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Interview: André Dodin

Mortality rates soar from cholera epidemic

The following interview with André Dodin, general secretary of the Society of Exotic Pathology, and professor at the Pasteur Institute in Paris, was conducted by Mary Lalevée on April 26. The interview was translated from the French.

EIR: Could you explain what the present epidemic situation is in Africa? We have heard a lot about the epidemic of cholera in Somalia. Is this a new phenomenon?
Dr. Dodin: It is something entirely new. That is, cholera has only existed in Africa for 10 years. Since the first appearance of cholera in 1817, and up until 1970, there had been no cholera in Africa, or only in the ports, never in the interior. Then cholera arrived in Africa in 1971. It ravaged Guinea, Mali, the region of Chad and Niger, then it emigrated north, toward the Maghreb and Dakar. It spread south of the Equator, appeared in Abidjan, in Zaire, also in East Africa, Zambia, Nairobi, Mozambique; even in South Africa there were epidemics. That was up until 1980, and it was thought then that perhaps cholera would disappear spontaneously. However, it did not disappear; it reappeared last year and this year all over Africa. It has exploded in the form of new epidemics, 13 years after the first outbreaks, and these epidemics have caused many deaths.

EIR: How many people are suffering from cholera today?
Dr. Dodin: It's impossible to say exactly how many. There have certainly been several million people affected. Up till recently, there was a low mortality rate. Before 1980, mortality was 1-2%, but from 1980 until now, 1985, mortality has been much higher, in the range of 10-15%.

EIR: What is the reason for that?
Dr. Dodin: I think the reason is simple. Living standards in all the Western countries have fallen, and this has had consequences in Africa. And additionally, there have been wars. Cholera is always transported by soldiers, like in the war between Somalia and Ethiopia, or in Chad. When you have armies fighting, cholera is never far away. This is because of the deterioration of living standards, the lack of correct food, the lack of clean drinking water, and because there is no hygiene.

EIR: Isn't cholera one of a whole group of diarrheal diseases?
Dr. Dodin: It is one of a group of gastroenteritic diseases. Diarrhea is the most severe problem in Africa. The volume of diarrhea in the world, Africa, Latin America, is equivalent to one week of rain in France. And out of that week, Africa counts for at least five days—an enormous amount of water.

EIR: What are the implications for the health of children?
Dr. Dodin: Children die of diarrhea, of severe diarrhea. The WHO [World Health Organization] advises oral rehydration, distributes packets of salt which are added to water. For light diarrhea—which would, associated with malaria, end in death—this oral hydration usually saves people.

EIR: This implies that people have to have clean water.
Dr. Dodin: There would be no diarrhea if people had clean drinking water. An enormous number of people have no water, and even more have no controlled drinking water.

EIR: Do you have any figures on the number of children who die from these kinds of diseases?
Dr. Dodin: No, there are no official figures. Only the WHO risks giving figures for Africa. Official figures are necessarily wrong and incomplete. You can't give figures for deaths in villages, where there is high mortality. There are no records kept.

EIR: There is a conference on epidemics taking place in Abdijan. The number one killer of children under five years old in West Africa is reported to be measles.
Dr. Dodin: It is not measles by itself, but measles and malaria. It is the association of the two, or measles in association with starvation. Measles is only dangerous in association with starvation and lack of hygienic conditions. But it is true that measles kills enormously. Starvation plus measles, measles plus malaria—that kills.

EIR: What are the other major epidemics?
Dr. Dodin: There is an epidemic of meningitis, which regularly appears along a "meningitis belt" which goes from Ethiopia and Sudan to the region of Dakar (Senegal), including Chad. There are cerebro-spinal meningitis epidemics there every year, although there is a vaccine which appears to be effective. But it can't be done everywhere, because the vaccine must be kept cold during its transportation, and secondly because not everyone can pay for the vaccine. It's expensive, and the WHO can't distribute it everywhere.

Then there is malaria, which is the large epidemic. There is bilharzia, which doesn't kill, but debilitates children remarkably. It slows growth. Bilharzia is due to parasites, which lay eggs, made of protein and nucleo-protein. These

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nucleo-proteins and proteins take food from the child, divert the food for their eggs. This causes denutrition and starvation.

There are two epidemics in Africa, one that is as widespread as here in Europe: traffic accidents. The second is malnutrition, the disease of kwashiorkor. It is just incredible, that in 1985 children still die of kwashiorkor, die simply of hunger and thirst. This does the advanced countries no honor. We can sell arms, but we are incapable of providing water.

