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The Ecological Holocaust

Introduction

Unless immediate emergency measures are taken to stop the spread of disease, the world will be in the midst of the worst epidemics in human history by Christmas. The Black Death, bubonic plague, now threatens to spread out of a current epidemic center in Burma, and will envelope the globe and kill tens of millions by winter. A deadly variety of influenza, known as the swine flu will simultaneously add its toll of death. Every disease of the worst hell holes on earth — typhoid, meningitis hepatitis — will rage in New York, Hamburg, Milan and Tokyo. Hospitals, vital services, food supplies will disintegrate as waves of concurrent epidemics wreck chaos on civilized humanity.

World ecology is at a crisis point. Within the next month, sweeping emergency measures must be taken to reverse the fall in food consumption, the disruption of vital services and the exponential spread of disease, or an irreversible ecological holocaust will be inevitable, a holocaust which will wipe out the human race.

Since mid-February, overwhelming evidence has accumulated to indicate that global deterioration has passed the threshold point toward an accelerating collapse. The grave outbreak of bubonic plague in Mandalay, Burma, the eruption of the potentially deadly "swine flu" influenza variety, the world wide explosion of rat populations, and the exponential rise of many infectious diseases in the advanced and underdeveloped sectors, these are all indisputable symptoms of a general break in the ability of the human ecology to sustain itself.

The collapse of the global ecology cannot be understood as a linear process, by a mere extrapolation of present rates of disease growth. In a healthy ecology, dominated by human beings and domestic animals, the functioning of an expanding economy sets up various types of barriers to the spread of disease — inherent resistance, sanitation, sewerage systems, etc. When, under the impact of depression cutbacks and austerity, these barriers begin to break down, the conditions are created for the rapid development of an entirely different ecology — a retrogressive ecology increasingly dominated not by man, but by disease, bacteria, rats and pests. Once the man-made barriers to the spread of these forms have been sufficiently destroyed by the collapse of human economic activity, the process of spread of disease becomes self-feeding.

Diseases themselves, rats and other parasites, begin to weaken remaining human resistances, larger and larger diseased populations are created, and the ability of humanity to produce the material goods necessary to reverse further

decline in consumption and disease resistance is drastically decreased. After a critical threshold is passed the mass of disease-producing organisms and disease-carrying pests begins to increase exponentially. Within a short period, this exponential increase destroys the ability of even the best-intentioned government, mobilizing the entirety of its resources to halt further spread of epidemics. At this point, the holocaust is irreversible.

We are now between those critical thresholds. The exponential spread of disease has already begun — but there still remains some few weeks in which it can be stopped.

In stating this, we in no way exaggerate of play Cassandra. Since the fall of 1974, when the International Caucus of Labor Committees first warned of an approaching ecological catastrophe, our predictions have either been borne out exactly or all too frequently, have come true even faster than we expected. We have conservatively erred on the side of Polyanna, but not that of Cassandra.

In January of 1975, in outlining the probable future direction of the holocaust, we stated that deadly new waves of influenza were likely by sometime in 1976, as estimate now confirmed by the U.S. government itself. At the same time, we estimated conditions for the spread of bubonic plague in the Third World would develop by 1978-79. Such plague has already broken out.

In October, 1975, we moved this timetable up to 1977, still short of the present actual rate of breakdown, and warned of a possible 30 per cent decline in fertilizer use, and concomitant fall in food production by mid-1976. Major French and West German producers already report declines in Third World orders for fertilizer of between 25 per cent and 40 per cent generally, typical of those for the entire world.

How Diseases Spread

The present breakdown of the earth's ecology is realized in a number of principle related modes, each characterized by the destruction of some group of barriers to the spread of disease. Most important, the resistance of the population to diseases to which they are exposed drops as nutrition levels and the general standard of living declines, opening the way to quicker infection, the spread of highly virulent organisms directly person to person and more devastating effects of any given disease. Second, the transmission of disease through parasites and pests is accelerated through the collapse of general sanitation and pest control. Third, the destruction of sewerage systems opens up channels for the transmission of diseases by the contamination of food and water with human fecal material.

