

# PHARMAPACT

SAYS NO !

To The Tyranny Of Monopolistic  
PHARMACEUTICAL EXPROPRIATION  
Of Natural Health Substances.

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

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Mr Isaac Mayeng  
Senior Medicines Control Officer  
Medicines Control Council  
Department of Health

13 December 1999  
By Fax and by  
Registered Post  
YOUR REF. 26/6/2/1(CML/114)

Mr Mayeng

## QUERIES RE PHARMAPACT PRESENTATION TO COUNCIL: 23 JULY 1999

I am in receipt of your letter of 7 September 1999, requesting me to “provide the Secretariat of the Medicines Control Council (with) information on products ‘*allegedly*’ responsible for the deaths among the South African Population, or of the manufacturing sites where such medicines are compounded”. You state that “the products are ‘*alluded to*’ in your (my) document on ‘Regulatory Proposals for Natural Health and Therapeutic Substances (section (f), p.1), which you (I) presented to Council on 23 July 99”. (My emphasis)

Firstly, let me question your choice of words in minimally two instances, namely those of “*allegedly*” and “*alluded to*”. Never mind how selective your choice of semantics, the bottom line is that **my statements are factual and several senior members of the MCC and Dept of Health are guilty of and are compounding a serious ongoing crime against the innocent and ignorant indigenous peoples of South Africa whom both institutions are mandated to protect.** The priority activities of said personnel and institutions are patently absurd as these relate to so-called “complementary medicines”, in that they cowardly, but with disproportional fervour, address the extremely petty, whilst totally ignoring the extremely serious issues which I have raised with several institutions and officials over the past few years, namely in this instance, the death of several thousand individuals every year as a result of their exposure to traditional African medicines.

I have expressed my opinion briefly to the Registrar of Medicines in my letter of 11 October 1999, as far as your above-mentioned letter is concerned, but I am responding to you in person prior to the close of this calendar year, lest I be accused of the same disgraceful behaviour and arrogance which I have repeatedly experienced at the hand of those who I have sought to constructively engage in these related matters to date. If you had but taken the care to read the submission, you would have noted that the indicated section read:

“(f) The logistical inability of the indigenous African medicines to be equally and urgently included in the process, let alone the process enforced on this significantly high-risk sector. The gross moral, legal and constitutional implications of ignoring or exempting this sector, directly responsible for an estimated 10-20 thousand tragically unnecessary deaths per annum has been detailed in our recent 15,500-word report titled **‘MCC / DoH Traditional African Medicine Genocide and Ethnospiracy Against the African People’.**”

How can 15,000 words be inadequate, especially when they lead the reader directly to the sources of both the problem and the personnel and institutions perpetuating it, as well as to the only comprehensive sources of the existing data...the very same personnel and institutions, either directly part of, sponsored by, or otherwise allied to the State in this disgraceful scandal? If said personnel and institutions were forthcoming with the repeatedly requested and eventually demanded access to the **Tramed Database**, I would have presented a 1,500-page report on the specifics by way of an essential (Traditional African Medicine) **“Toxics List”**. Without free access to this data, I am unable to assist my cause nor the authorities any further, yet this deliberate limitation does not in any way diminish the accuracy of my report, nor its shocking conclusions.

The above-mentioned report is not the first occasion on which I have raised this issue at the highest non-judicial level. An earlier version, raised with the Minister of Health in January 1998, elicited the following response from Dr Zuma: “I wish to advise you that the Medicines Control Council, the Complementary Committee and a cross section of experts representative of the different disciplines and philosophies of complementary medicines and traditional herbal medicines are working hard towards a solution that will be in the interest of all South Africans. I believe that these legal structures and the experts supporting them, are capable of finding solutions that will in time, serve to control all natural health substances in an appropriate manner”. Clearly Zuma was deceived. She should have sacked all these pseudo-experts along with the others. Sadly, the replacement MCC and Secretariat personnel have proved to be equally incapable of responsibility.