EIR: Has there been a deterioration of the situation in the last 10-15 years?
Dr. Dodin: Yes, of course there has been a deterioration. In the poorer countries, the first cuts are made in the health budget. Where there was a doctor, they put a nurse; where there were pharmaceutical products, there are none any more, people have to make do with the local pharmacopoeia. I must add that some governments and even international organizations have *griserie* [a word meaning intoxication—either physical or mental—ed.], with "barefoot doctors," local products, and the like. This an an insult to people. If you have meningitis, you need antibiotics, not leaves or roots.

There is a very strong correlation between the deterioration in living standards and [the increase in] mortality rates. The curves are absolutely parallel, no matter which country you look at.

EIR: How did this deterioration begin, from a medical standpoint?
Dr. Dodin: It is very difficult to say. If there is a weak administration, that's the end. Things deteriorate very, very quickly.

EIR: And on the level of the economy?
Dr. Dodin: The deterioration of the economies has occurred with the international crisis. Since the oil crisis, African economies have suffered far more than Western economies. Political regimes intervene too.

EIR: Some diseases had been under control, but are now recurring.
Dr. Dodin: In the past they were controlled. When there were nurses out everywhere in the bush, and doctors in the centers, these diseases were under control. Now the nurse is disappearing, the posts in the bush are disappearing, everything disappears with them. There is necessarily a regression in hygiene and health care.

EIR: Was malaria under control 20 years ago?
Dr. Dodin: There were big campaigns against malaria 20 years ago, and the WHO announced that we would eradicate malaria. It was a complete fiasco. Now there are some kinds of mosquitoes which can resist insecticide. In places where nivaquine was used for chemioprevention, it is not given anymore, or, in some places, nivaquine cannot be given because the malaria has become resistant to it. For example, in Vietnam, South Africa, and Zaire, malaria resists nivaquine, because the plasmodium has found ways of defense against nivaquine.

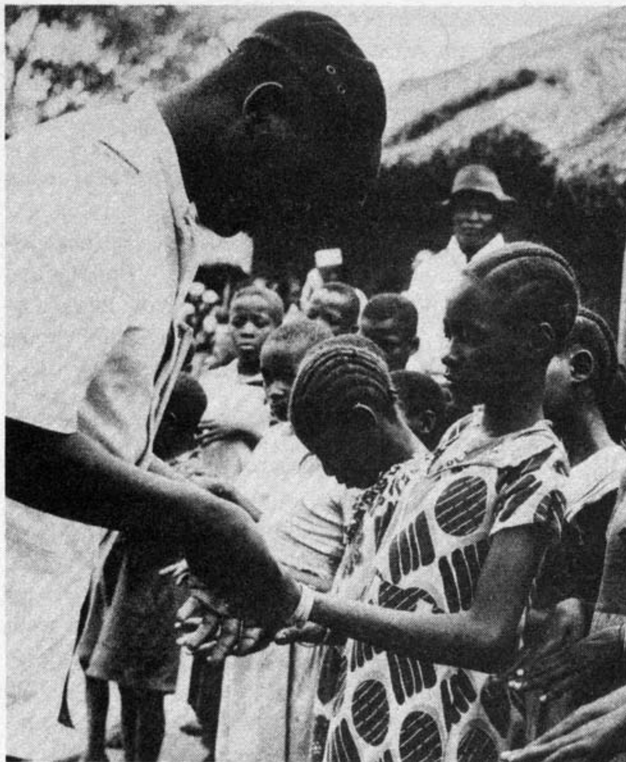
EIR: Were there any diseases which actually were under control in the 1960s which are now recurring?
Dr. Dodin: The gastroenteritic diseases. The diarrheal diseases were under control up until the 1960s. Water was distributed through a network, it was treated. Now there is no disinfectant, water is not treated. Now there has been an enormous deterioration, because the Gross National Product has deteriorated.

EIR: What should be built in terms of a health infrastructure network?
Dr. Dodin: First, an information campaign should be carried out, to rebuild the public's confidence in their doctors. That is extremely important. And, what is especially needed is clean drinking water, wherever possible. To build wells would not be bad.

EIR: It is strange that there are no exact figures for the situation in Africa.
Dr. Dodin: You can't have exact figures in Africa. You can have figures for the cities, for Abidjan, for example, but 20 or 50 miles away from Abidjan, it is much less sure. If a child has diarrhea, you don't know why. If a child has diarrhea because of measles, but you count it among cases of diarrhea due to germs, it's wrong, it falsifies the figures.

