Economic collapse sets off pandemic diseases, as biological holocaust looms

by John Grauerholz, M.D.

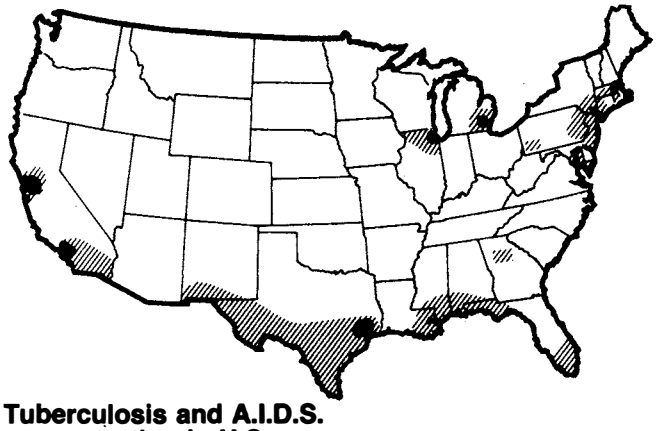
Over a thousand people are currently dying of cholera in northern Somalia every day, in spite of the availability of a widely known, cheap, and effective treatment. "Somebody may be consciously deciding not to treat cholera victims in Somalia," said a leading expert in the field. "I can't figure out why *anybody* need die of cholera. It makes no sense. The oral rehydration treatment is incredibly cheap, costing the equivalent of 10 cents to at most one dollar per person treated, and it is universally known, there's no way possible anybody could not have heard of it."

The cholera outbreak occurred when the latrines of a refugee concentration camp, near the border with Ethiopia, were flooded by a sudden rain and washed into the local water supply for 300,000 people. Barring prompt action, over 200,000 could die before the end of April.

The Somalia outbreak is not an isolated phenomenon, but part of a cholera pandemic which has been going on for the past 10 years, during which the disease, which had been absent from Africa for most of the 20th century, has spread to at least 22 countries on that continent, following big outbreaks in Nigeria in the early 1970s. Cholera is now endemic in 96 countries worldwide, and has the potential to rapidly expand, under collapse conditions, into Europe and the United States.

Approximately 75 regional subdivisions of African countries have serious cholera problems, according to recent data from the Center for Disease Control in Atlanta and the regional World Health Organization office in Washington, D.C. The affected countries include: Benin, Burundi, Cameroon, Equatorial Guinea, Ghana, Ivory Coast, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, Somalia, South Africa, Swaziland, Tanzania, Upper Volta, and Zaire. Two other countries known to have endemic cholera problems, but which have not made official reports to the World Health Organization, are Ethiopia and Sudan.

These lists are based on admissions of serious cholera problems by health ministers of the affected countries, but one medical professional familiar with the situation in Africa cautioned that "many countries don't report outbreaks of cholera for political reasons, including potential loss of trade." Even when governments report the existence of cholera, or other devastating plagues, to agencies such as the International Red Cross, the reports are not published and the world is not informed that the malnourished and starving population of Africa is being wiped out by pandemic diseases.



Tuberculosis and A.I.D.S. concentration in U.S.

Biological holocaust: the IMF's policy

The African crisis is a direct result of the International Monetary Fund's austerity conditionalities, designed to effect the depopulation policies of the Carter administration's *Global 2000* report. Under these policies, African agriculture, which once produced exportable food surpluses, has been ravaged and the populations herded into refugee camps, which serve to concentrate large numbers of sick and starving people in an environment suitable to the rapid spread of disease and lacking any means of prevention or treatment. These camps serve as giant cultures for growing viruses,

bacteria, and parasites, and propagating them in a susceptible population.

The IMF response to this breakdown has been to demand even greater austerity and to place increasing pressure on these countries to pay their debt. The only possible result of this policy is to ensure the most rapid possible extermination of the population of black Africa.