Our earlier report “MCC Regulation of all Natural Health Substances as Medicines: Argument Against Alleged Legality” (Revised and expanded version incorporating) **“PHARMAPACT EXPOSE’: MEDICINES CONTROL COUNCIL APARTHEID GENOCIDE AGAINST THE AFRICAN PEOPLE”** (Paragraphs 29-56), dated 3 March 1998, was presented to and discussed with the Dukes Review Task Team, of which Dr Ian Roberts, Dr Wilbert Bannenberg, Dr Bada Pharasi and Director-General Dr Ayanda, are all senior officials of the Department of Health. Our October 1998 submission, including yet further expanded documentation was presented to Parliament in October 1998, only to be illegally strategically struck from the Parliamentary Record, following my equally spurious eviction from Parliament, in a still unresolved debacle, implicating yet another institution and its attendant officials in this ongoing scandal, destined for the courts.

Regarding your request that I provide the Secretariat of the MCC with information (which is your job, not mine), this is an especially an odd request, given that my 15,000 word report which identified the precise custodians of this information, was not only presented to the Exco of the MCC on 23 July 1999, but was earlier presented in draft form to those present at the Secretariat meeting with the Registrar on 14 June, yourself included. That you should have the gall to subsequently request from me, on behalf of Council, the very information which you and they know is almost exclusively held by Eagles, Mahlaba and yourself, and has been repeatedly denied to my colleague T/Dr Anthony Rees and myself, illustrates the absurdity of your and their appointments to the Secretariat and Council, a sure case of “the foxes in charge of the hen-house”.

At said earlier meeting, I specifically drew your attention to the fact that you personally were heavily implicated in said report as an integral part of the problem and that I was extending an opportunity to you to rebut any aspects which you were able to, prior to my publishing the full report, an opportunity which you indicated you would avail yourself of. That you have still not met this challenge, is indicative of your being unable to deny the facts, summarily extracted hereunder as they relate to the untenable roles of Eagles (MCC Vice Chair), Mahlaba (Complementary Medicines Committee) and yourself. It appears to be impossible to reconcile the current situation with Minister Zuma’s earlier expressed confidence, for the following reasons:

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Extracts from “MEDICINES REGULATORY AUTHORITY / DEPARTMENT OF HEALTH, TRADITIONAL AFRICAN MEDICINE GENOCIDE AND ETHNOPIRACY AGAINST THE AFRICAN PEOPLE”, Stuart Thomson, Director, Gaia Research Institute, National Co-ordinator, PHARMAPACT.  
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Isaac Mayeng has since 1991 been intimately associated with the *Traditional Medicines Project (Tramed)*, supported by a grant from the Medical Research Council (MRC) ♦. *Mayeng is now employed full-time as senior medicines control officer with the MCCΨ/MRA, in serious vested interest conflict with his commercial ventures.*

Central to the TramedΦ program from an early stage has been T/Drs *Solomon Mahlaba and Isaac Mayeng*. Both are major sell-outs, benefiting only themselves, as the ancestral knowledge of the nation is raped by commercial interests, whilst scientific feedback to the traditional healers as a whole has been negligible. As reward, both have enjoyed proprietary access to the TRAMED database for their own African medicines businesses.

The Traditional Medicines Research Group (TMRG)▲ was formed *in 1997*, after PHARMAPACT embarked on a concerted expose’ of Folb’s MCC regulatory double-standard in the light of his UCT piracy TramedΦ Project, at which point center stage was shifted to UWC, with the strategic transfer of Mayeng to Prof Eagle’s School of Pharmacy. The promotional media propaganda: “The TMRG▲ intends to glean information for the health benefit of all South Africans.” The plot: “The group will use modern scientific and biomedical knowledge to investigate medicinal plant extracts and isolate bioactive compounds for developing more effective drugs.” (The Monday Paper, UCT, February 24, 1997); The lie: “Researchers hope to collect information on Southern African medicinal plants and to use this knowledge to set safety standards regarding herbal remedies.”

