

African Traditional Herbal Research Clinic

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NEWSLETTER

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SPECIAL EDITION – HIV/AIDS @ 25 YEARS HONORING THE AFRICAN TRADITIONAL HERBALIST

AIDS Slowing World Population Growth

By Genaro C. Armas

March 25, 2004

WASHINGTON (AP) - The world's population growth is slowing because women are having fewer children and more people are dying from AIDS, especially in Africa, according to a Census Bureau report released Monday.

The report forecasts there will be nearly 9.1 billion people by 2050, a nearly 50 percent increase from the 6.2 billion in 2002. However, the growth rate is slowing significantly.

The global population grew 1.2 percent from 2001 to 2002, or about 74 million people, but growth will slow to 0.42 percent by 2050. That's far below the peak growth of 2.2 percent between 1963 and 1964.

The projections are generally in line with separate forecasts from the United Nations and private researchers. The 2050 world projection is slightly lower than the 9.3 billion forecast in a previous bureau report

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What is the African Traditional Herbal Research Clinic?

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Nakato Lewis

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In all ancient cultures around the world, there exists traditional indigenous knowledge related to the health of humans and animals. Presently, eighty percent of the world's populations still depend upon traditional and indigenous knowledge in medicine and herbal practices. In Uganda, traditional healers and herbal plant remedies play an important role in the health of millions of people.

Africa as a whole has a long and impressive list of medicinal plants based on local knowledge. Based upon holistic principles, this science pre-dates Egyptian medical science and is between 20,000 and 100,000 years old. In fact, it is the oldest medical science on the planet. African health practitioners are devoted to teaching individuals how to improve their physical, mental, and spiritual health through preventative lifestyles.

However, due to the current global health crises, the survival of Africans at home and worldwide is becoming increasingly dependent upon the cooperation and communication of Africa with her descendents in the Diaspora. This includes the merging of mother-tongue indigenous knowledge systems with western technology, merging natural health practices with western diagnostics, creating a model environment blending the traditional and modern, and

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on the topic in 1998. Bureau officials warned that such forecasts are based on two factors that could change: fertility rates in developing countries and the AIDS epidemic.

Generally, in the United States and Europe, women are having fewer children, while fertility rates remain high in India, parts of Africa and some other developing countries, said Carl Haub, a demographer with the Population Reference Bureau, a private research group.

The wild card is how prevalent contraceptive use and family planning becomes in these countries, Haub said. As an example, he cited India, where the population is expected to rise more than 50 percent to 1.6 billion in 2050, surpassing China as the most populous country.

According to the bureau, there are at least 100 million women in the world's developing countries who would like to space or limit their pregnancies but are not using contraception.

Family planning education in India and Africa is difficult because of the large numbers of rural villages that cannot easily be reached, Haub said.

In 2002, the world's women gave birth to an average of 2.6 children over their lifetime. The bureau projections assume that the fertility rate will drop below two children per woman by 2050.

Meanwhile, AIDS has killed more than 20 million people since the epidemic began two decades ago. Twice that many people now live with HIV, the virus that leads to AIDS, and barring major medical breakthroughs most of these people are expected to die within the next 10 years, the bureau said.

AIDS continues to have its greatest impact in developing countries of Asia, Latin America and especially sub-Saharan Africa. Botswana and South Africa are among countries that may see population decline because of AIDS deaths.

"AIDS alone is devastating the heart of these countries, affecting people in the prime years of not only their economic production, but the prime years of reproduction," said Steve Mosher, president of the Population Research Institute, a Front Royal, Va.-based group that opposes population controls as a way to curb growth.

"Population control efforts make no sense in the face of the AIDS epidemic," Mosher said.

Still, the bureau report said the trend could reverse if AIDS education programs are expanded successfully in

developing nations, and pointed to positive signs in Thailand, Senegal and Uganda, nations in which the AIDS epidemic appears to have been stemmed.

The report also predicted the continued increase in the world's older population. In 2002, people 65 and older made up 7 percent of the population, but that age group will comprise nearly 17 percent by 2050.

http://www.blackherbals.com/aids_slowing_world_population_g.htm

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HIV Cases Pass Record 40 Million Mark: UN

Agence France-Presse

21 November 2005

New Delhi - Progress has been made in tackling HIV infection in key African countries, but five million people were infected worldwide in 2005 to take the estimated total beyond 40 million, a UN report said.

The five million cases recorded in 2005 was "the highest number of people newly infected (in a year) since the beginning of the epidemic," Peter Piot, executive director of the UNAIDS programme, told reporters in New Delhi.

The AIDS epidemic claimed 3.1 million lives during the year, more than half a million of them children, the report said Monday.

"The total number of people living with the human immunodeficiency virus (HIV) reached its highest level, an estimated 40.3 million" up from 37.5 million in 2003, said the AIDS Epidemic Update 2005, released here.

The report that came ahead of World AIDS Day on December 1 noted that "the overall number of people living with HIV continued to increase in all regions of the world except the Caribbean."

The survey warned that growing epidemics were underway in eastern Europe, Central Asia and east Asia and that the spread of HIV/AIDS was intensifying in southern Africa.

Sub-Saharan Africa accounted for 64 percent of the new infections, taking the number of cases there to an estimated 25.8 million.

"HIV stigma and the resulting actual or feared discrimination have proven to be perhaps the most

Continued on page 4

AFRIKAN SPIRITUALITY

Nilotic Spirituality and Philosophy -Part 3

The Sankofa Project

There is probably nothing more quintessentially Egyptian than its cult of the dead. Interestingly enough the ancient historian Diodorus attributes this belief to the Ethiopians from whom the Egyptians are said to have learned it. It is in the Egyptians particular care of the dead and its deceased ancestors that it seems most African. It is often erroneously stated that the ancient Egyptians had a morbid fascination with death. More accurately stated, like other African ethnic groups, they felt they had a strong connection with the spiritual world. Thus preparation was made throughout one's life for the afterlife. This can be seen in the elaborate funeral rites and mummification that nearly every Egyptian, regardless of social status, sought to acquire. This interest in preparation for the afterlife was not a part of the Mesopotamian or Mediterranean world, but rather an attribute very strong in Africa. Many African peoples did in fact mummify their dead. Some would smoke-dry their dead and wrap their bodies in cloth to preserve them. As in Egypt, the eternal organs were removed. When Sonni Ali, emperor of the West African empire of Songhay died, his organs were removed and he was filled with honey.

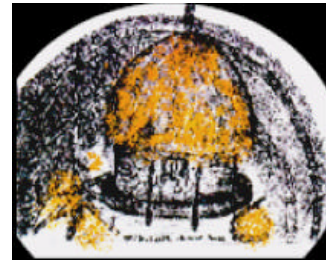
Jackal-headed Anpu is associated with funeral rites and was instrumental in mummification. He holds in his hand an ankh, a symbol of life, though in the underworld. This represents the eternal aspects of the soul indicating that death was simply another form of life. Before all was done the deceased man's heart would be weighed by Ma'at to determine his good deeds and his soul would be judged by none other than Ausar. This benevolent view of the afterlife is very common in Africa. It is in direct contrast to the early ideas of death in Western Asia and the Mediterranean where the dead either existed as gloomy spirits or subsisted miserably for eternity on dust. Interestingly the Dogons of Mali also have a jackal headed deity. He is regarded as the guardian of the pond where the dead reside.