The most significant demographic change, which has created the conditions for mass epidemics with a high fatality rate, is a direct result of IMF economic policy. This is the phenomenon of population concentration. In addition to the African concentration camps, resulting from the present acute famine and regional wars, there has been a longer-term process of population concentration under way in the underdeveloped countries. This is the phenomenon of "marginalization," in which rural populations are driven out of the countryside by economic collapse and accumulate around the periphery of major Third World cities, creating a peripheral zone characterized by crowding, filth, malnutrition, and absence of even rudimentary medical and sanitary facilities. As the infrastructure of the cities themselves breaks down, an epidemic unleashed in the marginal zone would quickly "implode" the urban center.

Thus, we are witnessing a very efficient and inexpensive method of targeting and destroying large populations in the Third World, while avoiding the expense of nuclear or conventional weapons. The "infrastructure" for transmission of the diseases would consist of the population itself plus the rats and other vermin which act as carriers for the various microorganisms.

It is in this context that the World Health Organization recently reported that every minute, 10 children under five years of age die and 10 more are handicapped for lack of vaccines against a few common childhood diseases. Almost all of these children live in the developing sector, where only 20% of children are fully immunized. Five million children die each year and five million are crippled for lack of vaccines which would cost about $10 per child. The low level of

Genocide lobby vows: Let disease curb population

Colorado Gov. Richard Lamm wrote in the New York Times *April 17:*

I put forth blasphemy: the U.S. should give no emergency food relief to countries that are unwilling to adopt long-term economic reforms and population control programs. . . . Sadly, neither America's grain bins nor its pocketbooks can possibly keep up with the demographics of starvation, in Ethiopia or anywhere else. . . . Sooner or later, third world countries must come to grips with their population pressures. . . . If America gives short-term aid without insisting that recipient nations take long-term action to limit population and reform their economies, we merely throw gasoline on a fire. . . . The late Alan Gregg of the Rockefeller Foundation once said that overpopulation is a cancer and that he had never heard of a cancer that was cured by feeding it.

Thomas Ferguson, Latin American case officer for the Office of Population Affairs of the U.S. State Department, was quoted in EIR *March 10, 1981, discussing the OPA's experiences during the Vietnam War:*

We thought that the war would lower population and we were wrong. . . . To reduce population quickly, you have to pull all the males into the fighting and kill significant numbers of fertile, child-bearing age females.

[As for the civil war in El Salvador], you are killing a small number of males and not enough fertile females to do the job on the population. . . . If the war went on 30 to 40 years like this, then you might accomplish something. Unfortunately, we don't have too many instances like that to study. . . .

The population might weaken itself, especially if the war drags on, you could have disease and starvation, like what happened in Bangladesh and Biafra. Then you can create a tendency for population to fall very rapidly. This could happen in El Salvador. When that starts happening, you have total political chaos for a while, so you must have a political program to deal with it. I can't estimate how many people might die that way. It could be a great deal, depending on what happens.

Bertrand Russell, Prospects of Industrial Civilization:

The white population of the world will soon cease to increase. The Asiatic races will be longer, and the negroes still longer, before their birth rate falls sufficiently to make their numbers stable without help of war and pestilence. . . . Until that happens, the benefits aimed at by socialism can only be partially realized, and the less prolific races will have to defend themselves against the more prolific by methods which are disgusting even if they are necessary.

immunization ensures that no significant "herd immunity" will be present in the target populations to inhibit the spread of epidemics.

The foregoing does not even take malaria into account. This disease, in its most malignant form, *Falciparum Malaria,* affects nearly 200,000,000 Africans and will ultimately kill at least 20,000,000 of those affected. In addition, it is the major cause, other than malnutrition, of immune depression. It is malaria that creates the conditions under which the virus which causes infectious mononucleosis causes lymph-node cancer. Scientists are now investigating a situation in which four Americans developed this cancer, following exposure to a visitor from South Africa who was carrying the virus.

