

## STD's / STI's REVISITED

### Three Million Ugandans have Hepatitis B - Report

By Sheila Naturinda

September 16, 2011

At least 10 per cent of Ugandans are currently suffering from the deadly Hepatitis B, and in urgent need of antiretrovirals for treatment, MPs have been told.

Hepatitis B, caused by a virus called Hep B, is more infectious than HIV/Aids although both diseases are transmitted in similar manner.

Dr Christine Ondo, the Minister of Health, said Hepatitis, a viral infection, has become an endemic disease and the highest burden has been registered in Northern Uganda with 20 -25 per cent of the whole population. She also told MPs on Wednesday that infections have been recorded in West Nile, North, Central and Southwestern regions.

Parliament also was told that 18 people have tested positive in Kitgum District, three died, while two are undergoing treatment in the referral hospital, and in Lira District, eight have been confirmed infected with the disease, among whom four have since died.

*Continued on page 2*

### What is the African Traditional Herbal Research Clinic?

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#### INSIDE THIS ISSUE

- 2 Sexual Activities that Could Put Your Health at Risk
- 3 **African Spirituality** – Gays: Guardians of the Gates
- 4 **Feature** – Gay Vaccine Experiments and the Origin of AIDS
- 6 **Feature** – Sexually Transmitted Diseases/Hepatitis
- 8 **Feature** – US Infected Guatemalans for STD Tests
- 15 Found inside the Gonorrhea Bacteria: Human DNA
- 17 **Feature** – Gardasil HPV Vaccines Contaminated with rDNA
- 23 Could Prostate Cancer be Caused by STD Virus
- 25 Incurable Gonorrhea may be Next Superbug
- 28 **Feature** – Children with Sexually Transmitted Diseases
- 35 125 Priests, Lay Clergy Involved in Sex Abuse Cases
- 38 **Featured** – HIV Costs may Hit 35 Billion a Year
- 39 Sub-Saharan Africa HIV & AIDS Statistics
- 43 Meds that Extend Lives of HIV Patients tied to Diabetes
- 46 **Feature** - Tanzania: Aids at 30- What does the Future Hold
- 51 **Feature** – African Women are more Vulnerable to HIV/AIDS
- 54 Hepatitis D found in 15% HIV?HBV Coinfected People
- 55 Lifetime Blood Donation Ban Lifted for MSM
- 61 **Feature** – Low Down on HIVS & Living on the Low Down
- 70 Banana Lectin Identified as HIV Inhibitor
- 72 **Herb of the Month** - Milk Thistle and More

“We don’t have specific treatment for Hepatitis B but currently we are using ARVs and trials are ongoing at Mulago Hospital, while much concentration is in Lamwo and Kitgum districts,” Ms Ondo said. Parliament also heard that government can’t afford vaccinations throughout the country because each vaccine costs Shs80,000 and every person needs three vaccines for proper prevention.

Ms Ondo advised people to “keep the zip up, and have as few sexual contacts as possible.” In a bid to combat the infection, the Ministry of Health is carrying out sensitisation campaigns across the country and borders, screening, and routine immunisation.

<http://www.monitor.co.ug/News/National/-/688334/1236992/-/bj8gphz/-/index.html>



## **Sexual Activities that could put your Health at Risk**

**By Christine Wanjiru Wanjala**

August 17, 2011

### **In Summary**

There are so many benefits of sex just like there are a number of dos and don'ts. This means some sexual activities are harmful.

Even without campaigning about the benefits of sex, a lot of people engage in it. While it can't be called dangerous, there are some practices that will expose one to several health complications.

### **Multiple sexual partners**

The scary phrase that once you sleep with someone you sleep with everyone in their past is true at least as far as infection is concerned. The more partners you have, the more you widen the circle of disease and sexually transmitted infections to catch. “There’s a very high chance of contracting HIV, hepatitis and the risk of other STI’s increases with multiple sexual partners,” says Dr Godfrey Alia, a specialist obstetrician and gynaecologist at Mulago Hospital. He adds that Human Papilloma Virus (HPV) the virus behind cervical cancer and as most recently found, prostate cancer in men are directly connected to the practice of having many sexual partners.

### **Engaging in sexual activity early**

Turns out there’s a reason after all behind the abstain campaigns among the youth. Dr Alia, says engaging in sexual activities during your early teenage years is a risk in itself because the person is not able to make informed decisions just yet. “The chances of a person having

multiple sexual partners when they become of age are high if they start out early and they are more likely to get pregnant, procure abortions, and face problems arising from unsafe sex,” he cautions. According to the gynaecologist, teenagers tend to be more reckless with sex yet it is much safer to wait until one can be called an adult.

### **Anal sex**

During anal sex, the capillaries in the anus break causing bleeding and cuts thus exposing one to infections. Dr Alia says because of the delicate membrane of the anus and the lack of natural lubrication, injuries are twice more likely than vaginal sex. The high concentration of infectious microorganisms not found in any other part of the body make this activity very risky and anal cancer is linked to the HPV passed on during anal sex. Along with infections comes physical damage, loss of bowel control and anal fissures (cracks in surrounding tissue) topping the list.

Recently, it is being taken on by a growing number of heterosexual couples as a way of avoiding infection and pregnancy. But anal sex is unfortunately not a safer alternative to unprotected vaginal sex. “Every infection you can contract from penetrative vaginal sex can also be contracted by penetrative anal sex,” says the doctor.

### **Oral sex**

Most people who opt for oral sex do not even think about the dangers they could be exposing themselves to. But Dr Alia says even oral sex has its risks “it is a form of sex and fluid is exchanged. It also could be rougher than vaginal sex because of less lubrication and the tissue inside the mouth is very delicate.” The person offering the oral sex risks contracting HIV and other STI’s if infected semen or pre cum comes into contact with a wound or abrasion in the mouth. The same goes for the person receiving if the fluid or blood enters their system through open sores. Although the risk is much lower than anal or vaginal sex, one can still get infections from oral sex if there are wounds in either partner. The true danger of oral sex is that most mouth wounds go unnoticed, and so it is hard to tell when it is safe.

### **Group sex**

Although this is still rare among Ugandans, with all the western movies and pornography glorifying swinging (where married couples agree to swap partners), threesomes and orgies, there are a few people who practice it. “The risk in these is the same as that of having multiple sexual partners,” says Dr Alia. Chances of recklessness and not using a condom are high. It is also probable that people engaging in group sex will also practice oral and anal sex further increasing the risk.

<http://www.monitor.co.ug/Magazines/Health+++Living/-/689846/1220562/-/mdegscz/-/index.html>



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## AFRIKAN SPIRITUALITY

### Gays: Guardians of the Gates

By Malidoma Some  
September 1993

*During one of the Conflict Hours at the Mendocino Men's Conference Malidoma spoke eloquently on indigenous people's views of gay men. He kindly agreed to elaborate on his views as he sat with me among the redwoods of Mendocino.*

**Bert:** At Conflict Hour you told us that your culture honors gays as having a higher vibrational level that enabled them to be guardians of the gateways to the spirit world. You suggested that our Western view limits itself by focusing only on their sexual role. Can you elaborate for our readers?

**Malidoma:** I don't know how to put it in terms that are clear enough for an audience that, I think needs as much understanding of this gender issue as people in this country do. But at least among the Dagara people, gender has very little to do with anatomy. It is purely energetic. In that context, a male who is physically male can vibrate female energy, and vice versa. That is where the real gender is. Anatomic differences are simply there to determine who contributes what for the continuity of the tribe. It does not mean, necessarily, that there is a kind of line that divides people on that basis. And this is something that also touches on what has become known here as the "gay" or "homosexual" issue. Again, in the culture that I come from, this is not the issue. These people are looked on, essentially, as people. The whole notion of "gay" does not exist in the indigenous world. That does not mean that there are not people there who feel the way that certain people feel in this culture, that has led to them being referred to as "gay."

The reason why I'm saying there are no such people is because the gay person is very well integrated into the community, with the functions that delete this whole sexual differentiation of him or her. The gay person is looked at primarily as a "gatekeeper." The Earth is looked at, from my tribal perspective, as a very, very delicate machine or consciousness, with high vibrational points, which certain people must be guardians of in order for the tribe to keep its continuity with the gods and with the spirits that dwell there. Spirits of this world and spirits of the other worlds. Any person who is at this link between this world and the other world experiences a state of vibrational consciousness which is far higher, and far different, from the one that a normal person would experience. This is what makes a gay person

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*The traditional shrine as a symbol of our cultural history*

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gay.

This kind of function is not one that society votes for certain people to fulfill. It is one that people are said to decide on prior to being born. You decide that you will be a gatekeeper before you are born. And it is that decision that provides you with the equipment (Malidoma gestures by circling waist area with hands) that you bring into this world. So when you arrive here you begin to vibrate in a way that Elders can detect as meaning that you are connected with a gateway somewhere. Then they watch you grow, and they watch you act and react, and sooner or later they will follow you to the gateway that you are connected with.

Now, gay people have children. Because they're fertile, just like normal people. How I got to know that they were gay was because on arriving in this country and seeing the serious issues surrounding gay people, I began to wonder it does not exist in my own country. When I asked one of them, who had taken me to the threshold of the Otherworld, whether he feels sexual attraction towards another man, he jumped back and said, "How do you know that?!" He said, "This is *our* business as gatekeepers." And, yet he had a wife and children -- no problem, you see.

So to then limit gay people to simple sexual orientation is really the worst harm that can be done to a person. That all he or she is is a sexual person. And, personally, because of the fact that my knowledge of indigenous medicine, ritual, comes from gatekeepers, it's hard for me to take this position that gay people are the negative breed of a society. No! In a society that is profoundly dysfunctional, what happens is that peoples' life purposes are taken away, and what is left is this kind of sexual orientation which, in turn, is disturbing to the very society that created it.

I think this is again victimization by a Christian

*Continued on page 59*

## FEATURED ARTICLES

# Gay Vaccine Experiments and the American (Not African) Origin of AIDS

By Alan Cantwell, MD  
September 1, 2011

Ever since the AIDS epidemic became official in June 1981, there have been rumors that AIDS is a man-made disease. Although this theory has been discredited by "scientific consensus," there is evidence linking the outbreak of this new disease to a vaccine experiment conducted on gay men in New York City, as well as in other U.S. cities, between 1978 and 1981.

The first epidemic cases of AIDS in America were uncovered exclusively in young, previously healthy, and mostly white gay men in Manhattan in 1979. The cause was unknown until 1984 when a virus, later named HIV (human immunodeficiency virus), was accepted as the infectious agent. How a sexually transmitted disease (STD), purportedly originating in Africa, was transferred into a so-called "gay disease" in New York City was left unexplained, except for preposterous stories like the gay Canadian airline steward Gaetan Dugas, who was demonized in the media and tabloids as "the man who brought AIDS to America."

### THE GAY VACCINE EXPERIMENTS BEFORE AIDS (1978-1981)

Beginning in 1974, workers in a bloodmobile provided by the New York Blood Center in Manhattan began soliciting 8,906 gay men for a hepatitis B vaccine research study (Koblin et al, 1992). Over the next few years more than 10,000 blood samples were donated by gays willing to participate in the development of a vaccine that might prevent hepatitis B. This viral disease was an STD disproportionately affecting sexually-active homosexuals.

The AIDS epidemic in the U.S. directly traces back to this government-sponsored vaccine experiment! Eventually, 1,083 gay men were recruited to be injected with an experimental hepatitis B vaccine at the New York Blood Center. In the months before the actual experiment began, the vaccine underwent preliminary testing for safety and immune response on two hundred physicians at New York Medical Center, as well as on twenty-

eight employees of Merck & Co, which made the vaccine.

The first group of men in the actual trial was inoculated in November 1978. The experiment was confidential. Each man was given an anonymous identification number, which would be the only way they could be identified by the investigators. Each man got an initial dose of vaccine, then a repeat one month after, and a final inoculation six months later. All were asked to donate blood samples for two years after the three injections. Over a period of months, all 1,083 men would be injected. Half the men were given the experimental vaccine; the other half would serve as the control group and were given useless placebo injections. In this double-blind study, neither the men nor the investigators knew who was getting the vaccine or the placebo.

This experiment ended in September 1980. The success rate in preventing hepatitis B in the group receiving the vaccine was 92.3%. Additional experimental hep B vaccine trials, all using gay men as the guinea pig, were conducted in 1979 and 1980 in Chicago, Los Angeles, San Francisco, Denver and St. Louis.

In May 1981, the men in the placebo group (who did not receive the vaccine) at the Blood Center were offered a chance to take the vaccine. As a result, 270 men were inoculated with the series of three shots and were asked to donate additional blood samples for two more years. Because men in the vaccine-recipient group and the placebo group were now both inoculated with the vaccine, it would no longer be possible to compare the two groups in terms of future HIV rates. Because the experiment was confidential and anonymous, the fate of the individual men in terms of acquiring HIV/AIDS in the future could never be ascertained. In June 1981, after 41 cases of a new disease in homosexuals were reported to the Centers for

*Continued on page 5*

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*Continued from page 4 – Gay Vaccine Experiments and the American Origin of AIDS*

Disease Control and Prevention in Atlanta (CDC), the AIDS epidemic became official.

**THE "GAY PLAGUE" BEGINS  
IN MANHATTAN IN 1979**

The first few cases of a new disease characterized by immunodeficiency, cancer and a previously rare form of pneumonia in young gay men were uncovered in Manhattan in 1979. By the end of 1981 there were 160 cumulative cases from New York City; a decade later, 9,000 cases had been reported in NYC. The early cases were termed "gay related immune deficiency disease," or GRID, for short. Privately, it was called "the gay plague," with homosexuals dying from "gay cancer" in the form of Kaposi's sarcoma, and/or a rapidly fatal "gay pneumonia" caused by a yeast-like fungus.

By the end of 1979, 6.6% of 378 men who had been "hepatitis B trial participants" or who had donated blood in the experiment at the Center were already HIV-positive. By 1981, it was 20%! (This was at a time when the African AIDS epidemic was unknown.) By 1984 over 40% of the trial participants were HIV-positive (Stevens et al, 1986). These infection rates were determined in 1985 when the stored gay blood samples were retested for HIV.

A different (non-vaccine) hepatitis B study, conducted from 1978 to 1980 at the San Francisco City Clinic, recruited a cohort of 6,705 homosexuals. By 1982, 41% of all reported AIDS cases in S.F. were from this cohort. By 1989, 75% of the cohort was infected with HIV-and 1,479 had developed AIDS (Rutherford et al, 1990). Activist Tom Keske has posted an essay on his website entitled: "Was AIDS in the U.S. started intentionally?" He also provides an incriminating statistical analysis linking the AIDS outbreak in San Francisco to hepatitis B vaccine experiments conducted in that city.

In 1984, the CDC was apparently oblivious to the extremely high rate of HIV/AIDS infection in gay men who participated in the hepatitis experiments and studies, particularly at a time when the African AIDS epidemic was still largely unknown. In its Morbidity and Mortality Weekly Report, dated Dec 14, 1984, the agency simply concluded the hepatitis B vaccine was safe-and that "epidemiologic monitoring of AIDS cases and high-risk groups confirms the lack of AIDS transmission." When later studies revealed the high incidence of HIV in these men, as noted above, there was no official comment by the CDC.

To my knowledge, the CDC never tested the vaccine given to the men at the NY Blood center; and this CDC

1984 report is often cited to refute any connection between gay experiments and the AIDS outbreak. New York City quickly became the epicenter for the American epidemic, and has remained so to this day, with more than 100,000 New Yorkers living with HIV/AIDS.

**SIMIAN VIRUSES AND GAY VACCINE  
EXPERIMENTS**

According to Luc Montagnier in his book "Virus" (1999), the African AIDS epidemic did not begin until the autumn of 1982 at the earliest. There is also no epidemiologic or sexual connection between gay cases and African AIDS cases.

Was HIV introduced into gay men via a contaminated vaccine? HIV is not the first simian (i.e., monkey or chimp) virus to infect mankind. Simian virus-40 (SV40) is a cancer-causing green monkey virus that contaminated the polio vaccine, and was injected into millions of people worldwide beginning in the 1950s. SV40 was also used extensively in animals to induce cancer tumors conducted as part of the largely forgotten Special Virus Cancer Program (1964-1980). For details of this Program, see my Internet article entitled 'Blaming gays, blacks, and chimps for AIDS.'

There are strong connections between simian viruses and the experimental hep B vaccine, the gay participants, and the outbreak of AIDS. The vaccine given to gays was designed by Maurice Hilleman of Merck; and was "developed" by repeatedly injecting it into chimpanzees, as part of the safety testing of the vaccine. Could a chimp HIV-like virus have been transferred to the vaccine during the 65-week manufacturing process?

Humans and chimps have 99% of their active genetic material in common. As a result, chimps are used extensively in medical research. In 1974 veterinarians produced an AIDS-like disease in chimps by taking newborn chimps away from their mothers and feeding them virus-infected cow's milk. As a result of this inter-transfer of virus, the chimps died of immunodeficiency, leukemia, and pneumocystis pneumonia, later known as the "gay pneumonia" of AIDS (McClure et al, 1974). Previously, leukemia had never been observed in chimps.

Also in 1974 the New York Blood Center established Vilab II, a little-publicized chimp research lab in Robertsville, Liberia, West Africa. It contained captive chimps, all of which were purposely infected with hepatitis. In 1978 Vilab began to release some chimps back into the wild and onto several islands. The Blood Center announced the closure of the lab in 2006 and the end to chimp research. Alfred Prince, a hepatitis researcher and virologist at the Blood Center, was also the Director of Vilab from 1975 to 2000.

*Continued on page 10*

## FEATURED ARTICLES

# Sexually Transmitted Diseases: HEPATITIS

### What is Hepatitis?

Hepatitis is an inflammation of the liver. There are five types of hepatitis usually caused by a group of viruses, A through E. Hepatitis can also be caused by other viral infections, such as cytomegalovirus infection, infectious mononucleosis, and yellow fever. Nonviral causes of hepatitis include drugs and alcohol. Hepatitis can be chronic and long-lasting, or acute, which is newly acquired and usually lasts less than 6 months.

**Type A hepatitis (HAV)** is contracted through anal-oral contact, when a person eats or drinks something contaminated with the feces or blood of someone with hepatitis A. HAV reproduces in the liver and is shed in high concentrations in feces from 2 weeks before to 1 week after the beginning of clinical illness.

An infected person with poor personal hygiene can contaminate food or water sources. Transmission can occur during sexual contact, especially oral-anal contact. One can also be infected by consuming contaminated raw shellfish.

HAV infection does not result in chronic infection or chronic liver disease. Acute liver failure is rare, and usually occurs in older people. Approximately 33% of the U.S. population has serologic evidence of prior HAV infection. This percentage goes up to 75% in individuals over 70 years old. About 50% of those with HAV cannot identify the source of infection.

**Type B hepatitis (HBV)** is transmitted through direct contact with infected blood, seminal fluid, vaginal secretions, saliva, and contaminated needles used for drugs, tattooing, or body-piercing. Mothers can infect their infants at birth.

HBV can be acute or chronic. It is estimated that 1.25 million people in the United States are chronically infected with HBV and are at increased risk for death from chronic liver disease.

**Type C hepatitis (HCV)** is the most common chronic blood borne infection in the United States, infecting an estimated 2.7 million persons chronically. HCV is usually contracted through blood, blood products, or contaminated needles used for drugs, tattooing, or body-piercing. Blood products used for transfusions and donor organs before 1992 could have been contaminated with HCV. HCV can be transmitted to a baby from an infected mother. 20% of infections are sexually transmitted, vaginally or anally, through vaginal secretions and semen, especially during situations where blood is present.

75% to 85% of those infected, end up with a chronic (lasting more than 6 months) case of HCV. 70% of those infected will have chronic liver disease including such conditions as cirrhosis (scarring of the liver), liver failure, liver cancer, and even death. Hepatitis C is the leading cause of liver transplants. It is estimated that complications from HCV cause 10,000 American deaths annually.

**Type D hepatitis (HDV)** occurs as a co-infection with hepatitis B, especially chronic HBV. Hepatitis D is usually transmitted through contact with contaminated blood and needles. HDV infects 5% of people with HBV that's about 15 million people worldwide.

**Type E hepatitis (HEV)** is most commonly transmitted in feces, through oral contact, or contaminated water. Hepatitis E is extremely rare in the USA, being more common in areas lacking sanitation. HEV usually occurs in persons who travel to or live in an area lacking clean water or sanitation. One can also be infected by consuming contaminated raw shellfish. Hepatitis E occurs primarily in adults. HEV infections do not occur chronically.

### What are the Symptoms for Hepatitis?

Symptoms may not be obvious, but they are similar for

*Continued on page 7*

all types. Symptoms may include flu-like symptoms, fatigue, loss of appetite, nausea, generalized itching, fever, light or clay colored stools, dark urine, abdominal swelling, abdominal pain, and jaundice (yellowing of the skin and the whites of the eyes).

### **Hepatitis A (HAV)**

Symptoms usually develop about 4 weeks after infection, but may occur in 15-50 days. 10 to 15% of patients may experience a relapse of symptoms during the 6 months following the initial infection.

### **Hepatitis B (HBV)**

The incubation period from the time of exposure to signs and symptoms is 6 weeks to 6 months. If present, symptoms described above, may also include a rash or arthritis during the early stages. Only 50% of adults with acute HBV infections are symptomatic, and about 1% of cases result in acute liver failure or death. Young patients are at a higher risk of a chronic infection. Compared to 2 to 6% of adults, about 90% of infected infants and 60% of infected children under 5 years old become chronically infected. Other concerns are cirrhosis of the liver and liver cancer.

### **Hepatitis C (HCV)**

It is estimated that each year 25,000 Americans are newly infected with hepatitis C, but only 20% of those infected will experience any symptoms. Many people with chronic HCV have mild to moderate liver damage, after being infected for years without being diagnosed because their symptoms (flu-like symptoms, fatigue, loss of appetite, nausea, malaise, fever, light stools, dark urine, abdominal swelling, and jaundice) are not obvious. If a person develops cirrhosis of the liver, the symptoms may be more obvious. Abnormalities are usually noted in liver enzyme levels for those with chronic HCV.

### **Hepatitis D (HDV)**

Only those with active Hepatitis B can be infected with Hepatitis D. Symptoms are similar to those of acute HBV and may not be noticeable or may be severe. HDV may cause symptoms in hepatitis B carriers who had no symptoms and may even increase the severity of an acute HBV infection. The acute cases usually subside over 2 to 3 weeks, but the HBV – HDV infection may become chronic and may be contagious at times through out the lifespan of the infected.

### **Hepatitis E (HEV)**

The incubation period ranges from 15 to 60 days. Many are asymptomatic, but symptoms may include fatigue, loss of appetite, nausea, abdominal pain, and fever. Pregnant women, who become infected with HEV, are particularly at risk as case-fatality rates as high as 15%–25% have been reported. Fetal loss is common.

### **What is the Treatment for Hepatitis?**

#### **Hepatitis A (HAV)**

Hepatitis A can be prevented with a two-dose vaccine series, given at least six months apart. These vaccines are recommended for high risk persons and include those living or traveling to a country where HAV is prevalent, injecting drug users, those with chronic liver disease, and men who have sex with men. Immune Globulin (IG) can be given before or after exposure to HAV, to help prevent the disease from manifesting.

There is no cure for HAV, but most people, even with a severe case, will recover completely. Rest, avoiding oral-anal sexual contact, and practicing safe sex with condoms are suggested. Also, abstaining from alcohol and medications such as painkillers and sedatives, which may cause liver damage, is recommended. Those with signs of acute liver failure or dehydration, due to nausea and vomiting, may require hospitalization.

#### **Hepatitis B (HBV)**

Hepatitis B can be prevented with a three dose vaccine series, which also prevents hepatitis D, which can exist only with hepatitis B. Routinely vaccinating infants has been protocol for years. Anyone can be vaccinated, but it is especially recommended for those at high risk. Considered high risk would include those who live or travel to areas where HBV is prevalent, men who have sex with other men, health care workers, injecting drug users, and sexual partners of chronic carriers of HBV. Barriers/dental dams and condoms should be used to prevent contagion from sexual (oral, anal, vaginal) contact.

HBV infection can be self-limited or chronic. If the condition is chronic, the antiviral agent, interferon, lamivudine (Epivir), or adefovir dipivoxil, are used to treat HBV. A health care provider should be consulted for more information. If the infection is acute, or recently acquired, no specific treatment is recommended; the disease runs its course and usually results with complete recovery. Hepatitis B immune globulin (HBIG) and the HBV vaccine should be administered within 7 days after being exposed to acute HBV to help prevent illness for individuals who haven't been vaccinated already. HIV-infected persons with HBV infection are more likely to result with a chronic condition. HIV infection may weaken the response to the HBV vaccine and may require additional doses.

*Continued on page 14*

### FEATURED ARTICLES

## U.S. INFECTED GUATEMALANS FOR STD TESTS

By Rob Stein

October 2, 2010  
Washington Post

The United States revealed on Friday that the government conducted medical experiments in the 1940s in which doctors infected soldiers, prisoners and mental patients in Guatemala with syphilis and other sexually transmitted diseases.

The experiments, led by a federal doctor who helped conduct the [famous Tuskegee syphilis study](#) in Alabama, involved about 1,500 men and women who were unwittingly drafted into studies aimed at determining the effectiveness of penicillin.

The tests, which were carried out between 1946 and 1948, infected subjects by bringing them prostitutes who were either already infected or purposefully infected by the researchers and by using needles to open wounds that could be contaminated.

"Although these events occurred more than 64 years ago, we are outraged that such reprehensible research could have occurred under the guise of public health," Secretary of State Hillary Rodham Clinton and Health and Human Services Secretary Kathleen Sebelius said in a joint statement apologizing for the experiments. "We deeply regret that it happened, and we apologize to all the individuals who were affected by such abhorrent research practices."

President Obama had been briefed about the revelations and called Guatemalan President Alvaro Colom to "personally express that apology," White House spokesman Robert Gibbs said. "Obviously, this is shocking. It's tragic. It's reprehensible," Gibbs said.

The Guatemalan government planned to investigate, saying it "deeply deplores that these experiments affected innocent people," according to a statement issued late in the day.

In addition to exposing another episode of unethical medical experimentation, officials said the revelations were concerning because they could further discourage

already often-suspicious minorities and others from participating in medical research. They also come as U.S. drug companies are increasingly going to poor, less-educated countries to test new drugs and other therapies.

"At a time when so much medical research is global, it behooves us to take account of what has been done in the past by American researchers in other countries," said Susan M. Reverby, a professor in the history of ideas and professor of women's and gender studies at Wellesley College in Massachusetts who discovered the experiments while investigating Tuskegee for a book.

In Tuskegee, perhaps the most notorious medical experiment in U.S. history, hundreds of African American men with late-stage syphilis was left untreated to study the disease between 1932 and 1972. In the Guatemala case, the subjects were treated, but it remains unclear whether they were treated adequately or what became of them.

Reverby discovered the experiments while reading papers in the University of Pittsburgh's archives from John C. Cutler, a doctor with the federal government's Public Health Service who later participated in Tuskegee. He died in 2003.

"I almost fell out of my chair when I started reading this," Reverby said in a telephone interview. "Can you imagine? I couldn't believe it."

The studies were sponsored by the Public Health Service, the National Institutes of Health and the Pan American Health Sanitary Bureau (now the World Health Organization's Pan American Health Organization) and the Guatemalan government. The goal was to assess whether taking penicillin right after sex would prevent sexually transmitted infections.

Cutler, Guatemalan health official Juan Funes and colleagues decided to study men in Guatemala City's

*Continued on page 9*

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**Continued from page 8 – US Infected Gutemalans for STD Tests**

Central Penitentiary because its prisoners were allowed to have sex with prostitutes. Some of the prostitutes tested positive for syphilis; in other cases, doctors put infectious material on the cervixes of uninfected prostitutes before they had sex with prisoners.

But because so few men were getting infected, the researchers then attempted "direct inoculations made from syphilis bacteria poured into the men's penises and on forearms and faces that were slightly abraded . . . or in a few cases through spinal punctures," Reverby wrote in a synopsis of the experiments.

They conducted similar experiments involving gonorrhea and chancroid and on soldiers in an army barracks and on men and women in the National Mental Health Hospital. In some cases, the subjects drank "syphilitic tissue mixed with distilled water," Reverby wrote in a synopsis of the testing. Doctors used needles to scrape the arms, faces or mouths of the women to try to infect them.

A number of high-ranking U.S. government officials knew about the research, including Thomas Parran Jr., who was then U.S. surgeon general, the documents show. "You know, we couldn't do such an experiment in this country," Parran said, according to Cutler. Parran died in 1968.

The gonorrhea studies involved 772 subjects, 234 of whom became infected and 233 of whom received treatment, according to an investigation by the federal Centers for Disease Control and Prevention. The chancroid studies involve 142 subjects, including 138 who became infected and 129 who received treatment. The syphilis experiments involved 497 subjects who were exposed to the bacteria that causes the disease, 427 of whom became infected and 332 of whom received treatment. A total of 443 of the subjects actually developed syphilis; 331 received treatment, although only 85 could be documented to have received full treatment, the CDC found.

Gonorrhea can cause a variety of complications, including infertility. Chancroid can cause painful ulcers. Syphilis can cause blindness, major organ damage, paralysis, dementia and death.

Seventy-one of the syphilis subjects died during the study, including one from a fatal epileptic seizure, but it was unclear whether any were caused by the studies. The fates of the other subjects will be investigated, officials said.

The researchers also took blood samples from 438 children at the National Orphanage, but in that case, they

did not purposefully infect anyone, Reverby said.

Cutler discontinued the experiments "when it proved difficult to transfer the disease and other priorities at home seemed more important," she wrote. The results were never published. Cutler died in 2003.

Reverby shared her discovery last spring with David Sencer, a retired director of the CDC, who notified current CDC officials, leading to Friday's public disclosure. Reverby describes the tests in a 29-page paper that will be published in January in the *Journal of Policy History*.

NIH Director Francis S. Collins condemned the experiment and said strict prohibitions are in place to prevent such abuses from happening today.

"This case of unethical human subject research represents an appalling example from a dark chapter in the history of medicine," Collins told reporters during a telephone briefing Friday.

Although Collins said it was important that the experiments had been made public, he acknowledged that the revelation could deepen entrenched suspicions about scientists and doctors. The Tuskegee experiment continues to be blamed for making many minorities reluctant to participate in medical studies or even seek medical care.

"We are concerned about the way in which this horrendous experiment, even though it was 60 years ago, may appear to people hearing about it today as indicative of research studies that are not conducted in an ethical fashion," Collins said. "Today, the regulations that govern research funded by the United States government, whether conducted domestically or internationally, would absolutely prohibit this type of study."

The National Academy of Sciences' Institute of Medicine will also investigate the experiment and the Presidential Commission for the Study of Bioethical Issues will form a panel of international experts to "ensure that all human medical research conducted around the globe today meets rigorous ethical standards," officials said.

<http://www.washingtonpost.com/wp-dyn/content/article/2010/10/01/AR2010100107299.html>



## **Guatemala STD tests 'may have infected 2,500'**

The extent of US medical experiments in Guatemala on STDs during the 1940s is greater than previously thought, health authorities have told the BBC.

The number of infected people could be as high as 2,500, says the president of the Medical Association of Guatemala.

*Continued on page 15*

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***Continued from page 5 – Gay Vaccine Experiments and the American Origin of AIDS***

Maurice Hilleman was well aware of simian viruses contaminating vaccines, having personally discovered SV40 in 1960 in polio vaccines. In a youtube.com video entitled "Merck chief brings HIV/AIDS to America," posted by prolific AIDS origin researcher Leonard G Horowitz, Hilleman is recorded telling his colleagues, "I brought African greens [monkeys] in. I didn't know we were importing AIDS virus at the time [i.e., between 1970-1974]. His colleagues are heard laughing. Someone says, "It was you who introduced AIDS virus in." This shocking interview, conducted by Edward Shorter for WGBH public television, was cut from the TV documentary, based on Shorter's book "The Health Century" (1987), due to liability issues, undoubtedly reflecting poorly on Merck where the vaccine for gays was developed. Hilleman's assertion gives credence to the "conspiratorial" view that the most likely source of an AIDS-causing simian immunodeficiency virus (SIV) virus was from a laboratory, and not from the wilds of Africa.

