
Documentation

The CIA's Assessment of Threat Infectious Disease

The following are excerpts from the CIA's unclassified report on "The Global Infectious Disease Threat and Its Implications for the United States," NIE 99-17D, January 2000.

The Estimate was produced under the auspices of David F. Gordon, National Intelligence Officer for Economics and Global Issues. The primary drafters were Lt. Col. (Dr.) Don Noah of the Armed Forces Medical Intelligence Center and George Fidas of the NIC. The Estimate also benefited from a conference on infectious diseases held jointly with the State Department's Bureau of Intelligence and Research, and was reviewed by several prominent epidemiologists and other health experts in and outside the U.S. Government. We hope that it will further inform the debate about this important subject.

—John C. Gannon
Chairman, National Intelligence Council

Preface: The Global Infectious Disease Threat and Its Implications for the United States

I am pleased to share with you this unclassified version of a new National Intelligence Estimate on the reemergence of the threat from infectious diseases worldwide and its implications for the United States.

This report represents an important initiative on the part of the Intelligence Community to consider the national security dimension of a nontraditional threat. It responds to a growing concern by senior U.S. leaders about the implications—in terms of health, economics, and national security—of the growing global infectious disease threat. The dramatic increase in drug-resistant microbes, combined with the lag in development of new antibiotics, the rise of megacities with severe health care deficiencies, environmental degradation, and the growing ease and frequency of cross-border movements of people and produce have greatly facilitated the spread of infectious diseases.

In June 1996, President Clinton issued a Presidential Decision Directive calling for a more focused U.S. policy on infectious diseases. The State Department's Strategic Plan for International Affairs lists protecting human health and

reducing the spread of infectious diseases as U.S. strategic goals, and Secretary Albright in December 1999 announced the second of two major U.S. initiatives to combat HIV/AIDS. The unprecedented UN Security Council session devoted exclusively to the threat to Africa from HIV/AIDS in January 2000 is a measure of the international community's concern about the infectious disease threat. . . .

Discussion

. . . HIV/AIDS. Following its identification in 1983, the spread of HIV intensified quickly. Despite progress in some regions, HIV/AIDS shows no signs of abating globally. Approximately 2.3 million people died from AIDS worldwide in 1998, up dramatically from 0.7 million in 1993, and there were 5.8 million new infections. According to WHO, some 33.4 million people were living with HIV by 1998, up from 10 million in 1990, and the number could approach 40 million by the end of 2000. Although infection and death rates have slowed considerably in developed countries owing to the growing use of preventive measures and costly new multidrug treatment therapies, the pandemic continues to spread in much of the developing world, where 95 percent of global infections and deaths have occurred. Sub-Saharan Africa currently has the biggest regional burden, but the disease is spreading quickly in India, Russia, China, and much of the rest of Asia. HIV/AIDS probably will cause more deaths than any other single infectious disease worldwide by 2020 and may account for up to one-half or more of infectious disease deaths in the developing world alone. . . .

Breakdown in Public Health Care

Alone or in combination, war and natural disasters, economic collapse, and human complacency are causing a breakdown in health care delivery and facilitating the emergence or reemergence of infectious diseases. While Sub-Saharan Africa is the area currently most affected by these factors, economic problems in Russia and other former communist states are creating the context for a large increase in infectious diseases. The deterioration of basic health care services largely accounts for the reemergence of diphtheria and other vaccine-preventable diseases, as well as TB, as funds for vaccination, sanitation, and water purification have dried up. In developed countries, past inroads against infectious diseases led to a relaxation of preventive measures such as surveillance and vaccination. Inadequate infection control practices in hospitals will remain a major source of disease transmission in developing and developed countries alike. . . .

Sub-Saharan Africa

Sub-Saharan Africa will remain the region most affected by the global infectious disease phenomenon—accounting for nearly half of infectious disease-caused deaths worldwide.

Deaths from HIV/AIDS, malaria, cholera, and several lesser known diseases exceed those in all other regions. Sixty-five percent of all deaths in Sub-Saharan Africa are caused by infectious diseases. Rudimentary health care delivery and response systems, the unavailability or misuse of drugs, the lack of funds, and the multiplicity of conflicts are exacerbating the crisis. According to the AFMIC typology, with the exception of southern Africa, most of Sub-Saharan Africa falls in the lowest category. Investment in health care in the region is minimal, less than 40 percent of the people in countries such as Nigeria and the Democratic Republic of the Congo (DROC) have access to basic medical care, and even in relatively well off South Africa, only 50 to 70 percent have such access, with black populations at the low end of the spectrum.

