AN AFROCENTERED VIEW OF HIV/AIDS AS A LONG TERM EUROPEAN PROJECT IN AFRICA.

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Abstract

Aids is an inverted colonialism. For this reason, the paper discusses HIV/AIDS as a new technology of African domination and exploitation in the 21st century and beyond. It transcends the mere understanding of HIV/AIDS in purely medical terms by locating it within the context of the ideological value thrust of the European cultural thought and behaviour, where the need for self-significance and superiority has degenerated into a form of pathology. The paper contends that HIV/AIDS must be understood within the context of Europe’s obsession with black xenophobia, power and domination. In this regard, it is not different from a conveyor belt of other European projects on African genocide like slavery, colonialism, neo-colonialism, globalisation and many others.

Introduction

Kill them all; the unborn, the young, the old and even the “dead.” This perfectly phrases European behaviour and attitude towards people of other races, particularly people endowed with the greatest concentration of melanin – black people. It is also an expression of their mission in the world and the ideology that drives them. It is an ideology of hatred, selfishness/monopoly, domination, control and power. This ideology gyrates around the scheme of superiority and big brother mentality. It is also a scheme in which the world cannot be seen as cosmos but only through the lenses of difference, that is, ‘The West and the Rest of Us.’ This behaviour and attitude has, at different historical times prompted the European to come up with projects whose thrust is African genocide. Slavery, colonialism, neo-colonialism and globalisation are some of the projects that are, form an Afrilogical perspective, indistinguishable from Aids. We therefore conceptualise Aids as part of the long list of projects on African genocide that the west consistently engineers and schemes. Marcus Garvey straightforwardly stated that:
The attitude of the white race is to subjugate, to exploit and if necessary exterminate the weaker peoples with whom they come in contact. They subjugate first, if the weaker peoples will stand for it; then exploit, and if they will not stand for SUBJUGATION nor EXPLOITATION, the other recourse is EXTERMINATION (1986, 1:13).

Given such a people driven by an anti-human motto, can’t Aids, therefore, be said to be a laboratory disease carefully packaged and sent to Africa in the form of aid? Is there any difference between aid and Aids? How can Africans be sure that when they are given aid, they are not given Aids? We put forth this hypothesis which is just as good as any until it is proven to be wrong. In this regard, we seek to establish a connection between this behaviour and the possibility that Aids could have been created to transform and concretise the scheme of continued world domination and the European’s assumed sense of self-significance and big brother mentality into reality. We also intend to redirect African understanding and attitude towards the disease especially with regard to what appears to be an over-reliance on the west. The ideas we raise here have implications on research involving Aids, particularly for Africans and other victimised races. It also has implications on how we should handle, receive, utilise, disseminate and react to assistance and statistics on HIV/AIDS from the west. Our elders have been astute enough to warn us that, *Bata chabva kumwe watanga wazora mushonga* (Handle foreign objects after greasing your hands with protective medicines).

**HIV/AIDS: New technology of containment and domination**

Typical of all other health complications like Bird Flu, Aids did not originate in Africa even though attempts have been made to link its origins to assumed African bestiality. However, it is Africa that pays the ultimate and permanent price. If one carefully examines the remnants of European involvement in Africa such as slavery, apartheid, colonialism, neocolonialism, globalisation/universalisation, information technology and diseases like Aids and Bird flu; the similarities are striking and overwhelming, that is, the origin and the target. Consequently, we are forced to visualise and conceptualise HIV/AIDS as part of the conveyor belt of European colonialisms in Africa. In this regard, it is a new technology of African exploitation and pauperisation/underdevelopment. In the case of Bird flu, for instance, indications are that it is going to be a permanent feature in Africa even though Africa is not responsible for its provenance.
After several centuries of our tragic encounter with Europe, we have come to know that:

It was intended that [we] should perish in the ghetto, perish by never being allowed to go beyond the Whiteman’s definitions, by never being allowed to spell [our] proper name (Baldwin, 1963: 17).

