

One Tragic Underside of Globalization

by Paul Gallagher

Betrayal of Trust: The Collapse of Global Public Health

by Laurie Garrett

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“A fine and valuable work,” is the reported comment of President Bill Clinton about Laurie Garrett’s 1994 book, *The Coming Plague*. If the President so noted her warning, nonetheless the threat of uncontrolled infectious disease pandemics, worldwide *and in the United States*, has only gotten worse since then. In fact, the decline in public health infrastructure and spending, in most nations of the world including the United States, has accelerated since 1994, in the face of this threat.

It was not long, after the appearance of Garrett’s new book on *The Global Collapse of Public Health*, for her warnings to be suddenly and dramatically underlined by events in the United States, including shrill public health alarms being issued by the Centers for Disease Control (CDC) in Atlanta, Georgia. The “booming and prosperous” United States is short of flu vaccine. A flu season potentially as serious as any since the deadly 1918 pandemic is upon us, and there is not enough flu vaccine to vaccinate even those citizens who want flu shots, let alone all those who need to have them. And worse, there is not even a “reason” to be given out to the credulous, as explanation for the shortage. Only four giant pharmaceutical companies are producing vaccine, and one of them produced such defective batches that its product had to be thrown out—and this is a private industry, with an average ratio of profits to revenues of 18.9%, which is responsible

for the public’s health. All the CDC, the nation’s infectious disease watchdog, can do, is sound the alarm and investigate the effectiveness of half-doses of the vaccine.

Such gross failures of public health policy in the United States are the pale forward shadow of the public health disasters which have already struck in Russia, the other former Soviet republics, and the Third World. It is one apocalyptic horseman of “globalization,” although Garrett’s viewpoint is that globalization also provides the opportunity to reverse the disasters she solemnly lays out in this book in such exhaustive detail. Though the viewpoint seems indefensible, the book is a very, very valuable broad picture of the global dimensions of the health care crisis.

Since the middle 1990s, circles of qualified medical researchers and experts have been warning, that the world is threatened with *pandemics*—global epidemics—of new or resurgent infectious diseases which will have mutated or otherwise become resistant to prevention by vaccines or antibiotics. Laurie Garrett, a journalist trained as an immunologist, has been one of those qualified Cassandras. This publication reviewed her bestselling earlier book in 1995. We noted then, that it focussed very heavily on the use or misuse of *medical skills*—especially those of teams of very highly trained infectious disease specialists, the Centers for Disease Control, and so forth. It underestimated the role of *public health* in fighting pandemic disease, and the role of collapses in public health infrastructure in setting off the disastrous spread of such diseases.

1974 LaRouche-FEF Forecast

We reminded readers then, that although these forecasts—of viral and microbial mutations and combinations producing new strains of “superbugs,” proliferating among populations whose immune systems were being degraded—were becoming widely discussed in the mid-1990s, they were



The national nursing shortage, shortage of hospital beds, takedown of public health infrastructure, and other policies resulting from free-market “globalization,” have created a health care crisis in the United States, as well as other countries. Here, nurses demonstrate in Washington in 1995.

not new. In 1974 and 1975, Lyndon LaRouche and the Fusion Energy Foundation had made public a detailed global forecast, of precisely such emergence of new, more deadly diseases, and resurgence of old ones, and had clearly spelled out the *cause* that prompted the forecast. The cause was the “Fourth World” economic policy then being forced upon Africa, with specifically Malthusian intent to break down economic infrastructure and reduce population. (The notorious National Security Study Memorandum 200, ordered by Henry Kissinger in 1973 and secretly completed in 1974, encapsulates the policy referenced.) That policy, warned LaRouche and FEF, if continued and applied to the whole of the “Third World,” would lead to an ecological holocaust with its epicenter in Africa. New infectious diseases, bred among populations whose immune resistance was collapsing under malnutrition, lack of sanitation, and so on, would eventually spread worldwide.

In the 26 ensuing years, the effective shut-off of credit and then looting of all wealth, first from Africa, then increasingly from South America, now in this decade from Russia and from Asia, has been complete. According to a CIA report declassified this past May, that 1974 forecast has been proven accurate: “29 previously unknown diseases . . . have appeared globally since 1973, many of them incurable. . . . Twenty well-known diseases such as malaria, TB, cholera, and dengue have rebounded after a period of decline or spread to new regions, often in deadlier forms.”

The annual rate of growth of the human race, which in 1975 had reached 2.4% per year, fell to 1.9% in 1988, 1.7%

in 1992, and has now sunk to 1.1% heading toward zero, under the impact of the globalist “new world order” of the 1990s.

That is the long-term context in which to consider the warnings made in Garrett’s 1994 volume, and the disastrous global picture of “disease in a post-antibiotic age” which she draws in her new book. In that context, her subject matter is of the first importance worldwide, and her book is crucial evidence of the current crisis of the globalized world economy.

Collapse of Human Resistance

Right from the Introduction of *Betrayal of Trust*, the major omission of Garrett’s first book is recognized and remedied. The global collapse of the infrastructure of public health is the focus throughout the 600-page text.

One has to read her chapter on worsening infectious disease outbreaks in Africa, thoroughly and carefully, to see the crucial background to what South Africa’s President Thabo Mbeki and other such African leaders are insisting about the AIDS pandemic devastating their countries. It is not the murderous work of a single virus, or a single group of viruses. It is the effect of multiple, overlapping epidemics, including at least 13 outbreaks since 1986 of deadly hemorrhagic viral diseases never present in humans until the 1970s; and the resurgence of others, especially malaria and dengue fever. It is the effect of more and more weakened and deranged immune systems, in populations being employed to loot their own wealth, and thoroughly to loot the wealth of their own continent. It is the effect of run-down hospitals become the focal points for the *spread of deadly infectious diseases* rather than their cure. This is as true in the recently “prosperous and stable” Francophone West African countries, whose currencies were all collapsed at once in 1991, as it is in the economically destroyed and dismembered nation of Congo (Zaire), which is her focus in this chapter.