Over the past two months, each of these primary routes of

disease transmission has shown unmistakable symptoms of total breakdown of barriers to disease spread, a qualitative shift to unrestricted disease proliferation. This conclusion is drawn on the basis of partial information, since domestic and international systems of disease monitoring are entirely non-functional. The diseases of which we are not aware of are probably nearly as or more extensive than those conditions covered in this report.

The gravest immediate indicator of the threat of holocaust is the outbreak within a single month of both a new and potentially deadly strain of influenza identified at Fort Dix, N.J. in mid February, and the epidemic of urban bubonic plague in Burma in mid March. These two outbreaks, of "recombinant" flu and of bubonic plague were pointed out in January 1975 as key "markers" of turning points in the development of the ecological holocaust. As in 1918, when a flu variant killed 20 million people, the outbreak of a new variety of a virulently infectious disease like influenza in conditions of general debilitations of populations poses the immediate threat of massive loss of life. Plague, generally characteristic of the most extreme phases of social and ecological breakdown, is the deadliest of all epidemic diseases, with a mortality rate in untreated bubonic cases of up to 90 per cent. In normal times under non-depression conditions the plague is limited to spread by rural rats, but in times of general famine and social breakdown, plague carrying rats penetrate into urban areas, where the disease can spread with tremendous force. As such epidemics develop, the plague can assume pneumonic form, becoming even more deadly and is spread directly from person to person like the flu. In 1348, a plague pandemic wiped out half of Europe and a quarter of the human race.

Both plague and the flu are products of a decline of general nutritional and food production levels (in South Asia particularly) below the critical point for maintenance of healthy human populations: The Fort Dix flu, like its deadly predecessor the "swine flu" of 1918 arose almost certainly in South Asia through the recombination of swine and human influenza viruses, a process made possible only through the close cohabitation of starving and low-resistant human beings and swine in large areas of South Asia.

Similar, the outbreak of the first urban plague in the world in twenty five years in Mandalay was very likely the direct result of the migration of plague-carrying rats out of the famine-stricken Burmese countryside into the cities. It was precisely this sequence of events which led to the 1918 swine flu pandemic and the 1893-1918 plague pandemic, each of which took 20 million or more lives.

The Plague

Due to stagnation or slow decline of food production throughout South Asia since the early 1970's, per capita food consumption has fallen below 1918 levels. In the case of India, current grain production is 0.18 tons per capita compared with 0.19 in 1918. In Burma, per capita food consumption has dropped to 1600 calories a day, while food production was no greater last year than in 1931!

As a direct result of the general disruption of food production relative to the subsistence needs of the growing population plague has broken out. While reports from Burma are contradictory, at least several hundred cases, and probably more than a thousand have occurred since the outbreak began in Mandalay. Even the World Health Organization (WHO) which actively covered up the epidemic, admits, as of this writing, the epidemic continues

and the numbers of stricken are increasing. With its introduction into Mandalay, a major city of half a million, the plague now immediately threatens to spread along trade routes throughout the world. Mandalay is 400 miles north along the well-travelled Irrawaddy river from the port city of Rangoon. Rangoon is a major international port connecting with Calcutta, Jakarta, Tokyo, and San Francisco by ocean trade. According to WHO, 10 per cent of the rats in Rangoon are carrying the plague.

Nearly as dangerous in the situation in northeastern Brazil, where plague-carrying rats have for months been driven out of drought-stricken regions in the countryside towards heavily-populated coastal cities such as Recife and San Salvador. The droughts which precipitated this new potential plague focus are in turn the direct result of the insane jungle clearance and resettlement policies carried out by the Brazilian junta, policies which destroy the moisture carrying vegetation and leach the soil of fertility.

Rats And Super Rats

These plague outbreaks are of global rather than local significance because they coincide with a global explosion in rat populations which spread the disease. In Rangoon itself there are five million rats, in South Asia as a whole, more than 10 billion, according to estimates published by the West German daily Die Welt. Over the last two months, millions of rats have swarmed out of Senegal into neighboring Mauritania and Mali, destroying crops as they go. In the coastal cities of Brazil, like Sao Paulo, there are 10-15 rats for every person.

