

Editorial

Who will be next?

It is ironic that the official death—at least for this year—of the Clinton Health Bill coincided with horror stories of the spread of bubonic plague and its more deadly variant, pneumonic plague, in India. Whether the situation in India will go out of control remains in doubt, because of the failure of the Indian government to take emergency measures to limit the spread of the disease by already-infected people. In any event, plague has already hit the population-dense cities of Bombay and New Delhi.

The World Health Organization bears a heavy responsibility in this situation. While Indian health officials were warning of the plague potential as early as last year, the WHO encouraged the Indian government to cut back on preventive measures. K.K. Dutta of India's National Institute for Communicable Diseases warned last year that the major earthquake in Maharashtra state would precipitate a resurgence of plague. The threat was compounded by later massive flooding in the area. As a result, plague-infected fleas traveled from their normal animal hosts to people.

The disease hit the city of Surat, with a population of 2 million, which is not in Maharashtra but attracts a migrant population of diamond workers from the nearby rural area. These workers live under terrible conditions, sleeping in the same factory buildings where they work.

Even now, in the face of impending catastrophe, the WHO maintains its stance that there is no danger of spread of this dread disease. Plague is not only endemic in India, but in fact it has taken hold among rodents in the U.S. western states, and is known to be spreading east. Here it is various restrictions imposed by environmentalist groups which threaten timely control of the plague bacteria.

A potentially tragic element of the present situation is that the Indian government appears to be prioritizing panic control over disease control; and they are downplaying the seriousness of the situation not only to their own population and also to U.S. State Department officials who have offered to airlift medication to India. The disease can be cured by timely administration of the antibiotic tetracycline, which the Indian govern-

ment claims they have in sufficient quantity. Unfortunately, similar claims by government officials that they are conducting emergency fumigation and widely distributing tetracycline are disputed by people on the spot.

Malthusian circles have been quick to respond to the situation by smugly reiterating the phony argument that population growth breeds disease. It is the case that all over the world, cutbacks in the use of pesticides, and other necessary public health measures, coupled with cutbacks in the delivery of medical treatment to the sick, are creating the conditions in which we can see a cascade of plague-like diseases which run ahead of society's ability to control them. One instance of this is the interrelationship between AIDS and tuberculosis which appears to have furthered the development of antibiotic-resistant strains of the TB bacteria.

The right to medical care should surely be recognized as one of the most fundamental of human rights; yet the opposite is the case. As we have seen in the Cairo Conference preliminary documents, the malthusians would deny the right of people to medical care except on a pay-as-you-go basis. Moreover, in Bangladesh, it has been shown that aggressive population control has been carried out at the *cost* of any primary health services.

The reality of the present situation even in the United States is little better, as Richard Freeman documented in last week's cover story. Medical facilities have been cut back to the point where in many poor areas, services no longer exist to which people can turn in emergency situations.

The moral and political bankruptcy of the recent debate over passage of an expanded health care bill is a case in point. As Freeman has documented, not that long ago, universal medical care for all was considered a fundamental human right in the city of New York; today, facilities have been cut back to the point where patients are left to die in grossly overcrowded emergency rooms.

There is a funny thing about bacteria—they do not recognize class lines, national borders, nor any other form of segregation.