(Electronic Mail & Guardian, March 4, 1997)

Mayeng and Mahlaba, because of their obvious financial vested interests should not be qualified for any policy or decision-making process, yet nevertheless both hold influential positions on the Traditional African Medicines Committee of the CMC and the Traditional Medicines Working Group of the National Reference Centre (NRC)♣, Dept of Health. Mayeng, since late 1998, is Senior Medicines Control Officer, Medicines Registration, and heads the transitional Complementary Medicines Section at MCCΨ/MRA.

T/Dr Isaac Mayeng, in a recent book confirms his vested interest: “I also have my own private herbal medicines production and supply business.”

Proof of his two-facedness is in his own words: “Some healers think that if they cooperate with the medicinal side, the government will pay them a salary. Well that can never happen. There needs to be (bank?) checks (cheques?) and (bank?) balances. At the national level, the element of power and greed comes into play quickly.” (Susan Schuster Campbell, “Called to Heal”, Zebra Press, 1998)

Earlier self-prophetic truisms from **Mayeng**: *“The companies are positioning themselves with the healers. These groups are interested in the markets the healer’s represent, not necessarily the healers themselves. Traditional healers have become sceptical of sharing their information, experience and data. Some healers have found their work published in journals under the name of their medical colleagues. Many healers feel, and rightly so, that their work has been stolen. Whenever there is a natural plant growing freely which improves a given disease, the pharmaceutical and scientific industries will prevent this herb from being widely distributed. The rules of the game demand that the active ingredients be isolated, synthesised, then packaged in such a way to sell to a mass market at great cost for the very medicine that was given in nature.”* (Schuster Campbell, 1998)

Hypocritically in February 1998, **Mayeng** advised the Parliamentary Portfolio Committee on Health that *“traditional medicine had to be regulated to ensure standardisation of herbal medicine, a code of conduct and ethics, the passing on of invaluable knowledge, and patenting”* (Vuyo Mvoko, News, Business Day, 19 February, 1998), and in February 1999, **Mayeng presented the fruits of this stolen heritage, the “Tramed⊕ Monographs” to the WHO in Geneva for the rest of the pharma-world to plunder, while South African consumer’s are poisoned to death in their thousands for lack of toxicological information. Mayeng now heads the section of the MCC<sub>ψ</sub>/MRA which aims to engage in both this and all the preceding activities he so hypocritically warned readers about in the preceding interview.**

**Mayeng** was recently exposed as a fraud, when in response to a telephonic query whether the ICC<sub>∅</sub> had been informed of the pending 26 February (Pretoria Zoo) meeting, he claimed that the traditional healer’s were not interested, and that he had no contacts for them (a lie), only to pretend the next day to be taking the initiative in informing the ICC<sub>∅</sub> of a meeting (critical to their survival).

**Worst of all is that this ethnopiracy is happening in our own back yard, with State support via the Dept of Health and Medical Research Council ♦.** Witness the following report-back from one of these meetings and then an example of the rape of the traditional African medicine heritage by a consortium of most of the (above-)mentioned names and institutions, **spearheaded by the statutory Council for Scientific and Industrial Research (CSIR)⊗, headed by Dr M Horak, team-leader of the Database Working Group of the Traditional Medicine Working Group of the NRC♣, with the full co-operation of Eagles, Matsoso, Makhambene, de Wet and Mayeng, all of the MCC<sub>ψ</sub>, Walters of the MRC♦, Bannenberg and Peteni of the DoH, and du Plooy of Medunsa⊕, plus Mahlaba and others. Nothing is being done about the tens of thousands of fatal poisonings and untold morbidities, fearing non-co-operation by healers on the “claims for cures” scam.**

