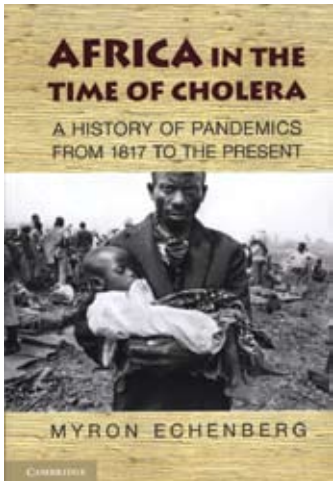
## Book Review

# Cholera in Africa Today Is a Crime Against Humanity: It Is Genocide

by Lawrence K. Freeman

**Africa in the Time of Cholera: A History of Pandemics from 1817 to the Present**
by Myron Echenberg
Cambridge, U.K.: Cambridge University Press, 2011
208 pages, softcover, $27.99

Africa is the *only continent* in the world today where cholera is still endemic.[1] This, despite the knowledge that cholera is both *preventable and curable,* and has been for a long time. For this to be happening in the 21st Century is a crime, and represents one feature of a policy of ongoing genocide against the people of Africa, especially those living in the vast sub-Saharan region of the continent.




This is not the thesis of the book's author Myron Echneberg; it is mine, which is substantiated by my knowledge of what has been done to Africa for centuries up to the present. However, regardless of Echenberg's failure to reach this conclusion, his book provides valuable material that substantiates the fact that cholera's endemic existence in Africa today is an intended means to reduce the population of Africa. In addition to providing us with an important clinical history of the seven cholera pandemics, from the first, beginning in 1817, to the seventh in 1961, Echenberg provides valuable and insightful jabs at the role of the British Empire and its free-trade policy in the spread of cholera.

### Deadly Effects of Cholera Vibrios Bacteria

Echenberg describes the disease and its ghastly effects on its victim in the following paragraphs.

"Apart from the many who acquire asymptomatic or mild cases of cholera, cholera's progress is frightening for those who are more susceptible. Incubation preceeds symptom within a range of from fourteen hours to as long as five days. The variation depends in how long it takes for the cholera vibrios to colonize and multiply in the small intestine after they enter the body via the mouth from contaminated water or food. There, the bacteria secrete a powerful toxin that interferes with the absorption of water, salts, and other electrolytes into the large intestine. In the first stage of symptoms a sudden watery diarrhea, classically called 'rice water stool,' gushes out of the patient, emptying the lower bowel of fecal matter quickly. Dehydration produces acute and agonizing cramps in the muscles of the legs and feet, and sometimes the arms, abdomen, and back. The sense of prostration is extreme,

1. Cholera may still be considered endemic in South Asia, where it is thought to have originated ages ago in the Ganges/Brahmaputra River Basins. During the time period of the current, Seventh Pandemic, as Eichenberg chronicles, there have been recurrent outbreaks of cholera in the Indian Subcontinent, which meet the standard epidemiological definition of endemicity. An infection is said to be endemic in a location, when that infection is maintained in the population without the need for external inputs.
In the American Hemisphere, cholera may well be on its way to being a newly established endemic infection, as a result of allowing the economic collapse in Haiti to continue. After cholera's appearance in Fall 2010 in the lower Artibonite River Basin (attributed to mishandled sewage from a military base, with foreign personnel), the infection has spread throughout the island of Hispaniola. This deadly process is rightly referred to as Africanization. (See "Understanding the Cholera Epidemic, Haiti," by R. Piarroux et al., in *Emerging Infectious Diseases*, July, 2011, CDC.)

and lasts from two to twelve hours, depending on the severity of the symptoms.