(Information courtesy of African Origins of Civilization by Cheikh Anta Diop, Black Spark, White Fire by Richard Poe and Egypt in Africa by Theodore Celenko, Egyptian Book of the Dead trans. by EA Wallis Budge and Reeder's Egypt Page)

Managing Editor: Nakato Lewis

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The traditional shrine as a symbol of our cultural history

African spiritual beliefs have had a profound impact on the three western religions of Judaism, Christianity, and Islam. This influence was sometimes directly or sometimes indirectly through another source. In fact it is not to far-fetched to say that all three owe their foundations to African beliefs, symbolism and ritual. As early as Judaism and as late as Islam, African spiritual beliefs have somehow influenced Western religious thought. It should be noted however that this was in fact "influence" rather than creation. Thus the Western religions have stark contrasts with traditional African spiritual philosophy. Rather what manifest itself are symbols and stories borrowed from Africa. With its African derived mythology and rituals, it is not surprising that Christianity found easy converts along the Nile and Eastern Africa. It is important to examine these relationships as for centuries Western religions have characterized African spiritual systems as "pagan" or "heathen." When one realizes the enormous debt the western religions owe to their African predecessors, words such as "pagan" or "heathen" become devoid of meaning.

<http://www.geocities.com/CollegePark/Classroom/9912/niloticspirit.html>

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African Proverbs

This great panorama of creation dates back to time immemorial. No one lives who saw It's beginning. No one will live to see It's end, Except God. (Asante)

A bird is in the air but its mind is on the ground (Mandinka), Wherever you are it is important to remember where you come from and what is important.

Come back to your roots.

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Continued from page 2-HIV Cases Pass 40 M Record Mark

difficult obstacles to effective HIV prevention," the report said, and these factors "created an ideal climate" for the spread of the epidemic.

Piot said there was a large gap in HIV prevention. Of people living with HIV, "only one in 10 has been tested and knows that he or she is infected."

Only "one in 10 Africans and one in seven Asians in need of anti-retrovirals were receiving it in mid-2005."

But in some parts of Africa there were "hopeful signs" of declining national HIV prevalence. Infection levels were dropping in Zimbabwe, Uganda and Kenya, the report said.

"In the two African countries of (Zimbabwe and Kenya) the declines in HIV rates have been due to changes in behavior. In other words, HIV prevention efforts are working," the report said.

Two-thirds or more of young women between 15-24 years lacked comprehensive knowledge of how HIV is transmitted, the report said.

A major poll in the Philippines two years ago found more than 90 percent of respondents believed that HIV could be transmitted by sharing a meal with an affected person.

The report said access to cheaper antiretroviral drugs had improved markedly in the past two years with more than one million people in low-and middle-income countries living longer and having better lives.

"Treatment coverage in ... Argentina, Brazil, Chile and Cuba now exceeds 80 percent," the report said, adding that better access to antiretrovirals had averted an estimated 250,000 to 350,000 deaths.

"We can now see the clear benefit of scaling up HIV treatment and prevention together and not as isolated interventions," World Health Organization (WHO) Director-General Lee Jong-wook said.

<http://www.afp.com/english/news/stories/051121153202.wsqnvk82.html>

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Scientists say Africa Must Make own Drugs to fight AIDS, Malaria

By ELLIOTT SYLVESTER

Associated Press

STELLENBOSCH, South Africa (March 20, 2003) - Scientists challenged African nations Thursday to produce their own generic drugs - not just rely on pharmaceutical giants to help fight AIDS, malaria and other diseases ravaging the continent.

African nations lag behind countries such as Cuba and India that produce "homegrown" medicines, Gordon Dougan, a British vaccine expert, told a conference on the human genome initiative.

"We need to reinvent local production of high quality generic vaccines," Dougan said. "Countries are no longer producing their own vaccines, and this is why huge pharmaceutical companies control the industry."

More than 300 scientists from 16 countries are in Stellenbosch, about 30 miles north of Cape Town, at a conference aimed at using knowledge of the human genome - a genetic blueprint that scientists are working to map - to help combat diseases.

Dr. Hoosen Coovadia, HIV/AIDS researcher at South Africa's University of Natal, said African governments should translate scientific research into policy to overcome the most serious diseases facing Africa.

The United Nations estimates there were 3.4 million new HIV infections in Africa in 2001 - almost 70 percent of the global total.

British Dr. Matt Berriman told the conference human genome research has cut the time it is taking him to find a vaccine for malaria - a vaccine he said may ready for use in 20 years.

The mosquito-borne disease kills about 3,000 Africans a day, most of them under five years of age

http://www.blackherbals.com/scientists_say_africa_must_make_own_drugs.htm

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FEATURED ARTICLES

New Tradition for African Healthcare

By Federica Bianchi, Christian Science Monitor

October 13, 2004

KAMPALA, UGANDA - Inside this one-room clinic a few steps off the main road, Sister Mbaagatuzinda Narwoba, a member of the Good Samaritans order, is all business: One minute she helps a crying young woman who has come seeking medicines for her sick father; the next she plays spiritual guide to a man who has just been told by the local hospital that he is HIV positive. Father Anatori Wasswa, her boss and one of the best-known traditional healers in town, is not around. But that doesn't stop the influx of patients seeking herbal remedies.

"People come here very much because they are afraid to use chemicals," explains Ms. Narwoba.

Her patients are not just simple villagers from the remote reaches of the jungle. They are also educated, urban Ugandans who, like 80 percent of sub-Saharan Africans, use traditional healing methods.

In September, the Ugandan government brought traditional medicine - herbs, animal parts, and minerals, with a dash of prayer - out of the bush and began to integrate it into its health system. The East African nation became among the first on the continent to add traditional healing studies to its university curriculum. The moves underscore the important role that traditional methods play in African healthcare, reflecting their effectiveness, affordability, and the skepticism that many people here have toward modern medicine. Critics warn that the government may be sanctioning some practices that do more harm than good, like blood-letting; and witchcraft is often confused with traditional healing. But professors and government officials also concede that traditional medicine greatly influences the lives of most Africans.

"We don't want students to learn traditional medicine but to understand how it fits in the picture," says Luboga Samuel, deputy dean of the faculty of medicine at the University of Makerere, which introduced an eight-week program last year to familiarize new students with Uganda's medical traditions. "We are teaching them that traditional

healers have a role, and that role needs to be understood."

According to the World Health Organization, traditional medicine refers to such systems as traditional Chinese medicine, Indian ayurveda, and Arabic *unani* medicine, and to various forms of indigenous medicine in Africa. Therapies can include acupuncture and spiritual exercises.

Uganda has established a commission to develop standards and determine which practices should be sanctioned. Once traditional healing is fully integrated into the national health plan, licensed healers will work side by side with regular doctors. Patients will be able to receive free care for some traditional services.

Uganda is not the first African country to institutionalize traditional healing. All over the continent, governments have given official status to traditions that were pushed underground when white colonists imported their own medicine. Last month, South Africa's parliament passed a bill recognizing traditional healers as healthcare professionals. Equatorial Guinea, Nigeria, and Mali have already mainstreamed traditional health practitioners.

In some cases, officials say that traditional methods may fill gaps or yield better results than Western medicine. Take malaria, for instance, Uganda's main cause of death. "People have been using quinine, which is very cheap, but it no longer works" because malaria parasites have developed resistance to it, says Paul Waako, chair of the department of pharmacology at Makerere University. Herbs such as *Artemisia Anua*, a plant used in traditional Chinese medicine, have clinically proved to be effective in the treatment of malaria. In 2000 a declaration called Roll Back Malaria, signed by 53 African countries, officially recognized the contribution of traditional medicine in fighting malaria.

Cost and availability are also factors that favor traditional healing. In Uganda there is one doctor for

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every 18,000 people, but there is one traditional healer for every 150. Some people live too far from the closest conventional clinic; others simply can't afford chemical drugs. There is also a comfort level that Ugandans have with traditional healers, who are members of the community and live next door to the people they treat.

"Patients rely on them because they can relate to them better, since they share the same culture and they feel warmly welcomed," explains Ramullah Kasuzi, a second-year student at Makerere.

Traditional healers often dispense remedies with spiritual counsel. "This medicine goes with prayer," says Sister Mbaagatuzinda, looking down at the long strip of rosaries for sale on her desk. "God is the biggest pharmacy."