The close timeline between the hepatitis B vaccine trials, as well as the high incidence of HIV/AIDS in the participants, and the outbreak of the "gay plague" can hardly be denied. There are few sources, outside of medical journal reports, that reveal details of the experiment. The best source is June Goodfield's "Quest for the Killers" (1985), in a chapter entitled 'Vaccine on trial.' She emphasizes the dangerous aspects of the vaccine experiment, due to the pooling of the blood, as well as the concern regarding possible contamination of the vaccine. Hers is the only source revealing that some of the vaccine was made by the National Institutes of Health (NIH). "Was something wrong with the vaccine, possibly contamination? This was no theoretical fear, contamination having been suspected in one vaccine batch made by the National Institutes of Health, though never in Merck's."

**THE SIMIAN VIRUS ORIGIN OF HIV**

Determining the simian ancestry of HIV is not the same as determining the origin of the AIDS epidemic in America. HIV is emphatically a "new virus" in humans, although its origin in simians may be ancient. The American AIDS epidemic clearly began in the late 1970s. The purported African origin of American AIDS is largely based on the genealogy of the AIDS virus in Africa. I could never understand why scientists never looked for a simian ancestor of HIV in the various primate virus labs and primate colonies in the U.S.

The simian "roots" of HIV depend on who is doing the genetic analysis. Some researchers claim that HIV has

been circulating in humans since the 1930s, others date it back a century or more. A new "phylo-geographic" study suggests monkey SIVs are ancient and date back 32,000 to 75,000 years (Worobey et al, 2010).

The public was first told that HIV originated in Africa in green monkeys. This changed in 1999 when a SIV found in chimpanzees was widely accepted as the closest ancestor virus of HIV (Gao et al, 1999). Four years later, geneticists reversed themselves again, claiming HIV "didn't start its life in chimps" but arose through hybridization of two monkey strains of SIV that recombined in the chimpanzee host (Bailes et al, 2003). In other words, the ancestors of HIV were a mix of monkey immunodeficiency viruses transferred into chimps, which subsequently recombined to form a new hybrid virus with mixed genetic material. By the way, chimps are considered apes, have bigger bodies than monkeys, and are most closely related to humans. Monkeys have tails and are structurally closer to four-legged animals like cats and dogs.

Lost in all this conflicting genetic mumbo-jumbo, that few people can comprehend (including myself), was the fact that extensive mixing of simian viruses and the creation of hybrid viruses was going on for years in labs around the world in the years immediately preceding AIDS. This, in fact, is the basis of the AIDS "conspiracy theory," which proposes that the ancestor of HIV most likely originated in animal species transfer experiments in a virus laboratory. Yet this explanation is never considered by scientists. These genetic studies of HIV origin, widely reported in the major media, continue to reinforce the public perception that HIV/AIDS started in Africa.

There is no attempt made here to fully explain the origin of the horrible outbreak of AIDS in Africa beginning around 1983. This will up to future medical historians to unravel. Suffice it to say that sub-Saharan Africa has been the testing ground for pharmaceuticals and vaccines for many decades, and for massive vaccine programs with reuse of needles which could also spread HIV from person to person.

In "AIDS and the Doctors of Death" (1988), I mentioned a London Times explosive front page article connecting AIDS to extensive vaccine programs in Africa, and entitled "Smallpox vaccine triggered AIDS virus" (May 11, 1987). Robert Gallo, the co-discoverer of HIV, was quoted as saying, "The link between the WHO program and the epidemic is an interesting and important hypothesis. I cannot say it actually happened, but I have been saying for some years that the use of live vaccines such as that used for smallpox can activate a dormant

*Continued on page 11*

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***Continued from page 10 – Gay Vaccine Experiments and the American Origin of AIDS***

infection such as HIV." The full Times story never appeared in the major media in the U.S., but is available online.

Researchers have known for a long time that the particular strain of HIV that infected American gays is "subtypes B." The prevalent strains in Africa are different, again suggesting that American AIDS cases did not come from Africa cases. Unlike some strains in Africa, which date back to the 1930s, a recent study by Perez-Losada et al (2010), indicates "subtype B" is quite new, dating back to around 1968, a decade before the hep B experiment? Max Essex claims the American B strain has an affinity for anal tissue and is more easily transmitted by homosexual contact and intravenous drug use, whereas the HIV subtypes in Africa tend to fuel heterosexual epidemics via a vaginal mucosal route.

**THE LAB ORIGIN OF HIV IN AMERICA**

Hilleman's hepatitis B vaccine was intentionally made from the pooled blood of 300 highly sexually-active gay and intravenous drug abusers in Manhattan. These men were the carriers of the hepatitis virus Hilleman required to manufacture his vaccine.

As mentioned, the vaccine was developed in chimps, and took 65 weeks to make. His vaccine brew was collected in 1977. The specific year is important because there are no reports of AIDS cases at that time; and no stored American blood testing positive for HIV before that year.

In "Vaccinated" (2007) Paul Offit, a pediatrician and vaccine developer who works for Merck, theorizes that although "HIV was likely present in the blood from which he made early preparations of his vaccine, Hilleman's choice of pepsin, urea, and formaldehyde had completely destroyed it."

In "Vaccinated," Offit is critical of my AIDS origin research. He writes, "The publisher of Alan Cantwell's book, *Aries Rising Press*, was founded by Cantwell himself to promote his uninformed views on the origin of the AIDS epidemic." Offit claims the American blood supply was "heavily contaminated" with HIV in the mid-1970s. He offers no documentation for this statement, nor are there any studies (or epidemic AIDS cases) which document this.

The earliest HIV-positive blood specimens in the American epidemic were uncovered in 1978-they are those deposited into the Blood Center by gay participants of the hep B experiment. There is no record of any other stored blood in the U.S testing positive for HIV, with one exception. According to "Virus Hunters of the CDC"

(1996), author Joseph McCormick states six hundred blood specimens from Zaire, Africa, were sent to the CDC in 1976 during the Ebola virus outbreak. When re- tested in the mid-1980s for HIV, five of the specimens were positive. One has to wonder if other labs in the U.S were also harboring HIV-infected African blood used in animal (or human) research.

Unlike Offit, I have never promoted the idea that HIV was contained in Hilleman's blood brew in 1977. Yet Offit insists HIV first entered the U.S. a few years before Hilleman began working on his vaccine. He notes Hilleman would be "the first (and last) to use human blood to make a vaccine. He didn't know until years later that the blood was heavily contaminated with HIV."

Offit makes no mention of Hilleman importing HIV/AIDS via his monkeys and chimps, nor does he cite the 20% HIV infection rate of the men who participated in the trial at the Blood Center in 1981. He simply assures us the vaccine given to gay men was safe and free of HIV.

**UNETHICAL MEDICAL EXPERIMENTATION**

The development of a hepatitis B vaccine has a dark history. Less than a decade before the gay experiment, sixty mentally retarded children at Willowbrook State School, on Staten Island, NY, were fed live hepatitis B virus. In another experiment, the serum from a patient with hepatitis B was injected intravenously into 25 retarded children with dire results. They sickened, some severely, and turned yellow with jaundice. According to Hilleman, "They were the most unethical medical experiments ever performed in children in the United States."

It is indeed shameful to read the history of covert human experimentation over the past decades, which likely continues up to the present. Most appalling were "the human radiation experiments" of the Cold War era affecting millions of unsuspecting Americans, and extending into the mid-1970s. For all the morbid details, google: human medical experimentation.

I will mention only one recent revelation (2010) uncovered by Susan Reverby, quite by accident, while researching the notorious Tuskegee Syphilis study. According to the Wikipedia entry, "In a 1946 to 1948 study in Guatemala, U.S. researchers used prostitutes to infect prison inmates, insane asylum patients, and Guatemalan soldiers with syphilis and other sexually transmitted diseases, in order to test the effectiveness of penicillin in treating sexually transmitted diseases. They later tried infecting people with "direct inoculations made from syphilis bacteria poured into the men's penises and on forearms and faces that were slightly abraded . . . or in a few cases through spinal punctures. The study was sponsored by the U.S. Public

*Continued on page 12*

Health Service, the National Institutes of Health and the Pan American Health Sanitary Bureau (now the World Health Organization's Pan American Health Organization) and the Guatemalan government.

Further details of the experiment that recruited 5,500 people and infected 1,300 people (including orphaned children) with sexually transmitted diseases were released on August 30, 2011. In one instance, a dying woman was deliberately infected with gonorrhea bacteria in her eyes and elsewhere. Seven women with epilepsy were injected with syphilis germs into the back of the spine, resulting in bacterial meningitis in all cases. Eighty-three people died. The U.S. Public Health Service is the former name of the CDC. The fact that this government study was initiated by both the CDC and the NIH, the two leading and most prestigious health organizations in America, is chilling.

When asked about the Guatemala experiment, Harold Jaffe of the CDC was quoted as saying: "Are there other stories that haven't come to light? We don't want to feed on the paranoia in the media, for example, of biological warfare, or AIDS as a cooked-up infection in a foreign country, but stories like this have to remind people of these stories" ('Presidential panel slams 1940s Guatemalan STD study,' by Louisa Kasdon, posted on the BU.edu website, Aug 31, 2011). Jaffe has been the top officer at the CDC covering AIDS since the very beginning. However, this is the first time I ever heard a CDC official blaming AIDS on a "cooked-up infection in a foreign country."

### **SIMIAN VIRUSES AND VACCINES**

Vaccines are big business with worldwide sales of 25 billion; and AIDS has spawned a huge industry as well. A CBS news report (Jan 8, 2010) declared: "Got AIDS? Lifetime cost: \$618,900."

I am not anti-vaccine, although I would like to know exactly how a vaccine is produced-from start to finish-before it is injected into me. And such knowledge is impossible to obtain, due to proprietary concerns of the manufacturers. Ordinarily, I decline vaccines unless absolutely necessary. I stopped taking yearly flu shots in 1991 when I read in The New York Times that some people were testing HIV-positive after injection with the "Beijing flu" shot that year. This was deemed to be a false-positive reaction, but the CDC was not sure what was causing the peculiar result.

Childhood vaccinations are necessary, of course, to prevent certain diseases. And more and more pediatricians are refusing to treat children whose parents

refuse to vaccinate them according to the prescribed schedule, which includes 11 vaccines and as many as 20 shots by 2 years of age (Offit et al, 2002). For some of my personal negative views on vaccines, see 'Vexing over vaccines' on the net.

For anyone who thinks that vaccine makers are always your friend, I would recommend "The Virus and the Vaccine: The True Story of a Cancer-Causing Monkey Virus, Contaminated Polio Vaccine, and the Millions of Americans Exposed" by Debbie Bookchin and Jim Schumacher (2004). They explore the history of the polio vaccine, the contamination problems with SV40, the ensuing vaccine-related cancer problems, and the government's cover-up of the problem over the past three decades. I discovered that federal regulations require only that vaccine manufacturers screen for viruses by observing the effects of viruses on tissue cell cultures, as viewed with an ordinary light microscope. This was surprising to me because viruses are too small to be seen microscopically. Thus, vaccines are not directly tested for virus contamination, but are tested indirectly with a light microscope. Apparently virus contamination of vaccine lots is suspected only if cells (viewed in the light microscope) undergo evidence of viral infection. If a contaminating virus in a vaccine has no effect on cells, this testing procedure would obviously be ineffective.

When the gay experiments ended in 1981, HIV was already in the nation's blood supply. And there was no way to test for it. Within a year, the disease was no longer confined to male homosexuals. It was clearly an STD that could also be transmitted by body fluids and by blood transfusion. In 1982 the first AIDS cases in blood transfusion recipients and hemophiliacs were recorded.

So why were gay men the only sexually-active Americans originally infected with HIV? In my view, the most likely explanation is the vaccine was contaminated with an SIV that escaped detection during the long and dangerous manufacturing process, which included repeated safety test in chimpanzees. An alternate explanation is that a laboratory-derived SIV was introduced deliberately as a genocidal agent against gay people that would eventually spread to the "general population." In other words, a covert Guatemala-type STD experiment using gays as guinea pigs.

Sometimes, despite great care in the manufacturing process, a virus will slip through and wreak havoc. Such was the case with Cutter Laboratories in Berkeley, California, in 1957 with their polio vaccine that was accidentally contaminated with a live, virulent polio virus. The result was 200,000 infected people. Seventy thousand people became ill; 200 were permanently paralyzed; and 10

died, according to Offit's "The Cutter Incident" (2005)".

Once HIV was seeded into gays, it could easily spread sexually and through body fluids. A decade before the epidemic in a lab accident involving green monkeys in 1967, a highly dangerous simian hemorrhagic virus infected 31 workers in a vaccine facility in Marburg, Germany, resulting in 7 deaths. In several instances, the virus was transferred to sexual partners. Four cases were acquired by hospital personnel caring for victims. Infection in these instances most probably was incurred through contact with the patients' blood (Luby and Sanders, 1969).

Since 1984, gay men have been excluded from donating blood. This policy includes any man who has had sex with another man since 1977. This was the year Hilleman began work on his vaccine made from pooled blood. This also is the "accepted" year when HIV first entered the nation's blood supply, although the source of this SIV has never been determined. However, the most likely source was close by- in primates held in laboratories and primate centers. Or in African blood samples, like those stored at the CDC.

#### **THE MAN-MADE ORIGIN OF AIDS**

There is a great deal of evidence pointing to AIDS as a man-made disease on the Internet, but the theory is routinely pooh-poohed as paranoia and conspiracy theory. See the Wikipedia page entitled 'Discredited AIDS origin theories.' However, it is fact that there was fear concerning the safety of the hepatitis B vaccine. When the commercial vaccine made by Abbott Laboratories became available to the public, it was unpopular. Many health professionals refused the vaccine because it was made from pooled gay blood; and they were afraid the vaccine could transmit AIDS. As a result, a new vaccine was eventually engineered using yeast cells instead of human blood.

Every African-American has heard the rumor that AIDS was engineered to kill off the black race. Thirty percent of blacks in New York City polled by The New York Times (October 29, 1990) actually believed that AIDS might be an ethno-specific bio-weapon designed in a laboratory to wipe them out.

George W Merck, president of Merck during World War 2, was America's biological weapons industry director. According to Leonard Horowitz's, New York University Medical Center was listed among the top biological weapons contracting labs by 1969. The NY Blood Center is affiliated with NYUMC. In 1971 a large part of the

Army's biological warfare unit at Fort Detrick was transferred over to the National Cancer Institute (NCI) by President Richard Nixon. As a result, bio-warfare experimentation went undercover at the NCI, which is part of the National Institutes of Health (NIH).

As noted, Goodfield mentions that the NIH made part of the hep B vaccine used on gays, and contamination was suspected. In his later years, Hilleman himself wrote extensive articles on biological warfare, convinced that vaccines could be developed to protect people against bioterrorism.

In the spring of 1986, Robert Strecker, was promoting his view of AIDS as a "bio-attack" against humanity. He briefly received negative media attention in TIME magazine ('Infectious propaganda', November 17, 1986). When I asked how it was possible for AIDS to start as a purely gay disease, when such an event was biologically improbable, he told me: "Because they put it there. Do you recall the hepatitis B vaccine trials in gay men? That's where the virus was introduced."

After a quarter century of study, Strecker's explanation still makes more sense to me that any other theory of AIDS origin. Ridiculous stories like "Patient Zero" and a handful of suspected "old cases" of so-called AIDS from the 1950s and 60s were sensationalized by the media in an attempt to show that AIDS existed long before the actual epidemic. Indeed, very rare cases of Kaposi's sarcoma ("gay cancer") and pneumocystis pneumonia have always existed, but never in epidemic form, nor as an STD. In my view, these reports reeked of misinformation and disinformation; and they served to obfuscate the real origin connected to government experiments conducted on gay men.

Despite my intense interest in this, I have discovered over the past three decades that most people are not interested in AIDS and where it came from. The idea of man-made AIDS, I suspect, is simply too painful for people to consider. In essence, the subject is taboo. However, it seems to me that after 25 million AIDS deaths worldwide, and over 500,000 dead Americans, that some better explanation is required than merely blaming a "species jumping" monkey virus in the African jungle-or gay sex.

This was most evident in April, 2008, when the outspoken Reverend Jeremiah Wright accused the government of inventing the AIDS virus as a genocide program against people of color. As the spiritual advisor to Barack Obama, Wright almost derailed Obama's run for the presidency. The future president quickly disassociated himself from his former pastor, and the accusation was quickly squelched by the major media without discussion. Wright

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**Continued from page 13 – Gay Vaccine Experiments and the American Origin of AIDS**

had read Horowitz's book on man-made AIDS, "Emerging Viruses: AIDS and Ebola" (1996). He had carefully studied the infamous Tuskegee syphilis study, and he bluntly told the media. "I believe our government is capable of doing anything."

The rumor that AIDS is a man-made disease will never go away. The reason is simple: It is the most logical explanation of how and why the AIDS epidemic first erupted as the "gay plague" among the most hated minority in America.

*Alan Cantwell, MD, writes frequently about the origin of AIDS. He is the author of "AIDS & the Doctors of Death" and "Queer Blood". His books are available from Amazon.com.*

<http://www.rense.com/general94/gayvac.htm>



**Continued from page 7 – Hepatitis**

**Hepatitis C (HCV)**

Most people aren't diagnosed with acute HCV, because of mild symptoms, and go on and clear the virus completely. After exposure, treating with immune globulin is not effective in preventing HCV infection. There is no defined treatment for acute HCV, but alcohol intake may be restricted, and medications should be reviewed to help protect the liver from further harm.

Treating chronic HCV involves using interferon or a combination of interferon and ribavirin for a duration of 6 to 12 months. Your health care provider should be consulted about the treatment, further evaluation to determine the degree of liver damage, and advice on how to prevent spreading the virus. Barriers/dental dams and condoms should be used to prevent contagion from sexual (oral, anal, vaginal) contact. Personal hygiene habits should also be scrutinized to prevent spreading the virus. It may be suggested to get vaccinated against hepatitis A and B; no vaccine for hepatitis C is available.

**Hepatitis D (HDV)**

Early diagnosis and treatment of hepatitis B infection can help prevent hepatitis D. The hepatitis B vaccine is recommended to prevent HBV, since HDV only accompanies a HBV infection. The treatment is the same as for hepatitis B.

**Hepatitis E (HEV)**

Most of those infected with HEV have a self-limiting course. The treatment is usually supportive.

**How do you Test for Hepatitis?**

**Hepatitis A (HAV)**

Three tests, which detect HAV antibodies, are available.

Testing will not identify antibodies beyond 6 months following symptoms.

**Hepatitis B (HBV)**

Testing is available for HBV. HBsAG, Anti-HBs, and Anti-HBc tests detect HBV presence or antibodies in the blood. These tests can also establish whether the hepatitis is acute or chronic and contagious or not. A battery of all three tests may be suggested, so the results are better interpreted. HBV usually takes 3 weeks to 2 months to be detected, so it may take up to 2 months to properly diagnose.

**Hepatitis C (HCV)**

Once infected, antibodies may develop in 8 to 9 weeks. Most individuals develop antibodies by 6 months, however, it may take up to year. With this in mind, those with negative test results, having been exposed to hepatitis C, may opt for retesting at a later date. The diagnosis of HCV infection can be made by detecting either antibodies to HCV or the presence of HCV with RNA. For routine testing, it is recommended to use the FDA approved blood tests to detect antibodies to HCV. None of the tests can determine if the virus is chronic or acute. Once diagnosed, further testing should be done to determine the degree of liver damage.

**Hepatitis D (HDV)**

Blood tests are available to detect the HDV antibodies.

**Hepatitis E (HEV)**

Testing availability is limited, and no blood test is licensed in the United States commercially.

All sex partners should be tested, so they can receive treatment, and prevent spreading hepatitis to other sexual partners.

<http://www.stdsite.com/Hepatitis/index.html>



## Hepatitis B

Hepatitis B is a virus which affects over 2 billion people worldwide. One out of every three people has or will contract Hepatitis B at some point in their lives. For some unknown reason certain ethnic groups at higher risk than others. Estimates of one million deaths per year are attributed to Hepatitis B, most are in Asian, Indonesian and sub-Saharan countries. Worldwide, two people die each minute due to chronic Hepatitis B. Hepatitis B is 100 times more infective than HIV. Millions of HIV-positive people are coinfecting or at risk of being infected with one of several hepatitis viruses. The risk of liver disease and cancer is greatly increased among coinfecting patients. Moreover, the life expectancy of coinfecting patients is only a few years, hepatitis being a leading cause of death in HIV infected patients.



**Continued from page 9– Guatemala STD tests 'may have infected 2,500'**

The number of infected people could be as high as 2,500, says the president of the Medical Association of Guatemala.

According to a US report released on Monday, 1,300 Guatemalans were infected without their knowledge to study the effects of penicillin.

US scientists knew they were violating ethical rules, the report found.

There is also enough evidence to conclude there was collaboration between US and Guatemalan authorities at the time of the tests, Carlos Mejia, a member of the commission established by the Guatemalan government to investigate the experiments, told BBC Mundo's Ignacio de Los Reyes.

At least nine Guatemalan doctors were involved in these experiments, he said.

Eight of them have already died, but authorities still do not know the whereabouts of a ninth, who would now be over 90 years old, he added.

The commission's final report is due in October.

Many of the same US government scientists who carried out the Guatemalan tests had sought consent from participants in an earlier study in the US.

'Nazi-like'

The US Presidential Commission for the Study of Bioethical Issues had said some 5,500 Guatemalans were involved in all the research that took place between 1946 and 1948, with a view to applying the results on US troops stationed around the world.

Of these, some 1,300 prisoners, psychiatric patients and sex workers were deliberately infected with syphilis, gonorrhoea or another sexually transmitted disease, chancroid.

Concentrations of bacteria were injected into the eyes, the central nervous system and male genitals. Mr Mejia says this was behaviour very similar to that of the scientists in Nazi Germany.

"It took place in the context in which they [the United States] were judging the German doctors who had been experimenting with typhus and malaria on prisoners of war.

The Nazis used Poles, Russians and Jews, while the Americans made almost the same use of Guatemalans," he says.

Of the group of 1,300, only about 700 received some sort of treatment.

According to documents the commission had studied, at least 83 of the 5,500 subjects had died by the end of 1953.

The commission was unable to say whether any of those deaths were caused directly or indirectly by the deliberate infections.

US President Barack Obama set up the commission when academic research carried out on the experiments by US government scientists first came to light last year.

He also apologised to his Guatemalan counterpart, Alvaro Colom, saying the acts ran contrary to American values.

Earlier this year, a group of Guatemalans who were involved in the study announced they were suing the US government over the affair.

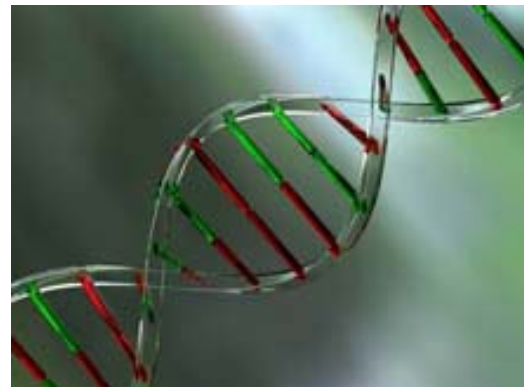
<http://www.bbc.co.uk/news/world-latin-america-14751441>



## Found Inside the Gonorrhoea Bacteria: Human DNA

By Andrew Moseman

February 15, 2011  
Discover Magazine



The bacterium called *Neisseria gonorrhoeae* is what gives humans the sexually transmitted infection gonorrhoea. And it also takes something: human DNA.

Northwestern University researchers report in the journal [mBio](#) that they've found pieces of human DNA in samples of the bacteria.

Gonorrhoea is one of very few diseases exclusive to our species, and is one of the oldest recorded diseases in human history. An ancient disease that resembles

*Continued to page 16*

**Continued from page 15 – Found Inside the Gonorrhea Bacteria: Human DNA**

gonorrhea's symptoms is even described in the Bible, according to Hank Seifert, senior author of a paper on the gene transfer. [[Popular Science](#)]

Seifert and colleague Mark Anderson looked at 14 different samples of *N. gonorrhoeae*. Three of them possessed the chunk of human DNA. And they only saw it in the gonorrhea bacteria:

The pair looked for the same human DNA fragment in the genetically related bacterium *Neisseria meningitidis*, known to cause meningitis. "We screened many isolates and it wasn't present," says Seifert. That means the transfer to *N. gonorrhoeae* must have occurred since the two bacterial species diverged around 200,000 years ago. [[New Scientist](#)]

This is the first such transfer seen from humans to bacteria, though horizontal gene transfer is (somewhat frighteningly) common.

Scientists have observed similar genetic transfers across species, he said — including relatively frequent transfers between different bacteria, between bacteria and viruses or between bacteria and other microbes such as yeast. One particularly significant exchange involves antibiotic resistance genes; when bacteria share these, it can make infections harder to treat with antibiotics. [[Los Angeles Times](#)]

But Seifert and Anderson don't know just how the human DNA chunk got into the gonorrhea bacteria—whether it was a one-time event or not—nor what it might be doing in there. The DNA sequence is missing a key part and not producing a protein, Seifert says, so it's possibly doing nothing in the virus, and only sticks around because it isn't harmful, either.

<http://blogs.discovermagazine.com/80beats/2011/02/15/found-inside-the-gonorrhea-bacteria-human-dna/>



## **Older Women Lack Important Information about Sexual Health**

ScienceDaily (Sep. 14, 2011) — Many women over 50 years old date and are sexually active and thereby face many possible health risks. Yet, most educational campaigns designed to prevent sexually transmitted diseases target younger generations. Older women also need and want more information about sexual health and wellness. A study in the new special issue of the *Journal of Consumer Affairs* on older consumers found

for improving communication between older women and their physicians about sexual health and for providing these women with tools on how to negotiate with partners about safe sex practices.

Dr. Cynthia Morton and her colleagues at the University of Florida examined women's knowledge about sexual health and their concerns about safe sex practices as they continue to pursue active sex lives into their senior years. Women aged 50 years and older participated in focus group discussions to talk about the challenges in finding male partners, negotiating condom use, and seeking credible information sources to help them make the best decisions about sexual health.

Results of the study revealed that older women are aware of the risks for sexually transmitted diseases yet are uncomfortable about seeking sexual health information from their regular physicians who may erroneously believe that they already possess the knowledge. Although older women know the importance of condoms in preventing sexually transmitted diseases, they may avoid negotiating condom use with their partners in an effort to avoid conflict or rejection. Senior-aged women are receptive to strategies that give them tools for negotiating with partners and for communicating with their physicians, but there are limited resources directed to their age group.

"The findings generated from our research offer a rich foundation for better understanding the motivations and concerns that influence senior-aged women's attitudes about dating at their present stage of life," said Morton.

According to the authors, efforts are needed to help older women gain confidence to talk with primary care physicians about sexual health and to make those physicians aware of their need. The authors also call for social marketing campaigns that aim to educate older women about their sexual health risks and encourage them to take greater ownership in the negotiation of safe sex practices with their partners.

*Wiley-Blackwell. "Older women lack important information about sexual health." ScienceDaily, 14 Sep. 2011. Web. 22 Sep. 2011.*

<http://www.sciencedaily.com/releases/2011/09/110914081540.htm>



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### FEATURED ARTICLES

## Gardasil HPV Vaccines found Contaminated with Recombinant DNA that persists in Human Blood

By Mike Adams  
September 15, 2011

(NaturalNews) In seeking answers to why adolescent girls are suffering devastating health damage after being injected with HPV vaccines, SANE Vax, Inc decided to have vials of Gardasil tested in a laboratory. There, they found over a dozen Gardasil vaccine vials to be **contaminated with rDNA of the Human Papillomavirus (HPV)**. The vials were purchased in the United States, Australia, New Zealand, Spain, Poland and France, indicating Gardasil contamination is a global phenomenon.

This means that adolescents who are injected with these vials are being contaminated with a biohazard -- the rDNA of HPV. In conducting the tests, Dr. Sin Hang Lee found rDNA from both HPV-11 and HPV-18, which were described as "firmly attached to the aluminum adjuvant."

That aluminum is also found in vaccines should be frightening all by itself, given that aluminum should *never* be injected into the human body (it's toxic when ingested, and it specifically damages the nervous system). With the added discovery that the aluminum adjuvant also carries rDNA fragments of two different strains of Human Papillomavirus, this now reaches the level of a **dangerous biohazard** -- something more like a *biological weapon* rather than anything resembling medicine.

As SANE Vax explains in its announcement, these tests were conducted after an adolescent girl experienced "acute onset Juvenile Rheumatoid Arthritis within 24 hours" of being injected with an HPV vaccine. (<http://sanevax.org/sane-vax-inc-dis...>)

### rDNA found in Gardasil is genetically engineered

The rDNA that was found to be contaminating Gardasil is not "natural" rDNA from the HPV virus itself. Rather, it is a **genetically engineered** form of HPV genetic code that is added to the vaccines during their manufacture.

As Dr. Lee, the pathologist who ran the laboratory tests identifying the biohazard contamination of Gardasil said:

*"Natural HPV DNA does not remain in the bloodstream for very long. However, the HPV DNA in Gardasil is not 'natural' DNA. It is a recombinant HPV DNA (rDNA) -- genetically engineered -- to be inserted into yeast cells for VLP (virus-like-particle) protein production. rDNA is known to behave differently from natural DNA. It may enter a human cell, especially in an inflammatory lesion caused by the effects of the aluminum adjuvant, via poorly understood mechanisms. Once a segment of recombinant DNA is inserted into a human cell, the consequences are hard to predict. It may be in the cell temporarily or stay there forever, with or without causing a mutation. Now the host cell contains human DNA as well as genetically engineered viral DNA."*

### Innocent girls being injected with genetically engineered HPV rDNA

What all this means is that through Gardasil vaccines, innocent young girls are being injected with the recombinant DNA of HPV, and that this biohazardous substance persists in their blood. The implications of this are rather scary, as Dr. Lee explains:

*"Once a segment of recombinant DNA is inserted into a human cell, the consequences are hard to predict. It may be in the cell temporarily or stay there forever, with or without causing a mutation. Now the host cell contains human DNA as well as genetically engineered viral DNA."*

The vaccine industry, of course, has a long and dark history of its vaccines being **contaminated with cancer-causing viruses** and other frightening contaminants. Watch this astounding video of Merck scientist Dr. Hilleman openly admitting that **polio vaccines** were widely contaminated with **SV40 viruses** that cause cancer: <http://naturalnews.tv/v.asp?v=13EAA...>

*Continued on page 18*

**Continued from page 17 – Gardasil HPV Vaccines found Contaminated**

It's called "Merck vaccine scientist admits presence of SV40 and AIDS in vaccines - Dr. Maurice Hilleman", and was partially narrated by Dr. Len Horowitz. You can view the full transcript of this extraordinary interview at:

[http://www.naturalnews.com/033584\\_D...](http://www.naturalnews.com/033584_D...)

If you thought vaccines were safe, think again. **Get informed.** Learn the truth, and please **share this story** so that others may also be informed.

