AIDS in Southern Africa

Thoughts About its Possible Origins

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The truth about the origins of the human immunodeficiency virus (HIV) continues to be evasive. While hope is growing that the world might one day conquer this deadly virus, as evidence points to a declining trend in new infections, the question that still eludes researchers is where this virus originated, and how it was introduced to the human species. For Africa, which is very much affected by the virus and the associated acquired immune deficiency syndrome (AIDS), indications are that it initially occurred in Central Africa, with green monkeys being blamed as the source. While Africa can live with this claim, the second question which emerges is: if AIDS initially occurred in Central Africa, how did it subsequently spread to other parts of the continent and end up being so much embedded in Southern Africa? This brief attempts to provide some clues that call for another look at South Africa’s biological warfare as a potential mode through which HIV and Aids could have been distributed in the region.

Introduction

New viruses and virus-related diseases that threaten human life have increased exponentially in the last decade. How this came about is the subject of extensive debate, theories and assumptions. One question that falls within this category is the origins of the human immunodeficiency virus (HIV) and the associated acquired immune deficiency syndrome (AIDS). The question which this brief attempts to tackle is how HIV could have been distributed in Southern Africa, such that AIDS is now the single biggest killer in the region. Considering that the immunological history of HIV has been linked to the United States’ (US) biological warfare programme, for Africa it is puzzling how the virus, which was initially reported as occurring in Central Africa quickly migrated to Southern Africa. This brief argues that a possible link between the introduction and spread of HIV in Southern Africa and South Africa’s chemical and biological warfare programme needs to be explored. This call is based on the reported links of the virus to similar programmes such as that of United State. The aim is to trigger a debate on how the virus might have been spread in Southern Africa.
through the programme. The brief seeks to bring a new perspective to the interpretation and understanding of the immunological history of HIV and AIDS in Southern Africa. The brief does not intend to criticise the various theories, claims and counterclaims about the origins of HIV that are in existence, but seeks to put forward a debate on the possible role that might have been played by South Africa’s biological warfare programme.

There are strong claims, which suggest that HIV might have originated from a biological warfare laboratory in the United States in 1989. This theory hinged on a claim that HIV is virtually identical to two other viruses: Visna, which causes fatal disease in sheep but does not infect humans, and HTLV-1 (Human T-cell leukaemia virus), which infects humans but is seldom fatal. The one that links Africa to HIV is the ‘green monkey theory’, which claims that HIV originated from green monkeys in Africa. In fact this theory blatantly lacks scientific grounds and has long been abandoned, since it is well known that Simian Immunodeficiency viruses (SIV) are structurally dissimilar to HIV.

In contrast to these theories, what is certain is that AIDS cases were first reported in the US and Europe. The disease was initially referred to as ‘Gay cancer’, which occurs in the form of Kaposi’s sarcoma skin tumours. Soon it was realised that the disease was not limited to homosexuals but also associated with the mysterious agent that was in the national blood supply. Other early reported cases of AIDS include that of David Carr (1957), a British sailor who was recorded as the first victim, an unknown Congolese man (1959) and women (1960) and Patient Zero, who is only identified as a homosexual Canadian air flight attendant who further infected 248 other people.

What is obvious is that all these cases were outside Africa. The critical question is how HIV, which was initially regarded as exclusively occurring among the homosexual community in America, would have quickly transformed itself and migrated to Africa. This biological phenomenon has never been fully explored. There is certainly no evidence to show that American homosexual men were the only ones exposed to sexual contact with Africans at the time, particularly as the epidemic was not yet even reported as existing in Africa. The epidemiological history of the virus and associated AIDS is void of evidence that links AIDS to Africa.

Despite this there are constant claims that HIV originated in Africa. These exist in the face of strong evidence that American cases were reported earlier than those of Africa. The mixing of facts and fallacies about HIV and AIDS has long confused researchers, some of whom are convinced that HIV never came from nature or jumped from one species to another. What this brief suggests is a need to develop a clear historical understanding of the origins of the virus so as to increase understanding of the phenomenon, which will eventually improve its containment and management.

The AIDS Discovery: Subsequent Events

In April 1984, Robert Gallo of the US National Cancer Institute announced his discovery of HIV as the cause of AIDS. Subsequent to this announcement Luc Montagnier of the Louis Pasteur Institute in Paris filed a lawsuit claiming that he had first discovered the virus at Louis Pasteur, and that Gallo had stolen the French virus after it was sent to his lab for study. Many years later, the origin of the virus still remains a mystery, and the AIDS epidemic and its understanding has turned out to be an issue that is being fought on a politicised landscape.