And by the time Zaire’s third Ebola virus outbreak occurred in 1995, the most advanced disease-control laboratories in Europe and the United States were suffering severely degraded capabilities to deal with such “superbugs.” Even Atlanta’s CDC, Maryland’s Ft. Detrick, and France’s Institut Louis Pasteur had let their high-security biological-hazard laboratories deteriorate to the point that scientists were being infected with the diseases they were studying. Garrett inter-

viewed veterinary researcher Frederick Murphy of the University of California-Davis, who said, "Today, for lack of funds, the infrastructure of tropical diseases is a mere skeleton of what it was twenty years ago. . . . So who is to be the world's public health doctor?"

Another chapter focusses on India, and the epidemic of bubonic and pneumonic plague which broke out in several large Indian cities in 1995. Here is another country which the "globalist" media constantly report to be enjoying the strongest economic growth. Yet, Garrett finds: "At a time of record-breaking economic growth, India was slashing its public health expenditures, shifting responsibilities from the federal to state levels, and seemingly washing its hands of all responsibility for the people's health. By 1991-1992, federal public health spending, which included hospital services, was a mere 0.04% of the national budget, or more than tenfold less than was spent in the previous decade."

As for Garrett's documentation of the demographic crisis-collapse of Russia: This chapter is nearly 200 pages in length, and compiles the findings of such rigorous researchers as Dr. Murray Feshbach as well as the author's own investigations throughout Russia; and it is a devastating and fearful picture. This is true, even though Garrett never penetrates the guiding questions of international and national economic policy, which have brought Russia to the abyss of a population decline approaching 1% per year.

U.S. Included in Public Health Collapse

Then, as to the "booming economy" of the world's wealthiest country, Garrett finds that "during the 1980s, the IOM [U.S. Institute of Medicine] found that every state lost funding and personnel in all areas except provision of clinical health care. Such vital services as drinking water and food quality control, environmental and occupational health, laboratories and disease control all lost money and personnel." Her long chapter on disease spread in America, though less horrifying than those on Africa, Russia, and India which precede it, is the most revealing of all. "By 1997," she writes—and she proves this in painstaking detail—"10% of *all* patients who spend more than one night in the average U.S. hospital acquired a non-viral infection nosocomially, carried to their fragile, ailing bodies on contaminated instruments or the hands of medical personnel. . . . In intensive care units the odds that any given patient would be infected in this way approached fifty-fifty. And all too often those infections were fatal. . . . By the close of the 1990s somewhere between one hundred thousand and one hundred fifty thousand Americans were dying each year, felled by infections they caught inside U.S. hospitals. And the deadliest of nosocomial microbes were newly emerging, mutant bacteria that could resist antibiotic treatment."

The national nursing shortage, shortage of hospital beds, relaxed sanitation standards and reduced power of public health officials to enforce them, reduced public vaccinations,

and overuse of antibiotics all contributed to this crisis, which Garrett calls a reversal of the paradigms and foundations of American public health since 1900.

The brief historical sections of her volume are sufficient to convince the reader, of what he or she may not have known or understood at all: that more than half of the increases in human life span since 1700, were due to conditions of public health achieved *well before World War II*; 86% of the increase came from decreases in infectious diseases, mostly achieved before the advent of all antibiotics and many vaccines. In fact, it was in the period 1865-1905 that the most rapid and concentrated breakthroughs were made in policy-thinking about public health, sanitation, and in scientific determination of the fundamental public health measures. It is to those century-old and older breakthroughs that we owe the protections, consolidated up through World War II, which until now have made the industrial countries safe from, and relatively unworried about the scourges of cholera, malaria, diphtheria, typhoid fever, yellow fever, and so on. Today's methods of control of tuberculosis are those pioneered by Herman Biggs, Health Commissioner of New York City, 100 years ago.

Garrett describes the great progress made against infectious disease in the *pre-antibiotic* age, in a very unusual context: her contention that despite those vaccines and antibiotics, global public health is far worse now than it was 30 years ago.

There is some confusion—even between the editor's comments on the dust-jacket of this book, Garrett's political-economic analysis of the crisis inside, and her comments during recent radio book-interviews—as to what her idea really is, of the relationship between the ruling "globalism" of the London-Wall Street and allied financial centers, and the global public health collapse she describes and indicts. The prospect of a "post-antibiotic age," fearful as it is, is obviously bound up with the policies (of commission and omission) of the pharmaceutical conglomerates producing and selling most of the antibiotics and vaccines, as has been shown this year by Al Gore's twists and turns over African countries' rights to produce generic pharmaceuticals. Garrett does not deal clearly with that whole issue. There are problems of presentation in the work itself—for example, for a book of such length and exhaustive, detailed treatment of its subject, it is entirely without tables, charts, or graphs until one reaches the final 100-page section of notes. And even there, there are very few of the graphics which might re-focus the reader's mind on an *overview* of the quantitative crisis which is being portrayed through such a massive number of anecdotal statistics.

Nonetheless, though *Betrayal of Trust* is still not pointing the way to the solution of so deadly a crisis, it is probably the most comprehensive documentation published to date, of the global scope and deadliness of that crisis. It is a view of the specter of a new dark age.