Listen up, folks: Why do you think the vaccine industry pushed so hard for **total financial immunity** under the government's vaccine injury compensation plan? Because they knew that if the truth ever got out about how many cases of cancer, autism and even death were truly caused by vaccines, *they would be financially wiped out!*

[http://www.naturalnews.com/033585\\_Gardasil\\_contamination.html](http://www.naturalnews.com/033585_Gardasil_contamination.html)



## **SANE Vax Inc. Discovers Potential Bio-hazard Contaminant in Merck's Gardasil™ HPV 4 Vaccine**

**By Leslie Carol Botha, Vice President of Public Relations**

September 5, 2011

- **Gardasil victim found to have HPV DNA in her blood 2 Years Post-Vaccination**
- **13 different vaccine vials – 13 different lots of Gardasil from around the world tested**
- **Results – 100% contamination with HPV Recombinant DNA.**

SANE Vax Inc. contracted with an independent lab to test for contamination and found HPV recombinant DNA (rDNA) in 13 vaccine vials. The Gardasil vials with different lot numbers were from New Zealand, Australia, Spain, Poland, France and three states in the U.S. 100% of the samples tested positive for the presence of the genetically modified HPV DNA.

Dr. Sin Hang Lee, a pathologist at the Milford Hospital pathology laboratory well-known for using cutting-edge DNA sequencing for molecular diagnoses, was initially

contracted to examine a single sample of Gardasil for possible contamination. This sample tested positive for recombinant HPV-11 and HPV-18 residues, both of which were firmly attached to the aluminum adjuvant.

In a certified letter mailed to FDA Commissioner, Dr. Margaret Hamburg on August 29, 2011, SANE Vax Inc. requested 'the FDA investigate the extent of the HPV DNA contamination in the Gardasil HPV4 vaccine currently on the market and take appropriate actions to ensure public safety regarding future shipments.'<sup>1</sup>

### **Why Did SANE Vax Inc. Investigate Possible Gardasil Contamination?**

The mother of a sexually naïve adolescent girl who developed acute onset Juvenile Rheumatoid Arthritis within 24 hours of her last injection of the Gardasil™ series contacted SANE Vax Inc. looking for more information.

In an effort to help her now very sick daughter the mother went to an MD practicing naturopath who conducted a toxicity test that eventually found HPV DNA in the girl's blood. The significance of this finding is that it is highly unusual to find HPV DNA in the blood. HPV, if present in the body, exists in the epithelial (skin and mucosa) membranes. HPV or its DNA, by itself does not survive for any great length of time in the bloodstream. Why was the HPV DNA in her bloodstream two years post-vaccination?

### **Natural vs. Recombinant DNA**

According to Dr. Lee, "Natural HPV DNA does not remain in the bloodstream for very long. However, the HPV DNA in Gardasil™ is not 'natural' DNA. It is a recombinant HPV DNA (rDNA) – genetically engineered – to be inserted into yeast cells for VLP (virus-like-particle) protein production. rDNA is known to behave differently from natural DNA. It may enter a human cell, especially in an inflammatory lesion caused by the effects of the aluminum adjuvant, via poorly understood mechanisms.

"Once a segment of recombinant DNA is inserted into a human cell, the consequences are hard to predict. It may be in the cell temporarily or stay there forever, with or without causing a mutation. Now the host cell contains human DNA as well as genetically engineered viral DNA."

### **What is a Recombinant DNA Virus?**

*Recombinant DNA (rDNA)* refers to novel DNA molecules engineered by joining natural or synthetic DNA segments to other DNA molecules so that they can replicate in a living cell. The possibility for these replicable forms of DNA as uncertain toxic substance or

*Continued on page 19*

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***Continued from page 7 – SANE Vax Inc. Discovers Potential Bio-hazard Contaminant in Merck’s Gardasil™ HPV 4 Vaccine***

as environmental hazard has been a concern since rDNA technology was invented in 1973. Thus, rDNA is considered a potential biohazard, and NIH has mandated that research institutions monitor and regulate its use.<sup>2</sup>

All recombinant or genetically engineered DNAs are considered potential biohazards if injected intramuscularly into the body. Merck’s Gardasil™ HPV4 vaccine is administered intramuscularly – as are many other vaccines. However, Gardasil™ is the first vaccine found to be contaminated by a genetically engineered DNA used to manufacture virus-like particle proteins for the vaccine.

SANE Vax Inc. believes the FDA should have required Merck to test for, evaluate and quantify the risks of residual recombinant HPV DNA in Gardasil™ before granting approval for marketing the vaccine. SANE Vax Inc. believes the FDA should require every lot of Gardasil™ be tested for residual HPV DNA prior to shipment.

**Gardasil Patient Product Insert Stated No Viral DNA’s in the Vaccine.**

The European Medicines Agency on line literature still states: ‘Gardasil is an adjuvanted non-infectious recombinant quadrivalent vaccine prepared from the highly purified virus-like particles (VLP’s) of the major capsid L1 protein of HPV types 6, 11, 16 and 18. The VLP’s contain no viral DNA; they cannot infect cells, reproduce or cause the disease.’<sup>4</sup>

SANE Vax Inc.’s research found that 100% of the 13 samples tested were contaminated with viral HPV DNA residue, including a synthetic construct for HPV11 major capsid protein L1 gene, a recombinant DNA genetically engineered specifically for manufacturing of the Gardasil vaccine. All DNA residue discovered was firmly attached to the insoluble aluminum adjuvant in the vaccine, requiring a new protocol for detection.<sup>5</sup>

Dr. Lee firmly stated: “Based on medical literature and some of the FDA/Merck’s own publications, adventitious (coming from an outside source) DNA in an injectable protein-based vaccine may increase the risk of autoimmune disorders and gene mutation which may lead to malignancies.”

**Merck, the FDA, CDC and the NCI Owe Medical Consumers Answers**

SANE Vax Inc. wants to know how many adolescents who have suffered adverse reactions post Gardasil vaccination have HPV DNA in their blood. What are the medical ramifications should HPV DNA remain in the bloodstream

for an extended period of time?

Does the aluminum adjuvant become the carrier for HPV DNA causing said DNA to remain in the blood and/or organs for an extended length of time?

Since viral DNA cannot replicate by itself (it needs a host cell) what happens if genetically engineered viral DNA enters a human host cell?

How will this now ‘genetically-engineered cell’ replicate? Will it mutate the host cell leading towards cancer?

How will genetically engineered cells affect the reproductive health of future generations?

How does the immune system react to the detection of a combination viral DNA and human DNA in what was once a ‘normal’ cell? Will the immune system fight the now genetically engineered human cell?

Medical consumers need to have these questions answered by Merck, the FDA, CDC, and NCI.

**SANE Vax Inc.’s Position**

SANE Vax Inc. believes the FDA and Merck should be transparent and tell medical consumers the potential health impacts the contaminant HPV DNA has brought upon the vaccinated children of the world. High rates of autoimmune disorders, 380 reports of abnormal pap tests, 137 reports of cervical dysplasia, and 41 reports of cervical cancer including Carcinoma in situ or Cervix carcinoma or Cervix carcinoma stage 0 or Cervix carcinoma stage I or Cervix carcinoma stage III<sup>6</sup> warrants an immediate investigation into Gardasil’s™ safety and efficacy.

SANE Vax Inc. believes the FDA and Merck should have tested, evaluated and quantified the risk of the residual recombinant HPV DNA in Gardasil™ before vaccine approval.

SANE Vax Inc. believes that both the FDA and Merck were at least negligent and perhaps fraudulent when claiming there was ‘no HPV (viral) DNA’ in the Gardasil™ vaccine.

**Sources:**

1. [SANE Vax Inc. Letter to FDA Requesting Investigation into Gardasil Contamination](#)
2. [Policy on the use of Bio-hazardous Agents and Recombinant DNA in Research and Teaching Laboratories at the University of North Carolina at Greensboro](#)
3. [Gardasil™ Patient Product Insert](#)
4. [EMA Scientific Discussion on Gardasil](#)
5. [Gardasil Contaminants by Country](#)
6. [VAERS Data](#)

<http://sanevax.org/sane-vax-inc-discovers-potential-bio-hazard-contaminant-in-merck%E2%80%99s-gardasil%E2%84%A2-hpv-4-vaccine/>



# Genital HPV Infection - Fact Sheet



## What is genital HPV infection?

Genital human papillomavirus (also called HPV) is the most common sexually transmitted infection (STI). There are more than 40 HPV types that can infect the genital areas of males and females. These HPV types can also infect the mouth and throat. Most people who become infected with HPV do not even know they have it.

HPV is not the same as herpes or HIV (the virus that causes AIDS). These are all viruses that can be passed on during sex, but they cause different symptoms and health problems.

## What are the signs, symptoms and potential health problems of HPV?

Most people with HPV do not develop symptoms or health problems from it. In 90% of cases, the body's immune system clears HPV naturally within two years. But, sometimes, HPV infections are not cleared and can cause:

- Genital warts
- Rarely, warts in the throat -- a condition called recurrent respiratory papillomatosis, or RRP. When this occurs in children it is called juvenile-onset RRP (JORRP).
- Cervical cancer and other, less common but serious cancers, including cancers of the vulva, vagina, penis, anus, and oropharynx (back of throat including base of tongue and tonsils).

The types of HPV that can cause genital warts are not the same as the types that can cause cancers. There is no way to know which people who get HPV will go on to develop cancer or other health problems.

## Signs and symptoms of HPV-related problems:

**Genital warts** usually appear as a small bump or group of bumps in the genital area. They can be small or large, raised or flat, or shaped like a cauliflower. Health care providers can diagnose warts by looking at the genital area during an office visit. Warts can appear within weeks or months after sexual contact with an infected partner—even if the infected partner has no signs of genital warts. If left untreated, genital warts might go away, remain unchanged, or increase in size or number. They will not turn into cancer.

**Cervical cancer** usually does not have symptoms until it is quite advanced. For this reason, it is important for women to get regular [screening for cervical cancer](#). Screening tests can find early signs of disease so that problems can be treated early, before they ever turn into cancer.

**Other HPV-related cancers** might not have signs or symptoms until they are advanced and hard to treat. These include cancers of the vulva, vagina, penis, anus, and oropharynx (back of throat including base of tongue and tonsils). For signs and symptoms of these cancers, see [www.cancer.gov](http://www.cancer.gov).

**RRP** is a condition in which warts grow in the throat. These growths can sometimes block the airway, causing a hoarse voice or troubled breathing.

## How do people get HPV?

HPV is passed on through genital contact, most often during vaginal and anal sex. HPV may also be passed on during oral sex and genital-to-genital contact. HPV can be passed on between straight and same-sex partners—even when the infected partner has no signs or symptoms.

A person can have HPV even if years have passed since he or she had sexual contact with an infected person. Most infected persons do not realize they are infected or that they are passing the virus on to a sex partner. It is also possible to get more than one type of HPV.

Rarely, a pregnant woman with genital HPV can pass HPV to her baby during delivery. Very rarely, the child can develop juvenile-onset recurrent respiratory papillomatosis (JORRP).

## How does HPV cause genital warts and cancer?

HPV can cause normal cells on infected skin to turn abnormal. Most of the time, you cannot see or feel these cell changes. In most cases, the body fights off HPV naturally and the infected cells then go back to normal. But in cases when the body does not fight off HPV, HPV can cause visible changes in the form of genital warts or cancer. Warts can appear within weeks or months after

*Continued on page 21*

getting HPV. Cancer often takes years to develop after getting HPV.

### **How common are HPV and related diseases?**

**HPV (the virus).** Approximately 20 million Americans are currently infected with HPV. Another 6 million people become newly infected each year. HPV is so common that at least 50% of sexually active men and women get it at some point in their lives.

**Genital warts.** About 1% of sexually active adults in the U.S. have genital warts at any one time.

**Cervical cancer.** Each year, about 12,000 women get cervical cancer in the U.S. Almost all of these cancers are HPV-associated.

**Other cancers that can be caused by HPV** are less common than cervical cancer. Each year in the U.S., there are about:

- 1,500 women who get HPV-associated vulvar cancer
- 500 women who get HPV-associated vaginal cancer
- 400 men who get HPV-associated penile cancer
- 2,700 women and 1,500 men who get HPV-associated anal cancer
- 1,500 women and 5,600 men who get HPV-associated oropharyngeal cancers (cancers of the back of throat including base of tongue and tonsils) [Note: Many of these cancers may also be related to tobacco and alcohol use.]

Certain populations are at higher risk for some HPV-related health problems. This includes gay and bisexual men, and people with weak immune systems (including those who have HIV/AIDS).

**RRP** is very rare. It is estimated that less than 2,000 children get juvenile-onset RRP every year in the U.S.

### **How can people prevent HPV?**

There are several ways that people can lower their chances of getting HPV:

- Vaccines can protect males and females against some of the most common types of HPV that can lead to disease and cancer. These vaccines are given in three shots. It is important to get all three doses to get the best protection. The vaccines are most effective when given at 11 or 12 years of age.

- **Girls and women:** Two vaccines (Cervarix and Gardasil) are available to protect females against the types of HPV that cause most cervical cancers. One of these vaccines (Gardasil) also protects against most genital warts. Gardasil has also been shown to protect against anal, vaginal and vulvar cancers. Either vaccine is recommended for 11 and 12 year-old girls, and for females 13 through 26 years of age, who did not get any or all of the shots when they were younger. These vaccines can also be given to girls beginning at 9 years of age. It is recommended to get the same vaccine brand for all three doses, whenever possible.

- **Boys and men:** One available vaccine (Gardasil) protects males against most genital warts and anal cancers. This vaccine is available for boys and men, 9 through 26 years of age.

- For those who choose to be sexually active, condoms may lower the risk of HPV. To be most effective, they should be used with every sex act, from start to finish. Condoms may also lower the risk of developing HPV-related diseases, such as genital warts and cervical cancer. But HPV can infect areas that are not covered by a condom - so condoms may not *fully* protect against HPV.
- People can also lower their chances of getting HPV by being in a faithful relationship with one partner; limiting their number of sex partners; and choosing a partner who has had no or few prior sex partners. But even people with only one lifetime sex partner can get HPV. And it may not be possible to determine if a partner who has been sexually active in the past is currently infected. That's why the only sure way to prevent HPV is to avoid all sexual activity.

### **How can people prevent HPV-related diseases?**

There are ways to prevent the possible health effects of HPV, including the two most common problems: genital warts and cervical cancer.

- **Preventing genital warts:** A vaccine (Gardasil) is available to protect against most genital warts in males and females (see above).
- **Preventing Cervical Cancer:** There are two vaccines (Cervarix and Gardasil) that can protect women against most cervical cancers (see above).

*Continued on page 22*

Cervical cancer can also be prevented with routine cervical cancer screening and follow-up of abnormal results. The Pap test can find abnormal cells on the cervix so that they can be removed before cancer develops. An HPV DNA test, which can find HPV on a woman's cervix, may also be used with a Pap test in certain cases. Even women who got the vaccine when they were younger need regular cervical cancer screening because the vaccine protects against most, but not all, cervical cancers.

- **Preventing Anal Cancers:** A vaccine (Gardasil) is available to protect against most anal cancers in males and females. Screening for anal cancer is not routinely recommended because more information is still needed to find out if screening and follow-up interventions prevent these cancers. However, some experts recommend yearly anal Pap tests to screen for anal cancer in gay and bisexual men and in HIV-positive persons. This is because anal cancer is more common in those populations.
- **Preventing Penile Cancers:** There is no approved screening test to find early signs of penile cancer.
- **Preventing Oropharyngeal Cancers:** There is no approved test to find early signs of oropharyngeal cancer[see [www.cancer.org](http://www.cancer.org) ↗]
- **Preventing RRP:** Cesarean delivery is not recommended for women with genital warts to prevent juvenile-onset RRP (JORRP) in their babies. This is because it is not clear that cesarean delivery prevents JORRP in infants and children.

#### **Is there a test for HPV?**

The HPV tests on the market are only used to help screen women at certain ages and with certain Pap test findings, for cervical cancer. There is no general test for men or women to check one's overall "HPV status," nor is there an approved HPV test to find HPV on the genitals or in the mouth or throat.

#### **Is there a treatment for HPV or related diseases?**

There is no treatment for the virus itself, but there *are* treatments for the diseases that HPV can cause:

- **Visible genital warts** can be removed by the patient him or herself with prescribed medications. They can also be treated by a health care provider. Some people choose not to treat

warts, but to see if they disappear on their own. No one treatment is better than another.

**Cervical cancer** is most treatable when it is diagnosed and treated early. But women who get routine Pap tests and follow up as needed can identify problems *before* cancer develops. Prevention is always better than treatment.

**Other HPV-related cancers** are also more treatable when diagnosed and treated early.

**RRP** can be treated with surgery or medicines. It can sometimes take many treatments or surgeries over a period of years.

<http://www.cdc.gov/STD/HPV/STDFact-HPV.htm>



## **You Read it here First - Gardasil**

**By Erika Schwartz, MD**

June 3, 2009

The public interest group Judicial Watch has just reported 371 serious adverse events in patients who received Merck's cervical cancer vaccine Gardasil, including three deaths.

You may remember I exposed this HPV vaccine earlier this year as "an act of aggression against our daughters who are becoming victims of pharmaceutical greed."

In February I wrote: "The HPV vaccine has only been tested for five years on possibly as low as 100,000 ten year old girls in Africa. No one knows what will happen to those girls or our girls in the five, 10 or 20 years after the vaccine has been administered. The only science here is the real live testing about to be done on our daughters, who are technically, like the African ten year olds, the guinea pigs. Remember Lyme vaccine? What happened to that cure-all? It killed a few people and was quickly taken off the market."

Merck invested hundreds of millions of dollars lobbying and marketing the drug and almost persuaded Texas and some other states to mandate its use on sixth-grade schoolgirls. Only a revolt by parents and community groups put a stop to this insanity.

As of May 11, 1,637 side effects were reported to the FDA through the Vaccine Adverse Event Reporting System (VAERS), the group said. Judicial Watch received the information through a Freedom of Information Act request. Approximately 77 percent of the adverse reactions were typical, including pain at the

*Continued on page 23*

**Continued from page 22 – You Read it here First - Gardasil**

injection site, itching, fever, nausea and dizziness, the group noted.

However, one female patient died of a blood clot three hours after receiving the vaccine, the group said. A 19-year-old patient died of heart failure partially caused by large blood clots two weeks after getting the vaccine. According to the Centers for Disease Control and Prevention, both patients were taking birth control pills, which can cause clotting. In addition, a 12-year-old patient died of heart complications six days after receiving Gardasil, according to the VAERS reports.

Eighteen of the 42 women who received Gardasil while pregnant experienced adverse side effects, ranging from spontaneous abortion to fetal abnormalities. Clinical trials used in the FDA's review of Gardasil last year showed five cases of birth defects among women who received the vaccine within 30 days of conception. Gardasil is not recommended for pregnant women, according to the product's label.

Merck recently submitted a supplemental biologic license application to the FDA to market Gardasil to prevent vaginal and vulvar cancers.

<http://www.drerika.com/newsmaker/files/-657035189786902/blog060307.html>

<http://www.whale.to/vaccine/gardasil223.html>



## Could Prostate Cancer Be Caused by a Sexually Transmitted Virus?

By Eliza Strickland

September 9, 2009

It's possible that the most severe forms of prostate [cancer](#) are caused by a virus that might be sexually transmitted, according to a new study that will be published in the [Proceedings of the National Academy of Sciences](#) this week. Researchers checked for the [virus](#) in more than 200 prostate cancer patients and found the virus in 27 percent of the men; those with the most aggressive tumors were most likely to have the virus. While the researchers haven't proved causation, they note that viruses are known to cause a variety of human cancers. Hepatitis viruses, for example, cause liver cancer, while human papilloma virus causes cervical cancer in women and anal and penile cancer in men [[Los Angeles Times](#)].

The virus, known as XMRV, belongs to a family of viruses that has previously been shown to cause leukemia

in lab animals. Like the HIV virus, XMRV is a retrovirus, a virus that gets incorporated into the genome of the cells it infects. It may trigger cancer by locating in the cell's genome next to DNA that controls cell growth, and disrupting those genes in a way that allows cells to replicate uncontrollably [[Bloomberg](#)].

Study coauthor Ila Singh says the findings might aid prostate cancer diagnoses. "There is a need for a better test to help determine who would benefit from treatment versus who could be left alone.... If this virus turns out to be a cause for a subset of aggressive tumors, then it would be a good test to use" [[Bloomberg](#)], she says. Finding a viral cause of some forms of prostate cancer would also encourage researchers to look for a vaccine that could guard against the virus.

While some experts say evidence is mounting that the XMRV virus is sexually transmitted, Singh is more cautious, saying, "We can't really say that it's an STD at this point." Her lab is looking for XMRV in semen and also in women's cervical samples [[The Scientist](#)].

<http://blogs.discovermagazine.com/80beats/2009/09/09/could-prostate-cancer-be-caused-by-a-sexually-transmitted-virus/#more-3178>



## VITAL STATISTICS; A Rise in Sexually Transmitted Diseases

By NICHOLAS BAKALAR

March 17, 2009  
NY Times

The latest data on the prevalence of chlamydia, gonorrhea and syphilis reveal a growing public health problem, with its severest effects on women, young people and members of minorities.

All three diseases are preventable, treatable with antibiotics, and, at least in their early stages, completely curable. Yet they persist, partly because people can spread them without knowing they are infected.

All three diseases are transmitted through vaginal, oral and anal sex. Untreated chlamydia or gonorrhea in women can lead to painful and long-lasting pelvic inflammatory disease, infertility and potentially fatal ectopic pregnancy; both can be transmitted to babies at birth. Syphilis has various severe symptoms depending on the stage of the disease, can be passed by pregnant women to their babies, and can persist for a lifetime in both men and women.

*Continued on page 24*

**Continued from page 23 - VITAL STATISTICS; A Rise in Sexually Transmitted Diseases**

"Condoms are a very good way to reduce the risk of getting infections," said Dr. Stuart Berman, an epidemiologist with the Centers for Disease Control and Prevention, which issued the report. "If you use them all the time, and use them correctly, they work."

Screening is also helpful. "Pregnant women and men who have sex with men should be screened yearly for chlamydia, gonorrhea and syphilis," Dr. Berman said. "And all sexually active women younger than 26 should be screened annually for chlamydia." (Women's rates of chlamydia are almost three times those of men.)

These numbers, which were published in December, include only cases reported by local health departments, clinics and hospitals. The C.D.C. estimates that they account for less than half of the actual number of infections.

<http://query.nytimes.com/gst/fullpage.html?res=9D01E7DA1E3CF934A25750C0A96F9C8B63&ref=venereal diseases>



## Nearly Half of Black Women Have Herpes

By The Root Staff

March 9, 2010

Find out why the government thinks this group has been hit so hard by the disease.

The latest news out of the Centers for Disease Control and Prevention is very troubling, to say the least.

A jaw-dropping 48 percent of black women between ages 14 and 49 have the virus which causes genital herpes, says the federal agency. Blacks in general are more than three times as likely as whites to have herpes simplex virus type 2 (HSV-2) (39.2 percent vs. 12.3 percent).

Why is it so much higher among black women? It is likely that biological factors make women more susceptible to genital herpes than men, says the CDC. American women in general are nearly twice as likely as men to be infected (21 percent vs. 11 percent). Then add on top of that socioeconomic factors that negatively affect blacks' general state of health, and it's no surprise that black women draw the short straw when it comes to getting genital herpes.

What's worse, most don't even know they've drawn that short straw. Up to 80 percent of genital herpes infections in the United States are undiagnosed. "Many individuals are transmitting herpes to others without even knowing it,"

said John M. Douglas Jr., director of CDC's division of STD prevention. "It is important that persons with symptoms suggestive of herpes-especially recurrent sores in the genital area- seek clinical care to determine if these symptoms may be due to herpes and might benefit from treatment."

Sores aren't the only sign you've been infected, and many people don't even experience them. Redness and itching are other symptoms, and the disease can still be transmitted without visible sores.

The high rate of genital herpes infections among blacks may contribute toward the high rate of HIV in the black community by making transmission easier, says the CDC.

So what do we do? If you know you have genital herpes, you definitely should avoid sex when symptoms or sores are present. Remember that genital herpes can still be transmitted when sores are not present. Using condoms consistently and correctly, and limiting the number of people you have sex with are also important to limiting the spread of the disease.

For more information on the disease, check out the CDC's [genital herpes fact sheet](#).

*Sheryl Huggins Salomon is deputy editor of **The Root**.*

<http://www.theroot.com/views/nearly-half-black-women-have-herpes>



## Disparities: Racial Gaps Seen in Chlamydia Screening

By NICHOLAS BAKALAR

January 28, 2011  
NY Times

All sexually active women under 25 are supposed to be screened for chlamydia. But a new analysis finds that black and Hispanic women are screened at significantly higher rates than white women, and this could help explain why minority women have higher reported rates of the disease.

[The study](#), published in the February issue of *Pediatrics*, examined the records of more than 23,000 women ages 14 to 25 who visited health care facilities in Indianapolis from 2002 to 2007.

Over all, 58 percent of the women were screened. The

*Continued on page 25*

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**Continued from page 24 - Disparities: Racial Gaps Seen in Chlamydia Screening**

youngest women and those with insurance were slightly more likely to be tested than the older and the uninsured. But black women were three times as likely to be tested as white women, and Hispanic women almost 13 times as likely to be tested.

Chlamydia rates are higher among blacks and Hispanics, and this could be a reason to screen them more often than whites. But cervical cancer rates, for example, are also higher among blacks and Hispanics, yet there is no difference by race in screening for that disease. The authors say the stigma attached to a sexually transmitted infection like chlamydia may make clinicians less likely to test white women.

The lead author, Dr. Sarah E. Wiehe, an assistant professor of pediatrics at Indiana University, said these differences in screening might have a significant effect on reported rates of disease. "There is a higher prevalence of chlamydia among certain women," she said. "We don't know how much of that is driven by differences in screening."

[http://www.nytimes.com/2011/02/01/health/research/01disparities.html?\\_r=1&ref=venerealdiseases](http://www.nytimes.com/2011/02/01/health/research/01disparities.html?_r=1&ref=venerealdiseases)



## **Uganda: Sexually Transmitted Infections in Men**

**By Christine Katende**

23 June 2011  
Daily Monitor

Sexually Transmitted Infections (STIs) are usually associated with women, both as the victims and sources. Men, too, however suffer from STIs, according to Dr Joseph Ogavu Gyagenda, a senior medical officer at Nsambya hospital. However, the presentation or symptoms as particular STIs may be known may differ in men.

Gyagenda says that the uncircumcised men are especially more prone, since a lot of germs hide under the fore skin giving chance to infections to thrive. STIs are diseases transmitted through sexual intercourse.

There are a number of sexually transmitted diseases, with different symptoms, and they can be spread through different forms of sex, be it vaginal, anal and oral sex.

"The perception that if one avoids vaginal sex they will not catch STIs is wrong; whichever way you have sex predisposes you to these infections, as long as it is unsafe

or unprotected sex," the doctor asserts.

He explains the different STIs and how they are most likely to present in men compared to women.

### **Gonorrhea**

Gonorrhea can infect the urethra, rectum, anus, and throat, usually appearing one to 10 days after exposure. It is a serious infection in women that reveals itself with a yellowish vaginal discharge and itching around the vaginal area. Untreated, gonorrhea can lead to a severe pelvic infection and swelling of the fallopian tubes and ovaries.

In men, it carries symptoms that include a discharge from the anus if the rectum is infected, a burning sensation when passing urine and a yellow discharge from the penis.

### **Syphilis**

A common STI with seemingly unserious or painless symptoms hence taking months or even years to identify, syphilis is a bacterial infection. A woman who has syphilis will have symptoms like skin rash that appears on her palms and the bottom of the feet, white patches in her mouth, nose and the vagina, a sore throat, headaches and fever. A man with syphilis will have symptoms like painless ulcers on the penis, a non-itchy rash on the penis and 'unserious fever'.

The doctor however warns that despite its subtle symptoms, this infection can become serious, whether in men or women, if not treated. "This is a dangerous infection and if it goes untreated, one is most likely to get complications like a stricture, where the urethra gets blocked, making it uneasy to pass urine," says the doctor emphasising that this could even lead to death.

### **Chlamydia**

Also a bacterial infection, chlamydia is, according to Dr Gyagenda, common in people with different sex partners. In women, it will present a vaginal discharge, frequent urination, pain while passing urine, pain during sexual intercourse, bleeding after having sex and lower abdominal pains.

Among men, the doctor says that the symptoms are more likely the same as those of gonorrhea; a burning sensation when passing urine, discharge from the penis and discharge from the rectum (anus).

### **Trichomoniasis**

This infection is caused by an organism transmitted during sexual intercourse. In both women and men, transmission is usually through anal, oral or vaginal sex with an infected person. Trichomoniasis is associated

*Continued on page 26*

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***Continued from page 25 – Uganda: Sexually Transmitted Infections in Men***

with penile discharge, pain during sex or when passing urine, and swelling of the urethra.

In women, the infection appears with swelling of the vagina, bloodish discharge, pain during sexual intercourse or when urinating, and lower abdominal pains.

**Genital herpes**

Genital herpes is a sexually transmitted viral infection. In most cases, people are unaware of the infection because it sometimes shows no symptoms.

"It appears for a period of two weeks and disappears. It has signs of itching in the genital or anal area, small fluid blisters that leave behind small painful sores when they burst, pain when passing urine, backache, swollen glands and fever symptoms," says Gyagenda.

He explains that this infection can be passed on to another individual through a skin contact with one who is infected with the virus, though it is commonly spread through sex (it is a contagious infection).

Symptoms of herpes in women include wounds on the vulva and in the vaginal opening, painful sores and swelling of the cervix. According to the doctor, the infection is most common in HIV/AIDS patients.

**Common STI symptoms**

"In some instances, some STIs can manifest in other parts of the body other than the genitals such as lips, tongue or throat, depending on the type of sex had and the STI contracted," says Gyagenda adding, "If one cannot use a condom during sex, they could forego it (sex) until the infected partner is treated."

"Some STDs symptoms like HIV do not show quickly and by the time they present themselves, the person is already eaten up, some even take months to show," Gyagenda says.

**How bad they can get**

In women, it is common knowledge that when STIs are neglected, what is put at stake before anything else is her reproductive health. Among the men, Dr Gyagenda explains that when untreated, these infections can spread to other parts of the body, like the kidney in which case they would cause kidney diseases like Pyelonephritis, a life-threatening infection that characteristically causes some scarring of the kidney and may lead to significant damage and eventual kidney failure and death.

The doctor adds that like in women, STIs in men damage the protective surface of the penis making them more vulnerable to catching the most dreaded STI of all, HIV. "All STDs affect male and female depending on who transmits it to the other. It is advisable for infected indi-

viduals to abstain from sex until they get full treatment. If the sick partners have sex, both parties are at risk of acquiring other infections because of the wounds they may have," concludes the doctor.

<http://allafrica.com/stories/201106231057.html>



## **Incurable Gonorrhoea may be next Superbug**

*Some strains of STD showing signs of becoming resistant to all treatments*

**By Brian Alexander**

April 8, 2010

An alarming new superbug may be on its way — an incurable form of gonorrhoea. The disease, once easily killed with a shot of penicillin, is increasingly becoming drug-resistant. Soon, the world may face a version that can't be killed by any known antibiotic, warned Catherine Ison, the director of the sexually transmitted bacteria reference library with the United Kingdom's Health Protection Agency.

In recent years, as the disease has evolved, medications once proven to kill the bacteria have become less effective except one, a class of antibiotics called cephalosporins. Now some strains of gonorrhoea are showing signs of being resistant to even that, Ison told those at a scientific meeting last week in Edinburgh, Scotland.

"If this problem isn't addressed, there's a very real possibility that gonorrhoea will become a very difficult infection to treat," she said.

Gonorrhoea is the second most commonly reported infectious disease in the United States. In 2008, there were 336,742 official cases, but this number, the most recent available from the Centers for Disease Control and Prevention, may vastly underestimate the true number.

"We will probably have something like 700,000 cases of gonorrhoea this year," suggested Dr. Edward W. Hook, professor of medicine at the University of Alabama at Birmingham and an expert on STD infections.

Not all of those who are infected know it, contributing to the problem. Undiagnosed cases, or infections that are unsuccessfully treated and then linger without obvious symptoms, can create serious health problems.

