

The Emperor's New Juju: African AIDS and Social Engineering
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“And another thing. I have been reading in my papers about something very modern called birth control. What is it?”

Basil explained.

“I must have a lot of that. You will see to it. Perhaps it is not a matter for an ordinance, what do you think? We must popularise it by propaganda—educate the people in sterility. We might have a little pageant in its honour. . .”

Evelyn Waugh
Black Mischief

Njeri thinks African Americans are a wildly comical group. First of all, they're all fat, and, secondly, they all have funny names like “Tameka”—she exaggerates the last two syllables and rolls her eyes so that her companion Elizabeth laughs—and “Tyqueeeeeesha,” which, she says, “doesn't mean anything.”

Njeri is a Kikuyu, which is to say, a member of Kenya's largest ethnic group, and she attends Strathmore University in Nairobi, Njeri, however, runs into American blacks most often when she travels to see her friends in Mombassa on the coast, where her Kikuyu buddies dress up as Masai warriors. The Masai are another ethnic group in Kenya, but unlike the Kikuyu they have clung to their traditional nomadic culture. They can still be seen tending their flocks by the roadside, wearing their traditional red and blue plaid blankets. Having Kikuyu dress up like Masai for the tourists in Mombassa would be the African equivalent of the Irish getting dressed up in Lederhosen and Dirndlkleider, but, in this instance, she says referring to the African-American tourists, “Nobody can tell the difference anyway.”

Njeri and Elizabeth then discuss the fact that various syllables in typically Kenyan names are connected with various tribes—the Luo, the Kikuyu, the Kamba, the Kalenjin—but all of the words have meaning. Njeri is named after her grandmother, who, in turn, is named after one of the nine daughters of Mongo,

the Kikuyu god. Njeri is, however, a Catholic, and she attends daily mass at the university chapel, as does Elizabeth, who then talks about the way the different ethnic groups have differing appearances. The most striking from the Kikuyu point of view seems to be the people from the Sudan, whose faces are scarred for cosmetic purposes and whose skin is strikingly dark. "I mean, like, navy blue," Elizabeth adds.

If you're ever in Kenya and there is an uncomfortable lull in the conversation, I suggest that you bring up the topic of ethnicity. I got the ball rolling in this instance by asking Njeri what ethnic group she belonged to. What followed was a torrent of fond memories all associated with going home at Christmas when the men of Njeri's family would gather under the appreciative eyes of her female relatives to slaughter and dismember a goat for the holiday meal.

"It's a male bonding thing," she said.

Njeri then conjured up images of the bleating terrified goat having its throat slashed by her father, uncles and male siblings, and the women cheering them on. After the goat gets butchered, Njeri's family then prepares the goat for the Christmas meal. Her features soften for a moment as if savoring the memories, whether culinary or familial. "Everything gets eaten," she says. "Nothing goes to waste not even the eyes or the brains." Then as if savoring another memory, she adds, "It's wonderful." I ask Njeri whether the animal rights groups object to her family's Christmas meal, and she says they don't, because they don't exist in Kenya. "We Africans," she continues, "know what to do with animals."

I am at Strathmore University in Nairobi to talk about social engineering, specifically about how the current campaign against African AIDS is simply a continuation of Kenya's failed population control campaign of the '70s. As the idea of social engineering crosses my mind, I can't help but make invidious comparisons between Catholic university students in the United States and Kenya. My last significant contact with young ladies attending a Catholic college in the United States dates back to the performance of *The Vagina Monologues* at St. Mary's College. There, led by a Holy Cross nun, they were all chanting the word "c**t" over and over again like the croaking chorus from *The Frogs* of Aristophanes. In Kenya the young Catholic ladies are soft-spoken to the point of being inaudible. During the question period following my lecture, I oftentimes had to walk the length of the hall and bend over till my ear was almost in their faces before I could hear them.

The Kenyans are not as loud and flamboyant as the Nigerians. They dress more like Englishmen, even though both countries were equally British colonies. When Hollywood did a movie about the Mau-Mau uprising, they portrayed them as bare-chested and wearing grass skirts. To be historically accurate they should have portrayed them as wearing Harris Tweed sport coats. Whenever you see an African bundled up in a bulky sweater or a tweed jacket, chances are it's going to be a Kenyan, because much of Kenya, even though it lies astride the Equator, is a mile or more above sea level. The Kalenjin of Kenya now produce the world's best long distance runners because their children all run to school and their schools are 3000 meters above sea level.

If the authorities at Strathmore University had allowed their Catholic students to put on a performance of The Vagina Monologues, they would have probably ended

up like Njeri's goat. Aside from the Internet, there is virtually no pornography in Kenya. The form of social engineering which the masters of the universe favor there is the condom. Kenya, like most of sub-Saharan Africa, is awash in condoms to prevent the spread of what the people there call HIV/AIDS. Trust is the brand name of the condom. You see their ads in places where grinding poverty seems like an overly optimistic statement of the peoples' financial situation. Given the poverty one sees in Kenya, it seems difficult to imagine anyone buying condoms. As a result, virtually all of the international development agencies from USAID to UNAIDS hand them out for nothing. African AIDS may or may not be

a specific disease, but thanks to massive social engineering, it has become associated with one thing in the minds of Africans, and that is the condom.

THE EMPEROR'S JUJU

As anyone who has read Evelyn Waugh's description of the Emperor Seth's pageant of birth control in Waugh's 1931 novel *Black Mischief* could testify, condom campaigns are nothing new in Africa, nor is the African subversion of them, whether by incomprehension or conscious resistance anything new either. After renaming the site of the Anglican Cathedral in Debra-Dowa, Place Marie Stopes, Emperor Seth then launched a propaganda campaign based on a poster with two pictures side by side and "the Emperor's juju," otherwise known as the condom, in between. The poster, Waugh writes,

portrayed two contrasted scenes. On one side a native hut of hideous squalor,

overrun with children of every age, suffering from every physical incapacity—crippled, deformed, blind spotted and insane; the father prematurely aged with paternity squatted by an empty cook-pot; through the door could be seen his wife, withered and bowed with child bearing, desperately hoeing a their inadequate crop. On the other side, a bright parlour furnished with chairs and table; the mother, young and beautiful, sat at her ease eating a huge slice of raw meat; her husband smoked a long Arab hubble-bubble (still a caste mark of leisure throughout the land), while a single, healthy child sat between them reading a newspaper. Inset between the two pictures was a detailed drawing of some up-to-date contraceptive apparatus and the words in Sakuyu: WHICH HOME DO YOU CHOOSE?

After some discussion the Azanian natives concluded 1) that the poorer wife was the ideal which they should follow because she produced so many offspring with hardly any food and 2) that “the Emperor’s juju” would “make you like that good man with eleven children.” As a result, “the peasantry began pouring into town” to attend Emperor Seth’s Pageant of Birth Control, “eagerly awaiting initiation to the fine new magic of virility and fecundity.” “So brisk,” Waugh continued, “was the demand for the Emperor’s juju that some time before the day of the carnival Mr. Youkoumian,” the Armenian merchant who ran the Azanian government, “was frantically cabling to Cairo for fresh supplies.”

The Pageant of Birth Control arrived in Nairobi 70 years after it arrived in Azania. On October 9, 2002, Kenyan Public Health Minister Sam Ongeri appeared on-stage at a large outdoor concert at Uhuru Park with Kool and the Gang, an American band, and a local artist by the name of Paul Imbaya, “popularly known as ‘Mighty King Kong,’” to urge the locals to make copious use of the Emperor’s juju. The African AIDS condom campaign of the ‘90s was not based on “control” as the failed population control campaign of the ‘70s was. The new campaign was based on “health.” The new campaign was based on what Wilhelm Reich would call “a mass phenomenon” of the sort that he noticed broke down sexual inhibitions in Austrian women in the 1930s. It was also based on the newly evolved psychological warfare concept of “enter -educate” which had already been tried out with some success in western Africa. According to this idea, USAID would pay West African rock bands to write songs praising the use of the Emperor’s juju

and other sterility producing devices. The point of the concert in Uhuru Park—at least according to the official explanation— was to denounce “the social stigma associated with HIV/AIDS that has hampered prevention efforts.” Lest that sound too vague to the average concert goer, he was informed that all he had to do to gain entrance to the concert, “which will be practically free” is “show an unused condom.”

As anyone who has read *Black Mischief* knows, Emperor Seth’s pageant of birth control culminates in a coup which eventually overthrows his government and leads to his death. The Oxford-educated emperor who decided to bring birth control and everything else modern to his country was in the end undone by his efforts. The same sort of thing can be seen in Kenya, if one has the eyes to see, not so much in chronic revolution, which is the fate of most of sub-Saharan Africa, but in the preliminary step to revolution, namely, pandemic crime. Kenyans live in what the people in Texas would call “gated communities,” which is to say that their houses are walled off from Nairobi at large and accessible only through heavily guarded gates. Their houses themselves are walled off from other houses in those communities as well, by seven foot high walls crowned with either razor wire or shards of broken glass embedded in cement.

Even with all these precautions, people still get robbed and killed on regular basis. Nairobi, in this regard, is like the South Side of Chicago on steroids. After Mass on Sunday, one of the parishioners at the Consolata parish in Nairobi talks about being robbed within his walled compound. The man who robbed him was in his thirties and extremely nervous, barely able to keep the gun he had trained on his victim steady by holding it with both hands. The man in question had to hand over his wallet and around 6000 Kenyan shillings (\$75) while the robber’s companions robbed a woman from the same compound. The woman unfortunately lacked the man’s knowledge of how to deal with Kenyan robbers. She started screaming, which prompted the man to go over to her and shoot her three times. The woman died on the way to the hospital.

Arouse passions in a country where ethnic traditional culture has already been fatally weakened by colonialism and the arrival of totally alien and incomprehensible forms of organization and you are going to get crime. When crime gets bad enough, you are going to get a revolution, when revolution becomes common enough, you are going to have a world of perpetual violence, instability and anarchy. Since American foreign policy in Africa is based on

population control, which is to say, the condom, American foreign policy is doing nothing but creating the very instability it fears. The condom campaign is doing nothing but pouring gasoline on the fire. The net result of paleo-Anglo colonization and neo-American colonization is a sub-Saharan African culture which is essentially Orwellian in its orientation. As in the west, freedom, as in sexual freedom, invariably means bondage. Health means birth control, and development means creating dependency.

Let's begin with overpopulation, since no one talks about that anymore. The best way to understand overpopulation in Kenya is to drive out of Nairobi to the Rift Valley, a geological fault that extends from the Red Sea to Malawi. Louis Leakey, a notorious Kenyan con man, made the Rift Valley famous by finding lots of bone fragments there and claiming that they were the missing link or links. Traveling to the Rift Valley means heading northwest. It means going higher too. Nairobi is a mile high. By the time you get to the Rift Valley, the elevation is about 2000 meters, and then dramatically everything falls away and reveals a large valley which is virtually uninhabited savanna, dotted by Acacia trees. After descending into the Rift Valley we drove for roughly an hour through equally uninhabited stretches of arid grass land. The only people we saw were occasional Masai herdsman, and at one crossroads, a collection of shacks where truck drivers stopped on the way to Kampala just long enough, according to local legend, to contract AIDS.

Kenya is a combination of overpopulated slums and underpopulated countryside. The people leave the countryside because the lack of population makes commerce of any kind impossible. They then come to the slums in the hope of getting a job in the city, and more often than not start a business in the slums selling junk after being unable to find a job.

Since the drive to the Crescent Island game preserve is a journey to the interior of Kenya, we could compare it with Conrad's novella, *The Heart of Darkness*, in which Marlowe travels upstream on the Congo to find the legendary Kurtz, the white man who has gone native. Like Marlowe, I made my own journey into the wild interior, which in this instance was grassland, not jungle, full of grazing hippos, zebras and giraffes, only to find at the epicenter of the heart of darkness another white man who had gone native. Actually, it was a white woman, and going native in this regard mean that she had her light brown hair done up into a mountain of tightly woven African braids. She also had a bolt through one of her nostrils, something which I didn't see on the African girls. She wasn't alone. In fact, she was there with a group of Americans, all

of whom were members of the Peace Corps. And what was the Peace Corps doing in

Kenya? I asked. They were making sure that the Kenyans followed “the AIDS curriculum,” and what did the AIDS curriculum specify? “Condoms,” said the Peace

Corps lady with the African hair do. So when you finally get to the heart of darkness in Africa these days, you find Kurtz’s great granddaughter holding up her hands to the moon and shouting not “The Horror, the Horror,” but rather “The condom, The condom.” It’s just another more polite way of saying what Kurtz wanted to say anyway, which is to say, “Exterminate the Brutes.” As the French so often say, the more things change, the more they remain the same. Africa has this attraction to a certain kind of European. They can’t stop raping Africa, and they can’t stop justifying the rape in the name of some higher good, whether it’s the white man’s burden, or population control, or, most recently and most cynically of all, African AIDS.

