation (FAO). From green to yellow to red this map lists the countries with the highest rates of malnutrition and hunger. The African continent – especially Sub-Saharan Africa – is the region with the highest percentage of people suffering from hunger and malnutrition.

HIV FREQUENCY AMONG ADULT PEOPLE

(Source UNAIDS/WHO)



Above is the world map for the frequency of HIV infections as published by the World Health Organisation (WHO) and the UN-organisation for AIDS (UNAIDS). Again, the region of the world hardest hit is Sub-Saharan Africa. While the comparison of these two maps, of course, does not establish a causal relationship between malnutrition and HIV-infections, it strongly suggests that malnutrition is an important contributing factor to the frequency of infectious diseases as well as immune deficiencies.

Fighting hunger and malnutrition is an important step towards eliminating diseases and, thereby, terminating pharmaceutical colonialism.

The promoters of the ARV drug business argue that the pharmaceutical industry is a health industry driven by the health needs of the people around the world.

The facts on the following pages correct this myth.