For example, teenage girls between 15 and 19 account

*Continued on page 27*

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***Continued from page 26 –Incurable Gonorrhea may be Next Superbug***

for more cases than any other age group. If they aren't cured, they risk pelvic inflammatory disease, infertility or ectopic pregnancies. People infected with gonorrhea are also about three times more likely to become infected with HIV should they come into contact with the virus.

"The other major cost is infection of children born to infected mothers," Hook explained. "And rarely you can get gonorrheal infections of heart valves, and arthritis."

**History of being hard to treat**

Gonorrhea has a long history of evading medicine's attempts to cure it. In the 1930s, sulfa-based drugs worked, but soon lost potency as the bacteria adapted. Penicillin came up to bat in the 1940s. In New York City, Los Angeles, and points in between, posters appeared stating "Penicillin Cures Gonorrhea in 4 Hours," sometimes underneath words urging citizens to buy war bonds to "Thrash the Axis."

Just as defeating Hitler and the Japanese emperor had become an all-consuming national priority, health officials, armed with the new miracle drug penicillin, offered hope that the scourge of "VD" could be wiped out, too.

Penicillin was a miracle, but eventually doctors had to use more and more to kill the bug. Still, a shot of penicillin remained the treatment of choice until 1985, when rising resistance to penicillin, and the fact that many people are allergic to it, forced health officials to give other antibiotics their turns.

But as they did, strains of the bacteria morphed to make the antibiotics less effective. A February report from a group of Taiwanese doctors found that during the five years between 1999 and 2004, 40 percent of gonorrhea isolated from their patients was resistant to penicillin, tetracycline, erythromycin and ciprofloxacin, all drugs which used to kill off gonorrhea like magic bullets.

**The cephalosporins are all that's left.**

In May of 2009, doctors at Sydney, Australia's Prince of Wales Hospital reported two cases of failed treatment of gonorrhea of the pharynx (typically resulting from oral sex or oral-anal contact). The drug they used is called ceftriaxone, a cephalosporin given by injection. There have also been scattered reports of increasing drug resistance to the most commonly used pill form of cephalosporin, although not in the U.S. so far, said Dr. Kimberly Workowski, associate professor of medicine at Emory University and the CDC's coordinator of STD treatment guidelines. The CDC monitors the issue through its Gonorrhea Isolate Surveillance Project which

receives reports from health clinics all over the country.

Workowski is concerned, though. For one thing, some people who are allergic to penicillin may also be allergic to cephalosporins.

Since people with some forms of gonorrhea may not show symptoms, their partners may have no idea they're infected. The pill form of cephalosporin, which can be used for uncomplicated rectal or urogenital infections, is "only 70 percent effective" in treating pharyngeal gonorrhea, she noted. Since infection of the pharynx often carries no symptoms, people treated for urogenital infection may not know they carry a pharyngeal infection, too. That gives the disease a safe harbor from which it can launch infections of more people.

Resistance has tended to follow geography and sexual orientation, Workowski explained. "Traditionally southeast Asia has developed resistant isolates and then there is a slow spread across [the Pacific], eventually coming to the U.S.," she said. Resistant strains also tend to show up first in men who have sex with men.

**Other drug-resistant STDs**

Resistance could also become an issue in other bacterial STDs. About 30 percent of females who contract gonorrhea are co-infected with chlamydia. While chlamydia seems to respond well to medication so far, a small number of strains have shown signs of developing drug-resistance, says Workowski. Hook, however, says he doesn't know of any resistant strains.

Syphilis has already defeated one drug used to treat it, azithromycin. Between 2000 and 2004, the prevalence of azithromycin-resistant syphilis in one San Francisco clinic jumped from zero percent to 56 percent.

"We have since been looking at azithromycin mutations in strains from all over the country and world," said Sheila Lukehart, research professor of medicine at the University of Washington and an author of the New England Journal of Medicine report about the San Francisco clinic. "We've found a very a broad distribution of the specific mutation that gives syphilis antibiotic resistance."

The good news is that penicillin still works against syphilis; the treatment consists of two shots, one in each butt cheek. No credible data suggests that syphilis has been able to adapt to penicillin, probably, Lukehart can't change it. Still, the loss of azithromycin makes infections tough to treat in people allergic to penicillin

*Continued on page 33*

## FEATURED ARTICLES

# Children with Sexually Transmitted Diseases

By Lawrence W. Daly

September 13, 2011

Are children being exposed to sexually transmitted disease with all of the education and prevention which is being taught in schools and the media? Do children believe that having sex without protection is the way to go? With online dating and sexual experiences from connecting with others exposing children to greater risk? All of these questions need to be examined and evaluated and the statistics may help tell the story.

To understand what the status of sexually transmitted diseases (STDs) actually is, you must understand how STDs and child abuse go hand in hand. Law enforcement's method and techniques of investigating child sexual abuse allegations can be difficult. Children who allegedly have been abused may be reluctant or lack the ability to communicate, i.e. due to age or mental disabilities makes the process slow and complicated.

The effects of child abuse range from extreme emotional problems to vaginal tearing to STDs and have to be dealt with at many levels. These findings by those in the sexual abuse networks can be difficult to manage, not only for the child, but the non-offending authority figure, and the professionals who are responsible to take care of a child who is emotionally abused or contracts STDs.

Although it is a travesty that a child contracts STDs, the disease may be traceable back to the sexual offender. Several decades ago, the STDs which dominated children being exposed to STDs were gonorrhea and syphilis. The past decade gonorrhea and syphilis have become overshadowed by Chlamydia Trachomatis (chlamydia), human papilloma virus (HPV), bacterial vaginosis (BV), and human immunodeficiency virus (HIV) (U.S. Department of Justice).

Law enforcement must have the knowledge on how

to handle a situation where a child victim that they are investigating allegations of sexual abuse and has contracted one of the above diseases needs to know what to do with these medical findings. Recently laboratories, which were minimal in numbers has now become a booming business. Law enforcement agencies should establish a relationship with one of these laboratories so when they have a positive finding of one of the above diseases they understand the value of the evidence, the investigative process and etc.

If the child victim has identified her father as the alleged sexual offender who she contracted STDs from, law enforcement can move the court to issue a search warrant for the father's blood. The blood which will carry the disease can be compared to the findings of the child victim. If the results are positive then law enforcement can obtain an arrest warrant or based on probable cause arrest the father. The interrogation of the father would be quick and to the point. The scientific methods and techniques that the laboratories utilize, if procedures, protocols and processes are followed bring credibility to the child victim's disclosures about what the sexual offender did sexually to her.

The U.S. Department of Justice in their preparation of the manual, "Sexually Transmitted Diseases and Child Sexual Abuse, December, 2002" states there are several accurate information about STD's in victims of sexual abuse, that has been hindered by a variety of factors.

These factors are as follows:

- The prevalence of sexually transmitted infections may vary regionally and among different populations within the same region.
- Few studies have attempted to differentiate between infections existing prior to sexual abuse and those that result from abuse.

*Continued on page 29*

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***Continued from page 27 – Children with Sexually Transmitted Diseases***

- The presence of a preexisting infection in adults is usually related to prior sexual activity. In children, however, preexisting infections may be related to prolonged colonization after perinatal acquisition (acquisition immediately before and after birth), inadvertent nonsexual spread, prior peer sexual activity, or prior sexual abuse.
- The incubation periods for STD's range from a few days for gonorrhea to several months for HPV.

If parents understand these factors, than STDs can be recognized at the onset and understands the several stages of STDs, the child victim will not have to suffer to a severe degree if the disease can be caught at the early onset.

With the new technology law enforcement can use the STDs findings as a probable cause element to obtain a search warrant, apprehend the sexual offender and then take him/her to trial. The advantages outweigh the negatives. If law enforcement receives the correct medical training then they can use it as a solid piece of evidence. Today's juries want to hear about "medical evidence" which is reliable, valid and proves without a question that the STDs were given to the child victim by the sexual offender.

The U.S. Department of Justice further states:

When presented with a child with an STD, law enforcement officials must attempt to determine ***absolutely if the infection was associated with sexual contact*** and, for the purposes of prosecution, whether appropriate diagnostic methods were used. The following facts should be kept in mind:

- STD's may be transmitted during sexual assault.
- Multiple episodes of abuse increase the risk of STD infection, probably by increasing the number of contacts with an infected individual, and rates of infection also vary by the type of assault.

***For example, vaginal or rectal penetration is more likely to lead to detectable STD infection than fondling.***

- Sexual assault is a violent crime that affects children of all ages, including infants.
- The majority of children who are sexually abused will have no physical complaints related either to trauma or STD infection.

***Most sexually abused children do not indicate that they have genital pain or problems.***

- In children the isolation of a sexually transmitted organism may be the first indication that abuse has occurred.
- In most cases, the site of infection is consistent with a child's history of assault.
- Although the presence of a sexually transmissible agent in a child over the age of 1 month is suggestive of sexual abuse, exceptions do exist. Rectal and genital chlamydia infections in young children may be due to a persistent perinatally acquired infection, which may last for up to 3 years.

***The incidence and prevalence of sexual abuse in children are difficult to estimate.***

- Most sexual abuse in childhood escapes detection.
- Patterns of childhood sexual abuse appear to depend on the sex and age of the victim.
- Between 80 and 90 percent of sexually abused children are female (average age: 7 to 8 years).
- Between 75 and 85 percent of sexually abused children were abused by a male assailant, an adult or minor known to the child. This individual is most likely a family member such as the father, stepfather, mother's boyfriend, or an uncle or other male relative.
- Victims of unknown assailants tend to be older than children who are sexually abused by someone they know and are usually only subjected to a single episode of abuse.
- Sexual abuse by family members or acquaintances usually involves multiple episodes over periods ranging from 1 week to years.
- Most victims describe a single type of sexual activity, but over 20 percent have experienced more than one type of forced sexual act.
- Vaginal penetration has been reported to occur in approximately one-half and anal penetration in one-third of female victims of sexual abuse.

***Continued on page 30***

**Continued from page 29 – Children with Sexually Transmitted Diseases**

- Over 50 percent of male victims of sexual abuse have experienced anal penetration.
- Other types of sexual activity, including oral-genital contact and fondling, occur in 20 to 50 percent of victims of sexual abuse.
- Children who are sexually abused by known assailants usually experience less physical trauma, including genital trauma, than victims of assaults by strangers because such trauma might arouse suspicion that abuse is occurring.

The U.S. Justice Department did their due diligence in conducting research on STDs over the past two decades. Leader in the field of STDs for law enforcement to use in the investigation of child sexual abuse allegations, the above material is excellent not only for law enforcement, but for the public.

<http://criminologyjust.blogspot.com/2011/09/children-with-sexually-transmitted.html>



## **Children with Sexually Transmitted Diseases, Part II**

**By Lawrence W. Daly**

September 14, 2011

Who should children turn to when they feel the physical pain which is associated with sexually transmitted diseases (STDs)? Since most small children do not have the understanding of what is happening to them, they may not complain to others about the pain. Once the physical symptoms lead the child victim to their family practitioner or the emergency room, the identification of what is happening to the child will now put things into perspective. The non-abusing adult who receives the complaint from the child victim will generally have some explaining to do with law enforcement and child protective services about how the child victim contracted the STDs.

Law enforcement will play a major role in identifying, apprehending and prosecuting the sexual offender who transmitted the STDs to the child victim. The alleged sexual offender will find it difficult to deny transmitting the disease to the child victim. The ability to obtain body fluids from the sexual offender is vital to identifying that the child victim and the sexual offender are carrying the same STDs in their bodies.

Before the HIV began killing individuals in the 1980's the medical personnel dealt with two main STDs, gonorrhea and syphilis. These were the standard sexual diseases that came about for many reasons. However, when the child victim was found to be carrying one of these two STDs, law enforcement and child protective services took the medical findings to an emergent investigative techniques and methods.

***In the initial phases of the child sexual abuse allegations, law enforcement and child protective services must interview the non-abuser adult for several reasons:***

- To identify all men and women who have had any type of physical contact with the child victim.
- To identify if the child victim was ever out of the non-abuser adult's presence; what dates and times?
- To identify what non-abuser adult may have noticed upon the return of the child victim i.e. child seemed upset; sexual offender was anxious, nervous and avoided eye contact and etc.
- To identify who was present at the residence during the time the child victim was with the alleged sexual offender.
- To identify who the child first disclosed that she/he had been sexually abused and 'exactly' what the child said.
- To identify when the child begin demonstrating pain in the genitalia and anal area and what the child said about what he/she believed was going on. Of course this would be difficult to ascertain with children of a younger age i.e. four and under.

Medical personnel can assist law enforcement in ascertaining when they believe the onset of the STDs was; the type of STDs the child victim has; and the signs of the STDs that should have been recognizable to the non-abuser adult. The medical personnel can also help law enforcement with detailing how the STDs were transmitted and provide a declaration for the court in the obtaining of a search and arrest warrant for the alleged sexual offender.

**According to the Centers for Disease Control and Prevention, n.d.,** "Children might be at higher risk for

*Continued on page 31*

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***Continued from page 30 – Children with Sexually Transmitted Diseases***

transmission, because the sexual abuse of children is frequently associated with multiple episodes of assault, and might result in mucosal trauma.” With this statement law enforcement should be investigating individuals who are associated with the opportunity to commit the sexual assaults on the child victim i.e. relative, peers, friends and others.

In evaluating the risk that children are exposed to contract HIV and AIDS, law enforcement must listen to what medical personnel tell them about the approximate date of contraction and so forth. According to AVERT, averting HIV and AIDS, “More than 1,000 children are newly infected with HIV every day, and of these more than half will die as a result of AIDS because of a lack of access to HIV treatment. In addition, millions more children every year are indirectly affected by the epidemic as a result of the death and suffering caused in their families and communities.”

AVERT’s findings demonstrate that over 400,000 children each year are newly infected with HIV. The cause of most of these contractions comes from child sexual abuse. The realization that there are sexual offenders worldwide infecting children is simply unconscionable. As stated previously for the most part, the contracted disease generally identifies the perpetrator law enforcement has identified as being the person who sexually abused the child victim.

***The following findings further demonstrate just how serious the STDs, especially HIV are having on the children worldwide:***

- At the end of 2009, there were 2.5 million children living with HIV around the world.
- An estimated 400,000 children became newly infected with HIV in 2009.
- Of the 1.8 million people who died of AIDS during 2009, one in seven were children. Every hour, around 30 children die as a result of AIDS.
- There are more than 16 million children under the age of 18 who have lost one or both parents to AIDS.
- Most children living with HIV/AIDS– almost 9 in 10 – live in sub-Saharan Africa, the region of the world where AIDS has taken its greatest toll.

**There are more** questions than there are answers about child sexual abuse and STDs. Why women and men sexually assault vulnerable and young children will

continue to be a mystery. Law enforcement in their child sexual abuse investigations are always looking for a way to identify medical evidence which can be part of the prosecution of sexual offenders. Over time, medical personnel and law enforcement are learning how to work together and bring those who contract STDs to children, to justice and the life of confinement in a 8 x 12 holding cell. My viewpoint being that the 8 x 12 cell being too big for what they did sexually to the child victim.

[http://criminologyjust.blogspot.com/2011/09/children-with-sexually-transmitted\\_14.html](http://criminologyjust.blogspot.com/2011/09/children-with-sexually-transmitted_14.html)



## **Boy, aged ELEVEN, treated for Chlamydia as 1,000 under-16s seek help for Sexual Diseases**

**By Jessica Satherley**

30 August 2011

A boy of 11 has been treated in hospital after contracting a sexual disease, a shocking survey has found.

He is the youngest among a group of children under 16 who have been treated for sexually transmitted infections in UK hospitals.

The figures have revealed that almost 1,000 under-16s have been diagnosed with venereal diseases such as herpes, chlamydia and gonorrhoea in the past three years.

The number of youngsters seeking treatment was revealed by a freedom of information request, that also listed two 12-year-old boys among those infected.

They were treated for genital warts and herpes by Chelsea and Westminster Foundation Trust, while the 11-year-old was treated for chlamydia.

A 12-year-old girl was also treated for herpes between 2009 and 2010, according to the information published by the Mid Essex Foundation Trust. Although some trusts did not release their information, those that did revealed unsurprisingly that the older the patients got, the more problems they had.

Since 2008, there have been 44 girls and two boys aged 13 who have received treatment for STIs, the Daily Mirror reported.

Of those aged 14, there have been 200 youngsters treated for infections and 602 aged 15 attended clinics with sexual health problems.

*Continued on page 32*

*Continued from page 31- Boy, aged ELEVEN, treated for Chlamydia*

Almost three times as many girls were treated than boys and chlamydia was found to be the most common infection.

The Family Planning Agency told the newspaper: 'Investment in sexual health services pays off and spending on sexual health services should be sustained.'

They also said the findings highlighted the importance of parents and schools to promote safe sex.

Meanwhile, it was reported earlier this month that more than one in three Britons has unprotected sex with a new partner while on holiday.

And the poll revealed that people in their 50s are the age group least likely to use contraception with a new partner – putting them at the highest risk of contracting an STI.

Around 16 per cent of those in their 50s polled didn't practise safe sex, compared with just four per cent of holidaymakers in the 26 to 30 age group and six per cent aged between 22 to 25.

The survey, by The Co-operative Pharmacy, who polled 3,000 people, cited alcohol and poor availability of condoms as the main reasons people did not use protection.

Pharmacist Lisa McCreesh told the Express: 'We are urging people to remember that condoms provide the most effective protection against STIs.

'If you have unprotected sex, it is important to get a check-up as you may not show any symptoms.'

<http://www.dailymail.co.uk/health/article-2031342/Boy-11-1-000-16s-treated-sexually-transmitted-infections.html?ITO=1490>



## **Young at risk as Sexually Transmitted Infections Reach Record Levels**

**By Sarah Boseley**

25 August 2010

The Guardian

Peak age for a sexually transmitted infection is 19-20 for women and 20-23 for men, says Health Protection Agency. Young people are increasingly likely to end up with sexually transmitted infections, experts say today as official figures are released showing record levels of STIs.

Those aged under 25 are most at risk because they are often vulnerable and lacking the confidence to negotiate relationships.

Data from the Health Protection Agency (HPA) indicates a worrying increase in sexually transmitted infections with sexual health clinics reporting 482,700 new cases in 2009, which is an increase of around 12,000 on the previous year.

While better and more widespread testing plays a part in the rise, there are concerns about young people. Two thirds of the STI cases were in females aged 15-24. These figures highlight the vulnerability of young women, said Dr Gwenda Hughes, head of the STI section of the HPA.

Many studies have shown that young adults are more likely to have unsafe sex and that they often lack the skills and confidence to negotiate safer methods.

The peak age for a sexually transmitted infection is 19-20 for women and 20-23 for men. Alarmingly, significant numbers of young people are returning to clinics. About 10% of the 15- to 24-year-olds treated for a sexually transmitted infection will be re-infected within a year. "The numbers we're seeing in teenagers are of particular concern as this suggests they are repeatedly putting their own, as well as others', longterm health at risk from STIs," said Hughes.

Experts believe the figures show the need for more and better sex education for the young. Marie Stopes International, a sexual health NGO, said the figures were extremely concerning.

Chlamydia was also most likely to be found in the under-25s (88% of cases), but that was partly to do with more sensitive tests and the targeting of the testing campaign to the age group. "It is clear that some young people are not fully aware of the prevalence of STIs and how they can protect themselves against getting one," said Helen Jenkins, contraception and sexual health specialist.

"We fear that STI rates may continue to rise, particularly among young people, without increasing access to comprehensive sex and relationships education in all British schools.

"Many teachers tell us that they don't have the confidence or information to teach sex and relationships education effectively, despite knowing that many of their students are sexually active."

Natika Halil from the FPA charity said the state of sexual health in the UK was complicated and a cause for serious concern. "The message from this data to the

*Continued on page 33*

**Continued from page 32 - Young at risk as Sexually Transmitted Infections Reach Record Levels**

new government is that they mustn't be tempted to cut services and campaigns in sexual health, and ignore the urgent need for statutory sex and relationships education in schools," she said.

Sir Nick Partridge, chief executive of the Terrence Higgins Trust, called it "staggering" that infections had risen to almost half a million a year. "Until we improve sex education and give extra support to young people, they will continue to take avoidable risks with their sex lives," he said.

The HPA figures show clearly that people aged under 25 are most affected by STIs. Among women, 73% of new cases of gonorrhoea and 66% of new cases of genital warts involved under-25s.

But half of all new diagnoses in men also involved under-25s. That included 41% of male gonorrhoea diagnoses, 47% of male cases of genital warts and 69% of male cases of chlamydia. STI diagnoses were also high among men who have sex with men.

Genital warts and syphilis diagnoses have stabilised, the figures show, but gonorrhoea is on the increase, which raises a particular concern. Resistance to the main antibiotic used to treat the infection, cefixime, rose from 0.1% in 2005 to 10.6% in 2009.

Professor Cathy Ison, a gonorrhoea expert at HPA's centre for infections, said no new antibiotics were in the pipeline to treat the infection once cefixime "is no good". She estimated the antibiotic may be effective against gonorrhoea for only another five years, although that time could shorten if the bacteria develop new methods of resistance.

The HPA is investigating combination therapies to treat the bacteria and is encouraging pharmaceutical companies to develop new drugs.

"Potentially this means that in the case of gonorrhoea, practising safe sex may eventually be the only way of controlling the infection if new antibiotic treatments cannot be found," Ison said.

HPA advises that everyone should use a condom with any new sexual partner and visit a sexual health clinic after unsafe sex. People should also be screened for chlamydia every year and whenever they get a new partner, it says. Gay men should go for annual sexual health screening, including an HIV test.

<http://www.guardian.co.uk/society/2010/aug/25/sexually-transmitted-infections-hit-record-high>



**Continued from page 27 - Incurable Gonorrhoea may be Next Superbug**

since they must be desensitized — often in a hospital — and then treated.

**'Doomsday scenario'**

There are alternatives should gonorrhoea prove resistant to the cephalosporins. While a sudden change in the gonorrhoea bacteria that leaves it completely resistant to the cephalosporins would be "the doomsday scenario," Hook said, it's more likely that the evolution will be gradual. So following the old strategy of increasing doses as the resistance increases will buy time. He also holds out hope that pharmaceutical companies, which see antibiotic development as unprofitable, will suddenly have a big incentive to create new drugs should the cephalosporins lose their effectiveness.

Meanwhile, the CDC is developing other strategies. It is about to start a trial, operated through the National Institutes of Health, to look at alternative therapies like giving patients a one-two punch of an oral and an intramuscular injection using two different classes of antibiotics at once.

Doctors already routinely treat female gonorrhoea patients with a different drug for Chlamydia on the assumption they'll be infected with it, too. Ideally, though, researchers will find either a new drug, or prove an existing antibiotic will work. Of course, it's better to prevent an infection in the first place. Being tested for STDs and using condoms, the same techniques the military promoted among the troops to fight "VD" back in World War II before penicillin, are still the best bacterial STD fighters of all.

[http://www.msnbc.msn.com/id/36229547/ns/health-sexual\\_health/](http://www.msnbc.msn.com/id/36229547/ns/health-sexual_health/)



## **When will Defilement of Young Children End?**

**By Cato N. Lund**

April 25, 2011  
Daily Monitor

I hear about a little girl of six being raped by a boy 10 years older and I read in the papers about two primary school girls, 11 and 13-years-old respectively, who have given birth to babies. These terrible stories take my memory back to August 2008 when Saturday Vision brought the results of a survey that showed the precarious situation of girl-children in Uganda.

The headline was just a number - 40,000 so many girls were sexually abused by their teachers in upper primary per year.

Allowing for what happens in secondary schools and in the

*Continued on page 34*

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***Continued from page 33 – When will Defilement of Young Children End?***

villages and at home, we arrive at a very conservative figure of 50,000 girls defiled every year. It is a monstrous figure, not many towns in Uganda have a bigger population, and it means that almost every 10 minutes, day and night and month by month, a girl is sexually molested.

Is it possible to imagine a moral problem of greater magnitude? It ranks even above child sacrifice or rather; it is child sacrifice destroying tens of thousands of young lives every year.

That Saturday Vision front page deprived me of sleep and I was surprised and dismayed that nobody else seemed to bother, even though both the New Vision and The Daily Monitor brought an editorial on the subject. But I saw no reaction from either the Ministry of Ethics and Integrity nor can I remember anything from any of the churches.

What kind of ‘African Values’ are hiding behind this complete lack of respect for the integrity of children and women? I know that defilement carries a maximum penalty of death and that defilement cases count for a substantial part of the backlog in the courts. But I also know that the majority of such cases are ‘settled out of court’, frequently with a considerable financial advantage for the girl’s parents, or maybe I should say the father.

It reflects an attitude whereby girls and women are supposed to be at a man’s disposal for ‘usage’, a primitive and bestial position unworthy of a nation that proclaims itself on top of the world as far as morals are concerned. It goes well with the primitive notion that women are to be had as possessions along with others like cattle and not to be at par with a man as far as human worth is concerned. This can hardly represent moral concepts to be protected and upheld but that is exactly what happens if nothing substantial is done to keep people awake and aware that this problem exists and that it seems to have deep roots.

Weeding out this deep-rooted moral monstrosity cannot be done by articles in the press, very few read them, during talk shows on FM-radios, which would reach a bigger audience, or sermons in the churches whenever extra outrageous cases become public. It is something that has to be run as a continuous exercise in schools and all kinds of congregations, religious as well as secular, and it will take time.

But it cannot be left undone. No other moral issue is more important because it is a symptom of an incredible and extremely dangerous lack of respect for human life. Stolen or destroyed property can be replaced, what con-

senting adults do in private, is exactly that, private. But a young life that has been destroyed by a defiler can never be fully restored; the crime is in the same class as murder. So when will it end?

<http://www.monitor.co.ug/OpEd/Editorial/-/689360/1150208/-/9i61to/-/index.html>



## **Sex Diseases Tripled in Men 40 or Older Taking Viagra, Cialis, Study Says**

**By Nicole Ostrow**

July 6, 2010

Men taking drugs for sexual potency showed almost triple the rate of sexually transmitted diseases compared with those not taking the medications, a Harvard University study found.

The results, from an analysis of the health insurance claims of men aged 40 and older, may have more to do with the nature of the men using the impotence drugs than with the medicines leading them to have riskier sex, the research report said. The study, looking at men taking Pfizer’s Inc. Viagra and Eli Lilly & Co.’s Cialis, was published today in the [Annals of Internal Medicine](#).

The higher rate of infections was seen in the year before and after the men started taking the prescription medicines, according to the analysis. That suggests that users of drugs to treat erectile dysfunction, which also include Bayer AG’s Levitra, may be more likely to engage in unsafe sex than nonusers, lead study author Anupam Jena said.

“Younger people have more sex partners than older folks,” said Jena, a medical resident in internal medicine at Massachusetts General Hospital and Harvard Medical School in Boston, in a June 29 telephone interview. “But per sexual encounter, the actual safeness of the sex is probably lower among older folks in the sense that they don’t use condoms,” he said.

About 19 million new sexually spread infections occur each year in the U.S., almost half of them among people ages 15 to 24 years old, according to the U.S. Centers for Disease Control and Prevention.

### **HIV in Middle-Aged**

Still, people aged 40 to 49 accounted for the largest proportion of newly diagnosed HIV/AIDS cases, 27 percent, in 2007, according to the CDC. Those 50 to 59 accounted for 13 percent, while those over the age of 60

*Continued on page 35*

*Continued from page 34 – Sex Diseases Tripled in Men 40 or Older Taking Viagra, Cialis,*

accounted for 4 percent. “Old folks can contract STDs and we need to be vigilant about it,” Jena said.

The researchers looked at health insurance claims from 44 large U.S. employers from 1997, one year before Viagra was introduced, through 2006. They examined the claims of men over the age of 40 to see if they were prescribed erectile dysfunction drugs, finding 33,968 who used the impotence pills and about 1.38 million who did not.

The research found that in 2006, 3.6 percent of the men used Viagra from New York-based Pfizer; 1.7 percent took Cialis from Indianapolis-based Lilly, and 1 percent were getting Levitra from Leverkusen, Germany-based Bayer.

### **Sexual Behavior Unknown**

The authors weren’t able to determine how many of the men were married and how many were heterosexual or other information on sexual behavior.

In the year before taking the pills, users of ED drugs had an overall STD rate of 214 per 100,000 people, the study found. That gave them a 2.8 times greater risk of developing a sexually spread infection than men who didn’t take the drugs. That decreased slightly in the year after, when pill-takers had a 2.65 times higher risk than non-takers, the study showed.

The risk of getting HIV in the year before taking the pills was 3.32 times higher in drug-takers and 3.19 times greater in the year after, compared with those not taking the pills, they said. Users of the medicines also had higher rates of chlamydia.

### **Seeking Treatment**

The rates of HIV may be higher than other infections because the men seek treatment from their doctor for HIV symptoms like fever and weight loss, Jena said. Men may go to free clinics to treat other sexually transmitted diseases like herpes and gonorrhea, he said.

An editorial accompanying the research article, entitled “Life Begins at Forty,” urged doctors to advise older patients to remember safe-sex precautions if they ask for erectile dysfunction drugs. “STD counseling should not stop at age 40,” said the editorial written by Thomas Fekete, professor of medicine at Temple University in Philadelphia.

<http://www.bloomberg.com/news/2010-07-05/sex-diseases-are-higher-in-over-40-men-on-viagra-cialis-to-boost-potency.html>



## **125 Priests, Lay Clergy involved in Sex Abuse Cases**

**By Sabir Shah**

September 20, 2011

In July 2011, Pope Benedict XVI had publicly expressed his shame over the evils of clerical child abuse during a visit to Australia, saying he was deeply sorry for the abuse of children by predatory priests, and now in September 2011, just two months after the Pontiff’s eyebrow-raising statement, a former Aussie priest has been charged with 60 fresh offences relating to sex assaults on boys while he was working at a Sydney boarding school during the 1970s and 80s.

Interestingly, as an in-depth research conducted by The News International on this subject shows, this particular incident has surfaced hardly four months after the Vatican had issued guidelines for bishops worldwide on May 16, 2011, whereby they were directed to develop clear and coordinated procedures for dealing with the sexual abuse allegations by May 2012 and cooperate with the police in investigating allegations of sexual abuse by the clergy, though they were asked not make such reporting mandatory. (Reference: The New York Times edition of May 16, 2011).

This is what the Agence France-Presse (AFP) had reported on the latest Sydney incident: Police would not confirm the identity of the man, saying only that they had arrested a 65-year-old on Tuesday (September 13) in southwestern Sydney and that he has since been released on bail.

The Australian Broadcasting Corporation (ABC) said the suspect was a former Catholic priest who taught at the prestigious St Stanislaus College in Bathurst, west of Sydney, in the 1970s and 80s.

The college, according to the Paris-based AFP, had made headlines last month after former students came forward alleging they were molested during late-night prayer sessions.

The AFP had further stated in its afore-cited report:

The former priest has already appeared in Bathurst Local Court in August on 33 other charges relating to sexual assault and gross acts of indecency on juveniles aged between 10 and 18. Reports said his court appearance prompted eight more alleged victims to make further allegations against the former cleric.

A latest September 15, 2011 report carried by the web

*Continued on page 36*

***Continued from page 35 – 125 Priests, Lay Clergy involved in Sex Abuse Cases***

site of Swissinfo, a nine-language news and information platform produced by Switzerland's Public Broadcasting Corporation, the Catholic Church in this touristy Alpine nation has released new details of sexual abuse committed by priests and pastoral workers over the past 60 years.

Swissinfo states: Overall, 146 victims came forward to report abuse to Swiss dioceses in 2010 the first year in which detailed statistics have been presented by the church. The abuse was carried out by 125 priests and lay clergy, an expert commission of the Swiss Bishops Conference said on Thursday (September 15). The statistics broke down in more detail who the victims and perpetrators were and when the incidents had taken place since 1950. Abuse ranged from sexual harassment to rape. Most of the victims were teenage boys (25 per cent) and adult men (23 per cent). Another 20 per cent were children aged below 12 years. Half of the incidents were carried out by parish priests and 26 per cent by ordained men.