European attitude towards other races is that they are objects of extermination. European science which is an expression of and a handmaiden to this project is the single greatest weapon of mass destruction that the world has ever witnessed. Ephraim (2003:1) has described this attitude towards others as a form of excessive hatred. This hatred becomes some form of pathology known as ressentiment. For the purposes of African people’s own survival, there is need “…to understand [Aids] as the white mind at work from the stand point of its obdurate and life-negating racism…Ressentiment is the fundamental burden of being black in a white-dominated world. It is a disease that manifests itself in manifold and insidious ways…namely, a desperate and obsessive need for self-aggrandisement. This obsessive need for self-aggrandizement has given rise to a host of problems constituting the so-called “pathology of black life conditions.” It is this excessive hatred which has led to the creation of what is known as the ‘cultural other.’ The project of Aids must be understood within the context of a long standing neurotic hatred of blacks by whites. It is linked to a number of pertinent European attitudes and ideologies towards other races and also the European’s sense of “self-significance.” For instance, the European has projected himself as the big brother and the African as junior brother. This is what Arnold Schweitzer meant when he said that “The African is indeed my brother but my junior brother” (Achebe, 1988:11). He expressed the European feeling in this world. However, this pathological obsession with the big brother mentality represents unalloyed danger to all people who are not Europeans. Aids becomes inalienably linked to the realisation and maintenance of the big brother position.

It is this big brother attitude which endows the European with a false sense of superiority. Europeans are prepared to go to any length to defend this big brother position. They are prepared to use even the deadliest of weapons for as long as they are secured as big brothers. The violence that is being perpetrated on other races is part of the ongoing effort to guarantee such superiority. Without this feeling of big brother, there is an inherent sense of inadequacy and insecurity. The European is likely to degenerate
into a pathological condition once he is divested of this position. This is captured by Bennet (1967: 369) who notes that:

White people [have always] wanted to control black people because they had always controlled them and because subordination of all black people to all white people had become a psychological need to some men. Keeping black people down gave meaning and dignity to their lives. It compensated them for their defeats and failures.

In order to ensure security and superiority, a number of mechanisms have been instituted in order to guarantee a world permanently dichotomised into big brother and junior brother. As indicated before, these mechanisms include among others, physical violence, slavery, colonisation, apartheid, neo-colonialism, globalisation and HIV/AIDS.

Some of the Non Governmental Organisations which are largely funded by European governments are part of this scheme. Their seemingly charitable acts are premised on the understanding that the supposedly natural and inferior persons cannot take adequate care of themselves. For that reason, it becomes the natural duty of the big brother to take care. This is also the case with HIV/ADS. However, HIV/AIDS unlike all other mechanisms that the European has come up with is carefully structured to provide both entertainment and security for the big brother. Entertainment is realised through the painful and gradual manner in which Aids kills a person. Security is achieved in the course of the fact that HIV/AIDS ensures that the definitions that Europe has given to all non European peoples remain unmodified. Such definitions include third world, developing world, poor majority and so forth. These are discourses that foster a sense of security and superiority to the European. Such discourses are clearly intertwined with the Aids pandemic. The same discourses also need to be understood from the point of view that, European imperialism is an imperialism of discourse where other people are burdened with names that make them appear backward and impervious to progress and civilisation.

Again, Aids expands the already existing list of discourses on binaries which have ensured difference between Europeans and the so-called others as the modus operandi of domination and control. Binaries are crucial in the art of domination and control. They are structured in such a way that one aspect (the other) is devalued while another (the European) is valued. Control becomes possible because the devalued aspect is not important and as such can be controlled or destroyed. In the context of Aids, the binary that can be derived from the Aids pandemic is the health versus sickness/thinness
or life versus death. In this regard, to be African means to be synonymous with death. This binary is not unrelated to the subject versus object binary. The fact that Europeans have never fully committed themselves to the eradication of Aids says a lot to the majority peoples of the world. Aids simply means that the majority peoples particularly Africans and other non-European peoples remain inchoate, subdued and permanently glued on the starting line. Efforts towards African renaissance and African development are subverted and nullified as we strive to confront a disease that we do not fully understand.

It is a disease that has been defined and even named for us by the very people whose project is our extermination. A lot of conflicting, confusing and ambiguous information is given pertaining to Aids. In this regard, the west has shown itself ready to dispatch any information about this disease. Their readiness to dispatch information is not congruous with their efforts to find a cure. It is therefore a serious and pathologically subversive error for African people to expect Europe to help them combat Aids. Fanon 1967 says solutions to the problems of the world have at different times existed in Europe but the European has not shown any willingness to provide answers.