"The second stage, often reached in a day or two, is marked by extreme collapse and continued purging and vomiting. Rapid dehydration and ruptured capillaries produce a grizzly effect on the patient's appearance. The skin becomes black and blue, wrinkled, cold, and clammy to the touch; the eyes become sunken, the cheeks hollow, the voice husky, and the expression apathetic. Blood pressure falls, a pulse cannot be felt at the wrist, and urine is suppressed. Violent convulsions of the leg and stomach muscles can cause terrible pain. Loss of liquid is often so great that blood can run as thick as tar, and the opening of a vein produces no results. Meanwhile, the patient suffers from the horror of full awareness of her or his plight. By this time the patient may have lost body fluids. Without replacement, death can occur from circulatory or kidney failure. In the worst cases, a healthy person can be dead in hours."

As Echenberg stresses again and again, the bacteria can only enter the body through the consumption of food or drinking water contaminated with fecal matter from another person with active cholera: "In a single day, an individual patient can produce up to twenty liters of stool containing as many as ten million vibrios per milliliter."

Let us be very blunt. Cholera is not cancer, a disease we still don't fully understand nor can cure. With cholera, people die because they are consuming other people's excrement. Not only do we know how to prevent the spread of cholera through adequate sanitation, potable water, and nutritional food, but through oral rehydration therapy (ORT) consisting of a concoction of liquids, sugar, and salt, the patient can be returned to health in a matter of days.

Now, ask yourself, why do we, as a civilized society, still allow cholera to kill thousands in Africa, which accounts for 90% of all cholera deaths in the world, when there is no objective reason for these deaths to occur? As Echenberg writes: "no one should die from cholera today." If you think my charge of "intentional" is offensive to public opinion, then, why are such large numbers of Africans still dying from cholera today, when no other people on the planet are expiring in any comparable magnitude?

## Cholera Pandemics and British Colonialism

The author provides a summary of the first six cholera pandemics.

The First Pandemic of 1817-26 began following the rise of British imperial hegemony through the global control of commerce by the British East India Company, with its notorious free-trade policies. From the Ganges Delta as its source, cholera spread to Delhi, Bombay, Calcutta, the rest of Bengal—"leaving hardly a village or town untouched" of an entire region under British colonial domination.

Echenberg's hypotheses is that the great volcanic eruption of Mount Tambora in Indonesia in 1815 may have been a factor, causing massive flooding, and other climatic transformations that led to food and water shortages, driving desperate people to drink and eat from contaminated sources. Europe and the Americas were spared in this pandemic, but, in addition to British trade practices, British colonial forces themselves became carriers of the disease as they traveled throughout the world for military conquest.

The Second Pandemic began in 1828, shortly after the first one ended, and lasted until 1836. Again the author cites the British invasion of the Punjab in 1827, for helping "the Second Pandemic to gain impetus."

The Third Pandemic of 1839-61 was greatly aided by British repeal of the Corn Laws in 1846, which punctuated the Empire's commitment to free trade. Imperial warfare, such as the Crimean War of 1854, was another vehicle for the spread of cholera, when French forces brought the disease to Varna, Bulgaria and infected thousands of British soldiers, leading to 5,030 deaths. This Third Pandemic, unlike the first two, spread widely in the Caribbean, Brazil, the United States, and Europe.

However it was the Fourth Pandemic, of 1863-79, that turned out to be the greatest killer, including 50,000 deaths in the U.S., 50,000 in Cairo, and tens of thousands in the northern European countries. It was also the worst for Africa, traveling for the first time to the sub-Saharan portion of West Africa. The infection traveled to Somalia in East Africa, to the Great Lakes region, to Kenya, Tanzania, and Zanzibar, the British protectorate, where an estimated 70,000 died in 1869-70.

Although the Fifth Pandemic, 1881-96, was the mildest overall, it was the worst in East Asia.

The Sixth Pandemic crossed over into the 20th Century, beginning in 1899 and ending in 1947. With the West using various methods to purify water, and with modern sanitary practices, war remained as one of the main causes of the spread of cholera. In Russia's turmoil from 1902-1925, cholera broke out; the worst year was 1919, with 110,000 deaths. The Balkan Wars of

1921-13, the First World War; and the Japanese invasion of China, all contributed to the spread of cholera.