The holocaust is not limited to human disease. African swine fever, which necessitated the destruction of all swine in Haiti a number of years ago, with disastrous consequences for the food supply, has broken out in Belgium. This disease, which is 95% fatal to affected swine and almost impossible to eradicate, poses a threat to the $20 billion a year European pig industry. So far 20,000 Belgian swine have been slaughtered, and authorities are cautiously optimistic that they have controlled it—this time.

These animal diseases pose a double threat to man, both from transmission of the diseases themselves, such as toxoplasmosis and trichinosis, and destruction of the major source of high-quality protein. This is a significant problem in Ibero-America, where widespread animal disease is responsible for costly, inefficient production of pork and beef.

If the maps of malnutrition and potential epidemic animal and human diseases are overlapped (see cover), one gets a precise picture of the populations which have been targeted by such institutions as the Club of Rome and the other Malthusian think tanks that guide IMF policy. What also becomes obvious is that it will be impossible to contain these pestilences in the target areas. This is especially so when it is grasped that significant areas of the United States are included in the targeting.

Under present policies, Africa is entering a terminal stage, which will result in massive depopulation in the next two to three years. Large parts of Asia, and Ibero-America will soon follow, and then, sooner than is realized, significant portions of the developed countries. The perceived advantage of this scenario, from the standpoint of those agencies that are running it, is that, unlike nuclear war, it will specifically target the black, brown, and yellow races, while supposedly sparing the Anglo-Soviet and Venetian-Swiss gamemasters.

Bertrand Russell, Impact of Science on Society:

At present the population of the world is increasing at about 58,000 per diem. War, so far, has had no very great effect on this increase, which continued throughout each of the world wars. . . . War has hitherto been disappointing in this respect . . . but perhaps bacteriological war may prove effective. If a Black Death could spread throughout the world once in every generation, survivors could procreate freely without making the world too full. The state of affairs might be unpleasant, but what of it?

Stephen Mumford, of the Institute for Population and National Security, recently told a caller:

I have been looking at diseases as confined to children, which are making a very significant contribution to population growth control in Africa. It's the least desirable way, but in Africa it is significantly controlling population. There is a great rise in infant child mortality, one-third of the children are not surviving to the age of five.

[Concerning Bertrand Russell's views on Africa and disease, Mumford replied:] Africa is really starting to show that this statement by Russell is true. Childhood death rates are really going up in Africa. Unfortunately, not enough people are looking into the question of disease as a determinant of population growth. I'm looking primarily into childhood diseases, in Africa, in Haiti, Java, Bangladesh. Not just cholera, but the whole collection of diseases. Because of it, Africa will go through a depopulation process.

Are we next?

Cholera, malaria, AIDS, and other diseases now devastating Africa, do not respect national borders and are growing so luxuriantly that they will hardly remain confined. Under such conditions, mutation to more virulent forms, and increased transmissibility, will occur. It is only a matter of time before they spread to Europe and the United States, where the same IMF policies are creating growing pockets of nutritional and sanitary collapse, which will provide the necessary concentrations of susceptible individuals.

AIDS (Acquired Immune Deficiency Syndrome) is exemplary of this situation. Originally described in promiscuous male homosexuals and intravenous drug abusers, now over 10,000 cases of AIDS have been reported in the United States and approximately 48% of these people have died already. The number of reported cases in 1984 rose 74% over the number reported in 1983. The fatality rate is higher among affected children; among victims diagnosed before January 1984, it is 73%.

Four states, New York, New Jersey, California, and Florida account for 75% of the reported cases. While the disease has largely remained confined to four major risk groups, recent studies indicate that a rapid expansion into the general population could occur under conditions of nutritional and sanitary breakdown.