But treatments used by the country's estimated 150,000 healers are not always helpful. Some practices, such as making incisions to draw out bad blood, are dangerous, and the government needs to regulate their practices the same way they do with Western medicine, explains Grace Nambatya, director of research at the Natural Chemotherapeutics Research Laboratory, the arm of the health ministry that is advising the government on drafting a legal framework for traditional medicine.

<http://www.csmonitor.com/2004/1013/p06s02-woaf.html>

http://www.blackherbals.com/new_tradition_for_african_heal.htm

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Traditional Healers Demand Recognition in Battle Against AIDS

Joseph K'amolo, Nairobi

African Church Information Service

September 25, 2003

African traditional healers have demanded recognition by governments and involvement in the management of HIV/AIDS pandemic in the continent.

Dr Erick Gbodossou, president of the Association for the Promotion of Traditional Medicine (PROMETRA) has said that since 85 percent of Africans in sub-Saharan Africa used traditional medicine, and that traditional healers held positions of authority and respect in their communities, they (traditional healers) could supplement efforts in the fight against spread of the pandemic.

Dr Gbodossou, who is Senegalese, said on Tuesday at the continuing 13th International Conference on AIDS and STIs in Africa (ICASA) in Nairobi, during a press conference.

He observed that trained traditional healers were valuable in providing information and education, and pointed out that various studies had demonstrated that they had useful knowledge in the treatment of diseases in general, and opportunistic infections in particular.

PROMETRA, through its president, thus demanded that use of traditional medicine be legalised in all countries, and that appropriate treatment and care for HIV positive include safe and effective traditional healing therapies.

The PROMETRA president recommended the strengthening of trust and collaboration between conventional and traditional medicine for the benefit of patients.

This, he said, should be backed by financial support for collaborative research between the two types of medicines. He also recommended training of traditional healers as information, education and communications agents for local populations.

The head of African traditional healers noted that since they lived within communities affected by HIV and AIDS, and that people relied on them for medicine, care and understanding, they could play a significant role in the fight against the scourge.

"We have varied and valuable experience in treating AIDS related illness, and accept the great responsibility of continuing to do so," said Dr Gbodossou.

He called for change of the mindset of people who considered traditional healing as inferior and primitive.

<http://allafrica.com/stories/200309250243.htm>

http://www.blackherbals.com/traditional_healers_demand_recognition.htm

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FEATURED ARTICLES

THE DEVELOPMENT OF HIV

Boyd Ed Graves, J.D.

March 15, 2004

Recently the U.S. National Press (Sarah McClendon Study Group) became aware of the solid evidence of a U.S. virus development program that preceded the HIV/AIDS 'mystery disease' pandemic. The U.S. Special Virus program (1948-1978) is the epitome of a Constitutional democratic government run amuck. (www.boydgraves.com/flowchart/).

History will ultimately show the secret U.S. Special Virus program and the implementation and proliferation of HIV/AIDS to be the greatest genocidal conspiracy in recorded thought.

Oddly enough, however, because of U.S. Public 91-213, the development and proliferation of HIV/AIDS can never be criminally prosecuted. Thirty-four years ago, President Richard Nixon declared that population stabilization had broad support across the nation.

After handing out pens and getting ready for the ensuing Irish holiday, John Rockefeller, the third, became this nation's population czar as he assumed the chairmanship of the little known U.S. Population Commission. This secret commission would normally catch the eye of the U.S. Project on Government Secrecy of the Federation of American Scientists. However, the project's director, Dr. Steven Aftergood, has declared that nobody knows about the U.S. Special Virus program', he seems content in keeping it that way. We believe that the disclosure of the documents of the U.S. Population Commission, would shed greater light on the U.S. policy decisions that complemented the secrecy of the U.S. Special Virus program (1948-1978) federal virus program.

Many people now are beginning to see that there appears to be a connection between HIV/AIDS and some early research conducted by the United States. The 1902 Cold Springs Harbor Laboratory work appears to have direct relevance to HIV/AIDS. This is also true for the 1904 Station for Experimental Evolution. In 1910 Francis Peyton Rous declared that

he had isolated a transmissible agent of fowl (cancer). This alleged naturally occurring transmissible agent has been proven to be a laboratory recombinant. (*See, pages 14 15, progress report #15 (1978) U.S. Special Virus program (1948 - 1978).*)

Thus, the science and medical evidence alone proves the hypocrisy of naturally occurring chronic cancer diseases. If since 1843, we have been tweaking the mycoplasma (transmissible) element of the spotted leaf disease of the tobacco plant, then we are more in the dark now (intellectually) than any planet being engulfed by any black hole elsewhere in our universal neighborhood.

We cannot overlook the 1926 VIRUS CANCER Conference at Massachusetts Institute of Technology (MIT). We cannot overlook the 1931 International Conference on the African child. Soon we must incorporate the knowledge of the dual genesis of Tuskegee and HIV/AIDS. How does the 1932 ks1514 strain of nazi sheep VISNA disease appear in the genome of HIV/AIDS, when the United States concedes in 1971 that nazi sheep VISNA disease had not YET been associated with human disease?

Moreover, the United States confirms in 1985 that HIV/AIDS EVOLVED from nazi sheep VISNA disease. (*See, Science, VOL 223, pp. 173 177, January 1985, see also, PROC NAS VOL 83, pp. 4007 4011, June 1986 and PROC NAS VOL 92, pp. 3283-3287, April 11, 1995.*)

We sincerely believe the 1971 flowchart of the U.S. Special Virus is the research logic for the development of a contagious cancer that selectively kills. We believe a review of the science and medical evidence encompassed in the fifteen progress reports of the secret program that correlate to the 1971 flowchart would provide our best avenue to a world without HIV/AIDS and other synthetics once again.

Continued on page 8

Continued from page 7 – The Development of HIV

We are certain the HIV/AIDS virus is the 'synthetic biological agent' requested by the U.S. Pentagon from the United States Congress on June 9, 1969. (See H.R. 15090, Part VI funding, pages 121, 129.)

In any event, U.S. Public Law 91-213 has stood for 34 years and we continue to propagandize that scurrilous Africans and homosexuals started HIV/AIDS. The Nazi sheep disease sequences in HIV/AIDS from 1932 hopefully should assist your understanding of the true origin of HIV/AIDS.

We believe this re-education process based on truth and fact, strengthens the national security of our country and that of the world's.

Boyd Ed Graves

"We are greater than any federal virus. We are the Human Race." Boyd E. Graves, J.D.

www.boydgraves.com

www.blackherbals.com/development_%20of_%20HIV.HTM

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U.S. DESPERATELY SEEKING TO DISMISS AIDS ORIGIN LAWSUIT

June 19, 2005 - PRESS RELEASE

San Diego, CA. - Federal Judge Sabraw has ordered an open court oral argument for Friday, June 24, 2005 at 1:30p.m. to hear arguments by the United States to support a motion to dismiss the AIDS ORIGIN lawsuit of Dr. Boyd Ed Graves. Dr. Graves AIDS ORIGIN research and his nearly eight years of continuous legal action against the United States for the creation, production and proliferation of HIV/AIDS has been receiving critical acclaim from scientists and medical doctors from all over the world.

I am hopeful, said Graves, that the Federal Court will deny the United States motion to dismiss and allow this issue to reach a jury verdict some time next year. I am certain reasonable people will conclude the U.S AIDS ORIGIN documents require and demand further accountability from the defendant, the United States of America.

Now to the article According to the 1971 progress report of the U.S. Special Virus program, HIV/AIDS is a recombinant (virus) agent that has been formed by converging a leukemia and a lymphoma, a BIOLOGICAL WEAPON.