**REPORT-BACK REGARDING THE LEGAL ISSUES WORKING GROUP OF THE NATIONAL REFERENCE CENTRE ♣ FOR TRADITIONAL MEDICINES, NATIONAL DRUGS POLICY, HALLMARK BUILDING, DEPARTMENT OF HEALTH, PRETORIA. 2 JUNE 1998. By Stuart Thomson.**

(This report was prepared for PHARMAPACT, the Interim Co-ordinating Committee of Traditional Medical Practitioners of South Africa (ICC)<sub>∅</sub>, and the Western Cape Traditional Healers and Herbalists Association)

**Who exactly is running the show? Isaac Mayeng (Tramso - Trad Med Syst Org), Prof. Folb’s stooge is strategic liaison person for the traditional healers. Significantly he is on the equally non-representative and non-democratic African Traditional Medicine Sub-Committee of the Complementary Medicines Committee of the MCC<sub>ψ</sub>. This concentration of influence on both forums illustrates either the deliberate selective nature of the canvassing for participants. Mayeng, Folb and Eagle’s main collaborator, has unique proprietary access to the database.**

Having lined-up the window dressing, the reminder of non-traditional healer **Europeans** at the meeting ensured that the **group-leader** would be **Dr. Nico Walters** of the **Medical Research Council** ♦, Cape Town (speciality: indigenous technology), who acknowledged to me prior to the meeting that he was **part of Professor Folb's team** (and one of the tiers in the **Traditional Medicines Research Group (TMRG)** ▲, including Folb's UCT Pharmacology Dept. and **Prof. Eagles** UWC Pharmacy Dept.). The **MRC** ♦ are closely involved with the **WHO Collaborating Centres for Drug Policy** and actively support the ethnopiracy operations of **Professors Folb, Eagles** and du Plooy by way of financial grants.

**T/Dr Solomon *Mahlaba manufactures and markets his own extensive range of "finished, labelled and marketed" traditional African medicines, branded "UMUTI AMANDLA", which is known to the MCC*ψ, this matter has been brought to the attention of the Registrar, Precious Matsoso and the Inspectorate,( without action).**

It is not possible to reconcile the false promotional rhetoric with the unequivocal facts: **Professor Eagles:** "Our brief (National Drug Policy) was **to investigate traditional medicines for toxicity, efficacy, safety and quality to incorporate them in the health care system, and be able to register and control them.**" It is quite clear that the MCC (**Tramed**Φ via Folb, and now Eagles) and in particular in their "brief to establish a **Complementary Medicines Committee (CMC), including all experts**" for the aforementioned purpose have not succeeded, not in spite of, but because of the domination on this committee by **Mayeng and Mahlaba**.

PHARMAPACT and its allies consider it ludicrous that these professors and now their successors, **Dr Helen Rees (chair), Precious Matsoso (registrar) and especially Prof Eagles (vice-chair)** claim jurisdiction over exotic herbal and other natural health substances as medicines when it is clear that these are impacting positively on health and negatively on medical profits, but not to have jurisdiction when some of the indigenised medicines are impacting negatively on health and positively on medical profits, whilst hypocritically using public safety as a red herring to suppress public access to those improving health.

None of the mentioned identified toxics are at all covered in the South African Traditional Healer's Primary Health Care Handbook, based on the **Tramed**Φ database and produced by the Medical Research Council and the Traditional Medicines Research Group (TMRG) ▲ of the Universities of Cape Town and of the Western Cape. **Prof Eagles, Head of the Pharmacy School, UWC, as one of three tiers of the TMRG and who was and is again the vice Chairperson of the MCC**ψ/MRA, is also an **influential member of the Traditional Medicines Working Group, National Reference Centre (NRC)** ♣.

