

# Epidemics spread as economies crumble

by Colin Lowry

Epidemic diseases are on the rise worldwide, and are spreading most rapidly in areas of the world where the standard of living and the medical infrastructure have been destroyed by the disastrous economic policies of the International Monetary Fund (IMF). Globally, 10 million people die every year from infectious diseases, but most of these deaths could be prevented with basic water and sanitation infrastructure, combined with modern medical treatment and an adequate level of nutrition.

## The global scourge of TB

The tuberculosis epidemic has reached global proportions, killing about 2.9 million people each year. According to the World Health Organization, there were 3.5 million new cases of active TB in 1997 worldwide, and 1.7 billion people latently infected by the bacterium. The WHO considers a country to have the makings of a TB epidemic when the incidence rate is above 10 cases per 100,000 people. Almost all of Africa and Asia are already above this incidence rate, with the hardest-hit countries at levels above 250 cases per 100,000 population. Russia and much of eastern Europe are not far behind, with an epidemic of TB reaching rates of 75-100 or more cases per 100,000.

Asia has more cases of TB than anywhere else in the world, and the economic collapse of 1997-99 has hastened the spread of the disease. WHO estimates that there were 2.1 million new cases of TB in Asia in 1997.

Thailand, at one time, had TB under control, but, since 1992, the killer has returned with a vengeance, accompanying the explosive spread of human immunodeficiency virus (HIV), which causes AIDS. Thailand had created an infrastructure of clinics and hospitals supported by 12 Zonal TB Centers, which were responsible for the training and supervision of medical staff. The devaluation of the currency, the baht, and the austerity demands of the IMF have damaged the country's ability to fight the dual epidemics of TB and HIV. As a result of IMF policy, the Zonal TB Centers have been "downsized," leaving local clinics without needed support. The WHO recommended that the national budget in Thailand for 1998 be increased to deal with the epidemic, but the IMF policies ensured a decrease in funding for medical infrastructure, condemning the infected population to death.

A similar situation exists in Indonesia, where TB is one of the leading causes of death, claiming 175,000 lives a year. In

1997, the WHO estimates for Indonesia projected 440,000 new TB cases a year, but with the economy at a virtual standstill, the real number now is probably much higher.

In Africa, the density of TB cases per population is the highest in the world. More than 20 countries have incidence rates above 250 cases per 100,000 population. From 1993-96, the number of new TB cases detected by clinics more than doubled, from 111,192 to 248,979, in only three years. For 1997, the WHO estimated that there were 660,000 new cases of TB in Africa, and the epidemic is getting worse. The countries of southern Africa that have the highest TB rates of infection, also have the highest rates of HIV infection in the world. The two epidemics have created a deadly combination, with TB being the number-one killer of HIV-infected people. These African countries have no functional health-care systems to combat these epidemics, and even if modern medical care and drugs to combat TB were delivered, the large HIV-infected population would act as a permanent reservoir for TB and other infectious diseases.

Until the late 1980s, tuberculosis was considered to be "controlled" in the industrialized nations, and 90% of active cases were found in the developing-sector nations. Since the collapse of the Soviet Union, and the onset of economic "shock therapy" policies, TB has returned as a major public health threat to Europe. The depressed living standards, poor nutrition, and lack of medical care that resulted from the application of IMF policies in Russia and the former Soviet republics in 1992, created the perfect breeding ground for the current TB epidemic.

From 1991-94, the TB rate increased 47% in Russia, and the death rate soared 87% over the same period. With such TB incidence rates in Russia and eastern Europe, the epidemic is now poised to spread rapidly into western Europe. TB in eastern Europe and Russia has an added deadly twist, in that many of the strains of TB are resistant to the antibiotics used to combat the disease. In fact, 25% of TB cases in Russia are multi-drug-resistant forms, which are virtually incurable. Conservative estimates put the number of TB cases in Russia at about 1 million. Within the overcrowded prisons, however, it is estimated that 25-50% of inmates are infected with multi-drug-resistant forms of TB.

