TB outbreak ignored by state officials

by Debra Freeman

Dr. Freeman, the public-health coordinator of EIR*'s Biological Holocaust Task Force, is also a candidate for the Democratic nomination for U.S. Senate from the state of Maryland. A Baltimore resident, she has a doctorate in public health. She has made the danger of an AIDS epidemic one of the principal issues of her campaign, focusing the reluctant attention of the media and public-health officials on the health crisis on Maryland's Eastern Shore.*

When three workers employed as clam and oyster shuckers at B&S Fisheries, a seafood-processing plant in Kent Narrows, Maryland, were diagnosed as suffering from tuberculosis last June, Jeanette Rose, chief of tuberculosis control for the Maryland Department of Health and Mental Hygiene, routinely requested chest x-rays and skin tests for 100 shuckers at the plant. Within six months, 45 more workers in the plant were undergoing chemical therapy for tuberculosis and 3 were dead.

Although this constitutes the highest outbreak of tuberculosis in over 30 years, Rose was still insisting that there was nothing to worry about.

Privately, health officials voiced alarm. The vast majority of workers at the Eastern Shore packing houses live in shanties and other poor, overcrowded housing conditions. The rate of drug and alcohol abuse in this community is extraordinarily high, placing these individuals in a high risk category for tuberculosis.

At the time, I stated that the tuberculosis outbreak by itself constituted a public-health emergency and was a reflection of conditions of economic breakdown in the area. But I also pointed out that recent studies indicate that, particularly under conditions of economic squalor, tuberculosis is considered to be the best marker disease for immunosuppression—AIDS. I recommended the only sane course of action: to extend the tuberculosis testing and screen for AIDS all those individuals testing positive on tuberculosis.

Initially, those recommendations went completely unheeded. Then, two things occurred: 1) I and my collaborators launched a campaign to end the official cover-up and force implementation of emergency measures; and 2) it became increasingly clear to all concerned that the identified cases are not responding to the standard isoniazid treatment. Those who merely skin-tested positive are also being treated with isoniazid, even though they are not symptomatic. Yet this aggressive treatment regimen is *not* stopping those who skin-tested positive from developing full-blown tuberculosis.

Obviously, we are dealing with a highly virulent, drug-resistant, and, in all likelihood, AIDS-related strain, not with traditional tuberculosis.

AIDS tests introduced

Finally, after months of stonewalling, the Maryland Department of Health gave in and began screening for AIDS. The results of the screening have not and will not be made public. Indeed, eight of the workers at B&S Fisheries who were tested for AIDS seem to have dropped off the face of the earth, raising questions about their test results.

It seems clear that we are dealing with AIDS-related tuberculosis. But, does this mean that all these tuberculosis cases—now numbering over 70 in a community of 25,000—are actually cases of AIDS or AIDS Related Complex (ARC)? Infectious disease specialists in Maryland say that it just isn't that simple.

The problem occurs as follows. There are a few AIDS carriers in a community—a community which already exhibits severe economic squalor and public-health breakdown. These carriers are the Petrie dishes for culturing new, more virulent strains of diseases like tuberculosis. Once this process occurs, the secondary infections spread like wildfire throughout an entire community.

Why? First of all, the population pool is probably suffering some degree of immunosuppression related to collapsing nutritional standards, breakdown in sanitation, high rates of drug and/or alcohol abuse, etc. But also, these are new AIDS-related strains of old diseases. People have not had any previous exposure and, therefore, they have not developed immunity. This process has occurred repeatedly in history. Thousands of American Indians, for instance, died when exposed to the equivalent of a common cold virus carried by European settlers.

This lends powerful support to *EIR*'s insistence on a policy of quarantining AIDS victims, as one part of an emergency war plan to combat the disease. This policy has been strongly opposed by the combined forces of the Soviet-controlled World Health Organization and the Atlanta Centers for Disease Control (CDC).

We still cannot identify with certainty every mode by which AIDS is transmitted. The scientific evidence clearly points to many modes of transmission, including by mosquito—contrary to the CDC's "party line" that AIDS can only spread by sexual contact and exchange of body fluids. However, we do know precisely how diseases like tuberculosis are spread. And, in the words of one specialist, "When we are dealing with AIDS-related strains, without the ability to impose classic public-health measures, you have got an instant Code Red."