The official Swiss website had maintained, Most of the abuse happened between 1950 and 1980. Ten per cent of cases took place during the past decade. Confirmation of the abuse first came to light more than 16 months ago when the church announced cases reported from January-May 2010.

Although the Catholic sex abuse cases in nations like Canada, Ireland, the United States, the United Kingdom, Mexico, Belgium, France, and Germany etc have received significant media attention since the 1980s, after Father Donald Roemer of the Archdiocese of Los Angeles had pleaded guilty to felonious sexual abuse of a minor, most television channels and newspapers on the planet are now using the harshest possible language against the church and the clergy while reporting these incidents.

Had all been well at the Vatican and had the followers of Christianity been happy with their religious leaders, the CNN would not have aired these words in its September 16, 2010 report when the Pope was about to start his visit to Britain: There has already been widespread outcry over the estimated 12 million pounds (\$18.7 million) British taxpayers are having to pay for the visit, though Christopher Patten, the Prime Minister's representative for the papal visit, has pointed out that one day of last year's G-20 summit in London cost 20 million pounds. Criticism has also focused on the armed police squads needed to protect a religious figurehead previously targeted by attackers. Along with anger about the

Vatican's response to child and sexual abuse, there is criticism over the pope being granted a state visit, given the Catholic Church's attitudes towards gender equality and homosexuality.

The CNN had further reported on September 16, 2010:

British people feel overwhelmingly that the Pope has not done enough to punish priests who abuse children. Three out of four British people and two out of three Catholics in the country say he should do more to punish the abusive clergy.

Till date dozens (if not hundreds) of the accused priests have been forced to resign in every nook and cranny of the globe. Many of these priests, whose crimes fell within statutes of limitation, are languishing in jail. Some have been defrocked. (Reference: The New York Times of August 31, 2006).

For example, Bernard Francis Law (born 1931), Cardinal and Archbishop of Boston had resigned after Church documents were revealed which suggested he had covered up sexual abuse committed by priests in his archdiocese. On December 13, 2002, Pope John Paul II had accepted Law's resignation as Archbishop and had posted him to the American Catholic church in Rome. (Reference: The New York Times of May 28, 2004).

Similarly, James Porter (1935-2005) was a Roman Catholic priest who was convicted of molesting 28 children. He had admitted sexually abusing at least 100 children of both sexes over a period of 30 years, starting in the 1960s. (References: The Boston Globe of April 13, 2004 and NBC News Channel report of February 11, 2005).

In 1995 Cardinal Hans Hermann Groer had to resign from his post as Archbishop of Vienna, Austria, over allegations of sexual abuse, although he remained a Cardinal. (Reference: The BBC report of April 14, 1998) On April 7, 2010, it was revealed that a former bishop of the Norwegian Catholic Church, Georg Muller, had confessed to the police in early January 2010 that he had sexually abused an under-age boy 20 years earlier. Muller was made to step down as a bishop in July 2009. (Reference: Reuters report of April 7, 2010).

Various lawsuits against the custodians of the church have been filed in the United States and Ireland etc till date, whereby plaintiffs have alleged that some priests had sexually abused minors and that their superiors had conspired to conceal and otherwise abet their criminal misconduct.

Some had even accused the incumbent Pope for covering up complaints against his subordinate colleagues.

*Continued on page 37*

On 22 April 2010, a lawsuit was filed in the Milwaukee Federal Court by an anonymous plaintiff against the Vatican and Pope Benedict XVI for having covered up abuse cases to avoid scandal to the detriment of the concerned children.

In February 2011, two German lawyers initiated charges against Pope Benedict XVI at the International Criminal Court.

In 2004, the John Jay Report, commissioned by the US Conference of Catholic Bishops, had tabulated a total of 4,392 American priests against whom allegations of sexual abuse had been made. (References: The National Catholic Weekly edition of March 22, 2004 and the 2004 Catholic News Service Report titled John Jay Study Reveals Extent of Abuse Problem)

The Catholic News Service (CNS) is an American news agency covering the Roman Catholic Church since 1920 and is a leading source of news for Catholic print and broadcast media throughout the world.

A glance through the above-quoted references, particularly the 2004 Catholic News Service Report, shows that the 2004 John Jay Report was based on surveys completed by the Roman Catholic dioceses in the United States. It was based on a study of 10,667 allegations against 4,392 priests accused of engaging in sexual abuse of a minor between 1950 and 2002.

The John Jay report, whose printed version had caught the light of the day in June 2004, had stated that there were approximately 10,667 reported victims (younger than 18 years) of clergy sexual abuse during this period: Around 81 percent of these victims were male. While 22.6 per cent were age 10 or younger, 51 per cent were between the ages of 11 and 14, and 27 per cent were between the ages to 15 to 17 years.

Of these 4,392, approximately 56 per cent had one reported allegation against them; 27 per cent had two or three allegations against them; nearly 14 per cent had four to nine allegations against them; three percent (149 priests) had 10 or more allegations against them. These or

149 priests were responsible for almost 3,000 victims, 27 percent of the allegations. Almost 70 per cent of these priests were ordained before 1970.

In 2009, the former Archbishop of New York, Cardinal Edward Egan, had ignited heated discussions amongst his followers and Catholic Scholars when he said the church should consider ending celibacy rules and allow

priests to marry.

The 76-year-old cardinal, who had presided over 2.5 million New York Catholics for at least eight years, had made these comments at the end of his stipulated tenure on March 10, 2009, but it was enough to get tongues wagging about the centuries-old church requirement.

According to the New York Times, the Vatican had signalled in the past that it was a closed issue, despite some indications of a discussion in the 1960s. However, the last three popes, including Pope Benedict, have killed any discussion of lifting the celibacy rules, the newspaper had reported.

NBC television reported on March 23, 2009: Cardinal Egan's remarks come at the end of his tenure as New York Archbishop, raising questions about the motivation behind them. Was the conservative Cardinal giving a matter of fact response to a question of church law or was he really a reformer at heart? Regardless of his intent, the timing of these remarks has raised eyebrows. In 2003, 163 priests in the Milwaukee Archdiocese had petitioned the United States Conference of Catholic Bishops to consider the idea of lifting the celibacy rules because of the shortage of priests. Their petition was adamantly denied.

A thorough study of books like *The struggle for Celibacy: the culture of Catholic seminary* Life by Paul Stanosz and *The Power of Abstinence* by Kristine Napier would reveal that Celibacy (state of being unmarried) is viewed differently by the Catholic Church and the various Protestant communities. In the Latin Catholic Church, clerical celibacy is mandated for bishops and, as a general rule, for priests and for deacons who intend to become priests.

In Eastern Christianity, which comprises the Christian traditions and churches that developed in the Balkans, Eastern Europe, Asia Minor, the Middle East, Northeastern Africa, India and parts of the Far East, celibacy is mandatory for all bishops and for any priest who has been ordained while unmarried or who has lost his wife.

On the other hand, most Protestant churches are known to reject clerical celibacy. It is common knowledge that in recent past, both Protestants and Catholics have agreed on numerous issues, yet clerical celibacy remains a dividing point between the followers of the two faiths in Christianity.

The Vatican, over the years, has allowed married priests to function by accepting them into the ranks of the Roman Catholic priesthood.

### FEATURED ARTICLES

## HIV Costs May Hit \$35 Billion a Year, Group Fears

By Kate Kelland

July 18, 2010

Reuters

LONDON — The International HIV/AIDS Alliance warned on Saturday that the annual cost of tackling the HIV epidemic could balloon to \$35 billion by 2030 if governments fail to invest in efficient, targeted and cost-effective prevention measures.

On the eve of an international conference on AIDS in Vienna, the Alliance said the AIDS virus, which already infects around 33.4 million people across the world, was a "costly time-bomb" for families, governments and donors.

"For every two people who get treatment, five others get infected. At this rate, spending for HIV will rise from \$13 billion now to between \$19 and \$35 billion in just 20 years time," Alvaro Bermejo, executive director of the Alliance, said in a statement.

International AIDS Alliance brings together AIDS charities and advocacy groups from across the world.

Bermejo said authorities running national AIDS programs around the world needed to increase HIV prevention by tackling the barriers that stop marginalized groups -- such as drugs users, prostitutes and gay men in some countries -- from getting HIV treatment and services.

If they targeted resources at those most affected they could "cut more new infections and still have savings to put into scaling up treatment," he said.

The human immunodeficiency virus (HIV) that causes AIDS is transmitted during sex, in blood and on needles and in breast milk. It gradually wears down the immune system and can take years to cause symptoms, and has killed 25 million people since the pandemic began in the early 1980s.

The Alliance said its workers had seen how drug users in Ukraine are harassed when trying to get drug substitution

therapy, and how doctors prescribing substitutes for them are jailed.

In Africa -- the region most heavily affected by HIV, accounting for 67 percent of all people living with the virus -- its staff were seeing an increasing trend to criminalize men who have sex with men in countries such as Uganda and Malawi, it said.

Measures such as offering clean needles or drug substitutes to injecting drug addicts and providing HIV testing and advice services to them can help to reduce the spread of the AIDS virus. Ukraine has one of the world's fastest growing HIV epidemics, mostly due to infection among drug users.

Treating those with HIV with cocktails of AIDS drugs can also help to stop more people from getting infected, but AIDS treatment programs in developing countries are struggling to get the funding they need as wealthy donor nations cut budgets to reduce deficits following the global recession.

Bermejo said the cost-effectiveness and efficiency of prevention programs for those at most vulnerable to HIV "are too often hindered by repressive laws, policies, human rights violations and discrimination and exclusion."

He said HIV prevention steps should be taken as well as, and not instead of treatment services.

Latest data from 2008 showed the annual number of new HIV infections was 2.7 million, the same as in 2007. This is down from 3.0 million in 2001.

<http://www.msnbc.msn.com/id/38296744/ns/health-aids/>



## COME BACK TO YOUR ROOTS

## Sub-Saharan Africa HIV & AIDS Statistics

An estimated 22.5 million people were living with **HIV** in sub-Saharan Africa at the end of 2009, including 2.3 million children.

During 2009, an estimated 1.3 million Africans died from **AIDS**. Almost 90% of the 16.6 million children orphaned by AIDS live in sub-Saharan Africa.

The estimated number of adults and children living with HIV and AIDS, the number of deaths from AIDS, and the number of living **orphans** in individual countries in sub-Saharan Africa at the end of 2009 are shown below.

Country	People living with HIV/AIDS	Adult (15-49) prevalence %	Women with HIV/AIDS	Children with HIV/AIDS	AIDS deaths	Orphans due to AIDS
Angola	200,000	2.0	110,000	22,000	11,000	140,000
Benin	60,000	1.2	32,000	5,400	2,700	30,000
Botswana	320,000	24.8	170,000	16,000	5,800	93,000
Burkina Faso	110,000	1.2	56,000	17,000	7,100	140,000
Burundi	180,000	3.3	90,000	28,000	15,000	200,000
Cameroon	610,000	5.3	320,000	54,000	37,000	330,000
Central African Republic	130,000	4.7	67,000	17,000	11,000	140,000
Chad	210,000	3.4	110,000	23,000	11,000	120,000
Comoros	<500	0.1	<100	...	<100	<100
Congo	77,000	3.4	40,000	7,900	5,100	51,000
Cote d'Ivoire	450,000	3.4	220,000	63,000	36,000	440,000
Dem. Republic of Congo	(430,000-560,000)	(1.2-1.6)	(220,000-300,000)	(33,000-86,000)	(26,000-40,000)	(350,000-510,000)
Equatorial Guinea	20,000	5.0	11,000	1,600	<1,000	4,100
Eritrea	25,000	0.8	13,000	3,100	1,700	19,000
Gabon	46,000	5.2	25,000	3,200	2,400	18,000
Gambia	18,000	2.0	9,700	...	<1,000	2,800
Ghana	260,000	1.8	140,000	27,000	18,000	160,000
Guinea	79,000	1.3	41,000	9,000	4,700	59,000
Guinea-Bissau	22,000	2.5	12,000	2,100	1,200	9,700
Kenya	1,500,000	6.3	760,000	180,000	80,000	1,200,000
Lesotho	290,000	23.6	160,000	28,000	14,000	130,000

Country	People living with HIV/AIDS	Adult (15-49) prevalence %	Women with HIV/AIDS	Children with HIV/AIDS	AIDS deaths	Orphans due to AIDS
Liberia	37,000	1.5	19,000	6,100	3,600	52,000
Madagascar	24,000	0.2	7,300	...	1,700	11,000
Malawi	920,000	11.0	470,000	120,000	51,000	650,000
Mali	76,000	1.0	40,000	...	4,400	59,000
Mauritania	14,000	0.7	4,000	...	<1,000	3,600
Mauritius	8,800	1.0	2,500	...	<500	<1,000
Mozambique	1,400,000	11.5	760,000	130,000	74,000	670,000
Namibia	180,000	13.1	95,000	16,000	6,700	70,000
Niger	61,000	0.8	28,000	...	4,300	57,000
Nigeria	3,300,000	3.6	1,700,000	360,000	220,000	2,500,000
Rwanda	170,000	2.9	88,000	22,000	4,100	130,000
Senegal	59,000	0.9	32,000	...	2,600	19,000
Sierra Leone	49,000	1.6	28,000	2,900	2,800	15,000
South Africa	5,600,000	17.8	3,300,000	330,000	310,000	1,900,000
Swaziland	180,000	25.9	100,000	14,000	7,000	69,000
Togo	120,000	3.2	67,000	11,000	7,700	66,000
Uganda	1,200,000	6.5	610,000	150,000	64,000	1,200,000
United Rep. Of Tanzania	1,400,000	5.6	730,000	160,000	86,000	1,100,000
Zambia	980,000	13.5	490,000	120,000	45,000	690,000
Zimbabwe	1,200,000	14.3	620,000	150,000	83,000	1,000,000
<b>Total sub-Saharan Africa</b>	<b>22,500,000</b>	<b>5.0</b>	<b>12,100,000</b>	<b>2,300,000</b>	<b>1,300,000</b>	<b>14,800,000</b>

### Notes

These estimates include all people with HIV infection, including those who have not developed symptoms of AIDS.

Adults in this page are defined as men and women aged over 15, unless specified otherwise.

Children are defined as people under the age of 15, whilst orphans are children aged under 18 who have lost one or both parents to AIDS.

<http://www.avert.org/africa-hiv-aids-statistics.htm>



*Continued from page 37 - 125 Priests, Lay Clergy involved in Sex Abuse Cases*

A sharp decline in the number of Catholic priests, the exodus of thousands of pastors who marry and leave the priesthood, coupled with sexual scandals of clerics and the lawsuits being filed against many of them for sexually abusing children in their care, has sparked international debates to eliminate the celibacy requirement for the priesthood and institute the ordination of married priests.

<http://www.thenews.com.pk/TodaysPrintDetail.aspx?ID=68603&Cat=6>



## **HIV and AIDS Cases rise 22 percent in D.C.**

*At least 3 percent living in nation's capital are infected, officials report*

March 15, 2009

A new report by D.C. health officials says that at least 3 percent of residents in the nation's capital are living with HIV or AIDS and every mode of transmission is on the rise.

The findings in the 2008 epidemiology report by the D.C. HIV/AIDS Administration point to a severe epidemic that's impacting every race and sex across the population and neighborhoods.

Scheduled to be released Monday, the report says that the number of HIV and AIDS cases jumped 22 percent from the nearly 12,500 reported in 2006. Almost 1 in 10 residents between ages 40 and 49 are living with HIV, and black men had the highest infection rate at almost 7 percent.

The report says that the virus is most often transmitted by men having sex with men, followed by heterosexual transmission and injection drug use.

<http://www.msnbc.msn.com/id/29707732/ns/health-aids/#.ToAMnOxRrU>



## **US Withdraws HIV/AIDS Support**

**By Stephen Otage**

September 19, 2011  
Daily Monitor

### **Kampala**

The US government has announced withdrawal of financial support for malaria and HIV/Aids treatment

in Uganda. The US mission in Kampala made the announcement during unveiling of a multi-million TASO office complex named 'House of Hope' in Kamwokya, a Kampala suburb, on Friday.

It is through the complex that TASO hopes to start raising money for financing its activities when the US government finally pulls out. "We have accomplished enough in our fight against the epidemic but there is a huge amount of work to do. America's commitment to helping you in the fight will not waiver but we cannot be the only source of funding in this effort.

We must follow TASO's example and look outside the box to find creative ways to fund and sustain our efforts to improve the health of Ugandans," Mr Michael Strong, the Coordinator of US agencies, said.

Although he declined to comment exactly when the US government will pull out and the sectors which will be affected, he said TASO is among the organisations which have been benefiting from the fund. Last year alone, over one million women tested HIV positive.

The agencies implementing the President's Emergency Plan For AIDS Relief (PEPFAR) fund include the US department of state USAID, the Centres for Disease Control, the US Department of Defence and the Peace Corps.

According to Mr Strong, the US government injected \$400 million (1.1trillion) in financing the health projects, including \$300 million (843b) support to the national response to HIV/Aids epidemic. He added that PEPFAR fund has been financing TASO's activities in 11 service centres mainly comprehensive HIV/Aids prevention, care, treatment and related support services to HIV-positive people and families.

The news comes at a time when Uganda, which was once globally recognised as having reversed the incidence of the infection burden which had reached epidemic levels, is said to be losing the fight.

It is estimated that last year alone, 120,000 new infections were registered while half of the same number died. It is also estimated that currently, 1.2 million Ugandans are living with HIV/Aids and the cost of their treatment and preventing new infections is growing every day.

<http://www.monitor.co.ug/News/National/-/688334/1238678/-/bj75h4z/-/index.html>



**Blackherbals at the Source of the Nile UG LTD.**

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## Government warns of Fake HIV/Aids Drugs

By RISDEL KASASIRA

September 27, 2011  
Daily Monitor

The National Drug Authority yesterday warned that counterfeit antiretroviral drugs – used to manage HIV infections – could find their way into the Ugandan market. NDA Executive Secretary Gordon Sematiko said in a public statement that the World Health Organisation had found counterfeit Zidolam-N drugs on the Kenyan market.

The head of drug inspection at NDA, Mr Kate Kikule, said the authority was concerned about the possibility of fake Zidolam-N drugs being smuggled into Uganda. “We have surveyed and found out that these fake drugs are not yet here but we want to alert patients to be vigilant,” Ms Kikule said.

Zidolam-N is one of the approved anti-retroviral drugs used in Uganda and NDA has urged people living with HIV/Aids and those who dispense the drug to be vigilant and avoid the counterfeit. The counterfeit Zidolam-N tablets have a reference to “batch number E100766”, a manufacturing date of November 2010 and an expiry date of October 2013, NDA said in a statement.

However, the permanent secretary in the Ministry of Health, Dr Asuman Lukwago, said it would be hard for the fake drugs to enter the country because of the “systematic procurement and administering” of antiretroviral drugs (ARVs). “If it were Panadol, the patient would be at a higher risk of using a fake drug. But patients on ARVs cannot just go to the drug shop to buy medicine,” he said. “[The ARVs] are administered in the clinics and hospitals and we know our suppliers.”

Dr Lukwago said 60 per cent of the ARVs are bought from India, 30 per cent from Europe and the rest from different parts of the world.

He warned that people living with HIV/Aids who took counterfeit antiretroviral drugs could suffer diminished immunity or develop resistance to the genuine drugs.

“The outcome would not be the best because the patient would not be getting the required ingredients from the medicine,” he said.

<http://www.monitor.co.ug/News/National/-/688334/1243588/-/bio3x8z/-/index.html>



## AIDS Vaccine Coming Soon -- Experimental Vaccine Led to Censored Deaths

By Anthony Gucciardi

September 26, 2011  
Activist Post

Scientists are hailing a new discovery in the field of AIDS research that may lead to the development of an AIDS vaccine. The discovery, revolving around the elimination of a cholesterol membrane surrounding the virus, emerged from The Johns Hopkins University in Baltimore, Maryland. However, the past of the AIDS vaccine is something that few scientists want to discuss. The controversial trials of experimental AIDS vaccines that led to the loss of innocent lives have been ignored by mainstream scientists and reporters. Even the scientists responsible for the deaths covered up the situation, failing to report the fatalities of their trials in order to prevent the public from finding out.

### Scientists: HIV Vaccine Increases HIV Risk

The censorship regarding the horribly unsafe nature of the AIDS vaccine is so extreme that it took scientific whistleblowers to warn South Africans against participating in the vaccine trials, citing the fact that the vaccine actually increases the probability that the recipient develops HIV. The report was [published in the Washington Post](#) in 2007, after the trials were shut down after scientists claimed they were ineffective and needed more research. The whistleblowers state, however, that they were forced to stop due to an increase in HIV infection following the vaccine.

Interestingly enough, the AIDS vaccine in question is developed by Merck, creator of the Gardasil shot which has been linked to [over 49 deaths and countless hospitalizations](#). The Gardasil shot, of course, may soon be forced upon young girls and boys thanks to [legislators who were paid by Merck](#) to pass a bill making the shot mandatory.

Vaccine risks are oftentimes covered up by mega corporations such as Merck in order to make a profit and avoid public scrutiny. It's time to make vaccine manufacturers answer for their misdeeds through peaceful activism, as they have been [granted legal immunity from all lawsuits](#) — valid or not. Join the [Vaccine Information Week](#) movement and demand change within the vaccine industry.

<http://www.activistpost.com/2011/09/aids-vaccine-coming-soon-experimental.html>



## Meds that extend Lives of HIV Patients tied to Diabetes

*Protease inhibitors affect how body controls blood sugar, researchers find*

November 23, 2010

ST. LOUIS — Researchers at the Washington University School of Medicine say they have uncovered why so many people with the HIV virus develop a dangerous insulin resistance that leads to diabetes and heart disease.

The culprit lies in the powerful drugs that prevent the development of AIDS and have extended the lives of many HIV patients, the researchers say. They hope the discovery will allow development of safer antiviral drugs.

The research, published this month in the Journal of Biological Chemistry, shows HIV protease inhibitor drugs directly interfere with the way blood sugar levels are controlled in the body. This leads to insulin resistance, a condition that occurs when the body produces enough insulin but doesn't use it properly.

Paul Hruz, a professor of pediatrics and biology at the School of Medicine, led a team that found first-generation protease inhibitors, including the drug ritonavir, a protein that transports glucose from the blood into the cells where it is needed.

This raises blood sugar levels, a hallmark of diabetes.

"Our lab has established that one of the effects of these drugs is blocking glucose transport, one of most important steps in how insulin works," Hruz said in a statement on Tuesday. "Now that we've identified the main mechanism, we will look to develop new drugs that treat HIV but don't cause diabetes."

Hruz said that about 25 percent of HIV patients develop diabetes. The team is working with a drug developer to create a new HIV drug that the virus does not develop resistance to.

Human Immunodeficiency Virus (HIV) is a virus the human immune system can't rid itself of on its own. It attacks a key part of the immune system, leaving the body open to infections and diseases including AIDS, which is the final stage of the disease.

The government estimates there are more than 56,000 new cases of HIV a year and more than 25 million people have died of AIDS since it was first recognized by the U.S. Centers for Disease Control in 1981.

<http://www.msnbc.msn.com/id/40345008/ns/health-aids/>



## HIV Treatment: Why Children's Cholesterol Levels Are High

August 04, 2011

HIV treatment has come a long way since AIDS was discovered in 1982. More than 1,000 children a day are diagnosed worldwide. High cholesterol is common in adults and children with HIV. As reported yesterday, recent research has found children with HIV typically still have high cholesterol levels during treatment with antiretroviral medications according to [JAIDS: Journal of Acquired Immune Deficiency Syndromes](#). What this means is that children who are unfortunate enough to be HIV-positive still run the risk of developing cardiovascular problems as a result of their treatment.

[According to a recent press release](#), "The new research highlights the 'urgent need' for specific guidelines to manage lipid levels and control long-term cardiovascular risks in children with HIV, according to an editorial by Dr. Allison C. Ross of Emory University, Atlanta, and Dr. Grace A. McComsey of Case Western Reserve University, Cleveland."

With the new antiviral drugs available, children with HIV are now expected to have much longer lives. The problem is that if these drugs put these children at a greater risk for cardiovascular problems, then these children could face new and other problems. [As reported, the researchers](#) "believe the best strategy is likely to be a combined approach consisting of a 'lipid-friendly' drug regimen along with non-drug treatments (such as diet and exercise). More research is needed to evaluate these and other strategies — including the role of cholesterol-lowering medications."

<http://fyiliving.com/health-news/hiv-treatment-why-children-cholesterol-levels-are-high/>



## Drugs for HIV Infection and AIDS Might Prematurely Age Brains

By S. L. Baker

February 2, 2010

(NaturalNews) In a report just published online in *The Journal of Infectious Diseases*, scientists at Washington University School of Medicine in St. Louis and the

*Continued on page 44*

University of California at San Diego say they've found a reduction of blood flow in the brains of people who are infected with HIV, the virus believed to cause AIDS. What makes this so concerning is that it indicates something is rapidly aging the brains of these patients. In fact, the blood flow in the brains of the HIV-infected research subjects was reduced to levels normally seen in uninfected persons who are 15 to 20 years older.

Does this mean HIV is causing premature brain aging? Maybe. However there's another possibility: according to the researchers, ***the drugs used to treat HIV/AIDS might play a role in this super fast brain aging.***

### **AIDS drugs may damage the brain**

Previous studies have found the HIV virus may adversely affect many parts of the body, including the heart, liver, kidneys, endocrine system and skeleton. Although a strong "cocktail" of antiviral medications has been credited with extending the life span of those with HIV, these drugs are known to come with a host of side effects -- many of which are health problems often associated with aging. For example, the drugs can cause anemia, digestive problems, peripheral neuropathy and osteoporosis. So it can be difficult to distinguish between any signs of rapid aging that are due to HIV or to the drugs used to treat it.

When it comes to the brain, HIV patients are sometimes known to develop dementia. And HIV infected people often complain of thinking problems.

"The graying of the AIDS patient community makes this infection's effects on the brain a significant source of concern," Beau Ances, M.D., Ph.D., an assistant professor of neurology at Washington University and first author of the new study, said in a statement to the media.

"Patients are surviving into their senior years, and a number of them are coming forward to express concerns about problems they're having with memory and other cognitive functions."

To investigate possible premature brain aging in HIV patients, Dr. Ances and his research team used magnetic resonance imaging (MRI) scanners and a new technique known as arterial spin labeling that allows precise, non-invasive blood flow measurement to check the brain blood flow in 26 subjects with HIV. The scientists also looked at the brains of 25 uninfected controls. Both groups were about the same age and had the same education.

When the study participants were resting in the scanner, the brain blood flow was found to be significantly reduced in those who tested positive for HIV compared to those in the uninfected control group. Significantly, the scientists found that having HIV was associated with reduced brain blood flow even among the younger, most recently infected patients.

The research team asked the research subjects to perform a visual task which normally triggers blood flow to increase in specific regions of the brain involved in the task. The MRIs revealed the HIV group had greater blood flow increases, suggesting their brains had to work harder in order to accomplish the task.

"Brain blood flow levels decline naturally as we age, but HIV, the medications we use to control it or some combination of the two appear to be accelerating this process independent of aging. Could we reduce the harmful effects of the virus if we started treatment earlier, ***or does treatment significantly contribute to the harm that's being done?***" Dr. Ances said in a press statement. "These are the kinds of issues we urgently need to start examining as the AIDS patient population ages."

[http://www.naturalnews.com/z028082\\_AIDS\\_drugs\\_brain\\_damage.html](http://www.naturalnews.com/z028082_AIDS_drugs_brain_damage.html)



## **HIV Drug causes Liver Damage, Admits FDA**

**By David Gutierrez**

July 19, 2010

(NaturalNews) The HIV drug Videx (sold generically as didanosine) may cause fatal liver problems, the FDA has warned.

Since the drug's initial approval, the agency has received 42 adverse event reports linking Videx and its delayed release version Videx EC to a rare liver disorder known as non-cirrotic portal hypertension. In four of these cases, patients died from liver failure or severe bleeding. Only three patients were able to fully recover from the condition, and all of those needed a liver transplant. Patients had been undergoing treatment with the drug for anywhere from months to years.

Although it has not yet been proven that the drugs caused the liver disorder, the FDA noted that there is definitely an association between the two.

In non-cirrotic portal hypertension, blood flow through a major vein in the liver becomes constricted, causing

*Continued on page 45*

*Continued from page 44 – HIV Drug causes Liver Damage*

blood to back up into the esophagus. Veins in the throat can become so enlarged that they rupture, leading to serious and potentially fatal bleeding.

Although the FDA stated that the benefits for HIV patients still outweigh the risks, it warned that Videx patients should be closely monitored for any signs of portal hypertension. Furthermore, it noted that "the decision to use this drug ... must be made on an individual basis between the treating physician and the patient."

Videx was first approved in 1991, and the delayed release version was approved in 2000. The drug is a type of antiretroviral drug known as a nucleoside analogue, and slows the proliferation of HIV to prolong the onset of AIDS and extend the life of patients. It has previously been linked to other forms of liver damage, especially in combination with other antiretroviral drugs including hydroxyurea and ribavirin.

According to a spokesperson for manufacturer Bristol-Myers Squibb, worldwide sales of the drug amounted to \$71 million in 2009.

[http://www.naturalnews.com/z029225\\_liver\\_damage\\_drugs.html](http://www.naturalnews.com/z029225_liver_damage_drugs.html)



## Hormonal Contraception Ups HIV Risk in Women

October 3, 2011

Hormonal contraception may make it easier for HIV to spread between heterosexual sex partners, according to a new study conducted in Africa. Women in the study who used hormonal contraception had double the risk of acquiring HIV or transmitting it to their male partners as those who did not use hormonal contraception.

While hormonal conception includes both oral contraception and injectable forms of birth control, the findings were most pronounced for women using injectables, like Depo-Provera, the study said. "These findings have important implications for family planning and HIV-1 prevention programs, especially in settings with high HIV-1 prevalence", said study researcher Jared Baeten, of the University of Washington. HIV-1 is the prevalent subtype of HIV. "Recommendations regarding contraceptive use, particularly emphasizing the importance of dual protection with condoms and the use of non-hormonal and low-dose hormonal methods for women with or at risk for HIV-1, are urgently needed", said study researcher Renee Heffron, also of the University of Washington.

### HIV and contraception

More than 140 million women worldwide use hormonal contraception, such as daily oral pills and long-acting injectables, the study said. A large proportion of the 16 million women living with HIV in sub-Saharan Africa also use hormonal contraception. The new study included 3,790 heterosexual couples in which one partner was HIV positive and the other was not. The couples were from seven African countries (Botswana, Kenya, Rwanda, South Africa, Tanzania, Uganda and Zimbabwe).

Women using hormonal contraceptives were twice as likely to become infected with HIV. The risk was increased among those using injectable and oral contraceptives, although for the increase seen in those using oral contraceptives was smaller and may have been due to chance. Additionally, women who were HIV-positive at the beginning of the study and using injectable contraception were twice as likely to transmit the virus to their male partner as women who did not use hormonal contraception. The results held even after researchers took into account factors that could affect the HIV transmission rate, such as the whether the woman was pregnant, and whether condoms were used. It's possible hormonal contraception causes biological changes, such as changes to the cells that line the vagina or cervix, that influence susceptibility to HIV, the researchers said.

### What's to be done?

"Active promotion of [injectable contraceptives] in areas with high HIV incidence could be contributing to the HIV epidemic in sub-Saharan Africa, which would be tragic," Charles Morrison from Clinical Sciences, Durham, North Carolina, said in an accompanying editorial. "Conversely, limiting one of the most highly used effective methods of contraception in sub-Saharan Africa would probably contribute to increased maternal mortality and morbidity and more low birth weight babies and orphans — an equally tragic result," Morrison said.

