

ID Death Rate Began Rising 25 Years Ago

by Marcia Merry Baker

June 26—In the United States, for nearly a century, mortality from infectious diseases has declined. The ID death rate fell from 797 per 100,000 persons in 1900 (one-third of which came from tuberculosis, pneumonia, and diarrheal diseases), down to 40 per 100,000 by the early 1980s. Then came the reversal: The ID death rate started rising yearly, and by the turn of the 21st Century, it was up to nearly 60, a 50% increase over 1980. It has risen since.

Moreover, this series of crude vital statistics does not count death from HIV/AIDS (first identified in the 1980s), which would make the death rate still higher. Its increase includes the impact of increasing food-borne illnesses, and other new and resurgent infections, from Hanta virus, to West Nile. (Infectious disease refers to any and all kinds of transmissible illnesses associated with microbes, from TB and malaria, to tick fevers, gut infections, etc.)

Behind these crude U.S. statistical trends, is the dynamic that has brought the world to today's conditions of pandemics. Under the decades of American System economic practices, in which there were improvements in sanitation, water, nutrition, medical care, and a productive environment, there were dramatic gains in health and longevity. In 1900, U.S. life expectancy at birth was 47 years; as of 2000, it was 76. But that is now "history," if today's U.S. and world breakdown process is not stopped.

Lyndon LaRouche has long forewarned of a biological holocaust ahead, if anti-development, "zero-growth" kinds of policies were implemented, as have been demanded by the neo-British Empire population reduction/genocide lobby. In 1973, LaRouche commissioned a taskforce to study and publicize the biological-ecological breakdown that would ensue in Africa and worldwide, if globalization, anti-infrastructure policies, etc., were enforced.

In 2000, the U.S. Central Intelligence Agency issued a report corroborating LaRouche's warnings of

new and re-emerging diseases a quarter century earlier. "The Global Infectious Diseases Threat and Its Implications for the United States" was in part produced by the Armed Forces Medical Intelligence Center. It said: "Although the infectious disease threat in the United States remains relatively modest [compared with other locations], the trend is up...."

In 2003, the significance of the rising U.S. death rate from ID was featured in a report by the National Institute of Medicine of the National Academies of Science, "Microbial Threats to Health—Emergency, Detection and Response." The executive summary politely stressed, "A breakdown or absence of public health measures—especially a lack of potable water, unsanitary conditions, and poor hygiene—has had a dramatic effect on the emergence and persistence of infectious diseases throughout the world. The breakdown of public health measures in the United States has resulted in an increase in nosocomial infections [hospital-acquired], difficulties in maintaining adequate supplies of vaccines in recent years, immunization rates that are far below national targets for many population groups (e.g., influenza and pneumococcal immunizations in adults), and a paucity of needed expertise in vector control for diseases such as West Nile encephalitis."

Over the last 40 years, the U.S. closed down research centers for tropical and other infectious diseases run by the military and U.S. Public Health Service, scaled back ID surveillance and control, and de-emphasized R&D and production of new antibiotics and vaccines.

In 2004, another NIM report was issued, "The Threat of Pandemic Influenza," which again reviewed the rising ID situation, and lack of infrastructure for a "pending" flu pandemic. It noted, "Hospitals are a key focus of state and local influenza preparedness ... [but, U.S.] hospital surge capacities are extremely limited...." It's gotten far worse since.

In 2005, over 750 scientists circulated a letter opposing the U.S. government policy of limiting R&D to just six pathogens (anthrax, plague, brucellosis, etc.), and ignoring public health needs for basic micro-biological research into a broad range of threats, including cholera, TB, and others of worldwide urgency.

In 2005, at the time of the avian H5N1 outbreak, a facade of Homeland Security "preparedness" was orchestrated, since which time, all pretense has disappeared. You are advised to, "think healthy (cover your cough), and die."