

Miscellany10: The Tsunami; More on HIV/AIDS; More on Immigration; Congo Exterminating the Pygmy Chimpanzees; The Chinese-Trader Rhino Man; Poverty in Zambia; Killing Dixie; Retinal Detachment; the Power of Prayer

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Commentary on the past month's news, reading and events of personal interest.

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The Tsunami in South Asia

A reader sent me an e-mail last weekend, asking my views on the tsunami in South Asia. The day that it happened (Sunday, December 26), my wife and I had just returned from Pretoria. The death toll at that time was, as I recall, about 3,000. Knowing the nature of tsunamis, I told my wife at that time that the death toll would have to be far greater – probably 50,000 or more. As of today (Saturday, January 8), the death toll exceeds 150,000.

What do I think about the tsunami? Well, let me start by saying that I feel great sadness for the people who have lost their loved ones. No one wants anyone to go through this suffering and loss.

Apart from that, my views are the following. Although this is a human disaster, it is not at all a “natural” disaster, as people have been referring to it. A “natural” disaster would be one in which a natural incident caused a large number of species to become extinct, e.g., by the explosion of a large volcano – or by global industrialization, which is now causing the extinction of an estimated 30,000 species each year. The recent tsunami had virtually no impact on wildlife – it killed only people. And it killed so many because of the obscenely large size of the human population on the planet. It was not a natural disaster in any reasonable sense of the word – it was a manmade disaster, pure and simple.

Earthquakes happen all the time, and so do tsunamis. The massive number of deaths that we see from this incident were caused by the absurdly large number of people on the planet. For millions of years, the human population of the planet was on the order of perhaps five million people. That is one-thousandth of the current population. The current tsunami has killed an

estimated 150,000 people or .000025 of the world's human population. Normally, for almost all of human existence, when a tsunami of this size occurred, it would be expected to kill about .000025 x five million, or about 125 people. That is the about the number of people who would die each day in a global population of five million. In other words, the seismic incident that occurred a few Sundays ago would normally have hardly been noticed at all – it would have resulted in the deaths of about the same number of people who would have died in an average day, and this would have been about 125 people. No big deal. With today's bloated human population, however, the death toll from this very ordinary and expected natural event is approximately two hundred thousand people.

So, we have 150,000 people dying from an expected, natural incident. What is the point to this? It happened solely because our planetary leaders have allowed the global human population to explode to absurd numbers. At the present time, the planetary management system is one of anarchy – over 200 “sovereign” nations operated mainly by democratic means. The result is suffering and death on a massive scale. Plato wrote long ago about the drawbacks of democracy – its inability to choose good leaders, and the incentive of those leaders to pander to the masses. While democracy may be a fine system for running a social club comprised of members with similar views, it cannot possibly work for anything that matters, such as running a ship, or an airplane, or a country – or a planet. We are seeing today the fruits of this terrible system. The current system of planetary management is causing human agony – and the destruction of the environment, and the extinction of species – on a grand scale. The deaths and human agony, and the destruction of nature, will not stop until this terrible system, this cancer on the planet, is gone.

The current planetary management system is incredibly rotten, causing billions of people to live in direst poverty, disease, squalor, and war. Why does this continue, when it is so unnecessary? The answer is simple: money. Modern civilization has caused the human population to soar to levels that can no longer be supported by natural means (hunting and gathering, or even primitive agriculture). The masses of human population now have no access to land, and are totally dependent on technology for their food and shelter – and the means of production are owned by the wealthy elite, not by the masses. Civilization and technology have brought slavery and untold suffering to the vast majority of people, not to mention other species (either driven to extinction in the wild or subjected to unspeakable cruelty in mass slaughterhouses for human food). Civilization and technology have always pressed for the maximum human population, no matter what the cost to the human population or to the environment. Civilization's slavery can exist only when it has bloated the human population to levels such that there is nowhere else to go, no way out. If there is a famine somewhere, the response is invariably to send food aid to the area to keep the people alive, to prevent the needed die-off, to continue the environmental disaster. The rational response is to recognize that the people in that region have exceeded the carrying capacity of the land, to let them die, and to let the environment recover. Eventually, after the world's oil runs out, people will have to live on solar energy. Any attempt to avoid this inevitable state will result in more death, suffering and destruction.

While modern civilization's response to this and other disasters is invariably to try to “fight” nature by sustaining unsustainable human populations in places they shouldn't be, there is a method in this madness. The powers that be are making millions off this and similar events. The industrialized world has to date pledged several billion dollars in aid. The wealthy owners of the western world make a profit on every penny of that amount. Who pays the price? The workers. Instead of the work represented by that two billion going into things that they can use, like refrigerators, a better home, and clothes for their children, it is now going to produce goods

and services to be sent overseas to “pay for” a totally foreseen and preventable disaster. The economic elite – the oligarchs, the plutocrats, the economic powers that be – will realize a profit on every dollar of assistance sent overseas. The workers – the man in the street – will not profit by a sou, and will end up with less than they would otherwise have. The wealthy elite will profit, and the workers will pay the full cost of the tsunami aid. The billions of dollars of work being spent on this preventable disaster will be totally extorted from the workers – the owners of the factories and organizations that produce the donated goods and services will expend no additional work at all, and will realize no decrease in their wealth or income. Quite the opposite – they will gain more wealth from the production of these goods and services. The only loss that they may suffer is the added time to count their increased wealth. The effects of the tsunami are the same as the effects of the war in Iraq: the wealthy get wealthier, and the workers, who produce all of the goods and services, work more (or are maimed or killed on the battlefield).

I have cited on several occasions the economic incentive inherent in destruction – whether it be “natural” disasters or war. The more economic activity that takes place, for whatever reason, the wealthier the owners of the economy become. If you go over to your neighbor’s house and smash his windshield, the Gross National Product (GNP – the total value of all goods and services produced by the country in a year, and the standard measure of the “health” of an economy) increases by the amount of one windshield (windscreen). Some people may laugh at this example, but it is in fact the basis for all political decisions – those things that increase GNP will be done, and those things that do not increase GNP will not be done. No politician or economist will ever see anything perverse in this example at all, since they know that their wealthy friends who own the windshield company are made richer in the amount of one more windshield. The only person who pays a real cost for the broken windshield is the poor stiff who has no insurance and has to deny his children some new school clothes to pay for the windshield. That is why, although a few people have been calling for an end to the use of GNP as a measure of the well-being of a country, politicians and economists have no intention of abandoning it.

It is worth noting India’s response to this “disaster.” As in the case of previous large disasters, India’s position is that these things happen, that the Indian people can bear them, and no help is needed from the outside. The people affected were dirt poor before the disaster, and they will remain dirt poor after it. If they lost mothers and fathers and husbands and wives and children, they will find new ones. The man who lost his wife will marry a woman who lost her husband. The people who lost children can adopt the orphans. Life goes on. There is no need for any foreign assistance. It will not make any difference, anyway, and India will retain its pride by refusing it. I tip my hat to India, in this instance.

In closing, it is interesting to note that no wild animals died in this “disaster.” Why? Because they are living in harmony with nature. We are not, and we are paying the price. The tsunami incident in South Asia is a result of the abysmal failure of the world’s leaders to lead responsibly. It was human action – failed leadership – that caused the massive number of deaths from the tsunami, just as it was failed leadership that caused the September 11 loss of the World Trade Center Twin Towers. As human population continues to grow and industrial activity continues and increases, the planet’s natural resources – the world’s forests; the world’s fisheries; the rivers, lakes and seas; the other species of the biosphere – will continue to be destroyed. Human population has been raised to incredible levels by the brief availability of fossil fuel. As soon as global oil production starts to fall, human population will start to fall, as well. At that time, people will die by hundreds of millions each year. In this context, the tsunami “disaster” is a “non-event.”

A Little More on HIV/AIDS in Africa: Dry Sex

Some time ago, I wrote an article entitled, “The AIDS Conspiracy” (in the collection *Miscellany4*). Here is a little more on that topic.

My wife and I attended a dinner party / music evening a few months ago. The “dinner” part of the party – a “Glyndebourne” picnic – was held outside, on a delightful spring evening. By chance, I was seated next to our physician. During the course of the evening I happened to mention to him that I had written a brief article on HIV/AIDS, in which I questioned the wisdom of the current usual treatment approach. I told him that I was concerned that giving people antiretroviral drugs could in fact increase the prevalence of the disease, by keeping infective people alive longer, and keeping them well enough to spread the disease further. I told him that I had asked a staff member of the US Centers for Disease Control whether people on antiretroviral therapy (ART) were infective, and he told me, “Yes, they certainly are!”

I asked my physician friend whether this was true, and he confirmed that it was. He pointed out that the likelihood of transmitting the HIV from one person to another was about one in three hundred for a person not on ART, and about one in one thousand for a person on ART. If people on ART lived substantially longer and remained sexually active in the general population, then the prevalence of HIV in the population would increase.

I expressed my surprise that a disease that was not highly contagious could have infected African populations to such a degree – on the order of 30-40 percent prevalence in many countries. His response reflected the fact that he had moved to Africa just recently. “Yes,” he said. “Isn’t that amazing. What *are* they doing?”

Well, one thing that they are doing is engaging in “dry sex.” Since a lot of people in the US may not know about this practice, I will present some descriptive material about it. Here follows an article entitled “Why Is Nobody Talking about Dry Sex?” which appeared in the December 2004 issue of *marie claire* magazine (a South African “women’s” magazine).

marie claire Investigation, by Lerato Tshabalala and Suzy Brokensha. Would you put any of these into your vagina? [The text is superimposed on a full-page picture displaying a variety of douche “additives.”] Of course not. But hundreds of thousands of women in Africa do – every day. Is dry sex one of the hidden reasons for South Africa's horrifying AIDS statistics? I learned about douching and dry sex through friends and relatives; says 28-year-old Nomalanga Sibisi (name has been changed). ‘My boyfriend was complaining about my wetness and I worried I would lose him because I couldn't control it. Then I tried douching and it worked for me. Dry sex is painful, but it's worth it.’

