Tuberculosis outbreak underlines genocidal conditions in United States

by Joyce Fredman

The announcement on Nov. 15 of the 14th death this year in the New York State prison system as a result of a new strain of drug-resistant tuberculosis, triggered cries of alarm around the country from health as well as political officials. The latest death, that of an inmate from the Auburn Correctional Center in Syracuse, New York, has prompted widespread use of the terms "plague" and "epidemic," long absent from this country's medical lexicon. The prison system, however, is not alone in facing this horror. Over the past weeks, reports have surfaced from Washington, Miami, and Newark of homeless citizens and ghetto residents registering record rates of tuberculosis, in conjunction with AIDS and flu. This comes at a time when cities' funds are near depletion.

Under conditions of such economic decline as the Bush years have brought the United States, the inner cities are now facing a similar fate to the one facing Peru, with its epidemic of cholera—the death of large segments of the population due to a disease which is totally controllable and was once considered nearly extinct, a disease whose resurgence is due to nothing other than the complete and deliberate breakdown of health and living conditions. The "white plague," which killed approximately 4 million people in the United States during the first half of the century, has returned, thanks to George Bush and his economic insanity.

A disease of poverty

Tuberculosis, once called consumption or pthisisstet, is a major chronic or acute infectious disease caused by the bacillus *Mycobacterium tuberculosis*. This organism was discovered by the German physician Robert Koch in 1882, and eight years later, he developed the tuberculin test for diagnosis of its presence. The bacillus may attack any part of the body, such as the kidney, bones, or brain, but it most commonly attacks the lungs.

In medical references, tuberculosis is characterized as "a disease which continues to flourish wherever poverty, poor diet, and crowded and substandard living conditions prevail." It is an airborne disease which is easily spread through the coughs or sneezes of anyone in the infectious stage. Tuberculosis manifests itself in different phases, progressing in seriousness.

In the first phase, the body's natural defenses resist the disease and most or all of it is either destroyed or walled in by a fibrous capsule, called a tubercle, that develops around the inflamed area. At this point, prophylactic medication is prescribed to suppress the possibility of later activation of the dormant disease. During the 1940s, the first chemotherapeutic agents were discovered to effect such suppression, as well as to combat the disease in its later stages.

The second phase is what is known as "consumption." Most of the time, entry into this phase occurs because of lack of diagnosis and medication. This is the phase in which the lungs are usually affected and symptoms such as fever, night sweats, loss of appetite, weight loss, and virulent coughing are present. Here is where the most serious danger occurs. Even with medication, the transition into the second phase is prevented most effectively by "improvement of living conditions, early diagnosis, and proper public-health measures."

Before the discovery of the various medications, patients in this stage were consigned to public sanatoriums, set up to remove them from the public and to offer them whatever chance for recuperation they had. First established in 1874 by physician Edward Trudeau in Saranac Lake, N.Y., for many years they were the mainstay of treatment. As tuberculosis was thought to have been brought under control, nearly all of the sanatoriums were closed down. Now, not only has classic TB come back, but new strains have come to town as well.

Drug-resistant strains

The most common drugs used in the treatment of tuberculosis are isoniazid (INH), rifampin, and streptomycin. The most recent deaths in New York State are particularly alarming because they resulted from drug-resistant strains of tuberculosis bacilli. New York Health Department officials and the Centers for Disease Control released preliminary results of a joint study on Nov. 19, showing that cases of drug-resistant tuberculosis have more than doubled since 1982-84, when the last study was done.

Incidence of TB in the United States was at its lowest in

60 years in 1985—slightly above 22,000. Since then there have been estimates of 28,000, close to a 20% increase! But many health officials feel the statistics are an undercount. Nationally, 10% of those infected with the bacillus come down with the disease, but among the poor or unhealthy, the percentage is much higher. These are precisely the people who have the least chance of being diagnosed and treated—hence, the highest chance of passing it on, while dying themselves.