Four-fifths of all HIV-related deaths and 70 percent of new infections worldwide in 1998 occurred in the region, totaling 1.8-2 million and 4 million, respectively. Although only a tenth of the world's population lives in the region, 11.5 million of 13.9 million cumulative AIDS deaths have occurred there. Eastern and southern African countries, including South Africa, are the worst affected, with 10 to 26 percent of adults infected with the disease. Sub-Saharan Africa has high TB prevalence, as well as the highest HIV/TB co-infection rate, with TB deaths totaling 0.55 million in 1998. The hardest hit countries are in equatorial and especially southern Africa. South Africa, in particular, is facing the biggest increase in the region. . . .

The Former Soviet Union and Eastern Europe

The sharp decline in health care infrastructure in Russia and elsewhere in the former Soviet Union (FSU) and, to a lesser extent, in Eastern Europe—owing to economic difficulties—are causing a dramatic rise in infectious disease incidence. Death rates attributed to infectious diseases in the FSU increased 50 percent from 1990 to 1996, with TB accounting for a substantial number of such deaths. According to the AFMIC typology, access to health care ranges from 50 to 70 percent in most European FSU states, including Russia and Ukraine, and from 40 to 50 percent in FSU states located in Central Asia. This is generally supported by WHO estimates indicating that only 50 to 80 percent of FSU citizens had regular access to essential drugs in 1997, as compared to more than 95 percent a decade earlier as health care budgets and government-provided health services were slashed. Access to health care is generally better in Eastern Europe, particularly in more developed states such as Poland, the Czech Republic, and Hungary, where it ranges from 70 to 90 percent, while only 50 to 70 percent have access in countries such as Bulgaria and Romania. More than 95 percent of the population throughout the East European region had such access in 1987, according to WHO.

Crowded living conditions are among the causes fueling a TB epidemic in the FSU, especially among prison populations—while surging intravenous drug use and rampant prostitution are substantially responsible for a marked increase in

HIV/AIDS incidence. There were 111,000 new TB infections in Russia alone in 1996, a growing number of them multidrug resistant, and nearly 25,000 deaths due to TB—numbers that could increase significantly following periodic releases of prisoners to relieve overcrowding. The number of new infections for the entire FSU in 1996 was 188,000, while East European cases totaled 54,000. More recent data indicate that the TB infection rate in Russia more than tripled from 1990 to 1998, with 122,000 new cases reported in 1998 and the total number of cases expected to reach 1 million by 2002. After a slow and late start, HIV/AIDS is spreading rapidly throughout the European part of the FSU beyond the original cohort of intravenous drug users, though it is not yet reflected in official government reporting. An estimated 270,000 people were HIV-positive in 1998, up more than five-fold from 1997. Although Ukraine has been hardest hit, Russia, Belarus, and Moldova have registered major increases. Various senior Russian Health Ministry officials predict that the HIV-positive population in Russia alone could reach 1 million by the end of 2000 and could reach 2 million by 2002. East European countries will fare better as renewed economic growth facilitates recovery of their health care systems and better enables them to expand preventive and treatment programs. . . .

Alternative Scenarios and Outlook for Infectious Diseases

. . . Two scenarios—one optimistic and one pessimistic—reflect differences in the international health community concerning the global outlook for infectious diseases. We present and critically assess these scenarios, elaborate on the pessimistic scenario, and develop a third, combining some elements of each, that we judge as more likely to prevail over the period of this Estimate. . . .

The Most Likely Scenario: Deterioration, Then Limited Improvement

According to this scenario, continued deterioration during the first half of our time frame—led by hard core killers such as HIV/AIDS, TB, and malaria—is followed by limited improvement in the second half, owing primarily to gains against childhood and vaccine-preventable diseases such as diarrheal diseases, neonatal tetanus, and measles. The scale and scope of the overall infectious disease threat diminishes, but the remaining threat consists of especially deadly or incurable diseases such as HIV/AIDS, TB, hepatitis C and possibly, heretofore, unknown diseases, with HIV/AIDS and TB likely comprising the overwhelming majority of infectious disease deaths in developing countries alone by 2020.

