

## **EIR**Feature

# Deadly diseases could wipe out the human species

by Rogelio A. Maduro

As we come to the close of the twentieth century, the world is facing one of the most dangerous emergences of infectious diseases in the history of mankind. Over the past several years, diseases have reappeared that people thought had been conquered. Cholera, tuberculosis, dengue, the bubonic plague, yellow fever, diphtheria, and other diseases, have made a rapid and devastating comeback. There have been outbreaks of deadly new diseases, including the Ebola virus, the human immunodeficiency virus (HIV, which causes AIDS), Lassa fever, pulmonary syndrome virus, and a host of others, some of which have yet to be identified.

Doctors and medical institutions are sounding the alarm all over the world. Just in October, a major medical conference was held in Washington, D.C. to address this problem; the World Health Organization created a new division to monitor and combat the spread of these diseases; and the U.S. Senate held a full day of hearings to begin looking into the problem. As many of the participants noted in their presentations, this alarm is warranted: The world is facing the emergence of diseases that threaten to kill not only hundreds of millions of human beings, but to kill off the human species itself.

These outbreaks fully confirm the forecasts published in *EIR* over the past 20 years. *EIR* founder and political economist Lyndon LaRouche warned about the potential rise of such species-threatening pandemics as far back as March 1973, in a memorandum on the subject. At the time, LaRouche warned that the policies of “zero population growth” and conditionalities policies being imposed by the International Monetary Fund (IMF) and the World Bank, would unleash pandemic diseases throughout the world. A year later, LaRouche directed the work of a task force that produced a study forecasting the consequences to the world’s population and the biosphere as a result of these IMF-World Bank policies. This “Ecological Holocaust” study was one of the principal projects that led to the founding of the Fusion Energy Foundation in New York on Nov. 23, 1974.



*This clinic in Bangladesh provided inoculation against disease during the 1970s. Today, the International Monetary Fund has forced Third World nations to cut public health programs, water treatment, and mosquito control projects; the result is an enormous increase in epidemic disease, and public health officials are sounding the alarm.*

The issue was revisited by *EIR* in a series of special reports warning of the consequences of the AIDS pandemic. In an April 30, 1985 *Special Report*, "IMF's Ecological Holocaust: More Deaths than Nuclear War," *EIR* reviewed much of the material that had been published in the previous decade. A series of exhaustive special reports on this topic followed.

The Atlanta, Georgia Centers for Disease Control and Prevention (CDC) has mapped out the global emergence and reemergence of hemorrhagic fevers (including Ebola and dengue), cholera, yellow fever, hantavirus, anthrax, HIV, diphtheria, plague, Rift Valley fever, and Lassa fever (see **Map 1**). These diseases have emerged precisely where LaRouche warned there would be outbreaks of diseases.

### **The underlying cause: economic collapse**

There are many localized reasons for the emergence and reemergence of deadly infectious diseases. The underlying reason, however, is the collapse of the world economy. In order to pay the foreign debt, Third World nations have been forced to impose savage cuts in public health measures and infrastructural development projects. Water treatment projects, mosquito control programs, electricity generation, and hospitals and clinics have all been systematically underfunded or shut down in order to pay the international bankers. The standards of living of the populations of Third World nations have collapsed; famine and malnutrition are rampant, compromising the immune systems of the populations of entire nations.

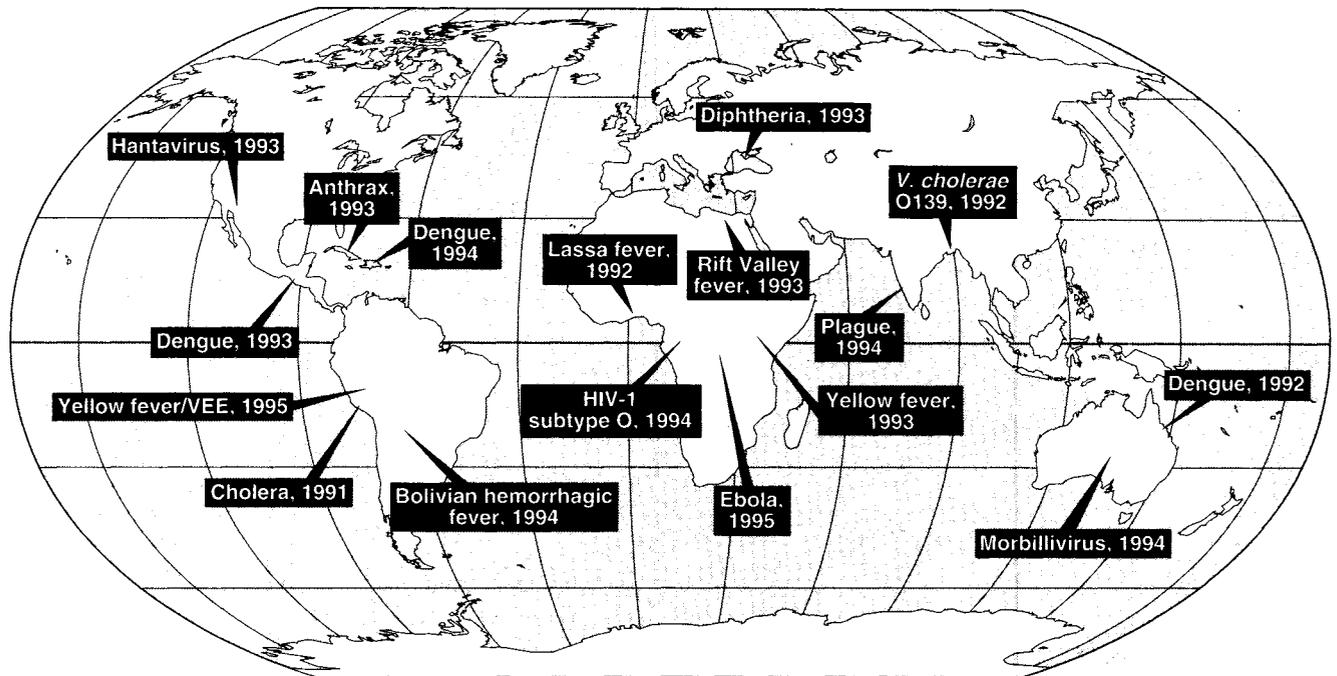
Even in advanced sector nations, such as the United States, existing public health and medical infrastructure is woefully inadequate to deal with the emergence of these global pandemics. This situation will be significantly worsened by the recent budget cuts passed by Congress. A combination of Medicare budget cuts, as well as the implementation of California's Proposition 187, will deprive particularly the poor and recent immigrants of necessary health care. Thus, these populations will become particularly vulnerable to the rapid spread of infectious diseases.