Like the outbreaks of plague and flu, the preconditions for this rat population explosion were set over the last two years, and have been realized only in the past two months. Years of so-called rural development which actually looted peasant populations and destroyed a fragile network of basic infrastructural services created a "critical mass" of famine conditions in the underdeveloped sector which have now spurred waves of migrations of hungry rats from the starving countryside.

Conditions in the advanced world are rapidly approaching the same levels. Rome now has 20 million rats, five times its human population. In March, the Swedish town of Ljusdal was overrun by rats and hordes of "bisam rats," some a foot long, were reported in towns in Northern West Germany and Denmark.

The giant growth of rat population is the direct consequence of bankers' austerity, which is responsible for the destruction of the food supplies of the Third World and the disruption of the garbage collection, general sanitation and rat control programs of advanced sector cities. The U.S. government rat control program has been quartered over an eight-year period, in many cities falling by 50 per cent in the past year. In Baltimore, a city with two million rats, the fiscal 1977 budget will cut rat control by 50 percent on top of 50 per cent cuts already sustained. Manpower will be cut from 92 to 20. The area of the city regularly cleared of rodents has already dropped from 2,000 blocks to 500. In Chicago, rat control is limited to three regions of the city, and as soon as rat control workers leave the area, the rats return in full force.

The situation is worst of all in New York City, whose rat population is more than 10 million and growing rapidly as uncollected garbage piles up on the streets. New budget cuts to be effected July 1 will slash the already gutted rat control program by 30 per cent, virtually eliminating its effect. In

Germany, rat control experts report rapid increases in rat populations with cuts in sanitation funds. In European ports, incoming ships are no longer carefully inspected, leading to rat multiplication in port cities. Rats are now seen in daylight in some parts of Berlin.

Uncontrolled rat populations grow astronomically — one rat has 80 to 90 offspring a year.

The uncontrolled growth of rat populations globally guarantees the swift spread of plague via rat-laden ships to the wharfs of major cities in Europe and the U.S. Once established in rat infested slum areas, the plague will rapidly develop sufficient momentum to spread elsewhere via the pneumonic mode. In this mode, plague is 100 per cent fatal in untreated cases and victims must be treated with antibiotics during the first 24 hours of the disease to give them any chance for survival.

The Pneumonic Variety

At the time of this writing it is virtually certain that the plague is spreading in Mandalay via the pneumonic mode. This creates the very real possibility that within the next month or two, a massive outbreak of pneumonic plague could develop throughout South Asia, spreading with deadly rapidity into the advanced sector on the basis of direct human to human spread. Since widespread antibiotic prophylaxis is used against a pneumonic plague outbreak, the possibility of development of drug resistant strains is high. In these conditions, and with the panic certain to accompany such a global pandemic, colossal death rates would be assured, extending upwards to a substantial fraction of the entire world population.

The immense threat of the direct spread of pneumonic plague is a function of the generally low resistance in the population brought about by declining nutritional levels. In the U.S., meat consumption has fallen by 15 per cent since 1971, in the same period it has fallen by more than 30 per cent in Germany and has nearly disappeared from the working class diet in Italy and Great Britain. Even in areas like Argentina, which recently enjoyed one of the most protein-rich diets in the world, catastrophic increases in meat prices (by more than twenty times in the past year and triple in the past two months alone) have caused working class meat consumption to drastically decline. It is this drop which makes the swine flu outbreak of such immediate danger as well. Given the existence of flu variety for which there is practically no existent natural immunity, and which in its general characteristics closely resembles the deadly 1918 variety, a generally underfed and debilitated population such as exists today can potentially suffer atrociously high death rates. Total case numbers may easily reach to one-half or more of the entire world population.

Other Disease.

By fall and early winter of 1976 these two diseases alone will be devastating the globe on a scale unheard of since the Middle Ages. And they will not be alone. The conditions which make plague and flu a threat — low nutritional levels, the disruption of the rural ecology and the breakdown of pest control and sanitation leading to massive increases in pest populations — have already given rise to a myriad of other diseases which are now spreading and growing rapidly.