While Aids is a product of what we have called excessive hatred by Europe, the same hatred is parasitic. It largely subsists on the existence of a host. The host has to be permanently atrophied. Again, the big brother attitude which is an expression of the same hatred requires a surface. It does not exist in a vacuum. Africa is the host that is necessary for the sane existence of Europeans as well as for their realisation of superiority. It is important for Africans to understand Aids not just as a disease probably sent by God, but more importantly as an ideological weapon for world control and domination. The inclination toward control, domination and power is expressive of the big brother mentality. Aids also ensures that Africans remain hopeless, permanently wallowing in victimhood and irredeemable vulnerability. These are crucial when it comes to the determination of the level of humanity of a people as well as the progress and success they are making. To a large extent, vulnerability and victimhood fall squarely into the anthropological and Darwinist schemes where race authenticity is measured along the evolutionary spectrum. One only needs to look at the images about Africa in western photojournalism. The fact that an Aids related death is gradual and very painful exacerbates the feeling of helplessness and vulnerability. Western photojournalism even before the dawn of Aids has been rabidly consistent in its depiction of pathetic African images. This is consistent with the junior brother modality and the understanding and position of the ‘cultural other.’ Junior brothers who are always vulnerable
and dependant occupy the lower stages of the ladder. On the other hand, big brothers occupy the apex of the ladder and are always striving to bring their junior brothers up.

In the mean time, the west will create an impression that it is doing a lot to salvage the evolutionarily inferior and cursed black race. Through their NGOs which are strategically dotted throughout the world as well their ubiquitous information technologies, the unmistakable statement is that the big brother is trying very hard to conquer Aids. Large sums of money are spent not on the provision/research for the cure of Aids, but on counting the number of infected and affected. This also includes funds for the purchase of antiretroviral drugs which not only extend life for a few days but also make Africans permanent dependants. (By few days we mean weeks, perhaps months or years but not the natural life expectancy). Ephraim has correctly warned us that this gesture is “decidedly not the salvation of [Africans], but a potently destructive force. Its destructive capacity consists in the fact that, as an illusion, it hides from view its real intent to overpower the world, to rape it, to bend it to its own will, hiding meanwhile behind a mask of divine benevolence and trustworthiness. Its message of salvation is thus a mere ruse, a magnificent subterfuge” (88). In such a context, it is impossible to antagonise the west because they will simply cut off the supplies of the temporary life-line. Those who do not tread along the ideological lines of western governments are likely to suffer. Through Aids, which gives monopoly of the big brother tag to Europe, Africans and other non European peoples are left with very little options but to abide to whatever travesties the west dictates. This is another mechanism of ensuring that world power remains secure in the hands of the west. The point we are putting across is that, Aids is a new form of violence that disempowers and underdevelops Africa while empowering and overdeveloping Europe.

The history of European violence in the world testily shows that all murders have been committed in defense of the European’s claims to world supremacy and the big brother position. This also involves the so-called world wars where the ‘cultural brother,’ Germany, was crushed because it had violated this claim to superiority by colonising fellow European brothers. The message was that it should have colonised junior and valueless brothers in Africa, since Africans have no significance except as objects for extermination. Aids is a very subtle and yet effective form of this violence. In an age where European science has reached insane levels, it is strategic to use new forms of violence that do not involve direct confrontation. Aids simply needs to be understood as a redirection of the European aggressive energy. What is most intriguing about this form of violence is its
effectiveness in the politics of physical elimination. Historically, Europeans have always felt insecure in a world where black people constitute the majority. There is a striking ambivalence in their ideology. While black people are necessary hosts for their parasitic existence, Europeans also claim that the world would have been better off without the same people. According to P. W Botha in a speech delivered in 1985, the project of black genocide needs to be expedited.

Priority number one, we should not, by all means allow anymore increases of the Black population lest we be choked very soon. [He advocates the use of] Chemical weapons…to combat any further population increases [and] fertility destroyers. I am also sending a special request to all Afrikaner mothers to double their birth rate…we should engage higher gear to make sure that black men are separated from their women and fines be imposed upon married wives who bear illegitimate children.