This Congress, led by the exponents of the Conservative Revolution, is contributing to the potential for the explosive spread of these emerging diseases worldwide. Despite all the medical evidence that has been presented, Congress has cut most of the budget allocated to international health programs designed to combat this worldwide health emergency. In the Foreign Operations appropriations bill, funding levels were cut across the board by 35% from last year's levels, from \$740 million to \$484 million. The bulk of the cuts, 95%, are in the General Health category; these programs will drop from \$235 million, to a measly \$9 million. This funding would have been appropriated to fight tuberculosis, malaria, vector-borne diseases, water quality problems, as well as new and reemerging diseases.

### **WHO creates a new division**

After years of foot-dragging in the face of the emergence of the first wave of pandemics, led by the AIDS epidemic,

## New and re-emerging diseases in the 1990s



Source: Centers for Disease Control and Prevention.

the World Health Organization (WHO) is now moving rapidly with its meager resources and capabilities to set up a worldwide surveillance network to fight the emergence of new and old diseases. On Oct. 1, WHO created a new division, the Division of Emerging Diseases. The headline of the press release announcing the creation of this new division read, "New and Reemerging Diseases Sweeping the Globe: Many Nations Lack Ability to Control Outbreaks." It warned that "a series of new and reemerging diseases—such as HIV, Ebola virus, tuberculosis, bubonic plague, and yellow fever—[are] now threatening the health of the world."

Dr. Hiroshi Nakajima, WHO director general, is quoted in the press release warning, "The recent outbreaks have shown that the potential of epidemics is now vastly increased, by the speed by which they are able to spread [and] by the unprecedented size, concentration, and mobility of populations."

A WHO delegation traveled to the United States on Oct. 16-18 to provide details of the dangers that the world is facing. The delegation was led by Dr. David Heymann, and members of the delegation gave press interviews and testified before Congress on Oct. 18. Dr. Heymann told the press that "the more worrisome aspect of these new diseases is their rate of increase; at least 29 new diseases have emerged during the past 20 years." He added that "despite many warnings," the world "is not fully equipped to contain" these outbreaks.

Dr. Heymann warned: "In general, industrialized countries have been letting down on their guard in public health, even as new threats emerge, like the hantavirus and Lyme disease and HIV. . . . These, coupled with the growing problem of known diseases like tuberculosis and gonorrhea becoming resistant to antibiotics, put every nation at risk."

Heymann, who led the WHO response to the Ebola outbreak in Zaire earlier this year, warned that it could have been much worse. "If, instead of Kikwit," he said, "this had gotten started in Kinshasa, it could have caused havoc in the health system there and easily hopped airlines around Africa and even to the U.S., and might not have been easily contained even in American hospitals."

According to WHO, the six main reemerging diseases are:

- Tuberculosis: a 27.8% increase in case notification in the 1990-93 period versus 1984-86;
- Diphtheria: some 54,516 cases reported in 1994, a 141% increase from 1990;
- Cholera: some 384,403 cases reported in 1994, a 454% increase from 1990;
- Dengue fever: now reported in many Ibero-American and Caribbean countries for the first time in 50 years;
- Yellow fever: now reported for the first time in decades in Ibero-America;
- Bubonic plague: more than 2,000 cases reported in

1993 and 1994, the highest totals since data began to be collected globally in 1954.

In addition, WHO considers that there are several very serious newly emerging diseases, including Ebola, pulmonary syndrome virus, hepatitis C, Lyme disease, and HIV.

