The order of battle for a global war on disease

by Warren J. Hamerman

Evaluating the current global disease situation, we have no choice but to reach the conclusion that unless concrete emergency mobilization actions are implemented immediately, the currently unfolding biological-ecological holocaust threatens to converge upon a "point of no return" in the period leading into 1987-88.

The following human diseases are erupting either in pandemic conditions or as epidemics exhibiting unusual qualitative features which suggest that they may either become pandemic or suddenly develop new strains which may rapidly develop into pandemics:

- **Malaria:** Minimum official estimates are of 200 million cases globally, with some expert assessments of 160 million cases for Africa alone; the spread of a drug-resistant form (namely resistant to chloroquine) of plasmodium falciparum (the lethal type of malaria) could create a catastrophe;
- **Cholera:** Twenty-two countries in Africa and 90-96 worldwide are currently experiencing epidemics; before 1980 mortality was 1-2%, but from 1980 until 1985 mortality has been much higher, in the range of 10-15%;
- **Tuberculosis:** Estimates are in the range of 20 million or more cases worldwide, although in the poorer areas of the world people are never diagnosed. In Asia and Ibero-America a strain of TB resistant to the drug of choice (INH) has developed;
- **Diarrheal diseases:** Massive outbreaks in Asia, Ibero-America and Africa constitute one of the major killers of weaning-age children;
- **AIDS:** Over 30% of all new AIDS cases in the United States are among heterosexuals, with government alerts that the number of infected Americans at this point may be way beyond 400,000 individuals. In Africa, nine countries—Zaire, Rwanda, Burundi, Uganda, Congo, Kenya, Zambia, and Tanzania—are currently experiencing epidemics among primarily heterosexual populations;
- **Hepatitis B:** 85% of the populations of Africa and China (who generally do not have access to cures) test positive for the lethal strain of this disease. Even though everyone who tests positive is not necessarily sick, the potential for epidemic outbreak under collapse conditions is great.
- **Trypsansomiasis** (Sleeping Sickness) and **Chagas,** the related disease in the Americas: An uncontrolled epidemic is raging in Africa with between 22-40 different strains already isolated;
- **Measles:** Fatality rate in Africa has jumped from the normal 3-10% range for children to the 50-70% fatality range in the refugee camps; the other child-oriented disease in Africa which a mass vaccination program could affect is **polio**;
- **Yellow Fever, Meningitis, Schistosomiasis, Influenza,** are all exhibiting dangerous growth patterns. **Plague,** endemic in key disease epicenters of the world, always remains a clear and pressing danger, particularly given the collapse of basic sanitation services and the presence of drought conditions which force plague-bearing rodents into populated areas. **African Rift-Valley Fever,** once just an animal disease, recently became a severe human disease.

One could enumerate many additional diseases which fit this pattern, particularly by extending the domain of focus to animals (e.g., **Rinderpest, African Swine Fever, Hoof & Mouth Disease** and **Hog Cholera**) and plants, as well as to man. However, at a certain point of evaluation, what becomes primary is the simultaneous panorama of disease spread.

These pandemics are only one feature of an overall integrated biological-ecological holocaust which includes simultaneous eruptions of: 1) human disease pandemics; 2) animal (*fauna*) disease pandemics; 3) crop and generalized *flora* disease pandemics; 4) abrupt shifts in weather patterns such as the onset of severe droughts; 5) severe aberrations in the geo-surface, such as desertification; 6) gross perturbations in the large-scale energy-flow cycles of the biosphere as evidenced in sudden shifts in wind patterns.

In fact, these phenomena are not mere "unfortunate coincidences," but aspects of one unified process which was catalyzed by fallacious and calamitous economic policies which were artifically imposed upon the global human economy principally by the International Monetary Fund (IMF) and the World Bank. The currently unfolding generalized biological-ecological breakdown crisis was presented as a forecast warning against those policies at their moment of large-scale implementation during Robert McNamara's tenure as World Bank president. The forecast alert was prepared by a special task force proposed by the economist Lyndon H. LaRouche, Jr. and directed by this writer. The study was in the form of a basic biospheric geometric modeling project

eleven years ago [for a review of this study see *Executive Intelligence Review,* April 30, 1985, Vol. 12 No. 17].

Given the accelerating nature of the current health crisis globally, we propose that nothing less than the declaration of a full-scale War on Disease, utilizing the most modern military and scientific technologies, is required.