APRIL OF 1965: KENYA CALLS

In April of 1965, right around the same time that the Supreme Court in the United States was getting ready to hand down its *Griswold v. Connecticut* decision decriminalizing the sale of contraceptives, and around the same time that Hollywood decided to break the production code with the release of the film, *The Pawnbroker*, Kenya’s Ministry of Economic Planning and Development approached John D. Rockefeller, 3rd’s Population Council and asked for assistance in curbing that country’s birth rate. In 1965 Mr. Rockefeller was making significant progress toward his life-time goal of promoting contraception and abortion among the world’s pullulating masses. In January of that year, he had succeeded, with the help of former Secretary of State Dean Rusk, in getting Lyndon Johnson to mention population control as an issue of national concern in his state of the union address. In April of 1965, during the same month the Kenyan delegation made contact with the Population Council, Senator Ernest Gruening of Alaska began a series of congressional hearings on the alleged crisis of overpopulation, at which Mr. Rockefeller would testify. In April of 1965, a group of Roman Catholic theologians which had convened at a Rockefeller-sponsored series of secret conferences at the University of Notre Dame issued a statement in which they opined that they no longer felt that Catholic teaching on contraception was persuasive. And in July of 1965, Father Theodore Hesburgh, president of the University of Notre Dame, arranged a private audience between Mr. Rockefeller and Pope Paul VI in Rome, at which meeting Mr.

Rockefeller volunteered to write the pope's birth control encyclical for him. All in all it was a good year for population control.

Which is another way of saying that it was a bad year for Kenya and the rest of the world where birth rates exceeded what Mr. Rockefeller thought they should be. The reason the request for aid came from Kenya's Ministry of Economic Planning and Development and not from its Ministry of Health was very simple. First of all, as of 1965, no one associated population control with health. Secondly, the Ministry of Economic Planning and Development wanted to borrow money, and they knew that population control programs would enhance their credit rating at places like the World Bank. The Ministry of Economic Planning may or may not have believed that Kenya was overpopulated, but it was interested in the financial benefits which it could gain from supporting population control programs of the sort Mr. Rockefeller favored.

One member of the team of four Americans which eventually arrived in Kenya in 1966 was the Princeton University demographer by the name of Ansley Coale, co-author with Edgar M. Hoover of a 1958 book which argued that population growth existed in inverse proportion to development. In other words, according to what came to be known as the Coale-Hoover thesis, children required money in order to raise them to adults, and as long as money was being used to feed them, buy them shoes, etc., it would not be used for things like hydroelectric power plants, superhighways, etc. etc. The Coale-Hoover thesis ignored the fact that children invariably grew up to be income-producing adults, but given the history of population control this is not surprising, because the history of population control involves a constant, ever-shifting parade of rationalizations to drive the birth rate down in places where the Rockefellers did not want people to have children. At this moment in time and for the next ten years, from 1966 to 1976, the main excuse to get Africans to use condoms was overpopulation. Over the years, as we shall see, the goal would remain the same—condom use as a way of driving down the birth rate—but the means to attain that end would change dramatically each time one form of social engineering was discovered by the people who were supposed to be engineered.

Once the Population Council's program for driving down Kenya's birthrate got put in place, dramatic results followed almost immediately. As the Ministry of Economic Planning and Development had hoped, Kenya's ability to borrow money improved dramatically.

“Announcement of the new policy,” according to Donald P. Warwick, “immediately raised Kenya's credit rating among international donors, who saw such action as eminently ‘responsible’ and as a model for other African countries.” The other immediate result was that Kenyans began to object to what they perceived as the racist or even genocidal intent of the Population Council’s Program. Just one year after the program had been adopted, Kenyan author Grace Ogot announced at a seminar on the topic that “it would not be difficult to interpret the foreign experts’ enthusiasm as a kind of neocolonialist trick to keep the African population down.” Oginga Odinga, an opposition leader in Parliament, claimed that black people were already being eliminated from a sparsely populated continent and that birth control would only speed up this process. Kenyan President Jomo Kenyatta remained persistently silent on the topic and as a result doomed the Population Council’s program of lowering Kenya’s birth rate to a slow death.

In their 1966 report, the Population Council team made it clear that family planning, even when it did not involve sterilization and abortion, was essentially an attack on “traditional attitudes and values,” which Coale and Co. saw as “a hindrance to family planning in Kenya for some time.” The problems which the Population Council’s program for Kenya encountered could most probably not have been remedied by better public relations because the problems revolved around the term “control” itself. Population control, the Population Council would have to learn the hard way, was a flawed concept from the beginning because as soon as the notion of control was introduced, the people who were to be controlled invariably objected. “Depicting population policy as an instrument of control,” according to Warwick, “brought on a torrent of criticism. The policy's detractors credibly linked it to genocide, neocolonialism, tribal scheming, and other atrocities.” Even if it was not seen as Rockefeller-inspired contraceptive imperialism (which it was), it was seen as a form of ethnic warfare in which some tribes subjugated others by driving down their birth rate.

A FORM OF CONTROL

Population control, in other words, brought about its very undoing primarily because it portrayed itself as a form of control. The year 1972 could be seen, in many ways, as the high water mark of the population control approach to driving down birth rates in third world countries. By then the U.S. government was in the birth control business in the name of fostering “development,” and

the Agency for International Development or AID was sponsoring projects like the famous flights over India during which AID workers literally tossed condoms by the shovelful out of airplanes as a way of promoting “development” in that country. What followed were the worst excesses of the Rockefeller-inspired American population control programs according to which poor illiterate Indians were offered cheap transistor radios in exchange for getting themselves sterilized. Since the operations were normally performed under unsanitary conditions, many of these beneficiaries of international development eventually died. The reaction to that program brought down the Indira Ghandi government in 1976 and may have led to her assassination. Population control programs had the same effect on other countries where their leaders promoted them aggressively. The Shah of Iran was driven from office by a mob of militant Muslims who then went on to sack the Teheran branch of Planned Parenthood to vent their anger. Imelda Marcos, another fervent devotee of population control, was driven from office along with her husband not long afterward. The same thing happened to Anwar Sadat. What each of these leaders had in common was a desire to implement population control because of the financial benefits it brought to the country’s elites through things like World Bank loans. What they also had in common was learning too late that these financial benefits brought with them political consequences, most notably, the anger and outrage those population control programs created among the local population, which eventually drove them from office.

BUCHAREST, 1974

In January 1974, John D. Rockefeller, 3rd was getting ready to attend the world population conference in Bucharest with the deep sense of self-satisfaction that comes to the few people in the course of human history who have changed the world by their own efforts. Instead of being celebrated for his efforts in spreading contraception and abortion throughout the world, Rockefeller was in for an unpleasant surprise when the Vatican, the Soviet Bloc, and the Third World teamed up to reject his proposals. Bringing the Vatican and the Communists together on an issue was no small accomplishment, and John D. Rockefeller had done it virtually single-handedly. But having become accustomed to molding public opinion to suit his desires, Rockefeller was not going to be deterred from setting birth quotas throughout the world just because the world didn’t want them. Instead, he turned to the United States government, confident that it would accomplish by stealth what he had failed to do by persuasion.

The reaction of the United States government was predictable in this regard. As soon as it became apparent that a reaction to population control was growing throughout the world, the United States government made population control a pillar of its foreign policy. On April 24, 1974, Henry A. Kissinger inaugurated that new era of subjugation abroad by sending to the Secretary of Defense, the Secretary of Agriculture, the Director of the Central Intelligence Agency, the Deputy Secretary of State, and the Administrator of the Agency for International Development, with a copy to the Chairman of the Joint Chiefs of Staff, a memorandum titled “Implications of Worldwide Population Growth for U.S. Security and Overseas Interests.” That study came to be known subsequently as National Security Study Memorandum 200 or NSSM 200. That memo stated: “The President has directed a study of the impact of world population growth on U.S. security and overseas interests. The study should look forward at least until the year 2000, and use several alternative reasonable projections of population growth.”

Immediate occasion for NSSM 200 was the defeat the United States plan for establishing birth quotas for the world had just suffered at the United Nations-sponsored population conference in Bucharest. There the Holy See along with Communist and Third World countries, led by Algeria denounced the United States and the West for practicing what they called “contraceptive imperialism.” John D. Rockefeller, 3rd seems to have taken the rebuff personally and spent the last few years of his life engaging in soul-searching about the population-control enterprise, but by then his ideology had become the cornerstone of this country’s foreign policy and beyond his power to revoke. NSSM 200 was reaffirmed as the cornerstone of the United States population policies on November 26, 1975 in a separate memo, National Security Decision Memorandum 314 (NSDM 314), which endorsed both the policy recommendations in the study and those additional points proposed by Kissinger. It was signed by Brent Scowcroft, and, in spite of being declassified in the late ‘80s, is still in force.

Rockefeller had changed the world in the nick of time too. The Bucharest conference took place just months before population bombers like Paul Ehrlich had predicted that world-wide famine would begin as the result of overpopulation. In addition to books like Paul Ehrlich’s *Population Bomb* and the less famous but even more dire book by the Paddocks *Famine 1975*, then President of the World Bank, Robert S. McNamara, stepped to the podium at Notre Dame

University before the graduating class of 1969 and announced in the direst terms that “the usual date predicted for the beginning of the local famines is 1975-1980.”[i] In making this statement, McNamara was simply following the lead of people like Paul Ehrlich, who wrote in the Population Bomb: “I have yet to meet anyone familiar with the situation who thinks India will be self-sufficient by 1971, if ever.”[ii] By September 1977, which is to say two years after famine was supposed to have devastated India, the Indian grain reserve stood at about 22 million tons, and India began to be faced with the problem of how to store the stocks “that overflowed warehouses and caused mounting storage costs” so that they would not be ruined by rain or eaten by predators.”[iii]

By the mid-'70s India began exporting food, but not before they had their own experience of population control at the hands of people like Robert McNamara, who announced to the Notre Dame graduates in 1969 that “the food-population collision will duly occur. The attempts to prevent it, or meliorate it, will be too feeble. Famine will take charge in many countries. It may become, by the end of the period, endemic famine. There will be suffering and desperation on a scale as yet unknown.”[iv]

There was suffering in India all right, but it wasn't caused by lack of food. It was caused rather by people like Robert McNamara. As his solution to the problem of “overpopulation,” Mr. McNamara announced that “family planning is going to have to be undertaken on a humane but massive scale.” Well, Mr. McNamara got it half right in India; family planning programs there were certainly massive, but they were hardly humane. The record of mass sterilization's done without consent or knowledge to hapless peasants who received a transistor radio in exchange for not having children and then perhaps died of an infection is one of the darkest chapters of the eugenic movement, which is hardly this century's noblest social movement to begin with. Between mid-1975 when Indira Gandhi declared the “population emergency” and when it ended in 1977 with the fall of the Gandhi government, 6.5 million men were given vasectomies, mostly against their will, and a total of 1,774 men died as a result of the operations.[v] During the height of this mayhem, McNamara flew to India to cheer on the ministry of health and family planning in November 1976, praising the Indian government for its “political will and determination” in attempting to solve what he continued to refer to as the population problem.

“CONTRACEPTIVE IMPERIALISM”

According to Kissinger's memo, motivation is a key component to the United

States population control program. Key congressional supporters need to be stroked "to reinforce the positive attitudes of those in Congress who presently support U.S. activity in the population field and to enlist their support in persuading others." [vi] Another key aspect is the role of multilateral institutions like the UN, whose involvement as a conduit of U.S. aid money forestalls accusations of "contraceptive imperialism." The study notes, for example, that of the thirteen countries targeted for contraceptive intervention (India, Bangladesh, Pakistan, Nigeria, Mexico, Indonesia, Brazil, the Philippines, Thailand, Egypt, Turkey, Ethiopia and Colombia), some have already become "receptive to assistance" for population activities. In other high-priority countries, however—India and Egypt, for example—"U.S. assistance is limited by the nature of political or diplomatic relations or—in Nigeria, Ethiopia, Mexico, and Brazil—by the lack of strong government interest in population reduction programs. [vii] In such cases, external technical and financial assistance, if desired by the countries, would have to come from other donors and/or from private and international organizations (many of which receive contributions from AID)." [viii] The document states that the "[U.S. Department of] State and AID played an important role in establishing the United Nations Fund for Population Activities (UNFPA) to spearhead a multilateral effort in population as a complement to the bilateral actions of AID and other donor countries." [ix] It notes repeatedly the need for the indirect approach to population control in the developing world, and advises, for instance: "There is also the danger that some LDC leaders will see developed country pressures for family planning as a form of economic or racial imperialism; this could well create a serious backlash." [x] It acknowledges that the use of multilaterals to achieve U.S. population objectives would require that additional amounts of money be provided to those institutions until such time as population assistance becomes accepted by Less Developed Country leaders. But the use of multilateral agencies to achieve the U.S. foreign policy objectives serves an additional purpose: "It is vital that the effort to develop and strengthen a commitment on the part of the LDC leaders not be seen by them as an industrialized country policy to keep their strength down or to reserve resources for use by the 'rich' countries. Development of such a perception could create a serious backlash adverse to the cause of population stability." [xi] The last sentence gives away the purpose of population control, namely, the effort on the part of the industrialized countries with low birthrates to hold onto world hegemony by nullifying the demographic advantage of countries where the birth-rate is high.