One of the most serious problems posed by these new and reemerging diseases is the fact that most of them are increasingly resistant to antibiotics. Dr. Heymann noted that "antibiotic resistance has emerged as a global public health problem, making effective treatment of even some of the simplest infections difficult." Some of the diseases that have a growing resistance to antibiotics include gonorrhea, enterococcal and staphylococcal infections, dysentery, tuberculosis, and malaria.

Heymann also emphasized that "unrecognized microorganisms certainly exist in nature that could cause disease just as deadly as the Ebola virus and perhaps even more so." This is a theme that has been raised repeatedly. Many doctors fear that a disease may arise that kills like Ebola, but moves like influenza. Such a disease would threaten the existence of the human species itself.

Are we prepared for this onslaught? Heymann warned that there are shortages of trained epidemiologists and a lack of laboratories with the skill and equipment to fight these diseases. WHO is trying to set up six regional disease-tracking centers around the world, as well as to foster the development of national centers. They would like to develop rapid reaction teams that can tackle epidemics within 24 hours of receiving notice of an outbreak.

### **Conference at the National Institute of Medicine**

On Oct. 16, barely two weeks after WHO created its new Division of Emerging Diseases, many of the top medical experts in the United States met to put together a comprehensive picture on "Emerging and Reemerging Infections." Several hundred medical experts met in Washington, D.C. at the National Academy of Sciences for the annual meeting of the Institute of Medicine, marking its 25th anniversary. The organizers chose 20 pressing medical issues, and leading experts were asked to address one each. The presentations gave an overview of a specific problem, from emerging viral infections, to the spread of AIDS, to the rise of antibiotic-resistant tuberculosis. One of the most important points made, was that existing vaccines and antibiotic treatments are failing to deal with diseases, and that a surveillance network and laboratories to study the emergence and spread of these diseases and ways to combat them are lacking. Many of the presentations brought up the fact that pharmaceutical companies are no longer interested in developing vaccines and new drugs to fight tuberculosis and other infectious diseases, and that it will be very difficult to come up with new antibiotics to fight the emerging diseases.

Dr. Barry Bloom, from the Department of Microbiology and Immunology at Albert Einstein College of Medicine, in New York, summarized the woeful conditions of the medical establishment to deal with these pandemics. He noted that the CDC was the world's premier institution both in terms of surveillance and in investigation of these diseases, yet its pathogen laboratory is falling apart and is unsafe for human researchers. He quipped, "Dustin Hoffman made more money for the movie 'Outbreak' than [is in] the entire CDC budget for emerging diseases."

### **An 'Andromeda' strain**

Dr. Karl M. Johnson, former chief of the Special Pathogens Branch of CDC, detailed the collapse of academic research laboratories for the study of zoonotic diseases (animal diseases transmitted to man). He pointed out that the only academic research laboratory that the United States had, was in the Panama Canal Zone, and it was closed in 1982 for political reasons. Since then, he said, "two entire generations of zoonotic investigators have been lost." He said that, at present, there are no defenses against zoonotic viruses, and that one of them could turn into an Andromeda strain.

Johnson stated, "Six years ago, at the original symposium on 'emerging viruses,' I offered the opinion that we had essentially probed all of the eco-niches of the world, that new agents highly pathogenic for man had almost all been discovered. How naive! Since that misguided statement, two new filoviruses, two new arenaviruses, at least three new pathogenic hantaviruses, and an equine morbillivirus that kills horse trainers have been added to the list—more than one new agent per year. I doubt that the end is in sight. Who can guarantee that the next one will not prove to be Andromeda, a virus that moves like influenza or measles and kills like Ebola?"

"Should we worry? Yes! We *should* worry about the emerging syndrome of dengue hemorrhagic fever in this hemisphere; we should worry about an emergent influenza virus which could pose the greatest acute threat to our species over the next two decades. Such a virus, if unchecked and able to cause 1% mortality in this country, means nearly 3 million deaths in a matter of months."

Johnson also warned that it is possible such a virus can be created intentionally or by mistake. He referred to the Aum sect in Japan, which, he said, "had plans to make and release Ebola virus" into the Japanese subways. Johnson called for increased support for the Level 4 laboratories at CDC and Fort Detrick, Maryland (which he called "endangered species"), and for the creation of at least one academic research center for the training of future researchers.

Dr. Donald Henderson of the Johns Hopkins School of Hygiene and Public Health warned that disease "surveillance systems are between fragile to nonexistent throughout the

world.” Henderson said that after three decades of neglect, the surveillance network must be urgently developed or “there will be hell to pay.” He said that “we should focus on the Third World,” which “is home to 75% of the world’s population.” This network of centers in developing countries, he said, could develop the medical cadre to move quickly to deal with these outbreaks of disease. He said the situation is so serious that this surveillance system should have the “same priority as the Defense Department.”