Contrary to British racist ideology and that of the Darwinists, who falsely attributed the spread of cholera to specific characteristics of non-white populations, especially Africans, who were believed to be more susceptible to the disease, due to their physiology, Echenberg succinctly calls cholera "the quintessential disease of filth." Crowded, filthy living conditions, contaminated water, undernourishment, and lack of basic health care, which are the prevalent conditions of life in sub-Saharan Africa today, not so-called race characteristics, are responsible for the cholera currently endemic in Africa.

Nineteenth- and 20th-Century colonial policies, and early 20th-Century wars provided the ideal conditions of filth for the opportunistic cholera bacteria to spread and kill. Industrialization, which took hold in much of the world, except Africa, virtually eliminated cholera midway through the 20th Century. *In short: cholera continues to kill in Africa, because of the intentional policy not to develop Africa.*

### A Killer Disease for Africans Alone

The Seventh Pandemic came from a new pathogen: *Vibrio cholerae* 01 El Tor, thought to have begun in 1961 in Makassar on the Indonesian island of Sulawesi, did not really take off until 1970. Its four identified phases: 1971-90, 1991-97, 1998-2005, and 2006 to the present.

Echenberg cites a National Institute of Health study that asserts "*by the turn of the twenty-first century [cholera] had become a sub-Saharan African disease*" (emphasis added). From 1995 to 2005, West Africa ac-

## The Genocidalists Speak For Themselves

**Parson Thomas Malthus**, employed by the British East India Company, wrote in his 1805 An Essay on the Principle of Population:

"All children who are born, beyond what would be required to keep up the population to a desired level, must necessarily perish, unless room be made for them by the death of grown persons.... Therefore ... we should facilitate, instead of foolishly and vainly endeavoring to impede the operations of nature in producing this mortality; and if we dread too frequent visitation of the horror of famine, we should sedulously encourage the other forms of destruction, which we compel nature to use.

"Instead of recommending cleanliness to the poor, we should encourage contrary habits. In our towns we should make the street narrower, crowd more people into the houses, and court the return of the plague. In the country, we should build our villages near stagnant pools, and particularly encourage the settlement in all marshy and unwholesome situations. But above all we should reprobate specific remedies for ravaging diseases; and restrain those benevolent, but much mistaken men, who have thought they are doing a service to mankind by protecting schemes for the total extirpation of particular disorders."

**Lord Bertrand Russell** wrote in his *Prospects for Industrial Civilization*:

"The white population of the world will soon cease to increase. The Asiatic races will be longer, and the negroes still longer, before their birth rate falls sufficiently to make their numbers stable without help of war and pestilence...."

He continues the same theme in his 1951 book, *Impact of Science on Society*:

"At present the population of the world is increasing at about 58,000 per diem. War, so far, has had no very great effect on this increase, which continued throughout each of the world wars.... War has hitherto been disappointing in this respect ... but perhaps bacteriological war may prove effective. If a Black Death could spread throughout the world once in every generation, survivors could procreate freely without making the world too full. The state of affairs might be unpleasant, but what of it?"

**Prince Phillip,** consort of Queen Elizabeth II, and co-founder of the World Wildlife Fund, was quoted by the Deutsche Presse Agentur, August 1988:

"In the event I am reborn, I would like to return as a deadly virus, in order to contribute something to solve overpopulation."

**Dr. Arne Schiotz,** World Wildlife Fund Director of Conservation, 1984:

"Malthus has been vindicated, reality is finally catching up with Malthus. The Third World is overpopulated, it's an economic mess, and there's no way they could get out of it with this fast-growing population. Our philosophy is: back to the village."

counts for 19.6% of all cases worldwide; East Africa, 15.7%; Central Africa, 10.6%; and Southern Africa, 15.7%, with the highest concentration, not surprisingly, in the Democratic Republic of the Congo, western Uganda, and northern Zambia. Also not surprisingly, the main risk factors were: contaminated food, infected water, and living conditions in refugee and internally displaced persons camps.