By 1976 the tide had turned against population control in Kenya, where it was seen as colonialism in economic clothing. Once the government's population

control program became recognized for what it was, namely, a donor (i.e., Rockefeller, USAID, etc.) driven campaign to drive the Kenyan birth rate down, domestic opposition began to mount. Local critics, according to Warwick, “soon charged that Kenya's efforts at population control were colonialism in economic clothing and might even have genocidal intent. The Catholic archbishop of Nairobi claimed that there was no population problem in Kenya, for there were vast lands yet to be inhabited. . . . Yusuf Eraj, a gynecologist active in establishing private family planning services, charged that too much attention was being paid to population when the real issue for Kenya was a poor distribution of resources.” According to Warwick, “The paramount problem of the Kenyan program was that it was seen as foreign in inspiration and out of tune with national values on fertility. The early emphasis on population control proved disastrous, as it conjured up images of a white plot to limit African numbers or a Kikuyu design to consolidate power.”

In order to deal with the mounting criticism of their population control program, Kenyan officials and their foreign backers had to resort to subterfuge:

Caught between their intentions and their rhetoric, government officials began to divorce public proclamation from program action. They insisted ever more loudly that the purpose of family planning programs was individual and family welfare rather than population control. At the same time, program administrators went on acting as they had all along, and they sometimes moved even closer to outright control.

What eventually emerged as the official response to domestic criticism in Kenya could only be described as a doctrine of two truths when it came to explanations of population control. Publicly, these officials “stated that its aim was to promote the health of mothers and children,” but “privately they recognized that the main purpose of the program and the reason that it was so generously funded by foreign donors was to bring down the birth rate.” Health, in other words, had emerged as the best disguise for population control.

In other words, even at the high water mark of population control in the mid-'70s, Rockefeller operatives like Henry Kissinger were quite cognizant of the fact that population control depended on stealth and a deliberate misrepresentation of its goal of driving the birth rate down. Because of the failure of population control in places like Kenya, a consensus was emerging. The best way to sell population control to a wary population was to disguise it as concern for “health.” When it was done out in the open, the term “control” created a reaction that doomed the program of driving down birth rates. As a result of their disastrous showing at the World Population Conference meeting in Bucharest in 1974, groups like AID, to use Warwick’s words, “came under

pressure to integrate population and other development activities.” AID’s director at the time was a man by the name of Reimert T. Ravenholt, and Ravenholt felt that the dilution of AID’s activities or any diversion from the straight forward population control approach which AID had already embarked on would be a “disastrous” diversion of scarce resources.

THE OLD APPROACH

No one epitomized the old population control approach to driving down birth rates better than Ravenholt, who became head of the United State’s Agency for International Development in 1966. Ravenholt’s views on population control were nothing if not straight forward. Three years after all but universal local opposition to population control had become apparent at the Bucharest Population Conference, Ravenholt was quoted as saying in a Dublin newspaper that “population control . . . is needed to maintain the normal operation of U. S. commercial interests around the world.” The Dublin Evening Press went on to say that “the U.S. is seeking to provide the means to sterilize a quarter of all Third World women, in part to protect the interests of American business overseas.” The man responsible for carrying out those orders was Reimert T. Ravenholt, who told Warwick that “I’m very strongly opposed to poor people sort of willy nilly producing beyond their capacity and then turning to their neighbors and saying, ‘you have to take care of these offspring because I can’t.’” As some indication that his views hadn’t changed in the 25 years since he spoke with Dublin’s Evening News, Ravenholt told me in a phone interview in October 2002 that the world was suffering from a “global humanosis epidemic.” Then, hesitating as if he had overstated his case, he revised his formulation. “I mean a humanosis pandemic,” he said correcting himself.

Views this frank about something as sinister and coercive as population control were all but guaranteed to generate a violent reaction, and Ravenholt, because of his frankness, was going to be a lightning rod for the reaction once it arrived. Shortly after Ravenholt’s remarks became public in 1977, Washington University Chancellor William Danforth sent a written complaint to then Secretary of State Cyrus Vance wondering “how he would feel if a foreign country took upon itself the lofty task of reducing the population of the United States for its own economic benefit.” Soon Ravenholt would pay the price for his outspokenness. On July 2, 1979 he was demoted from his job as head of the Office of Population to the lower rank of population advisor. Ravenholt appealed the decision, but after it became clear that his appeals were going nowhere, he resigned from AID, and in late 1980, he took a job, interestingly enough, with

the Center for Disease Control.

Ravenholt now claims that he was the victim of a Catholic conspiracy that began when then Presidential Candidate Jimmy Carter met with the nation's Catholic bishops at the Mayflower Hotel in Washington on August 31, 1976 and asked what he had to do to gain their support in that year's presidential election. Evidently the Vatican's stand at the 1974 Bucharest conference was still fresh in the bishops' minds because their answer had to do with defunding population control. As an expression of gratitude for Catholic support, Carter appointed John Sullivan, a former aid to Congressman Clement Zablocki and, in Ravenholt's words, "a zealous anti-birth control Catholic," to replace him at AID.

John Sharpless, a professor of history at the University of Wisconsin, Madison and an expert on the history of birth control in America, disagrees with Ravenholt's assessment of his demise at AID. By the late '70s, Ravenholt, according to Sharpless, had become "the dinosaur of the population control era." Ravenholt was not the victim of a Catholic-Jimmy Carter conspiracy. He had to go because the language of population control had changed. "Ravenholt had to go," according to Sharpless, "because you couldn't use the word 'control' anymore. The language of population control had changed in response to feminist and conservative [i.e., Catholic] protest. The Christian Right had exploited that issue during the Reagan administration." Because "the language of population control had changed," most certainly by the time of Ravenholt's demise at AID, "fertility control" had to be "embedded in the language of women's health." As a result, population control was no longer in competition with disease eradication. The fact that Ravenholt disagreed and felt that the two were in competition meant that he had to go. As a result of AID's overreaching and its promotion of essentially invasive and coercive policies in the '70s, "population control programs had to be continued indirectly." In Sharpless's words, "it had to be embedded in health."

The best symbol of this paradigm shift in the field of birth suppression is the fact that when Ray Ravenholt left AID in late 1980, he began work for the Center for Disease Control in early 1981. Ravenholt was not alone in migrating from population control to the CDC. Once the Carter administration decided to degrade its population control programs, many other birth controllers would leave as well, following the money trail to whichever federal agency was being favored at the time. Eventually, there would be a large scale cross-pollination between agencies which promoted "health" and those which promoted birth control. Ravenholt was himself an epidemiologist by trade who got involved in population

control when the government began to promote it, and got out of it when the government shifted its emphasis from population control to “health.” He mentions Peter Piot as another example of someone who went from the Epidemic Intelligence

Service at the CDC to the United Nations’ World Health Organization. Piot then went from WHO to being head of UNAIDS, where he is now hawking condoms under the

guise of an AIDS program. According to Ravenholt, there was quite a lot of cross-pollination between CDC and AID. “They worked together on smallpox eradication,” Ravenholt said, “and there was a lot of joint action on HIV.”

That joint action on HIV included the African AIDS campaign which was, in Ravenholt’s words, “a combination of both the work of the CDC and AID. Both agencies were strongly involved.”

Another indication of the crossover between “health” and population control, was AIDSCAP, a large USAID-funded "Behavior Change Communication" program run by

Family Health International from 1991 to 1997. AIDSCAP simultaneously offered STD treatment and HIV testing in African clinics. But its prevention guidelines for health workers mainly encouraged them to talk about condom use and treatment

of other STDs that make people more vulnerable to HIV.

The same approach was still in effect five years after AIDSCAP ended, which is to say, until the present day. On May 24, 2002, Secretary-General Kofi Annan appointed former United Nations Population Fund Activity’s head Nafis Sadik as his special envoy for HIV/AIDS in Asia. Under Sadik’s direction, UNFPA was the world’s largest supplier of condoms, and UNFPA’s AIDS-prevention program focused

on the promotion of condom use. “It is unclear,” the news report announcing her appointment concluded, “how Sadik will integrate the conclusions of the Population Division report into her new initiative [against AIDS].” The shortest way to clear up that lack of clarity in the reporter’s mind would be to point to the joint UN-USAID campaign against African AIDS, but in order to understand how

that melding of population control and “health” works, we need a little more historical background.

If population control as of 1979 had to be embedded in health in order to continue, an opportunity would soon present itself. In fact, one of, if not the

biggest public health crusades of the 20th century would emerge at the CDC in 1981, precisely the year of Ravenholt's transition from AID. At around the same time that Ravenholt went to work for the CDC, doctors in places like San Francisco and New York were puzzled by the emergence of what looked like a new disease among their homosexual patients. At first it was called Gay Bowel Syndrome, in honor of the locus of the disease and the sexual preferences of its victims. Then, when the term GBS was driven off the market because the estate of George Bernard Shaw threatened to sue, it was replaced by the term GRID, which stood for Gay Related Immune Deficiency. What all of the early definitions of this new disease had in common was their association of the disease with homosexual behavior. The new disease, as the first clinical descriptions of it make clear, was a syndrome that was clearly associated with homosexual behavior, a subculture of bathhouses, bars, and behaviors that the average person as of 1981 knew nothing about. Bizarre and unsanitary sexual practices had resulted in epidemics of venereal diseases, which were followed in turn by massive and often prophylactic use of antibiotics, as well as massive use of recreational drugs that the average person had never heard of, vasodilators like amyl nitrite or poppers, for example, that allowed the homosexual to engage in his perverse and dangerous form of sexual activity long after the normal body would have called it quits. In 1983, a study of 170 homosexual males who had visited sexual disease clinics revealed that

96 percent were regular users of nitrite inhalants, 35-50 percent of ethylchloride inhalants, 50-60 percent had used cocaine, 50 - 70 percent methamphetamines, 40 percent phenylcycladine, 40-60 percent LSD, 40 percent Quaaludes, 25 percent barbiturates, 90 percent marijuana and 10 percent heroin. This lifestyle meant that about 80 percent of these men had or still had gonorrhea, 40-70 percent had syphilis, 15 percent mononucleosis, 50 percent hepatitis and 30 percent parasitic diarrhea.

The result of this massive assault on the body's immune system was immune system collapse on a massive scale in the homosexual demimonde.

Even before the emergence of HIV etiology, the disease which would eventually come to be known as AIDS was simply the appropriation and renaming of diseases that had already been associated with the behavior of certain subcultures. John Lauritsen notes that "for a hundred years, the classic profile of a chronic heroin user has been emaciation and lung disease. Heroin is bad for the health

and bad for the immune system; on top of that, it suppresses the respiratory system. The consequences are tuberculosis or one or another form of pneumonia, emaciation and lung disease.” When the British epidemiologist Gordon Stewart studied heroin addicts a decade before the first AIDS case had been reported he discovered that “they were often extremely emaciated, suffering from wasting diseases, various weird blood-borne infections with skin bacteria, Candida and Cryptococci, which would not ordinarily be regarded as pathogenic in their own right. . . We didn’t find Kaposi’s sarcoma and we didn’t find Pneumocystis (carinii pneumonia) but, then we weren’t looking for it.” Lauritsen concludes that drug addicts were “getting sick in 1995 in the same ways and for the same reasons they were getting sick 86 years ago. The only difference is that now their illnesses are called ‘AIDS.’”

NO NEW HYPOTHESIS NEEDED

Like Laplace when asked by Napoleon where God fit into his system, the epidemiologists confronted with the new homosexual epidemic needed no new hypothesis to explain what was going on. They could have explained why homosexuals were dying based on what they knew about the consequences of bad hygiene, misuse of antibiotics and rampant drug use, but that would also have meant that behavior caused the disease, and that would have meant condemning certain forms of behavior as risky for your health, and this they were evidently unwilling to do.

Just as doctors on the scene were getting a handle on the health risks associated with homosexual behavior, politics intervened into medicine once again and derailed whatever possibilities might have existed for finding a cure (or prevention) by inventing a cause that would ultimately prove to be nonexistent. On April 23, 1984, Margaret Heckler, then Secretary of Health and Human Services under President Ronald Reagan, announced that “the probable cause of AIDS has been found.” The cause of AIDS, according to Heckler, was not the dangers associated with the homosexual lifestyle, but rather “a variant of a known human cancer virus,” for which “a vaccine should be ready for testing within two years.” Heckler indicated indirectly that she had been under significant pressure to come up with a cure when she added that “those who have said we weren’t doing enough have not understood how sound, solid, significant medical science proceeds.”

Heckler failed to mention that she was also pressured by the fact that an article announcing the discovery of this new virus had appeared on the previous

day in the New York Times, forcing her hand in making the announcement. Rather than tracing disease to behavior, the public health establishment in concert with the media, the homosexual intelligentsia and their heterosexual liberationist fellow travelers, decided to blame the disease on a microbe instead. The reasons for doing this are not difficult to understand and have been stated by a number of people. According to Rapcewicz, “Most of the gay intelligentsia and their sympathizers realized that a lifestyle cause of AIDS would take away the acceptance they had worked so hard to achieve. They couldn’t

come to terms with it. A microbial cause of AIDS would mean ‘we’re all in this together.’ So Gallo, Marx, and Groopman gave them a microbe but couldn’t give them a drug or vaccine that would kill it and thereby cure their patients. They never will because HIV has never been proven to exist.”

None of this was apparent at the time. The discovery of the Human Immune Deficiency Virus or HIV was, in Heckler’s words, “another miracle” in “the long honor role of American medicine and science.”

Like most miracles, it would have to be accepted on faith. The year 1986 came and went, and no vaccine was forthcoming. In fact, not only did the cure begin to recede like an always visible but never reachable horizon, the very existence of the virus, as well as its etiological relationship to AIDS, began to be called into question as well.