Henderson stated, “While mobilization of existing resources will heighten surveillance sensitivity, I believe we would be deluding ourselves to believe that the world will be adequately served by this alone. A more definitive and dedicated core structure will be required to provide an effective framework as well as the needed leadership and direction: 1) a network of clinically based centers in developing countries which can detect unusual diseases or syndromes and are equipped to undertake basic laboratory and epidemiological studies as well as training; 2) a cadre of epidemiologists and research staff with specialty expertise who can be called upon by governments for emergency assistance; and 3) a secretariat of sufficient size and skill to analyze and orchestrate the diverse and changing global array of initiatives which are required to meet the challenges.”

In an interview on Oct. 27, Henderson told *EIR* that one of his greatest concerns is the emergence of deadly food-borne pathogens. “I think one of the things that I worry very much about is *E. coli* 0157,” he said, which can contaminate raw hamburger meat, for example. “That is a nasty organism. We’re not really on top of it. We have a real problem of foodstuffs, which is a growing problem. Specifically, that we are now transporting larger and larger bodies of food over greater distances, and the prospects of having a contamination occur at a major food-processing center, and then that food stuff distributed very widely, we are augmenting the probability of that happening. I worry about *E. coli* 0157 being a very serious organism.”

The point made by Henderson is especially relevant in view of the ongoing rapid collapse of the so-called food “cold chain.” As a result of the fraudulent ozone depletion scare, the use of chlorofluorocarbons (CFCs) has been banned worldwide. CFCs are the essential refrigerant used in most refrigerated transports and refrigeration systems. Their ban has already had a severe effect on the cold chain in Africa, and is leading to a collapse of the cold chain even in the United States, where hundreds of thousands of food stores, refrigerated transports, and restaurants are being forced to scrap their refrigeration equipment and replace it with much more expensive and more unreliable systems. The book *The Hole in the Ozone Scare: The Scientific Evidence that the Sky Is Not Falling* (by Rogelio A. Maduro and Ralf Schauerhammer, Washington, D.C.: 21st Century Science Associates, 1992), documents the fact that the ozone

## LaRouche forecast the rise of pandemics

*Alone among policymakers, Lyndon LaRouche predicted the current scourge of pandemics, back in the early 1970s. Prompted by the collapse of the economies of the Sahel countries, to the point of annihilation of their populations, LaRouche organized a biological task force to examine the long-term consequences on health of the conditionalities policies of the International Monetary Fund. In a May 7, 1985 article in EIR, “The Role of Economic Science in Projecting Pandemics,” LaRouche outlined the methodology which had led him to uniquely hypothesize the unleashing of new pandemics by the end of the 1970s:*

Any society whose economy approximates an ideal model of economic growth, is negentropic in the same sense as a living organism. The ideal model, is a society undergoing an approximately constant rate of technological progress under conditions of relative increase of energy-intensity and capital-intensity.

Sustainable economic (and population) growth, is measured as an (ideally) constant rate of increase of the potential relative population-density of that society. This is the measure of the average potential for growth of the society as a whole, and is also the absolute measure of

depletion theory is a scientific fraud and that its authors, including F. Sherwood Rowland, who just won the Nobel Prize for Chemistry, knew full well that millions would die of food poisoning from the ban on CFCs. At the time the book was written, international refrigeration experts expected that 20 to 40 million people would die every year by the turn of the century as a result of the ban on CFCs. Given the rise of *E. coli* 0157, this death rate may be significantly higher than previously estimated.

### ‘We must re-arm the nation’

On Oct. 18, the Senate Labor and Human Resources Committee held hearings, titled “A Threat to the Health of the Nation,” on the problem of emerging infections. Committee Chairman Nancy Kassebaum (R-Kan.) opened the hearings by reminding the public of the deadly nature of infectious diseases. She cited the Middle Ages, when “the Black Death killed nearly one-quarter of the population of western Europe,” and the “more recent example of such devastation

per-capita productivity of labor in that society. . . .

Only technological progress can sustain negentropy, can permit the durable survival of an economy, a society. . . . Entropy signifies a fall in the potential relative population-density. The "ideal" case, at which economies are to be examined for economically determined eruption of pandemics, is the case for which the potential relative population-density falls below the level of the existing population.

The conditions for economically determined pandemics, may be either the instance in which the average consumption is determined by a fall of potential relative population-density, below the level of requirements for the existing population, and the special case, that the differential rates of distribution of the households' goods "market-basket" falls below the level of "energy of the system" for a large part of the population. We are most concerned with the effects on health, as the nutritional throughput per-capita falls below some relative biological minimum, and also the effect of collapse of sanitation and other relevant aspects of basic economic infrastructure upon the conditions of an undernourished population.

The first assumption, that the death-rates would be increased by malnutrition, requires no special inquiry in the language of economic science as such. It is the second, alternative, that the undernourished population might become a breeding-culture for eruption of epidemic and pandemic disease, which requires special attention. . . .

Society is an integral part of the biosphere, both the biosphere as a whole, and regionally. . . . Rather than

viewing a deep fall of the potential relative population-density, as merely a fall in the relative value for society as such; let us examine this as a fall in the relative level of the biosphere including that society. . . .