The epidemic is rapidly spreading westward, with a 25% increase in TB cases in eastern Europe over the past two years. The countries of Scandinavia are very concerned about the presence of increasing cases of multi-drug-resistant TB within their borders. Without strong TB control programs, multi-drug-resistant TB has the potential to become an unstoppable and deadly epidemic. At a regional conference of the WHO in Copenhagen in 1998, Dr. Nils Pedersen, Director of Research for the Statens Serum Institute, said, "Because these people have not received proper treatment, they have spread the bacteria and likely infected a population the size of Denmark and Norway combined"—about 10 million people.

In response to the spread of TB, the WHO Global Tuber-

FIGURE 1

**Estimated TB incidence rates, 1997**



*Global tuberculosis incidence rates, 1997. Darker areas show increased density of TB cases.*

culosis Program is recommending a low-cost treatment strategy called the DOTS program, which stands for directly observed therapy, short-course. This relies on the health-care system to administer drugs directly to patients, monitoring their progress, but does not rely on hospitalizing the majority of patients. Dr. Arata Kochi, Director of the Global TB Program, warned that “once multi-drug-resistant TB gains a foothold, even DOTS will not be able to protect the people of Europe, be they rich or poor, from sickness and death due to tuberculosis.”

However, the lack—or destruction—of medical infrastructure in areas hardest hit by the epidemic, such as Africa, makes this low-cost strategy ineffective. The WHO is warning all governments to strengthen TB control and treatment, or the epidemic will spread out of control. For the year 2020, unless there is stronger TB control, the WHO predicts that 1 billion people will become newly infected, with 200 million sick, and 70 million dead.

**AIDS on the rise**

The pandemic of acquired immunodeficiency syndrome, or AIDS, continues to spread, ravaging the world’s population. In 1998, according to the United Nations AIDS program,

5.8 million people were newly infected with the HIV virus, a 10% increase in infections as compared to 1997. There are now 33.4 million people infected with HIV globally, and at least 2.5 million people died of AIDS last year.

The AIDS epidemic is plunging Africa into a Dark Age. Since the beginning of the epidemic in the late 1970s, some 34 million Africans have been infected, and more than 12 million have died, one-quarter of the dead being children. In 1998, the nine countries with the highest HIV prevalence in the world were in sub-Saharan Africa. In Botswana, Namibia, Swaziland, and Zimbabwe, between 20% and 26% of the adult population is infected with HIV. In the nine countries of southern Africa, HIV prevalence is 10% or higher. In Africa, half of all new infections occurred in people age 15-25. With infection rates at these high levels, these countries will lose almost an entire generation to the AIDS epidemic by 2010.

Dr. Peter Piot, director of the UNAIDS program, speaking in Johannesburg in November 1998, said, “We know that despite these already very high levels of HIV infection, the worst is still to come in southern Africa. The region is facing human disaster on a scale it has never seen before.”

AIDS is wiping out the modest gains in life expectancy

made over the past 20 years in southern Africa. In the nine countries of southern Africa, AIDS will decrease life expectancy at birth by an average of 17 years. In Botswana, life expectancy has been reduced to just 40 years as a result of the epidemic. Infant mortality has increased across sub-Saharan Africa due to AIDS. In South Africa, infant mortality was predicted to be 38 deaths per 1,000 births by 2005, but the impact of AIDS has increased the estimate to 61 deaths per 1,000 births.

Zimbabwe, which may become nothing but a graveyard, offers a chilling view of the future for the region. UNAIDS forecasts that in two years, Zimbabwe, with about 11 million population, will be burying 350 people a day due to AIDS, and that by 2005, there will be 900,000 orphans, whose parents were lost to AIDS. Already in 1995, some 15% of children in the city of Mutare were orphaned by AIDS. Studies from pre-natal clinics in Zimbabwe indicate that 40% of pregnant women are HIV infected, so there will be very few healthy babies surviving to replace the older generation that is being wiped out. In 1998, some 1.7 million young people were infected with HIV in sub-Saharan Africa.

