

attribute the phenomenon to irrelevant factors, such as climate change. We are still a long way from a cheap, safe, usable vaccine. A little money in this direction could help progress a great deal!

EIR: What program could you propose for a resolution to the current epidemic?

Reiter: We are trying hard to inform the public that fumigation (which many demand from the government) is ineffective against this mosquito. Quite simply, the insecticide hardly penetrates indoors, and so does not interact with the mosquitoes. Fumigation, though a major expenditure in many countries, is money thrown into the wind.

The only way to prevent transmission is to eliminate the breeding sites. In theory, this is a simple measure, and has been very successful in the past. In practice, we are trying, but results are not encouraging to date.

EIR: Is aspirin really the only recourse once infection strikes?

Reiter: Aspirin should never be used for dengue. The anti-coagulant effects of aspirin can exacerbate the risk of hemorrhagic manifestations, as can other drugs, such as ibuprofen. CDC recommends the use of acetaminophen-based products, such as Tylenol.

Bring back DDT to save lives!

by Marjorie Mazel Hecht

Dengue is one of many insect-borne killer diseases that could be eradicated with the proper combination of mosquito control (including spraying of house walls) and public health programs. By the mid-1990s, it was taken for granted that this is what governments should do to protect their populations, and in the early 1960s *Aedes aegypti*, the mosquito species that carries dengue, was eradicated from many countries, including those in South America and the Caribbean.

But budget cuts, the international monetary police agencies, and so-called environmentalism intervened, to stop both mosquito control and public health programs, especially in the tropical areas of the world, whose people were considered expendable, or relatively more expendable, by the Malthusians. The swift return of both *Aedes aegypti* and killer diseases, therefore, was no surprise. According to the World Health Organization, today dengue is endemic in all continents except Europe, and an estimated 80 million people are infected annually.

DDT and mosquito control

One of the primary tools in mosquito control following World War II was DDT, which is responsible for saving more millions of human lives than any other man-made substance. For this very reason, it still comes under fierce attack.

Spraying the inside of houses with DDT twice a year is an effective, inexpensive way to stop the spread of malaria and other insect-borne killer diseases, with no harm to the environment. The field tests and research show that even if mosquitoes have become resistant to DDT, they will stay away from houses sprayed, because of DDT's excito-repellant effect. In fact, excito-repellency has been shown to be the main way that DDT controls mosquitoes, rather than killing them on contact.

House spraying involves relatively small amounts of pesticide, compared with agricultural uses, and the pesticide on walls stays put. The resistance to DDT in the mosquito population occurred in areas where there was widespread use of DDT on cropland. Those few mosquitoes that survived the DDT, because of some natural ability to resist DDT's killing mechanism, then propagated, so that the local mosquito population became mainly resistant to DDT.

The insect resistance that developed during the early malaria control programs is often cited by the World Health

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A Dunsun house made of bamboo and having a thatched roof is sprayed by a member of the malaria eradication squad. This pilot eradication project in North Borneo in 1956 was so successful that it was converted into a full-fledged eradication program.

Organization and others as a “scientific” reason that DDT could no longer be effective, but this is not true. DDT house spraying has cut the incidence of malaria dramatically in Belize, Mexico, and other areas. Recent research has shown that there is a direct relationship between DDT house spraying and the incidence of malaria: As the number of houses sprayed increases, the incidence of malaria goes down.

DDT and dengue

The species of mosquito that spreads dengue is the *Aedes aegypti*, most populations of which are resistant to DDT. How effective would DDT be in Puerto Rico and other areas where dengue is epidemic? The scientific way to find out would be to field test DDT in areas where the dengue infection rate is high, by spraying the inside walls of houses. The mosquito rests inside houses, and that is where most people are bitten.

If DDT proves not to be effective, there are other insecticides, pyrethroids, in particular, that may be effective for house spraying. The main disadvantage of the DDT replacements is their cost; house spraying twice a year with DDT costs approximately \$1.44 per house, and replacements can cost 19 times as much. Of course, when an insect-borne disease is out of control, like dengue, and spraying could solve the problem and stem the spread of the disease, the issue becomes the cost of saving human lives.

Political resistance

The main resistance to DDT is political, not scientific. DDT was banned in the United States in 1972 for political reasons. Green groups like the Environmental Defense Fund and the Natural Resources Defense Council, made their fame and fortune in media and fundraising campaigns, scaring people about DDT. The hoax that DDT was detrimental to the environment, begun with Rachel Carson’s lying book *Silent Spring* in 1962, took on a life of its own.

At the time of its ban in the United States, every major scientific organization in the world supported the use of DDT, and a seven-month hearing, convened by the U.S. Environmental Protection Agency, ruled in April 1972 that DDT should *not* be banned, based on the scientific evidence. “DDT is not

carcinogenic, mutagenic, or teratogenic to man [and] these uses of DDT do not have a deleterious effect on fish, birds, wildlife, or estuarine organisms,” the EPA hearing examiner concluded. But two months later, EPA administrator William Ruckelshaus banned DDT (without reading the 9,000 pages of EPA testimony), for what he later admitted were political reasons.

The consequences were rapid and deadly: Countries that followed the U.S. lead on DDT, which many were forced to do as a condition of receiving development aid, experienced a precipitous rise in malaria incidence. In Sri Lanka, for example, before the DDT spraying campaign began, there were 2.8 million cases of malaria and 12,500 deaths, in 1946 alone. By 1963, the number of cases had dropped to 17. Just five years after DDT use stopped, malaria cases had climbed to 500,000 with 113 deaths.

Today, nearly half the world’s population is at risk from malaria and its debilitating effects; most of the 200-300 million new malaria cases each year are among children. Two-thirds of the world’s population live in areas where the dengue-carrier is endemic. The mosquito and its diseases, however, know no boundaries. Self-righteous Western environmentalists who attack insecticides because they think they are protecting Mother Nature, may not have long to wait before they are bitten — courtesy of that same Mother Nature.