A collapse of society obviously requires the affected portion of the biosphere to function at a reduced level of relative negentropy. This must tend to be adjusted, by increasing the role of relatively lower forms of life. . . . Lower forms of life "consume" human and other higher-level forms of life as "fuel" for their own proliferation.

In that variant, human and animal pandemics, and sylvatics, must tend to resurge, and evolve, under certain kinds of "shock" to the biosphere caused by extreme concentration of fall of population-potential. Instead of simply dying of malnutrition, the population generates a pandemic which becomes the biosphere's adaptation to its own reduced state, and this pandemic then attacks the concentration of fall of potential which caused the lowering of the potential for the biosphere generally. . . .

The levels at which falls in the essential components of the "market-basket" of nutrition correspond to preconditions for eruptions of pandemics in widespread concentrations of population, are broadly supplied by medical specialists. It was merely necessary to estimate the rate of fall of population potential toward such threshold-levels, and to take into account the duration of such conditions historically indicated as consistent with brewing of a new upsurge of pandemics, to foresee when, how, and where a continuation of 1974 trends in monetary and economic policy would probably generate such eruptions.

[which] occurred early in this century when the influenza pandemic swept the world, killing more than 20 million people in less than a year's time." Kassebaum warned that "the world now finds itself threatened by both new and old infectious diseases." She called for a mobilization to fight the rise of these diseases and new strategies to fight them, saying that "we must re-arm the nation and the world to vanquish enemies that we thought we had already conquered."

Kassebaum gathered an impressive list of witnesses whose testimony encompassed both the rise of the global threats as well as threats directly affecting the United States, such as hantavirus, food-borne illnesses, and the resurgence of tuberculosis. Witnesses included Dr. David Satcher, director of the CDC; WHO's David Heymann; and Margaret Hamburg, the commissioner of the New York City Department of Health.

Perhaps the most shocking testimony, however, was given by Michael Osterholm, the State Epidemiologist from the Minnesota Department of Health. Osterholm warned, "I am

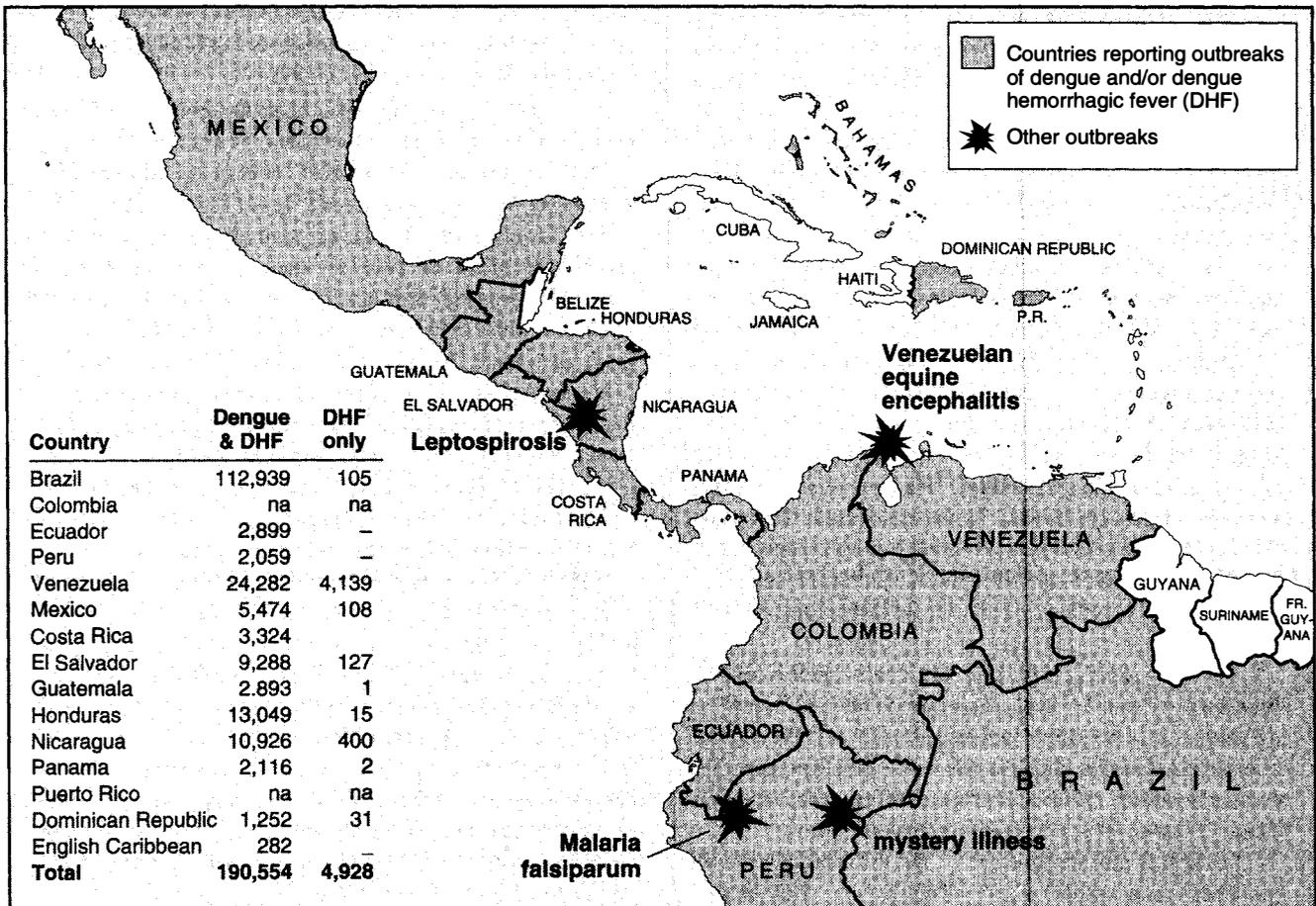
here to bring you the sobering and unfortunate news that our ability to detect and monitor infectious diseases' threats to our health in this country is in serious jeopardy." Osterholm detailed the woeful condition of disease surveillance in the United States and the lack of funding to carry out this very important mission. Osterholm noted that the total amount of funding for infectious disease surveillance is a meager \$42 million per year. The bulk of these funds are used for surveillance programs for AIDS-HIV, tuberculosis, and sexually transmitted diseases, with less than \$4 million to monitor all other diseases.