We have to protest, that the forgoing facts having been determined, and the regulatory authorities repeatedly exposed thereto, as well as to that which follows, they who were mandated to protect the public from toxic medicines were presented with a golden opportunity to educate prescribers, suppliers and consumers regarding which plants are most seriously implicated, as well as dose, contra-indications, precautionaries, early and advanced poisoning symptoms etc, an opportunity squandered by especially the MCCψ, via access to the Traditional Medicines Project (TRAMED)Φ/TMRG ▲ with **Folb / Schlebusch / Bruchner, and now Eagles / Rees / Matsoso at the helm.**

**We have to question and protest the deliberate exclusion of an educational Toxics List, especially considering Folb's (above-)mentioned statements regarding toxicity, and more recently, those of Eagles: "In favour of *muti* is that the cost is lower than that of allopathic medicines. Against it stands the risk of poisons, toxicity, counterfeits and chemical pollutants. If people aren't enlightened about the dangers of mixing a handful of leaves together, the results can be uncontrollable".** (Lee P, undated, Independent Online) **(Why now absolutely no proactive initiative at the first and foremost legislative opportunity, by those mandated to do so?)**



It is no surprise that the person who was preferred by the MCCΨ to take over as Chairman in June 1998 was vice chairman, Professor P. Eagles, head of the UWC School of Pharmacy, who is currently expanding on Folb's ethnopiracy operation, and has taken over his role as a major influence (vice chair) on the Council. Eagles is also the influential chairperson of the NRC♣.

The Bioprospecting Programme is supported by the activities of a South African based consortium, managed by CSIR⊗-Foodtek under its Chemical and Microbial Products Programme (CMP) by Dr Marthinus Horak. Consortium members currently include numerous parastatals and significantly the MRC♦, and the universities of Cape Town (Folb), The North and Western Cape (Eagles), in collaboration with government departments and policy makers.

***Professors Folb and Eagles who are the most informed and influential educators and policy makers as far as medicines regulation and the toxicity of traditional African medicines are concerned, are leading these genocide / ethnopiracy operations. Educational courses for traditional healers? No. They are not interested in the thousands of annual deaths and morbidities from medicines under their jurisdiction, they are focussed on the academic prestige and millions of Rands to be made from ethnopirated traditional African medicinal substances for the patent and synthesis of mass-market First World drugs.***

The Medicines Regulatory Review, rather than strengthening the public safety mandate in its recommended overhaul of the regulatory system, actually furthers the erosion of the above-mentioned lofty, albeit never realised mandate of “public interest”, by not stating strongly enough the problem of traditional African medicines toxicity, in spite of its recognition that “South Africa is faced with many purely national issues, including the massive challenge of African traditional drugs.” (Medicines Regulatory System in South Africa: Review and proposals for reform. Dept of Health, 24 March 1998)

Significantly, the Review never recommended that only “marketed” medicines be regulated, but it appears that this rather weakly stated aspect has been deliberately capitalised on by the Medicines Regulatory Authority Transformation Task Team who, too timid to exercise bold responsibility, continue to promote the culturally and demographically inappropriate Listing System, and which team included, not surprisingly, Summers and Eagles, but also Rees, Matsoso and Makhambene. (Report of the Medicines Regulatory Authority Transformation Task Team, 17 July / 23 September 1998) Also, the SAMMDRA Act also makes no distinction on the basis of the concept of only “marketed” medicines being subject to regulation. Once again, I must ask, as I concluded in my report under discussion:

**Toxic medicines used by other practitioners, even individually, are scheduled and/or registerable. Why should SAMMDRA complementary regulations exempt and so perpetuate the biggest killer category?**

**Are our African citizens not entitled to equal protection under law or is genocide via deliberate inaction still alive and well through a sinister plot to condone the poisoning of the unsuspecting African traditionalist, now awkwardly exposed but allegiance to pharmaceutical ideology still taking preference over the mandate of “health for all”?**

Sincerely,

A handwritten signature in black ink, appearing to read 'Stuart Thomson', with a stylized, cursive script.

**Stuart Thomson**

**Director, Gaia Research Institute. National Co-ordinator, PHARMAPACT  
CC Minister of Health; Public Protector; Chairperson, MCC; Registrar, MCC.**