

# Tuberculosis strikes as budgets are cut

by Joyce Fredman

Shortly after a report from the federal Centers for Disease Control in Atlanta, Georgia revealed that tuberculosis is still running out of control in the United States, a Maryland prison revealed that it was facing the state's largest outbreak of the deadly disease in decades.

Roxbury Correctional Institution, in Hagerstown, Maryland, now matches the twenty-odd percent infection rate of the New York prisons that has garnered so much national attention. Even worse, on June 3, Warden Jon Galley told this reporter that the inmate who originally had the active case indeed was infected with the dreaded multi-drug-resistant strain. After testing the total inmate population of 1,900, Galley said that the number of positive results was 389, plus 28 cases among prison staff members.

## The return of the White Plague

Lest anyone think the recent outbreaks are confined to prison populations, the latest tallies of international health agencies offer grim statistics. There are 20 million cases of tuberculosis worldwide, and the number is growing by 8 million a year, according to the World Health Organization. It takes a larger death toll than any other infectious disease, killing more than 3 million people a year. Nearly 2 billion people carry the disease in an inactive state.

In the United States, the present crisis could have been easily averted. When rates in some of the nation's poorest neighborhoods jumped as high as 50%, as happened in Harlem in New York City in 1979-80, many health care workers sounded the alarm. That fell on deaf ears, and today, in Harlem, the rates are nearly five times what they were 10 years ago. Miami's rate today is higher than the rate in the entire U.S. in the early 1950s. If there are any doubts about the lack of health care available to poor blacks in this country, consider that in North Carolina's migrant labor camps, the rate among U.S.-born blacks is 3,600 per 100,000—ten times that of sub-Saharan Africa!

On May 13, a report from the Centers for Disease Control demanded immediate attention for an epidemic that was "out of control," in the words of Dr. Dixie Snider, director of the tuberculosis division at CDC. The once-treatable disease, through neglect, has developed untreatable new strains, resistant to the drugs that are currently in use. The American

Lung Association is lobbying for a fivefold increase in funding for anti-TB programs. "I'm scared," said ALA President Lee Reichman. "If we don't succeed, we are in very big trouble."

But asking and receiving are two different things, as many health officials have discovered. On April 2, CDC director William Roper, before the House Human Resources Subcommittee, recounted the sorry history of asking for money and being turned down. In 1989, the amount before the White House was \$25 million; the allocation, \$7 million. In 1990, \$29 million was requested; \$7 million was approved. And so it went.

Now, Atlanta, home of the CDC, leads the United States in rates of infection, with an outrageous rate of 76 cases per 100,000. Atlanta has over 300 active cases, a 50% jump from 1990. Close behind is Newark, New Jersey, with 71.8 per 100,000. Next, in descending order, come: New York City, 50.3; Miami, 48.5; San Francisco, 46.0, Oakland, 40.9; Houston, 34.5; Tampa, 31.1; Los Angeles, 30.6; and Santa Ana, 30.0.

Beyond these urban centers, several states are reporting record numbers of cases. California, New York, Hawaii, Florida, and Texas are just some facing the epidemic. But these data don't begin to tell the story. The above figures are only what is reported to the Centers for Disease Control. There are thousands more cases which were not reported in time to be included in the latest statistics, and even more significantly, thousands which go unreported altogether.

## A disease of poverty

Tuberculosis is the type of disease which festers in exactly the locations where it is least likely to be discovered and properly treated. In the U.S., it is thriving among the homeless, for example, who are the most difficult to track. The high numbers among prison populations represent an increase of the disease in the underclass. But those who are incarcerated are the easiest to test; their friends and families in the inner cities or rural outskirts, who have little or no access to proper medical treatment, are living time bombs.

The emergency meetings taking place around the country to discuss contingency plans for dealing with such a crisis are filled with duly concerned medical experts. But the solution is not only a medical plan. The economic collapse which has fueled the renewed spread of tuberculosis (as well as other diseases, such as measles) is hitting the hospitals and state budgets as hard as the cities. Many hospital staff members have complained of lack of funds for the proper number of masks, for isolation wards, and for state-of-the-art equipment. Testing must be done on a routine basis, in schools, at public health centers, and for shelters.

Four million people were killed by TB in the United States alone during the first half of this century. Because of conscious decisions by the U.S. government, millions more are today facing untimely deaths, needlessly.