In 1984, (alleged) co-discoverers of HIV/AIDS, Drs. Robert Gallo and Luc Montagnue, concluded the original name of HIV/AIDS is LEUKEMIA/LYMPHOMA virus. (See, Montagnue, L. & Gallo, R.C., et. al., *Human T-Cell Leukemia Lymphoma Virus Cold Spring Harbor Laboratory*, (Cold Spring Harbor, NY, 1984).

Additionally, the United States admits that the Nazi sheep virus visna, had not yet appeared in human disease. Because no one could explain how this Nazi sheep virus supposedly hopped species, the U.S. General Accounting Office began an investigation into the U.S. origin of HIV/AIDS in July, 2001 at the bequest of a Congressman.

The United States has sought to hide, dispel, distract and mislead any serious inquiry into the U.S. Special Virus program at every level and by every means necessary until this litigation.

AIDS co-developer himself, defendant, Robert C. Gallo concluded in a report that HIV/AIDS evolved from Nazi sheep visna virus disease. (See Gallo, R.C., et. al., *Science*, Vol. 223, pp. 173 177, January, 1985. See also, *Proceedings of the United States of America, National Academy of Sciences*, Vol. 83, pp. 4007 4011, June, 1986, *Sonigo, Cell*, 1985 Aug 42(1):369 362, *Nucleotide Sequence of the Visna Lentivirus: Relationship to the HIV/AIDS Virus.*) *Proceedings of the United States of America, National Academy of Sciences*, (Vol. 92, pp. 3283 3287, April 11, 1995) outlined the relationship of the Nazi sheep visna virus to the HIV virus.

Now what is interesting is the following:

In 1902, the United States funded the Cold Springs Harbor Laboratory in New York, and two years later they opened the U.S. Station for Experimental Evolution. (Development of Biological Weapons)

In 1910, chickens became the victims of a man made transmissible agent which bears striking homology to HIV/AIDS, the Rous Sarcoma Virus. The U.S. government has had a biological weapons program since 1910. What is even more interesting is that the Nazi sheep visna virus did not exist before 1932. Yes, you got it, the Nazis' developed the first strains and the U. S. Government Biobgical Weapons program continued on with this deadly virus. It is a recombinant turned into the HIV (virus) agent, formed by converging a leukemia and a lymphoma that according to Dr. Gallo and other researchers.

Clearly here, the establishment of the true origin and root cause of a mystery plague that has mysteriously ingratiated itself into the human genome within the last

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Knowledge Fades as Africa Languages Die

By Terry Leonard
The Associated Press

07 March 2005

Maputo, Mozambique - A U.N. Conference on Trade and Development report on protecting traditional knowledge argues that beyond a devastating impact on culture, the death of a language wipes out centuries of know-how in preserving ecosystems - leading to grave consequences for biodiversity.

The United Nations estimates half of the world's 6,000 languages will disappear in less than a century. Roughly a third of those are spoken in Africa and about 200 already have less than 500 speakers. Experts estimate half the world's people now use one of just eight languages: Chinese, English, Hindi, Spanish, Russian, Arabic, Portuguese and French.

Villagers in Indonesia's Kayan Mentarang national park, for example, have for centuries practiced a system of forest management called Tanah Ulen, or "forbidden land." On a rotating basis, elders declare parcels of the forest protected, prohibiting hunting and gathering.

Along a boulevard lined with flowering acacia trees, young people in designer clothes and high-heeled shoes chatter on the sidewalk struggling to be heard over the driving Latin rhythms spilling from a nightclub.

Maputo's vibrant nightlife lets people forget it is the capital of one of the world's poorest countries. Here you can eat Italian, dance like a Brazilian and flirt in Portuguese.

One thing that's in ever shorter supply and perhaps even less demand: Mozambique's own indigenous languages, the storehouse for the accumulated knowledge of generations.

"Sons no longer speak the language of their fathers ... our culture is dying," laments Paulo Chihale, director of a project that seeks to train Mozambican youths in traditional crafts.

While Mozambique has 23 native languages, the only official one is Portuguese - a hand-me-down tongue from colonial times that at once unifies a linguistically diverse country and undermines the African traditions that help make it unique.

Chihale looks up from his cluttered desk at MozArte, the U.N. - and government-funded crafts project,

and complains bitterly about how his nation's memory is fading away.

"Our culture has a rich oral tradition, oral history, stories told from one generation to another. But it is an oral literature our kids will never hear," says Chihale, who speaks the Chopi language at home.

Anthropologists speculate that tribal people whose ancestors have lived for tens of thousands of years on India's Andaman and Nicobar islands survived Asia's tsunami catastrophe because of ancient knowledge. They think signs in the wind, the sea and the flight of birds let the tribes know to get to higher ground ahead of the waves.

But finding economic reasons to keep tradition alive can be a challenge.

In Mozambique, cheap foreign imports have destroyed the market for local crafts beyond what little can be sold to tourists. Horacio Arab, the son of a basket weaver who learned his father's trade, said he improved his skills at MozArte but then abandoned weaving because he could not make a living.

Mozambican linguist Rafael Shambela says the pressures from globalization are often too great to resist. To conserve native languages and culture will require societies to find ways to cast them with an inherent value, he argues.

On a small campus along a dirt road south of Maputo, Shambela has joined a government effort to write textbooks and curriculums that will allow public school students to learn in 16 of the country's 23 languages. But the program is limited by Mozambique's poverty.

"A language is a culture," says Shambela, who works for Mozambique's National Institute for the Development of Education. "It contains the history of a people and all the knowledge they have passed down for generations."

The trade-off in settling on Portuguese as a unifying force after independence in 1975 has been an erosion of the rites and rhythms of traditional life.

"From dating to mourning, the rules are becoming less clear," Shambela says.

http://www.sciencenews.orb6.com/stories/ap/20050306/apn_dying_cultures.php

http://www.blackherbals.com/knowledge_fades_as_africa_languages_die.htm

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FEATURED ARTICLES

The Great AIDS Deception in the Third World

By Professor Charles Ssali
World Aids Day 1st December 1999

The confusion created by the dispute as to whether HIV causes AIDS is being organised and replayed by the enemy. First and foremost in the game of deception were Robert Gallo and Luc Montagnier the co-discoverers of the HIV virus that is currently claimed to cause AIDS. They even staged a dispute as to who had the rightful claim to the discovery of the virus. It was later realised that both collaborated in their research that started the deception. They claimed to have isolated it in the laboratory. They also devised tests that they marketed to earn them millions of dollars. It was not until their deception was exposed that they confessed to the fact that the HIV has never been isolated as an entity when other researchers found out that the mysterious virus could not satisfy the scientific criteria like isolation by ultracentrifuge gradient or to be seen by electron microscopy.

To add to the confusion Peter Duesberg disputed the existence of the virus causing the disease known as AIDS. While this scientific confusion was spilling into the press more and more people were becoming victims of the illusive bug that causes AIDS, but whose existence was being questioned. The life expectation of sub-Saharan Africans was reduced from 60 years to 45 years within a period of 20 years.

Another generation of scientists came with the theory that Aids was a myth. They argued that what is devastating sub-Saharan Africans is not a new disease, but the old plagues like malaria, tuberculosis, typhoid, Cancer (Kaposi Sarcoma) fungal infections, PCP pneumonia, and malnutrition and drug abuse. They insisted that there was nothing new but old diseases, increasing poverty and drug abuse that are assuming epidemic proportions. In African countries, the death rate from AIDS alone has reached unprecedented levels. In Uganda alone, over 600 people die every day from AIDS and it is higher in other countries. Uganda neither has famine nor drug abuse to account for the increased death rate.

All of this is deception by the conspirators that want to create confusion in the minds of the poor victims while these killers continue with the annihilation by genetic means.