In April 1984, scientists from the United States and France

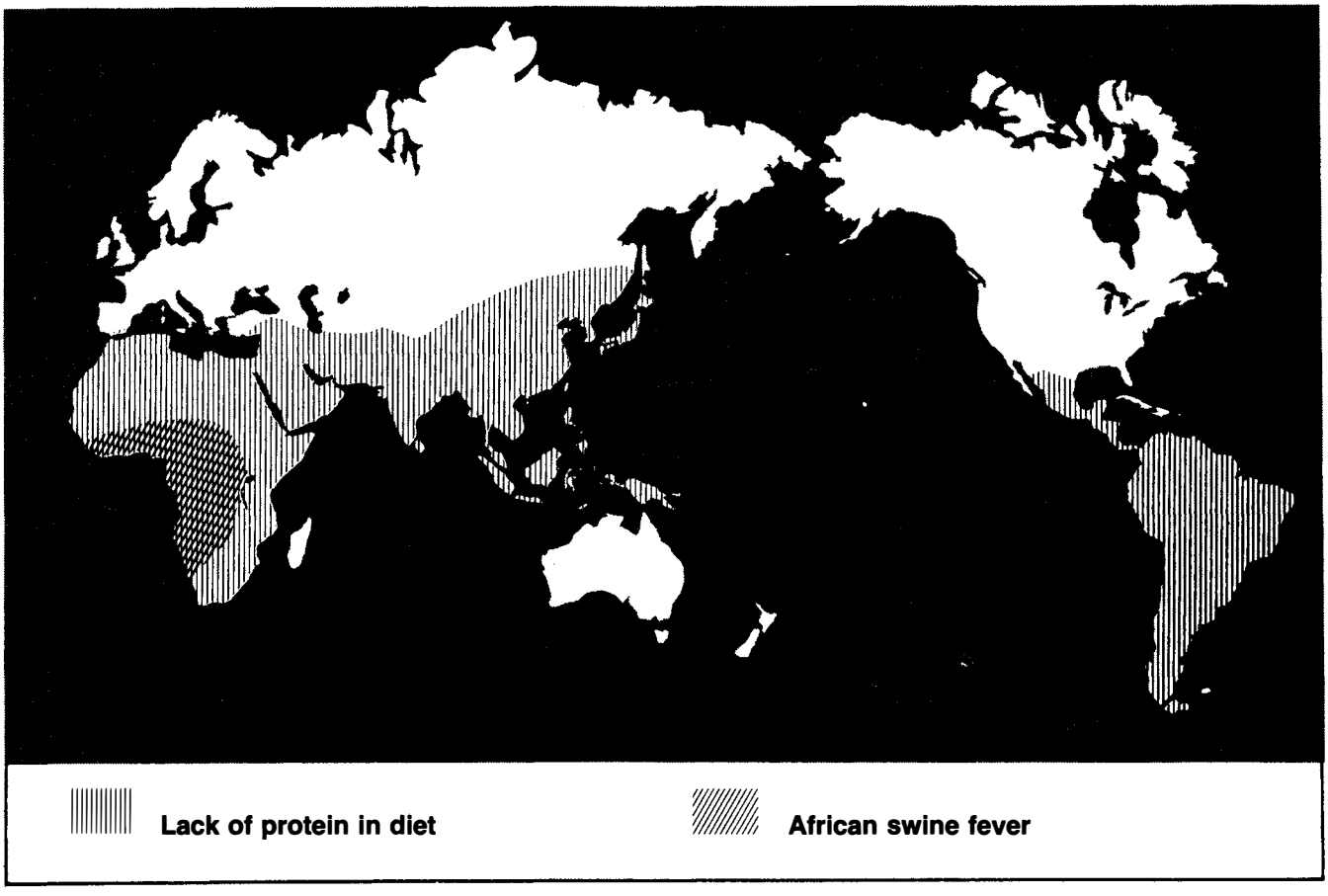
announced the isolation of a virus which selectively destroys T-cells, one of the two primary types of immune cells, as the causative organism of AIDS. Since then, a technique for growing the virus in quantity has been developed and a blood test for exposure to the virus is now being used for screening tests on patients and donated blood. Initial results of studies of exposure were "very disturbing," according to Dr. Harold Jaffe of the Center for Disease Control. Exposure to the virus is quite high among certain groups and may approach 30-50 times the number of presently reported cases. Between 5% and 20% of these persons will develop the disease over the next five years. Present estimates are that as many as 300,000 people have been exposed to the virus in the United States and that 10% of them will come down with the disease.