The existing international health institutions such as the so-called relief agencies, the World Health Organization and the International Red Cross, have proven themselves impotent in the face of the magnitude of the problem. Therefore, we propose that the War on Disease be conducted through a military chain of command with a general staff composed of Allies representing the United States, the developing sector, Western Europe and Japan, with full respect for the national sovereignty of nations in which the front battle lines occur.

Were the Commander-in-Chief of the United States, for example, to declare a War on Disease, the military could launch an immediate airlift of medical personnel, medical supplies, food and water. Large aircraft such as C-5As and C-141s could be flown into Addis Ababa, Khartoum, and Nairobi and then transloaded to short-landing-strip aircarft which could be flown to smaller airports, which in turn would be transloading points for helicopters. Various underutilized specialized units, such as the Army Corps of Engineers, could provide a major role in the War on Disease. The emergency military "invasion" phase of the War on Disease must address a finite number of logistical and policy questions. All planning and logistical functions must function under a strict military command.

The first objective of the War on Disease must be to instantly bring down the morbidity rates in affected areas, while simultaneously preventing the spread of infection from the disease epicenters and foci as well as laying the basis for prophylaxis. Since the accelerating morbidity rates are the direct and indirect consequence of what are euphemistically termed "IMF Conditionalities," we propose that the first act of the War on Disease be a *full moratorium on all "IMF conditionalities."* Furthermore, *all debt payments* to international financial institutions shall be frozen pending reorganized arrangements to be worked out in the context of international negotiations, to allow the concentration of maximum resources upon the task of winning the War on Disease.

Specifically, the prime objective of militarily protecting the right to life of all human beings can be met through a military mobilization program providing for:

1) Personnel: To supplement military medical units, there must be a massive mobilization of qualified doctors, nurses, and paramedics on a world scale. In addition, to the large numbers of African personnel currently in the United States and Western Europe, nations such as Egypt and India could function as personnel mobilization epicenters.

2) Food: The overall protein-energy-vitamin deficiencies of the world's population must be abruptly ended, by providing emergency minimum daily diets of 1,500-2,000 calories with 50-100 grams of protein daily and a profile of essential vitamins, merely to alleviate the famine conditions which now exist. In many areas of Africa, starvation diets of 500-1,000 calories now prevail. In Phase II of the project, to allow the necessary immunological resistance to be built up, virtually immediately after the raising of the diet to the emergency levels specified, a diet in the range of 2300-2500 calories with 100 or more grams of protein and a complete spectrum of vitamins is required.

3) Water: A large supply of sterilization tablets can provide immediate clean and uncontaminated water. Specialized military units capable of setting up desalination stations on the coastal areas already exist under military command. To supplement these stations, adequate water distribution systems must be rapidly functioning.

4) Immunization: Multivalent vaccinations are to be carried out on a systematic global scale with emergency mass immunizations in the so-called relief centers in Africa. In addition to the importation of vaccines, vaccine-production facilities must be constructed on the front lines. The construction of indigenous medical facilities is an overall priority of the project.

5) Medicines: Especially massive amounts of tetracycline and a full arsenal of the antibiotic spectrum must be available on the front lines. A thoroughly uncontaminated blood supply—with full screening tests for AIDS, and any other potential disease agents—must be available at all times. To stop the spread of AIDS the ensuring of an uncontaminated blood supply in the advanced sector, in particular, is a priority. Furthermore, massive amounts of basic malaria and cholera treatments must be made available. In addition to rehydration medicines, the material for infusions must be made available. Overall, the operational procedure must be to administer medical treatment from the standpoint of "presumptive treatment" for the worst case situation.

6) Sanitation: Basic waste separation and disposal methods must be implemented. Basic sanitation must include prophylactic (preventive) measures such as control of rodents and arthropods, spraying and pesticides, chlorination of water supply, pasteurization of milk, etc.

7) Quarantine measures;

8) Animal health management;

9) Crop and flora health management.

The particular programs required to address each of these nine areas are generally standard procedures, which can be upgraded through use of the most modern technological means. For example, NASA's Landsat Program is capable of precise mappings. Space experiments have already demonstrated the capacity for upgrading medicine-production. Furthermore, mobile operational medical treatment and surgical units should be airlifted and deployed into critical battle zones.

In short, with a full-scale emergency mobilization effort we can successfully stop the unfolding biological-ecological holocaust. Mankind has no choice but to fight and win this War on Disease.