In Northern Europe, the piling up of garbage and the elimination of dog control in many cities has led to a tremendous increase in the incidence of rabies. Rabies is spreading to the rural animal populations which reinfest other cities' dogs and rodents. As in the seventeenth century

Europe of the Thirty Years War, huge packs of wild, rabid dogs openly prowl the cities of England and have forced the closing of Schools. The British have belatedly recognized the rabies threat and the government has vowed efforts to destroy every wild animal within five miles of any rabies cases discovered — a program easier formulated than implemented. In France, parks have been closed for fear of rabid foxes, while in Germany rabies cases reported have increased by nearly 50 per cent in a year.

World wide anti-mosquito campaigns initiated after World War II have been severely curtailed by austerity-minded and debt-burdened governments, leading to the rise of a raft of diseases carried by these pests. Even the usually placid WHO noted the "alarming rate" of increase of malaria in the past twelve months. Between 1973 and 1975, malaria cases rose by 40 per cent a year in India, and are now running about double the 1975 level, with six or seven million cases expected at a minimum this year. Expanding mosquito populations have had more opportunity to develop insecticide-resistant strains, and there is now large scale resistance to DDT among South Asia mosquitoes. The malaria parasite itself, *Plasmodium falciparum*, is now resistant to most drugs used to treat it.

In Burma, Indonesia and Thailand, according to WHO, mosquitoes have caused a "great increase" of dengue hemorrhagic fever disease, a children's disease. In Brazil, a new and more deadly strain of encephalitis, also carried by mosquitoes, has developed in the Sao Paulo region, and death rates from encephalitis are now reported as exceptionally high. In the U.S. last year encephalitis cases doubled as a major epidemic swept through the midwest. This spring, as the weather gets warmer, encephalitis cases are again up.

The generally low levels of resistance have massively increased the outbreak of diseases which are spread directly through coughing, sneezing and contact in overcrowded living and working areas, and on packed commuting routes. In Brazil, meningitis, a frequently fatal inflammation of the membranes covering the nervous system, is running at nearly double spring, 1975 rates which themselves were four to five times higher than the epidemic levels of March 1974. Meningitis is also beginning to break out in Denmark and other parts of Northern Europe, in some cases in the wake of the flu, which by itself further weakened disease resistance. In West Germany diphtheria, and in the U.S. tuberculosis have reversed their long term decline and increased by more than 10 per cent in the past years. These are diseases normally contracted only under the most aggravated conditions of malnutrition and filth.

In the immediate future, this drop in resistance related to nutrition can only accelerate without massive upgrading of living standards worldwide, beginning with food consumption. The 30 per cent drop in fertilizer orders implies as much as a 15 per cent drop in per capita food supplies in the course of the next year. With the ongoing drought in the U.S. Midwest, a 4-5 per cent drop in per capita food production is in any case certain, even if fertilizer consumption rises. Such a drop would push global nutrition down to the level of the late 1940s — the lower standard seen in the twentieth century.

Sewer Breakdown

Simultaneous with the multiplication of diseases through the collapse of resistance and the spread of disease-carrying pests is the alarming increase in infections spread through the breakdown of the sewage systems, water supply and

food inspection systems through the advanced sector. These are the diseases which are contracted by contact with infected fecal material. A new wave of cholera, spread through infected water supplies, has begun to radiate out of Bangladesh, where a major epidemic raged through the fall of last year. Cholera has spread through all of Africa, and was carried by refugees from Angola to Portugal, where it continues to grow, and to Brazil, where it was introduced into the Western Hemisphere for the first time in 50 years. Throughout Latin America, the breakdown of both sewerage systems and vaccination has led to horrible rates of increase in polio, including a rise of more than 400 per cent a year in Brazil. In Italy, water supply systems dating from Roman times have not been even repaired for years, and water supply systems are ceasing to function for lack of fuel for pumps. Hepatitis has at least doubled in the region around Naples since 1975, as have paratyphoid and typhoid nationally.