As striking as these figures are, the incidence of AIDS is at least 10 to 20 times higher in Zaire and other areas of sub-Saharan Africa. Here the disease is spreading in epidemic form by heterosexual contact and poor sanitation, in a population whose immune systems are depressed by malnutrition and chronic infectious disease. Present medical opinion is that the disease has been endemic in Africa for a long time, and that the HTLV virus was distributed along the old Portuguese slave-trading routes. The epidemic in Africa reflects the extreme breakdown conditions there and indicates that, should similar nutritional and sanitary collapse occur in the United States, similar epidemics would occur due to the dissemination of the virus in the U.S. population.

While the basic U.S. sanitary infrastructure is just beginning to crumble, as witnessed by the dysentery outbreaks in Pennsylvania last year, HTLV virus has been disseminated primarily due to certain "lifestyles" which have circumvented the basic goal of sanitation: the separation of what we eat and what we excrete. Homosexual practices result in significant fecal-oral contamination and transmission of numerous viruses, bacteria, and parasites from one person to another. As a result, a large reservoir of this virus exists, especially in the collapsing inner cities.

Hunger in America

In the United States, 20 to 30 million people are subsisting on diets approximately equivalent to those of the World War II Nazi concentration camps. Many of these people are living in crowded, filthy conditions in our decaying inner cities, with collapsing sanitation and medical care. Hunger and outright starvation have returned to many areas of the United States, as the vaunted "economic recovery" continues to unfold. The widespread hunger found during the late 1960s, which had been significantly alleviated by various programs



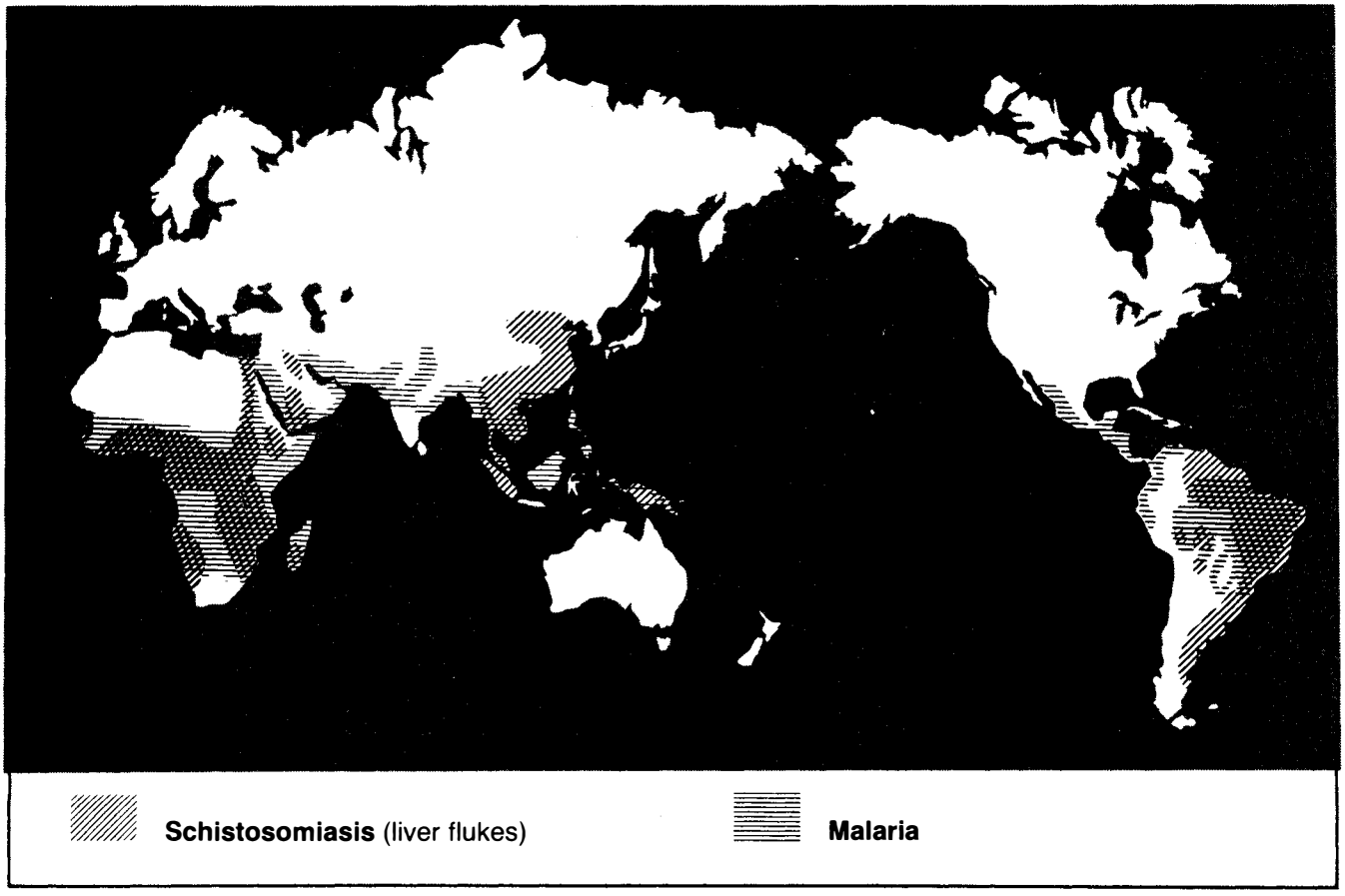
such as food stamps by the late '70s, has now returned, as these programs have been dismantled to pay usury on the federal debt.