### **Epidemics in Ibero-America**

Ibero-America is today facing an epidemic of dengue and dengue hemorrhagic fever, various strains of the deadly equine encephalitis, as well as an unusual form of a bacterial disease known as leptospirosis that has ravaged Nicaragua since October.

The present epidemic of dengue fever and hemorrhagic

## Dengue epidemic in the Americas



Source: Country reports to the Pan-American Health Organization; provisional figures as of Oct. 25, 1995.

dengue started in January of this year, and continues to spread rapidly throughout the continent. According to the latest figures from the Pan-American Health Organization, published on Oct. 25, a total of 190,554 cases of dengue have been confirmed so far. Some 4,928 of these cases are of dengue hemorrhagic fever, the more dangerous type. The death toll officially stands at 54, but it is likely to rise significantly. Public health officials in Panama and other countries estimate that the actual total number of cases could be 20 times higher than the number reported and confirmed. The largest number of dengue cases has been reported in Brazil, with 112,939, while the largest number of hemorrhagic dengue cases, 4,139, has been reported in Venezuela. The latest figures show an increase of 50,000 cases over the figures released just a month earlier (see **Map 2**).

The spread of this formerly conquered disease is the direct result of the collapse of mosquito control programs in the past decade. Most of the countries now affected by the dengue outbreak had not recorded any cases in over a half-

century. Today, however, mosquito populations have returned to areas where they had been previously eradicated, and now stand at the highest levels in the past 20 to 30 years. Mosquito eradication programs have collapsed as a result of budget cuts being imposed in order to attempt to pay the foreign debt, as well as environmentalists' campaigns to stop the use of pesticides and create nature preserves where populations of mosquitoes can thrive unmolested.

Texas state health officials went on full alert in October after three cases of dengue were reported near the border with Mexico. U.S. health officials are very concerned about a potential epidemic of dengue in the United States.

Environmental policies over the past few decades have created nearly ideal conditions for the rapid spread of dengue throughout the southern part of the country. Mosquito abatement programs have been scaled down considerably, if not entirely eliminated, at the same time that enormous areas have been turned into mosquito breeding-grounds through the "wetlands" designations. Dengue could spread like wild-

fire as swarms of mosquitoes make their way north from Mexico or are carried in by ships and freighters.

In addition, an epidemic of the deadly Venezuelan equine encephalitis has struck Colombia and Venezuela, infecting an estimated 60,000 persons and leaving more than 300 dead so far. The disease, better known as the "mad plague" because of the symptoms of its victims, is a virus that is transmitted from horses and donkeys to humans, by mosquitoes. The epidemic was unleashed by a combination of heavy rains, which provided the ideal breeding conditions for swamp and salt flat mosquitoes, the collapse of eradication programs, and, finally, the collapse of standard public health measures in both countries. According to public health experts, the epidemic could have been prevented if animal vaccination programs had been maintained.

Unbeknownst to Ibero-American public health officials until recently, Russian scientists had developed and licensed a vaccine against equine encephalitis for human use. The viral disease does not jump immediately from horses to humans, but there is generally a two-week window after herds of horses start dying before human beings become affected. A vaccination program could have been implemented at this point.

As it is, the epidemic may be spreading rapidly through Colombia and Venezuela, as well as other countries, including Ecuador. A different strain of this virus seems to have appeared in Córdoba, an area of Colombia that has been severely affected by dengue fever. This strain, eastern equine encephalitis, kills 40% of the people it infects.

A few hundred miles away, in Nicaragua, a national health emergency was declared in October as a mystery disease swept through the poorest areas of the country. Teams of medical experts from the Pan-American Health Organization (PAHO) and the CDC arrived to help identify the disease. After a month of intensive work, and thousands of victims, the disease agent was finally identified as leptospirosis, a deadly bacterium. More than 2,000 Nicaraguans were infected by the illness, with more than 500 requiring hospitalization. Although the official death toll is 16, another 5 deaths in Nicaragua and 3 in Honduras may have been due to the disease.