REVERSE TRANSCRIPTASE

In 1970 microbiologists discovered a new enzyme or biological catalyst which was capable of converting a molecule of RNA into DNA. Because it was previously thought that DNA could become RNA but not vice versa, the new process was known

as reverse transcriptase. Since a virus is little more than DNA surrounded by an envelope of protein, the production of DNA by reverse transcriptase was seen by some as the replication of viruses. These new viruses became known as retroviruses, and since virus research was flagging at the time, some enterprising scientists began suggesting that retroviruses might be the cause of cancer.

One of those enterprising scientists was Dr. Robert Gallo, the man whom Margaret Heckler credited with discovering HIV, human immunodeficiency virus. What Ms. Heckler failed to tell the audience at her press conference in 1984 is that previous to getting involved in AIDS research, Gallo had also claimed to have found a virus which caused adult T-cell leukemia. That theory went up in smoke

when the antibodies to his “virus” were found to have no correlation to the disease. Gallo later discovered another human retrovirus, which on closer inspection was found to be a mixture of three monkey viruses. Gallo posited HIV as the cause of AIDS when he and colleagues found virus-like particles in the blood of their AIDS patients, before it was mixed in the cultures. As John Austgen has noted, “Gallo had apparently forgotten that virus-like particles can be found in the blood and lymph nodes in individuals who are not infected with disease-causing viruses,” even though he himself had reported this very phenomenon in 1976.

Gallo had received the cultures which contained the alleged virus from Dr. Luc Montagnier, but when he tried to “isolate” the virus directly from the blood of patients he could do so in less than half of the patients. In 1997, Montagnier admitted on camera to a French television journalist that he could not perform true isolation of the virus from his patients, nor could he obtain the virus by centrifugation.

GALLO’S “VIRUS”

The more that scientists attempted to isolate and then replicate Gallo’s “virus” the more anomalies they discovered. Peter Duesberg, a virologist from the University of California at Berkeley who would eventually go on to claim that AIDS patients were actually dying from drug abuse, noticed that scientists could not correlate the titer (amount of virus present) with disease progression from initial infection to full-blown AIDS. This meant that from a strictly scientific view, HIV, if it in fact existed, did not cause AIDS. Soon the anomalies proving this fact became common knowledge. There were many people who were HIV positive

who never came down with AIDS, Magic Johnson being the most famous example.

There were also many people who had AIDS and were dying from it who were not HIV

positive. Progress in combating AIDS hit a brick wall when HIV was officially proclaimed as the cause of the disease.

This is because Gallo made a very big mistake, and all subsequent research, at least what got funded by the government, was based on this mistake. What he claimed to be a new “virus” was in fact evidence of reverse transcriptase activity, something which can be artificially stimulated in cell cultures, but something which takes place in all normal cells as well. Whenever Gallo found

evidence of reverse transcriptase activity, he assumed that retroviruses were at work. This turned out to be a grave error because it was later found that these enzymes occurred in all living matter, proving that reverse transcriptase had nothing to do with retroviruses per se. In the mixture of cell cultures and stressed human cells, RNA and reverse transcriptase come to be produced in large amounts, because the cells have been specially selected and treated to do this. The RNA is transcribed into DNA by reverse transcriptase and long pieces of DNA are produced which are said to be viral DNA. In fact they are composed of unrelated pieces of expressed cellular RNA, transcribed into DNA and linked together by a process of “template switching” (a well-characterized property of reverse transcriptase.) This misleads ordinary researchers into believing that they have actually produced viral DNA.

Gallo and his team claimed to have isolated a virus, when in fact all they did was demonstrate the presence of reverse transcriptase activity and virus-like particles which they assumed caused AIDS. They then compounded the situation by publishing photographs of cellular particles, claiming that those particles were the virus which caused AIDS. Only after its viral proteins and nucleic acid components have been identified is it possible to speak of the identification of a new virus. Eighteen years after Margaret Heckler’s dramatic press conference, that information has yet to be produced. No one since that time has ever published a picture of crystallized HIV particles, nor have any of its proteins or nucleic acids been identified.

In 1993 a group of scientists from Perth, Australia led by Dr. Eleni Papadopulos-Eleopolus published an article on HIV testing (“Is a Positive Western Blot Proof of HIV Infection?” *Bio/Technology*, vol. 11, 696 [1993]) which proved in Virologist Stefan Lanka’s words that “no AIDS test could ever work because HIV has never been isolated nor even shown to exist.” According to Lanka’s reading of the Perth Group’s study, “particles which look like viruses but aren’t” are found “always in placentas and very frequently in the artificial environment of laboratory cell cultures.” (Lanka’s discovery about the presence of the “virus” in the placenta was largely ignored, but the unreliability of HIV testing would have serious consequences for pregnant women in Africa, especially Uganda, which passed a law requiring mandatory antiviral treatment for single mothers.) Particles of this sort, according to Lanka, are invariably seen as evidence of HIV. The Perth group followed up its article on the Western Blot test with another article in 1996 (“The Isolation of HIV: Has it Really been

Achieved? The Case Against,” Eleni Papadopulos-Eleopolus, Valendar F. Turner, John M. Papadimitriou, David Causer, *Continuum*, Vol. 4, No. 3, September/October

1996.). In this article Papadopulous et al. reassert their claim that “the definite existence of any virus, including a retrovirus, can be proven only by isolating it.” They go on to say that “nobody has fulfilled even the first step in the only scientifically valid method for retroviral isolation, that is, electron microscopic demonstration of particles with the morphological characteristics of retroviruses banding in sucrose density gradients at the density of 1.16 gm/ml.” In addition, “HIV” can only be “isolated” from a minority of individuals who have a positive antibody test.”

AIDS researchers have come up with ingenious ways of getting around this problem. Since strains of a virus would all have to be the same size in order to be the same virus, some scientists have taken to assembling “collages” of DNA of the same size by discarding pieces too big or too small. “All maps,” writes Lanka, “purporting to represent a whole virus, including HIV, are always compilations, many bits and pieces cobbled together by their authors to the best of their beliefs. They are collages. No complete retrovirus nor its RNA in its entirety has been proven to exist either in vivo or in vitro. ... No particle of HIV has ever been obtained pure, free of contaminants; nor has a complete piece of HIV RNA (or the transcribed DNA) ever been proved to exist.”

SPECIFIC ETIOLOGY

The decision to link the new homosexual disease with a specific etiology based on a virus which had yet to be isolated would have serious consequences, especially for the homosexual population, which was lulled into thinking that some magical substance out there—the viral equivalent to penicillin—would kill the microbe that was killing them. Since the same Robert Gallo who claimed that HIV was causing AIDS had also claimed that a virus caused leukemia, it was only logical to look to chemotherapy as the cure for AIDS. Again, the explanation goes back to Gallo’s misreading of reverse transcriptase activity as evidence that a virus was at work. If the virus spread through the system by replicating DNA, then a drug which prevented DNA replication would also prevent the spread of the disease.

In 1985 the British pharmaceutical firm Burroughs Wellcome came up with its version of the magic bullet, the viral equivalent to penicillin. AZT (azidothymidine) is an anti-cancer drug developed over 40 years ago to kill

white blood cells that have become cancerous in adult T-cell leukemia. In animal studies the drug killed all of the mice it was being tested on and the drug was withdrawn as being too toxic for human use. AZT is a DNA terminator, which means

that it stops cell replication by putting a chemical cap on the bond that allows DNA molecules to join other DNA molecules. If the normal DNA molecule has two

arms, AZT is a counterfeit DNA look-alike that fools DNA into bonding with a substance that lacks a left arm. That means that AZT stops cell replication. To the medically informed, cessation of cell replication means death. The logic behind AZT therapy for leukemia was to starve the cancer cells to death before the rest of the body's cells died as well. Medical consensus soon began to see that the race was too close to call, and the drug was never allowed on the market. But AIDS and the political pressure to find a magic bullet that would kill the "virus" that was causing it would change all that.

Once specific etiology based on a virus which was transmitted by white blood cells took hold in the mind of the medical community, AZT got fast-track clearance by the FDA for experimental use in HIV positive persons. Two similar DNA terminators, ddC and ddI were also allowed to be used. In 1986, Margaret Fischl, a doctor from Miami, led a study which seemed to show that AIDS patients benefited from taking AZT by a ratio of 19 to 1. Fischl's study was fatally compromised by contamination of the control groups, and she herself was suspected of being "on the take" from Burroughs Wellcome (now Glaxo Smith Kline), the company which manufactured AZT, but the FDA, pressured by homosexual activists who sat in at their offices and chanted "we want AZT," approved the drug nonetheless. As a result, thousands of people died as a result of taking the "cure."

Kimberly Bergalis was one of the innocent victims of political medicine. After hearing that her dentist had died of AIDS, Bergalis had herself tested and found that she was HIV positive. Her doctor as a result prescribed AZT as treatment, and the AZT killed her, although the official cause of death was listed as AIDS. The same thing happened to tennis star Arthur Ashe and a young hemophiliac from Kokomo, Indiana by the name of Ryan White. Medical authorities rationalized the use of a highly toxic substance as medicine by claiming that HIV killed everyone infected by it within three years anyway. As a way of forestalling this all but certain horrible death, doctors prescribed 1,500 mg of this toxic substance as the daily dosage, a dosage which, in the words of Dr. John Austgen, would have

killed Rasputin. AZT was soon followed by protease inhibitors, which were in turn followed by a “cocktail” of AZT (in smaller doses) and protease inhibitors. The new treatments killed patients just as effectively as AZT alone did.

Egged on by the CDC and government grants, the medical establishment plunged ahead with work based on the virus theory and specific etiology. The unacknowledged model for AIDS became syphilis. It was a small bug—this time a virus instead of a bacterium— which could be isolated and then killed by a vaccine. The syphilis model allowed another transformation in the history of the disease to take place. AIDS was now recognized as a sexually transmitted disease. Since sexuality had always been an important weapon in the arsenal of social engineering, any AIDS campaign could now also function as a platform for social engineering. This is, of course, precisely what happened.

The first consequence of turning HIV into the cause of AIDS was an almost immediate rehabilitation of homosexuality. Instead of people in the grips of a sexual compulsion which had serious consequences for public health, homosexuals were now victims of an impersonal bug. The specific etiology associated with a virus also meant that the entire population was at risk. That general medical threat meant more money for research and prevention than if the disease were simply a function of the behavior of a group which comprised between one and two

percent of the population. If a group of people were making themselves sick by pertinaciously engaging in disgusting and unsanitary behavior, then the general public could hardly be expected to feel sympathy for their plight, much less to approve billions of dollars to find a cure for their disease, when all that group had to do to regain health was to stop engaging in its disgusting sexual practices. All of that would change, however, if it could be shown that this group had just come down with an illness that was threatening to break out of the homosexual demimonde into the general population, both male and female. In order to make this threat credible, the people who could benefit from AIDS money financially had to find AIDS in the general population.

Unfortunately, the facts militated against this conclusion. By the early ‘90s, it had become overwhelmingly clear that the average American ran no risk of contracting AIDS. In order to convince the average taxpayer that the risk still existed, the disease lobby had to look elsewhere for a credible threat, preferably far away, preferably a place full of already threatening diseases. In many ways, it was inevitable that once AIDS was recognized as confined to easily identifiable populations in America, it would have to be seen as threatening the general population some place else. If AIDS did not pose a threat to the general population anywhere, it was a medically insignificant event not worthy of

government-funded research. Since the CDC and the rest of the medical establishment which fed at the government trough could not make a credible case that this was about to happen in America, they needed to make the case that it was happening someplace else if funding was to be saved.

THE CREATION OF AFRICAN AIDS

In October 1985, an official for the CDC by the name of Joseph McCormick organized a meeting in the city of Bangui in the Central African Republic on the topic of AIDS. In America and Europe, AIDS had come to be defined as an AIDS defining disease plus testing HIV positive. That meant that AIDS was defined as an already existing disease confirmed by the results of an HIV test. In Africa, it was between difficult and impossible to administer even the notoriously unreliable ELISA or Western Blot tests, and so McCormick and his friends decided that from then on African AIDS would be defined according to clinical criteria alone. That meant, to get specific, that anyone who suffered from “prolonged fevers, weight loss of 10 percent and prolonged diarrhea,” could now be diagnosed as having AIDS. In a country where poverty, malnutrition, unclean water, poor sanitation and lack of medical care were rampant, it didn’t take a Lister to realize that AIDS would soon be a pandemic in Africa, given the loose way in which the disease was now defined. Africa held out other advantages to the AIDS lobby as well. McCormick noted that “there’s a one to one sex ratio of AIDS cases in Zaire.” This meant that AIDS had broken out into the general population, and since now everyone was at risk, the government could be pressured into pouring money into research to find a cure.

By the 1980s sub-Saharan Africa was in a state of economic decline, much of it caused by the “structural readjustment” which the World Bank had forced on those countries in order to ensure that their first priority was repaying the loans the World Bank had made as a result of their acquiescence to population control programs. Economic decline causes poverty; poverty in turn causes malnutrition, and malnutrition and disease form a vicious cycle. As Rapcewicz has noted, An individual is prone to infection when he is malnourished; infectious diseases themselves have a negative effect on the nutritional state of the individual, further disposing him to infection. Indeed, “an adequate diet is the most effective ‘vaccine’ against most diarrheal, respiratory and other common infections,” infection which in a malnourished individual are often deadly. The role played by general sanitation with respect to water, sewage and food (in particular, milk) is to minimize exposure to infection.