Widely practised in Zimbabwe, Malawi, Zambia and South Africa, dry sex is hardly ever spoken about. It is penetrative sex between a man and a woman, where the woman has previously inserted a substance – methylated spirits, antiseptics, coarse salt, snuff, bicarbonate of soda, vinegar, talcum powder, ice, alum, Zam-Buk, traditional muti (usually prescribed by a traditional healer), soil with baboon urine, shredded newspaper, household detergents or bleach – into her cervix in order to make her vagina dry. Some women insert drying herbs in a cloth or stocking, which they keep inside during foreplay and remove just before penetration to ‘make the thing behave, as one woman put it. They do this so when their lovers enter them, they are ‘dry and clean,’ because both men and women see their wetness as a sign of promiscuity and dirt. In a paper by medical anthropologist and head of the University of KwaZulu-Natal's

anthropology department Professor Suzanne Leclerc-Madlala, she describes some reactions of women to questions aimed at exploring how they and their partners viewed other forms of sex, including oral sex: 'He would call me a witch if I even suggested [oral sex]! Why would I want to make him sick? This thing is just too dirty.' Another said, 'That is like saying: go dig in the rubbish. Do I want him to be a dog?'

'I feel lucky to have a dry woman as it means she hasn't been with a lot of men,' says Siphon Dlamini (name changed), voicing a common belief. Despite this, Siphon himself found dry sex to be painful – until a friend recommended the use of Vaseline. Vaseline was acceptable as a lubricant for Siphon because it wasn't the natural juices of his partner. Vaseline was clean, his partner was not.

What the chemicals used in dry sex actually do is strip the woman's vagina of all natural lubricants, making the soft tissues swell and causing her vagina to become hot and tight. Many women say dry sex makes sexual intercourse abrasive and painful for them, causing extreme abdominal pain for some, but the long-term effects are even worse. Practices like dry sex – and more importantly, the attitude that informs these practices – are probably largely responsible for the fact that South Africa now has the highest heterosexual AIDS-infection rate in the world. It's not that South African people are unaware of what causes AIDS – we have aggressive AIDS campaigns targeting most sectors of the population. We know what to do about AIDS, but that isn't the issue – it's that so many women don't have the power to change behaviour around sexual issues.

Dry sex is thought to help spread AIDS in three ways: the dryness of the vagina means it's more likely to be lacerated during sex; the natural antiseptic lactobacilli contained in the vaginal moisture are destroyed, so they can no longer combat sexually transmitted diseases; and the increased friction means condoms are more likely to break. The result? Not only the sacrifice of sexual pleasure for women – and, in some instances, men – but also the potential sacrifice of human life on an enormous scale.

Five years ago, Neetha Morar, a research manager for the South African Medical Research Council (MRC), conducted a survey of sex workers working truck stops in the KZN region (incidentally, KZN has by far the highest HIV infection in South Africa). This was the first study of its kind in this country, although dry sex has been documented extensively in other parts of Africa: in Zimbabwe, researchers battled to find a control group who didn't practise some form of dry sex – men prefer women to be dry and tight as they seem 'cleaner and healthier'; in Malawi, according to a report in 1995, 13 per cent of women used vaginal substances for tightening and 34 per cent for self-treatment for discharge and itching; and in Zambia, dry sex is common practice and is widely documented.

But back to KwaZulu-Natal, and Morar's survey. Ninety-four per cent of the sex workers Morar interviewed used vaginal substances for dry sex. And they were happy to do it – not only because their clients preferred it, but also because they it made them ejaculate faster. These women also reported abdominal and vaginal pain, burning and itching, rashes, increased vaginal discharge and bleeding after inserting substances into the vagina, but their clients' demands took precedence.

But it's not only sex workers who practise dry sex – in fact, it's mostly ordinary women who are trying desperately to keep their men. These women believe that not only does dry sex increase their partners' pleasure, but it also proves to them that they have not been sleeping around. Men associate wetness with promiscuity: in Zambia, for instance, girls who are 'too wet' are called *chambeshi* – the name of a large river [Zambezi]. The women also believe dryness to their partner they aren't using contraception, because men see lubrication as a consequence of injection, or Depo-Provera.

The enormous, unspoken issue here is not about how consenting couples choose to have sex, it is that for many women in Africa there is no choice about sex at all. Many women are not permitted to negotiate, refuse or initiate sex. And it is this culture of male entitlement, privilege

and power that is killing our women and young girls. The global AIDS awareness program, ABC (Abstain, Be faithful and use Condoms) is only being partly rolled out in South Africa. Because although we talk constantly about abstinence while we demonstrate condom use on carrots and broomsticks, we never talk about fidelity. On some profound level, male infidelity is regarded as a right. We come from a society that advocates a man having more than one partner, privately or openly – a society that disrespects its women. And there are few signs of change: the *Sunday Times* of 3 October 2004 published preliminary results of an ongoing study for the private Population Council group of 3 000 Gauteng men aged between 15 and 34 [Gauteng is the South African province in which Pretoria and Johannesburg are located]. Twenty-nine per cent of these men believed a man needs sex with other women besides his wife. Twenty-seven percent believed if a woman had been drinking, it was 'her fault if she is raped.' Forty-two per cent believed if a woman 'wears a miniskirt and drinks,' she is 'asking for trouble.' These are young, urban, contemporary men. Their attitude is staggering, to say the least.

Dry sex is one consequence of this attitude, but it isn't the only one. The combination of entitlement with poverty is potentially devastating. In a 19-country study, the International Center for Research on Women (ICRW) found that the lower the women's status, the higher their HIV-infection. Of course it is – the major reason these women have no voice when it comes to painful, forced or dangerous sex is because they can't afford to have one: if their men abandon them, they have no means of support for themselves or their children. One of the results of this imbalance is transactional sex, another is rape, another is the seduction of young girls, another is infidelity. All of these add up to AIDS.

What South Africa and southern Africa need to save us from AIDS is nothing less than a cultural revolution. Mbeki was right about one thing: AIDS is a disease of poverty, but mainly because at this level the stark discrepancy between the power of men and women puts women at such extraordinary risk. Of course we need to deal with the appalling economic and health situation in our country, but we also have to deal with a culture that empowers its men so much more than its women when it comes to sex. In Africa, AIDS is a gender issue, and until we address it as such, we can never win the war.

The Seven Other Deadly Sins [A box of the article.]

1. Survival and/or Transactional Sex. High levels of poverty, low education and lack of power force women into offering sex for money, goods or services. Ordinary women are pushed into transactional sex, whether privately or through prostitution, by poverty.

Writer Margie Orford, in the process of interviewing South African people for her book, *Rural Voice* (David Phillip, R100 [the rand is currently trading at about R6 = USD1]), says survival/transactional sex is a way of life for many South African women. In Berlin, 40 kilometers from East London, she interviewed girls with no source of income who were sleeping with taxi drivers in order to get regular lifts to a tertiary college they attended near East London. The deal the taxi drivers struck was sex with no condoms. The girls were trading sex for education and the chance of a way out of their grinding poverty – a little like playing Russian roulette, but with more than one bullet in the barrel.

In Vioolsdrift, on the border between Namibia and South Africa, girls as young as 12, many of whom have full-blown AIDS, live with migrant labourers working on the farms along the Orange River. Why? Simple, says Orford. There is no food at home, no work, the nearest high school is 140 kilometers away and boarding fees are R500 a term. If you live with a man who has a job that earns him between R600 and R800 a month, then you eat and you have a roof over your head. An easy decision. In Elliot, Orford found teenage girls heading up households because their parents had died of AIDS. They were offering sex in exchange for food to feed their siblings – and when they got pregnant, the baby was a bonus, because it would mean they had access to the meager government childcare grant of R165 per month. That's not enough to support the

whole family, says Templeton Doda, HIV/AIDS activator at the Elliot Advice Office, so the girls have more children. 'In our area a girl of 13 can be pregnant, at the age of 20 years [she] will have about four kids.' [When I was young and living in South Carolina in the 1950s and 1960s, the same thing was true. Our maid had many children, and got government support ("welfare") for each one, as long as she had no husband. We asked how many children she was planning to have. She told us that when she had eleven children, she would be making enough off welfare to quit work as a maid. Aren't governments great!]

In more urban environments where parents were still able to provide food and shelter, other studies have observed a growing trend for girls to use transactional sex to 'get what they want' in terms of luxuries – the three C's: cash, clothes and cellphone.

2. Rape. There are one-million reported rapes of women and children every year in South Africa. The real figure is probably much higher. In a study by the Johannesburg Metropolitan Council, one in four men interviewed claimed to have had sex without the girl's consent. At least half of the 300,000 people involved in the study – male and female – believe forcing sex on someone you know is not rape, but just 'rough sex.'

We all know most rapes happen between people who know each other: date rape, husbands raping wives or friends, and relatives forcing themselves on women and girls they know. It's easy to see this is an extension of the attitude expressed by the 3,000 Gauteng men interviewed for the Population Council group: men have a right to multiple partners, and women deserve what they get.

In September this year, after allegedly gang raping an 18-year-old schoolgirl at a bus depot for wearing a miniskirt, bus drivers in Manzini 'banned' miniskirts on buses. The drivers carried signs saying, "We'll get them with our brushes – referring to a brush handle apparently used in the attack. According to the Cape Argus, a bus conductor calling himself Licandza said, 'Women who wear miniskirts want to be raped, and we'll give them what they want.'