Botha’s address captures the inherent European fear of numbers. His appeal for chemical weapons has been answered in the form of Aids. Another explicit example on the need for the extermination of blacks and other non-European people is found from Francis Galton who “agreed that Chinese, Indians, and Negroes should be excluded from the earth, and the sooner the better (Logan, 1965:270). Such explicitness shows the genocidal attitude that has found expression in Aids. From the above, it is clear that Aids functions effectively in the game of numbers.

Consequently, Aids becomes a long term project to reduce the numbers of African people. A short term project will not do because Europe still needs Africans for a few more years. Aids is also fitting to the European in that it provides them with an opportunity to watch the African “horror film” in the comfort of their metropolis. The only difference is that this time it is not fiction, but reality. The interest that Europeans have shown on statistics on HIV/AIDS in Africa corroborates this view. They have gone to the extent of oversubsidising certain mini-health centres given the name of testing and counselling centres. At these centres, the emphasis is largely on testing. It is an important way of assessing the success of their project on African genocide. Such an assessment is vital for the modifications and adjustments that might need to be done along the way. As a project, it requires close monitoring and supervision. This was also the case with colonialism and slavery where Europe deployed her men and women to monitor these respective projects. In the case of statistics, the information is
not used by African people and African governments. Over the years, the same information has been sent back to Africa in a manner that signals disaster for the continent. Marimba Ani (1994: 438) captures the manner in which Africans have been bombarded through the same statistics.

Projections were made of rapid growth in the number of Aids cases in Africa by the year 2000. The number of people already infected with the Aids virus was estimated to be 10 million! The picture was one of disaster. Why did the future look so bleak for Africa?

The statistics are not only shocking but are meant to make Africans lose faith in the project of life. Misleading and frightening calculations are made on the life expectancy of our people.

In most cases, these statistics do not reflect realities on the ground but manifest the Europeans’ wishful thinking. They are part of the battle of wits particularly in the game of numbers. The game of numbers is a critical determinant for supremacy, progress and success. A people who are projected as overwhelmed by death obviously stand in contraposition to progress and success. This conceptual scheme is paramount in engineering Afropessimism. Afropessimism is what we visualise as a new philosophy of existence that seems to be gaining ground in the neo-colonial dispensation. It involves a complete loss of faith in the project of life. At the centre of Afropessimism is the conquest of human vitality and capitulation into ideological captivity. This philosophy is not different from the conveyor belt of European colonialisms deliberately structured to strangulate African vitality and the creative urge to escalate. Therefore, Afropessimism as a philosophy of existence is pathologically debilitating and ideologically dangerous since it throttles African attitude toward life. It functions effectively for the west but defectively and subversively for Africa.

If Africans were to succumb to such disinformation, then the European project would be deemed successful. It is consonant with the ideological thrust of the European project on African genocide to create even an imaginary impression of African death. Again, the same feeling is therapeutic to the Europeans “…whose existence requires the extinction of the black man – even if only in imagination as the product of a neurotic fantasy-wish” (Ephraim: 216). In the scheme of counselling and testing, counselling is simply a token of appreciation for having contributed towards the success of the project. With such alarming statistics, it is also possible for Europe to guesstimate about Africa’s future. We say so because an
Africa without Africans yet teeming with wild animals and decorated with mountains and falls that cascade noisily is a dream come true for Europeans.

**HIV/AIDS and business in Africa**

We interpret HIV/AIDS in the context of a constellation of mechanisms that Europe employs to underdevelop Africa while overdeveloping itself. In sync with the motive that drives all other colonialisms that Africa has endured at the hands of the west, Aids means a boom in business for the west. Its introduction is not different from the Y2K scare which massively drained the meagre foreign currency reserves that African countries have. The Y2K was an overnight prank by the west but it managed to harness imponderable financial resources for the west. In the case of Aids, the effects are long and shockingly subversive on the integrity of Africa as well as her ability to develop her economies for the betterment of her people. Aids also entails a deliberate re-routing of African energy and focus. More resources have to be channeled toward the purchase of a family of drugs that are known to temporarily reduce the rate of HIV/AIDS. This has a bearing on the provision of other social services.