EIR: What do you think of the system of putting famine victims in huge camps?
Dr. Dodin: It is the worst thing possible for hygiene. It is a disaster. You can't provide enough drinking water for such enormous camps. It is to the detriment of all. There will certainly be outbreaks of cholera, as is happening in Sudan, in Ethiopia; there will be outbreaks of venereal diseases, since camps are ideal places where gonococcus (the gonorrhea agent) and treponema (the syphillis agent) spread. If there is one case of plague, there will be cases all over the camp. There will be rats. Even in tourist clubs, there are always rats; even with very good hygienic conditions, there are still rats which appear in the rubbish or the food warehouses. So imagine camps in countries at war, with minimal surveillance. Bringing people together like this is very dangerous.

EIR: We have proposed that food be brought to people where they live.
Dr. Dodin: I would go further. I would not bring in quantities of food, I would bring seeds. If you bring food, there will be a tendency not to want to produce in the next year. If you bring seeds, and insist on their being planted, there will



Department of Information, Kenya

A medic carries out hygenic inspection in Kenya in 1956. Today, even such rudimentary medical care has been terminated, under the pressure of budget cuts.

still be a short period of shortage, but there will be crops next year. Food comes from work, it is the transformation of human energy in food. If you don't do that, it's useless.

EIR: What is the danger that the epidemics in Africa will spread to Europe or the United States?
Dr. Dodin: There is very little danger, they are only brought in by plane, and this danger can easily be fought. It is sufficient to check people arriving. Right now there is no control at frontiers. It's hardly worth traveling at 1,000 km an hour in the stratosphere, to spend two hours in medical checks upon your arrival. There are no more medical checks. There is almost no risk. There will be cases of cholera caught in Abidjan, and then detected in Paris or London. But given the degree of hygiene here, it's unlikely to go far. If the vectors don't exist, there is no chance of tropical diseases spreading, apart from such diseases as meningitis—but these would be single cases here and there. Only one thing would be really serious, and that would be if a case of pulmonary plague broke out in a plane and it was found out after arrival. That could be very serious because it is transmitted by saliva. It travels very, very quickly.

EIR: But with the decline in living standards here, isn't there a reduction in the resistance of the population?
Dr. Dodin: No, I would not stress that. There are enough germs around us already, that if the living standard declines further, we will have our own illnesses which will be more serious than the diseases coming from Africa. Planes arrive from Africa every day with mosquitoes, but they don't reproduce here. So there is little risk of transmission.

EIR: What do you think then about AIDS?
Dr. Dodin: That's a different matter. I can't think or assert anything about it, because we don't know yet exactly what it is. We can only experiment, and draw conclusions from that.

EIR: There is a recurrence of diseases in the U.S.A., which had disappeared in the 1960s and 1970s, for example tuberculosis and. . . .
Dr. Dodin: But that is a different case, they are local diseases. There is no need to import them. If the living standard drops somewhere, then tuberculosis reappears. But you need no import; of course, in France, for example, there might be some bacteria flown in with immigrant wokers, but I don't even believe this to be a serious factor. We have sufficient reserves of Koch bacteria for them to reappear as soon as the living standard falls. You don't have to look outside for this, we have enough bacteria here. Old people, for example, who have a very low living standard—they cough but are resistant. They are in equilibrium with the disease, but they can still infect others.

There are diseases that, unlike smallpox, we have never succeeded in eliminating completely. We have never succeeded in eliminating typhoid in France, for example, or tuberculosis, or poliomyelitis. There is always a reservoir which remains. There are always some cases, which may be an infection source, a small one, which does not really bother us right now, but we have never been able to wipe them out.

EIR: Have some of these diseases reappeared in the last 5 to 10 years?
Dr. Dodin: Not really. Tuberculosis has slightly reappeared, there are a few more cases. Also some venereal diseases.

EIR: What concerns us is that with the deterioration of the economic situation, these diseases will reappear, though not necessarily from outside, as you have pointed out.
Dr. Dodin: They will reappear. They won't come from outside. They will break out again.

EIR: Like, for example, the 1920s influenza epidemic.
Dr. Dodin: There is another problem. Since the discovery of antibiotics, which was tremendous, and led to the reduction of diseases, the germs have become resistant to antibiotics, so they reappear because we can't treat them. Some mistakes were made in the 1950s or so; we didn't know antibiotics well enough, and we sometimes misused them. A germ attacked by antibiotics knows how to become resistant.