3. The Myth of Virgin Cleansing. It is almost impossible to understand the motivation behind the rape of children and babies. According to Professor Suzanne Leclerc-Madlala, who published a paper on it last year (*On the Mythogeny of Virgin Cleansing: Women, AIDS and Bodily Dirt*), the myth of 'virgin cleansing' is based on the idea that a man can cleanse his blood of HIV/AIDS by having sex with a virgin, but that he will not infect the girl herself. This is because her vagina is dry, and 'dirt' – i.e., disease – can't attach itself to it. On a very simple level, the idea that a 'dirty/wet woman' gave the man AIDS in the first place, and so her opposite – i.e., a 'clean/dry girl' – can take it away. Apparently, this also applies in the rape of elderly women; post-menopausal women have no 'dirty' lubrication. In a nationwide survey (Anderson 2002), it was found that of the 9,000 people interviewed, 13 per cent believed virgin cleansing could prevent AIDS.

4. The Sugar-Daddy Syndrome. Older men have sex with teenage girls in exchange for money or status, mostly when the men are away from home – i.e., working in the city. About 15 per cent of teenage girls in South Africa are HIV positive and this percentage is growing. If these girls were having sex with other teenagers, the infection rate would be much lower. But they're having sex with older men. Having an older sexual partner is associated with increased risk of HIV infection, not only because he is more likely to be infected himself, but also because the immature vaginal mucous membranes of young girls make it easier for the HIV virus to pass through.

5. Infidelity. The 'Face of AIDS,' as described at the UN conference in July this year, is a young, black, married woman. Being in a stable relationship where the man is not monogamous and the woman cannot insist on condoms is a risk factor for AIDS. The idea of having multiple

partners seems natural to men – yet it's important to have a woman who's perceived to be virtuous. But where fidelity has been addressed, the HIV/AIDS infection rate has dropped enormously.

According to Helen Epstein, a molecular biologist who was working in Uganda when it had the highest AIDS-infection rate in the world, when the Ugandan government actively advocated fidelity to one partner, the AIDS rate in urban women between 15 and 19 fell by 50 per cent. Epstein says the frequency of casual sex in Uganda fell by 60 per cent at that time, and 'this probably contributed most to the sharp decline in HIV-infection rates.'

6. Abuse of Power. Ambassadors, judges, policemen, managers – all men in positions of power who have been publicly accused of sexual harassment in the past year. But perhaps the most worrying group of all, because of their contact with children, is the teachers. As a group, teachers in South Africa have one of the highest rates of HIV infection: at the beginning of 2002 16 per cent of teachers in most provinces – and 20 per cent in KwaZuluNatal – were HIV-positive, as were eight per cent of principals and heads of department. They also have a bad track record when it comes to rape and sexual assault. In October this year, Education Minister Naledi Pandoor stated that 111 sexual assaults had been reported at SA schools this year. Pandoor implied the actual figures were higher, because these were only the cases where disciplinary action had been taken, and two provinces (Eastern Cape and Limpopo) failed to supply any statistics at all. In a project initiated by the University of the Western Cape's School of Public Health, up to 25 per cent of male teachers admitted they have been physically abusive, while 12 per cent said they had been sexually abusive. 'We had anticipated that teachers would be change agents, but other research has shown they are sometimes the perpetrators of the very acts we are trying to address,' said project manager Abigail Dreyer in an interview with PlusNews HIV/AIDS News Service for Africa.

7. Inequality. In a fundamental way, the biggest challenge is gender. It's to get the entire continent to understand that women are truly the most vulnerable in this pandemic...and there is a degree of cultural oppression that has to be overcome. You cannot have millions of women effectively sexually subjugated, forced into sex, which is risky without condoms, without the capacity to say no, without the right to negotiate sexual relationships. It's an impossible situation for women and there has rarely been a disease so rooted in inequality between the sexes.' – Stephen Lewis, UN secretary-general's special envoy for HIV/AIDS in Africa. [End of *marie claire* article.]

From this article and other reports, South Africa, under its new democratically elected black government has a serious problem. But it is very evident that it has little interest in solving it. The president, Thabo Mbeki, came out too long ago with the position that AIDS was not caused by the HIV virus, but by poverty. The culture is sexually promiscuous. It is addicted to risky and violent sex. But, no matter how bad the situation, the government persists in taking ineffective measures. I believe that it was Kwame Nkrumah, first black president of Ghana, who asserted, "We would rather be poorly governed by ourselves than well governed by whites." Under democratically elected black governments, Africa is being devastated – its environment destroyed, its wildlife exterminated, and its people ravaged with poverty and disease. When white colonialists handed political control of Africa back to black Africans forty years ago, Africa was brimming with wildlife, and many Africans could live off the land. Since then, under black rule, many large species have been driven to near extinction; the black population is reeling from the AIDS epidemic; most Africans have no land, no jobs, no food, and no hope – just poverty, disease and despair. Zambia recently celebrated the fortieth anniversary of its "independence" from Britain, but many people were asking, "What is there to celebrate?" The leaders are unwilling or unable to maintain modern infrastructure. At the time of the white

colonialists, Lusaka was a beautiful town, referred to as The Garden City, and characterized by tree-lined streets. It is now largely a trash-heap. The trees are being chopped down and not replaced, and razor wire has replaced vines on the residential walls. I often wonder why the blacks wanted to accept ownership for Africa, when they have no interest in maintaining it.

The problem is not just in Africa, though – it's the whole world that is falling apart, just not so fast as in Africa. It is democracy, fueled by technology and a lack of spiritual regard for nature, that is destroying the planet. It is the desire of people everywhere to democratically elect their own incompetent or venal leaders, who will pander to the majority who elect them. This sorry situation will come to an end when the current anarchic system of planetary management ends.

I had dinner a few weeks ago with a South African university professor who told me that one of the professors of surgery at a prestigious South African university – a black appointment under South Africa's Affirmative Action program – was unqualified. This was recognized, and his major role was that of giving speeches – not teaching or doing surgery. His appointment was made simply to give a prestigious position to a black, despite the fact that he was not qualified to hold it. His tenure in this position was a sham, but one instituted and embraced by the current black government. The gentleman also told me that the director of the South Africa Department of Health has a special "three-year medical-doctor degree" granted by the Russian government. As Plato observed, democracy is a very poor form of government.

While waiting in the Pretoria airport a couple of weeks ago, I spent some time browsing an airport bookstore. One of the books that I purchased was *AIDS in the Twenty-First Century*, by Tony Barnett and Alan Whiteside. It is filled with lots of interesting information about the HIV/AIDS epidemic. Here, for example, is a table that shows the probability of HIV-1 infection per exposure (Table .1 on page 38):

<u>Mode of transmission</u>	<u>Infections per 1000 exposures</u>
Female-to-male, unprotected vaginal sex	0.33-1
Male-to-female, unprotected vaginal sex	1-2
Male-to-male, unprotected anal sex	5-30
Needle stick	3
Mother-to-child transmission	130-480
Exposure to contaminated blood products	900-1000

The source is World Bank, 1997, *Confronting AIDS: Public Priorities in a Global Epidemic*, A World Bank Policy Research Report (New York and Oxford: Oxford University Press for the World Bank, European Commission and UNAIDS). The accompanying text states, "There is a small chance that HIV can be transmitted through oral sex, especially if a person has abrasions in the mouth or gum disease."

It is worth considering why the world has the current HIV/AIDS epidemic. Once again, the answer is bad leadership. The HIV/AIDS epidemic is ravaging the planet because the world's leaders like it that way. They could easily have prevented it, and chose not to. There is much more money to be made in allowing it to spread and increase, and by selling drugs that keep people alive to spread it more, than in containing it. Here follow a few selections from the Barnett / Whiteside book:

Preventing sexual transmission

As sex is the main mode of transmission, prevention strategies are most important here. One of the first responses to the epidemic was to call for the isolation of HIV infected people. This was seen by many as impracticable, oppressive and discriminatory. The one exception is Cuba. In the 1980s the authorities tested the entire population, isolating those found to be HIV positive in 'sanatoria.' This has contributed to the low level of HIV infection seen to date in that country. At the end of 1997, it was estimated that there were only 1,400 infected Cubans (UNAIDS/Pan American Health Organisation/WHO, 1998). However, for this approach to work, a high degree of governmental control is necessary, people entering the country who might be infected and/or spread the disease have to be tested, and there has to be good border control. In addition, there needs to be a programme of regular repeat testing. This was never an option for most countries and certainly not for poorer countries. Apart from the expense and difficulty of implementing such a programme, some argue that it is a violation of human rights.

To prevent sexual transmission there is a limited but potentially effective range of interventions. The first set of interventions is 'biomedical'; these aim to reduce sexual transmission. Good sexual health is paramount. This means that STDs should be treated immediately, and the availability of STD treatment in the rich world has probably played a major role in controlling HIV. Sexual practices that increase risk can be discouraged or made safer: a southern African example is 'dry sex' where a woman may use a drying agent in her vagina to increase friction during intercourse. This practice increases the risk of tears and abrasions, and can therefore facilitate the entry of the virus. The Filipino practice of inserting small metal balls into the penis, also in the belief that these *bolitas* increase pleasure, can create a portal for infection.