This is also the perfect breeding ground for drug-resistant strains. When a patient begins a course of treatment, but fails to complete it, the bacillus in the body not only survives, but finds, identifies, and adapts to the drugs, gradually becoming more and more resistant. Because the treatment for TB extends over time (from six months to a year, on average), and entails sometimes three or more doses a day, precisely the most susceptible segment of the population is the least likely to follow through on treatment, both because of inaccessibility of treatment, and a lifestyle which makes such followup problematic.

The situation in the Queensboro Jail, in Long Island City, N.Y., is a perfect example of the potential for disaster. Eight of the inmates who died in New York were housed in Queensboro temporarily. According to a spokesman for the New York City Department of Health, Queensboro is a short-term facility, housing inmates awaiting trial or serving sentences of one year.

"This jail is a virtual revolving door," he said. "Our immediate concern is in preventing a widespread epidemic inside the facility. But, because of the turnover in population, any spread among these inmates is going to be very quickly reflected in a similar spread in the poorer, crowded neighborhoods that they come from. We could move very quickly to an uncontrollable situation."

"It's the worst-case scenario," said James Flateau, spokesman for the State Department of Correctional Services. "It means that the strain has moved through the system. It means it was carried, and we believe by inmates, between the facilities. And it may be at others."

In response, Thomas A. Coughlin III, the Commissioner of Correctional Services, announced on Nov. 15 a massive plan for testing all 28,000 employess and 60,000 inmates. Once they are tested, however, further problems are raised. As Coughlin made clear, "the role of the prison system is to provide secure and humane incarceration and rehabilitation, while offering basic medical care—it was never designed to offer hospital care, nor does it have or desire such expertise."

The unlikely prospect of a competent plan for the prisons is grim enough, but the nightmare doesn't stop there. "This is an indication of the extent of the multi-drug-resistant strain in society—that is the implication," said Dr. George DiFerdinando, Jr., director of the State Health Department's tuberculosis control program. "The real question is, how are you going to control it now that it is established in the community?"

A recent survey at one New York City hospital found that 35% of TB cases were somewhat drug-resistant, and overall outbreaks have been reported in hospitals from New York to Miami. The inner cities have become like Petri dishes for culturing the disease.

LaRouche forecast 'pandemics'

The fact that an inadequate standard of living contributes to deadly epidemics is not surprising. In May 1985, Lyndon H. LaRouche delineated the connection. After defining the "energy of the system" as the portion of the energy-throughput which must be consumed or wasted by a process, merely to maintain the process at its existing level, he predicted what happens when economic systems are not based on the science of progress:

"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 infrastructure upon the conditions of an undernourished population. . . . [The notion that a collapse] should transform populations into breeding cultures for eruption of pandemics, is an (implicit) possibility. . . ."

'Coughing, coughing, coughing'

That transformation of the United States underclass is exactly what is occurring. A study by the Centers for Disease Control released on Nov. 12 indicated that the AIDS virus has infected the nation's homeless at rates that are up to *40 times* as high as those of the population at large. Such rates astounded even those familiar with the disastrous health conditions of our cities. One epidemiologist was quoted as saying that the rates were much "higher than even health providers had expected." Rates of AIDS among homeless teenagers were called "alarmingly high."

The ramifications are horrific. Those infected with AIDS virus are highly susceptible to tuberculosis. One doctor who directs Health Care for the Homeless observed, "Now your shelters are your sanatoriums." Dr. Michael Iseman of the National Jewish Center for Immunology and Infectious Diseases, the country's leading experts on drug-resistant TB, says the spread is "devastating. We'll see lethal outcomes and massive epidemics—particularly in shelters, hospitals, AIDS hospices, and prisons. It has all the makings of a tragedy."

This prediction of doom is already coming true, even

within the nation's capital. More than 450 new cases were reported in Washington, D.C. last year alone. Fifteen percent of the known cases in the District are people with immune systems weakened by AIDS. That percentage rate is growing steadily. "If we don't have an epidemic now, we are on the verge," said Elin Gursky, the Prince George's County Health Department's director of epidemiology and disease control. "We've got lots of TB in Washington, D.C., and we are chipping away at the mountain with a teaspoon," said Hazel M. Swann, chief of the D.C. Public Health Commission's Bureau of Tuberculosis Control. "They are just out there, coughing, coughing, coughing."