Scenario Assessment

Because some elements of both the optimistic and pessimistic scenarios cited above are likely to appear during the 20-year time frame of this Estimate, we are likely to witness neither steady progress against the infectious disease threat nor its unabated intensification. Instead, progress is likely to be slow and uneven, with advances, such as the recent development of a new type of antibiotic drug against certain hospital-acquired infections, frequently offset by renewed setbacks, such as new signs of growing microbial resistance among available HIV/AIDS drugs and withdrawal of a promising new vaccine against rotavirus because of adverse side effects. On balance, negative drivers, such as microbial resistance, are likely to prevail over the next decade, but given time, positive ones, such as gradual socioeconomic development and improved health care capacity, will likely come to the fore in the second decade.

- The negative trends cited in the pessimistic scenario above, such as persistent poverty in much of the developing world, growing microbial resistance and a dearth of new replacement drugs, inadequate disease surveillance and control capacity, and the high prevalence and continued spread of major killers such as HIV/AIDS, TB, and malaria, are likely to remain ascendant and worsen the overall problem during the first half of our time frame.

- Sub-Saharan Africa, India, and Southeast Asia will remain the hardest hit by these diseases. The European FSU states and China are likely to experience a surge in HIV/AIDS and related diseases such as TB. The developed countries will be threatened principally by the real possibility of a resurgence of the HIV/AIDS threat owing to growing microbial resistance to the current spectrum of multidrug therapies and to a wide array of other drugs used to combat infectious diseases.

The broadly positive trends cited in the more optimistic scenario, such as aging populations, global socioeconomic development, improved health care capacity, and medical advances, are likely to come to the fore during the second half of our time frame in all but the least developed countries, and even the least developed will experience a measure of improvement.

- Aging populations and expected continued declines in fertility throughout Asia, Latin America, the former FSU states, and Sub-Saharan Africa will sharply reduce the size of age cohorts that are particularly susceptible to infectious diseases owing to environmental or behavioral factors.

- Socioeconomic development, however fitful, and resulting improvements in water quality, sanitation, nutrition, and education in most developing countries will enable the most susceptible population cohorts to better withstand infectious diseases both physically and behaviorally.

- The worsening infectious disease threat we posit for the first decade of our time frame is likely to further energize the international community and most countries to devote more attention and resources to improved infectious disease

surveillance, response, and control capacity. The WHO's new campaign against malaria, recent developed country consideration of tying debt forgiveness for the poorest countries in part to their undertaking stronger commitments to combat disease, self-initiated efforts by Sub-Saharan African governments to confront HIV/AIDS, and greater pharmaceutical industry willingness to provide more drugs to poor countries at affordable prices are likely to be harbingers of more such efforts as the infectious disease threat becomes more acute.

- The likely eventual approval of new drugs and vaccines—now in the developmental stage—for major killers such as dengue, diarrheal diseases, and possibly even malaria will further ease the infectious disease burden and help counter the microbial resistance phenomenon.

Together, these developments are likely to set the stage for at least a limited improvement in infectious disease control, particularly against childhood and vaccine-preventable diseases, such as respiratory infections, diarrheal diseases, neonatal tetanus, and measles in most developing and former communist countries. Given time—and barring the appearance of a deadly and highly infectious new disease, a catastrophic expansion of the HIV/AIDS pandemic, or the release of a highly contagious biological agent capable of rapid and widescale secondary spread—such medical advances, behavioral changes, and improving national and international surveillance and response capacities will eventually produce substantial gains against the overall infectious disease threat. In the event that HIV/AIDS takes a catastrophic turn for the worse in both developed and developing countries, even the authors of the optimistic World Bank/WHO model concur that all bets are off. . . .

Disruptive Social Impact

At least some of the hardest-hit countries, initially in Sub-Saharan Africa and later in other regions, will face a demographic catastrophe as HIV/AIDS and associated diseases reduce human life expectancy dramatically and kill up to a quarter of their populations over the period of this Estimate (see table 5). This will further impoverish the poor and often the middle class and produce a huge and impoverished orphan cohort unable to cope and vulnerable to exploitation and radicalization.

Life Expectancy and Population Growth. Until the early 1990s, economic development and improved health care had raised the life expectancy in developing countries to 64 years, with prospects that it would go higher still. The growing number of deaths from new and reemergent diseases such as AIDS, however, will slow or reverse this trend toward longer life spans in heavily affected countries by as much as 30 years or more by 2010, according to the U.S. Census Bureau. For example, life expectancy will be reduced by 30 years in Botswana and Zimbabwe, by 20 years in Nigeria and South Africa, by 13 years in Honduras, by eight years in Brazil, by four years in Haiti, and by three years in Thailand.