Box 3.1 Snakes, lice and witchcraft

'I knew a Zulu whose son was bitten by a snake and died. He said that his son had been killed by witchcraft. This did not mean that he didn't see that his son had been bitten by a snake, or that he didn't know that some snakes are poisonous while others are not, and that the bite of a poisonous snake may be fatal. When he said that his son was killed by witchcraft, he meant that a witch caused the snake to bite his son so that the son died ... every piece of good fortune involves two questions: the first is "how" did it occur, and the second is "why" it occurred at all ... Beliefs about witchcraft explain why particular persons at particular times and places suffer particular misfortunes ... witchcraft as a theory of causation is concerned with the singularity of misfortune ... A Pondo teacher in South Africa ... [asked] "It may be quite true that typhus is carried by lice, but who sent the infected louse? Why did it bite one man and not another?"' (Gluckman, 1955, p. 85)

Box 3.6 Sexual favours and women's access to education in Nigeria and elsewhere

'THERE IS NO ROMANCE WITHOUT FINANCE'
(Nigerian adage from River State)

'Women students may be more susceptible to infection than some other groups in certain circumstances. A study in Nigeria suggested that a woman may end up having sex with three people at once to make her way through university – her teacher (to ensure good marks), a "sugar daddy" (to pay her fees and living expenses) and her boyfriend.' (Edet, 1997, p. 42).

'Dr. Bayo's findings on Campus girls "campus night crawling" is similar to findings made in Uganda's Makerere University study. The study found that in spite of the very high (98-100%) level of AIDS awareness and knowledge, the girls engaged in risky sexual behaviour – e.g., sex with older "rich" men (at times just pretenders); and for the boy, since they can't afford "standards" (money, gifts, etc. to girls) they either prey on college girls or prostitutes in the nearby slums surrounding the University. Actually the dynamic socio-sexual behaviour going on in Makerere Campus has put most Campus girls beyond the reach of most Campus boys! One-night stand is a common practice in the University. In fact some studies have indicated that CSWers for the mid and high income bracket customers are mostly campus girls, although they deny it! Interestingly, after affairs with the "Sugar Daddies", they fall back on their campus colleagues for fun sex; and during the holidays, they return to the one in the "village" (at minimum 3 partners). As a result, AIDS has taken its toll on the University, from students to the academic and support staffs!' [End of Barnett / Whiteside selections.]

Cuba's President Fidel Castro decided that he did not want HIV/AIDS to ravage Cuba, and he took positive steps to stop it. He used the same approach – quarantine – that has been used successfully in the past to contain major epidemics. Nothing new here. Why is it, however, that Castro is the only leader in the world who had the will to stop the epidemic in his country dead in its tracks? Could it be that Cuba is a communist nation, not motivated by capitalistic greed for wealth? Containing the epidemic results in essentially no generation of wealth, and continuing it and expanding it generates billions of dollars for the HIV/AIDS industry (drugs for ART, voluntary counseling and treatment (VCT), research grants, educational programs, pamphlets, ads, etc.). The capitalist world of global industrialization *wants* the HIV/AIDS epidemic, or it would have stopped it. It *thrives* on the HIV/AIDS epidemic. The world's wealthy make billions of dollars each year from the HIV/AIDS epidemic. The actions of the world's leaders (except for Castro) have been totally consistent with generation of more wealth from HIV/AIDS, and totally inconsistent with stopping the epidemic. The world's wealthy do not suffer from the disease, which is confined almost exclusively to the world's poor – and poverty is a condition that is brought about by civilization and economic development. Think about it.

More Immigration Problems

People have been writing about the destruction of culture and countries by mass immigration for decades, but it has not been until recently that articles on this subject are appearing frequently in the newspaper. In Wisconsin recently, six native-born Americans were slaughtered by a Hmong-American. The US government has brought Hmongs into the country by the tens of thousands, and settled them in various places such as Sacramento, California, and Birchwood, Wisconsin. I have written more than once that immigrants are responsible for thousands of slayings of native-born Americans. Here follows one of the articles about the Hmong slaughter.

Five Shot Dead in Wisconsin Hunting Dispute, by Joshua Freed, Associated Press Writer. Birchwood, Wisconsin. A dispute among deer hunters over a tree stand in northwestern Wisconsin erupted Sunday in a series of shootings that left five people dead and three others injured, officials said.

Jake Hodgkinson, a deputy at the county jail, identified the suspect as Chai Vang but would give no additional details. Several news organizations in Minneapolis-St. Paul reported the suspect was 36-years-old and from St. Paul.

The incident happened when two hunters were returning to their rural cabin on private land in Sawyer County and saw the suspect in one of their tree stands, County Chief Deputy Tim Zeigle said. A confrontation and shooting followed.

It's not known who shot first, Zeigle said.

Both men were wounded and one of them radioed back to the cabin. Other hunters responded and were shot, he said. Some of the victims may have shot back at the suspect, Zeigle said.

The suspect was "sniping" at the victims with a SKS assault-style rifle, Zeigle said. He was "chasing after them and killing them," he said.

The dead included four males, including a teenage boy, and a woman, Zeigle said. The man who radioed for help was not fatally wounded. Some of the victims were shot more than once.

All five were dead when officers arrived, he said.

Authorities found two bodies near each other and the other three were scattered around the area, which is near Town of Meteor in southwestern Sawyer County. Two people who stayed in the cabin emerged safely after the shootings.

The suspect, who did not have a compass, got lost in the woods and two other hunters, not knowing the man was being sought in the shootings, helped him find his way out, Zeigle said. When he emerged from the woods, a Department of Natural Resources officer recognized the deer license on his back, given to police by a victim, Zeigle said.

The man was out of bullets when they arrested him, Zeigle said.

One of the injured hunters was in critical condition at St. Joseph's Hospital. Another was listed in serious condition and the third was in fair condition, both at Lakeview Medical Center. Wisconsin's statewide deer gun hunting season started Saturday and lasts for nine days. Bill Wagner, 72, of Oshkosh, was about two miles away near Deer Lake with a party of about 20 other hunters. He said the incident was "very upsetting."

After they got word of a shooting, he and others went to round up the rest of the party. He said they heard sirens, planes and helicopters and noticed the surrounding roads blocked off.

"When you're hunting you don't expect somebody to try to shoot you and murder you," he said. "You have no idea who is coming up to YOU."

The incident won't stop their hunt, he said.

'We're all old, dyed-in-wool hunters," he said. 'We wouldn't go home because of this but we will keep it in our minds. We're not forgetting it." [End of article.]

There is no acceptable reason for any native-born American to be slaughtered by an immigrant. Native-born Americans are being killed in large numbers by immigrants because immigrants have been allowed into the country in massive numbers. The reason for America's mass immigration in recent years is money – economic incentives. Ask any mother who has lost a child, or a child who has lost a father, or a wife who has lost her husband, to an immigrant killer, what she thinks of America's policy of mass immigration. America traded the life of her loved one for the money that increased immigration brings. How can you stand by and do nothing about this?

Ask the Dutch what they think of their policy of mass immigration, now that their government has flooded their country with Moslems, who are now slaughtering native Dutch who express their opinions, such as politician Pim Fortuyn and filmmaker Theo van Gogh. The December 15 issue of the South African Edition of London's *Weekly Telegraph* contains an article, "Dutch middle class seek new life abroad." Mass immigration to the Netherlands has made life so unpleasant for the native Dutch that they are now leaving the country in droves for the first time in memory. The Netherlands government has now given away 3/16 of the country to Moslems and Asians. Did you, Dutch people, receive 3/16 of Indonesia and the other countries from which the immigrants came? You have allowed your government to give away 3/16 of your country, and make living conditions so intolerable that you are having to leave. How incredibly stupid! Your land, your living space, and your culture was all that you had. And you gave it away!

Over the past few decades, the population of Canada has doubled, and the population of the US has increased about fifty percent, all because of mass immigration. Native-born Canadians now share fifty percent of their roads, homes, hospitals, farmland, timberland, rivers, lakes, air and environmental splendor with Asians. You, native-born Canadians, have given half of your country away to Chinese, Vietnamese, Koreans, Indonesians, and a host of other alien cultures. Did those countries give you half of their countries in return? You foolish people! Americans – you now share one-third of your country with recent immigrants. Did the countries from which they came give you one-third of their lands? Chinese immigrants are now slaughtering your bears, for use in their “traditional medicine” (bile from bear gall bladders) Why do you continue to allow this?

The December 15 issue of the *Weekly Telegraph* contains many articles of how Britain is giving its country away to immigrants. The gypsies are trashing the countryside with their caravans. The December 19 issue has an article describing the gypsy trashing of some beautiful “greenbelt” land. His excuse: He has an aversion to bricks and mortar. The amazing thing is that the government backs his position: “A gypsy has won the right to live in a caravan on greenbelt land after a government inspector ruled that his ‘aversion to bricks and mortar’ meant that he could not live in an ordinary house.” Pity the traditional English who valued a clean greensward and idyllic countryside view.

An article entitled, “Police search for ‘honour killings’” reports that police are to review the deaths and disappearances of 122 young Asian women to establish whether they were the victims of “honour killings,” in which a young girl is killed by another family member who disapproves of her behavior. The article notes that “Honour killings occur in Asian, Turkish, Romany, Bosnian, Kosovan, West African and Middle Eastern families.” It displays the picture of a pretty young girl whose father slit her throat because he disapproved of her western outlook and behavior. Britain: why are you so ashamed of your own culture that you tolerate its being replaced by Islamic and other cultures?

It is interesting to note that most British people do not want the country overrun with immigrants. The December 15 issue contains the following article entitled, “Too many immigrants, claims poll: Nearly three-quarters of British people believe there are too many immigrants coming into the country, according to the results of an opinion poll published last week, writes *Philip Johnston*. A YouGov survey for *The Economist* suggests that record levels of immigration are now the principal concern of voters, ahead of public services, crime and terrorism.

“The findings also indicate that groups normally regarded as holding more liberal views, including Londoners and the young, are as ill-disposed to immigrants as others.