But not loud enough for the President to hear. His hysterical denial that there is anything wrong with the economy has gone from ludicrous to criminal. LaRouche, a candidate for the Democratic presidential nomination, has said that the United States is now facing the Four Horsemen of the Apocalypse. The policies of the past period have brought us to the point of famine, pestilence, and epidemic disease. But thanks to the delusions in Washington, the capacity to deal with this, even by the most willing city or state official is completely stymied by lack of resources.

There's not a lot of money

The gravity of the crisis clearly calls for measures such as mass testing, more medication at cheaper rates, quarantine capacity, and, most important, a reversal of the squalor that has turned the urban areas of this country into contagion factories. However, this occurs at a time when not only local budgets, but health care as a whole, is at its nadir. Conservative estimates put the general practitioner shortage in this country at 35,000. There are vast areas of rural America with *no* doctors, including 18 counties in Texas alone. Investigative reporters are filling the papers with horror stories of phony "black market" nurses. And in the land of plenty, not only can we not afford research into new medicines, but the bill can't be paid on existing ones.

The New York City Health Department said that streptomycin and paraminosalicylic acid (PAS), two of the drugs used to fight strains of tuberculosis that are resistant to other medications, were taken off the market because they were not profitable. Now, Health Department officials insist that aggressive multi-drug approaches are needed immediately. Recommendations are that *all* patients with TB infection be treated with four different types of anti-TB medications, rather than one or two.

"We found . . . that, unless four anti-TB drugs are used, at least one in 20 patients will have a substantial risk" of not recovering, said Thomas Frieden, a Centers for Disease Control medical epidemiologist.

Needless to say, this approach would be substantially more expensive. Yet it isn't clear what is even available, in what quantity. Alongside news reports of the lack of production of PAS, figures were released showing that more than one-third of patients with tuberculosis had resistance to one or more TB medications.

There is no doubt as to the lack of "profitability," as things now stand. Last year, 10 patients with multiple-drug-resistant tuberculosis in the Fort Worth area cost close to $1 million in treatment, more than five times that county's tuberculosis control budget.

Now, with the accelerating rate of infection, experts such as Dr. Iseman are calling for much more extended quarantining than the standard two weeks. "I think some people will need to be quarantined until we see their sputum is cleared of germs," he said. "I think we're heading toward reinventing the sanatorium. But there's not a lot of money and we're simply being overrun."

When Margaret Hamburg, New York City's acting health commissioner, asked for $15 million in federal money this year, she was answered with $600,000. This has implications for more than pills. The x-ray machine, vital in diagnosing tuberculosis, at a public clinic in the Washington Heights section of Manhattan, has not worked for a year. Doctors estimate at least another year before it will be fixed. Patients who go to Corona, Queens have the same problem; they are rerouted to Brooklyn. Many who don't have the time for frequent trips across town and back, simply skip it.

When the budget cuts hit Washington, D.C., the staff of the city's TB clinic went from 31 to eight. Hazel Swann, the control chief there, says the clinic was forced to stop giving thousands of TB tests required by some employers. Unable to use a computer they had purchased, the clinic relies on an antiquated system of handwritten file cards to track patients.

"We run out of [antibiotics]. Almost every year, around May or June, we start running out of stuff," she said. And their x-ray capacity isn't much better than that of Washington Heights. They use an old viewing machine, which only sometimes works, and was thrown out by a local hospital.

Nowhere to hide

Politicians, both left and right, made self-righteous speeches the day after the Louisiana elections, about how relieved they were to see a fascist—David Duke—defeated. Yet, where are the shrieks of conscience about the death camps we are building every day, in our prisons, in our ghettos, in our shelters? Is this the scheme of the "new world order" for getting rid of the undesirables?

If so, they need beware. Pandemics do not respect social barriers, nor race, nor position. As *EIR* warned in its "Emergency War Plan to Fight AIDS and Other Pandemics" Special Report (February 1986), "although pandemics may first break out among a high-risk 'weak link' and localized population, under conditions of overall economic austerity, the world population as a whole is threatened." When the Four Horsemen of the Apocalypse begin to gallop, there are few who can pull in the reins.