Morrison also noted the study was not originally designed to measure the effect of hormonal contraception on HIV risk, and that the number of women using these contraceptives was small. In addition, it was common for women in the study to switch their contraception method, from hormonal to non-hormonal contraception, such as intrauterine devices. It's time to find a definitive answer to the question of whether hormonal contraception increases HIV acquisition risk, Morrison said. This can be done through a trial in which participants are randomly assigned to receive hormonal contraception or not.

[http://www.msnbc.msn.com/id/44765548/ns/health-womens\\_health/#.ToqdOHLT4i0](http://www.msnbc.msn.com/id/44765548/ns/health-womens_health/#.ToqdOHLT4i0)



## FEATURED ARTICLES

# Tanzania: Aids at 30 - What Does the Future Hold for Us?

By Dr. Chinua Akukwe

The Citizen (Dar es Salaam)

8 July 2011

Washington — As the world marks the 30th year of the HIV/Aids, Africa remains at the epicentre of the global epidemic. In the last 30 years, at least 25 million Africans have died of Aids and more than 50 million have been infected with HIV.

Despite the extraordinary impact of HIV/Aids, Unaid reports that steady gains have been made against the epidemic in the continent. In seven years, the proportion of individuals on Aids lifesaving medicines increased from two per cent to nearly 37 per cent.

Botswana has an Aids treatment coverage rate of more than 90 per cent. Aids deaths decreased by 20 per cent between 2004 and 2009. The proportion of pregnant women receiving HIV prophylactic medicine to reduce maternal transmission to newborns grew from 15 per cent in 2005 to 54 per cent in 2009. In four countries-Botswana, Swaziland, Namibia and South Africa-80 per cent of all pregnant mothers received HIV prophylactic medicine before giving birth.

Other impressive gains in the last decade include a reduction of 32 per cent in the number of newly infected children less than 15 years of age in southern Africa as well as 26 per cent decrease in AIDS-related deaths. Average HIV infection rates remain low and stable in West and Central Africa, at about two per cent.

Four of the five countries with the highest burden of HIV in Africa -Ethiopia, Zambia, South Africa and Zimbabwe- averaged an impressive reduction rate of 25 per cent in new infections between 2001 and 2009. South Africa recently rolled out the most comprehensive, coordinated Aids response in history.

Although the HIV/Aids epidemic appears to be slowing down in many parts of Africa, the continent continues

to face significant challenges that can inflict severe damage to the much vaunted African renaissance of the 21st century. First, nearly seven million Africans that qualify for Aids lifesaving medicines are yet to be on treatment. These nearly seven million individuals will die if they are unable to receive treatment.

Second, ten countries in southern Africa currently account for 34 per cent of all global HIV infections. South Africa, the richest economy in the continent has the highest number of individuals living with HIV worldwide, 5.6 million, according to the Unaid. How long can the economy of South Africa remain robust if Aids continues to account for the largest proportion of maternal deaths and is also responsible for 35 per cent mortality among children under five years of age? Swaziland has the highest prevalence rate of HIV among adults in the world at nearly 26 per cent.

Third, the feminization of Aids in Africa is alive and well. In, 2011, Africa women are at the receiving end of HIV/Aids and respite appears a long way off. Women and girls not only remain disproportionately at risk of HIV transmission, they are also less likely empowered to prevent new infections. I am not aware of any significant, sustained, comprehensive and coordinated effort in Africa to address social and cultural mores that may increase the risk of HIV transmission among women. The rate of HIV infection among couples where one partner is initially infected (mostly males) is very high, sometimes as high as 85 per cent.

The Unaid estimates 60 per cent of new HIV infections in Zambia may have been contracted within marriage or in cohabitation arrangements. The Unaid estimates 50-65 per cent new HIV infections in Swaziland, 35-62 per cent in Lesotho and 44 per cent in Kenya may have been similarly contracted.

*Continued on page 47*

***Continued from page 46 – Tanzania: Aids at 30 - What Does the Future Hold for Us?***

Although a recent research trial in Africa and Asia suggest access to medicine by a HIV positive individual can reduce transmission to an uninfected partner by up to 96 per cent, field implementation is unlikely in the near term due to lack of funds and the fact that more than 90 per cent of individuals living with HIV in Africa are unaware of their status.

Fourth, Aids continues to stalk Africa in a tightly-knitted quadrangle that includes chronic poverty, tuberculosis and untreated sexually transmitted diseases (STDs). Already in Africa, TB, an ancient but eminently preventable and treatable disease, may be responsible for as much as half of all Aids deaths.

Poverty remains a way of life in the continent. Cultural taboos, inability to pay for treatment and lack of functional health facilities remain impediments to timely care of STDs. The future does not look bright regarding the prospects of breaking the back of the formidable Aids Quadrangle in Africa.

What does the future portend for Africa in the fight Aids? The honest answer is not so good at this time. Perhaps in the future, the situation may change. Should Africa wring its hand and await the consequences? The answer is a resounding no. Specific steps should be taken immediately by African governments to accelerate a coordinated effort against the HIV/Aids menace. I briefly discuss these steps.

Africa should never celebrate modest victories in the fight against Aids as long as nearly seven million Africans are living on an Aids death sentence that can be easily mitigated by available lifesaving medicines.

Africa should never accept the death of one individual due to lack of access to available lifesaving medicines. Neither North America nor Europe will accept such a scenario. The African Union needs to articulate the financial, technical and logistics cost of providing lifesaving medicines to all Africans in need; raise some portion of required resources within the continent; and, negotiate specific assistance from rich nations, multilateral agencies, foundations and high net worth well wisher individuals to meet the treatment needs of individuals qualified for care.

No excuse is acceptable. Africa now needs to plan and lead the fight against Aids in the continent. No external organization or nation will lead this fight for Africa. Africa needs a continent specific Aids Operational Plan that matches rhetoric with action.

The bold Africa Aids Operational Plan should comple-

ment the recently adopted United Nations General Assembly pledge to ensure that all babies are born free of HIV by 2015 and that their mothers live long enough to raise them to adulthood. The specific Africa Aids Operational Plan should also complement the bold vision of Unaid's of a future of zero new HIV infections, zero discrimination and zero Aids-related deaths.

African governments need to implement comprehensive HIV prevention programs, with efforts to address all known risk factors on the table.

Gender equity issues, sexuality issues, male circumcision issues, poverty, cultural norms and practices that may increase risk of HIV transmission, lack of access to health and education services, limited financial resources, political instability and conflict/post conflict situations should be on the table as continental leaders craft effective information, education and communication campaigns against HIV transmission.

This dialogue needs to occur at the highest political, economic, social, religious and traditional levels to ensure the adoption of credible preventive programs. Africa should spearhead the global HIV prevention revolution suggested by the United Nations. A coordinated HIV prevention revolution will be the strong foundation for effective testing/counselling, treatment, supportive and rehabilitative services throughout the continent.

Africa now needs to begin a coordinated, comprehensive care and support initiative for its nearly 15 million Aids orphans. Since the early 1990s when the issue of Aids orphans became apparent in Africa, especially in eastern and southern Africa, no concerted effort has been made at national, regional and continental levels to address the plight of Aids orphans. The combination of unprecedented deaths of young adults from Aids and the rising incidence of Aids orphans put tremendous strain on the much vaunted extended family system in many parts of the continent.

As noted in a book I had written with another colleague, Aids orphans are often likely to eke out meagre existence under the watchful gaze of increasingly infirm grandparents. I remain puzzled on why the plight of Aids orphans in Africa has not ignited a coordinated regional or continental operational response.

Until new HIV infection dwindles to negligible proportions in Africa, a young woman or man newly diagnosed with HIV can live an additional 50 years due

*Continued on page 48*

*Continued from page 47 – Tanzania: Aids at 30 - What Does the Future Hold for Us?*

to uninterrupted access to lifesaving medicines and supportive care, a HIV positive pregnant woman lives long enough to see her newborn live to adulthood and Aids orphans grow up to become responsible members of the society, the fight against Aids in Africa remains a matter of life and death.

The future of Africa may depend on the bold moves it makes today to wage a fight to the finish against Aids. The fight against Aids in Africa will be won one family, one neighbourhood and one community at a time, led by dedicated teams of Africans refusing to back down against tremendous odds and difficulties.

*The author is the former chairman of the Technical Advisory Board of the Africa Center for Health and Human Security at the George Washington University, Washington, DC.*

<http://allafrica.com/stories/201107110335.html>



## **Nigeria: HIV/Aids - If You're Not Infected, You're Affected**

**By Sola Ogundipe and Chioma Obinna**

4 December 2010

Analysis

If mankind was asked to name the most troubling viral disorder of all time, the acronym "HIV & AIDS" is most likely to be repeatedly mentioned. HIV (Human Immunodeficiency Virus) is the name of the virus that results in AIDS (Acquired Immune Deficiency Syndrome) which describes the collection of symptoms caused by HIV after it destroys a person's immune system.

The HIV & AIDS epidemic was once described as man's nemesis because of its long "dormant" period that allows hosts to infect others with the virus without being immediately detected by either person. This factor alone makes this disorder nearly impossible to control.

HIV is spread through sexual contact and blood. As a result, people can pass on HIV long before they notice symptoms, which is why AIDS remains a pervasive disease around the world.

AIDS may not be the most deadly of disorders man has encountered, however, the level of decimation, deprivation and despair that comes with the disorder is almost beyond measure. Although preventable, AIDS is incurable.

No one is safe from its onslaught. If one is not infected,

one could be affected. A person can be infected with HIV, but not have AIDS. The virus typically takes around 10 years to destroy the immune system. Afterwards, people die from AIDS, usually a mild infection that turns deadly.

Unfortunately, the virus load (the amount of infectious HIV active in the system) is highest early on, when the patient is symptom free.

To make matters worse, conspiracy theories claiming the virus is an engineered attempt to inflict genocide upon Africans, has led some leaders on the continent to claim AIDS as myth. As a result, the general population distrusts western healthcare providers and avoids medications that could slow its spread. In the end, widespread ignorance and fear can prescribe all kinds of bizarre treatments and lead to the continued spread of HIV.

Unfortunately for Nigeria and most of Africa, virgin cures and other misconceptions (like the "not me" syndrome) contribute to the newly diagnosed cases of HIV infection reported each day.

When first identified as a disease, it was known as GRID (Gay-Related Immune Deficiency). This term described the mysterious cluster of symptoms first identified in gay men in 1981. Today in Nigeria, many people still believe that if HIV doesn't kill them, then HIV-related complications will. But this is not true. Managing complications from HIV is a far cry from what it was in the past.

However, scientists say the immune system may never fully recover from damage after HIV infection. This becomes more apparent as people with HIV reach their 50s. Severe weakening of the immune system can also lead to opportunistic infections.

### **HIV - a retrovirus**

HIV belongs to a class of viruses called retroviruses. Retroviruses are RNA (ribonucleic acid) viruses, and in order to replicate (duplicate), they must make a DNA (deoxyribonucleic acid) copy of their RNA. It is the DNA genes that allow the virus to replicate. Like all viruses, HIV can replicate only inside cells, commandeering the cell's machinery to reproduce.

Only HIV and other retroviruses, however, once inside a cell, use an enzyme called reverse transcriptase to convert their RNA into DNA, which can be incorporated into the host cell's genes.

HIV belongs to a subgroup of retroviruses known as lentiviruses, or "slow" viruses. The course of infection with these viruses is characterised by a long interval

*Continued on page 49*

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***Continued from page 48 - Nigeria: HIV/Aids - If You're Not Infected, You're Affected***

between initial infection and the onset of serious symptoms.

**Who has HIV?**

More Nigerians getting HIV test, most never tested, Studies say 98 per cent in Nigeria don't know.

If you've been diagnosed with HIV (human immunodeficiency virus), or know someone who has, the need for support and compassion couldn't be greater. But all too often HIV-positive people become targets of discrimination and stigma. In addition to handling new health challenges, they sometimes face rejection by family and friends. They may be forced out of homes, lose jobs, or even become victims of violence.

**Discrimination and stigma**

It means you are treated differently than other people simply because you are infected with HIV.

If you're newly diagnosed with HIV or about to start HIV treatment, you may still be haunted by the old spectre of gaunt AIDS patients and few treatment options. AIDS is still here and it is still a serious disorder. But the picture today is very different than it 15, 10, or even five years ago.

Life expectancy has improved dramatically. For many patients, it can be close to that of uninfected persons. Factors that often lead to AIDS discrimination and stigma include:

- HIV is a deadly disease that many people fear.
- Some adults still wrongly believe that they can catch HIV through casual contact, such as sharing a drinking glass or touching a toilet seat. This greatly increases their fear about being near people who are infected.
- Many people connect HIV and AIDS with behaviours that are already stigmatised, such as sex between men or injecting drugs.
- Some people believe that having HIV or AIDS is the person's own fault. For example, they might think it's the result of moral weakness and deserves to be punished.

Unfortunately, AIDS discrimination and stigma also fuel the epidemic. They prevent people from talking about their HIV status with sex partners or people with whom they share needles. Fear of rejection and worries about confidentiality also prevent many from getting tested for HIV. This means they may spread HIV to others without knowing it.

**Coping with AIDS Stigma**

The first step might be to seek support from people who understand the issues. Either local HIV/AIDS support groups, or a psychologist, psychiatrist, or clinical social worker.

**Discovery & diagnosis**

In 1981, homosexual men with symptoms of a disease that now are considered typical of the acquired immunodeficiency syndrome (AIDS) were first described in Los Angeles and New York. The men had an unusual type of lung infection (pneumonia) called *Pneumocystis carinii* (now known as *Pneumocystis jiroveci*) pneumonia (PCP) and rare skin tumors called Kaposi's sarcomas. The patients were noted to have a severe reduction in a type of cell in the blood that is an important part of the immune system, called CD4 cells.

These cells, often referred to as CD4 T cells, help the body fight infections. Shortly thereafter, this disease was recognized throughout the United States, Western Europe, and Africa. In 1983, researchers in the United States and France described the virus that causes AIDS, now known as the human immunodeficiency virus (HIV) and belonging to the group of viruses called retroviruses. In 1985, a blood test became available that measures antibodies to HIV that are the body's immune response to the HIV.

This blood test remains the best method for diagnosing HIV infection. Recently, tests have become available to look for these same antibodies in blood and saliva, some providing results within 20 minutes of testing.

**Transmission**

HIV is present to variable degrees in the blood and genital secretions of virtually all individuals infected with HIV, regardless of whether or not they have symptoms. The spread of HIV can occur when these secretions come in contact with tissues such as those lining the vagina, anal area, mouth, or eyes (the mucus membranes), or with a break in the skin, such as from a cut or puncture by a needle.

The most common ways in which HIV is spreading throughout the world include sexual contact, sharing needles, and by transmission from infected mothers to their newborns during pregnancy, labor (the delivery process), or breastfeeding. (See the section below on treatment during pregnancy for a discussion on reducing the risk of transmission to the newborn.)

Sexual transmission of HIV has been described from men to men, men to women, women to men, and women to women through vaginal, anal, and oral sex. The best way to avoid sexual transmission is abstinence from sex until it is certain that both partners in a monogamous relationship are

*Continued on page 52*

## FEATURED ARTICLES

# African Women are more Vulnerable to HIV/Aids

By Dr. David Tigawalana

Sunday Monitor

19 September 2010

### In Summary

#### Risk of HIV during unprotected sex

- The risk of HIV transmission during sex is greatest for anal sex, followed by vaginal sex and least for oral sex.
- The risk of HIV transmission from a man to a woman is two to three times greater than transmission from a woman to a man.
- Biological factors and HIV in women
- The female genital tract has a larger exposed area.
- Semen has higher viral load than vaginal fluids.
- Semen stays longer in the female genital tract after sex.
- The genital tract of young girls is immature and more prone to HIV.
- Sexually transmitted infections, which increase the chances of HIV transmission and acquisition of HIV go unnoticed in women.
- Women in some African cultures use herbs to tighten the vagina to remedy "dry sex" which causes tears in the genital tract during sex.
- Forced or coerced sex increases chances of HIV transmission.

Whereas Africa has 10 per cent of the world's population, about 70 per cent of HIV infections are found in Africa. Out of the 33 m people who were living with HIV in 2008, 22 were in Africa, with the hardest hit in Sub – Saharan Africa.

#### Women more affected than men

There is increasing concern that Sub-Saharan Africa is the region where more women are infected by HIV than men. 60 per cent of people living with HIV infections

in Africa are women. On average about eight out of every 100 Ugandan women are infected with HIV compared to five out of 100 Ugandan men. Among young men and women aged 15 to 24 years, for every one man, four women are infected with HIV. And moreover, women are more subjected to HIV stigma and discrimination. Vulnerability of women and girls to HIV infections cannot be explained by biological factors alone but gender inequalities that exist in African society.

#### Women more vulnerable

In Africa, the HIV virus that causes Aids, is transmitted through two major routes. The first, which accounts for 80 per cent of the cases, is through unprotected sex between men and women. This is followed by HIV transmission from mother to child during pregnancy, labour and breastfeeding, which is responsible for about 20 per cent of the cases.

It has been scientifically proved that the risk of HIV transmission during sex is greatest for anal sex, followed by vaginal sex and least for oral sex. During vaginal sex, which is commonly practiced in Africa, the chance of HIV transmission from a man to a woman is two to three times greater than transmission from a woman to a man. This is due to the biological make up of the female genital tract.

The female genital tract is made up of a larger exposed area. Semen has higher viral load than vaginal fluids and the semen stays longer in the female genital tract after acts of sex which increases the chances of HIV transmission. It has also been proved that the genital tract of young girls is immature and more prone to invasion by HIV.

Sexually transmitted infections, which increase the chances of HIV transmission and acquisition of HIV, can occur in women without being recognised. This

*Continued on page 51*

**Continued from page 50 – African Women are more Venerable to HIV/AIDS**

Increases the chances of HIV transmission and acquisition by women. Furthermore, women in some African cultures use herbs to tighten the vagina to remedy what they call “dry sex” which causes tears in the genital tract during sex and makes women more likely to transmit or acquire HIV. Lastly forced or coerced sex, which is common but rarely reported by women, increases the chances of HIV transmission.

**The roles of gender in HIV/Aids**

Gender refers to differences in social roles and relations between men and women. Gender roles are learned through socialisation and vary widely amongst cultures. Gender roles are also affected by age, class, race, ethnicity and religion, as well as geographical, economic and political environments. The gender dimensions that are relevant to HIV and Aids include economic, legal, cultural, religious, political and sexual status of women. Some of the gender inequalities do not only increase vulnerability of women to HIV and Aids but also become factors that fuel the spread of the epidemic.

There is a multitude of socio-cultural factors that increase vulnerability of women to HIV and Aids. The subordination of African women creates vulnerability to HIV infection through economic dependency, lack of assets, and lack of protection against abuse and exploitation. Most women in African societies are subjected to discrimination right from their youth and denied access to education and gainful employment. Women end up being engaged in subsistence farming or low paying jobs. Economic pressures lead women to engage in vices like sex work and transactional sex. In urban settings, cohabitation and temporary sexual relationships are common because women need support for items like house rent and feeding.

Also, social construction of masculinity and femininity renders women powerless to demand for their rights, including not questioning infidelity of their husbands. The patriarchal system in Africa affects women directly by legitimisation of male dominance.

**Effects of culture**

In many African cultures there is tolerance for multiple sexual partnerships, including extra-marital sex by men. Marriage and monogamous relationships do not protect women. Ironically, an unmarried woman will be more protected than a married one because of the unfaithfulness of men. There are common sayings such as, “Aids can meet you in the bedroom,” “In polygamous societies, a man can have many sexual partners but a woman has to be faithful to one,” “A woman who has been paid a bride-price for is even more vulnerable to HIV”.

Intergeneration sex is common in Africa. Young girls have sex with older men (sugar daddies), for money, gifts or status. Even culturally, women are found to marry men who are much older than them and more sexually experienced, thus exposing them to the risks of HIV. There is a danger of young women seeking sexual satisfaction outside marriage, thus exposing them to risks of HIV.

Sexual violence is also common, including rape and defilement. In some instances men who are infected with HIV believe that a virgin can “cleanse” them of HIV. A number of young girls have reported forceful initiation into sex by older sexual partners. Sexual violence can also occur at work places, even among educated women, during job hiring, promotion and to avoid dismissal. Fear of violence leads to acceptance of sex and lack of protection. Orphans and domestic workers are also sexually abused.

**Way forward**

Women in Africa need protection and this can be done by addressing gender inequalities. Women need a fair share of treatment. We need to address the root cause of HIV transmission, protect the rights of girls and women and target activities that improve the status of girls and women by providing training, life skills and access to work. Education opportunities should be provided to girls to create awareness and increase HIV prevention methods, delay and have choice in marriage, improve the status of women in society and achievement of autonomy. Poverty among women should be addressed through including women in poverty eradication programmes. Lastly, governments should institute legislation to protect women’s rights, access to resources, fair allocation of treatment, address violence and abuse against women, enforce legislation against Female Genital Mutilation and other actions to address the low status of women.

<http://www.monitor.co.ug/News/Insight/-/688338/1013402/-/qj6h8h/-/index.html>



**Uganda**

*The number of new HIV/Aids infections has increased in the last 8 months by 50,000 reported cases.*

*National prevalence of the disease has stagnated between 6 and 6.3 percent; the new figure is nearly half the 110,000 cases captured last year.*

*New infections are mainly coming from married couples, sex workers, fishing communities and long-distance truck drivers.*

*Most affected group falls under the age bracket of 25-49 years and women are the most affected standing at 7.6 per cent.*



***Continued from page 49– Nigeria: HIV/Aids - If You're Not Infected, You're Affected***

not HIV\_infected. Because the HIV antibody test can take up to six months to turn positive after infection occurs, both partners would need to test negative six months after their last potential exposure to HIV.

If abstinence is out of the question, the next best method is the use of latex barriers. This involves placing a condom on the penis as soon as an erection is achieved in order to avoid exposure to pre\_ejaculatory and ejaculatory fluids that contain infectious HIV.

The spread of HIV by exposure to infected blood usually results from sharing needles, as in those used for illicit drugs. HIV also can be spread by sharing needles for anabolic steroids to increase muscle, tattooing, and body piercing. Currently, however, because blood is tested for both antibodies to HIV and the actual virus before transfusion, the risk of acquiring HIV from a blood transfusion in Nigeria is reducing but still considered significant.

There is little evidence that HIV can be transferred by casual exposure, as might occur in a household setting. For example, unless there are open sores or blood in the mouth, kissing is generally considered not to be a risk factor for transmitting HIV. This is because saliva, in contrast to genital secretions, has been shown to contain very little HIV.

Still, theoretical risks are associated with the sharing of toothbrushes and shaving razors because they can cause bleeding, and blood can contain large amounts of HIV. Consequently, these items should not be shared with infected people. Similarly, without sexual exposure or direct contact with blood, there is little if any risk of HIV contagion in the workplace or classroom.

**Treatment**

The treatment that is making this era so much more hopeful is called highly active antiretroviral therapy, or HAART. HAART is a potent combination of at least three active antiretroviral medications (ARVs). HAART is popularly called the "AIDS cocktail" because of its mix of drugs.

The goal of AIDS cocktails today is to reduce the virus in the blood (viral load) so it is no longer detected. Though AIDS cocktails aren't a cure, they are a very effective treatment. They can delay progression to AIDS, help rebuild and maintain the immune system, and reduce complications.

Today HIV medications are available with fewer short-and long-term side effects. And taking more than one drug helps prevent drug resistance. This means the drugs will keep working longer because they continue to be effective

against HIV. Patients who were previously considered untreatable because of multi-drug resistance have become treatable. That's because people have not developed resistance to drugs in the new classes, and the drugs are stronger in overcoming resistance.

**HIV & AIDS Facts**

More Nigerian adults than ever before report getting at least one HIV test -- but at least 95 per cent don't know for sure whether they carry the AIDS virus. Over 40 percent suspected to be most at risk of HIV infection have never been tested.

**According to a new CDC report:**

Nearly one in three people who test positive for HIV have waited too late: They already have AIDS.

Blacks get more than half of new HIV infections in the U.S., yet only 60 per cent have ever been tested.

- Men who have sex with men make up more than 55 per cent of people with HIV, yet only 40 per cent of these at-risk men were tested in the past year.
- People who know they have HIV are less likely to transmit the virus than are people who are infected but don't know it.
- Taken before AIDS develops, HIV drugs prolong life and health.
- People being treated for their HIV infection are less likely to transmit the virus to others.
- Most HIV infections come from people who don't know they carry the virus.
- Virtually all AIDS cases are preventable, either by preventing infection or by early treatment

In 2006, the CDC recommended that all Americans get routine HIV tests. Those at high risk of infection should get tested at least once a year, if not more often.

**HIV & AIDS: Myth vs Reality**

**Myth:** HIV or AIDS can be cured

**Reality:** To date, there is no cure for HIV or AIDS and there are no vaccines to prevent HIV infection.

**Myth:** HIV/AIDS is a gay disease.

**Reality:** Anyone can be susceptible to HIV/AIDS, regardless of their sexual orientation. Everyone is at risk of getting HIV from blood-to-blood contact, sharing needles or unsafe sex. Worldwide, HIV is spread most often through heterosexual contact.

**Myth:** You can get HIV from breathing the air around

*Continued on page 53*

**Continued from page 52 – Nigeria: HIV/Aids - If You're Not Infected, You're Affected**

an HIV-infected person or from hugging or holding hands with an HIV-infected person.

**Reality:** HIV cannot be transmitted through...

- toilet seats or door-knob handles.
- touching, hugging, holding hands, or cheek kissing with an HIV-infected person.
- sharing eating utensils with an HIV-infected person.
- mosquito bites.

HIV is transmitted through contact with an HIV-positive person's infected body fluids, such as semen, pre-ejaculate fluid, vaginal fluids, blood, or breast milk. HIV can also be transmitted through needles contaminated with HIV-infected blood, including needles used for injecting drugs, tattooing or body piercing.

**Myth:** I can get HIV by sharing exercise equipment or playing sports with an HIV-positive person.

**Reality:** Contact with sweat or tears has never been shown to result in transmission of HIV.

**Myth:** You can get HIV by kissing an HIV-infected person.

**Reality:** Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the theoretical potential for contact with blood during "French" or open-mouthed kissing, the CDC recommends against engaging in this activity with an infected person. However, no cases of AIDS have been attributed to any kind of kissing.

**Myth:** You cannot get HIV if you are using birth control methods like diaphragms, cervical caps, sponges, spermicides, DepoProvera, Norplant, or the Pill.

**Reality:** These birth control methods do not prevent the transmission of sexually transmitted diseases (STD) such as HIV. They only aim to prevent pregnancy.

The surest way to prevent both pregnancy and an STD is through abstinence. One way people who are sexually active may prevent pregnancy and STD infection is to use a condom in combination with another form of birth control, such as a diaphragm, cervical cap, sponge, spermicide, DepoProvera, Norplant, or the Pill.

Birth control products containing the spermicide non-

oxynol-9 (found in most contraceptive creams, gels, suppositories, foams, films and sponges) help to prevent pregnancy but may increase the risk of HIV.

**Myth:** I can't have more than one sexually transmitted disease (STD) at a time.

**Reality:** A person can be infected with more than one STD. A person with an untreated STD may also be six-10 times more likely to pass on or acquire HIV during sex. Risk for infection increases 10 to 300-fold in the presence of a genital ulcer, such as occurs in syphilis or genital herpes.

**Myth:** There is no such thing as safer sex.

**Reality:** Safer sex is sexual activity without penetration, or sex with a latex condom or a latex barrier (in the case of oral sex). Although safer sex can substantially reduce the sexual transmission of an STD like HIV, sexual abstinence is the surest way to prevent the sexual transmission of an STD, including HIV.

**Myth:** Since I only have oral sex, I'm not at risk for HIV/AIDS.

**Reality:** You can get HIV by having oral sex with a man or a woman. That is why it is important to use a latex barrier during oral, vaginal, or anal sex.

**Myth:** I would know if a loved one or I had HIV.

**Reality:** A person with HIV may not show any symptoms for up to 10 years. Since HIV affects each person differently, many people with HIV can look and feel healthy for years. The only sure way to know is to get tested.

**Myth:** Getting tested for HIV is pointless.

**Reality:** Knowing if you are HIV-positive will allow you to seek early treatment that can help you stay healthy longer and enable you not to pass on the virus to someone else. Regardless of your HIV status, you can learn how to prevent further infection from HIV and other STDs through counseling offered at many HIV testing centers.

**Myth:** When you're on HIV therapy you can't transmit the virus to anyone else.

**Reality:** Antiretroviral drugs don't keep you from passing the virus to others. Therapy can keep the viral load down to undetectable levels, but HIV is still present in the body and can still be transmitted to others.

**AIDS Timeline**

AIDS has killed more than 25 million people since 1981. That's half as many deaths as in World War II. And it's not over. 4.4 million Nigerians are among the 33 million

*Continued on page 54*

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***Continued from page 53 - Nigeria: HIV/Aids - If You're Not Infected, You're Affected***

people now living with HIV, the virus that causes AIDS.

**How did we get here?**

**1981:** First cases recognised

**1983:** Heterosexual spread of AIDS in Africa is confirmed. Public apprehension grows. False rumors of "household spread" abound. Landlords are reported to evict AIDS patients.

**1983:** Pasteur Institute researchers Luc Montagnier and Françoise Barre-Sinoussi isolate a virus from the swollen lymph gland of an AIDS patient. They called it lymphadenopathy-associated virus.

**1984:** National Cancer Institute (NCI) researcher Robert Gallo reports isolation of an AIDS virus he calls HTLV-III. Later, it turns out to be LAV from a sample sent by the Montagnier lab - but not before HHS Secretary Margaret Heckler gives Gallo full credit.

**1985:** First International AIDS Conference is held in Atlanta.

**1986:** Everybody agrees to call the AIDS virus HIV: human immunodeficiency virus. First case of AIDS is reported in Nigeria.

**1989:** Scientists find that even before AIDS symptoms develop, HIV replicates wildly in the blood. The goal of treatment shifts to keeping HIV at low levels.

**1991\_1992:** The red ribbon is introduced as a symbol of AIDS solidarity. FDA licenses the first rapid HIV test

**1993:** CDC launches condom ads on TV

**1996\_1997:** A treatment breakthrough: The AIDS drug cocktail \_\_ highly active antiretroviral therapy or HAART \_\_ can cut HIV viral load to undetectable levels. Hope surges when AIDS researcher David Ho suggests treatment could eliminate HIV from the body.

**1998\_2000:** FDA approves new classes of drugs that make HIV treatment safer, easier, and more effective. But the drugs still do not cure AIDS.

**2001\_2002:** UN Secretary General Kofi Annan proposes the Global Fund for AIDS to extend AIDS treatment \_\_ still totally unavailable to the vast majority of people living with AIDS. Only 1 percent of the 4.1 million sub-Saharan Africans with HIV receive anti\_HIV drugs. AIDS becomes the leading cause of death worldwide for people aged 15 to 59.

**2003\_2005:** President Bush announces the \$15 billion

President's Emergency Plan for AIDS Relief PEPFAR). The prevention portion of the plan is criticized for overemphasis on abstinence. But the plan provides much needed AIDS treatment funds to 15 nations.

**2006\_2007:** HIV treatment is shown to extend life by 24 years, at a cost of \$618,900. UNAIDS recommends adult circumcision after it's found to halve AIDS transmission from women to men in regions of high prevalence

**2008:** Luc Montagnier and Françoise Barre\_Sinoussi awarded Nobel Prize in medicine for discovery of HIV. Of the 33 million people now living with HIV, 3 million are getting treatment - less than a third of those who need immediate treatment. Yet for the first time, global AIDS deaths decline.

**2009:** UNAIDS calculates that the global spread of AIDS peaked in 1996 at 3.5 million new infections. More than half of those who need treatment don't get it.