“The poll confirms what politicians have been noticing for months, that immigration has returned with a vengeance as a political issue after years of quiescence following the fierce controversies of the late 1960s and 1970s.”

The late British politician Enoch Powell railed against immigration decades ago, but no one listened. Britain is now in the process of paving concrete over land in East Anglia that has been farmland since the time of the Romans.

Britain’s liberal, multicultural, inclusive, pluralistic politicians are giving the country away to foreign cultures and foreign people – and the British people say that this is not what they want! Any culture that is so foolish as to allow this to happen deserves just what it gets.

America, Canada, Britain, the Netherlands, France, and any other country that accepts large numbers of immigrants is destroying its culture, and giving away its land and other natural resources in proportion to the size of the immigrant population. Any culture that thinks that it can retain its culture by flooding it with foreign cultures and survive is crazy. America's multiculturalism and inclusiveness will destroy it. Its hubris of thinking that its culture and environment can survive when it floods both with massive numbers of people of quite different cultures will cause its demise.

Congo Causing the Extinction of Pygmy Chimpanzees

Pygmy Chimpanzees on Brink of Extinction – WWF, Fri Dec 10, 12:33 AM ET, by Ed Stoddard. Johannesburg (Reuters) - Pygmy chimpanzees, one of humanity's closest living relatives, have been pushed to the brink of extinction in the war-battered Democratic Republic of Congo, conservation group WWF International said on Thursday.

WWF said recent surveys in Africa's Congo basin revealed that perhaps only 10,000 of the primates, also known as bonobos, remain in the wild compared to previous estimates of around 50,000.

"There may be as few as 10,000 bonobos left ... These initial results concern us greatly," said Dr. Peter J. Stephenson, WWF's African Great Apes Program Coordinator.

The survey was conducted in the Democratic Republic of Congo – the only country where bonobos are found – in the 36,000 square kilometer Salonga National Park, a protected area the size of Holland.

"The first data in from about a third of the park show evidence of very few bonobos living there. No bonobos were encountered, and sightings of nests and dung were only made in a quarter of the area surveyed, at lower densities than previously measured," Swiss-based WWF said in a statement.

"In contrast, there was abundant evidence of human encroachment into the park and of poaching," it said, blaming the decline of the species on illegal hunting for food – or "bushmeat" – by militias and hungry local peasants.

The findings add to a grim body of evidence that the great apes are in serious trouble – with Congo one of their most blighted spots on earth at the moment.

LOWLAND GORILLAS

While the bonobos in the country's west are reeling from rampant poaching, the lowland gorillas in the east have also taken a beating.

Conservationists fear the numbers of eastern lowland gorillas in the region are down to 3,000-5,000 from an estimated 17,000 in 1996.

Poverty and conflict are the chief reasons behind the falls in ape numbers.

And Congo, where millions of people have died from war-related hunger and disease over the past decade, has had more than its share of both.

"During the long running civil war in (Congo), it became almost impossible ... to protect effectively the country's national parks," said WWF.

"Increased poaching by armed militias and local people was inevitable with serious consequences for the bonobos of Salonga as well as the local people," it said.

WWF said it had launched a new project to monitor and protect bonobo populations in the north of Salonga.

Often equal in height to chimpanzees, bonobo's limbs are more slender and they have a black face with reddish lips.

The genetic code in the DNA of chimpanzees and bonobos is closer to that of humans than to that of gorillas. [End of article.]

Why does the entire world stand by and allow Congo to cause the extinction of the pygmy chimpanzees? Why do we not invade Congo to stop this senseless slaughter? Stopping the extinction of the pygmy chimpanzees is far more important than the oil in Iraq or in Afghanistan, which will all be gone by 2050 anyway. The chimpanzees, once extinct, are gone forever. Why are we not waging war in Congo to save them and the great apes – making a difference that will last for millions of years – instead of wasting our young people’s lives in a war for oil in Iraq, which will make no long-term difference at all? The reason is clear. We (our governments, our cultures) don’t give a damn about pygmy chimpanzees or great apes. All we are interested is the oil in Iraq – in things that make money. The chimps in Congo are doomed, along with the great apes and hundreds of thousands of other species, because the people currently in charge of the planet – the oligarchs and the plutocrats – have no financial incentive to prevent their extinction. Blowing up bombs and using billions of dollars worth of military equipment and supplies generates billions of dollars of profits for the people in charge (to make more bombs, guns, tanks, missiles, airplanes, uniforms, and the like). Saving the chimpanzees does not add to their wealth to any significant degree. The situation will not improve until those currently in charge of the planet – the economic powers, the forces of global industrialization – are gone.

A lot of “handwringing” by environmentalists will not save the chimps. You hear a lot of talk these days that if you give local people a suitable financial incentive, you will save the forests from being cut down and stop the mass species extinction. This is drivel. After several decades of this approach, the world’s forest cover is vastly reduced, and the forest destruction and mass species extinction continues. Economics is the *problem*, not the solution. As Einstein once remarked, today’s problems will not be solved by the same kind of thinking that created them. The cause of the problem is the world’s leaders, who are motivated only by greed for increased material wealth. The planetary crisis will not end until they are gone.

The article refers to the slaughter and eating of chimps as “bushmeat.” In remote rural African markets, you can see the corpses of skinned chimpanzees for sale. They look just like small people. Sometimes you can find a gorilla hand for sale – but not much any more, since they are almost gone. Given the similarity of chimpanzee and human DNA, and the physical resemblance of the species, the consumption of chimps – and monkeys, apes and other primates – by Africans is little more than cannibalism. This disgusting practice demeans our species and is quickly driving our closest relatives on the planet to extinction. America was very quick to invade Iraq for oil, but it has no interest in invading Congo to save the chimpanzees and other primates from extinction. What do you stand for, America? Certainly not for the chimpanzees. Or for other wildlife. Or for forests. Or for rivers, lakes and seas.

Here follows another recent news article on the Congo. The article describes the imminent threat to the Congo’s rainforest.

[Conservationists Fear for Congo's Rainforests](#) Sat Nov 13, 1:56 PM ET Science – Reuters, by David Lewis. Kinshasa (Reuters) - A strict ban on granting new logging concessions in Congo's rainforest must be maintained while the poor African country struggles to recover from years of war, conservationists said on Saturday.

The Democratic Republic of Congo has some 250 million acres of rainforest, most of which has remained untouched. A moratorium on new logging rights in the world's second largest rainforest was imposed in 2002.

With Congo emerging from a five-year war in which 3 million people died, mainly from hunger and disease, conservationists fear new laws and zoning could result in around 60 million acres – an area the size of France – it being opened up to logging firms.

"The international non-governmental organizations recommend the strict application of the moratorium on all new forestry concessions," eight international conservation organizations said in a statement in Kinshasa.

They said the ban must be maintained to "allow the necessary conditions for a sustainable management of the sector to be put in place" and ensure transparency and good governance.

The government has been praised for drawing up a new forestry code, putting in place the moratorium and reclaiming 62 million acres of illegal concessions. It reiterated its commitment to transparency and sustainability in the sector.

However, with corruption rife and central authority often lacking elsewhere in the region, there are worries a rapid expansion of logging will be unsustainable and deliver little for either Congo or most of its people.

In a statement issued earlier in the week, international environmental watchdog, Greenpeace, said despite the moratorium, logging concessions covering more than 15 million acres were allocated between May 2002 and May 2003.

"These developments undermine all attempts to reform the forestry sector. Illegally allocated concessions should be canceled," Greenpeace said.

The Chinese-Trader Rhino Man

In 1993 and 1994 I worked in Malawi, where I developed the civil service personnel management information system. It was one of the more interesting postings that my wife and I had. We met a number of interesting couples, with whom we are still in contact.

We lived in Malawi near the end of dictator Hastings Kamuzu Banda's reign. The US had supported this dictator throughout the "Cold War" – he was on "our side," so we turned a blind eye to his activities as the "Crocodile King" (feeding his enemies to crocodiles in the Shire River). Banda ran a very tight ship. He was a medical doctor who had worked in Ghana early in his career, and then in the UK, as an "abortion doctor." After Malawian independence in the 1960's, he was "called back" to Malawi to serve as its president – he was one of the few educated Malawians in the world at the time.

Banda set up the Kamuzu Institute, which provided a classical British education (Latin, Greek and the like) to merit-selected students from all over the country. No male (Malawian or foreign) was allowed to have hair covering his ears, and women were forbidden to wear pants. The paved roads had few or no potholes and there was no trash strewn around, as is typical of most of Africa.

The principal reason why life was so interesting in Malawi is that there was no television and no movie theaters. For social recreation, the main activity was dinner parties. Every week we attended one or hosted one. During these parties, interesting people engaged in interesting conversation. The level of the conversation reminded me of Eleanor Roosevelt's remark, "Intelligent people talk about ideas, average people talk about current events, and small people talk about other people." For a diversion, we hosted a couple of "How to Host a Murder" parties, which were a big hit.

This past Easter, my wife and I drove over to Lilongwe, the capital of Malawi, to visit some of our friends who still lived there. These friends are in the tobacco industry, which is one of the mainstays of the Malawian economy.

While we visited our friends, we asked about some of the other friends that we had had during our stay there. One couple was from Taiwan. She was the daughter of a very wealthy industrialist, and he was “in import export.” They were very friendly to us. We attended a delightful karaoke party at their home one evening, and they let us stay at their home after our household goods were packed up and we were waiting to leave.

Our hostess told us that our friends were gone – had “fled the country.” After many years in the country, some rather suspicious happening occurred and people started asking, “What does “Chang” do (name changed to protect the innocent)? No one knew. If he was in import-export, where was his warehouse, and why were there never any shipments? Rumors had begun to circulate – from missionaries in the “bush” – that Chang was engaged in the ivory trade, buying rhino horns to sell to Yemenis for dagger handles and to Chinese for use in traditional medicine. The heat started to rise, and when it reached intolerable levels, Chang and his wife left.

