

U.S. Infectious Disease Death Rate Is Rising

by Marcia Merry Baker

Even gross statistics now show that over the last 20 years in the United States, a near century-long trend of a declining death rate from infectious disease has reversed, and is now on the rise. This is the case, *without including the HIV/AIDS disease*, which was first identified at the outset of this period.

Infectious disease (ID) refers to any and all of those many kinds of transmissible illnesses (from tuberculosis and malaria, to influenza, diarrhea, tick fevers, and many others), associated with microbes of all kinds.

The graph in **Figure 1** shows that as of 1980, the death rate in the United States was in the range of 37-40 deaths per 100,000 persons per year; but by 1998, the death rate was approaching 60, and is still rising.

Causes include more sickness, poverty, and lack of adequate treatment. Among the various illnesses contributing to the rising U.S. death rate are influenza, nosocomial infections (i.e. hospital-acquired sicknesses, such as the commonly termed “staph” *Staphylococcus aureus*), tuberculosis, food-borne illnesses; resurgence of once-controlled childhood illnesses (measles, pertussis, etc.); and new diseases including hanta and other rodent-vector viruses, West Nile and other new mosquito-vector diseases, etc.

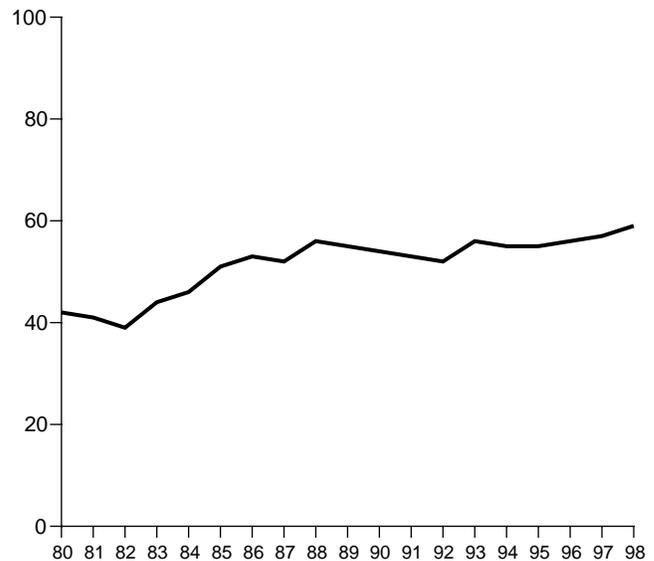
The graph of the increasing U.S. death rate from infectious disease, is the first one to be presented in a new 400-page report released in March by the National Institute of Medicine, entitled *Microbial Threats to Health—Emergency, Detection, and Response*. The report makes the point that with the so-called advanced sector seeing deteriorating health and medical preparedness, the world picture is very bad, indeed. Moreover, its message is that the fault is neither science *per se*, nor “mystery diseases,” but rather a failure of government policy in terms of public health—infrastructure, personnel, sanitation, and aggressive practices.

Up front in the report’s Executive Summary, there is a summary of both the global and U.S. situation. “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, difficulties in maintaining adequate supplies of vaccines in recent years, immunization

FIGURE 1

U.S. Death Rate Rising From Infectious Disease (Excluding AIDS/HIV), 1980-98

(Crude Death Rate Per 100,000)



Source: In *Microbial Threats to Health: Emergence, Detection and Response* (Washington, D.C.: Institute of Medicine, March 2003), reprinted with permission from Pinner, R.W., Roy, K., Shoemaker, H., “Mortality from Infectious Diseases in United States, 1993-1998” (unpublished manuscript, 2002).

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.”

End of Delusions

Put less politely, the report is referring to some of the many practices that have become standard in the last 30 years of “post-industrial” insanity in the United States. Cost-cutting and deregulation allowed the ending of serious rat and mosquito-eradication programs; DDT was banned; needed ratios of hospital beds and treatment facilities were taken down; vaccination became “optional,” etc. The favored rationalization has been “cost-effectiveness.” It was asserted that the United States had an “over-capacity” of hospital beds. The implicit argument was that “post-industrial” meant “post-disease”!

At the same time, free-trade food-supply lines have become transmission belts for infection. During certain seasons, up to 70% of common fruits and vegetables now come from outside the country, bringing pathogens along with them. The same for seafoods, and many other items.

