
AFFIDAVIT

I, ~~the undersigned~~ _____

PETER SARANCHUK

do hereby make oath and state as follows:

1. My name is Peter Saranchuk. I am a Canadian citizen working as a registered medical doctor in Khayelitsha.
2. I work at a comprehensive provincial HIV clinic administered by the Provincial Administration of the Western Cape in Site C, Khayelitsha.
3. The facts contained herein are true and correct, are within my personal knowledge and are based on my personal experience. Where relevant I submit that I am duly qualified to pronounce on the medical facts that I describe.
4. I qualified in 1991 as a medical doctor from the University of Toronto. I have worked as a family practitioner in Canada, Australia and Congo.
5. I registered as a doctor in South Africa in 2003.
6. Over the last two years, I have gained extensive experience treating patients with HIV in South Africa.
7. I recognize that there is a tremendous amount of unnecessary HIV and TB-related deaths in South Africa. This is what motivates me to work here at a very uncompetitive salary.
8. In this affidavit I describe four patients who I have dealt with as a medical professional. These patients have in common that they became confused due to the actions of Matthias Rath or people working on his behalf. In my professional

opinion one patient died, another was put in danger of dying and the other two were put at risk of unnecessary morbidity.

9. In order to protect their confidentiality, I refer to the patients as Patient One, Patient Two, Patient Three and Patient Four.

10. I keep detailed notes on patient visits to the clinic where I work, Nolungile HIV Clinic in Site C Khayelitsha. The patient histories I describe are based on these notes.

PATIENT ONE

11. Patient One, a woman, came to see me at the clinic where I work on 24 May 2005. She was not one of our regular patients. For example she did not have a folder at our clinic. However, I saw her because she was clearly distressed and ill.

12. She explained that she was upset with the Rath Foundation who she felt had misled her.

13. Patient One was taking multivitamins prescribed by the Rath Foundation. She came in with a lung infection, possibly tuberculosis (TB). She explained that she believed that the vitamins from the Rath Foundation would make her immune to all infections. She was surprised to get an infection when she believed she was taking a treatment that would protect her against all infections. I remember that she was quite upset at the time.

14. I prescribed treatment for her lung infection. I also gave her an empty bottle to take a sputum sample in order to determine whether or not she had TB. But she was lost to follow-up.

PATIENT TWO

15. I saw Patient Two on 25 May. She too was not a regular patient of mine.
16. She was quite ill with abdominal pain and vomiting. The diagnosis was pelvic inflammatory disease. She therefore required an injection of an antibiotic plus two oral antibiotics because of the seriousness of her infection.
17. Similar to Patient One, she did not understand why she would get an infection when she was taking the multivitamins prescribed to her by the Rath Foundation.
18. It is my opinion that Patient Two was misled about the efficacy and value of the Rath Foundation's "treatments".
19. Her regular clinic was in Site B, so I did not see her again.

PATIENT THREE

20. I have been treating Patient Three since January 2005. Patient Three was very sick in the final stage (stage 4) of HIV-infection. Her baseline CD4 count was 17.
21. Because she was so ill, she was started on antiretrovirals on 2 February 2005 in order to lower the HIV viral load in her body.
22. She also required admission to a hospice because she needed nutritional support and nursing care. She was admitted to hospice on 9 February 2005, suffering with several different infections. In the hospice she was treated for several different infections including TB. She also would have received multivitamins, which we give to all patients attending our HIV clinic.

23. Her condition improved on TB treatment and ARVs and she was discharged from the hospice on 3 May 2005 for follow-up at the TB and HIV clinics in Site C, Khayelitsha.
24. She saw me again on 9 May 2005. She had improved significantly. In my professional opinion this was due in part to her antiretroviral treatment.
25. But then she missed her appointment on 30 May. I did not see her again until 14 June, meaning she was late by two weeks and no longer taking antiretrovirals which she would have had to have obtained from the clinic.
26. On 14 June, she told me that her TB home-care worker had referred her to the Rath Foundation's Clinic
27. She understood the message to be that Rath's treatments would fight HIV. She had therefore been confused into defaulting her antiretrovirals for the prior two weeks because of this message.
28. In this interim period she would almost certainly have been taking both the multivitamins we prescribed and Rath's vitamins.
29. She therefore received more counseling from our counselors at the Site C HIV clinic so that she could understand the difference between multivitamins and antiretrovirals. She restarted antiretrovirals on 28 June.
30. In my professional opinion without the hospice care, treatment of opportunistic infection and the initiation of antiretroviral treatment Patient Three would likely have died by now.