When HIV was discovered it was initially referred to as a cancer-causing ‘leukemia/lymphoma’ virus by Gallo. The name was quickly changed to a ‘lymphotropic’ virus, thus obscuring the relationship between the ‘homosexual disease’ and cancer. Virologists were quickly convinced that the virus came from primates, and both Gallo and Essex strongly promoted the theory that a disease found in African green monkeys was the source of HIV. A decade later, chimpanzees rather than monkeys became the focal point as the source. The primate origin of HIV was obscured by titling the virus a ‘human immunodeficiency virus’, rather than calling it ‘primate immunodeficiency virus’ (PIV) in humans.

Amid this lack of precision, what is clear about AIDS is that in the US it can be traced back to soon after the hepatitis B inoculation experiment began at the New York Blood Centre (NYBC). The centre began injecting homosexual men with multiple doses of the experimental vaccine in November 1978. The inoculations ended in October 1979, less than two years before the official start of the epidemic. Most importantly, the vaccine was developed in chimpanzees, the primate now thought to be the source of the ‘ancestor’ virus of HIV.

With these contradictions one cannot help but wonder if some of the purported ‘ancestors’
of HIV in the African bush could have had their origin in chimpanzees held in African primate labs for vaccine and medical experimentation. The hepatitis B experiment, which inoculated over 1,000 healthy homosexual men, was a huge success, with 96 per cent of the men developing antibodies against the hepatitis virus. This high rate of success could not have been achieved if the men were immune-suppressed, because immune-suppressed people do not easily form antibodies to the vaccine.

The experiment was followed by similar hepatitis B inoculation experiments using homosexual men in Los Angeles, San Francisco, Chicago, Denver and St. Louis, beginning in March 1980 and ending in October 1981, the same year the epidemic became official. In the mid-1980s the many blood specimens donated by the homosexual Manhattan men during the experiment were retrospectively examined for HIV infection by researchers at the NYBC. It was determined that 6 per cent of the specimens donated between 1978 and 1979 were positive for HIV. By 1984, the end of the study period, 40 per cent of the men tested positive for HIV. The final fate of all the men in the experiment has never been revealed. However, the blood donated by these men yielded the oldest HIV-positive blood tests on record in the US.

### Possibility of a Role Played by the World Health Organisation

The link between the World Health Organization (WHO) programme and the epidemic could present an interesting hypothesis. WHO has been the sole controller of the world’s experimental ‘biologicals’ for decades. It maintains several full-time officials and part-time consultants who work in collaboration with several other laboratories in the world. The laboratories deeply involved are the WHO international laboratories for biological standards within the departments for biological standards. Between them these laboratories undertake the detailed work of organising international collaborative assays and of holding and distributing the international biological standards and many of the international biological reference preparations and biological reference reagents.

The initiative for setting up standards and reference preparations usually comes from the WHO expert Committee on Biological Standardization, which convenes in Geneva. It comprises recognised experts in the field, who serve without remuneration, in their personal capacity and not as representatives of government or other bodies, together with members of the WHO secretariat. This expert committee also establishes the international standards and reference preparations on the basis of the results of the international collaborative assays. WHO experts possess powerful influence in relation to quality control in research laboratories. In fact there exists evidence that as early as the 1970s WHO scientists once studied viruses that were capable of altering the immunological response capacity of T-lymphocytes. The question here is how it is that the HIV and AIDS saga took place within the environmental framework regulated by WHO laboratory standards. Could it be that WHO was part of the game? Purposely turned a blind eye? Or was WHO unaware of what was going on?

### South Africa’s Biological Warfare Programme

Gould, in his PhD thesis, provides a detailed history and description of South Africa’s programme on biological warfare. As details of this programme become more public, tales of abuse that was inflicted on black people within the Southern African region through the programme become clearer. Confidential military sources have suggested that members of the 31st BUSHmen Battalion and other black units in the old South African Defence Force (SADF) could have been used as guinea pigs for experimental drugs while they were treated for diseases and wounds in First Military Hospital in Pretoria.

During the 1980s, Roodeplaat Research Laboratories were said to have planned to develop a poison that could be applied to T-shirts so that the wearer would absorb the poison slowly. As the toxin entered the bloodstream, it would form a blood clot, causing heart failure. An autopsy would show the cause of death to be natural.

In one of the most bizarre projects, the Centre for Scientific and Industrial Research was said to have hypothesised a pill that could turn whites into blacks, so that apartheid operatives could infiltrate the ranks of the enemy.