As one commentator notes, “If one were to draw a map of Africa, shading in the

countries where HIV infection and AIDS are said to be exploding, one would effectively be showing the countries where malaria, sleeping sickness leishmaniasis and mycobacteria are endemic and where the refugee camps with their unsanitary condition and malnutrition are located.” Once HIV testing became possible in African countries, usually at prenatal clinics, the results were a foregone conclusion because virtually all of the traditional poverty related diseases in Africa also registered positive on the ELISA and Western Blot tests. That meant that “malaria and TB . . . are capable of producing HIV positivity.” In addition to that, “Chloroquine, the most widely used anti-malarial drug, has been used to suppress the immune system in patients with rheumatoid arthritis to alleviate the arthritis. Tuberculosis, by itself and uncontrolled, produces severe immunodeficiency. Many of the anti-parasite drugs used in Africa, Haiti and in gay health clinics are also immunosuppressive.” The same is true of mycobacterial infections like leprosy. Each of these traditional African poverty-related diseases could cause a person to test HIV positive.

The fact which the CDC’s McCormick seized upon—that “there’s a one to one sex ratio of AIDS in Zaire”—means that we are talking about two different diseases. Homosexuals are dying of one disease in places like San Francisco and New York, and Africans of both sexes are dying from something else. That is the only medically credible conclusion warranted by the facts. Two of the most characteristic diseases among homosexual AIDS victims in America—pneumocystis and candidiasis—are not found among African AIDS patients, even though the microbes which cause them are found in every human being. African AIDS, according to HIV skeptics in Europe and America, is all of the traditional poverty related African diseases simply redefined without even the benefit of the notoriously unreliable ELISA or Western Blot tests as AIDS.

Therefore, it is not surprising to learn that Uganda has been defined as the “epicentre of AIDS” in Africa. This is unsurprising because for 20 years, from 1966 to 1986, Uganda, a land which Churchill called “the pearl of Africa,” had been wracked with the consequences of two political dictatorships, including the regime of the infamous Idi Amin. Political disruption led to economic decline, and economic decline led to malnutrition and poverty, which in turn led to diseases like tuberculosis, which in the wake of the Bangui conference could now be defined as AIDS. And once AIDS could be established as a threat for the general population, both male and female, money could be demanded to fund research to make sure that Americans didn’t contract the disease from their less fortunate African brothers.

VENEREAL DISEASE

Dr. Stephen K. Karanja is an obstetrician and gynecologist who also teaches Natural Family Planning to his patients in Nairobi. Dr. Karanja is convinced that African AIDS is a venereal disease that has nothing to do with poverty. He bases this on his experience in watching patients die over the past 16 years, the time since he began noticing the outbreak of the new disease. According to Karanja, a typical case of the disease begins with an outbreak of Herpes Zoster, which then disappears. Patients with herpes zoster, according to Karanja, invariably test HIV positive. ELISA is the test in Kenya. There is no Western Blot test there. After that, the patient begins to exhibit other symptoms. He comes down with malaria, which he can't shake. He comes down with opportunistic infections that he might otherwise have resisted. He begins to have gastrointestinal troubles, diarrhea, etc. After a year or so, the patient becomes so weak he can't function, and within three to five years of the herpes attack the patient is dead. Karanja, in other words, is convinced that African AIDS is a deadly disease which is either a venereal disease itself or transmitted by other venereal diseases. He is just as convinced that the current government-sponsored condom campaign will do nothing to stop the spread of the disease, and may in fact encourage its spread. This is so because 1) a virus is too small to be stopped by a condom and 2) the venereal diseases in question are spread by lesions which are not covered by the condom. Another doctor I spoke to who was an internist said that most of the patients he saw with AIDS showed symptoms of tuberculosis. When I asked whether the disease was in fact TB, he replied by saying that they all tested HIV positive, without any recognition of the fact that TB causes a false positive on the ELISA test. Another doctor from Nigeria said pretty much the same thing when he indicated that the one infallible sign of AIDS was a cough, indicating that the disease in question is TB.

HIV skeptics who are medical doctors in the United States simply counter Karanja's arguments by saying that traditional poverty related diseases suffice as an explanation of what's happening in Africa. At this point it is impossible to adjudicate these claims. I was certainly not in a position to do so in the short time I was there. But there is a consensus as far as I could tell on a number of issues. First of all, virtually everyone I spoke to now concedes the truth of the assertion that made President Thabo Mbeki such a controversial figure in the '90s, namely, that what goes by the name of African AIDS and the

thing which is killing homosexuals and drug addicts in America have to be two separate diseases. The Africans I spoke with were shocked to hear that no one in America but homosexuals is worried about contracting AIDS. The high incidence of female AIDS victims in Africa alone is proof that we are talking about two different diseases. This is further buttressed by related facts: 1) Durex, the condom manufacturer, did a survey which concluded that Americans changed their sex partners at a higher rate than any other country in the world and 2) the rate of venereal disease among married women is higher in America than in Africa. As a result we are forced to make a choice here: either we're talking about two different diseases or the average African is more sexually degenerate than the fast lane homosexuals who are dying from AIDS in places like Greenwich Village and the Castro District of San Francisco. The fact that condoms are being proposed as the antidote to both diseases simply means that social engineering has appropriated both diseases and is using them to bring about political ends. In America, that means the promotion of homosexuality. In Africa, it means driving down the birth rate. Both are using sexual liberation as a form of political control.

Peter Duesberg claims that it is almost impossible "to be certain about the existence of a new African AIDS epidemic that claims only 0.6% of African mortality, particularly since all AIDS defining diseases are profoundly conventional African diseases." Unlike classical epidemics like the one which Albert Camus described in *The Plague*, African AIDS has had no impact on the population of Africa as a whole. In fact, since the time African AIDS was first reportedly discovered, the population of Africa has increased by 149 million, in spite of the prevalence of poverty related diseases that continue, largely because of the African AIDS condom campaign, to go untreated. "Because of the numerical discrepancy," Duesberg concludes,

between the relatively high African growth rates (2.4 to 2.8%) and the small annual deficits of these growth rates to be expected from AIDS mortality (0.6%), an African AIDS epidemic can not be identified or confirmed based on its effect on the high African growth rates. In view of this, and the complete overlap between the complex battery of diseases that define the AIDS epidemic and their conventional counterparts, it appears that the presumably new AIDS epidemic can be neither distinguished epidemiologically nor clinically from conventional African diseases and mortality.

The unspecific nature of the disease combined with the overall increase in

population at the same time that the disease is supposedly running rampant across the continent forces one to the conclusion that the African AIDS condom campaign is nothing more than an attempt to resurrect the failed population control programs of the '60s and '70s. After 20 years of waiting in vain for the AIDS epidemic to break into the general population, Americans are now being told that their worst nightmare had come true in Africa, and that urgent measures were necessary to make sure it didn't happen here. They are also being told by agencies like WHO that HIV in Africa is essentially a sexually transmitted disease. If, according to the already cited Durex condom survey which claims that Americans lead the world in the frequency with which they change their sexual partners, then Americans should also lead the world in AIDS, if AIDS is, as WHO says it is, a sexually transmitted disease. That Americans manifestly are not at risk in contracting AIDS is not seen as proof that AIDS is not a sexually transmitted disease which heterosexuals can contract, but rather as proof that Africans are even more degenerate in their sexual practices than any one previous suspected. More degenerate than homosexuals living in San Francisco and New York? The conclusion seems preposterous, especially since Jomo Kenyatta once said that there is no African word for homosexuality since the practice was so rare there, but one is forced to that conclusion by the irrational logic of the HIV single etiological definition of AIDS.

SOCIAL ENGINEERING

African AIDS is, in other words, social engineering. Beginning in 1985 all of the traditional poverty related diseases in Africa were simply transformed by an official of the CDC into AIDS. The creation of African AIDS was itself the result of two previous transformations: first, the creation of HIV as the cause of AIDS, and secondly, need to embed population control in health. Seeing HIV as the cause of AIDS had as its inevitable consequence the legitimization of homosexuality. The same establishment in America which had been committed to ever more intrusive forms of social engineering since World War II realized how it could exploit AIDS for its own purposes as well. AIDS could be used to promote "safe sex," i.e. sex with a condom, while at the same time undermining Christian moral values, which have always been the biggest hindrance to the successful operation of social engineering. In this regard African AIDS was more promising than, say, Asian AIDS because the Asian birthrate had already started to come down because of the economic prosperity of the '80s and '90s. There was no need to promote condoms in Asia, whereas in Africa, the same people who had failed to promote them during the failed population control programs of the '70s could now promote them under the guise of health. In Africa, which was awash in

disease, the CDC and AID could join forces and kill two birds with one stone. They could scare up money for AIDS research and resurrect their failed birth control crusade with one program, African AIDS.

At the same time that homosexuality was taken out of the realm of morals and put under the category of health through the agency of the condom, the failed population control programs of the '70s were also being embedded into a new paradigm, namely, health, the same paradigm that was going to legitimize homosexual behavior. Since the condom was common to both the AIDS campaign and

the failed population control campaign, it was inevitable that the two programs would merge, and since Africa was the only place, according to the experts at the CDC where AIDS had broken out into the heterosexual population, it was inevitable that the AIDS and population control programs would come together in Africa as a campaign against "African AIDS."

Under the old paradigm at AID, health and birth control were seen as two separate programs competing for limited resources. AIDS would change all that. At the time Reimert Ravenholt left AID and went to the CDC, AIDS was not an issue, but it had become an issue by 1985 when a CDC official redefined all of the traditional poverty related African diseases as African AIDS. By the time of the Clinton Administration, the AIDS people and the population control people saw themselves as working in concert, primarily because the population control people had no place else to go. No one was talking about "control" anymore. The conference on world population in Cairo in 1994 made perfectly clear that health, specifically women's health, was the only language available now with which one could discuss things like driving the birth rate down. The abandonment of the IUD and the adoption of the condom as the preferred method of birth control meant that AIDS and birth control were essentially one and the same thing. Both were essentially condom campaigns now.

In 1991, articles on African AIDS began appearing in the New York Times. This series by Erik Eckholm and John Tierney unsurprisingly emphasized the need for condom distribution in Africa ("since 1968, AID has given seven billion condoms to developing countries") but ignored the fact that two of the main defining symptoms, persistent diarrhea and weight loss, are associated with "ordinary enteric parasites and bacteria" of the sort that had always caused problems in Africa." Writing in the British Medical Journal in the same year that the African AIDS series appeared in the Times, Charles Gilks pointed out that "in countries where the incidence of tuberculosis is high. . . substantial numbers of people reported as having AIDS may in fact not have AIDS." When Charles Gesheker, professor of African history at California State University at Chico asked a woman from a rural Zulu township what made their neighbors sick. She

mentioned tuberculosis and the open latrine pits next to village homes. “The flies, not sex, cause ‘running tummy,’” she said. Foreign health workers said much the same thing. Phillippe Krynen who treated patients in Tanzania’s Kagera province said, “There is no AIDS. It is something that has been invented. There are no epidemiological grounds for it; it doesn’t exist for us.”

In 1991, the same year that the New York Times did its huge series on African AIDS, calling for extensive condom distribution on that continent, AID launched its already mentioned AIDSCAP program. AIDSCAP was a USAID funded "Behavior Change Communication" program run by Family Health International from 1991 to 1997. AIDSCAP simultaneously offered STD treatment and HIV testing in African clinics. But its prevention guidelines for health workers mainly encouraged them to talk about condom use and treatment of other STDs that make people more vulnerable to HIV.

AIDS CASES DOUBLE

On the first day of January 1993, the number of AIDS patients almost doubled, not because the victims failed to use condoms but because the CDC simply redefined the disease as now including things like cervical cancer, something some skeptical observers saw as a way of expanding the number of women who had

the disease. In 1993 tuberculosis was added to the list of AIDS defining diseases in Africa. Since no HIV test is necessary to define the disease in Africa, everyone with TB in Africa as of 1993 now had AIDS. TB, should the Africans be tested, has always been known to trigger false HIV positive results anyway.

In 1993 word of the Concorde study began to leak out in the press. The Concorde study, which had been subjected to severe pressure from AIDS drug manufacturers,

nonetheless came to the conclusion that AZT treatment was a total failure. On April 9, 1994 the findings of the Anglo-French Concorde study were published in the Lancet. After 1749 patients with HIV were given either AZT or a placebo, the researchers concluded that “there was no statistical progress of the two groups: after three years 18 percent had AIDS or were dead.”

During the ‘80s, Dr. Anthony Fauci, director of the National Institutes of Allergy and Infectious Diseases recommended that anyone with HIV antibodies and

less than 500 CD 4 cells per microliter should start taking AZT at once. At the time, that meant 650,000 people in the United States alone. That meant that 650,000 people ran the risk of dying from the drug that was supposed to cure them.