Over the years, expenditure on other sectors of the economy like agriculture and education is likely to dwindle as much attention is riveted to the fight against Aids. In this regard, the west creates the impression that it is together with Africa in the attempt to combat Aids. This impression strategically places it in a position where it is able to dictate strategies, mechanisms and conditions that need to be embraced in the struggle against Aids. One such strategy which has been discussed above is the introduction of testing and counselling centres as well as a host of Non Governmental Organisations which monitor the progress of the project on African genocide. European manufacturing industries particularly pharmaceutical industries are likely to record massive profits. From the statistics that we are daily bombarded with, indications are that they are not likely to cope with demand. It is possible to estimate that the drugs that they manufacture are deliberately structured such that they do not provide permanent therapy. The chemical composition seems to have been deliberately altered and adjusted to ensure continuity in business for the European pharmaceutical industry. They simply slow down the rate at which a person gravitates towards death.

The same drugs have to be taken constantly and consistently. This means continuous business for the west and Europe. As more and more African people and other people who are not Europeans get infected, the European pharmaceutical industry will continue to grow thousand fold. The
point we are making can be vindicated from the manner in which the west deliberately yet strategically foiled the marketing of Kemron, a drug that had shown signs of curing Aids. This drug had been developed by African doctors of Kenyan origin. Marimba Ani describes in detail this sinister motive that clearly shows the link between Aids and European business prospects in Africa.

In 1989 African scientists in Kenya, after years of research, developed a possible cure for Aids based on interferons. Its success attracted pharmaceutical companies, and together they are now manufacturing a drug known as Kemron. In July 1990, an international conference was held in Kenya at KEMRI (the Kenya Medical Research Institute)...no European-American media personnel attended the conference...The United States media did not report KEMRON until it felt comfortable discussing the “controversy” in which it was “embroiled.” At the same time Kemron is being discredited, European scientists are working with interferons in the hope of implementing an Aids cure, and a Euro-American physician from Texas is claiming to have created it. So that African people, still lose, for the manufacture, distribution, and “ownership” of KEMRON is denied us.

Since the European attitude toward other people is simply that of genocide, who knows, the chemical composition of the same drugs known as ARVs could have been designed in such a way that it further complicates the structure of the virus such that by the time Africans think they have found a cure, Aids would have mutated into another cryptic condition. I have a feeling that the structure of the Aids virus is being constantly modified and developed without us knowing it. While viruses are known to assume various shapes at different stages, I also have a feeling that it is just too much when it comes to the virus that causes Aids. This is what prompts Asante (1999: 7) to declare that, “…for Africa, Europe is dangerous; it is five hundred years of danger for Africans…” The fact that diseases have been packaged and dispatched to Africa through drugs is not an unknown fact. In Libya, a number of western medical practitioners were recently incarcerated after having injected the virus that causes Aids into several children of African descent. Our major suspicion is that the west must have the cure to HIV/AIDS but is only concerned with remaining superior and reaping huge profits from the African genocide project.

This guarantees employment for the European progeny, both at home and abroad. In this context, statistics are very important. Probably the reason
why it is almost free to get tested for the presence of the virus that causes AIDS in one’s body is the fact the costs will be recovered through drug pricing. The drugs are beyond the reach of many. In Zimbabwe, for instance, the government has completely subsidised the drugs so that the poor majority can access them for free. The same also applies to condom manufacturing. It remains the privilege of the west to manufacture condoms that are used by Africans. Quite paradoxical isn’t it? Again, we must question the generosity of the west.

The way forward for Africa and the so-called ‘others’

Since the European project on African genocide seems to be permanent, the challenge for Africans, African intellectuals, researchers, pharmacists and scientists is to try and work out African oriented solutions. Indigenous knowledge and technology needs to be harnessed and disseminated in a manner that ensures race posterity. This is what (Ani: 2) advises us to do after carefully studying European thought and behaviour.

We must be able to separate our thought from European thought, so as to visualize a future that is not dominated by Europe. This is demanded by an African-centered view because the future towards which Europe leads us is genocidal.

