

Preventable diseases poised for comeback

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Numerous deadly infectious diseases, some of which had been virtually wiped out in the United States, are now making a comeback, under conditions of economic collapse and the decline of health care infrastructure:

Tuberculosis, a bacterial infection spread primarily by coughing, was once the leading cause of death in the civilized world. Until recently, TB had been declining steadily over most of this century. But in 1984, the previous decline of approximately 5% a year abruptly halted, and the number of new cases actually increased from 1985 to 1986. It then declined slightly, and then increased again. It is now oscillating above its low point, and heading back up. This turnaround is closely connected with the AIDS epidemic; but non-AIDS-related tuberculosis is also increasing.

As the reservoir of infected individuals increases, we are wiping out all the progress made against this preventable and curable killer, and are restoring it to its former role as "the first of the horsemen of death."

AIDS: The institutional response to the killer epidemic of acquired immune deficiency syndrome has been to overthrow the entire canon of public health practice. The virus has been granted "civil rights" in the name of preventing discrimination against the victims.

In spite of significant evidence to the contrary, AIDS has been pushed as a primarily sexually transmitted disease. The response to the epidemic has been to advocate policies which will do little to stop its growth—but a good deal to reduce the growth of population. The watchword is "cost effective." It is argued that any intervention which might actually contain the spread of disease, is not "cost effective." Conversely, any intervention which will contain the growth of population, is seen as "cost effective."

Measles was once so common that it was classed as one of the "usual childhood diseases," along with mumps and chickenpox. In the developing sector it is a leading cause of death among children. Even in the United States it caused a number of permanent disabilities and deaths among its victims. However, licensing of an effective vaccine in the mid-1960s caused a dramatic drop in the number of new cases in the U.S.

But then came the "Reagan recovery." From a low of

1,497 reported cases in 1983, it surged to 6,282 cases in 1986, before subsiding to 3,655 cases in 1987 and 3,411 cases in 1988. Under the kinder, gentler Bush administration, it skyrocketed to 17,850 cases with 41 deaths in 1989. In 1990, there were 26,951 cases, with over 100 deaths reported to the Centers for Disease Control (CDC). In 1991, the number of new cases dropped to 9,276, in part because those who weren't killed had been immunized by their infections. The Bush administration response is to cut vaccination programs and count on natural infection to immunize the survivors.

Measles and tuberculosis both have their greatest impact on impoverished and malnourished populations. This combination of poverty and malnutrition affects more and more of the population cast on the economic scrap heap by the "invisible hand" which has picked the pocket of the United States.

Hepatitis A is a disease caused by a virus excreted in the feces of infected persons. It spreads when people eat food or drink water contaminated with these feces. Outbreaks of hepatitis A signal a breakdown in the health infrastructure which separates what we eat from what we excrete.

The rising number of cases of hepatitis A under the Reagan-Bush recovery has been accompanied by other leading indicators of sanitary collapse. Outbreaks of **bacterial** and **amebic dysentery** are becoming more frequent, as aged and poorly maintained sewage systems are breaking down. From 1986 to 1988, the isolation rate of the bacterium *shigella* (a leading cause of dysentery) in the United States increased from 5.4 to 10.1 isolates per 100,000 persons. In 1988, state health departments reported 22,796 isolates, the highest number since national surveillance began in 1965.

Syphilis is a curable and preventable disease. The disease declined markedly following the institution of rigorous public health measures, development of reliable tests for infection, and the introduction of penicillin, which is still an effective cure.

The traditional syphilis-intervention process requires time, commitment, and human resources. These capabilities eroded over the course of the Reagan-Bush administration, and the disease "recovered" from its previous decline. The AIDS policy undercut control of syphilis.

Arguing that AIDS was sexually transmitted, like syphilis, government health authorities opposed the use of case finding and contact tracing to deal with AIDS, going so far as to deny that public health measures had any effect in controlling syphilis.

Given limited budgets, the result was inevitable: If case finding and contact tracing really didn't work, why fund them? One corollary was elimination of premarital testing for syphilis, resulting in a dramatic increase of congenital syphilis, which kills 40% of affected infants and severely disables the rest. In 1986, more cases of congenital syphilis were reported to CDC than for any of the previous 15 years.