Just when everyone was forced to admit that AZT as a treatment for AIDS was a failure, the drug and its analogues began to be promoted as the cure for African AIDS. When President Thabo Mbeki of South Africa questioned the wisdom of giving

Africans what Europeans and Americans conceded to be a toxic substance which had

no effect on the disease it was supposed to cure, he was vilified as a murderer of his own people. “A charge of genocide would not be inappropriate,” wrote Newsday’s Laurie Garrett. Dr. John Moore of the Aaron Diamond AIDS Research Center in New York said that Mbeki’s attitude toward AIDS was “tantamount to Holocaust denial because the implications are so serious.” When Mbeki wondered why “there are billions of dollars available for AZT and condoms but hardly a penny for food, school, education, clean water, and jobs,” he got to the heart of the whole African AIDS campaign. The African AIDS campaign was not about health, which was invariably related to economic well-being, it was a cultural warfare offensive whose purpose was to get Africans to use condoms and thereby drive down the birth rates that had been worrying people like Mr. Rockefeller ever since 1965 when Kenya first approached the Population Council. African AIDS

was, in short, an attempt to resurrect the failed population control programs of the 1970s.

The culmination of the attack on Thabo Mbeki came in the summer of 2002 when Sesame Street announced that its South African version Takalani Sesame would include an HIV muppet. South Africa, Children’s Television Workshop spokesman noted, was the only country where this muppet would appear on the show. And why

is this the case? Well, because, according to an account in the South Bend Tribune, “South Africa is a country that has not dealt with the stigma of the disease, let alone the reality.” This is, of course, a reference to South Africa’s President Thabo Mbeki, who has stated publicly that African AIDS is different than Western AIDS. African AIDS, according to Mbeki, is a disease of poverty, unlike Western AIDS, which is a syndrome associated with the homosexual

lifestyle. As a result President Mbeki refused “to provide an anti-HIV drug to pregnant women, to prevent the virus from being transmitted to their babies” until forced to do so by South Africa’s Supreme Court, which was in turn

reacting to international pressure.

The subtlety of the African AIDS campaign when compared to the population control campaign of the '70s has not prevented a local reaction that is just as vehement as it was 30 years ago. On September 9, 1996, Cardinal Maurice Otunga and two gynecologists prayed and sang before setting fire to several boxes of condoms and 100 copies of pamphlets promoting safe sex. The pamphlets, the news

report said, "encouraged condom use to fight the spread of HIV, the virus that causes AIDS."

Like Thabo Mbeki, Cardinal Otunga found that opposition to the African AIDS condom campaign made him the target of cultural counter-warfare. In this instance, the counterattack came from a group known as Catholics for Free Choice, which was brought into Nairobi to undermine Catholic opposition to the Condom Campaign which lay at the heart of the African AIDS campaign.

Catholics

for Free Choice made its first appearance on the American political scene during the 1984 presidential political campaign when it took out ads in major newspapers announcing that there was a difference of opinion among Catholics on the issue of abortion. There was virtually no difference of opinion among Catholics on the abortion issue, just as there was virtually no difference among Jews on that issue. The point of Catholics for Free Choice was to create the very difference it was claiming already existed. More specifically, the point of the full page ads in major newspapers was to undermine John Cardinal O'Connor's opposition to Democratic vice-presidential candidate Geraldine Ferraro's stand on abortion.

When someone finally got around to asking Frances Kissling, the head of Catholics for Free Choice, how many members her organization had, she came up with the figure of 5,000. Later she had to admit that that statement was not true. It turns out that later she had to admit that her organization had no members at all. Catholics for Free Choice, it turns out, wasn't Catholic either. It was what people during the Cold War era used to call a front organization. Catholics for Free Choice, it turns out, was funded by pharmaceutical firms which produced contraceptives, as well as organizations like the Playboy foundation. Its purpose was to undermine the most significant force opposing contraception, sterilization, abortion and population control in the world, namely, the Catholic Church, and it did this by giving the impression, as it tried to do on the abortion issue, that Catholics were divided when it came to sexual issues.

The classic rule of colonialism, forged during the days of the Roman empire, is *divide et impera*, divide and conquer; the corollary of this rule as it gets

applied against the Catholic Church is divide the faithful from the bishop. Thus, it would be imprudent for the pharmaceutical firms which manufacture contraceptives to attack a group of people which constitute one sixth of the world's population. Instead of doing that, they fund a front group with the word Catholic in its name to attack Catholic bishops as being insensitive to the needs of their flock.

When I was in Cairo attending the population conference there in 1994, I noticed that the New York Times invariably sought out Ms. Kissling whenever they wanted

to undermine the position of the Catholic Church on sexual issues. "How come this is the only religion with a permanent observer seat at the UN?" Ms.

Kissling, the devout Catholic, asked the reporter from the New York Times. Alexander C. Sanger, president of Planned Parenthood of New York City, and grandson of Margaret Sanger, the foundress of the organization he represented, was in Cairo as well, and ready to tell the Times that Catholics were really not buying Catholic doctrine either. Instead they "are picking and choosing what parts of Catholicism they want to carry over to their personal lives." Then as if the Times could contain itself no longer, it finally slammed its trump card onto the table. No less an expert on things Catholic than Allan Rosenfield, dean of the School of Public Health at Columbia University, weighed in by announcing that "Catholic women of the world do not buy into statements from the elderly celibate clergy."

Perhaps Dean Rosenfield had been speaking to Ms. Kissling. She was after all quoted in the same article. The irony, of course, was that at the very press conference in which CFFC announced that Catholics did not follow the teaching of the pope, they had to shut down the microphone on Muslims who wanted to say that

they agreed with the Pope. With one billion Catholics in the world, surely the Times could have found a hundred million Catholics here or there who agreed with the pope, especially since there were all these Muslims clamoring to get to the microphone to say that they agreed with him on abortion. Was it really so odd, after all, that religious people might agree that killing offspring in the mother's womb was wrong? Evidently the Times thought so. Evidently they were unable to find anyone who disagreed with Frances Kissling.

Ms. Kissling has such ready access to the New York Times, because both CFFC and

the Times share the same views on contraception, abortion and population control. That consensus has now been broadened to included the condom campaign that is the heart of the propaganda campaign on African AIDS. Those who oppose condoms will be attacked as being responsible for the deaths of innocent people.

If the opposition is Catholic, a group of “Catholics” will be brought in to demonize the local Catholic opposition.

This is precisely what happened in Kenya. As soon as local Catholic opposition to USAID’s African AIDS condom campaign began to surface, Catholics for Free Choice announced that it was coming to Nairobi to diffuse the opposition.

“Nairobi,” Victor Bwire wrote in *The East African Standard* on December 27, 2001,

“is set to see massive public advertisements condemning the Catholic Church’s ban of condoms in the fight against HIV/AIDS.” The CFFC propaganda offensive is

known as “Condoms for Life,” and it features a billboard campaign based on the message, “Banning Condoms Kills.” Mr. Bwire, who apparently doesn’t know that Frances Kissling, the head of Catholics for Free Choice, is a woman, describes the CFFC condom campaign as an “unprecedented world-wide public education effort

. . . aimed at Catholics and non-Catholics alike to raise awareness about the devastating effects of Teheran on condoms.” He also says that “the campaign is expected to be met with hostility from the Catholic faithful,” which indicates that he also doesn’t understand that the campaign is supposed to divide the faithful from their bishops. Ms. Kissling, however, knows the party line in this regard. “The Vatican and the bishops,” she states, carefully omitting the average Catholic from her indictment, “bear significant responsibility for the deaths of thousands of people who have died from AIDS.” The theme of divide and

conquer is taken up again at the condoms4life web page, where we read that “Catholic people Care. Do our bishops?”

OUT OF TOUCH

Then, as if to indicate that Ms. Kissling is not alone in her views, Bwire brings in Ray Ravenholt’s former colleague at the CDC, Peter Piot, now head of UNAIDS, to reinforce Kissling’s view that the bishops are not only out of touch, but that they are also endangering lives. “We are not asking the church to promote the use of condoms,” Piot told the *East African Standard*, “but merely to stop banning its use.” Actually, Mr. Piot probably didn’t tell *The East African Standard* that. His statement about not asking the Catholic Church to ban the use of condoms can be found at the CFFC website <http://www.condoms4life.org/> under

the heading “press releases,” in particular, “Global Campaign to End Catholic Bishops’ Ban on Condoms Launched in Africa.” Mr. Bwire’s article in *The East*

African Standard is little more than a cut and paste job taken from the CFFC condoms4life website, something not uncommon when it comes to AIDS journalism.

Bwire concludes his article by saying that the “Banning Condoms Kills” campaign has “targeted . . . other major cities . . . which have huge Catholic populations,” without ever stating the most obvious conclusion to be drawn from his statement, namely that the purpose of the AIDS condom campaign is to drive down the birthrate in largely Catholic third world countries.

“Billboards,” we are told, “will go up at prominent locations” in Nairobi “in January 2002. What we are not told is that the campaign began that summer as an attempt to get the South African Catholic bishops to endorse the use of condoms. It began once again with sympathetic articles in major newspapers. This time it wasn’t the New York Times; this time it was the Washington Post, quoting once again the ubiquitous Peter Piot, who once again attacks Catholic bishops (“There is a group in the church that puts, let’s say, the dogma before saving lives.”) and praising “a group of Catholic nuns working with orphans and AIDS education in Ivory Coast.” And why does Mr. Piot feel the need to praise these Catholic nuns. The answer should be obvious by now; it’s because they are promoting condom use. “My goodness, Mother,” Piot exclaimed, “You’re promoting condoms.”

To which the nun replied in the best tradition of divide and conquer, “When I show this, I speak as a woman and not as a nun.”

The psychological warfare attack on the South African bishops failed, sort of. In the end, they condemned “the widespread and indiscriminate promotion of condoms” as “immoral and misguided in our battle against AIDS” but they left the door open a bit for married couples where one person is infected. They also succeeded in getting Bishop Kevin Dowling of Rustenberg to say that condoms can be

seen “not as a means to prevent the transmission of life leading to pregnancy, i.e. as contraception, but rather as a means to prevent the ‘transmission of death’ or potential death to another.”

By now it should be obvious that condoms don’t prevent the “transmission of death.” As all of the slogans make clear, the point of the AIDS campaign is to get Africans to use condoms. The threat of death from African AIDS is about as credible as saying that India was going to starve to death beginning in 1976. Both of those lies—overpopulation in the ‘70s and African AIDS in the ‘90s—had one purpose in mind: to drive down the birth rates of people whom Mr. Rockefeller and his minions felt were having too many children. The threat of death by African AIDS is necessary to modify sexual behavior because, as Dr. Vinand Nantulya, an infectious disease specialist and co-director of Harvard’s

School of Public Health announced in an article in *The New Republic*, “Ugandans really never took to condoms.” The same thing could be said of Kenyans. In an article entitled “Sex Education Takes Root,” Nairobi correspondent Katy Salmon announced that “a recent survey found only six percent of women and 21 percent of men used a condom in their last sexual encounter.”

African AIDS is an attempt to resurrect the failed population control programs of the ‘70s. If it were nothing more than the condom campaign which is the heart of the program, it could be dismissed as something faintly comical, like the Pageant of Birth Control in Azania where the natives thought that the Emperor’s juju enhanced the possibility that sexual intercourse would lead to conception. If the African AIDS campaign were nothing more than a condom campaign, then Africans could simply toss their condoms, and pills, and whatever else USAID provides for them into their latrines and go on living their lives. The hormones in the pills might cause weird permutations in the fish; the condoms might clog the intake vents at the water works, but life would go on pretty much as it had.

But the African AIDS campaign is more sinister than that. In addition to proposing condom use for protection against a non-existent virus, it proposes medicines that purport to kill that virus. The problem with those medicines, as we have shown in the case of AZT, is that they are toxic poisons that kill the virus by killing the person that takes the medicine first. Thabo Mbeki mentioned AZT as the drug being prescribed in Africa. He has every right to be worried. As Peter Duesberg noted, when pharmaceutical firms send out samples of AZT to doctors in the mail,

it comes in small bottles containing 25 milligrams, which is 1/20th of the dose that is given to anybody who is [HIV] antibody positive in this country—every single day. To laboratory researchers, Sigma sends a bottle of AZT with a skull-and-cross-bones on it with instructions not to ingest it or get in contact with it or get splashed with it. This skull-and-cross-bones warning is accorded only to substances with the highest level of toxicity.

When the FDA approved AZT as the antidote to HIV in 1987, the daily recommended

dosage was 1500 mg. As a result, many people died who would otherwise be alive today simply because they tested positive on a notoriously unreliable test and then took a cure which killed them. Medical authorities now admit that there are 66 separate conditions which will give a positive HIV result, none of which is traceable to HIV.

