

Surgeon General warns that U.S. is unprepared

As a result of the breakdown of public health measures, sanitation, and insect-vector control programs, deaths caused by preventable diseases are rising globally. The public health infrastructure in the United States is no exception. U.S. public health programs are currently inadequate to deal with emerging infectious diseases, as U.S. Surgeon General David Satcher noted in remarks, excerpted here, before the Senate Labor and Human Resources Subcommittee on Public Health and Safety, on March 3, 1998.

Emerging infectious diseases are a continuing threat to the health of U.S. citizens and of people around the world. They cause suffering and death, and impose an enormous financial burden on society. The recent outbreak of a new and virulent strain of influenza in Hong Kong raised the specter of a pandemic. It again illustrated the need for the U.S. to work closely with other countries and the WorldHealth Organization to assure there is adequate

global capacity to detect and address such outbreaks.

In the past century, we have made tremendous strides in medicine and science. Antibiotics and vaccines, along with improvements in urban sanitation and water quality, dramatically lowered death and disability from infectious diseases and nearly doubled life expectancy in this country. Progress has been so great, some predicted three decades ago we would soon see the end of infectious diseases.

Our optimism then was premature. We are seeing a global resurgence of infectious diseases, including the identification of new infectious agents; the re-emergence of old infectious agents, such as tuberculosis; and the rapid spread of antimicrobial resistance. In the United States, the death rate from infectious diseases, excluding HIV/AIDS, rose by 22% between 1980 and 1992. Throughout the world, infectious and parasitic diseases remain the leading cause of death.

In 1995, I chaired a work group of the National Science and Technology Council, which was charged with conducting a government-wide review of our ability to protect our citizens from emerging infectious diseases. We concluded that existing mechanisms to survey, respond to, and prevent outbreaks of new and re-emerging infectious diseases were inadequate, both at home and abroad.

has been a major factor in the alarming increase in malaria morbidity and mortality in many countries.

This is not the whole picture; resistance to the insecticide is also a problem. DDT resistance is widespread in *Aedes aegypti*. For example, in Puerto Rico, there is 100 to 200 times more resistance in the local mosquitoes. In many countries, therefore, DDT could not be used for dengue/yellow fever control.

EIR: Where are most people bitten, inside or outside the home?

Reiter: The mosquito lives in and around the home. Most biting activity occurs in the first hours of daylight, and in the afternoon, until about an hour before sunset. The mosquito goes to people, wherever they are at during those times. It happily enters indoors.

EIR: How could people protect themselves?

Reiter: Screens help prevent contact with the mosquito. Air-conditioning is also a protective factor.

The best means of protection is elimination of the breeding sites, a simple task in most cases.

EIR: Are health officials putting too much emphasis on indi-

vidual responsibility? How bad would the situation have to get to have this viewed as a health emergency? Who is more at risk?

Reiter: Large-scale control campaigns were possible in the past, when cities were more compact. Today, they would be prohibitive in cost.

Even in highly organized countries, such as Singapore, sustainability has proven to be a major factor: When the job appears done, funds are diverted to other projects. The last hope is to be able to persuade the population to take the problem to task, as a matter of personal hygiene, so to speak.

EIR: Why is there no substantial treatment? The United States was able to wipe out malaria. Why can't we develop a vaccine? Is there one in the works? *El Nuevo Día* alluded to the work of Edmundo Kraiselburd to discover a vaccine.

Reiter: Malaria is a parasitic disease. Natural substances (e.g., quinine, derived from the bark of a tree) can kill the parasite. Viruses are much more difficult to eliminate.

At present, the only hope [for dengue] is a vaccine. Several laboratories around the world are working on this, but the problem is complex, and funds are scarce. Unfortunately, much of the current awareness of the emergence of dengue as a major public health problem is ill-informed. Many people