Our African Leaders and pseudo scientists not realising that they are caught up in the web of deception, orchestrate the lie that there is nothing new killing people in Africa and elsewhere, but the same old diseases that have existed for thousands of years. These same wise men do not bother to explain to us why whole families have been wiped out in the last twenty years despite the fact that they had lived on the same diet in the same environment for generations. These Third World victims that are heterosexual and have never even heard of habitual drug abuse and are found to be dying of a new cancer like Kaposi Sarcoma that is known to affect the gay community in the western world where drug abuse is rampant. They do not explain the recent increase in the number of orphans in the Third World except by claiming that the parents died because they ate the green monkey. What they never talk about is why prominent wealthy film stars in Hollywood died of AIDS in large numbers. Did these people die of malnutrition or because they were victims of tropical diseases. The truth is that there is something that has reduced the immunity of the people who are now dying from diseases that they were originally immune to. This is now known to be a gene and not necessarily a virus that is doing the trick.

The deception is meant to trap more and more people in the conspiracy to reduce the population of black people. This deception works well because the Third World governments are being trapped into the genocide plot baited with western aid. This is why health ministers in those governments promote vaccination campaigns and family planning programmes to the detriment of their own fellow countrymen. They do not have the insight into the fact that vaccinations are the means of introducing genes that destroy the immune system of children that later develop the diseases that are now

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killing the people in Africa as the AIDS pandemic. The vaccinations that brought AIDS into Africa are still being forcibly given to children under the pretext that they are eradicating polio and other epidemic diseases.

These vaccines disturb the young immune systems to create what is medically known as an auto-immune disease. This is because the body gets so confused because of the introduction of foreign genes into its immune mechanism of cells and antibodies that it begins to destroy itself. Ultimately this leads to its breakdown and failure to defend the body against the myriad of infections that we classify as AIDS or opportunistic infections like malaria and tuberculosis that can no longer be resisted. Asthma, some heart diseases, lupus, rheumatic and kidney diseases come about this way after the immune system has been disorganised by the genes introduced through vaccinations.

The first vaccinations that were received killed a lot of people that received them. The public was deceived by the vaccine promoters that those diseases were only preventable through vaccination and yet by the time those vaccinations were introduced those diseases were declining through sanitation improvement. The Polio vaccine that they are currently using is prepared from green monkey kidney extract, which is teeming with viruses and foreign genes to humans. Before this is given to human beings as a vaccine, live polio viruses from the spinal cord of an infected monkey are added to it. This is why polio cases increase after vaccinations have been carried out.

It is not until African governments realise that not all-western aid is meant for our benefit that we shall be able to escape the death trap that comes with it. They must learn to respect African inventions, which are now being discouraged and in some cases banned by those same governments in preference to white people's innovations.

Our diet and local medicinal herbs are the key factors to maintaining our health. The introductions of foods that have been recommended to us by so called western benefactors are responsible for the destruction of our original powerful immunity against disease. The promotion of western drugs like AZT to cure us of our diseases like AIDS is another deception that is being promoted by our Third World governments. The toxicity of these drugs is so high that it is amazing why people are still continue taking them as curative for anything like HIV. The drug depresses the immune system just like the virus itself.

A good example of a government discouraging local talent and research is that of Uganda, which has banned the use of a nutritional supplement produced by the Mariandina Aids Research Foundation (MARF) through ten years of research by the writer. The Mariandina pill has no toxicity because it is a nutritional supplement derived from foods and herbs with powerful immune boosting properties.

It is now twenty years since the AIDS pandemic started in Uganda and other African countries but what is so surprising is that no affordable solution in the form of medication has been brought to assist the dying victims of this disease. What hope is there that the white man will bring us the solution in the foreseeable future?

We have to realise that AIDS is big business and as the Third World is a big market for the western pharmaceutical industries, they will not tolerate a Third World innovation that threatens that market monopoly they have held for generations. It remains our duty to fight for our survival or else we are faced with certain extinction. We have to condemn in clear terms the continued submission of Third World governments to detrimental policies dictated by their former colonial masters.

They have to learn to stand on their own and have a choice as to what is brought as aid into our countries. We are being systematically poisoned by those that wave dollar bills in front of our leaders enticing them to accept whatever they say.

They should learn to be proud of our black colour and respect it instead of being perpetually fascinated by the whites to our detriment. It is high time that we believe in ourselves as equals intellectually to any other people of any colour.

The African renaissance will not be realised if we continue to live in the past purely for monitory reasons.

Professor Charles Ssali (deceased), Director of [Mariandina Aids Research Foundation](http://www.blackherbals.com/Mariandina.htm).

<http://www.blackherbals.com/Mariandina.htm>

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THE ORIGIN OF HIV

By C.L.K. Ssali

The claim by Dr. Beatrice Hahn to have discovered the Origin of the Virus that causes AIDS in humans is the latest in the continuing saga of deception mounted by the worldwide AIDS establishment. This is meant to convince the world that the emergence of the HIV virus

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is a natural phenomenon of a virus jumping from one primate species to another and in this case from monkey to the human being without genetic interference. This is better described as scientific hogwash that should not be left unchallenged.

In her keynote lecture at the opening of the 6th Conference on "Retro viruses and Opportunistic Infections" at the Chicago Sheraton and Towers on 31st January, 1999, Dr. Hahn claimed that her team of researchers had identified a subspecies of Chimpanzee native to West Central Africa as the natural reservoir for HIV-1. She revealed that they had long suspected that a virus from African primates was the cause of human AIDS, but was not sure of the responsible animal species.

Dr. Hahn went on to state that her team identified a fourth simian Immunodeficiency Virus infected Chimp and by using sophisticated molecular techniques, they were able to pin point the particular animals from which they were originating. She explained the current world-wide HIV/AIDS pandemic on the finding that some West Central African tribes hunt these chimps for food.

The extraordinary thing left out by Dr. Hahn's team was to explain why the Chimps that have been hunted for food for thousands of years did not pass on the virus to humans until just twenty years ago.

This research team failed to tell the world how the spread occurred from the first victims deep in the Central African forests to the entire world within less than twenty years. It is strange to see that Dr. Hahn did not try to explain why there is no record of any outbreak of a similar disease in the history of the world during which these Chimps have co-existed with man on the African Continent.

These claims by Dr. Hahn's team of researchers can only be deplored as a feeble measure on the part of the AIDS establishment to cover up their systematic efforts aimed at the elimination of certain ethnic groupings using biological means.

This Systematic genocide plot aimed at mainly the black majority of the World's population has historical Ramifications traceable from the Berlin conference of 1884 that initiated the scramble for Africa and the start of colonialism. From that time our self appointed Colonial masters armed with advanced technology and wealth have managed to control us and even depopulate our continent systematically up to now. It has been mainly through deception and their ruthless use of scientific killing methods originally unknown to the victims. These colonial masters have used disease, famine and war in

Africa and other third world countries for generations.

What the South African whites did to the blacks in South Africa is just coming out now with the Truth Commission. We heard of how black men were separated from their wives for years to work in the Gold mines to enrich the whites, while their wives suffered neglect and disease artificially introduced in them. Women were given injections to sterilise them against having more children.

The records, of Belgians in their former colonies in Africa namely Rwanda and Burundi, are a catalogue of crimes against humanity. Men and women in those countries suffered brutal torture and sterilisation. The likes of Dr. Mengele of Nazi Germany who experimented on human beings using bacteria and viral agents to study how disease can destroy human life are pathetic examples in history of how low man can stoop to establish ethnic superiority. It is these research scientists and their records that were smuggled out of Germany to the USA and European capitals that are the nucleus of the modern biological killing methods. Whereas some of the German Scientists developed rockets to the moon others concentrated on perfecting the science of killing.

Viral agents that were originally non infectious to man were genetically manipulated by these scientists of infamy and incorporated into vaccines to be used on unsuspecting victims mainly in the "Third World" as population control methods in the Post-cold war era.

