

considered members of a “high-risk” category according to the CDC’s scientifically incompetent criteria. Dr. White-side’s warnings at that time were ignored by the CDC and the rest of the medical establishment, who insisted that the only way a person could get AIDS was by sex, blood transfusion, or dirty needles.

But today, the CDC is changing its tune, and there is talk among the experts now to the effect that plain pulmonary TB is an indicator for AIDS, and not just extrapulmonary TB—meaning that the disease is much more widespread than previously admitted. But looking at cases of pulmonary TB might force the medical establishment to jack up their figures for AIDS cases by 30%, so this may not happen for a long time.

Dr. Jeffrey Starke, from Baylor College of Medicine in Houston, Texas, told the conference that the rate of TB among U.S. blacks and Hispanics is the highest in 30 or even 40 years, “though TB is a preventable and curable disease, and, at least in the well-to-do nations, the TB problem ought not to exist.” He documented that 1) TB is most prevalent in the United States among minorities; 2) TB is most prevalent among young adults, particularly blacks (among whites, the higher rates are among the elderly); 3) HIV affects the same people; 4) among those infected, there is little medical treatment, due to poverty, drug addiction, homelessness, and the inability to pay; 5) there is a lack of screening, notably for high-risk infants; 6) the drugs “crack” cocaine and “ice” are making the problem worse; and 7) there are great delays in tracing people with whom the patients have had close contact. Dr. Starke explained that the need to identify contacts can be a life-or-death matter: If there is a several-week or -month delay between the detection of TB in a young adult, and the screening of children in the household, this gives plenty of time for the children to become infected (1-3 months) and develop meningal TB.

The African tragedy

The dramatic nature of the combined TB and HIV pandemic on the African continent is shown by the official projection of 2 million orphans in the next 10 years. In reality, there could be 10 times that number—children whose mothers will have died of TB and or HIV.

Two-thirds of all TB deaths occur in Africa today. As for AIDS, the rate of contamination is continuing to increase, with an average of 25% of young adults infected in Central African cities. The estimates of the IUATLD and WHO are that 50% of TB patients today in Africa are also seropositive for HIV—and the figures often reach 70%.

Even the reluctant WHO, in a 1990 report, demands action: “If no efficient program is carried out, tuberculosis will spread far and wide, because the additional cases of TB caused by HIV infection will progressively infect more and more people, among the HIV positive population, as among the HIV negative population. The situation in Africa is really

alarming and calls for immediate and energetic action. It is as urgent and perhaps even more so, to achieve improvements in the struggle against TB in Asia, where HIV hasn’t yet had time to spread.”

Dr. Braun, from the CDC, indicated that serological testing in Abidjan, Ivory Coast, on 2,580 ambulatory TB patients, resulted in figures of 41% seropositive for HIV-1 and HIV-2, the highest number of them in the 20- to 40-year age group, those of child-bearing age, and thus likely to infect their children with HIV and/or TB.

Fully one-third of TB cases in Africa are estimated due to HIV, and of the present 2 million deaths annually from TB, 1.5 million are Africans (the IUATLD puts the death figure at 3 million). It is impossible to give accurate figures,

Disease in the ghetto: Who will pay the bill?

A nurse from the Atlanta Centers for Disease Control presented the very fancy TB-control program which the Centers for Disease Control (CDC) has set up, called “Healthy lungs for all by the year 2000.” This writer asked: “You have presented a rosy picture of the CDC’s past and future TB-control program. However, if TB is still under control in the white community, this is not the case among minorities, where, according to the CDC itself, it is raging out of control with a 22.4% increase just from 1987 to 1988. The fact is that the increased poverty and homelessness in this country mean that both HIV and TB will increase in the ghettos. Several physicians have come up to me during this conference, to tell me that they are concerned at the lack of screening, that this lack of screening is not just a big problem in developing nations, but also in U.S. cities.”

The nurse could only acknowledge the problem and say that a bill would be presented to Congress to seek financing for some additional programs.

Several participants came up to this writer after the session to express agreement with the question—among them a nurse member of the Massachusetts Thoracic Society, who reported that the CDC has failed to deal with the problem of all those denied medical care because of inability to pay: poor members of minorities, drug addicts, and homosexual AIDS victims who have lost their jobs.

—G. Phau