Leptospirosis is a bacterial infection that is transmitted to humans by animal urine or excrement that seeps into food and water supplies. According to Nicaragua's Health Minister Federico Muñoz, virtually all mammals common to rural Nicaragua, including pets and cattle, could be carriers. Public health experts believe that the outbreak could have resulted when recent flooding in the area forced large numbers of rodents, particularly mice and rats, from the fields into homes.

Nicaraguan President Violeta Chamorro has authorized the equivalent of about \$383,000 in emergency spending to treat victims in the poor northwestern region of Nicaragua, where most of the cases were reported. Up until then, the cash-strapped government had only allocated \$127,000 in

emergency funds to deal with the outbreak.

Fortunately for those infected, leptospirosis is treatable with common antibiotics such as penicillin and doxycyclene. According to Muñoz, local health centers have stocked up on doxycyclene because it is also used in the treatment of cholera, another disease attacking Nicaragua in epidemic proportions.

What qualifies leptospirosis as a new and reemerging disease is that it usually affects the liver or the kidneys. In the Nicaraguan epidemic, leptospirosis behaves in a very unusual fashion, attacking the respiratory system instead. Because of this, dengue hemorrhagic fever was first suspected, but was ruled out following several autopsies.

Other "mysterious illnesses" have been detected in Ibero-America, from Colombia to Peru to Argentina. One of these mysterious illnesses has been detected along the Caribbean coast of both Colombia and Venezuela, with the contagion there described as an unidentified disease sharing the symptoms of both hemorrhagic dengue and equine encephalitis. Epidemiologists are struggling to identify the disease, while horror stories abound of inadequate numbers of medical personnel and hospital beds.

### **'Climate change': the malthusian agenda**

The international malthusian movement has lost little time in orchestrating an operation to misdirect the response to the rise of new and reemerging diseases, by blaming it on industrialization. The anti-population and environmentalist lobby is claiming that the United States will soon be overrun by deadly infectious diseases as a result of "climate change," unless the world takes dramatic actions to reduce industrial emissions.

The "climate change" scare was launched in Washington at the National Academy of Sciences at a two-day conference on Sept. 11-12, titled "Conference on Human Health and Global Climate Change," which brought together climate hoaxsters as well as infectious disease experts. While the presentations accurately portrayed the emergence and spread of these diseases, the fraud lay in the claim that the resurgence of these old and new deadly diseases was the result of "climate change." The allegation is based on the argument that climate change will warm the United States and lead to the spread of the mosquitoes, other insects, and bacteria that carry diseases such as malaria, cholera, and dengue fever.

The conference was ostensibly the brainchild of Vice President Albert Gore, who was the keynote speaker. It was officially sponsored by the National Academy of Sciences, the National Science and Technology Council, and the Institute of Medicine. Other speakers included Kenneth Shine, president of the Institute of Medicine; John Gibbons, assistant to the President for science and technology; Robert Watson, assistant director for the environment at the White House; Anthony McMichael, from the London School of

## WHO's reasons for new and reemerging diseases

*In an Oct. 16 press release announcing the creation of its new Division of Emerging Diseases, the World Health Organization (WHO) gave the following reasons for the spread of new and reemerging diseases:*

Changes in lifestyle, including overcrowded cities where population growth has outpaced supplies of clean water and adequate housing; dramatic increases in national and international travel, whereby an individual traveler may be infected in one country and spread the disease to others before falling ill;

Deterioration of traditional public health activities such as surveillance and diagnostic laboratories needed to quickly recognize emerging problems;

Complacency, despite numerous warnings in recent years.

### Analysis of regional problems

*Africa:* This continent is experiencing an increasing frequency of epidemics on a much larger scale. Cholera is now common in 36 African countries. Meningitis and bubonic plague are prevalent in many countries and bloody diarrhea is increasingly common. "New" diseases

such as Ebola virus and Lassa fever—a hemorrhagic fever with signs and outcomes similar to Ebola—are now appearing.

*Asia:* During the last decade, overcrowding, increasing urbanization, military conflict, natural disasters such as floods, and the overwhelming problem of poverty have all exacerbated the problems of communicable disease, especially in Southeast Asia. The region has high levels of polio, leprosy, and neo-natal tetanus. In 1992, a new strain of cholera emerged in India, along with the plague in 1994. High mortality rates are produced by acute respiratory infection, tuberculosis, and diarrheal diseases. Dengue, hemorrhagic fever, Japanese encephalitis, meningococcal meningitis, and HIV-AIDS are all increasing in Southeast Asia.

*Latin America and the Caribbean:* In 1991, cholera returned to the Western Hemisphere for the first time in the twentieth century, and the disease reached epidemic proportions, especially in Peru, where it affected at least 1 million people and caused \$500 million in financial losses. The epidemic is still increasing in certain areas of Central America, Brazil, and Peru. Reported cases of dengue fever are rapidly increasing, even in areas bordering on the southern United States. Yellow fever, affecting poor rural farmers in Peru particularly, plague, hemorrhagic fevers, hanta virus diseases, HIV-AIDS and malaria are all increasing threats in the region. Poverty and inequity causing major health differential between population groups make epidemic control especially difficult.