The document known as National Security Memorandum 200 (NSM 200) written by Henry Kissinger and declassified only recently states clearly that depopulation of Third World countries was of the highest priority in the USA foreign policy. The raw materials in Africa and other Third World countries became to the Africans what the horn is to the Rhino: the cause to become the endangered species.

At the request of Henry Kissinger, a team of Scientists belonging to WHO in Geneva, London Amsterdam and Philadelphia (USA) contracted to develop a viral agent that could cause immunological injury in human beings that was unknown before. The result of their effort for which they were paid \$10 million were published in the "Bulletin of the WHO 47 of 1972 (pages 257-263).

At the suggestion of the WHO, these viral agents were incorporated in the small pox and polio vaccines that were used in the WHO campaign in Africa purported to have been aimed at the eradication of Smallpox and Polio in Africa between the 1972 -1977 period. Their article entitled: "*VIRUS ASSOCIATED IMMUNOPATHOLOGY: Animal Models and Implications for Human Disease.*" -

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eighty years, would significantly impact animal and human medicine and science for the next thousand years. Without the immediate intervention of the judicial branch of government, entire racial species and ethnic creeds of millions of people could be artificially removed by the ongoing development and continuation of state sponsored ethnic weapons of mass destruction.

HIV/AIDS is a Synthetic Biological Agent

According to the 1971 progress report of the U.S. Special Virus program, HIV/AIDS is a recombinant (virus) agent that has been formed by converging a leukemia and a lymphoma. See page 2. The United States concedes that it is seeking to make a candidate human virus. Id. In 1984, (alleged) co-discoverers of HIV/AIDS, Drs. Robert Gallo and Luc Montagnue, concluded the original name of HIV/AIDS is LEUKEMIA/LYMPHOMA virus. (See, *Montagnue, L. & Gallo, R.C., et. al., Human T-Cell Leukemia Lymphoma Virus Cold Spring Harbor Laboratory, (Cold Spring Harbor, NY, 1984).*) Additionally, the United States admits that the nazi sheep virus visna, had not yet appeared in human disease. See page 39.

Today, according to all science and medical criteria, HIV/AIDS evolved from nazi sheep visna virus and but for this litigation defendant has yet to explain how visna virus suddenly hopped species in the 1970.

Last June (2002), the GAO erroneously and inaccurately concluded, without science citations or support, that HIV/AIDS and visna sheep disease had evolved together over thousands of years! However the medical and science evidence clearly shows that visna did not exist prior to 1932 and that there was no visna in human disease as late as 1971.

Moreover, it is the United States own proceedings which concludes that because of visna (being the causative agent of HIV/AIDS), sheep, not monkeys are the best animal model for the testing of new anti-HIV/AIDS drugs. See, Proceedings of the United States of America, National Academy of Sciences, Vol. 92, pp. 3283 3287, April 11, 1995. If not for the defendant legal shenanigans to thwart the exposure of the truth about the U.S. creation, production and proliferation of HIV/AIDS, this important public matter would have surfaced long ago.

Plaintiff argues an Order requiring defendant to provide full disclosure of the federal virus development program would immediately begin the irreversible process of removing HIV/AIDS, the U.S. special virus, from the human genome. Equally, full public disclosure would

human genome. Equally, full public disclosure would allow for the immediate large scale dissemination of the inexpensive U.S. cure for AIDS, U.S. patent #5676977.

In 1997, the U.S. awarded Rhode Island Company, Marentech the patent for the cure for AIDS. In November, 2001, plaintiff accessed the cure and has been free of prescription drugs for nearly two years. Plaintiff firmly believes that others would greatly benefit from an inexpensive AIDS treatment, patented by the United States as a cure. Also, a review of the conference papers from the VIRUS CANCER symposium held at M.I.T. in 1926 would shed significant science and medical insight surrounding the United States early research into ethnic, immune-depletion (suppression), synthetic, biological agents. Additionally, plaintiff further believes the United States enacted Executive Order 13292 on March 25, 2003 as a means to prepare itself to further insulate the federal program that made AIDS from the American people.

The plethora of U.S. documents and sworn testimony allow for any trier of fact to conclude the HIV/AIDS pandemic is the result of concerted science and medical efforts on the part of the United States and others to achieve a contagious cancer that selectively kills.

WHEREFORE; plaintiff prays the Court will deny defendant motion to dismiss and grant his motion for default judgment by ordering the immediate disclosure of all documents and records which imply a laboratory birth of HIV/AIDS, both directly and indirectly.

Respectfully submitted,

Boyd E. Graves
4486 38th Street, Unit #1
San Diego, CA
92116619-281-8401 CERTIFICATE OF SERVICE,

I, Boyd E. Graves, do hereby certify that I served a copy of plaintiff response in opposition to defendant motion to dismiss on:

John C. Ashcroft
Carol C. LawBeth
L. Levine
United States Attorneys Civil Division
880 Front Street St. Room 6293
San Diego, CA 92101-8893

[www.blackherbals.com/US desperately seeking dismiss aids lawsuit.htm](http://www.blackherbals.com/US_desperately_seeking_dismiss_aids_lawsuit.htm)

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(Effects of viruses on the immune system, immune complex diseases and antibody mediated immunologic injury). Authored by:

1. A. C Allison clinical Research centre Northwick Park Hospital, Harrow, Middlesex, England 2. W.I.B Beveridge, veterinary Public Health Consultant, WHO, Geneva, Switzerland. 3. W.C.Cockburn, Chief Medical Officer, Virus diseases, WHO, Geneva, Switzerland. 4. June East, Department of Environmental Carcinogenesis, Imperial Cancer Research Fund, Mill Hill, London, England. 5. H.C.Goodman, Chief Medical Officer, Immunology WHO, Geneva, Switzerland. 6. H. Koprowski, The Wistar Institute of Anatomy and Biology, Philadelphia, Pa, USA. 7. P.H.Lambert, WHO Haematology Research Unit, Cantonal Hospital, Geneva, Switzerland. 8. J.J. Van Loghem, Department of Immunology, University of Amsterdam, The Netherlands. 9. P.A Miescher, Haematology Division, Cantonal Hospital, Geneva, Switzerland. 10. C.A. Mimms, Microbiology Department, The John Curtin School of Medical Research, Australian National University, Canberra City, Australia. 11. A.L. Notkins, Chief Virology Section, National Institute of Dental Research, Bethesda, Md., USA. 12. G. Torrigiani, Medical Officer, Immunology, WHO, Geneva Switzerland.

The outbreak of AIDS in Africa coincided with the WHO vaccination program in sub-Saharan Africa as reported in the past 20 years starting in 1980.

A similar vaccination program for Hepatitis B involving 1.5 million homosexuals in New York, Los Angeles and San Francisco in 1979, was followed by AIDS and Kaposi out break within six months of the same year. This was then called the Gay plague.

Dr. Beatrice Hahn and her team of researchers cannot plead ignorance of the methods used to prepare vaccines. It is a well known fact that green monkeys and chimps from Africa have been the source of kidney tissue that have been used to prepare vaccines for Smallpox, Polio, Hepatitis B and others. Dr. Hahn is certainly very well acquainted with the presence of SIV40 and other Simian viruses that are known to occur naturally in green monkeys and chimps but cause no disease in their natural hosts.

She must also be aware that scientists like Robert Gallo and Luc Montagna had been using similar animal viruses like T.cell leukaemia viruses that are found in cows where they cause blood cancer called leukaemia. Another virus called the Visna virus that causes immune suppression in Sheep was also used in these experiments. The result is that these scientists have published materials in scientific journals that indicate how they have been genetically manipulating disease causing viruses for years and in the end claimed to have discovered HIV that causes AIDS.

Why does Dr. Hahn expect the general public to believe that Africans could only have got infected by the chimp virus by eating its flesh and not because they were deliberately injected with vaccines containing the monkey viruses genetically manipulated to cause disease in man as has already been published in journals?