The American public’s opinion? The last 30 years has seen a radical shift towards outright superstition, as people

Forewarnings From LaRouche, CIA

In 1973, Lyndon LaRouche commissioned a taskforce to study the biological-ecological breakdown that could ensue if the “zero-growth” economic policies then being imposed upon Africa, were maintained and came to prevail more widely; namely, if needed levels of public health infrastructure, medical treatment, and research were downgraded. Preliminary findings were presented at the November 1974 founding meeting of the science group, the Fusion Energy Foundation. As of the 1980s, the dire consequences were already unfolding.

On July 1, 1985, *EIR* published a Special Report: *Economic Breakdown and the Threat of Global Pandemics*, prepared by LaRouche collaborators, and presenting hand-book-style documentation of microbial disease threats. It detailed the scenario of a potential “biological holocaust”

ahead, of new and re-emerging human, animal, and plant diseases, if economic growth policies were not restored. AIDS, then recently identified, was in the forefront of such a potentiality. In February 1986, an updated report was published, *An Emergency War Plan To Fight AIDS and Other Pandemics*, written by an *EIR* Biological Holocaust Task Force, including physicians and other specialists.

Throughout these reports, the principles of public health, scientific research and medical treatment, and civil defense were repeatedly stressed by Lyndon LaRouche.

In January 2000, the U.S. Central Intelligence Agency issued its own report, corroborating the LaRouche warning of new and re-emerging diseases a quarter-century earlier. *The Global Infectious Disease Threat and Its Implications for the United States* was produced under the auspices of David F. Gordon, National Intelligence Office for Economics and Global Issues, and by collaborating agencies, including the Armed Forces Medical Intelligence Center. “Although the infectious disease threat in the United States remains relatively modest as compared to that of noninfectious diseases,” it noted, “the trend is up.”

turned to “alternative” medicines, foods, and supplements, and even to “personal infrastructure” for sanitation and hygiene (private water and air-filters, etc.). Of course, millions are too poor to indulge in such delusions, whether they buy into the superstitions or not.

An “apparent reprieve from infectious disease?” is how the authors of the new *Microbial Threats* report ridicule the thinking and practices of the past three decades.

They point out, “As a result of this apparent reprieve from infectious diseases, the United States government moved research funding away from infectious diseases toward the ‘new dimensions’ of public health-noncommunicable disorders such as heart disease and lung cancer. The government closed ‘virtually every tropical and infectious disease outpost run by the U.S. military and Public Health Service.’ (Quoted from L. Garrett, “Emerging Viruses, Growing Concerns,” *Newsday*, 30:1). Infectious disease surveillance and control activities were de-emphasized. Research, development, and production of new antibiotics and vaccines declined. The potentially devastating impact of infectious diseases was either relegated to the memory of previous generations or left to the imagination of science fiction enthusiasts. Americans could all look forward to long, healthy lives, free from infectious diseases—or could they? The figure [Figure 1] suggests quite otherwise.”

How ID Death Rates Once Were Lowered

Contrast the past 30 years, with prior decades of the century, when disease-fighting prevailed. In 1900, the annual deaths from infectious disease was at a rate of, not 60, but a

dreadful 797 per 100,000. One third of these deaths were from tuberculosis, pneumonia, and diarrheal diseases. The very young were especially at risk. Average life expectancy at birth was only 47 years. But through a succession of infrastructure improvements (safe water, sewage treatment, mosquito and vermin control campaigns, etc.), as well as medical advances including the mid-century introduction of anti-biotics, the death rate from ID steadily fell. Vaccines were developed against polio, measles, diphtheria, tetanus, and pertussis. The vaccine campaign against smallpox was a stunning success.

As of the advent of the 21st Century, the average U.S. life expectancy had increased to over 76 years.

Now all this achievement is at risk.

SARS: U.S. Experts Warn, Drug Firms Wait

by Roch Steinbach

Three of the top U.S. specialists in the control of infectious diseases testified on May 21 before a Senate oversight committee, laying out the degree of continuing threat posed by the coronavirus, which was recently identified as the cause of the worldwide outbreak of Severe Acute Respiratory Syndrome, or SARS.

Michael T. Osterholm, Chairman of the Center for Infectious Disease Research and Policy at the University of Minnesota, testified that it is increasingly likely that “we have not begun to see the worst” of SARS. “I am convinced that with the advent of early winter in the Northern Hemisphere in just six short months, we will see a resurgence of SARS that could far exceed our experience to date,” Osterholm said. “If this projection is correct, we have every reason to believe that the disease will show up in multiple U.S. cities as we continue to travel around the world in unprecedented numbers and speeds.” Osterholm also said that SARS has already “seeded itself in [such] significant numbers of humans, as to make its elimination impossible.”

