

# PHARMAPACT

## SAYS NO ! TO THE TYRANNY OF MONOPOLISTIC PHARMACEUTICAL EXPROPRIATION OF NATURAL HEALTH SUBSTANCES.

Peoples Health Alliance Rejecting Medical Authoritarianism, Prejudice And Conspiratorial Tyranny.

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Professor Peter Folb  
Dept of Pharmacology  
University of Cape Town Medical School  
Observatory  
7925

By Registered Mail  
13 January 2000

Sir

### REQUEST FOR ACCESS TO TRAMED DATABASE FOR TOXICS LIST COMPILATION PURPOSES: FINAL OPPORTUNITY TO REFUTE ALLEGATIONS OF COMPLICITY IN GENOCIDE / ETHNOPIRACY

You are referred to numerous verbal requests and also to several documentational challenges to grant members of this organisation, including my colleague, T/Dr Anthony Rees, past Chairman of the SA Herbalists Association and myself, access to the Tramed database for the purpose of compiling a toxics list.

On all occasions you have ignored the documentary challenges and made petty excuses on direct approach. It is for this reason that I now resort to written request by registered mail. The last verbal excuse was that the toxics aspect of the database has not yet been developed, which to my logic is even more reason to oblige.

As you well know, I have accused Prof Peter Eagles, yourself and others of complicity in genocide and ethnopiracy for the consistent inaction in using your custodianship of the Traditional Medicines database and influence on drug policy and regulation to pro-actively reduce the appalling number of unnecessary deaths.

Whilst I do not expect you to welcome me with open arms, I do nevertheless expect you to honour your role as custodian of what is in reality a national public resource by granting me cordial and adequate access to the information required by myself to compile a toxics list for educational purposes via our alliance partners.

We have worked closely with the true grassroots traditional healers organisation, namely the Interim Coordinating Committee of Traditional Medical Practitioners of South Africa (ICC), who are split in their leadership by the very concerned young guard like Sindephi Spogter and sell-outs such as Solomon Mhlaba.

I attach for your information, my 15,000 word report, “**Medicines Regulatory Authority / Department of Health Traditional African Medicine Genocide and Ethnospiracy Against the African People**”, which was previously informally sent to you as an e-mail attachment after presentation to the MCC, 23 July 1999.

**Besides the challenge for database access, you are now formally challenged to refute, in writing by return registered mail within 30 days, aspects of said report with which you do not agree and are able to counter with explanation and supportive documentation, the remainder being tacit acceptance thereof.**

Though I have prepared a synoptic **Appendix** from the report, specifically mentioning the names “Folb”, “MCC”, “UCT” and “Tramed” so as to prioritise the requisite responses, plus a brief sampling of facts therein, **I also require responses to all aspect of the Report, which you do not agree to tacitly accept by default.**

In closing, I implore you to consider this challenge, in particular the appendix, against the following extracts:

**THE ESTIMATED MORTALITY BURDEN FROM TRADITIONAL AFRICAN MEDICINES**

**What then are the facts? “Information on cause of death among adults in sub-Saharan Africa is essentially non-existent.”** (Kaufman J, et al Bull World Health Organisation, 1997; 75(5)), yet we can definitely confirm that a phenomenal problem exists, beyond the worst-case scenario expectations of most scientists and policy-makers. The author of this report estimates that **annually several thousand deaths from traditional African medicines occur**, far in excess of those dying of AIDS and significantly **Dr M Stewart, Department of Chemical Pathology, SA Institute for Medical Research, concurs with this assessment, having recently determined “70 traditonal African medicine deaths in 8 months at Coronation Hospital, Johannesburg, and this just the few that made it to the hospital alive, only to die there, not to mention those who were/are extremely close to death.”** (Pers comm, 31 March, 1999) **It is significant that the major poisoning symptoms and causes of death from traditional African medicines closely mirror the major symptoms and causes of death (besides infectious) among the black population: diarrhoea, fetal distress, hypoglycaemia, renal / hepatic failure, respiratory distress, and cardiac failure.**

**The crude death rate in South Africa is 8.9 per 1 000 (1995 United Nations estimates, & RSA Stats in Brief, Aug 1996; 9.4/1000 according to DoH), meaning that approximately 400,000 of 40 million South African’s die each year. In the RSA 20% of all deaths are of unknown causes,** (according to Stats South Africa: 13.71 ill-defined (15.2, DoH), 4.24 undetermined, and 1.61 other external). (Bradshaw D, Estimated Cause of Death Profiles SA, Based on 1990 Data, CERSA, MRC, 1991); **Deaths from traditional African medicines could constitute a large portion of this 80,000 and it is not unrealistic to assume that traditional medicine poisoning deaths are responsible for at least 10% of the 80,000 annual deaths from unnatural causes,** (excluding homicide, violence, accidents and self-inflicted), **ie 8,000 traditional medicine mortalities would be very conservative, confidently doubled to 15,000 and taking into account a percentage of deaths attributed to natural causes such as cardiac failure, 5000 additional of which may be traditional medicine induced, 20,000 is a conservative estimate for annual preventable deaths from traditional African medicine.**

Yours sincerely

A handwritten signature in black ink, appearing to be the initials 'SA' followed by a flourish.

**Stuart Thomson**  
**Director, Gaia Research Institute; National Co-ordinator, PHARMAPACT**

**CC The Public Protector and Minister of Health**