<http://allafrica.com/stories/201012070525.html>



## **Hepatitis Delta Found in 15% of HIV/HBV Coinfected People, Increases Risk of Death**

September 2, 2011

Approximately 15% of people with HIV who test positive for hepatitis B surface antigen (HBsAg) also carry hepatitis delta virus (HDV), a defective virus that can only replicate in the presence of hepatitis B virus (HBV) but can lead to more severe liver damage, according to a recent European study.

As described in the [August 19, 2011, advance online edition of AIDS](#), Vincent Soriano and fellow investigators with the EuroSIDA study aimed to learn more about the prevalence, epidemiology, virological profile, and natural history of hepatitis delta in HIV positive people.

HDV is a blood-borne virus like HBV and HIV, suggesting that injection users infected via shared syringes or other injection equipment might be at high risk of having HDV as well.

Out of more than 16,000 HIV positive individuals enrolled in the EuroSIDA cohort, the investigators identified 1319 (7.9%) who had ever tested positive for HBsAg, indicating exposure. The body often clears

*Continued on page 55*

**Continued from page 54 – Hepatitis Delta Found in 15% of HIV/HBV Coinfected People**

HBV on its own without treatment, so many HBsAg positive people do not have current active hepatitis B.

During the latest follow-up visit, 1084 participants (6.5%) were currently HBsAg positive. The HDV sub-study included 422 of these patients who had available stored blood samples. The researchers tested samples for HDV using a commercial enzyme immunoassay and measured HDV RNA viral load using real-time PCR.

**Results**

- 61 out of the 422 tested HIV/HBsAg positive patients also carried HDV antibodies, a prevalence of 14.5%.
- HDV was primarily seen among injection drug users, who are concentrated in Southern and Eastern Europe:
  - Russia and Eastern Europe: HDV prevalence 25%;
  - Southern Europe including Italy and Spain: 21%;
  - Central Europe, including France and Southern Germany: 11%;
  - Northern Europe, including the U.K., Scandinavia, and Northern Germany.
- 87.0% of participants who tested positive for HDV antibodies had detectable HDV RNA -- indicating active viral replication -- with a median viral load of  $1.76 \times 10^7$  copies/mL.
- Overall, people triply infected with HDV had lower serum HBV DNA viral load than HBsAg positive people without hepatitis delta.
- This inhibitory effect of HDV on HBV replication was not seen, however, in people with HBV genotype D.
- HDV triple infection was not associated with more rapid progression to AIDS.
- HDV was, however, significantly associated with a higher risk of death due to liver-related causes and overall mortality.

The study authors concluded that most patients infected with HDV "exhibit detectable HDV viremia," and that "[v]iral interference between HBV and HDV is manifest in all but HBV genotype D carriers, in whom overt co-replication of both viruses occurs, which might result in enhanced liver damage."

"Treatment of chronic hepatitis delta is a huge challenge," they explained in their discussion. HDV replicates using a human polymerase enzyme, so nucleoside/nucleotide analog drugs designed to inhibit viral polymerases do not block HDV replication. Current recommended therapy is pegylated interferon-alfa (Pegasys or PegIntron) for at least 12 months. Some studies suggest that the most potent nucleoside/nucleotide analogs, such as tenofovir (Viread), may be beneficial for a subset of hepatitis delta patients, though this has mainly been limited to people with HBV genotype A or hepatitis B "e" antigen (HBeAg).

"Most guidelines recommend that all HBsAg [positive] patients should be tested for anti-HDV antibodies," the researchers wrote. "Given that a fraction of HDV-seropositive individuals may not actively replicate the virus, serum HDV RNA should be measured and treatment be considered in patients with detectable viremia, given that chronic hepatitis delta is associated with a high risk of cirrhosis in HIV-infected patients...Failure to exclude HDV infection in HBsAg carriers may result in an unexpected worse outcome and trigger unnecessary search for other etiologies of liver disease."

**Reference**

V Soriano, D Grint, A d'Arminio Monforte, et al. Hepatitis delta in HIV-infected individuals in Europe. *AIDS* ([abstract](#)). August 19, 2011 (Epub ahead of print).

[http://hivandhepatitis.com/hepatitis-b/hepatitis-b-topics/hbv-disease-progression/371\\_194-hepatitis-delta-hdv-hepatitis-delta-hdv/3210-hepatitis-delta-%20found-in-15-of-hivhbv-coinfected-people-increases-risk-of-death](http://hivandhepatitis.com/hepatitis-b/hepatitis-b-topics/hbv-disease-progression/371_194-hepatitis-delta-hdv-hepatitis-delta-hdv/3210-hepatitis-delta-%20found-in-15-of-hivhbv-coinfected-people-increases-risk-of-death)



## Lifetime Blood Donation Ban Lifted for Men Who Have Had Sex with Men

September 8, 2011 -- The lifetime ban on blood donation by men who have had sex with men is to be lifted following an evidence-based review by the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO).

The recommendation, which has been accepted by the health ministers in England, Scotland and Wales, means men whose last sexual contact with another man was more than 12 months ago will be able to donate, if they meet the other donor selection criteria. Men who have had anal or oral sex with another man in the past

*Continued on page 56*

***Continued from page 55 - Lifetime Blood Donation Ban Lifted for Men Who Have Had Sex with Men***

12 months, with or without a condom, will still not be eligible to donate blood.

The change will be implemented by NHS Blood and Transplant (NHSBT) in England and North Wales on Monday 7 November and by the Blood Services of Scotland and Wales on the same date.

The Advisory Committee, comprised of leading experts in the field, joined by patient groups and key stakeholders, carried out a rigorous review of the latest available evidence including:

- the risk of infection being transmitted in blood;
- attitudes to compliance with the donor selection criteria; and
- improvements in testing of donated blood.

The Committee found the evidence no longer supported the permanent exclusion of men who have had sex with men.

The change means the criteria for men who have had sex with men will be in line with other groups who are deferred from giving blood for 12 months due to infection risks associated with sexual behaviours.

**Public Health Minister Anne Milton said:**

“Blood donations are a lifeline, and many of us would not have loved ones with us today if it was not for the selfless act of others.

“Our blood service is carefully managed to maintain a safe and sufficient supply of blood for transfusions. Appropriate checks based on robust science must be in place to maintain this safety record and the Committee’s recommendation reflects this. It is important that people comply with all donor selection criteria, which are in place to protect the health of both donors and transfusion recipients.”

**Professor Deirdre Kelly from the Advisory Committee on the Safety of Blood, Tissues and Organs said:**

“Around two million individuals generously donate blood every year in the UK to save patients’ lives. The SaBTO review examined the best available scientific evidence for UK blood donor selection in relation to sexual behaviours. Our recommendation takes account of new data that have become available since the last review in 2006, as well as scientific and technological advances in the testing of blood.

“Adherence to the donor selection criteria is vital to

maintain the safety of the blood supply, and donors need to be assured that the criteria are evidence-based. We are confident that this change maintains the safety of the blood supply.”

**Dr Lorna Williamson, NHS Blood and Transplant’s Medical and Research Director said:**

“NHS Blood and Transplant’s priority as a blood service is to provide a safe and sufficient supply of blood for patients. We welcome this review and its conclusions. It gives us an opportunity to broaden our donor acceptance on the basis of the latest scientific evidence.

“It is essential that our donor selection rules are based on good evidence to maintain their credibility with donors, and this change gives us an updated policy that is proportionate to the current risk.

“The SaBTO review concluded that the safety of the blood supply would not be affected by the change and we would like to reassure patients receiving transfusions that the blood supply is as safe as it reasonably can be and amongst the safest in the world. There has been no documented transmission of a blood-borne virus in the UK since 2005, with no HIV transmission since 2002.”

**Sir Nick Partridge, Chief Executive of Terrence Higgins Trust (THT), said:**

“We welcome this decision, which is based on strong new evidence that all the experts are agreed on. These regulations will ensure the safety of the blood supply for all of us while also being fair and equal in their application. We can now detect blood-borne viruses earlier and have more understanding of them, and the change reflects that.

“The remaining deferral regulation for sexually active gay men is based on their heightened risk, as a group, of sexually acquired blood-borne viruses. Changing that depends on reducing gay men’s risk of HIV and other STIs to the same level as the rest of the population, and re-emphasising the vital importance of safer sex as far too many gay men still become infected with HIV each year. We will continue to campaign to improve gay men’s sexual health to a level where the regulations can be the same for all, regardless of sexuality.”

**Coordinator of the UK Thalassaemia Society Elaine Miller said:**

“Together with my colleague Dr Asa’ah Nkohkwo of the Sickle Cell Society, we have been members of the Blood Donor Selection Steering Group throughout the review of blood donor selection criteria related to sexual behaviour. We are completely satisfied that patient safety has been

*Continued on page 57*

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**Continued from page 56 - Lifetime Blood Donation Ban Lifted for Men Who Have Had Sex with Men**

regarded as paramount throughout the review process. Patients should therefore be reassured that their safety will not be compromised by this change.

“We are fortunate enough to have an excellent system of blood donation in the UK which depends on the generosity and good faith of individual donors. Our members lives depend on this generosity and good faith and we are thankful to all those who come forward to donate blood.”

SaBTO considered the evidence for the current deferral of commercial sex workers (other than those with a history of intravenous drug use) at the same time, but concluded that additional data were needed before it could consider recommending a change.

**Reference**

*SaBTO, Blood Donor Selection Steering Group. Donor selection criteria review September 8, 2011. ([http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_129909.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_129909.pdf)).*

*UK Department of Health. Lifetime Blood Donation Ban Lifted for Men Who Have Had Sex with men. Press release. September 8, 2011.*

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## **Zambia: Homosexuality in Society - Defective Counterfeit**

**By Paul Kawimbe**

26 October 2010  
Opinion

In writing this personal view point, I have no intentions to disparage anyone. I am not moved by personal vendetta against any individual but simply compelled by sense of duty for our Nation Zambia to preserve natural law which the proponents of homosexuality engender to violate.

In Zambia, every morally upright individual or society has a vested interest in prohibiting behavior that endangers the health or safety of the community.

It's against this background that practices like, homosexual liaisons have historically been forbidden by law.

Natural law's most elementary principle is that "good is to be done and pursued, and evil is to be avoided."

By his or her natural reason, humankind can identify what is morally good or bad for him or her. Thus, he or she can know the end or purpose of each of his or her acts and how it is morally wrong to transform the means that help such a one to accomplish an act into the act's purpose.

Being rooted in human nature, natural law is universal and immutable. It applies to the entire humanity. Therefore any Nation or Situation which institutionalises the circumvention of the purpose of the sexual act violates natural law and the objective norm of morality.

It goes to say legal recognition of homosexuals would necessarily obscure certain basic moral values, devalue traditional marriage, and weaken public morality.

If homosexuality is accepted as the sexual "freedom," what logical arguments can we use to stop acts of incest, pedophilia, bestiality, and other forms of unnatural behaviour?

In the 1960s, society was pressured to accept all kinds of immoral sexual relationships between men and women. Today we are seeing a new sexual revolution where society is being asked to accept homosexuality and same-sex "marriage."

Romans 1:26 and 27 records human immorality:

"Because of this, God gave them over to shameful lusts. Even their women exchanged natural relations "heterosexual" to the unnatural ones "homosexual". In the same way the men also abandoned natural relations with women and were inflamed with lust for one another.

Men committed indecent acts with other men, and received in themselves the due penalty for their perversion".

**Dangers of Institutionalising Homosexuality**

The best scientific evidence suggests that putting society's stamp of approval on homosexuality would harm society in general and homosexuals in particular.

A large body of scientific evidence suggests that homosexual marriage is a defective counterfeit of traditional marriage and that it poses a clear and present danger to the health of the community.

Meanwhile, traditional marriage improves the health of

*Continued on page 58*

***Continued from page 57 – Zambia: Homosexuality in Society - Defective Counterfeit***

its participants, it has the lowest rate of domestic violence, it prolongs life and is the best context in which to raise children- a law and tradition the Zambian Government has sustained jealously.

Homosexual behavior is linked with higher rates of promiscuity, physical disease, mental illness, substance abuse, child sexual abuse, domestic violence and all things that impact society negatively. It is a lethal force that tears down and harms society.

In areas where homosexuality has become acceptable (The Netherlands and areas of Scandinavia, for example), the fundamental building block of society, which is the family has fallen apart in some of these areas.

How would the legalisation of homosexual harm current and future generations? The answer at first glance is that it wouldn't, at least not in individual cases in the short run. But what about the longer run for everyone?

It is a superficial kind of individualism that does not recognise the power of emerging social trends that often start with only a few individuals bucking conventional patterns of behaviour.

Negative social trends start with only a few aberrations. Gradually, however, social sanctions weaken and individual aberrations become a torrent.

But even so, why would a new social trend of gays marrying have negative effects? I believe that, there are compelling reasons why the institutionalisation of homosexuality should not be espoused or condoned; it would be bad for marriage, children, and would erode society natural values instituted by God.

The first casualty of the acceptance of homosexuality would be the very definition of marriage itself.

For thousands of years in every society, marriage has meant the life-long union of a man and a woman. Such a statement about marriage is what philosophers call an analytic proposition.

The concept of marriage necessarily includes the idea of a man and woman committing themselves to each other. Any other arrangement contradicts the basic definition of "natural law".

Andrew Sullivan, the most eloquent proponent of gay marriage, wrote in his 1996 book, *Virtually Normal*.

*"There is more likely to be a greater understanding of the need for extramarital outlets between two men than between a man and a woman. Something of the gay*

*relationship's necessary honesty, its flexibility, and its equality could undoubtedly help strengthen and inform many heterosexual bonds."*

By implication the homosexuals desire variety in their sex partners.

According to Oxford University's International Journal of Epidemiology report: "Life expectancy at age 20 for gay and bisexual men is 8 to 20 year less than for all men. If the same pattern of mortality continues, we estimate that nearly half of gay and bisexual men currently aged 20 will not reach their 65th birthday".

The Centres for Disease Control and Prevention (CDC) report that men who engage in homosexual behavior are 86% more likely to contract a sexually transmitted diseases (STD) increasing up to 50% their risk of contracting HIV/AIDS.

Men who have intercourse with men have large numbers of anonymous partners which result in rapid, extensive transmission of STDs, the CDC warns.

Another CDC study confirms that young bisexual men are a bridge for HIV transmission to women. "If we might look back to the 1980s, and wonder how AIDS, which had first been known predominantly as a gay cancer," was spread to general population, we will find the culprit: the misguided behaviors exhibited by bisexuals.

A modicum of self-restraint and repression of such attitudes would certainly have mitigated the proliferation of this disease.

Homosexual marriage is nowhere close to any good, while traditional marriage delivers benefits to its participants as well as to society. To be clear-cut, homosexuality badly harms everyone it touches, especially the gay themselves.

Not only does it place homosexuals at increased risk for HIV and other sexually transmitted diseases, but it also subjects them to an increased threat of domestic violence and early death - vices the Government is trying hard to fight.

Unlike traditional marriages, homosexual unions are not built around lifetime commitments, nor are they good environments to raise children. The physical harms of homosexuality however are not the extent of its damage. Even more fundamentally, homosexuality causes devastation in an individual's moral life.

Homosexuality is not an orientation that is somehow inherently pre-determined, but a practice just like drunkenness that those engaging in it undertake of their

*Continued on page 59*

own free will.

In every variant thereof it is a practice volitionally chosen by the individuals engaging in it, and is harmful to its practitioners both physically and morally.

With the help of our Lord Jesus Christ, who speaks good life eternal for mankind, Zambia will NEVER bend towards such distractive practices.

*The author is bishop of the Methodist Episcopal Church, 17th Episcopal District.*

<http://allafrica.com/stories/201010260639.html>



## Uganda: Gay Community Cautious After Bill Thrown Out

By Arne Doornebal

24 August 2011

The Ugandan cabinet has rejected the proposed 'anti-homosexuality bill' which would make homosexuality punishable by death in some cases. But the gay community fears the saga is not over yet.

"Yes it is true. The cabinet is totally against this bill," Minister for Local Government Adolf Mwesige told RNW late on Tuesday by telephone.

According to Mwesige the 'anti-homosexuality bill' which has been pending for almost two years now is not necessary. "The current laws in place are enough to protect the country against homosexuality," he added.

"We can't say it is totally over," responds Long Jones, one of the country's most prominent gay activists. "I think this battle will only end once the Members of Parliament throw it out," he says.

The anti-homosexuality bill was introduced by Member of Parliament, David Bahati, in October 2009. Under Bahati's proposed bill, 'serial offenders' of homosexuality would be punishable by death. It would also mean that people who fail to report homosexuals to the police could face time in prison.

The draft bill attracted massive attention worldwide, with countries threatening to cut aid if the bill went through. Bahati yesterday reacted to the cabinet's decision by saying that the law is the 'property of parliament' and he would therefore continue to pursue it.

### Premature celebrations

Sam is involved in the 'queer youth Uganda' activists. He laughs when asked whether he is happy with the cabinet's decision.

"I remember how we celebrated earlier this year. It was the last day of the previous parliament, so we thought the bill would never become a reality once the new parliament took over after the elections. But the first thing the new parliament did was say that even laws which were still pending would be considered."

Public opinion polls suggest that as much as 90 percent of the Ugandan population opposes homosexuality. In March this year, gay activist David Kato Kisule was beaten to death in his home. According to the Ugandan police, the murder was not linked to his activism, despite the fact that two months earlier his photograph had been published by a Ugandan newspaper under the title 'hang them.'

### Museveni decides

Bahati is supported by several Members of Parliament who have told the media that they will pursue the bill, regardless of the cabinet's stance on the matter. Both Bahati and many of his supporters as Adolf Mwesige belong to the ruling party, the NRM, which has an absolute majority in parliament.

The last word on the fate of Bahati's bill will ultimately rest with the NRM's leader, President Yoweri Museveni. His signature is required before the passing of any new laws.

President Museveni has repeatedly told party members to 'go slow' on the anti-homosexuality bill, saying the country has more pressing matters to deal with than what people do in the bedroom.

<http://allafrica.com/stories/201108241098.html>



### Continued from page 3 – Gays: Guardians of the Gates

establishment that is looking at a gay person as a disempowered person, a person who has lost his job from birth onward, and now society just wants to fire him out of life. This is not justice. It's not justice. It is a terrible harm done to an energy that could save the world that could save us. If, today, we are suffering from a gradual ecological waste, this is simply because the gatekeepers have been fired from their job. They have been fired! They have nothing to do! And because they have been fired, we accuse them for not doing anything. This is not fair!

*Continued on page 60*

Let us look at the earth differently, and we will find out gradually that these people that are bothering us today are going to start taking their posts. They know what their job is. You just have to get near them, to feel that they don't vibrate the same way. They are not of this world. They come from the Otherworld, and they were sent here to keep the gates open to the Otherworld, because if the gates are shut, this is when the earth, Mother Earth, will shake -- because it has no more reason to be alive, it will shake itself, and we will be in deep trouble.

**Bert:** Christianity has separated spirit from body and spirit from Earth. And earlier you talked to us about Christianity suppressing your culture. So there's a suggestion here that suppression of homosexuality would be the way for the Christians to shut down the gateways, shut down the spirit, and shut down our connection with the Earth.

**Malidoma:** Yes! That's right! Christianity stresses postponing living on earth, as if we are only here to pack up our baggage and prepare for a life somewhere else "out there." Jesus Christ is right here, man! And of course anyone else who knows more, who knows better, will be suppressed.

And you start with the gatekeepers. You take the gatekeeper and you confuse his mind. You threaten him and you throw him in the middle of nowhere. Then nobody knows where the gate is. As soon as you lose the whereabouts of the gate, then you have a culture going downhill. What keeps a village together is a handful of "gays and lesbians," as they call them in the modern world. In my village, lesbians are called witches, and gay men are known as the gatekeepers. These are the two only known secret societies. These are the only groups that will get together as a separate group and go out into the woods secretly to do whatever they do. And if they find you during their yearly symposium, they have the right to kill you.

Unless they go out on their yearly symposium, the village cannot be granted another year of life. They have to go out to do what they do, in order for the village to feel safe enough to live the way it has lived before. This is why, to me, we're playing with our lives.

**Bert:** So our culture may not be granted another year of life.

**Malidoma:** That's right! Every year it feels like the number of years that this culture is entitled to live is getting smaller. So God only knows how close to the

chasm this culture is. This constantly-reiterated discomfort and hatred for the gay person is again another indication that every year we might as well be prepared for the apocalyptic moment when the stars start to fall to the earth. You see, unless there is somebody who constantly monitors the mechanism that opens the door from this world to the Otherworld, what happens is that something can happen to one of the doors and it closes up. When all the doors are closed, this earth runs out of its own orbit and the solar system collapses into itself. And because this system is linked to other systems, they too start to fall into a whirlpool. And the cataclysm would be amazing!

Ask the Dogon, they will tell you that. The Dogon. They're a tribe that understands this so well, it's amazing, mind-boggling. And it is a tribe that knows astrology like no other tribe that I have encountered. And the great astrologers of the Dogon are gay. They are gay. There is a dull planet that, in its orbit, is directly above the Dogon village every 58 years. Who knows that, but the gay people.

I mean, I'm not just trying to make gay people look fine. This is the truth, man! I'm trying to save my ass!

Why is it that, everywhere else in the world, gay people are a blessing, and in the modern world they are a curse? It is self-evident. The modern world was built by Christianity. They have taken the gods out of the earth sent them to heaven, wherever that is. And everyone who aspires to the gods must then negotiate with Christianity, so that the real priests and priestesses are out of a job. This is the worst thing that can happen to a culture that calls itself modern.

**Bert:** That theme came up earlier with you and Martín, the Mayan shaman here, that if a modern society wants to shut down another culture they will go out and kill the keepers of the ritual.

**Malidoma:** Oh, yes! Because they know that this is where the life-pulse of the culture is. This is where the engine room of the tribe is. So if you go and bomb that place, then the whole mechanism shuts down. That's pretty much what's at work in the third world, and what has happened here with the Native American culture.

And the thing about it is that humans are going to be begetting gatekeepers, no matter what. This is the chance that we've got. So maybe that means that sooner or later we're going to wake up to the horror of our own errors, and we're going to reconsecrate our chosen people so that they can do their priestly work as they should. Otherwise, I just don't understand. I just don't understand. My position about it is not so much

## FEATURED ARTICLES

# The LOW DOWN on HIV/AIDS and “Living on the DOWN LOW”

By Qaraandin

<http://www.whattheproblemis.com>

Just when Black men and Black women are once again joining forces to defeat global white supremacy, our community is hit with another weapon of mass destruction: the myth that large numbers of Black women are being infected with HIV/AIDS by Black men who are “living on the down low.”

“Living on the down low” is a brand new name for an age-old practice. It is what we now call it when a man has sex with other men while keeping up the appearance of being “straight.” Such men date women, have sex with women, sometimes are married to women and have children. Although they have sex with men and women they do not consider themselves bisexual.

Almost everyday the corporate media has something new to report about “HIV - the virus that causes AIDS.” There are walks for the cure. There are sit-coms on the tell-lie-vision promoting getting tested. There are ads plastered on billboards. HIV/AIDS has become big business. Therefore, we can forget about anyone ever finding a “Cure.”

We “know” his-story of HIV/AIDS: In 1969 at a House Appropriations hearing Dr. Robert MacMahan of the Defense Department’s Biological Warfare division requested \$10 million to develop a new disease that would both resist and break down the human immune system. According to the fund request:

*“Within the next 5 to 10 years it would probably be possible to make a new infective micro-organism which could differ in certain important respects from any known disease-causing organisms. Most important of these is that it might be refractory to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious diseases.”*

The funds were approved and AIDS, which has the

exact characteristics specified, appeared within the requested time frame.

But it’s all a hoax. When you can use your mis-education system to create a population that knows nothing about the human body and how it works, you can tell folk anything and they will believe it. Especially when you are in control of all of their main information sources and can re-inforce their mis-education.

When you train folk not to think for themselves they will not visit web sites like [www.sickofdoctors.com](http://www.sickofdoctors.com) where they will learn that:

- HIV has never been properly isolated.
- There are over 60 different conditions, including pregnancy, that have been known to generate false positives on the HIV test.
- The criteria for HIV-positivity used in the antibody tests varies between countries and between organizations within a country and can produce indeterminate (neither positive or negative) results.
- HIV tests involve an arbitrary dilution factor, everyone tests positive (because of nonspecific antibody binding) if their serum is not diluted.
- The Elisa, Western Blot and PCR tests for HIV all carry disclaimers nullifying their detection of HIV.
- HIV antibody tests give repeated false positives and someone can test positive at one time and negative another.
- All the proteins used in the HIV test are associated with retroviral genes that are found naturally in all humans.

*Continued on page 62*

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*Continued from page 61 – The LOW DOWN on HIV/AIDS and “Living on the DOWN LOW”*

- Sperm deposited in the rectum can cause an immune system response.
- HIV positive patients “recover” after they stop taking drugs - both “legal” and “illegal”.
- Condoms (made from polyisoprene) have holes in them much larger than HIV
- Intravenous drug users who consistently used a clean needle exchange program were 10.2 to 22.9 times MORE likely to test HIV positive than drug users not in a clean needle exchange program.
- After many billions of dollars of research effort over 20 years, HIV scientists still cannot explain how HIV causes AIDS.

When you make sure folk do not know the truth about HIV/AIDS, you can create a new way to “catch” it. If that new way causes Black men and Black women to stop trusting each other - again, so much the better. When Black men and Black women are fighting between ourselves, global white supremacy wins because Black folk have to be united to win this war.

Black folk have to be careful not to let our attention wander. We are becoming more politically aware. We are studying our relationship to global white supremacy. We recognize the dynamics of the Black Holocaust. We say we understand clearly that the plan is to remove Black folk from the planet.

We must keep in mind what we know. The health care industry is an active part of the global white supremacy machine. We cannot rely on those who plan to annihilate us for information that concerns our health.

There are many folk in our community that we respect and look to for advice who do not take the time to research an issue before they spread the message put out by the mis-education system and the tell-lie-vision. Some of these people mean well. However, that does not change the fact that, because of mis-information, folk suffer and die when they don't have to.

All over the Black world the threat from HIV/AIDS is more psychological than physical. As stated in the document "CASTRO HLONGWANE, CARAVANS, CATS, GEESE, FOOT & MOUTH AND STATISTICS" which the leaders of South Africa's African National Congress circulate among themselves:

*“Given that our minds on this matter have become thoroughly clogged by the information*

*communicated by the omnipotent apparatus, a miracle will have to be achieved to get all our people to use their brains, rather than perish on emotional responses based on greatly heightened levels of fear.”*

***“The healing power of a person lies within the person, not within the doctor, a pill, or a knife. The healing power of a community lies within the community, not within a ballot box, an executive order, or a referendum.”***

*Sistah Qaraandin's work has appeared in several newspapers and magazines. Her highly acclaimed first book, “Maintaining Our Temples,” is a top seller. You can contact her at [pantherpawproductions@hotmail.com](mailto:pantherpawproductions@hotmail.com)*

[www.blackherbals.com/low\\_down\\_on\\_hiv.htm](http://www.blackherbals.com/low_down_on_hiv.htm)



## **Africa: New Light Shed on Male Sex Work**

June 20, 2011

IRIN

Johannesburg — Commercial sex work, dominated by a focus on women, could be redefined as new research launched today in Nairobi, Kenya, sheds light on the complicated HIV prevention needs of what may be Africa's most deeply underground group at high risk of HIV - male sex workers.

The report co-authored by the United Nations Development Programme (UNDP) and South Africa's Sex Workers Education and Advocacy Taskforce (SWEAT) seeks to better understand the social contexts, sexual practices and risks, including that of HIV, among these men.

The professional debut of many of the 70 male sex workers surveyed in Kenya, Namibia, South Africa, Uganda and Zimbabwe was often prompted by the family rejecting the men's sexual orientation; for others, it was a way to survive in a foreign country.

Men reported being at risk of HIV in many ways, including the unavailability of specialty health services, the premium clients placed on unprotected sex, violence and the lure of substance abuse. Although the work often placed them at risk of substance and physical abuse as well as HIV infection, the researchers found that it also provided the men with a sense of freedom and empowerment.

The report cautions that mitigating these risks may require specialised HIV prevention services unlike

*Continued on page 63*

those targeted at female commercial sex workers or men who have sex with men (MSM).

A series of interviews with male sex workers at a five-country workshop in Johannesburg, South Africa, and country visits to Kenya and Namibia has produced a significant addition to the paucity of data on male sex workers, according to Paul Boyce, a UNDP researcher.

While data on MSM from Malawi, Namibia and Botswana indicated that about 17 percent were HIV positive - almost twice the national prevalence rates of their respective countries - not much has been written on the specific HIV risks of male sex workers, which may be higher than those of MSM.

While male sex workers reported working at a range of venues, including Namibian truck stops and Zimbabwean mines, most of the available information on male sex work has come from those operating in the sex tourism hot spot of Mombasa, Kenya, with limited data from a 2009 study in South Africa that showed male sex workers were twice as likely to engage in anal sex than MSM who were not selling sex.

#### **Not necessarily the same old risks**

Unprotected receptive anal sex carries almost 20 times the HIV risk associated with unprotected vaginal sex.

Interviewees told researchers that the unavailability of water-based lubricant, which reduces the risk of condoms breaking during anal sex, and the higher financial reward of unprotected anal sex, made consistent condom use difficult.

Some clients forced unprotected intercourse on sex workers, while others admitted to practicing unsafe sex due to the disinhibition often brought about by the drug and alcohol abuse that is reportedly part of the social scene in sex work. Drugs and alcohol also helped the men mentally cope with the omnipresent risks of this lifestyle, including police harassment.

South African male sex workers said substance abuse - not HIV infection - was the greatest threat to their health. Those who tried to access health services for HIV testing and treatment, or the diagnosis of sexually transmitted infections (STIs), reported being ridiculed and stigmatized by health workers, even in countries like Kenya, where the Ministry of Health has introduced new guidelines on MSM and sex work, and health and HIV.

"[At the] government hospital, the nurses just [stand] in front of everyone and shout out loud to the people waiting for assistance: 'If you have HIV, go to room nine, TB

room 12, STD [sexually transmitted disease] room 8,'" said one man quoted in the report.

"Nurses often call each other when they find out about someone being a male sex worker, saying: 'We have never had such a case' or 'come look at what his type of STI, we have never had it at this hospital before.'"

According to Boyce, while there is a growing trend to provide MSM with targeted HIV prevention and health services, such as the Health4Men clinics set up in South Africa, there may be a need to establish separate, specialized services for male sex workers apart from these.

"There's not always a close collaboration between MSM and men who sell sex because [MSM] often stigmatize them, so they're not really natural bedfellows," Boyce told News. "Sex workers face specific issues... and male sex work can be more invisible and blurred within male-to-male sexualities and politics in ways that have not always helped to highlight the specific needs and issues of male sex workers."

Although SWEAT and the African Sex Workers Alliance (ASWA) have begun to address the issues of female sex workers in Africa, these organizations have largely ignored male sex workers. Yet Boyce noted that many male sex workers thought there was political power in being identified as a 'sex worker', because they believed it aligned them to these larger sex work organizations.

Male sex work can be more invisible and blurred within male-to-male sexualities and politics in ways that have not always helped to highlight the specific needs and issues of male sex workers.

#### **Risk and reward**

In recent years there has been a greater focus on the social power of vulnerable groups in the HIV response, including the role of women in initiating sexual relationships and the fact that for some, sex work was a career choice.

Similarly, the new research showed that while male sex work was fraught with risks, the men derived a sense of freedom and independence from the increased access to cash and the ability to set their own working hours. It also helped build their self-esteem, establish social networks, and understand their own sexuality.

"The report highlights ways in which risk and safety are not dichotomous in the lives of male sex workers, but rather the contexts of sex work are associated with both vulnerability and protection, rejection and belong-

*Continued on page 64*

ing, in complex ways," Boyce said. "This points to key issues that must be developed in future HIV prevention policy and counselling."

Aside from targeted HIV services, the report recommends that more research be conducted into the realities and HIV risks of male sex workers in Africa, and that larger sex work organizations such as ASWA incorporate men into their work.