Chang’s alleged activity, and similar activity in all of Africa by others, made quite an impact on the regional rhino population. In 1999-2000 I worked as Director of Management Systems for the Bank of Botswana (Botswana’s central bank, like the US Federal Reserve). At the time of Botswana independence in 1964, there were an estimated 67,000 rhinos in the wild. Today there are none. Botswanans do not use rhino horn – all of the rhinos were slaughtered and sold to “Chinese traders” and the like.

Isn’t free-enterprise capitalism a wonderful thing? Isn’t Chinese culture great?

Contented Babies in Africa

My wife and I have lived off and on in black Africa for over ten years. In all that time, we have seen thousands of African babies – most African females of childbearing age are carrying a baby on their backs. The most amazing thing is that, in all that time, neither of us has ever seen one of those babies crying.

The Extent of Poverty in Zambia

I have been working and living in Zambia for some time now (almost three years). Zambia is one of the poorest countries of the world. When you work overseas in less-developed countries for a while, you don’t notice the poverty so much on a day-to-day basis, but every once in a while you notice something that reminds you of just how very poor this place is.

My wife reads the paper every day, and shows me articles of particular interest. A few weeks ago she read me a short report dealing with pipe culverts under the highway between Chipata and Lundazi (a distance of 186 kilometers, in eastern Zambia). (The article is entitled, “Vandals rip off Chipata-Lundazi road culverts, in the November 14, 2004, issue of the *Sunday Times of Zambia*.) The culverts along that stretch of highway are made of corrugated metal pipe, about one-and-one-half feet in diameter. What has been happening recently is that local residents have been removing the culverts and using the metal to make hoes and axes. The downside of

this is that one day when a car or truck is passing along on the highway over a removed culvert, the road will suddenly collapse a foot or two.

Another thing that is happening more and more frequently is that locals are draining the oil out of electrical transformers and selling it as cooking oil. The problem here is that the oil is used for cooling the transformer, and as soon as the transformer heats up, it burns up or explodes, and the neighborhood is without electrical power. This does not affect the locals, since most do not have electricity. Another problem is theft of telephone cable – a frequent cause for loss of telephone service.

Killing the Heart of Dixie

On December 11, Yahoo published a news item reporting that the state slogan, "Heart of Dixie," is disappearing from more Alabama license plates each year. The article is short, so I will simply repeat it below rather than summarize it.

Heart of Dixie Gone from License Plates, by Phillip Rawls, Associated Press Writer. Montgomery, Alabama. The state slogan "Heart of Dixie," a source of pride to some and embarrassment to others, is disappearing from more Alabama license plates every year.

One-third of the groups that promote distinctive and collegiate license plates now choose to leave the slogan off their tags.

The standard state license plate still has "Heart of Dixie," as required by state law, but it's reduced to letters one-sixteenth of an inch high, printed on a bottom corner.

In its place, the song title "Stars Fell on Alabama" is splashed across the top and bottom of the tags. Former Gov. Don Siegelman, who approved that design, said he wanted it to foster positive images at a time when Alabama was trying to recruit international corporations.

For some, "Heart of Dixie" brings up positive images about the South, but "to others it raises thoughts of the Civil War, slavery and mistreatment of African Americans," Siegelman said.

Seventeen of Alabama's 51 specialized license plates leave off the slogan. Those 17 tags promote everything from Alabama farms and forests to adoption and the University of Alabama.

Groups behind some of those plates say they were trying to come up with eye-catching designs and had no concerns about the image invoked by "Heart of Dixie."

Groups that develop a specialty plate are trying to promote their own slogans and don't want another slogan competing for attention, said Paul Till, spokesman for the Alabama Farmers Federation. The federation's plate bears the slogan "Farming Feeds Alabama."

The senior black member of the Legislature, Rep. Alvin Holmes, suspects the groups knew very well what they were doing in omitting the slogan from their plates, but wanted to do it quietly to avoid upsetting fans of "Heart of Dixie."

"Many white industrialists have come to realize what a burden it has been to this state and what the racist image of this state has cost the state economically," said Holmes, who has been trying to pass legislation taking "Heart of Dixie" off Alabama tags.

The slogan was first used by the Alabama Chamber of Commerce in the 1940s, and first appeared on Alabama license plates in 1955.

To Confederate heritage advocates, the tiny type on the standard state plate is about as irksome as the court-ordered removal of the Confederate battle flag from atop the state Capitol dome in 1993.

"They say everything we ... stand for will go by the way, and it seems to be going that way. But as long as I'm alive, they will hear from me," said Olaf Childress of Silverhill.

Childress and other Confederate heritage advocates offer stickers to put across the top of Alabama's standard plate displaying "Heart of Dixie" in type big enough to be seen in traffic. State troopers ignore the stickers because they don't cover the license numbers.

Thousands of the stickers are now displayed by people who think Alabama has taken political correctness too far, said Mobile County veterinarian Ben George, a leader in the Sons of Confederate Veterans and a member of the Mobile County Republican Executive Committee.

"Dixie is not a bad word," he said. [End of article]

First it was the display of the Confederate Flag that was attacked, and now it is slogans as innocuous as "Heart of Dixie," and even the word "Dixie" itself. People who do not stand up for their culture will quickly lose it. Countries and cultures such as Japan, Germany, Israel, and many others that restrict immigration to those of their own racial/ethnic group will keep their cultures alive. Ethnic groups such as the Jews who discourage intermingling and intermarriage with other racial/ethnic groups will last – or at least be recognizable – for thousands of years. Those that do not will quickly pass.

In a recent article, I observed the report in *Time* magazine commenting on how quickly and how much the Africans culture had diminished after their giving political control of their country to the blacks. Once you have lost the will to keep your culture intact, it will quickly die. If American Southerners do not care about their cultural traditions, those traditions will soon be gone. The current generation has let disappear much of their cultural heritage. They have traded it for dollars, such as the abandonment of the Confederate-design South Carolina flag (fear of loss of "convention" money and "foreign investment" if the earlier flag design were retained), or the swamping of the South by Mexican immigrants, all in the interest of making more money (cheaper labor, increased demand for homes, schools, hospitals, roads, and everything else).

Danger – Retina Detachment!

I know that people aren't interested in hearing about other people's health problems, but I feel that I really must tell you about my recent eye problem, so that some of you may avoid the needless operations that I recently underwent and the distorted vision that I now have.

Last year (2003), I found myself bothered more and more with "fuzziness" in my right eye. It was hard to see things on the computer screen, and the glare from automobile headlights at night was "filling" my eyes. I visited the Pretoria Eye Institute for a checkup, and was told that I had moderate cataracts in my right eye, and incipient cataracts in the left eye. To rectify the problem, I had a "lens replacement" – an operation where the natural lens is "aspirated" (sucked out) and a "Plexiglas" lens is inserted in its place. This is an amazing operation. It does not take much time, is painless (local anesthesia is all that is required), and the results are phenomenal! In addition to removing the cataracts (which are in the lens), it removes the entire lens, which, at my age (61 then) has become somewhat discolored. After the operation, the brightness is incredible! Things are as clear and as bright as when I was a child. I had forgotten that the sun is not yellow – it is bright white. One of the nice side benefits of the lens implant is that they can cut the replacement lens to whatever prescription you wish. In my case, I spend most of the day on a computer, and I asked for the focal distance to be twenty inches. So I can now see the computer screen perfectly. I use eyeglasses for distance (driving, television) and for lengthy reading, but not at any other time.

(The material that is used for the lens has an interesting history. I will call it "Plexiglas," since I don't remember the technical term. It is similar to the plastic used in aircraft windows, but

modified to make it pliable (so it can be folded and slipped into a small slit in the eye, after the natural lens has been sucked out). After my first lens replacement, I was so amazed at the increased clarity of vision that I asked the physician whether the Plexiglas would remain clear, or eventually become discolored like my natural lens. He told me that it would absolutely remain clear. He explained that in the Second World War, Plexiglas was used in military aircraft windows, and that small shards of the plastic were often imbedded in pilot's eyes and faces after the windshield had been hit by machine-gun fire. What was discovered after a number of years was that (1) the body did not have any reaction to the plastic; and (2) the plastic never discolored. When eye surgeons started inserting artificial lenses as treatment for cataracts, they therefore used this material, slightly modified to make it pliable.)

A couple of months later, I returned and had the lens in my left eye replaced, also. At that time, I now had very good vision in both eyes – clear, and focused at twenty inches. Things went along fine until this past April (2004), when, one morning, I saw two or three “strings” going up the left side of my left eye. After a short time (minutes, as I recall), the “strings” disappeared, but then I had massive “floaters” in the eye. I have had “floaters” all of my life, but never like this, which was similar to the cataracts. I went to visit a local eye clinic here in Lusaka (the Sunbird Eye Clinic), where I have my eyeglasses made, and the doctors (a regular doctor and a “consultant” specialist) examined my eye. They told me that they could see nothing wrong, and told me to return if the condition changed.

I was concerned that something serious might be happening, and so I decided to contact Dr. Gideon P. du Plessis (of the Pretoria Eye Institute), who had performed the lens replacements for my cataracts. I wrote the following letter, e-mailed it to him, and called him on the telephone to discuss it.

29 April 2004

Dr. Gideon du Plessis
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South Africa
gdupl@mweb.co.za
Tel (0027)12-344-1867, 343-2402
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Dear Dr. du Plessis:

I hope that this letter finds you well.