Hygiene and Tropical Medicine; and Rita Colwell, president of the American Association for the Advancement of Science.

The conference agenda was tightly controlled. Not a single speaker challenged any of the claims made during the conference, including that global warming and ozone depletion were proven theories. The audience was not allowed to ask any questions at the microphones. Only written questions were allowed, and these were carefully screened.

The tone of the conference was set by depopulation malthusians, and conducted on the implicit assumption that the ongoing economic collapse will not be reversed. Despite the fact that many of the speakers correctly pointed out the lack of monitoring and effective action against the rapid emergence of these deadly diseases, there was no discussion of how to eradicate them today. The discussion centered around how to stop these diseases from spreading into the United States and northern countries by stopping "climate change." There was not a single mention of the role of the IMF, debt service, or economic collapse in wrecking the public health infrastructure of the countries most affected by this biological

holocaust.

Furthermore, while some of the presentations detailed how "global warming" was going to allow the spread of disease-carrying mosquitoes into the United States, not one speaker mentioned that these mosquito populations have already spread as far north as Minnesota because of the collapse of mosquito-control measures, and because so many effective pesticides have been banned because of the environmentalists.

This anti-population outlook was most evident during the presentation of Brian Atwood, head of the U.S. Agency for International Development, who argued that the greatest threat to the world's climate was coming from developing countries whose energy consumption and carbon-dioxide emissions were increasing at the fastest rate because of their drive to industrialize.

British control over the "climate change" scare was clearly evident during the conference. The speaker who provided the overview of the claims that climate change will cause the unleashing of epidemics and other health effects, was Anthony McMichael, professor of epidemiology at the Lon-

don School of Hygiene and Tropical Medicine. He was also clearly the key controller of the debate.

The malthusians have used McMichael's writings, including the publication of his book *Planetary Overload, Global Environmental Change and the Health of the Human Species*, published by Cambridge University Press, to orchestrate this new scare. McMichael was also editor of a seven-part series in the British medical journal *Lancet*, published Oct. 23 through Dec. 11, 1993, made up of dire articles by several authors, most of whom were speakers at the NAS conference. *Lancet* printed a special full color set of these articles for public distribution. All the people who participated at the conference received a copy of the reprint.

McMichael not only set the tone for the "medical" presentations during the conference, but made an intervention that revealed his true malthusian intentions. At the end of the morning panels, a written question slipped by the censor's hand, which posed whether there were any *beneficial* effects of climate change. This was a good question, since the world's leading atmospheric scientists, including the founder of modern climatology, Mikhail Budyko, have demonstrated that an increase in carbon dioxide in the atmosphere would be beneficial to plant life and would lead to a tremendous increase in food crops and disease resistance, as well as a greening of the Sahara Desert, thus greatly benefitting humankind.

One of the speakers answered that there were indeed beneficial aspects to climate change. He pointed out that the underlying cause of climate change was industrialization itself, which is responsible for the tremendous increase in the standard of living and the increase in life expectancy worldwide since the last century.

McMichael angrily intervened at this point, saying that he felt "very uncomfortable about the implications that there are benefits to climate change." He said that climate change only leads "to impoverishment of the environment," and that although industrialization has led to an "increase in life expectancy, that has been done at the expense of nature's capital." He elaborated that the increase in lifespans has been done "at the expense of losing the genetic pool, biodiversity, the ozone layer, clean air, and depleting natural resources in the short term." He concluded that despite its current beneficial effects, the long-term effects of technological progress would be adverse.

### A debt moratorium needed

McMichael is currently head of the scientific assessment of the potential health impact of climate change for the U.N.'s Intergovernmental Panel on Climate Change. Such a position means that he has control over what the U.N. puts out regarding these health effects. As is customary with these U.N. assessments, any opposing view is censored.

One of the most interesting things in this conference, however, was an informal comment by Robert Watson, that

a worldwide debt moratorium could play a major role in reducing the spread of these deadly diseases throughout the Third World. During a discussion with *EIR*, Watson, the Director for the Environment, Office of Science and Technology Policy, Executive Office of the President, acknowledged the role that debt played in all aspects of this problem, and said this was an issue that would be dealt with later on by the administration.

When asked specifically if the Clinton administration would be willing to call for a worldwide debt moratorium to enable Third World countries to use that money to fight this outbreak of diseases, Watson answered, "There is no question that a debt moratorium would have a major impact in rebuilding the public health infrastructure in these countries and in dramatically reducing the incidence of these diseases." Watson added, however, that he did not know what the official position of the administration was regarding a debt moratorium.

In his recent trip to the United States, Pope John Paul II called for the advanced nations of the world to forgive the foreign debt of impoverished nations. The pope's call echoes the proposals made by LaRouche for the past 20 years for an international debt moratorium and the adoption of dirigistic economic policies. This is clearly the necessary first step in what promises to be a life-and-death struggle with the rising wave of deadly new and reemerging diseases.

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