<http://allafrica.com/stories/201106200804.html>



## Tanzania: Unsafe Injections 'Caused 1.3 Million Death

By Rosemary Mirondo

9 November 2010

The Citizen

Dar Es Salaam — Re-use of syringes has been established as one of major agents of diseases spread including HIV and hepatitis transmission, causing millions of deaths in developing countries.

A podiatrist from Canada, Dr Clare Beale, who is also a SafePoint Trust campaign ambassador, made the observation when briefing journalists in Dar es Salaam yesterday. She said, according to World Health Organization (WHO) report, every year a total of 23,000 HIV infections, a million hepatitis C infections and 21million hepatitis B infections are caused by unsafe injections which result to 1.3 million deaths.

Dr Beale said the problem was so severe that WHO reported 50 per cent of all injections given globally as unsafe. "It is sad to learn that in Africa alone, 20 million medical injections contaminated with blood from patients with HIV are administered every year," she said.

However, she pointed out that SafePoint was actively lobbying for changes in legislation to ensure that auto disable (AD) syringes that can only be used once are the only type permitted for use in hospitals, medical centres and surgeries. Adding that Tanzania was at the forefront of safe healthcare in Africa, and will soon be the second country to convert over to AD syringes in the East, Central and Southern Africa Health Services (ECSA) member countries. Every person across the world has the right to ask for and receive a sterile and safe injection.

Dr Beale noted that currently SafePoints support team was in Tanzania to climbing Mt Kilimanjaro with the aim of reaching the summit in order to raise funds as a substantial

donation to AD syringes that are fully compliant with Tanzania Food and Drug Authority (TFDA).

<http://allafrica.com/stories/201011090865.html>



## WHO: Hepatitis Toll 'in Millions'

28 July 2011

Medical experts are calling for global action to tackle the viruses that cause the liver disease hepatitis.

The first worldwide estimates in drug users show 10 million have hepatitis C while 1.3 million have hepatitis B.

Writing in the Lancet, experts say only a fraction of those who could benefit are receiving antiviral drugs. Only one in five infants around the world is vaccinated against hepatitis B at birth, they say.

The figures, published in the Lancet, show about 67% of injecting drug users in the world have been exposed to hepatitis C, while around 10% have come into contact with hepatitis B.

In the UK, around half of injecting drug users has been infected with the hepatitis C virus, while the rate for exposure to hepatitis B is 9% - the highest in Western Europe.

The research was led by Prof Louisa Degenhardt of the Centre for Population Health, Burnet Institute, Melbourne, Australia, and Paul Nelson from the National Drug and Alcohol Research Centre at the University of New South Wales.

They say: "The public-health response to blood-borne virus transmission in injecting drug users has mainly centred on HIV." "Maintenance and strengthening of the response to HIV in injecting drug users remains crucial, but the significance of viral hepatitis needs to receive greater attention than it does at present."

Commenting on the study in the Lancet, Dr Joseph Amon, of Human Rights Watch, New York City, US, said: "This study provides us with a first step and powerful data to draw attention to the problem of viral hepatitis in people who use drugs.

"The next step is to challenge governments to act, and hold them accountable for implementation of rights-respecting and evidence-based programmes."

### Health risks

Hepatitis is caused by five main viruses - A, B and C, and, more rarely D and E.

*Continued on page 65*

*Continued from page 64 – WHO: Hepatitis Toll 'in Millions'*

Hepatitis B is the most common, and can be passed from mother to baby at birth or in early childhood as well as through contaminated injections or injected drug use.

Hepatitis C is also spread through using unsterile needles and less commonly through unsafe sex or developing countries, said the World Health Organization.

Many of those carrying hepatitis are not aware they have it and can unknowingly transmit it to others.

<http://www.bbc.co.uk/news/health-14314347>



## West Africa: Health - Battling Hepatitis

By Koffigan E. Adigbli

2 August 2011

Dakar — West African health experts are calling for governments to take the prevalence of hepatitis B and C more seriously, and to act to reduce the cost of treatment as part of more effective control of the disease.

The hepatitis B virus is responsible for more than 80 percent of liver cancers in Africa, said the coordinator of Senegal's National Programme against Hepatitis, Aminata Sall Diallo, during an international meeting held in the Senegalese capital, Dakar, from Jul. 27 to 29.

Hepatitis refers to swelling and inflammation of the liver, which can be caused by numerous factors, including a family of five viruses. The Dakar conference was concerned with the three most common viral strains, which can cause fatal liver damage and cancer.

The hepatitis A virus spreads via contaminated food or water. The B strain is transmitted through bodily fluids like blood or semen, while type C spreads via blood-to-blood contact, such as transfusions. The latter two viruses produce a long-term illness, while type A hepatitis runs its course much faster - many infected people experience only mild symptoms.

The conference aimed to share the issues and challenges facing each country, to identify the best practices for Francophone Africa as a whole, and define common strategies and arguments. "The idea is to push governments, who have committed themselves, to make hepatitis a priority so that treatment will be accessible to all," said Diallo.

"The cost is beyond our resources. It requires a million CFA francs (around 2,250 dollars) for a month's treatment; our grants are not sufficient," she stressed.

"Our fight is for a focus specifically on long-term carriers of the virus, to offer them treatment, to fight effectively to be able to detect the illness in Africa. It's the only way to prevent transmission of the disease."

According to official statistics released in June, 17 percent of the Senegalese population are carriers of one or another form of the hepatitis virus, including 12 percent of children under five and 22 percent of pregnant women. Some 5,000 people die from hepatitis B in Senegal each year.

Pape Saliou Mbaye, coordinator of medical services at Dakar's Hôpital Principal, urges care to prevent transmission of hepatitis B and C viruses through contact with infected blood.

"It's necessary to be careful when handling sharp or pointed objects such as those used by tattooists and barbers - shaving equipment, piercing equipment, tools for acupuncture, excision, circumcision and nail clipping..." Mbaye told IPS.

Diéynaba Samaké, the president of SOS Hépatites Mali, a local association, said that nearly one in five Malians are carriers of the hepatitis B virus - 2.6 million people, or half of all young people between 18 and 25 years of age.

"Treatment for hepatitis B [in Mali] remains relatively expensive. At 600,000 CFA (around 1,348 dollars) per month, the cost of treatment is equivalent to several times the monthly salary of an average Malian," Samaké told IPS.

"There is not, at this stage, any framework for specialised care for hepatitis B, but in the past three years, the government has supported prevention, testing and treatment of hepatitis B and C."

To reduce the incidence of the disease, Samaké recommends vaccination as the most effective weapon against the strains that predominate in Africa.

The president of the Scientific Council of Cameroonians against Viral Hepatitis, Njoya Oudou, says his country's prevalence rate for hepatitis B stands at over 10 percent, and 12 percent for hepatitis C. He believes governments should show greater political will to fight the disease.

"Our network operates with its own resources to educate people, organise refresher courses for doctors, run campaigns and negotiate with pharmaceutical firms. For the moment, we have only moral support from the government," he told IPS.

Ali Djibo, director general of health at the Ministry of

*Continued on page 66*

Public Health in Niger, said that the fragmented studies into this disease in his country show a general prevalence rate of up to 14 percent of the population. This places Niger in the group of countries with strong endemicity, he told IPS.

"The precautions to be taken to prevent transmission are, among others, the systematic use of prophylactics and avoiding the exchange of used syringes, scarifications, piercing, group circumcision with poorly sterilised instruments, and excision," said Djibo.

In Mauritania, some 500,000 people are infected with hepatitis B and around 600,000 others are infected by hepatitis C, according to the secretary general of the country's health ministry, Sidi Ali Ould Sidi Boubacar. Around 3,500 people die from the two forms of hepatitis each year, he told IPS.

"To better fight against viral infections, the government several months ago initiated an Expanded Programme of Immunisation and implemented a policy guaranteeing treatment after a diagnosis of the virus," he said.

<http://allafrica.com/stories/201108030008.html>



## **Medics use ARVs to Treat Hepatitis B**

**By Martin Okudi & Felix Warom**

September 20, 2011  
Daily Monitor

### **ADJUMANI**

Medical personnel in Adjumani District have resorted to a desperate Plan B to treat Hepatitis B after recommended drugs ran out of supply. They are now using Anti-Retrovirals (ARVs), which combinations are meant for HIV treatment.

Officials confirmed that ARVs can also be used to treat Hepatitis B disease. Adjumani Hospital acting Medical Superintendent, Dr Dominic Drametu, told Daily Monitor yesterday that they are using drugs such lamivudine and tenofovia for treating Hepatitis B.

"Unfortunately, these drugs are meant for treating HIV but many times when there is shortage, we use these drugs to treat Hepatitis B patients. It has helped," Dr Drametu said. But there is worry that if Hepatitis B drugs are not procured, there will be shortage of ARVs for HIV/Aids patients too. Hepatitis B vaccine is expensive. A dose of three shots costs about Shs90,000,

medics say.

In the last three years, the hospital has treated about 90 cases with eight deaths. And on average, the hospital handles one or two cases of Hepatitis B every month. The disease is transmitted in much the same way as HIV but it is 10 times more infectious than HIV and the virus is also resilient.

<http://www.monitor.co.ug/News/National/-/688334/1239238/-/bj6jebz/-/index.html>



## **The Hepatitis B Vaccine is linked to Infant Death, Multiple Sclerosis and Autoimmune Disorders**

**By Anthony Gucciardi**

June 02, 2011

(NaturalNews) The hepatitis B vaccine has been approved for all U.S. infants at birth, but is it really safe? For a "preventative" vaccination, the amounts of complications associated with the hepatitis B vaccination are quite shocking. In fact, a number of peer-reviewed studies have found a relationship between the hep B vaccination and infant deaths both in the U.S. and Europe. With links to sudden infant death syndrome (SIDS), multiple sclerosis, and numerous chronic autoimmune disorders, some doctors are speaking out against the dangers of the hep B vaccine.

The debate over the dangers of the hepatitis B vaccine may in fact be over, according to a court case reported on by Child Health Safety. In a case in which the court ruled in favor of the plaintiff, who had developed systemic lupus erythematosus as a result of receiving the hep B vaccine, the U.S. government was forced to admit that the vaccine led to the development of the disease. While the plaintiff was deceased at the time the decision was made, it was a landmark case in the fight to uncover the truth regarding the hepatitis B injection. The United States Court of Federal Claims document explains:

"Tambra Harris ... filed a petition for compensation alleging that she suffered certain injuries as a result of receiving a vaccination. Among the injuries petitioner alleged that she had suffered as a result of receiving a hepatitis B vaccination was systemic lupus erythematosus (SLE) ... A lump sum of \$475,000.00 in the form of a check payable to petitioner as Administratrix of the Estate of Tambra Harris."

*Continued on page 67*

**Continued from page 66 – The Hepatitis B Vaccine is linked to Infant Death, Multiple Sclerosis and Autoimmune Disorders**

Dr. Jane Orient of the Association of American Physicians and Surgeons (AAPS) testified to Congress regarding the severe health dangers associated with the hepatitis B inoculation, stating: "For most children, the risk of a serious vaccine reaction may be 100 times greater than the risk of hepatitis B."

With a little research into the transmission of hep B, government-backed infant hep B shots seem even more unnecessarily risky. Hep B is a viral infection that mainly targets the liver, and it is spread through direct contact with body fluids -- particularly blood and semen. Hep B is mostly transmitted through lifestyle choices such as unprotected sex or intravenous drug use involving sharing needles. These are not conditions that pertain to newborn babies, or perhaps the majority of people. Due to the strange decision to vaccinate newborn babies with hep B shots and a number of other factors, people have been questioning the safety and effectiveness of the hep B vaccination for years. The National Vaccine Information Center (NVIC) reported in the 90's, after the government began promoting the use of the hep B vaccinations:

"In increasing numbers, parents across the country are contacting the National Vaccine Information Center (NVIC) to report opposition to regulations being enacted by state health department officials that legally require children to be injected with three doses of hepatitis B vaccine before being allowed to attend daycare, kindergarten, elementary school, high school or college.

"Simultaneously, as more schools and employers bow to pressure from government health officials and require individuals to show proof they have been injected with hepatitis B vaccine before being allowed to get an education or a job, reports of serious health problems following hepatitis B vaccination among children and adults are multiplying."

For a "preventative" measure, the hep B vaccination sure does seem to carry a number of extreme risks. Due to an immune system that has not fully developed, newborn babies are particularly susceptible to toxic substances, making the already risky hep B vaccine even more of a hazard. Examine the research, read the reports by a number of doctors, and educate before you vaccinate.

[http://www.naturalnews.com/032579\\_hepatitis\\_B\\_vaccines.html](http://www.naturalnews.com/032579_hepatitis_B_vaccines.html)



**Continued from page 60– Gays: Guardians of the Gates**

that gays be just forgiven. That's just tokenism. But that they serve as an example of the wrong, or the illness, that modernity has brought to us, and that we use that to

begin working at healing ourselves and our society from the bottom up. That way, by the time we reach a certain level, all the gatekeepers are going to find their positions again. We cannot tell them where the gates are. They know. If we start to heal ourselves, they will remember. It will kick in. But as long as we continue in arrogance, in egotism, in God-knows-what form of violence on ourselves, no, there's that veil of confusion that's going to continue to prevail, and as a result it's going to prevent great things from happening. That's all I can say about that.

<http://www.cultural-expressions.com/thesis/gay.htm>



## 16,000 Children abused Last Year

By Flavia Nalubega

July 31, 2010

Daily Monitor

When Rosemary was separating from her husband Umaru, it did not occur to her that her two daughters, Ritah, 12 and Mary, 10 (not real names), would be defiled. The girls claim that their father started abusing them sexually just two months after their mother left them.

Medical examination done on Ritah proved that she was sexually abused. Fortunately, for Mary, the medical results showed that she was not defiled. However, the girl insists that her father on several occasions, attempted to defile her. The matter is still before court.

Police records show how the girls allegedly suffered silently in the hands of their father who reportedly threatened to behead them if they report him to authorities. It, however, reached a point when the girls could not hide their demise anymore and decided to inform the area LC1 chairperson. The police was then called and Umaru, a 29-year-old taxi driver, was arrested.

Even though the physical and psychological torture the girls underwent will take time to heal, they can for now solace in knowing that their father, if proven guilty, will pay for his crimes in the courts of law. Ritah's story is just one out of some 16,008 cases of child abuse recorded in 2009 countrywide.

A study done by African Network for the Prevention and Protection against Child Abuse and Neglect (ANPPCAN), shows that 83 per cent cases of abuse were reported to the police, 15 per cent to ANPPCAN

*Continued on page 68*

*Continued from page 67– 16,000 Children Abused Last Year*

and 2 per cent to the print media. Mr Haruna Mawa, the information officer at ANPPCAN, says child abuse cases doubled last year compared to 2008, where about 7,360 were reported.

Child abuse includes; defilement, neglect, desertion, torture, child stealing, abortion, kidnap, infanticide, child sacrifice and child trafficking, among others. Kasese District registered the highest cases of child abuse among the 10 districts scrutinised by ANPPCAN. It was followed by Kitgum District and Mukono, Apac, Jinja, Rakai, Kampala, Iganga and Arua. Kamuli District had the lowest cases of child abuse.

The volume of calls on the toll free helpline (080011222) to report child abuse, increased to 6,181 up from 2,636 calls received in 2008.

### **Implement laws**

This trend shows that despite the various interventions by a myriad of actors in the child welfare and protection sector, the number of children subjected to abuse is still unacceptably high.

ANPPCAN says there is urgent need to amend Section 43 of the Evidence Act to allow medical practitioners at a level of clinical officers to examine the victims of sexual abuse.

They also want the government to pass a law which regulates traditional medical practices in its entirety, so that rampant cases of child sacrifice which was at 29 last year, can be curbed.

The group also wants an implementation of the Trafficking in Persons' Act which provides for life imprisonment for a person convicted of aggravated trafficking. Increasing support to the police and district probation offices is another area that ANPPCAN feels the government should look into. "The government should allocate resources to construct and facilitate specialised units for abused and vulnerable children in various police stations."

<http://www.monitor.co.ug/News/National/-/688334/967650/-/x2p317/-/index.html>



## **Here are Guidelines to Safeguard against Sexual Abuse**

January 11, 2011

Rape and defilement cases against unsuspecting women and children are common in our society. For instance, an article was published in your paper (12 soldiers held over

gang-raping woman, Daily Monitor, January 7), where a 20- year-old young woman was waylaid and raped. There are many other such cases that go unreported. These are gruesome acts and perpetrators must be held accountable!

Statistics show that most people who sexually abuse children are family members or people whom the child knows. The following guidelines will help prevent and fight child sexual abuse:

- Do not go to public toilets alone.
- Move in groups and never alone.
- Avoid bad groups/bad peer groups.
- Avoid moving alone at night or in isolated places.
- Do not take lifts from strangers.
- Avoid reading or watching pornographic material/information. This means watching TV, listening to radio or reading newspapers, magazines, newsletters, etc, with pictures of naked people or information about sex.
- Shout for help if someone attempts to abuse you.

### **Important things to remember:**

- When you think someone might or is in the process of abusing you, report or tell someone about it.
- When abused, tell your parents/care-taker or someone. Remember, children who report get help and face fewer problems than those who do not.

The National Council for Children would like to appeal to the general public to be vigilant and report perpetrators of child abuse to relevant authorities.

*Martin Kiiza*

*Ag. Secretary General, National Council for Children*

<http://www.monitor.co.ug/OpEd/Letters/-/806314/1087372/-/ysx12o/-/index.html>



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## Expedited Partner Therapy Recommended to Prevent STI Reinfection

Washington, DC -- August 22, 2011 -- Ob-gyns are encouraged to prescribe antibiotics for the male partners of their female patients diagnosed with chlamydia or gonorrhea to reduce the high reinfection rate, says The American College of Obstetricians and Gynecologists (The College) in a new Committee Opinion issued today. This practice, known as "expedited partner therapy" (EPT), allows doctors to provide prescriptions for antibiotics or the antibiotics themselves to female patients to take to their male partners who are either unlikely or unable to go to the doctor.

Sexually transmitted infections (STIs) disproportionately affect women and pose a significant, yet preventable, threat to their fertility. Chlamydia and gonorrhea are the top two most commonly reported STIs in the US, and girls and young women ages 15-24 have the highest number of cases of both. The 12-month reinfection rate of chlamydia among adolescents and young women is as high as 26%, often due to an untreated male sexual partner.

"Evidence indicates that EPT can decrease reinfection rates compared to standard partner referrals for examination and treatment," said Diane F. Merritt, MD, chair of The College's Committee on Adolescent Health Care. "Of course, it's preferable that a physician examines a patient in-person before prescribing medication, but the benefits of EPT among individuals whose partners are otherwise unlikely to seek care in preventing chlamydia and gonorrhea reinfections outweigh the risks to the partners."

Chlamydia and gonorrhea are infections that may not cause symptoms, or if they do, they're vague (vaginal or penile discharge, abnormal vaginal bleeding, cramping). "Many people who have an STI are not aware of it and pass it to their partners," said Dr. Merritt. "Undiagnosed and untreated STIs can cause scarring and damage a woman's ability to become pregnant when she's ready to have a baby. Fortunately, chlamydia and gonorrhea can be quickly diagnosed with a simple urine test and treated with a short course of antibiotics."

According to The College, the practice of prescribing antibiotics to non-patients without prior examination is permissible in 27 states, potentially allowable in 15 other states, and prohibited in 8 states. The College encourages ob-gyns to push for legalization of expedited partner therapy in those states and jurisdictions where

it's illegal or where the legal status of EPT is unclear or ambiguous.

### Reference

*American College of Obstetricians and Gynecologists. Committee Opinion No. 506: Expedited Partner Therapy in the Management of Gonorrhea and Chlamydia by Obstetrician-Gynecologists. Obstetrics and Gynecology 118(3):761-766. September 2011.*

*American College of Obstetricians and Gynecologists. Expedited Partner Therapy Recommended to Prevent STI Reinfection. Press release. August 22, 2011.*

<http://hivandhepatitis.com/other-infections/other-infections/other-stds/3232-sexual-partners-should-get-expedited-treatment-for-chlamydia-and-gonorrhea>



## New Aids Cases Increase by 50,000 This Year

By Stephen Otago

October 1, 2011  
Daily Monitor

In the last eight months, the number of new HIV/Aids infections has increased by 50,000 reported cases, according to research findings released by the Uganda Aids Information Centre (AIC) yesterday.

The research shows that although the national prevalence of the disease has stagnated between 6 and 6.3 per cent, the new figure is nearly half the 110,000 cases captured last year. Most new infections are mainly coming from married couples, sex workers, fishing communities and long-distance truck drivers.

As a result, Uganda needs to step up HIV/Aids control and prevention programmes to reduce the strain the country is already facing in providing medication to the patients already under treatment. The most affected group falls under the age bracket of 25-49 years and women are the most affected standing at 7.6 per cent. It is less among the new-born because of the prevention of mother-to-child transmission programme.

It also shows that the previous trends were a reduction in new infections. "The institution of marriage is failing. Families are breaking up. There is another challenge of people who do not want to know their status. 70 per cent of Ugandans don't know their status," Dr Raymond Byaruhanga, the executive director AIC, said while releasing the report, adding that the increase in new infections among married couples can be attributed to the breakdown in marriages where partners become unfaithful to each other.

*Continued on page 70*

**Continued from page 69 – New Cases Increase by 50,000 This Year**

Uganda has over 330,000 patients who need HIV/Aids treatment but only 100,000 can get access to it and remain under medication.

However, the news is a disconsolation to the country at time when some Uganda has over 330,000 patients who need HIV/Aids treatment but only 100,000 can get access to it and remain under medication.

However, the news is a disconsolation to the country at time when some development partners who have been financing HIV/Aids care and treatment are beginning to ask government to look elsewhere for alternative sources of financing treatment. Asked what impact this withdrawal of funding would have on HIV/Aids prevention and treatment programmes, Dr Byaruhanga said it presents an opportunity for Ugandans to change their lifestyles.

“Do you expect a muzungu (white man) to come from America to tell you to change the way you behave? Responsibility should start from the individual,” he said adding, “What we are doing as a country is reflected back in the homes yet most of the money being injected into HIV treatment could be channeled into fighting malaria and tuberculosis which are killing more women and children.”

<http://www.monitor.co.ug/News/National/-/688334/1245666/-/bimok9z/-/index.html>



## **Banana Lectin Identified as HIV Inhibitor by U-M Scientists**

**By Shantell M. Kirkendoll**

March 16, 2010

**ANN ARBOR, Mich.**— A potent new HIV inhibitor derived from bananas may open the door to new treatments to prevent sexual transmission of HIV, according to a University of Michigan Medical School study published this week.

Scientists have an emerging interest in lectins, naturally occurring chemicals in plants, because of their ability to halt the chain of reaction that leads to a variety of infections. In laboratory tests, BanLec, the lectin found in bananas, was as potent as two current anti-HIV drugs.

Based on the findings published March 19 in the *Journal of Biological Chemistry*, BanLec may be-

come a less expensive new component of applied vaginal microbicides, researchers say.

New ways of stopping the spread of HIV are vitally needed. The rate of new HIV infections is outpacing the rate of new individuals getting anti-retroviral drugs by 2.5 to 1, and at present it appears an effective vaccine is years away. “HIV is still rampant in the U.S. and the explosion in poorer countries continues to be a bad problem because of tremendous human suffering and the cost of treating it,” says study senior author David Markovitz, M.D., professor of internal medicine at the U-M Medical School.

Although condom use is quite effective, condoms are most successful in preventing infection if used consistently and correctly, which is often not the case. “That’s particularly true in developing countries where women have little control over sexual encounters so development of a long-lasting, self-applied microbicide is very attractive,” Markovitz says.

Some of the most promising compounds for inhibiting vaginal and rectal HIV transmission are agents that block the virus prior to integration into its target cell. The new study describes the complex actions of lectins and their ability to outsmart HIV. Lectins are sugar-binding proteins. They can identify foreign invaders, like a virus, and attach themselves to the pathogen. The U-M team discovered BanLec can inhibit HIV infection by binding to the sugar-rich HIV-1 envelope protein, gp120, and blocking its entry to the body.

Study co-authors Erwin J. Goldstein, Ph.D., professor emeritus in the U-M Department of Biological Chemistry and Harry C. Winter, Ph.D., research assistant professor in biological chemistry at U-M, developed the biopurification method to isolate BanLec from bananas. Following their work, the U-M team discovered BanLec is an effective anti-HIV lectin and is similar in potency to T-20 and maraviroc, two anti-HIV drugs currently in clinical use.

Yet therapies using BanLec could be cheaper to make than current anti-retroviral medications which use synthetically produced components, plus BanLec may provide a wider range of protection, researchers say.

“The problem with some HIV drugs is that the virus can mutate and become resistant, but that’s much harder to do in the presence of lectins,” says lead author Michael D. Swanson, a doctoral student in the graduate program in immunology at the University of Michigan Medical School. “Lectins can bind to the sugars found on different spots of the HIV-1 envelope, and presumably it will take multiple mutations for the virus to get around them,” he says.

*Continued on page 71*

Swanson is developing a process to molecularly alter BanLec, to enhance its potential clinical utility.

Clinical use is considered years away but researchers believe it could be used alone or with other anti-HIV drugs. Authors say even modest success could save millions of lives. Other investigators have estimated that 20 percent coverage with a microbicide that is only 60 percent effective against HIV may prevent up to 2.5 million HIV infections in three years.

**Funding:** National Institutes of Health, Burroughs Wellcome Fund. **Reference:** The Journal of Biological Chemistry, Vol. 285, Issue 12 - Authors: Michael D. Swanson, Harry C. Winter, Irwin J. Goldstein and David M. Markovitz, all of the University of Michigan Medical School.

[http://insciences.org/article.php?article\\_id=8525](http://insciences.org/article.php?article_id=8525)



## **Ignored Virus Can Cause Liver Cancer, Study Suggests; Should We Be Screening Blood for Hepatitis G?**

ScienceDaily (Aug. 22, 2011) — Hepatitis G virus was identified in 1995. Some little research was carried out on the virus, and the U.S. Food and Drug Administration (FDA) declared it a non-harmful virus in 1997. Researchers in Saudi Arabia, writing in the *International Journal of Immunological Studies*, present evidence to suggest that this may have been the wrong decision. They claim that transmission of the virus through donated blood that was not screened for the virus as well as infection through other routes has led to an increase in cirrhosis of the liver and liver cancer.

Hepatitis G virus (HGV) was renamed as GB virus C (GBV-C) and is a virus in the Flaviviridae family but has not yet been assigned to a genus. Intriguingly, some evidence suggests that co-infection with the AIDS virus, HIV, somehow enhances the immune system in those patients. However, it is the effects of the virus on the livers of otherwise healthy patients that is of concern to Mughis Uddin Ahmed of the King Abdulaziz Hospital (NGHA) in Al-Ahsa, Saudi Arabia. He points out that since the FDA declared the virus not to cause health problems to humans in 1997, no donated blood has been screened for this virus.

However, Mughis Uddin Ahmed has carried out a review of the scientific literature for the last 16 years that show the virus to be quite prevalent around the globe. Moreover, there is a correlation with infection with this virus and hepatitis, cirrhosis of the liver and it is possibly linked to hepatocellular carcinoma. Mughis Uddin Ahmed also found an apparent link with hematological disorders and hematological malignancies.

For this reason, he suggests that research should be carried out into this virus to determine whether it is a true human pathogen and a viral carcinogen. He also advises that screening of donated blood for this virus should be reinstated urgently rather than healthcare workers continuing to transferring the virus ignorantly to blood recipients and risking the same morbidity and mortality outcomes seen with hepatitis C virus transferred from donor to recipient until screening for that virus was adopted.

"Hepatitis G virus (HGV): where we stand and what to do?" in *Int. J. Immunological Studies*, 2011, 1, 255-263

<http://www.sciencedaily.com/releases/2011/08/110822101943.htm>



## **Attorney Robert Eglet Calls Plaintiffs to the Stand in 2nd Hepatitis C Trial in Clark County**

LAS VEGAS, Sept. 20, 2011- In the second trial following the largest notification by the Clark County Health Department that 50,000 residents of Nevada may be infected with hepatitis, plaintiff James Arnold took the stand today and described the first day he noticed his wife was sick following her colonoscopy treatment at the Endoscopy Center of Southern Nevada. Grimacing from pain and in tears from his recent treatment for non-Hodgkin's lymphoma that he's had for several years, James Arnold said his wife received the letter notifying her she may have the deadly virus. "It has been brutal on her. It's been tough. Fever, chills. She has problems with balance, nausea. With my cancer, we didn't worry about her getting it. With hepatitis C we worry about me getting that. We don't hold hands, we don't kiss, it's just sad. She'd never be able to handle it if I somehow got it. I lost my wife and I got a roommate," said James Arnold." Anne Arnold was exposed to the virus hepatitis C when a contaminated jumbo 50mL infusion vial of the anesthesia medication Propofol was reused during a colonoscopy procedure.

<http://finance.yahoo.com/news/Attorney-Robert-Eglet-Calls-prnews-20296065.html?x=0>



## Mission Statement

Our aim at **The African Traditional Herbal Research Clinic** is to propagate and promote the awareness in Afrikan peoples at home and abroad of their health, biodiversity, history and cultural richness. We gather pertinent information on these issues and disseminate these freely to our people in Uganda, the rest of the continent, and anywhere in the Diaspora where Afrikans are located.... One of the main ingredients for increasing poverty, sickness, exploitation and domination is ignorance of one's self, and the environment in which we live. Knowledge is power and the forces that control our lives don't want to lose control, so they won't stop at anything to keep certain knowledge from the people. Therefore, we are expecting a fight and opposition to our mission. However, we will endeavor to carry forward this work in *grace and perfect ways*.

***“Where there is no God, there is no culture. Where there is no culture, there is no indigenous knowledge. Where there is no indigenous knowledge, there is no history. Where there is no history, there is no science or technology. The existing nature is made by our past. Let us protect and conserve our indigenous knowledge.”***



## CALENDAR OF EVENTS

### SPECIAL EVENT: CLINIC OPENING

PLACE: AFRIKAN TRADITIONAL HERBAL RESEARCH CLINIC  
TIME:

**Afrikan Traditional Herbal Research Clinic**  
**54 Muwafu Road, P.O. Box 29974**  
**Ntinda, Kampala, Uganda East Africa**  
**Phone: +256 (0) 702 414 530**  
**Email: clinic@blackherbals.com**

ADDRESS CORRECTION REQUESTED

## Herbs of the Month

### Milk Thistle


**Silybum marianum**

**COMMON NAMES:** milk thistle, Mary thistle, holy thistle. Milk thistle is sometimes called silymarin.

**PARTS USED:** Leaves, Seeds.

**MEDICINAL ACTIONS:** **Hepato-protective** (protects liver cells from incoming toxin); **Hepato-tonic** (strengthens the liver to function more effectively); **Antidepressant** (helps to move stagnant liver energy); **Demulcent** (soothes and moistens both kidney and bladder irritations, as well as mucous membranes and inflammations of the skin and integumentary system); **Laxative** (lubricates the bowels).

Milk Thistle has been used for liver ailments for a couple of thousand years. It is one of the best examples of preventative medicine that we have today as it not only protects each cell of the liver from incoming toxins, but simultaneously encourages the liver to cleanse itself of damaging substances, such as pollution, viruses, alcohol, drugs, medications, mercury and heavy metals, pesticides, anesthesia, and even the most poisonous of mushrooms, the Amanita or Death-cap mushroom.

Milk Thistle has been found in recent years to be a major player in the treatment of liver disease, because it helps lower enzyme levels and facilitates the liver in its process of detoxifying the body. Among all known herbal remedies, Milk Thistle finds its place as the leader in herbs to treat liver disease. It also guards against free radical oxidation, boost the body's synthesis of a major antioxidant called glutathione and lowers fat buildup in the liver 

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