In the U.S. a Hepatitis outbreak has been reported in San Francisco and traced to contaminated food, while food inspection programs have been shut down in Detroit. In West Germany, the same process has resulted in 50-100 per cent increases in the incidence of salmonella, a variety of food poisoning.

The most glaring illustration of the short distance between existing decrepit sewer systems in every advanced sector city and Third World conditions is the continuing typhoid epidemic in the Canadian town of St. Gabriel, near Montreal. Since a break in the sewer lines there last month, more than 200 typhoid cases have been reported. With the threatened closing, in the midst of the epidemic of the only clinic capable of treating typhoid fever, health authorities expect the outbreak to last six more months.

Experts in the U.S. have stated that more than 50 per cent of U.S. water supplies are already contaminated and many sewer systems are on the verge of collapse, while money for repairs is cut out of municipal budgets.

The shift to exponential growth rates, normally in excess of 100 per cent per year, of most of these diseases, indicates that the normal controls on their spread are no longer operative and that the spread is instead determined simply by the number of people already having the disease. That is, in many cases, no further drops in levels of nutrition, sewerage breakdowns, sanitation and pest control, etc. are necessary for continuing exponential increases. The holocaust is already becoming self-reinforcing, since each expansion strengthens the conditions for further expansion. Waves of disease decrease resistance to other diseases. Sewer breakdowns feed explosions in rat populations, and, as is already the case in Camden, New Jersey, hordes of rats prevent workers from repairing sewers.

Human diseases are matched by the spread of diseases in domestic animals, further destroying food production. Industrial production is disrupted by massive disease induced absenteeism, while speed up of the remaining workers, already at incredible rates, is pushed higher to compensate, weakening disease resistance still further. Finally, the social structure itself begins to disintegrate — trade is disrupted as quarantines multiply, panic and demoralization become generalized.

The 1918 Pandemics

The swiftness of this disruption is seen in the situation during 1918, when near-holocaust conditions were reached throughout the world in the wake of the austerity imposed on the working class after World War I. Then as now there was a

general collapse of food consumption, to approximately the same levels as today. Then as now this situation was aggravated in Europe by the failure of the potato crop.

The 1918 flu — also swine flu — most likely began in Asia, but like its 1976 counterpart was first discovered at a U.S. Army post. The flu started in March of 1918, then as now at the end of the usual winter flu season, and spread rapidly into Europe via U.S. troops, from there into Asia, and then back into the U.S. civilian population.

By July-August it had recrossed the Atlantic to infect the civilian populations of the U.S. East Coast ports, and thence to Alaska and Canada. By October 1918, the entire U.S. was engulfed in a major epidemic with soaring death rates. Emergency tent hospitals were set up. Libraries and other public areas were closed. Even barber shops were shut. The Army Sanitation Corps issued a general advisory to the population that "the universal practice of hand shaking should be stopped immediately." All police in Seattle and several other cities were required to wear face masks.

These precautions were to no avail. The New York City death rate from the disease soared to 800 per day; in Pennsylvania, 1000 died per day. By December, 20 million dead worldwide, one half million in the U.S.! In New York State alone, 20,000 had perished.

Meanwhile, bubonic plague ravaged South Asia, where more than a million died that year alone. The plague spread as well to Latin America and Africa. In the U.S., syphilis and measles reached epidemic proportions. (Last week, the worst measles outbreak in twenty years broke out on the East Coast hitting 2,500 children.)

Today, conditions for holocaust are actually even worse than in 1918, or in the period after World War II. No comfort can be derived from the fact that "we got through that, didn't we?" The human ecology today is in fact far more fragile and unstable than at any other time in its history.

In 1918, the development of a fullblown holocaust in the advanced world was held back by a number of circumstances. The widespread introduction of plague and other Third World diseases into Europe and the U.S. was prevented by a sanitation system and general urban infrastructure that, once the chaos of the war had ended, was not in bad shape, having been built in the immediate preceding period of growth. The same was to a large degree true in Latin America. Similarly, the advanced sector populations although ravaged by five years of austerity, had internal reserves accumulated by the preceding decades of generally high living standards. In addition, as the holocaust was gathering momentum, a rapid resumption of food production and other increases in the standard of living were enforced by the revolutionary upsurge of 1918-19.