The author provides yearly tables for the four phases of the seventh epidemic. For the 20 years of Phase One, 1971-90, he only has figures for the total number of cases: 475,000. Beginning with Phase Two, 1991-97, he includes the number of deaths and death rate, which totaled 781,000 cases, and 44,353 deaths for a case fatality rate (CFR) of 5.7. In Phase Three, from 1998-2005, the number of cases is 1,178,000, and 36,780 deaths, with a CFR of 3.1. His figures for Phase Four end in 2009, with no comprehensive figures for 2010, although he insists the pandemic is continuing.

For the four years from 2006-09, there were 807,000 cases, with 20,327 deaths: a CFR of 2.5. Alarmingly, the yearly average of cases in Phase Four is 201,750, an incredible 37% higher than the yearly average of Phase Three at 147,250. And, although the death rate is lower, the yearly average of deaths is higher in Phase Four at 5,082, than the yearly average of Phase Three at 4,598, which tells us, that more Africans are dying yearly from cholera than ever before—from a disease that has been virtually wiped out in every other part of the world.

Even though by 2007 the CFR dropped from 15.7 in 1971 to 2.4, the rate of death for the Americas was zero for the same time period, and Asia's rate dropped from 14.3 in 1971 to 0.3 by 2007—a mere one-eighth of the African rate.

The author reports that by the first decade of the 20th Century—Phase Four—"cholera had become an *African disease"* (emphasis added). Since the beginning of the decade in 2000, 90% or more of the world's cases are in Africa, which also has the highest CFR of any continent. In fact, 2006 was the highest number of yearly cases of cholera recorded so far in Africa, at 234,000, which was an unbelievable 99% of 237,000 cases in the entire world. After a decline in 2007 and 2008, cholera cases in Africa zoomed back up to 217,333—98% of total cholera cases in the world! Of the 234,000 cases reported in 2006, four countries in Africa; the D.R. Congo, Ethiopia, Sudan, and Somalia had 75% of them. Southern Sudan, which has just become an independent nation, was, in 2006, the center of the spread of cholera north into the Horn of Africa.

## Genocide by Every Means Necessary

This increase in deaths from cholera in Africa, despite the full knowledge of how the disease spreads, and the means to provide a well-known remedy via oral rehydration, raises the ugly charge that many Africans fear is true, but are afraid to speak about publicly. *Is the failure to eliminate cholera in Africa, as has been accomplished in most of the rest of the world, not part of a conscious effort to reduce the rate of population growth on the African continent?*

Echenberg does not draw this conclusion. However, from the extensive documentation he provides, with *EIR*'s knowledge of the fanatical intent of the environmentalist movement, led by the British-spawned World Wildlife Fund, to impose a zero-growth policy to reduce the world's population, especially targeting the non-white African people, there can be no doubt that the very existence of endemic cholera today, demonstrates a conscious, monstrous, immoral policy of genocide against the people of Africa. Lyndon LaRouche, the American economist, has repeatedly indicted the British oligarchy and the WWF for their operational policy to reduce the world's population from 7 billion to between 1-2 billion people.

Today, in the second decade of the 21st Century, there is no objective reason to tolerate the deaths of thousand of Africans from cholera. No, Virginia, there are not too many Africans, nor are they an "inferior species." Rather, what we are witnessing is the intended results of a policy outlined in Henry Kissinger's infamous blueprint for population reduction in the developing sector, entitled, "National Security Study Memorandum 200: Implications of Worldwide Population Growth for U.S. Security and Overseas Interests," which was dated Dec. 10, 1974, and remained classified for a decade and a half.

Population reduction and cholera in Africa result from same conditions: regional, civil, and tribal wars, famines and malnutrition, millions existing in deplorable conditions in refugee camps, lack of potable water, lack of minimal infrastructure, millions living in squalor and shacks, lack of minimal health facilities, HIV/AIDS, malaria, social breakdown, mass migrations, lack of latrines, lack of soap, and lack of jobs, to list the most obvious.

African nations have been systematically denied the right to sovereignly develop advanced agro-industrialized economies, so that their people might be allowed to express their human cognitive potential to generate and enjoy the fruits of mankind's scientific and artistic cultural principles.