In addition to developing a chemical and biological warfare capability, Roodeplaat Breeding Enterprises also reputedly had a breeding programme to develop a wolf-dog for military tracking and guarding. The resulting crossbreeds of a Russian wolf with a German shepherd were ‘reluctant to submit to the authority of their trainers’. Scientist Peter Geertshen said of his first wolf-dog, ‘One problem is that he doesn’t like blacks, because he was trained in the army.
and he’s become temperamental in his old age.’ Geertshen pointed out, however, that the pups from this first animal were raised in a non-racial environment: ‘Our dogs don’t discriminate: they’re trained to attack blacks, whites and women.’ An even more vicious animal, a cross between a Rottweiler, a Doberman, and a bloodhound, was also supposedly created at Roodeplaat. The 175-pound ‘boerbul’ was so ferocious that even international pit-bull fan clubs called for a ban because the dogs were ‘virtually uncontrollable’. Boerbuls were advertised in the 1980s by the extreme right-wing Herstigte Nasionale Party (HNP) as a ‘racist watchdog’ bred ‘especially for South African circumstances’.54

Apart from developing macabre new technologies, the CBW programme planned numerous ‘conventional’ poisonings. During the transition to Namibian independence, the Civil Cooperation Bureau is rumoured to have hatched a plan to contaminate the drinking water of South-West Africa People’s Organisation (Swapo) refugee camps in northern Namibia with yellow fever and cholera bacteria.55

Confidential military sources have claimed that there were also plans to contaminate Nelson Mandela’s medication with the toxic heavy metal thallium while he was in Pollsmoor Prison. Colourless, odourless, tasteless, and causing symptoms difficult to treat, the poison is alleged to have been used by South African agents on many occasions.56

Some documents also suggested that a thallium compound was administered to Black Consciousness leader Steve Biko while he was being tortured by police. According to documents, the effects of thallium are easily mistaken for haemorrhaging of the brain resulting from a blow to the head; thus, a case of premeditated murder could have been disguised as an ‘accidental’ death during a rough interrogation session. The use of carcinogens and napalm was also considered. It has even been rumoured that Mandela was also contemplated as a target of the defence force’s CBW research into the effect of organophosphates and other substances that enhance cancer.

An investigation by the UN and the World Health Organization found that during the 1978 mass murders at Kassinga in Angola, victims were paralysed with gas before they were shot. The South African Special Forces conducted the raid, which is regarded as one of the world’s most successful hit-and-run operations in which the entire force was deployed by helicopter gunships.57

In Mozambique, poison gases were provided to the South African-backed Renamo rebels (the Mozambican national resistance) in their fight against the Marxist Frelimo government. In 1983, Frelimo troops discovered bombs containing a ‘poisonous substance’ when a Renamo base was overrun. Chemical weapons were also used in 1992 in an attack on Frelimo forces in which 80 government troops died.58

A Missing Link?
The period 1976 to 1992/1993 was a difficult time in Southern Africa during which the Nationalist Party fought tirelessly to maintain its political dominance. If it is true that a chemical and biological warfare programme was developed targeting the black population, is it possible that as a last resort attempts might have been made to spread AIDS among black people? There is no information to support this, but the need to better understand how AIDS reached the region has led to this call to look again at the programme.

There are Africans and African-Americans who believe that AIDS was an experiment to rid the world of black people, as part of a government-sanctioned world depopulation programme. In America, American homosexuals could have been the perfect target for testing the retrovirus. In Africa, could it be that Africans were the targets, and not chimpanzees and monkeys, as claimed?

Trying to build a complete picture of AIDS in Africa always leads nowhere, as there are more questions than answers. Analysing agents (bovine and primates) that were reputedly used in South Africa’s chemical and biological warfare programme, one could conclude that they were similar to those that were used in all other chemical and biological warfare programmes that are accused of leaking AIDS to human species. There may be some evidence that the programme experimented with carcinogens and genetic engineering technologies. Given this, it is possible to assume that AIDS might have been used, in view of the sudden unexplained prevalence of the disease in the region, with South Africa being among the worst affected.

It is very unfortunate that the history of AIDS may have been deliberately whitewashed to obscure its man-made origin. What we can perhaps conclude is that HIV and other retroviruses possibly came out of a little-known and secret special virus cancer programme of the 1970s.
Conclusion

In Africa AIDS was first reported as endemic to Central Africa. It has been suggested that it was deployed through vaccine programmes that took place in the Democratic Republic of the Congo, Uganda, the Sudan and Kenya. What is still not clear is whether these countries were purposely used as deploy points for this deadly virus. If so, how did it migrate to the South so that the Southern African region ended up being so hard hit by AIDS?

In pursuing an answer to this question one hypothesis that requires investigation is the possible link of AIDS in the Southern African region to South Africa’s chemical and biological warfare programme. In following up this hypothesis one thing is certain, that South Africa in its quest to dominate the region and to support its allies during the Cold War tried almost everything. The objectives of the South African programme would have been similar to those of other chemical and biological warfare programmes in the world and could have used similar biological agents. Expected effects would also have been similar. Horowitz has listed some of these as:

- Anxiety and fear, because all chemical and biological agents are undetectable by the senses so that there are no warning signs to enable people to defend themselves.
- A latent period between infection and illness and the fact that the extent to which infection may spread through a community is unpredictable.
- Social distortion, in that an exposed person cannot be sure whether he has been infected or knows how ill he will be or when the danger has passed.
- Psychological stress, which derives from confusion and emotional depression.

It is unfortunate that nothing came out of the South Africa’s Truth and Reconciliation Commission on this possible link.

Notes and References

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