Over the past several months since you did the lens implants in my eyes, they have served me very well. Overall, the operations were very successful, and my vision is much improved.

Recently, however, a problem has developed in my left eye. I would like to describe the symptoms and signs to you, and then telephone you to discuss what to do next (if anything).

The left eye was the second one that you operated on. It had always been the stronger of my two eyes. It was in the right eye that I had a retinal occlusion about 18 years ago,

had the poorest vision, and developed the cataracts most noticeably. After your operation on the right eye, I experienced no difficulties at all.

The left eye, however, did not go so well. After I returned home to Lusaka from Pretoria, the eye became bloodshot (the right one never did), and I experienced mild “tunnel” vision for a week or so. It was not actually tunnel vision, but a slight loss of the field of vision on my left side (i.e., a problem on the right side of the eyeball). It was most noticeable in the morning, as I lay in bed in soft light. It was sort of like a “brown out” – a darkening, fuzzy encroachment along the left side of the field of vision. I also experienced a few flashes of light when I moved my eye quickly, but those stopped after a few weeks. I had large floaters, which appeared as blobs of transparent jelly that would move across my eye as I read text, but in the opposite direction.

All of these symptoms cleared up within a couple of weeks, and, as I reported to you some time later, I was very pleased with both eyes.

A few weeks ago, the same problems that I had experienced after the operation returned to my left eye. At first, it seemed slightly irritated, and to “tire” by the end of the workday. Then, about two weeks ago, the creeping loss of vision reoccurred. It is quite similar to the way it happened after the operation. In bright light, I do not notice it so much, but in soft light, I have a strong sensation of loss of vision on the left side. There was one thing, however, that was quite different from before. Before the loss of vision occurred, I saw a large, string-like “fragment” in my eye, in the same area where the loss of vision occurred. It was like two strands floating upward along the left side of my eye (i.e., it was actually two strands floating downward along the right side of my eye). The strands moved as I moved my eye, but not freely as a floater – the two strands seemed to be attached, like a piece of seaweed floating in the water. The next day, they were gone, but the large, jelly-like floaters appeared, and are with me today.

Yesterday, I decided to see a local eye doctor here in Lusaka (Sunbird Eye Clinic). I was examined by a specialist, who told me that he could see the floaters, but that he did not see a problem with the retina. The ophthalmologist thought that the retina might be a little inflamed (diagnosis “nonspecific retinitis”), and she prescribed some medicine for me to take for two weeks (pill Serazone three times a day, Flurbiprofen sodium ophthalmic solution two drops three times a day, Maxidex dexamethasone two drops three times a day). She told me that if the symptoms did not improve in two weeks, I should consult a retinal surgeon in South Africa. The eye seems a little more comfortable today, but still “tired” slightly (slight soreness along the bottom edge of the eyelid) by the end of the day.

I will call you in a day or so to get your opinion about what I should do next. After I had the retinal occlusion (18 years ago), I visited a retinal specialist who injected dye into my vein, and took a series of flash photographs of my retina. Is that what is required for a diagnosis? Do you do that sort of thing? Should I return to Pretoria for you to examine the eye, or is this probably nothing serious?

Sincerely,

J. George Caldwell
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I then telephoned Dr. du Plessis (on May 10, 2004) to discuss the matter. He had read my e-mail, and he told me that there was nothing to be concerned about, but if anything really unusual happened, to get back in touch.

Well, nothing happened for another week or so, when, one day, a Thursday (20 May 2004), a “darkness” started from the bottom of my eye. It was like a curtain or an eclipse of the sun. The next day, the darkness had moved further up from the bottom – about ten percent a day. I imagined that this was something very serious, like a retinal detachment, and so I got on the Internet and searched for information on that condition. There is an incredible amount of information on the Internet about retinal detachments (and everything else!), and it confirmed my suspicion. On Monday, I called the Pretoria Eye Institute and told them that I thought that my retina was detaching. They set up an appointment for Thursday morning (27 May 2004). Each day, the “eclipse” of my vision worsened, and, by Thursday morning, when I saw the retinal specialist in Pretoria, my sight was about 80-90 percent gone. The doctor (Dr. J. S. (“Koos”) Roelofse, also of the Pretoria Eye Institute) told me that it was imperative to operate immediately, and so, that afternoon, I had the operation to repair and replace the retina. He explained that the “strings” that I had seen were in fact blood trickling down my retina (on the right side – the image is the reverse of reality) – a blood vessel had ruptured in my retina – and the massive floaters that I had seen were the blood floating around in my eye. He told me that had the doctors at the Sunbird Eye Clinic – or had Dr. du Plessis -- realized what was happening, it would have been a simple matter to repair the torn retina / ruptured blood vessel with a laser, and the retina would not have detached. (We even now have a retina specialist in Lusaka (a visiting volunteer eye surgeon from the US, working at the Seventh Day Adventist Eye Clinic), who could have done the treatment!)

On the Internet, I learned a lot about retinal detachments. It turns out that there are five major factors that predispose a person to retina detachment: (1) A sharp blow to the head (as in boxing or an auto accident); (2) Trauma to the eye, as in an injury, or as in previous cataract surgery; (3) Myopia (nearsightedness); (4) Genetics; and (5) Age. Of these five factors, I had four working against me (it turns out that my paternal grandmother had a detached retina – I did not know this until my mother told me, on hearing of my detachment). The reason why myopia is a factor is that the eyeball of myopes (nearsighted people) is ellipsoid-shaped, whereas the retina is more nearly spherical. This puts a constant strain on the retina. As you grow older, or if you are jolted, the retina is vulnerable to tearing.

The retina is not actually attached to the back of the eyeball – it is held in place by “suction” caused by the differential density of the vitreous humor that fills the eyeball and the other body fluids. It is actually held in place very tightly, and is hard to “peel off.” It takes quite a jar to displace it, such as an automobile accident or a hard blow to the head. When the retina becomes damaged, however, the vitreous humor leaks behind the retina – behind the “suction cup” – and the retina simply peels off. In my case, a blood vessel had ruptured in the retina, and vitreous humor fluid was able to leak very slowly through the tear in the retina. After seven weeks of leaking, the suction holding the retina in place was gone, and the retina finally peeled away from the back of the eyeball. The eclipsing “darkness” that I saw apparently coming up from the bottom was in fact the retina folding over from the top (remember – reversed images), and preventing the light from reaching the still-attached portion.

If you realize what is happening, and you go to a retinal specialist, he can simply “cauterize” the retina (using a laser beam or cryotherapy (freezing)) where it is damaged. Fluid stops leaking

behind the retina, and it stays in place. This procedure is not surgically invasive – the laser surgery is done through the lens.

If, as in my case, you do not realize what is happening, the leak continues and may damage further as it folds over, causing the repair to be more difficult, if not impossible. In order for the retina to be held to the back of the eye, the repairs must be such that the retina is intact and smooth, so that no fluid can leak around it.

The operation to reattach the retina is much more serious than the lens replacement. It can still be done with local anesthesia. The physician removes all of the vitreous humor (gel) from the eye, puts the retina back in place, and “cauterizes” the damaged part. He then refills the eyeball, either with air or liquid. If the damage is not very severe, and the operation is done soon after the detachment occurs, then the eyeball may be filled with air. Over a few weeks, the air is replaced by vitreous humor, and you are on your way. In more serious cases, the eyeball is filled with a liquid, which is also replaced before too long. In my case, the damage was fairly severe, and I needed to fly back to Lusaka, so air travel was not an option (since you cannot have a lot of air in you eyeball and fly in an airplane). It was necessary to fill the eyeball with silicone oil. Silicone oil works very well in keeping the retina in place, because it is light in density compared to the other body fluids. The only “problem” with using silicone oil is that it is not absorbed by the body, and must be replaced by water in a second operation. In my case, I returned to Pretoria in a couple of months for removal of the oil and replacement with water. While the silicone is in your eyeball, the vision is very poor, since the refractive index of silicone is quite different from that of vitreous humor (the image is very small, and does not focus where it should).

That second operation (to remove the oil) was in early August. If all had gone well, my vision would now be about as good as it had been before the detachment. Unfortunately, this was not to be. From the time of the operation, my vision was substantially distorted. The distortion was at two levels. If I looked at people from a distance, their heads seemed to be the size of grapefruits, relative to the rest of their bodies. Also, printed text was uniformly distorted, as if I were looking through a glass covered with fine ripples.

In late December (last month), I returned to Pretoria, to have a “six-month” checkup. My concern was that the distortion had never gotten any better, and so I thought that it was a permanent condition. It turns out that this is in fact the case. The surgeon explained that if the retina is reattached within about three days, it “settles back” to where it was before, but if it is detached for longer (in my case, seven days), then it does not fit back exactly where it was before. He explained that the retina is comprised of millions of “rods and cones,” and that if the retina is not back exactly as before, the rods and cones are either slightly spread apart or crammed together. These cells are linked directly to the brain via the optic nerve, but the brain is no longer receiving the sensations from where it originally did. Hence the image appears distorted to the brain. In my case, the image is both distorted and, in the center of the eye, smaller. The brain has a hard time matching the distorted and different-sized image from the left eye with the perfect image of the right eye, and so I cannot see very well. It is as if I had an incorrect and rippled lens in my left eyeglass, when in fact it is focused clearly.

I asked the physician whether I should visit a retinal specialist periodically, for an examination. He replied that this was not necessary. What was critically important was to go immediately to a retinal specialist if ever an “incident” (like the “strings” and the massive floaters caused by the ruptured blood vessel) ever occurred again. In that case, the damage can usually be repaired easily and simply, with laser treatment.