A study entitled *Hunger in America—The Growing Epidemic,* documents the reemergence of malnutrition and outright starvation in the Mid-Atlantic, Southeast, Midwest, and Southwest. The study, prepared by the Physicians' Task Force on Hunger in America, conservatively estimates that at least 20 million Americans experience actual hunger to the extent of running out of food for two or more days a month. The heaviest burden falls upon children and the elderly, with approximately half a million American children suffering malnutrition characterized by low birth-weight and stunted growth.

In areas of America's decaying central cities, cases of marasmus and kwahiorkor, classically associated with the extreme starvation in famine-ridden Africa, are appearing in hospitals and pediatric clinics from Albuquerque, New Mexico to Chicago, Illinois. While an occasional such case may result from abuse and neglect, most result from lack of the basic necessities for child health and nutrition among America's increasing poor population. The 350,000 families whose unemployment benefits were recently terminated are likely to produce more of these cases, as other support mechanisms collapse under the pounding of the "invisible hand" of free-enterprise economics.

More widespread are conditions such as anemia, failure to thrive, diarrhea, and dehydration, as manifestations of childhood malnutrition. Anemia is associated with decreased energy and diminished immune function, and affects 20-30% of poor children. Many of these children were low-birth-weight babies to begin with, as a result of maternal malnutrition. Low birth weight itself is associated with markedly increased infant mortality, physical and emotional handicaps, school problems, and major and minor nervous-system disorders. Low-birth-weight babies are 30 times more likely to die before the age of one year than their normal-weight peers, accounting for more than half the infant deaths in the United States. Low birth weight is the eighth leading cause of death in the United States, where the last few years have witnessed a sharply rising infant mortality rate in the inner city areas of such cities as Philadelphia, Boston, New York, and Detroit.

When this group of susceptible children is placed in the context of the general collapse of housing and sanitary infrastructure, conditions are created in which the devastating infectious diseases of the past, such as tuberculosis, are beginning to reappear. Under these conditions, our malnour-



ished elderly are reactivating the tuberculosis they were healed from years ago and passing it on to their grandchildren, preparing the way for the return of "the White Plague, the first of the horsemen of death," as tuberculosis was once known. Childhood tuberculosis, once almost eradicated by vigorous public-health measures and modern drug therapy, is now so frequent in cities such as Chicago as to be considered a routine problem.