Today, in many of the largest cities of the advanced world, such as New York, most of the buildings standing in 1918 still exist — sixty years older, more decayed and still uninhabited. Sewerage systems are in a similar state of decay. In Latin America and throughout the Third World, the same infrastructure, inadequate to start, serves populations which are double, triple and quadruple those of 1918 or even in some cases, those of 1948. The populations of both the advanced and underdeveloped sector has undergone two generations of stagnating economy and living standards.

While conditions were abominable in South Asia in 1918 the complete runaway spread of plague and other diseases, was prevented by the relatively gradual onset of the economic crises in those regions. A steady decline in food consumption, from already low levels set in the mid 1880's and plague

gradually built up over a twenty year period. During this time, human populations had the chance to gradually reacquire immunity to the diseases while over all resistance and nutrition was still high enough to prevent their unlimited spread. By the time starvation levels had been reached, and the plague had acquired pandemic momentum through a mass of infected individuals and rats, immunity levels were already moderately high.

The 1940s Holocaust

The present immense vulnerability of the world population to devastating pandemics can best be understood from looking at the process by which the last near holocaust period, that of the post-war 1940s, was ended. While there was some real improvement in the food situation after 1948, there is no doubt that abysmally low worldwide levels, far lower than those of 1918, would have been sufficient to trigger not only the mere resurgence of a disease, which occurred, but a total holocaust. Vigorous public health measures taken by bourgeois institutions during that period prevented such an eventuality. Rockefeller et al. were aware that the threat of the destruction of the entire workforces of West Europe and the Third World by disease would sabotage their plans for post-war American empire recovery. Experts in the Rockefeller Foundation, the United Nations Relief and Rehabilitation Administration, and later WHO, made clear that key epidemic diseases could temporarily be contained very cheaply. The methods proposed included controls on disease-spreading pests, vaccinations and other programs which were relatively inexpensive compared with the costs of actual increases in food consumption and living standards. In the five years after World War II, intensive measures for mosquito eradication were funded by the Rockefeller Foundation and rapidly lowered malaria rates, while other programs kept rat populations in check. In Europe, occupation authorities in Germany enforced rigorous delousing and sanitation measures at the same time they carried out vicious cuts in the food consumption of the population. With these methods, the threshold of consumption below which epidemics were inevitable was substantially lowered and barriers were put in the way of disease spread.

As a result, in the period from 1950-1970, disease rates from all infectious diseases were extremely low worldwide — despite the fact that general consumption levels did not recover to those of before the depression until the end of that period, and were below the levels of 1918 for more than a decade. Thus a generally debilitated population was protected by these public health measures from diseases, and grew less and less immune to the diseases which were more prevalent before World War II.

Today after five years of depression and the total breakdown of both nutritional levels and programs, rat control, vaccination, sanitation, sewerage maintenance, etc., an extremely unstable situation has resulted, in which natural immunity is practically non-existent, while the barriers to disease spread are no longer working. These are the conditions for an absolutely explosive spread of diseases across the globe, especially those, like the plague, which have been practically absent for decades. The only comparable situation is that of mid-fourteenth century Europe, when the

return of the plague after an absence of eight centuries left half of the population dead in two years.

Under these conditions, in which the remaining public health measures are quite literally the only thing standing between us and unlimited outbreaks of plague and a host of other deadly diseases, each dollar of cutbacks in municipal services, for sewerage, sanitation, hospitals, pest control, can be translated into deaths from outbreaks of disease.

Those who have slashed hospital funds, claiming that the hospitals were "under-utilized" will discover when hospitals are overflowing in the midst of major epidemics, exactly what the real cost of social services cuts are. But by that time, it will be far too late. Public health will have sunk back to the level of the Dark Ages.

An additional element of instability is the quality of development of international food production systems as compared to those of 1918 or 1948. Recovery of food production in these periods was relatively simple, and meant basically returning to use land which had been left fallow. Today, even full use of land available with existing supplies of fertilizer and machinery would result in a stagnant gross output and a declining per capita production. Massive additional inputs from industry are required. The disruption of urban-based industry will lead to a total collapse of agriculture and for the world population as a whole — a catastrophe worse than that of 1348-49.