PATIENT FOUR

31. Patient Four first came to the Nolungile HIV clinic at Site C on 30 September 2005, where I treated him.

32. I investigated Patient Four's clinical history which I now describe. I did this because it was strange to me that he presented in such a deteriorated state to the HIV clinic. I describe his clinical history here.
33. He was admitted to GF Jooste Hospital on 12 September 2005.
34. According to notes at GF Jooste Hospital, his baseline CD4 count was 22. This means his immune system was extremely weak. He had advanced AIDS.
35. His haemoglobin count was only 3.2, which is extremely low. Because of this, he required three blood transfusions.
36. He was also diagnosed with HIV encephalopathy (a condition which causes confusion due to advanced HIV infection) and disseminated tuberculosis.
37. His patient record at GF Jooste states that there was a two month progressive weakness prior to his presentation at the hospital.
38. I therefore investigated what occurred during this two month period and learnt that Patient Four had been a patient of one of the Rath clinics.
39. He was subsequently discharged from GF Jooste on 21 September and referred to the Nolungile TB clinic, who immediately referred him to the Nolungile HIV clinic.
40. I saw him at the Nolungile HIV clinic and admitted him to an AIDS hospice for nursing care on 3 October. My hope was that he would improve, but the reality is that the prognosis for people at his late stage of AIDS is very poor.
41. He died on 8 October 2005 at the hospice. He never had the opportunity to be initiated on antiretroviral treatment, because he had not sufficiently recovered from his opportunistic infections to commence taking antiretrovirals.
42. It is my professional opinion that the approximate two months in which Patient Four was a patient of a Rath clinic resulted in a critical delay, in which the chance

of saving his life would have been far greater had he attended the Site C HIV clinic.

CONCLUDING NOTES

43. One of these patients gave me a bottle of Rath Foundation branded vitamins.

According to the labeling, these are mostly multivitamins with minerals, amino acids and some other nutrients. However, they also contain N-acetylcysteine which I am advised is a scheduled medicine.

44. It is worth noting that they seem to be prescribed in higher doses than standard vitamin supplements.

45. As mentioned we also prescribe multivitamins to all our patients with HIV. The balance of scientific evidence demonstrates that particular combinations of vitamins at a particular dosage can delay the onset of AIDS (see *Randomized Trial of HIV-1 in Tanzania*, JAIDS Journal of Acquired Immune Deficiency Syndromes. 23(3):246-254, March 1, 2000). However to my knowledge there is no evidence that multivitamins reverse the course of HIV-infection.

46. It should be noted, however, that I am not aware of anything in the peer-reviewed medical literature which would indicate that there is any evidence that Rath's particular combination of vitamins in the dosages prescribed have any benefit for people with HIV. Until such evidence is forthcoming, there is no reason why patients should use Rath's vitamins as opposed to those provided by the public health sector.

47. I have seen some of Rath's literature and it does not distinguish between the different stages of HIV infection. The early stages of HIV infection (where a patient has mild or no infections) are very different from the final stages of HIV

infection (where patients suffer from recurrent serious infections). Likewise, medical treatment to prevent unnecessary death is very different for people in the final stages of HIV infection who are suffering from recurrent life-threatening infections compared to those who are doing well in the early stages.

48. In my professional opinion these four patients were misled into believing that Rath vitamins were more effective than the evidence for them shows.

49. In my professional opinion, the Rath Foundation has fuelled a false dichotomy between nutrition and antiretrovirals. It is well understood by medical practitioners that good nutrition is important at all four stages of HIV infection. In the case of people with advanced HIV disease, nutrition alone is inadequate to prevent death. Patient education, treatment of opportunistic infections and antiretroviral medicines are then necessary to prevent unnecessary death.

50. In my professional opinion, Rath, the Rath Foundation and those doing his legwork are causing dangerous, life-threatening confusion to people in the final stages of HIV infection.

PETER SARANCHUK

I CERTIFY THAT THE DEPONENT ACKNOWLEDGED TO ME THAT HE KNOWS AND UNDERSTANDS THE CONTENT OF THIS DECLARATION, THAT HE HAS NO OBJECTION TO TAKING THIS DECLARATION, THAT HE HAS NO OBJECTION TO TAKING THIS PRESCRIBED OATH AND CONSIDERS IT TO BE BINDING ON HIS CONSCIENCE.

THUS SIGNED AND SWORN BEFORE ME AT CAPE TOWN ON THIS ____ DAY OF OCTOBER, 2005

COMMISSIONER OF OATHS