A few days ago, I returned to the Sunbird Eye Clinic here in Lusaka for new eyeglasses (since the vision in my left eye is not exactly as it was before). The doctor noted from my record that I had visited in April, complaining of massive floaters. I told her that the “strings” and the floaters were the result of a ruptured blood vessel in the retina, and that seven weeks later the retina had detached. I pointed out that had she referred me to a retinal specialist at that time, the problem could have been easily fixed, without the need for two subsequent eye operations, and without leaving my vision permanently impaired. Her initial response was, “Why didn’t you come back to see me again?” Why should I have? – the symptoms never changed from what I had first described to her and what she and the consulting physician had examined! I emphasized to her that if anyone else ever complained of sudden, massive floaters, to please send him immediately to a retinal specialist, and he could have simple laser treatment and avoid the problems and permanent vision loss that I had experienced. She said that she was sorry.

Evidently, when most people experience an “incident” that may lead to a retina detachment, they see the massive floaters, but they also see “flashes” of light. I don’t recall seeing “flashes” until my eye was filled with oil. All I remember is the floaters. A few months ago, my wife had recounted all of my eye problems to a friend. One morning, her husband awoke with extensive floaters and experienced occasional flashes. His wife remembered what my wife had told her about my eye problem, and he went to see a retinal specialist here in Lusaka. The doctor immediately repaired the damage with laser treatment (for \$100 – I won’t mention the thousands of dollars that I have spent to date).

The incidence of retinal detachments is not very high – about one in ten (or 15) thousand per year, which is about 30,000 cases per year in the US. Unfortunately, once you have cataract surgery, the chance of a retinal detachment increases dramatically, to about 1-3 percent (chance of developing a retinal detachment). (If you have had one retinal detachment, the likelihood is 15 percent that you will have one in the other eye. The risk of bilateral detachment is 25-30 percent if you have had bilateral cataract extraction.) It is unfortunate that the gentleman who did my lens replacements did not mention this greatly increased risk of retinal detachment following cataract surgery – especially for people like me (nearsighted, older). It is unfortunate that he did not emphasize this danger, and warn me to visit a retinal specialist immediately, if an eye “incident” (sudden floaters; flashes; “strings”; blurry vision; sudden change in vision; many small of black spots (blood), followed by “cobwebs”) ever occurred. He was surely very aware of the possibility, and of my increased chance of experiencing a detachment, and yet he never even mentioned this possibility. The second lens replacement, on my left eye, immediately turned the area around my eye black and blue, and left my eye quite bloodshot. That eye, which less than a year later suffered a retinal detachment, had certainly been severely traumatized by the lens replacement surgery. When I called his office after the retina detached, his secretary referred me to the surgeon who handled retina detachments – on the same floor of the Institute – without comment.

I am generally pretty well informed on many subjects, but I had no idea what was happening to me when I first saw the large floaters in my eye. I have had floaters all of my life (since I was a kid), and had been told that they were simply “dead tissue” – detritus, nothing to worry about. Because of their greater magnitude in April, however, I did in fact have them checked on, but the doctor at the eye clinic had no idea what they indicated or portended. Had I known what was occurring, I could have avoided two eye operations, several trips from Lusaka to Pretoria, many weeks of convalescence (it is necessary to lie on your side for several weeks following the retina repair operation, and for a few days following the oil removal), and having defective vision in my left eye for the rest of my life.

One of the problems I encountered was a strong reticence on the part of some of the doctors to share knowledge. As I mentioned, when my detachment occurred, I searched the Internet and downloaded material on retinal detachments. I read this material in Lusaka before my visit to the retina specialist in Pretoria. Based on my reading, I had about ten questions that I wanted to ask the doctor. After a few, he said to me, "You read too much, you ask too many questions." Well, I do not take lightly to criticism ("I was born to reject rejection," a friend once told me), and this certainly made me a lot less interested in carrying on any further dialogue with him. But had the surgeon who had done the cataract operations been more helpful in warning me of the tremendously increased danger of retina detachment (from 1 in 10,000, or .0001 to .03 – a 300 times, or thirty thousand percent increase), and told me what to look for (immediate increase in floaters, etc.), I would have avoided the detachment altogether, and avoided the permanent vision impairment that I have today.

If you ever experience anything unusual in your eye ("strings," large floaters, flashes, many very small black dots), please go to a retinal specialist immediately.

Update 8 September 2005

A few weeks ago (August 17), a tear (rip) occurred in the retina of my right eye. This was my "good" eye – the one that had not had the retinal detachment last year. At the time when the retina of my left eye detached, the physician performed some "preventative" laser treatment of my right eye. He told me that, since I had had a retina detach in one eye, I was likely to have one in the other eye as well, but the laser treatment of places that looked "weak" might help prevent this from happening. Evidently Lady Luck was not in my court.

Fortunately, because of what I now knew, the course of this incident was vastly different from the previous one. It was in the late afternoon when I noticed a shadow creeping up from the lower right periphery of my right eye. This area would "flash" when I moved my head quickly, or for no apparent reason at all. I did not have any floaters. Since I now knew the symptoms of a retinal tear – immediate and significant increase floaters (usually, but not in this case), vision loss and flashes, I immediately called a retina specialist (here in Spartanburg, SC, USA, where we now live). An appointment was made for 2:30 pm Friday.

The physician examined my eye and confirmed the tear. He recommended that he use cryotherapy to repair it. I agreed, and, at about 4 pm, he performed the procedure (about 15 minutes long, during which time he inserts a probe behind the eyeball and "freezes" the tear with a liquid gas). The operation went very well. I had no after-effects, and my vision was not affected at all (since the tear was repaired before the retina had time to detach).

While waiting in the waiting room prior to the operation, I read through some of the literature available to patients. The doctor had given me a booklet called, *For My Patient: Retinal Detachment and Vitreous Surgery* (Retina Research Fund, PO Box 640350, San Francisco, CA 94164, 2002). This booklet described the procedure that he performed: Pneumatic Retinopexy (pp. 28-31). On page 21, the booklet also presented the following information:

"Who gets retinal detachments? Each year in the United States approximately one out of 10,000 people develops a retinal detachment. Certain people have a greater chance of getting a retinal detachment than others: those with a high degree of nearsightedness, a family history of retinal detachment, or those who have had a retinal detachment in the other eye. Patients who have had cataract surgery have about a 1% to 2% chance of developing a retinal

detachment. Any person in one of these high risk groups should have a thorough retinal examination regularly and should be seen promptly if they (sic) experience sudden flashing of lights, new floaters, or loss of peripheral vision.”

This is exactly the information that, had the physician of the Pretoria Eye Institute who performed my cataract operation provided to me, or the doctors at the Sunbird Eye Clinic known, would have, without any doubt (since my retinal-tear symptoms occurred about seven weeks before the retinal detachment occurred), enabled me to avoid the retinal detachment and the permanent vision loss I now have in my left eye.

My permanent vision loss was totally avoidable, had the surgeon who performed my cataract surgery informed me of the massive increase in the likelihood of retinal detachment following cataract surgery, and warned me to watch for the clear symptoms and signs that indicate that a tear has occurred. I can perhaps forgive the staff of the Sunbird Eye Clinic for their ignorance in not realizing what my massive, sudden floaters suggested, but the incompetence or carelessness of the staff of the Pretoria Eye Institute – supposedly a world-class facility in the treatment of eye diseases – in not informing me of the danger of a retinal tear following cataract surgery and the clear symptoms and signs that follow it is unconscionable.

The Power of Prayer

As you may know, my wife and I are currently living in Lusaka, Zambia. We live in a nice house, which has a very nice lawn, laced with tropical flowers, bushes and trees. In one corner of the lawn is a banana stand. Unless you have lived in the tropics, you may not know that a banana plant produces large “shoots” – a few each year – and that each shoot produces only one bunch of bananas. After a shoot produces bananas, it is cut down, and the younger shoots mature. Our stand has six mature shoots – about twelve feet tall and six inches in diameter – and about as many immature shoots of various sizes.

We moved into our house about three years ago, and in all of that time we have had only two bunches of bananas. There are lots of other banana stands in our complex, many of them with bananas, and I was puzzled why ours was so unproductive. A couple of months ago, I asked our gardener what the problem was, and he had no ideas. I asked him to water the banana stand, and still nothing happened. A few more weeks passed, with no change.

Then, one day, I remembered that as a child I had been told that if you pray over plants, they will grow better. So, one morning, about mid-November, I walked over to the stand, and grasped one of the shoots with my two hands, and I concentrated very hard, demanding that the shoot produce bananas, within a week. I walked to all other five shoots and did the same.

That is all I did. Now, I don't remember if our gardener had ever cut down the two shoots that had produced bananas last year and the year before, and so it may be that two of the six shoots had produced and would never produce again. I checked back in a week. No results. So much for prayer, I thought to myself.

Then, a few weeks later, my wife called me at work from home. She said, “Are you sitting down?” I could tell from the tone of her voice that nothing was wrong, and so I simply said that I was walking down the stairs (I use a cell phone) – and I asked what she wanted to tell me. She said, “You're not going to believe this, but we have four large bunches of bananas!” Well, I was indeed surprised. When I arrived home that afternoon, she showed me the bunches, on four of the mature shoots.

Synchronicity? The power of prayer? A mere coincidence? As Stanislav Grof once observed, there is a perversity in the spirit world that insists that we physical beings will never be able to conclusively prove anything objectively about the spirit world. All I know is that, for the first time in my life I prayed over my plants, and I got bananas – twice as many bunches in two weeks as I had gotten in the past three years.

Update: I wrote the preceding paragraphs on December 31. Last weekend, another stalk produced a bunch of bananas. Today, January 8, I had a look at the banana stand, and saw that the sixth stalk is producing a bunch. That's six out of six in two months, compared to two out of six in three years. I might just start praying more often!