THE CURE CHANGES

Just as the rationale for using a condom changed over time from overpopulation to disease prevention, so too the names of the cures change as well. What remains the same is their toxicity. The new name for AZT is Nevirapine. Nevirapine is a non-nucleoside reverse transcriptase which blocks the RNA-dependent and DNA-dependent polymerase activities by causing disruption of the enzyme's catalytic site. Reverse transcriptase is an enzyme activity earlier thought to be unique to retroviruses. However, currently it is known that many different human cells have and use reverse transcriptase for very important chemical reactions (Temin et al 1972, Temin, 1985). Once in the body's systems, Nevirapine can inhibit reverse transcription in normal human cells. This is why Nevirapine is such a toxic substance, especially for the growing cells of fetuses and infants. This is, of course, a prime reason why it should not be given to pregnant women. Roxane, the pharmaceutical company that produces and commercialized Nevirapine under the commercial name of Viramune, recognized its

toxicity in the Physician's Desk Reference, which states: "Patients developing signs or symptoms of severe skin reactions or hypersensitivity reactions must discontinue Viramune as soon as possible." The PDR goes on to state that "Severe and life-threatening hepatotoxicity, including fatal hepatic necrosis, has occurred in patients treated with Viramune. Resistant virus emerges rapidly and uniformly when Viramun is administered as monotherapy." Nevirapine, in other words, by blocking DNA replication in cells could cause the very immunosuppression and AIDS it is being prescribed to cure.

In an article which appeared in the Daily Nation on August 19, 2002, we read that the government of Kenya has "launched a programme to prevent the transmission of the AIDS virus from mother to child." This "long overdue" program involves giving the mother a dose of Nevirapine just before she gives birth and then giving the same thing to the newborn after birth. The author of this article goes on to urge the government to administer Nevirapine to all of Kenya's 150,000 pregnant women, even though he describes Nevirapine later in the

article as "potentially a fairly toxic drug." If the drug is toxic, why is it being given to pregnant women and infants?

One month later we read in The East African Standard, that Public Health Minister Sam Ogeri, soon to appear at the condom concert in Uhuru Park with Kool and the Gang and the Mighty King Kong, warned against the "widespread use

of anti-retrovirals in AIDS management due to their adverse side effects that he said were more dangerous than that of the disease." The article inexplicably

then goes on to note that “Nevirapine will be one of the anti-retroviral drugs to be used in the regional centres on pregnant mothers.” Kenya, it turns out, is going to get a free supply of the drug from the pharmaceutical firm Boehringer Ingelheim for the next five years.

COMPULSORY NEVIRAPINE

One month later, we read in the same paper that Minister Ongeru’s warnings have been ignored and that Health Ministry has “embarked on an ambitious plan to help HIV/AIDS sufferers prolong their lives, curb further spread of the disease and reduce mother-to-child HIV transmission” by providing “free treatment for AIDS-related cases using anti-retroviral drugs like Nevirapine supplied by a German pharmaceutical firm—Boehringer, Ingelheim.” It turns out that the same Public Health minister who said that Nevirapine was more dangerous than the disease is urging firms like Boehringer to “set up plants locally” to produce the drug. Finally, the government of Uganda recently decided to make Nevirapine compulsory for all unmarried pregnant women in that country, regardless of their “HIV status.”

When I mention compulsory Nevirapine treatment to John Sharpless, he responds by

saying that “we may be seeing all of the worst excesses of the old population control enthusiasm again under the guise of AIDS treatment.” John Sharpless is wrong. Anti-retroviral therapy is far worse than the worst excesses of the Indian campaign of brutal forced sterilization during the ‘70s because at least the Indians who got sterilized were still alive. That’s more than we can say for Ryan White and Arthur Ashe and Kimberly Bergalis and all of the other nameless people who were killed by the cure. According to Dr. E. J. Neiburger’s account in the Journal of the American Association of Forensic Dentists, “the real danger is that poor medical practices, encouraged by Western inspired political and financial pressures, will result in many people who do not have classic AIDS receiving toxic anti-AIDS medications which will . . . hasten their deaths.” “Millions of Africans,” he continues, “will needlessly die from medications given for a ‘politically’ defined disease which they may not have.” Neiburger calls this risk to the health of Africans “iatrogenic poisoning.”

I would call it genocide. Even if the people who are administering the medicine are unaware of the toxicity of the medicine they are administering, the people who are promoting it on the international level as the antidote to a non-existent disease are not. The people at the CDC and the UN, people like Peter Piot, must know that antivirals are toxic chemicals. If they don’t, they are criminally negligent and incompetent and should resign. If they do, then their intention in prescribing these toxic chemicals to women and infants is

clear. The word for that is genocide, and they should be held accountable for what they have done.

SELF-PITY

The thing that Njeri finds most repugnant in African Americans is not their obesity or their funny names. The thing she finds most repugnant is their self-pity. They are always blaming their problems on the Wazungu, the white guys. And if there are no Wazungu handy, then they try to blame their plight on the Africans who, they claim, sold them into slavery. Njeri's mother went to the United States and got so sick of hearing American blacks complain about being sold into slavery that she cut every conversation heading in this direction short by saying, "The difference between you and me is that we were faster runners." Njeri's favorite image in this regard is a black American standing in front of former slave quarters in Ghana or someplace like that on the West Coast of Africa, screaming "why?" as the video cameras recorded the anguish on her face.

There is no welfare in Kenya. There is no self-pity either, or none that I could detect. The people live in poverty on a scale unimaginable in the West, but they also engage in forms of economic activity on a scale unimaginable in the West. All of Kenya is bustling with one form of economic activity or another. Virtually every paved road is lined with people setting up corrugated metal shacks by the side of the road, where they sell vegetables or a roasted ear of corn for a few pennies, or junk from China. The same is a fortiori true of the slums.

One of the most visible cottage industries in Nairobi is transportation. You haven't really experienced Nairobi, David Lutz, a faculty member at Strathmore University, explains to me, until you've taken a ride in a metatu, typically a Nissan 12 passenger van (occupied by 20 other souls) outfitted with an ultraviolet light on the ceiling and a subwoofer sound system playing solar plexus bruising rap music in Kikuyu, as you rattle along the pot-hole cratered highway to the center of town at twice the legal speed limit of 80 kph. It wouldn't be a metatu if it didn't have a slogan painted on the windshield, something like Rocka Fella (perhaps in honor of the Population Council bringing the Emperor's juju to Kenya) or more appropriately, given the risks involved in travel by metatu, "Hail Mary." David insists that we take a metatu into town but since there are only eight or so other passengers in the vehicle, David says, a bit disappointed, that I am not going to have the full metatu experience. Since

I am an mzungu, I get to ride shotgun, which, since this was once an English colony, is in what I would normally perceive as the driver's seat. Each metatu has a conductor, who jumps out of the van and harangues the crowd of Kenyans waiting for a bus in Swahili about the virtues of his particular metatu, its music, its speed, its ultraviolet ambiance. Whatever. No one is interested anyway and the metatu continues its journey. The only real question is whether the metatu is more terrifying from within or without.

On another day, Charles Sotz, president of the university, drove David and me in his car through the slums in the East End. Before long it becomes apparent that the roads through the slum are not paved, and since the short rainy season had already begun, that means that what goes by the name of street here is a long stretch of red mud interrupted by puddles of various and uncertain depth. At the East End slum equivalent of Hollywood and Vine, two streets converge on a bomb crater sized puddle of muddy red water that covers one whole lane of traffic. Since no one wants to use the car he is driving to plumb that crater's depths, everyone has to take turns using the same lane of traffic. Gridlock ensues. The metatu drivers, who have to make their quota for the day, are outraged at Charles's pusillanimity. After all, how deep can this crater-like puddle really be? One particularly impatient metatu driver hops out of his van and starts banging on the window next to my ear. He's speaking Swahili, which I don't understand, but his intent is clear enough.

How is it possible, I wonder after seeing all the commerce on Kenyan roads, to have this much economic activity and this much poverty all in one place? The partial answer to that question is that Kenya is a remaindered culture. Kenya was colonized to keep it dependent. That means that Kenya produces natural resources and consumes cheap junk produced elsewhere in a cycle of economic exchange that guarantees dependency. The best expression of this fact and the roots of Kenyan culture in English culture was a street boy I saw at a home run by the White Fathers for street boys. As the nun in charge explained how the home was run, I watched the boy standing in front of his bunk freshly washed wearing a pair of shorts and a T-shirt with the image of Princess Di on it. Kenya is flooded with cheap junk. Commerce there when it does not involve home grown food

involves the selling of cheap junk from Asia, T-shirts, Nike knock-offs, watches that cost \$5. I found the best example of this at the University of Nairobi, a sad collection of crumbling knock-off Bauhaus buildings that expressed better than words could the dreams that spawned independence and the realities which followed. Nairobi University was yesterday's version of tomorrow from the

pan-Africanist anticolonialist '60s point of view. I wandered through its bookstore behind oppressive plate glass widows which were about as appropriate to the Equator as the flat roof was to the Swiss Alps, trying to find some rhyme or reason to the jumble of books I saw scattered among the shelves. There were, of course, textbooks but everywhere else was a mixture of softcore porn novels and weight loss plans and whatever. It was only when I got to the magazine rack that I got some understanding of the principles upon which the book store was organized. There neatly sheathed in plastic was a mint-condition copy of the October 1996 issue of Esquire magazine. Nothing of Esquire before or since was visible. No reason was given as to why one might be interested in this particular issue, which featured Mr. Rogers on the cover. Kenyans, in other words, were forever engaging in economic activity and forever poor because they didn't produce anything themselves. They bought other people's junk. It was for sale in Kenya, not because it served any particular purpose, but because it was cheap. Unfortunately, in order to buy junk from China or remaindered issues of Esquire, Kenyans first have to buy dollars with their debased currency, and in that transaction they lose all their money.

CULTURAL JUDO

Strathmore University is trying to deal with the issue by teaching business, specifically accounting and information technology. In many ways it reminds me of the Jesuit college I attended in Philadelphia in the '60s. The children and grandchildren of Catholic immigrants wanting to get ahead decided to get an education so that they could get a better job. The modern world arrived in Kenya at around the same time that the Catholic immigrants arrived in America. In this regard, both places share the same three and now four generational time frame. The difference is that Catholics in America could with some plausibility claim that they could still get jobs even if they gave up cultural control of their institutions. I'm not saying that this is a good idea. I'm saying that even that is not going to happen in Africa because there simply aren't enough jobs to go around because there isn't enough wealth to generate jobs because Africans simply don't produce enough. The situation in Nigeria, Africa's population powerhouse, is no different. According to Rauf Aregbesola, Nigeria's commissioner of works, "There must be 10,000 graduates unemployed and underemployed in Nigeria. We're talking about a huge class of educated people. We had 5,000 positions and more than two million applications. The resources of the government are quite inadequate to meet the needs. The annual income of Lagos State is \$220 million. What can you do with that? If Miami-Dade County needs \$45 [million] just to build new roads, what can you do here?" The legacy of

colonialism has been largely the remaindered culture which I just mentioned. Kenyans have been taught to offer the country's natural resources for sale, and they have been taught to consume junk. Africans get periodic infusions of money from institutions like the World Bank (which also demands population control). When that money finally gets past the politicians and the organizations they control, it allows Africans to buy junk with devalued currency, thereby perpetuating the cycle of economic activity and poverty, instead of economic activity as the antidote to poverty.

Strathmore University needs to be counter-intuitive at this point. It needs to do cultural judo, by taking the understandable desire on the part of its students to get a job and turning that into the broader and more substantial goal of taking control over their own culture. That means moving in two directions at once, simultaneously toward philosophy and ethnicity, and away from the globalist system of slavery through appetite. That means weaning people from television. That means making music instead of buying music. That means integrating the liberal arts into what is essentially a business curriculum so that the students can get some sense of how business fits into the big picture and how to structure their lives accordingly. That means using English culture as the portal to classical culture. Strathmore students could accomplish this in three years or three semesters based on a curriculum involving three segments of English literary and philosophical history—Shakespeare and the classical tradition, Puritanism to Revolution, encompassing the Protestant roots of the Enlightenment from Milton to Godwin to Shelley, and the Modern Catholic reaction to the Enlightenment, encompassing Chesterton, Belloc, Waugh, Tolkien and C. S. Lewis. Taking control of the culture also means thinking about clothing.

For some sense of the alternative to taking control of the culture, combine the sad story of Catholic assimilation in America since the '60s with the threat of chronic war that has plagued Africa for generations. In order to be free, students have to be trained in the liberal arts, and in Kenya, as in the United States, English culture is the portal to the classical tradition that gave the idea of liberal arts, the studies that are appropriate to free men as opposed to slaves, to the world. One commentator compared asking Kenyans to learn English culture to asking a woman to marry the man who raped her. I liked the analogy. It is apropos, except for the fact that the rape took place a long time ago. The issue is not marriage; the issue is what we are going to do with the child conceived by that rape. Do we abort the child? Do we teach it to hate its father? Or do we raise it in the same way that we would raise any other child?

Which is to say in love and with discipline? The Irish have been oppressed by the English a lot longer than the Kenyans have, but that does not change the fact that they are now a part of English culture, just as the United States is a part of English culture. The only way to deal with that fact is to embrace it and understand it, not to suppress it in the name of some specious race-based ideology. The only way to promote freedom is through the education that is specifically intended for a free people, namely, the liberal arts. The alternative to that is the technical training of competent wage slaves, in an economy where there aren't enough jobs to go around anyway.