Family Structure

The degradation of nuclear and extended families across all classes will produce severe social and economic dislocations with political consequences, as well. Nearly 35 million children in 27 countries will have lost one or both parents to AIDS by 2000; by 2010, this number will increase to 41.6 million. Nineteen of the hardest hit countries are in Sub-Saharan Africa, where HIV/AIDS has been prevalent across all social sectors. Children are increasingly acquiring HIV from their mothers during pregnancy or through breast-feeding, ensuring prolongation and intensification of the epidemic and its economic reverberations. With as much as a third of the children under 15 in hardest-hit countries expected to comprise a "lost orphaned generation" by 2010 with little hope of educational or employment opportunities, these countries will be at risk of further economic decay, increased crime, and political instability as such young people become radicalized or are exploited by various political groups for their own ends; the pervasive child soldier phenomenon may be one example. . . .

Infectious Diseases and U.S. National Security

As a major hub of global travel, immigration, and commerce, along with having a large civilian and military presence and wide-ranging interests overseas, the United States will remain at risk from global infectious disease outbreaks, or even a bioterrorist incident using infectious disease microbes. Infectious diseases will continue to kill nearly 170,000 Americans annually and many more in the event of an epidemic of influenza or yet-unknown disease or a steep decline in the effectiveness of available HIV/AIDS drugs. Although several emerging infectious diseases, such as HIV/AIDS, were first identified in the United States, most, including HIV/AIDS, originate outside U.S. borders, with the entry of the West Nile virus in 1999 a case in point. . . .

- HIV/AIDS was first identified in the United States in 1983 but originated in Sub-Saharan Africa. In the United States, HIV/AIDS deaths surged from 7,000 in 1985 to 50,000 in 1995 before dropping dramatically to 17,000 in 1997 as a result of behavioral and therapeutic changes among the most at risk populations. The total number of those infected reached 890,000 for all of North America in 1998, including 44,000 new infections, most of them in the United States. Although HIV/AIDS-related death rates have declined sharply, the poor prospects that a vaccine will be available over the next decade or more, along with the likelihood that the virus will develop growing resistance to the protease-inhibitor drugs now in use, portend a continued rise in the infection rate and a renewed rise in the death rate. . . .

Voting Rights Abuses

The World Is Watching LaRouche's Campaign

by Mary Jane Freeman and
Bruce Director

On April 26, in Warsaw, Poland, the Organization for Security and Cooperation in Europe (OSCE)'s election section received a complaint from the campaign committee for Presidential candidate Lyndon H. LaRouche, Jr. concerning "gross violations of and interference with free and fair elections in the United States of America." The complaint and request for investigation is now before the OSCE's Office for Democratic Institutions and Human Rights (ODIHR), which has the mandate to "promote democratic elections" within and among its 55 member-states. Kathy Magraw, Treasurer for LaRouche's Committee for a New Bretton Woods, writes in the cover letter, "As the U.S.A. is a member of the OSCE, it is imperative that it be held to the same standards the OSCE expects of all other member-states." She requests that the ODIHR "review this matter with the utmost urgency as the lack of free and fair elections in the world's leading democracy has serious implications for the rest of the world."

The 21-page complaint documents a manifold of violations of the principles of free and fair elections perpetrated against the LaRouche campaign by officials of the Federal and state governments, the Democratic Party, the establishment news media, and the Federal and state courts in the U.S.A. It shows that these public and private officials have shown utter contempt for the basic principles that the OSCE expects from its members. The abuses directed at the LaRouche campaign have particular significance, in light of the U.S. State Department's recent interference into the elections in Peru, and the OSCE's own criticism of elections in countries of East and Central Europe and in Asia. The complaint provides details on, 1) voters being disenfranchised, 2) the systematic black-out of LaRouche in the news media, 3) private and state officials collusion to exclude LaRouche from the ballot in some states, and 4) state and public officials' abuse of power to prevent Democrats' participation in the election process if they support LaRouche. As the introduction surmises, "What has been done against LaRouche and citizens who support his candidacy, is nothing but a pretext to exercise the power of position to silence an opposition candidate."

Candidate LaRouche is introduced in the opening section as making his sixth bid for the Democratic Party's nomination for President and *EIR's* Founding Editor, whose work as an