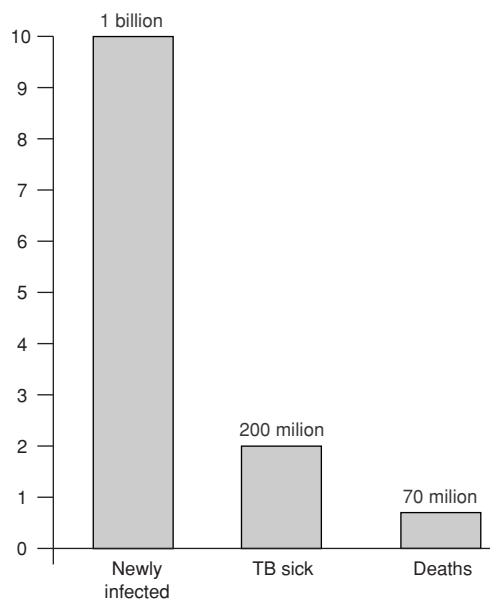
Asia has seen increasing rates of HIV infection in recent years, with 1.4 million new infections occurring in 1998. Southeast Asia and the South Asian subcontinent are rapidly becoming the new epicenter of the AIDS epidemic. The UNAIDS report for 1998 documents an alarming and unexpected trend in HIV infections in India. It was previously assumed that India's large rural population was relatively insulated from the AIDS epidemic, which initially spread quickly in the large cities. However, a new study in Tamil Nadu state has found that a higher percentage of the rural population of the state is HIV infected as compared to the urban population. The new study estimates that there are 500,000 HIV cases in Tamil Nadu, whose population is 25 million. Also alarming, is that 13.6% of women treated for other sexually transmitted diseases at clinics in Tamil Nadu were HIV infected. If the HIV prevalence found in Tamil Nadu reflects the situation throughout the Indian population of 930 million, then the actual numbers of HIV-infected persons may be in the range of 13-20 million.

In Southeast Asia, the WHO estimates that there are about 7 million HIV cases, and the epidemic has increased sharply in the past five years. Thailand, Cambodia, and Vietnam have the highest HIV prevalence in the region, accompanied by an epidemic of TB, which is being fueled in part by the growing number of immunosuppressed HIV-infected persons. For example, in Cambodia, 43% of prostitutes are HIV infected, and the prevalence of HIV in the military is around 7%. Again, youth are becoming infected with HIV at increasing rates; 700,000 people age 10-24 were newly infected with HIV in Southeast Asia and the Pacific islands in 1998.

Russia and the former Soviet republics have seen an explosion of HIV cases since 1991. The rapid increases in intravenous drug use and prostitution have abetted the large in-

FIGURE 2  
**World Health Organization estimates for 2020 if TB control is not strengthened**

(Hundred million population)



creases in HIV infections, which is conservatively estimated by the Russian Ministry of Health to be about 1 million cases by the end of 1999. While the spread of HIV in eastern Europe and Russia is the worst in the industrialized nations, the epidemic in the United States shows no sign of letting up.

The number of new HIV infections in the United States has not decreased in the past five years, with 40-60,000 new cases each year. WHO estimates that there are currently just under 1 million HIV cases in the United States, but with very little testing, the actual number may be much higher. The use of combination drug therapy, including protease inhibitors, has reduced the U.S. death rate from AIDS, but none of these treatments is a cure for the disease. In fact, AIDS is the leading killer of African-American males age 25-44, and the second leading killer of women in this same group.

### Malaria: an old killer returns

Malaria, once one of the biggest killers, which had been controlled or eradicated from many areas of the world, has returned as one of the top four killers. Malaria now exists in 100 countries, and more than 40% of the world's population is at risk from this parasitic disease. At present, 300-500 million cases of malaria occur each year, and 2.7 million people die. Approximately 1 million children under the age of 5 die each year. All of these needless deaths could be prevented with the application of mosquito control programs and proper medical treatment.

According to the WHO, “the global malaria situation is serious and becoming worse.” Mosquito control programs, including the use of DDT, which successfully controlled malaria in the past, have been eliminated or drastically reduced. Africa bears the brunt of 90% of the world’s malaria cases, and has the most deaths from the disease. Resistance to the drug chloroquine, which is used most frequently to treat the malaria parasite, is spreading. Over the past five years in Senegal, there has been a sevenfold increase in malaria deaths, due to increased resistance to chloroquine. To make matters worse, no major pharmaceutical company in the United States or Europe is developing any new drugs to treat malaria. This means that, as resistance to the traditional drugs used to combat the parasite increases, doctors will be left with no effective drugs, which will increase the deaths from malaria worldwide.