Given this unstable situation, and the present already exponential growth of disease, a general ecological holocaust is a matter of months away, and the time available for its reversal daily growing shorter. Unless the minimum steps outlined in the ICLC World Health Emergency Brief emphatically including steps to increase food production, are taken, the situation will deteriorate with astonishing speed.

Within a month the plague now in Mandalay, probably already spreading pneumonically as well by bubonic-plague carrying rats, will have spread to Rangoon. Even if held up by the monsoon, which may slow its spread, by the end of summer or fall, plague outbreaks will occur in India, Sri Lanka, Bangladesh where death rates will reach in the millions or tens of millions.

During the same period, the continued breakdown of sewerage and sanitation will lead to multiplying outbreaks of hepatitis, typhoid, encephalitis and malaria throughout the advanced world. Other deadly diseases which, like flu and pneumonic plague can spread directly, such as meningitis may have added to the growing toll of death.

By late fall or early winter, this disease-racked world population will be struck by the swine flu, and the spread of plague out of Asia through Naples, Genoa, Hamburg, San Francisco and other ports. Plague-carrying rats, and diseased people will spread the Black Death from these ports to inland, while others will with devastating speed carry it to airports and from there around the world. Under the dual impact of massively increasing epidemics and continued cuts, hospitals will become centers for the spread of disease rather than for its cure quarantines will multiply, disrupting world trade, which will cease as more and more foci for the spread of plague develop. Absenteeism will skyrocket, production will grind to a halt, vital services and food deliveries will begin to disintegrate. By mid-winter or, at the

latest early spring of 1977, the world will be enveloped in a nightmare of chaos and death.

If this catastrophe is allowed to occur, the toll will be higher than that of an all-out thermonuclear war. The combination of plague and other epidemics, famine and chaos will wipe out a third to a half of humanity within a year and a half. Nothing will prevent it from doing so. Within a few years the human species will be extinct.

The fact that for over a year the population of Northern Europe has been declining, that deaths exceed births by 30 per cent in Germany, England and Austria and that several hundred thousand people have been for the first time since the plague of 1666 actually wiped out by current conditions, should be sufficient warning that a violent drop in the level of the world population can be expected by disease unless action is taken now.

The existing responsible institutions, such as WHO are taking no action at all. WHO in fact is covering up epidemics — plague in Burma, cholera in Ethiopia, the plague and cholera in Brazil. minimal quarantine measures are not being taken or are being taken only on the initiative of the ICLC.

We still have time left to act. A global drive for sanitation measures, sewerage repair, rat and mosquito eradication, and vaccination can turn back the advance of diseases if it is implemented now, before the disruption becomes too great and before the unstoppable momentum of epidemic outbreaks is built up.

But these actions, however essential will be of no avail if the general resistance of the population remains low.

Menigitis and contagious diseases will continue to spread, the population remaining vulnerable to every outbreak. Without minimal increases in food production and consumption the fight against the holocaust is virtually impossible. This fact sets the most urgent deadline for the reversing of the holocaust — the possibility for increasing food supplies this year.

Minimal international consumption levels of 2400-2500 calories a day will necessitate shipments of 7 to 10 million tons of food per month to Third World areas. Present food reserves last only until September. Before May 15, additional fertilizer must be provided for the spring planting. Before mid-May, work must begin to convert auto plants for the production of tractors. This machinery will immediately be used to ensure a vastly expanded output of grain from the rich Argentinian pampas this fall and winter. Before the end of May, work must begin on the expansion of fertilizer production for 1977.

Several weeks delay on this program will mean an assured continued shortage of food through 1977, continued low resistance of the world population to disease and continued threat of unstoppable outbreaks of plague and other diseases. Under such conditions, human survival is at best unlikely.

In November, 1975, the ICLC warned that if the International Development Bank was not implemented by March 1976, crash programs would be necessary by May of this year to stave off holocaust. This estimate is more than ever confirmed. The next five weeks will determine the survival of humanity.