If HIV was developed to reduce the population of black people in the world, and I am certain it was, then it is achieving the desired objective pretty smartly. In just twenty years, it has turned out to be the killer number one in history. The life expectation in Central Africa has been reduced to 45 years during that period and promises to get worse. The reproductive age group of 15 - 45 years is the most vulnerable and is rapidly being decimated. These age groups are being bombarded with radio, TV and other media propaganda to abstain from sex unless when using a condom. All these techniques ensure the end of reproduction. The young age group is vaccinated right from birth to ensure that no one escapes the lethal weapon.

The world is deceived into believing that the answer to the deadly HIV virus is the condom! A lot of the general public does not realize that those who trust in these flimsy devices are the ones who get infected first since NO manufacturer makes 100% safe condoms. You only need one bad condom and the others are not going to help the user who has already used a defective one. You have heard that South Africa has returned a hundred and forty million condoms to manufacturers because they were seriously defective. They had been donated for free distribution to the unsuspecting South African natives. The propaganda to use condoms with confidence is to ensure that women do not get any children but not to prevent the spread of HIV virus.

The only safe sex available is when the two partners are not infected. The commonest way by which people have acquired HIV/AIDS is through vaccination and sex comes second. A computer model to explain how HIV could spread world wide from Africa, within 20 years, put it at an incredible promiscuous lifestyle. The African green monkey and chimp eater had to have had 15,000 sex partners a year. This same lifestyle had to be maintained by each and every infected sex partner from the first to the present victims of AIDS in the world.

This is the degree of deception attempted by Dr. Beatrice Hahn in her keynote address to the unsuspecting Chicago Sheraton audience and to the rest of the world. The disinformation continues all over the world because such truths as you read here will not appear in main stream media owned by the rich western world. The victims of the genocide conspiracy are disadvantaged by their

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poverty that makes them entirely dependent on their murderers for information. Just like the fisherman deceives the fish into believing that his baited hook is a sign of generosity on his part, that makes him sit on the river bank to give them breakfast, lunch and supper. It is not until they find themselves on the frying pan that they realize how brutal the deception was.

Our governments in the Third world have been so deceived like the fish that they take part in the propaganda that ensures the vaccination of every one of their nationals. This amounts to sentencing their own citizens to death because they never bother to scrutinise the objectives of the foreign Aid they receive from donors. We have examples of African countries that have volunteered to vaccinate their nationals with yet untested vaccines purported to be capable of immunising against HIV infection. The donors know very well that their own citizens could never accept to act as guinea pigs for such a ridiculous proposition. Canary pox vaccine now being used was genetically engineered using HIV nucleus inserted in a shell of a virus found in birds.

All the genes that cause the virus of HIV to cause disease were included in the canary pox vaccine, and yet they were assured it couldn't cause the original disease of AIDS. The vaccinated population will freely mix with uninfected one and transmit the new form of AIDS. One does not require the mind of a genius to see through the deception and yet our scientists in Africa have gone on their knees to show gratitude for their citizens being chosen to act as guinea pigs. Unless our nationals wake up to these realities our fate is sealed and we shall have no one else to blame, but ourselves.

[Mariandina Aids Research Foundation.](http://www.blackherbals.com/The_Origin_of_HIV.htm)

http://www.blackherbals.com/The_Origin_of_HIV.htm

In Honour Of Professor Charles Ssali (1930 – 2004)

Inventor of the Mariandina Nutritional Health Products

Professor Ssali MBChB FRCS was a Ugandan Medical Doctor and researcher in both Western and traditional herbal medicines. After ten years of research he produced the Mariandina range of food supplements. Mariandina is now sold worldwide.

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Scientists Trace AIDS Origin to Wild Chimps

Gene tests match virus in primates in Cameroon to first known human case

**The Associated Press
May 25, 2006**

WASHINGTON - Twenty-five years after the first AIDS cases emerged, scientists have confirmed that the HIV virus plaguing humans really did originate in wild chimpanzees, in a corner of Cameroon.

Solving the mystery of HIV's ancestry was dirty work. Scientists employed trackers to plunge through dense jungle and collect the fresh feces of wild apes — more than 1,300 samples in all.

Before that, it took seven years of research just to develop the testing methods to genetically trace the primate version of the virus in living wild chimps without hurting the endangered species.

Until now, “no one was able to look. No one had the tools,” said Dr. Beatrice Hahn of the University of Alabama at Birmingham. She led the team of international researchers that reported the success in Friday's edition of the journal Science.

“We're 25 years into this pandemic,” Hahn said. “We don't have a cure. We don't have a vaccine. But we know where it came from. At least we can make a check mark on one of those.”

Scientists long have known that nonhuman primates carry their own version of the AIDS virus, called SIV or simian immunodeficiency virus. But with one exception, it had been found only in captive chimpanzees, particularly a subspecies that in the wild populates mostly West Africa.

It was not known how prevalent the virus was in chimps in the wild, or how genetically or geographically diverse it was, complicating efforts to pin down the jump from animal to man.

Hahn's team tested chimp feces for SIV antibodies, finding them in a subspecies called Pan troglodytes in southern Cameroon.

Chimps tend to form geographically distinct communities. By genetically analyzing the feces, researchers could trace individual infected chimps. The team found some chimp communities with infection rates as high as 35 percent, while others had no infection at all.

Every single infected chimp had a common base genetic pattern that indicated a common ancestor, Hahn said.

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There are three types of HIV-1, the strain of the human virus responsible for most of the worldwide epidemic. Genetic analysis let Hahn identify chimp communities near Cameroon's Sanaga River whose viral strains are most closely related to the most common of those HIV-1 subtypes. "The genetic similarity was striking," Hahn said.

Spread to urban areas

The first human known to be infected with HIV was a man from Kinshasa in the nearby country of Congo who had his blood stored in 1959 as part of a medical study, decades before scientists knew the AIDS virus existed.

Presumably, someone in rural Cameroon was bitten by a chimp or was cut while butchering one and became infected with the ape virus. That person passed it to someone else.

The Sanaga River long has been a commercial waterway, for transporting hardwood, ivory and other items to more urban areas. Eventually, someone infected made it to Kinshasa.

"How many different transmission events occurred between that initial hunter and this virus making it to Kinshasa, I don't know. It could have been one, it could have been 10, it could have been 100," Hahn said. "Eventually, it ended up in an urban area, and that's where it really got going."

Somewhere in all that spread, the virus became more deadly to people than it is to chimps, who seldom are bothered much by SIV.

The research seems to settle any question of HIV's origin, said Dr. Anthony Fauci, the National Institutes of Health's AIDS chief.

When tracing a virus' evolution, "it's important to get as close to the source as you can," he said. "It's of historic interest."

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<http://www.msnbc.msn.com/id/12966623/>

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Continued from page 1- What is the African Traditional Clinic?

building a sustainable bridge that links Africa with her African descendents wherever we are in the world.

One of the key mechanisms for enhancing the quality of life for all Ugandans is the establishment of a formal framework through which adequate healthcare can reach all citizens. However, it is becoming more apparent that the healthcare system in Uganda, as it

stands today, does not adequately address itself to solving the multitudes of health problems and concerns of all Ugandans. In this context, it is apparent that the integration of traditional medicine into the national healthcare system has the potential to augment, strengthen and promote better healthcare for all, in conformity with the national health vision.

Traditional Medicine in Health Care

Seldom documented, African indigenous knowledge (AIK) in health care is passed orally from generation to generation. Unfortunately, scientific awareness of the value of African indigenous knowledge is growing at a time when such knowledge is under tremendous threat. It is in danger of disappearing as a result of the ever-growing Western influences for rapid technological change and because the capacity and facilities needed to document, evaluate, validate, protect and disseminate such knowledge are lacking. For this situation to change, infrastructures, facilities, research, and financial resources are needed. More research needs to be done on AIK systems and methods developed for dealing with it. African claims of indigenous solutions to specific health problems by indigenous knowledge systems need to be validated and attempts made to improve or adapt those systems. This research should be conducted with people who possess the indigenous knowledge and with the local communities involved. Uganda can become a model by taking the initiative and developing an independent and alternative health care system based primarily upon their indigenous knowledge of herbs, food and plants.