Malaria is also being reintroduced into areas where it had previously been eradicated. The populations of Central Asia and the Caucasus region are now suffering from malaria for the first time in decades, as wars and economic collapse have eliminated mosquito control programs.

The banning of DDT by the U.S. Environmental Protection Agency in 1972, a decision which was made for purely political reasons, and which clearly violated all scientific evidence supporting DDT use, resulted in the precipitous rise in malaria cases around the world. For example, in Sri Lanka, before mosquito control programs using DDT, in 1946, there were 2.8 million cases of malaria, and 12,500 deaths. In 1963, using DDT, there were *only 17 cases*. But five years after the use of DDT was stopped, malaria climbed to more than 500,000 cases, with 113 deaths.

The reduction in the use of DDT to control mosquitoes has resulted in the resurgence of malaria and other mosquito-borne diseases, such as dengue fever. In Ibero-America, spraying of house walls with DDT to repel mosquitos was a successful practice for controlling malaria. In 1962, according to the Pan-American Health Organization, in 21 countries, almost 14 million houses were sprayed, and malaria cases that year were 173,570 in those countries. In 1992, however, only 4.4 million houses were sprayed, and malaria cases increased to 1,186,053.

Dengue fever, a mosquito-borne viral disease, infects approximately 50 million people a year, according to the WHO. Dengue hemorrhagic fever (DHF), the most serious type which causes internal bleeding, is often fatal, and is a major cause of death of children in Asia, killing 100,000 in 1995. However, DHF was virtually unknown in the Americas until 1981. The decline in mosquito control programs led to the eruption of an epidemic of dengue fever and DHF beginning in 1981. Before 1981, DHF was known in five countries of Ibero-America, with only 60 recorded cases since 1968. From 1981 to 1997, DHF spread along with the reintroduction of the *Aedes aegypti* mosquito, into 25 countries, resulting in 54,248 cases.

In 1974, Lyndon LaRouche and his associates issued a report warning of a “biological holocaust” starting in the mid-1980s, as the result of clinging to the policies of the “post-industrial society.” The report forecast the return of old infectious diseases, and the emergence of new epidemics, first focussed in the developing-sector nations, and then spreading into the industrialized nations, if the current policies were not reversed. Unfortunately, the world has not yet broken free of those types of economic policies typified by the IMF, and we see the result in the emergence of the AIDS pandemic, and the resurgence of old epidemics such as tuberculosis and malaria.

## Indonesia is ‘dying, do you understand?’

by Gail G. Billington

**September 1997:** President Suharto received the UN prize for poverty eradication, having reduced the percentage of the population living below the poverty line from 60% in 1970 to 11% in 1996, better than the 13% then recorded in the United States. Exemplary of what was achieved is seen in **Figures 1-3**, the ratio of physicians to population, reduction of infant mortality, and the near doubling of electricity production in less than a decade.

**September 1998:** The International Labor Organization released a report warning that in 1999, some 66% of Indonesians will fall below the poverty line, “poverty not seen since the 1960s,” the ILO said. By mid-1998, already 37% had fallen below the poverty line; by end-1998, that would rise to 48% (**Figure 4**).

Thirty years wiped out. Indonesia today is not *yet* experiencing the horrific demographic collapse seen in Africa and Russia. But it is teetering on the brink of a more rapid collapse in that direction than one might think. At a briefing in Washington, D.C. on Feb. 26, 1999, the highly respected scholar Dr. Nurcholish Madjid reported that in some areas rural schools are empty because of the success of the country’s family planning program over the past decades. Look at that in the light of the recent reports of the spread of malnutrition and outright starvation among children under five years old.

In March 1999, the head of the UN Children’s Fund (UNICEF) for Indonesia and Malaysia, Stephen Woodhouse, told reporters that, based on UNICEF research and field experience, malnutrition in this age group “has become a national disaster. Up to half of Indonesian children under five are malnourished and half of them are babies under two.” He estimated that there are around 23 million children under five years of age, and 8 million under age two. Malnutrition is