“How long,” I asked one class at Strathmore, “has it been between the time when your people made contact with Christianity and when they made contact with television?” My people had almost 1500 years to prepare, and they didn't fare very well. In fact, no one did. Nonetheless, we tend to underestimate the importance of what went on during that period of time. To give just one example, Heinrich Pesch claims that Europe developed from an agricultural economy (similar to Kenya in the late 19th and early 20th century) into a manufacturing and trade economy in the Middle Ages largely because of the production of wool and woolen cloth. In other words, the economic development that took place in Europe took place in the context of producing specific products, in this instance woolen cloth. Wool, in this instance, was a crucial product in the transition from a household or city market economy to a national economy because household production for the needs of the family could easily be expanded to produce a surplus of goods that could be sold on the open market without any huge outlay in capital equipment. Once those surplus woolen goods began to appear on the market, large numbers of people started to buy some articles of clothing rather than making everything themselves. Once that started to happen trade grew up around wool because not all wool and not all woolen cloth was the same. The Loden cloth of the Danube valley was known superior in its ability to be water resistant. The colorful cloth from Flanders was popular in Germany because the Germans were simply unversed in the skill of dyeing cloth. The Germans, however, could produce black woolen cloth that was in demand among Europe's clergy. The intersection of wool and culture that goes by the name of fashion played a crucial role in the development of the national economy in Europe.

The same thing is possible in Kenya. In fact, after seeing the vast grasslands outside of Nairobi, the biggest question is why this hasn't happened already. Why, for example, are Brazilians burning down the Amazonian rain forest to create ranches that can supply the McDonalds of the world with cheap beef, when

vast stretches of Kenyan grassland are going unused except for the occasional zebra or gnu? Kenya, I am told, exports wool, but I did not see one sheep there in all of my travels. The United States of America is a country which now produces not one shoe or one shirt. The last shirt factory in the United States closed down when I left for Kenya. The last shoe factory, also in Maine, had closed years before. Given this fact and the fact that wages are extremely low in Kenya, the question arises, “Why aren’t cattle grazing on Kenya’s grasslands? Why aren’t Kenyans making shoes? Why aren’t sheep grazing on Kenya’s

grasslands? Why aren’t Kenyans making their own shirts and sweaters? Why aren’t

they making the shirts and sweaters that get sold through catalogue outlets like L.L. Bean and Lands End? Ranching would keep people on the land and out of the slums, something that Jomo Kenyatta thought was important. Textile mills and shirt factories would keep them out of the slums once they got to the cities.

The short answer to all of those questions is colonialism. Kenyans need to take control of their culture. This is not a simple matter. It does not mean replacing white thugs with black thugs. It does not mean Emperor Seth promoting the pageant of birth control. It is not as simple as people thought it was going to be in the ‘60s. In fact, the new forms of colonization were perfectly compatible with the independence movements of the ‘60s, as the history of population control in Kenya has shown with painful clarity. It was the post-independence Ministry of Development which invited Mr. Rockefeller’s Population Council to Kenya. And they did it to get money.

DESTROY TELEVISION

In order to take control of their culture the Kenyans need to destroy their televisions. They need to withdraw from the instruments of global domination and colonization. They need to retreat into the local community, which more often than not means a return to the ethnic community, which needs to make contact with 1) Christ and His Church and 2) the philosophic tradition of the liberal arts, which is to say, education in freedom. Kenyans have already made contact with Christ and His Church. The period of evangelization is pretty much over. Kenyans have accepted the Gospel and they go to church in massive numbers on Sunday. That’s the good news. The bad news is that their Christianity is often a mile wide and six inches deep, something that becomes apparent when Kenyans begin to talk about their sexual mores. Virtually all of the Africans I met complained loudly about African sexual morals. Homosexuality is still rare. One

woman complained about seeing two Wazungu queers kissing each other at Jomo Kenyatta airport and then went on to upbraid herself and the other Kenyans at the airport for not informing the two men that that sort of behavior was unacceptable in Kenya. A woman from Zimbabwe who attended one of my talks said

that African men felt that they had the right to have sex with as many women as possible. On the way to the same airport, George, a Kikuyu, tells me that if a Luo wife brings her sister home for a visit, it would be considered impolite if the husband didn't sleep with her. When I tell him this smacks of Kikuyu ethnocentrism, he tells me stories of similar import about the Kikuyu. George is a second or third generation Catholic. From his testimony, it becomes clear that polygamy still has a strong hold on his father's generation. I get the same impression from James, also a Kikuyu, who is also a member of Opus Dei, and the father of two. James is intensely interested in theories of childraising. He is also just as intensely committed to Opus Dei. In order to express just how deep-felt this commitment is he explained that while he was away in Rome for the canonization of Msgr. Escriva, his son ingested poison and almost died. When he got back the son had recovered, but he couldn't stop thinking about what might have happened. He then went on to compare losing his son to losing his connection with Opus Dei. James's father had three wives. When he became a Catholic, one of them had already died, one of them became his wife in the Church's marriage ceremony, and one of them was in the wedding party. Because of

the cataclysmic effect of modernity and colonialism arriving at the same time, ethnic culture in Kenya has lost its connection with traditional culture.

Tribalism is a bad word. Ethnic culture is, as in America during the middle of the 20th century, invariably seen as something backward and associated with the past and not the future.

Margaret Ogola has written about that transition in her novel *The River and The Source*, a book which describes the history of the three generations of one Kenyan family since the arrival of Christianity and modernity. At the end of the book, one granddaughter becomes a high-priced courtesan and dies of AIDS and the

other becomes a numerary in Opus Dei. Ogola is herself a member of Opus Dei and

a medical doctor who directs the Cottolengo Hospice for orphans with AIDS. Like James, Ogola feels that Opus Dei is going to play a crucial role in not so much bringing the gospel to Kenya—others have done that—but in helping the Kenyans enculturate that gospel. Without that culture, Africans will remain, in Ogola's

words, “second class citizens of the world doomed to be dependent on others for all manner of handouts.” That means breaking with “the form of aid now being doled out to Africa by the monetary institutions and governments of the west and in particular through the state” because that kind of aid “leaves an entire continent not only inescapably indebted, but also totally dependent.”

Sexual morality, whether people are dying of venereal diseases or not, is the first step out of cultural dependency. This means rejecting the African AIDS condom campaign for what it is, namely, an attempt to resurrect the failed population control program of the ‘60s and ‘70s. The condom campaign is, as Emperor Seth learned the hard way, like pouring gasoline on the fire. It creates political instability by destabilizing morals. If things continue, Kenyans will end up like the American blacks whom Njeri finds so comical. The government tried to solve the so-called race problem in the ‘60s by turning housing projects into birth control clinics. The result was that contraceptives caused drive-by shootings. Men who had only a tenuous connection to family life because of the migration up from the South during and immediately following World War II abandoned family life altogether. The black family melted down. Illegitimacy soared; gangs proliferated, and with gangs, crime soared too. Transposed to Africa, the same program of social engineering is going to mean the subversion of morals, which in turn will lead to grinding poverty, ferocious crime, and chronic revolution.

In talking about the role which wool played in the development of the national economy in Europe, Pesch emphasizes the synchronicity of events there. Everything, in other words, happened at the same time: wool, economic development, cultural sophistication, prosperity, etc. The Kenyans should take that lesson to heart and not think that they can make things happen piecemeal by first getting a degree in accounting and then getting a good job. Personal piety and professional competence are good things in themselves, but they are not the big picture, and Opus Dei, at least in America, has been hampered by concentrating on those undeniably good things to the exclusion of creating a culture of love and solidarity.

TWO-LEGGED STOOL

Father Alphonse Diaz is an Opus Dei priest in Nairobi who sees the dangers of basing an organization whether it is Opus Dei itself or Strathmore University on what in effect amounts to a two-legged stool. Emphasizing personal piety and

professional competence in America—and this was the program not just of Opus Dei

but of all of Catholic higher education, symbolized most notably by Notre Dame University—has led to a situation where Catholics became bean counters and FBI agents—the two classic Notre Dame alumni professions—rather than masters of their own cultural institutions. It created a situation where Catholics are bent on assimilation rather than transforming the culture. The same thing will happen in Kenya if Kenya's Catholics base their culture on the same two-legged stool.

Father Diaz is aware of the danger. In a paper entitled “Toward a Civilization of Solidarity,” Diaz addresses the educational issue that faces both Kenyan and American Catholics, both of whom felt that they had to assimilate to English Protestant culture in order to get by. “People,” Diaz writes, “should be given the quality of education required to enable them to act always as mature, free and responsible human beings, and in that way attain happiness.” That means not being “educated to do a specific job, rather mechanically, regardless of whether they enjoy it or not, regardless of whether they improve as human being from doing that job or not. . . . People who cannot contemplate the truth due to lack of a proper education are not free. In this way people are brought up to be slaves and are treated as slaves in their places of work.” In a slave or colonial society, “cultural, social, and political matters are left unattended by the majority and as a result, these matters are left in the hands of a minority, who do not always have the common good as their main priority.”

The sexual revolution of the '60s which eventually begot the African AIDS condom

campaign destroyed Catholic universities in America the same way that it destroyed culture in Kenya, by giving the elites money. As a result, those Catholic institutions became instruments of social engineering, most notably in the area of sexuality, and the Catholic counter-cultural critique disappeared. The Spanish were never afflicted with the feeling that they were somehow inferior to and beholden to Protestant culture when they came to America. Perhaps because of that fact, Diaz, whose grandfather was a cowboy in Cuba, can see the American system of cultural imperialism more clearly than his North American confreres. The globalist masters of the universe are “like the Pharaoh of old,” because “they want everyone to be very busy producing and consuming. To

keep people short of time is to enslave them.” Since my talk was about social engineering as *libido dominandi*, there was a natural meeting of our minds on topics like education as well. As Pesch said, the Kenyans need to do culture all

at once. Materialist and mechanistic half measures, no matter how practical they seem, at first blush are not going to work. At best those half measures will produce what the author of the book of Ecclesiasticus calls ploughmen “whose sole ambition is to wield the goad.” People like this are “engrossed in their work,” but “they are not remarkable for their culture or sound judgment, and are not found among the inventors of maxims.” Like the Catholic immigrants to America, “their prayer is concerned with what pertains to their trade.”

On the last day of my stay in Kenya, Father Diaz took me on a walking tour of the Kibera slum, 750,000 people packed into one square mile of corrugated metal shacks astride the rail line that runs from Nairobi to Kampala. It had rained the night before we arrived and so the “streets” of Kibera were nothing but muddy tracks covered with puddles and littered with garbage and dead animals. Little bridges of branch and twig spanned sluggish streams of black water. Every miserable alleyway was, of course, lined with little stores where infernal rap music in Kamba or God knows what tribal patois blared away, and people bought junk made in Asia and wretched food. Women squatted in front of these shacks and

washed their dishes and prepared their food as their children played in the mud. A man slipped and fell in the mud while on his way somewhere. Given the sanitation and nutrition in a place like this, there is no need to turn to some arcane virus as the explanation of why life is nasty, brutish and short. The scene in Kibera was enough to turn the strongest heart to despair. What could anyone do when confronted by misery on such a massive scale? The only answer that the ungodly mind can come up with in a situation like this is social engineering, or as Kurtz would say in his take on the same issue, “Exterminate the brutes.”

But Father Diaz’s mind is not ungodly, and so he can look the situation straight in the face and not lose his psychic balance and fall into despair in the way that Mr. Rockefeller and his minions so often did, or in the way that Paul Ehrlich did at the beginning of *The Population Bomb* when he described how his car got stuck in another mass of pullulating humanity in another slum in another country. The most powerful nations on earth cowered behind their compound walls, but Father Alphonse Diaz strode through the Kibera slum like Cortez on his way to meet Montezuma.

The Kibera slum is a deconstructor’s dream. There is no center to this heart of darkness, just seemingly unending permutations of misery and meaninglessness. It

takes, as a result, a discerning eye to see that you've reached your goal. As we negotiate one more turn on the muddy descending track that goes nowhere, we come across three children sitting on a fence in front of one more ratty looking store.

"Mzungu!" they say in amazement when they see us. Which is to say, what are these white guys doing here? Have they come to bring us condoms? Father Diaz engages their mother in conversation. She sells soap and other items. Her husband has another store in another more affluent section of town. After a bit of inquiry on Father Diaz's part, she tells us that she pays 1800 Kenyan Shillings rent for her metal shack and mud floor. It adds the final insult to the final injury. Not only do these people live in misery and squalor, they have to pay rent to live in misery and squalor or some thug will beat and evict them if they don't. A quick set of calculations later indicates that the Kibera slum brings in about \$10 million a month in rent.

What does one say at a moment like this? Are you following the AIDS curriculum? Pharaoh offers either bondage or extermination or the former followed by the latter. Father Diaz asks the woman if all the children sitting outside the store are hers.

"No," she replies, "only one."

"Then have another child," he says. "As soon as possible."

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[i] Robert S. McNamara, *The McNamara Years at the World Bank: Major Policy Addressed of Robert S. McNamara 1968-1981* (Baltimore, MD: John Hopkins University Press, 1981), p. 47.

[ii] Julian Simon, *The Ultimate Resource* (Princeton, NJ: Princeton University Press, 1981), p. 64.

[iii] *Ibid.*

[iv] McNamara, p. 47.

[v] Excessive Force: Power, Politics and Population Control (Washington, DC: Information Project for Africa, 1995), p. 187.

[vi] NSSM 200, p. 117. This document is available on the World Wide Web at <http://www.africa2000.com/>

[vii] NSSM 200, p. 15.

[viii] NSSM, pp. 127-8.

[ix] NSSM, p. 121.

[x] NSSM, p. 106.

[xi] NSSM, p. 114 .

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