## Free-Trade Privatization Kills

The causes for cholera being endemic in Africa are presented in this book. However, as mentioned above, Echenberg stops short of drawing the obvious conclusion, although he does touch upon the effects of the murderous free-trade ideology manifest in the obsession with *privatization* of African economies. He notes the role of the global financial institutions, the economic neo-liberalism led by Great Britain's Margaret Thatcher, the brutal structural adjustment programs of the International Monetary Fund and World Bank, which forced countries to sell off their public-sector enterprises in order to get international loans.

In Chapter 8, "Risk Factors," he zeroes in on the harmful effects of the dictates of the so-called free-market in demanding privatization of water, which is of great pedagogical value to the reader. Along with effects of the worsening food shortage, the lack of potable water is the greatest crisis in Africa. Many who follow developments in Africa, including myself, agree that new regional wars could erupt over the rights to water. Keep in mind that contaminated water (along with lack of sanitation) is the primary cause for cholera. Now consider the implications of the following evidence provided in the book:

"Beginning in the late 1980s, heavily indebted countries of the Third World could no longer resist the pressure to adopt neoliberalism in exchange for renegotiated loans," writes Echenberg. African countries, among others, were forced "to embrace the new ideology of privatization" to the detriment of their own citizens. He reports that the African Development Bank also "encouraged poor countries to run their water systems for profit." Here we see the old Venetian-cum-British method of control through financial manipulation. After driving up the debts of poor nations, the financiers use this inflated indebtedness to force the borrowing country to accept polices that are murderous to their populations.

The case study of South Africa cited by the author is illustrative of the deadly effects of free-trade policy.

Unexpectedly, in August 2000, a cholera epidemic broke out in Madlebe, and soon spread to most of the KwaZulu Natal to the Eastern Cape and other parts of the country. From 2000-01, the epidemic affected 125,818 people—roughly 60% of cholera cases in the world in that time period.

The causes leading up to this cholera outbreak began in 1995, shortly after the African National Congress (ANC) liberated South Africa from apartheid and established majority rule, but mistakenly adopted neo-liberal economic policies of "cost recovery" for new electrical and water installations. The Madlebe Tribal Authority in Zululand suffered under apartheid, and like much of sub-Saharan Africa, lacked all features of basic infrastructure, with no sanitation system, and little access to clean water, forcing the population to drink contaminated water from the same streams which were used as public toilets. Registration fees to connect to the water supply were unaffordable, driving people to use the unsanitary water from streams and rivers.

In the South African town of Nelspruit on the border with Mozambique, the municipal government contracted out its water supply to a private consortium, the Greater Nelspruit Utility Company (GNUC), led by the British company Biwater, which was given a 30-year concession to manage water and sanitation. As could have been expected, with high unemployment and little income, people could not pay the charges, and militant resistance developed to the ANC "cost recovery" program.

A glimpse of the impact of the free-trade-dictated privatization of water in South Africa is given in the following figures: 10 million South Africans have had their water cut off for various periods; 2 million have been evicted for failure to pay utility bills; and poor families have to spend up to 40% of their monthly income for water and electricity. The result: Millions are forced to drink contaminated water which carries the cholera virus.

Cholera has come to exist as a freestanding pathogen in large bodies of water under the right conditions, including the Lake Chad Basin, affecting Cameroon, Niger, Nigeria, and Chad, and Lake Tanganyika, which impacts the D.R. Congo, Burundi, Zambia, and western Tanzania. Echenberg cites research on the use of satellite imaging to predict outbreaks of cholera up to "six weeks before they happen." Researchers have data from satellites on temperature, salinity, and chlorophyll, which are all linked to levels of algae in water that leads to increases of zooplankton. According to Prof. Rita Colwell, who has been involved in research on cholera for 30 years, the cholera virus increases when zooplankton increases.

Scientists are optimistic that using vital satellite imaging they will be able to predict "where and when cholera outbreaks will strike," which could save thousands of lives. (It is exactly these life-saving satellites that President NerObama is shutting down under the lying excuse of saving money.)