Currently, we are witnessing a breakdown of western systems to cure diseases, derived from both natural and unnatural causes. Most pharmaceutical drugs, developed primarily to relieve symptoms, do not cure diseases. Vaccines are developed to immunize against disease, but can also be use to spread disease. Economic interest has the main reason why no medical breakthroughs exist for the control or elimination of the most common diseases and why these diseases continue like epidemics on a worldwide scale. The pharmaceutical industry withholds public information about the effects and risks of their prescription drugs and vaccines and life-threatening side-effects are omitted or openly denied. Many Africans, like their counterparts throughout the Diaspora, cannot even afford pharmaceutical drugs to alleviate the symptoms of disease.

On observation, we find evidence that the same diseases are affecting Africans in Uganda, other parts of Africa and the Diaspora in alarming numbers. There is an overwhelming need for African traditional indigenous medicine to become familiar with modern herbal practices and clinical procedures, so that African Traditional Medicine can gain distinctions, like that of other traditional medicines. In

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addition, African indigenous medicine when viewed in a modern clinical setting will elevate the public's perception of the "Traditional African Herbalist."

Blackherbals at the Source of the Nile, Uganda LTD. (BHSN), a Ugandan-based company, is a subsidiary of **RGL Enterprises International, Inc.**, Toronto, Canada. We specialise in sourcing, research & development, distribution and sales of traditional African herbal medicine and herbal health products. We are also a marketing and promotional organisation designed to open markets for natural, herbal and holistic medicinal products through internet shopping. Our services include import/export, business/business, wholesale and retail outlets servicing. We bring to this project expertise in traditional African indigenous herbal medicine as practiced in the Diaspora, particularly in Jamaica. Through our website, www.Blackherbals.com, we gather and disseminate information on health and wellness issues and related subjects as they affect Afrika, Afrikans and their descendants in the Diaspora. Our objectives are to propagate the concept of African natural/wholistic living and lifestyle; to propagate the consciousness of spirit, mind and body; and to promote community outreach programs on current and historical issues of health, nutrition and Afrikan Dietetics, preventive measures, Afrikan history, Afrikan Spirituality, cultural diversity, nature and our relationship with the environment.

The African Traditional Herbal Research Clinic

Traditional healers are the major health labor resource in Africa as a whole. In Uganda, indigenous traditional healers are the only source of health services for the majority of the population. For these reasons and more, **BHSN** established "**The African Traditional Herbal Research Clinic**", located in Bukoto, Kampala, Uganda. "The African Traditional Herbal Research Clinic" is a modern clinic facility created to establish a model space whereby indigenous herbal practitioners and healers can upgrade and update their skills through training and certification and learn to respond to common and uncommon diseases using African healing methods and traditions in a modern clinical environment. This environmental blending of traditional African medicine and western technology is a powerful concept. Many of the indigenous traditional healers have not had formal training. Their knowledge has been passed on by oral tradition. Therefore as an educational tool, the clinic is conducting its

research in English and Mother-tongue. Through the African Traditional Herbal Research Clinic, we intend to help modernise indigenous health resources, standardise effectively-known herbal preparations and cures for trade on the local and export markets, and certify competent African traditional medical practitioners.

With information gathered from a community needs survey conducted by **BHSN** in Bukoto Parish, Kampala in October 2005, we identified 12 immediate diseases affecting area residents. We are concentrating our efforts on herbal medicines that are effective and lasting treatments for these disorders. We are researching and testing existing traditional African herbal formulas (usage, standardization, quality control and dosage) to refine them and develop new ones as well. Our aim is to use this concept throughout various communities in Uganda to effectively fight diseases at home, the natural way. Moreover, our African biochemistry requires a type of nutritional support (African dietetics) that is not readily available in western cultures or through western medicine. The science of African biochemistry is based on the biochemical molecule, melanin. The lack of melanin-sustaining foods, which can be found in plant phyto-nutrients is one of the major causes of our nutritional deficiencies and diseases. We plan to make the community aware of the foods they must eat to stay healthy.

There are benefits for all stakeholders involved in this effort such as the community as a whole, sick people in the community, herbalists and other traditional healers, medical practitioners, farmers, herb harvesters, handlers in processing, market and distribution, and state revenues. In addition, this venture guarantees authentic supply sources for herbs, herbal formulas and raw materials, which in turn will help farmers develop a sustainable market, for organic foods and herbs.

The clinic is now open and operational. Some of the services we offer are herbal medicine, reflexology, acupuncture, hot and cold hydrotherapy, herbal baths, body massage, herbal tonics and other non-invasive treatments for: AIDS and TB, malaria, diarrhea, heart problems (pressure, circulation) diabetes, sexual transmitted diseases, respiratory ailments (asthma, colds and flu), ulcers and other digestive disorders, skin problems, arthritis and rheumatism, reproductive and libido problems and cancer. We also provide patient counseling, blood pressure checks, urine testing (sugar), and nutritional profiles. Spiritual counseling upon request.

Come Visit us Today

Hours: 9:00 am to 6:00 pm Monday thru Friday

10 am to 4:00 pm Saturday

Sundays – Closed

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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 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.”

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CALENDAR OF EVENTS

SPECIAL EVENT: CLINIC OPENING

PLACE: AFRIKAN TRADITIONAL HERBAL RESEARCH CLINIC

TIME:

Afrikan Traditional Herbal Research Clinic
1175A Mukalazi Road, P.O. Box 29974
Bukoto, Kampala, Uganda East Africa
Phone: 041 530 456
Email: clinic@blackherbals.com

ADDRESS CORRECTION REQUESTED

Herb of the Month

Nutritional Detoxifiers

ALL of us are constantly being attacked by free radicals due to the polluted environment, stress, drugs and the unhealthy food we eat. Excessive free radicals can destroy healthy cells, thus affecting the detoxification systems. Increasing the level of antioxidants can help to repair and protect the cells from free radical damage. The skin is the first line of defence against viruses, bacteria, fungi, and foreign invaders. It is most vulnerable to free radical attack, for obvious reasons. Taking enough antioxidants will prevent this and maintain a healthy, youthful appearance. A wide range of antioxidants should be taken daily for protection as well as to eliminate toxins. It should contain beta-carotene (pro-vitamin A), vitamins C and E, selenium, zinc and selected B vitamins. All these antioxidative nutrients work together to enhance your immune system with fewer infections, occurrence of allergies or sensitivity reactions. Antioxidants are perhaps the most important detoxifiers.

Eat vegetables such as pumpkin, tomatoes and carrots which are a great source of fibre, vitamins and minerals, in particular beta-carotene, so important for a strong immune system. It helps protect the mucous membranes in the nose, mouth and lungs from a viral attack. Increase the intake of vitamin C, zinc and magnesium. Drink freshly-squeezed fruit juice such as mango or orange to boost vitamin C levels. Eat more fish and nuts for zinc. Green leafy vegetables and nuts will boost your magnesium and folic acid level. Garlic is a natural source of selenium, as well as essential. An average garlic clove contains vitamins B1, B2, and B3, as well as vitamin C.

A healthy gut is needed to absorb all the nutrients needed for the detoxification programme. The bowel and liver play an important role in eliminating toxins from the body. It is normal and healthy to have a minimum of one or two bowel motions daily. This cuts down on transit time, so that toxic matter is not sitting in the bowel, putrefying, fermenting and polluting your body. Your motions should be easy, golden in colour, float in the toilet bowl, and should not smell foul or accompanied by mucus.

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