It is a serious ideological error and life-threatening oversight for Africans to continue relying on Europe for solutions to combat Aids. A harmonisation of research efforts in this mission is futile because Europe will always take the big brother’s role where it decides what needs to be done. Such decisions are conscious attempts to frustrate the discovery of a permanent cure. We therefore challenge African pharmacists and other health scientists to work together for the good of the continent. Serious research needs to be carried out, starting on the structure of the virus, and not simply depend on what Europe has given us. We must define and understand the structure of the virus from an African-centered view and for our own purposes. I believe that’s wherein our salvation as a people lies. The tragedy that we stand face to face with is that we have invested a lot of trust and faith in Europe to the extent of degenerating into blind consumers of whatever trash Europe gives us. However, the time is now for Africans to take the initiative.

African universities and governments and other health research centres must take a leading role. African governments and other useful stakeholders must also provide funds for research on HIV/AIDS and not
only for the purchase of ARVs. This also includes introducing degree programmes on HIV/AIDS. Existing courses on pathology especially on virology and other disease causing organisms must be revamped, reoriented, refocused and refuelled. We must not waste time and resources trying to comprehend the definitions of HIV/AIDS that Europe has given us. Fanon has straightforwardly told us not to “waste...time in sterile litanies and nauseating mimicry” (251). Research on AIDS simply has to be indigenised. Such an effort should also involve African spirituality and the elders in our communities who have untapped knowledge about the botanical richness of our continent. AIDS is not different from the colonialism of yesteryear which only succumbed due to physical and spiritual pressure exerted by Africans themselves. Indigenous knowledge and technology was successfully used to derail a seemingly unyielding Europe. In the light of this observation, we strongly believe that the cure for AIDS lies with Africa.

Now, for as long as we become ardent listeners to definitions from the west, we are unconsciously contributing towards our own demise because “…definitions belong to the definers…until you have the right to give a name to yourself and to what you are doing, you have no power whatsoever” (Hudson, 1998:449-50). We will continue to be daily bombarded with images of a dying race. It is not enough to sustain lives for a few years when we know that the same lives could have lived even longer. Surely something needs to be done by African scholars, wherever they are. Progressive Europeans need to be engaged as we move towards our own survival and that of our future generations.

Until we learn that it serves our purposes to understand AIDS from an African-centered view, we will continue to be marginalised and dominated. Both past and recent trends on HIV/AIDS reveal that we are simply aping Europe and the west. It is a fact that AIDS is a disease that is killing more Africans than Europeans. This is not coincidental. Despite this glaring fact, information reaching us is that AIDS is a global problem affecting both whites and blacks. We must know that European projects of genocide dovetail in order to plunge the victims of Europeanism and Americanism into a scheme where they develop a feeling of oneness with their victimisers. Globalisation and universality are dangerous especially in this era. This is what Fanon remind us when thusly:

Today, we are present at the stasis of Europe. Comrades, let us flee from this motionless movement where gradually dialectic is changing into the logic of equilibrium. Let us reconsider the question mankind. Let us reconsider the question of cerebral reality and of cerebral
mass of all humanity, whose connexions must be increased, whose channels must be diversified and whose messages must be re-humanized (253).

The present is simply a motionless stasis where Africans are only waiting to be counted and told how many of them will have been claimed by the European project. Africans must take action and desist, henceforth, from abetting Europeans in their resolute and unbending desire to exterminate them.

Conclusion

Aids is a comprehensive genocidal package in that the victim has been given the impression that the victimiser is also concerned and affected by the project. Unlike other forms of domination and control which were largely overt, Aids is covert. This makes it very difficult for Africans and other non-European people to work out their own effective mechanisms and strategies that have the potential to extricate them from possible extermination. It is for this reason, that we have suggested in this paper, that the salvation of Africans and all other people who are victims of European claims of self-significance lies in the realisation that, “the avowed European claim to seek “salvation” of the African can only be interpreted as a ruse, a hiding of the ressentiment will to power…” (Ephraim: 89). It is prudent for Africans to reconsider their perception of Aids and perhaps adopt a modality which revolves around the philosophy that – when they are fighting HIV/AIDS, they are simultaneously engaging colonialism, oppression and domination, but this time camouflaged as a universal disease. “It is time to be vigilant and futuristic in long-term strategic planning for [Africans wherever they are] (Olayinka Verda Harris, 2000: 14). Africans must simply not forget that Aids is an inverted colonialism and that other genocidal projects from Europe are on their way to Africa because Europeans have not yet finished with Africa.

Works Cited