In addition to malnutrition, infant mortality is a result of lack of prenatal care because of the closing of clinics and dismantling of health infrastructure in response to federal, state, and local budget cutbacks. The proposed alternatives of community health workers and low-technology primary care, closely parallel the proposals for low-technology "primary health care" in the developing sector, as enunciated by the World Health Organization at a 1978 conference. It was at this conference, which took place at Alma Ata, in the Soviet Union, that the formal decision not to invest in major health-care infrastructure was taken.

The main reservoir of tuberculosis in the United States is the nation's elderly, a group also hard hit by hunger and malnutrition. In Chicago many elderly people subsist on a diet of 550 calories and 24 grams of protein, which can only be compared to the Nazi concentration camp diet of 800 calories and 40 grams of protein. Under such conditions, the age-associated decline in immune function is accelerated and healed tuberculosis is reactivated. When these elderly live in crowded conditions with young children, the result is the reported increase in tuberculosis in children. This in turn is an indicator of a growing reservoir of physically debilitated people, which provides the fertile soil for the spread of epidemics such as AIDS, typhoid, typhus, or the bubonic plague.

Concentration-camp nutrition

Contrary to the austerity-diet fanatics, hypertension, diabetes, and cardiovascular disease are also common among poor adults. These diseases reflect lifetime nutritional deficiency, especially of high-quality protein. Such deficiency is guaranteed on the so-called thrifty diet devised by the U.S. Department of Agriculture, which provides roughly the 40 grams of protein alloted to the residents of Dachau and Bergen-Belsen, and generously adds 400 calories from low-quality starches. According to the USDA's own study, over 80% of households whose food spending equals the thrifty food-plan level suffer malnutrition.

Any realistic assessment of the dietary profile associated with a healthy population, characterized by low infant mortality and extended productive life span, requires, as a first

Plague (known and probable foci and areas)

prority, a diet of at least 100 grams of protein a day, of which 70 grams would be high-quality (animal) protein, and a calorie throughput of 2,500-3,000 calories a day.

The thrifty food plan, however, was devised by programming a computer to come up with a diet equal to a present federal expenditure level, without any consideration of nutritional adequacy. This is the sort of cost-efficiency mentality that would warm the heart of Adolf Eichmann or Milton Friedman, except that Friedman would probably consider it over-generous. It is certainly compatible with the worldview of the grain cartels and their pointman, Undersecretary of Agriculture Daniel Amstutz, and his ventriloquist's dummy, Agriculture Secretary John Block, who decry the present agricultural "surplus."

The "thrifty diet" is coherent with a general shift in U.S. dietary habits away from a relatively high-protein, red-meat-based diet, to a lower qualitative and quantitative protein intake and an increase in carbohydrates and "roughage," which more closely approximates Third World diets. The brouhaha about fat and cholesterol, whatever its merits in individual cases, has served to smooth the adjustment to a lower-quality diet in the American population. Since the mid-sixties, coincident with the environmentalist movement and the antinuclear movement, there has been a broad attack on the American diet by a variety of "nutritionists" and consumer advocates. The net result has been to shift from a diet associated with an average life expectancy of 72 years, toward one associated with a life expectancy of 42 years.

Since present policy is to cut costs first and foremost, a plethora of obstacles has grown up to prevent all those who actually qualify for food stamp benefits from receiving them. These take the form of long application and reporting forms, long waiting lines, threats of prosecution for fraud, and eligibility requirements which strip applicants of whatever remaining dignity and property they may possess. This has led to the phenomenon of decreasing numbers of food stamp recipients in many areas, even as poverty has substantially increased.

The combination of malnutrition, decreased health services, and sanitary-infrastructure collapse, is creating expanding pockets of poverty and malnutrition in the United States, characterized by Third World-style infant mortality and disease rates. This destruction of the labor-force represents one of the gravest national security threats which faces the United States today, and is a direct consequence of the free-enterprise ideology poisoning the present administration, which is being manipulated by the same people who are destroying the Third World.

Primary liver cancer