Anthony Fauci, director of the National Institute for Allergy and Infectious Diseases at the National Institutes of Health, and by Julie Gerberding, director of the Centers for Disease Control (CDC) in Atlanta, agreed. Fauci called the SARS death rate “alarmingly high”: it appears to be 8%, he said, but could run as high as 15%. Meanwhile, researchers writing in the May 23 *Science* magazine concur that the virus that causes SARS, is sufficiently contagious to spread around the world.

The CDC under Fauci is now fully engaged in the fight; more than 500 CDC staff are already at work on new SARS research. Government scientists are also screening existing antiviral drugs, and other chemicals, to determine if any of them are effective against SARS. Two of these—Rimantidine, an older flu drug, and interferon, an immune system protein—have offered some promise, but are only effective in amounts unhealthy for people, according to Fauci.

Smaller university laboratories nationwide are focussing on development of drugs that can inhibit the polymerase or protease enzymes, that are used by the SARS virus in its replication. Dr. David Ho, a well-known AIDS biologist in New York, has already announced development of a compound that can block SARS from entering human cells, much as Fuzeon does for HIV.

Overseas, a group of Hong Kong researchers announced on May 23, their findings isolating a SARS-like coronavirus in wild civet cats, native to southern China. The civet resembles a large weasel, with a long catlike body and large tail, and it weighs 5-11 pounds on average. While some civet cats are carnivores, the animals found to carry the SARS virus in China are herbivores. Known as masked palm civets, they live in trees and eat fruit, and are a delicacy in southern China. A spokesman for the World Health Organization hailed the findings “a significant breakthrough.”

Even more momentous may be the announcement on May 26 by another Hong Kong group, of a potential SARS vaccine.

‘A Product We Can’t Sell’

However, while government and university labs are in overdrive to find a treatment for SARS, most major drug companies are sitting back to watch from the sidelines. Lab

teams at many commercial pharmaceutical manufacturers are not undertaking the critical research necessary to develop an effective antiviral treatment to SARS. Swiss drug manufacturer Novartis has no anti-SARS program so far; neither has Idenix Pharmaceuticals, a hepatitis drug developer in Cambridge, Massachusetts; nor does Gilead Sciences, of Foster City, California—and the same holds true for even the largest drug manufacturers, Amgen and Genentech.

Gilead Sciences, the developer of four antiviral drugs, including Viread for AIDS and Tamiflu for influenza, has no plans to open a research program. Dr. Norbert Bischofberger, executive vice president for research and development at Gilead, voiced “100% confidence” that his company could develop a drug for SARS, given sufficient economic incentive. But unlike the government specialists, he does not feel that the SARS threat is significant enough to provide his company with recovery of research costs. “To do something against this coronavirus takes the same amount of effort as any other target,” he said. “At the end, you would not have a product that you could sell.”

Part of the problem is in the nature of infectious viruses themselves, such as the coronavirus that causes SARS, or the flu virus: while there are dozens and dozens of anti-bacterial drugs available, there are no more than a few dozen effective antiviral agents—many of them developed in the last decade, primarily to combat the AIDS virus. Antiviral drug treatments lag behind anti-bacterial treatments primarily because of the difficulty in combatting the individual viruses, which are nothing more than genetic material, and not truly alive. “You can’t kill something that is not living,” says Dr. Nathaniel A Brown, a senior vice president at Idenix. Dr. Bischofberger at Gilead confirmed: “It’s hard to kill the virus without killing the cell.”

The SARS virus, however, cannot be ignored without ignoring its victims, who now number over 720. The glaring failure of the private sector to even begin to address the global threat of SARS, only underscores the need for a greater mobilization of the medical and research infrastructure, at the Federal level, and to reinvigorate the health-care system. Dr. Fauci points out that the government’s concern with the threat of bio-terrorism, is another reason for deeper Federal involvement. “Bioterrorism has reignited the need for countermeasures against viruses which in their natural setting would not be a very big public health problem,” Fauci said.

WEEKLY INTERNET
AUDIO TALK SHOW
The LaRouche Show
EVERY SATURDAY
3:00-4:00 p.m. Eastern Time
<http://www.larouchepub.com/radio>