

## Plague spreads in India beyond Surat epicenter

by Ramtanu Maitra and Susan Maitra

Pneumonic plague, the Black Death of the 14th century, which is spread airborne like the common cold, broke out in India's west coast city of Surat in Gujarat state on Sept. 15, causing panic and provoking global media attention. By Sept. 27, more than 300,000 terrified migrant workers had fled the slums of Surat, returning home to points across India. Several individuals were being tested for plague in India's financial center of Bombay, 160 miles south of Surat, and in the capital of New Delhi, 600 miles to the north, and in the states of Rajasthan, Madhya Pradesh, and as far as Calcutta on the east coast, 950 miles away in West Bengal.

In fact, the first case of bubonic plague, which is transmitted by fleas found on rodents, had shown up at least 40 days earlier, in the nearby Beed district village of Mamla in Maharashtra state. Deaths in Surat and Maharashtra are as high as 500, not the much lower official count, as of Sept. 27.

As of that date, the rapid spread of the highly contagious pneumonic strain had somewhat waned in Surat itself, due to a belated mobilization to administer tetracycline, which effectively kills plague bacillus, to the city's residents. Delhi authorities have also finally geared up a national mobilization to supply 40 million capsules of tetracycline and other antibiotics widely.

However, Dr. K.K. Dutta, director of the National Institute of Communicable Diseases (NICD), warned Sept. 27 that since the incubation period of pneumonic plague is four to five days, "similar satellite outbreaks" can occur elsewhere. If India's infrastructure and sanitation systems were anywhere near decent levels, it would be possible to stop the outbreak of plague with antibiotics. This, however, is not the case, and no complacency is warranted.

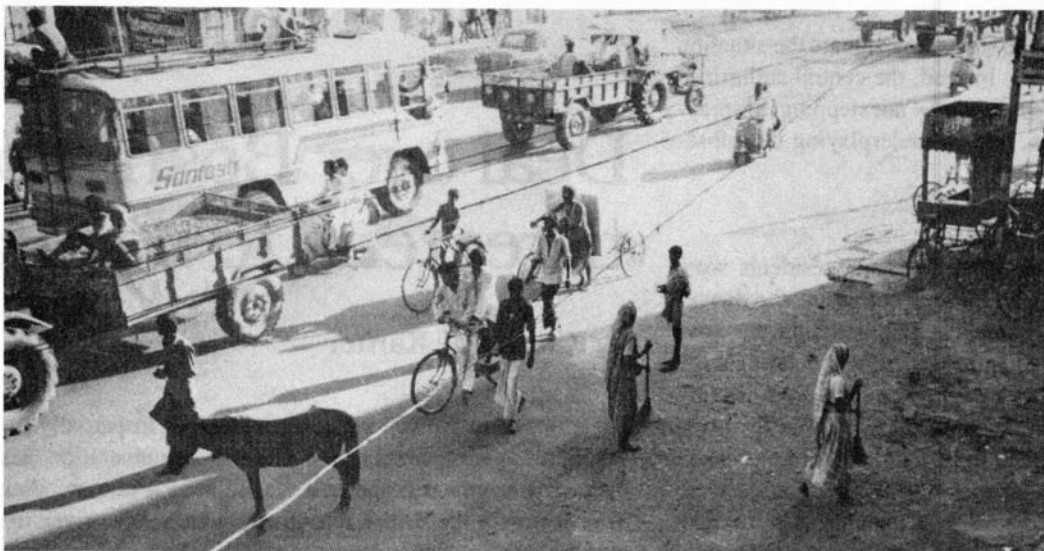
The authorities have come under serious attacks for their

complete lack of action between Sept. 15-26. Their abject failure to control the plague within the city limits of Surat and to impose any quarantine at all led to thousands of infected carriers boarding long-distance trains and buses, infecting many others who were nowhere near Surat. In Surat itself, a large number of private clinics were closed, after the doctors and nurses fled their stations. The failure of the government and local authorities to ensure treatment to the affected was the primary reason patients fled hospitals.

In Mamla, where the plague began, it has not spread as rapidly (as yet) as in Surat, but continues to claim new victims. On Sept. 28, the NICD announced there were 333 registered cases of plague in Maharashtra, of which 117 were pneumonic, and 603 cases in Surat. The authorities are mum about the linkage between the Mamla area and Surat cases. NICD's Dr. Dutta, told newsmen that he does not rule out that a carrier from the Mamla area may have taken the bacillus to Surat.

### WHO suppresses the facts

The outbreak can be directly blamed on the U.N. World Health Organization (WHO), the first U.N. organization launched personally by Tavistock Institute founder John Rawlings Rees in order to use world health procedures to control and reduce global population (see *Feature*). Despite repeated warnings by Dr. Dutta and the NICD that last year's major earthquake in Maharashtra (which killed 10,000 persons) would mean a resurgence of plague, the WHO and the Indian Health Ministry insisted that plague had been eradicated in India, and no testing or insecticide spraying was necessary. Plague has been contained in India since 1966, the last time there were any cases, by the crucial program of monitoring, in which there are periodic tests of rodents and



*A dilapidated city in India, where unsanitary conditions and huge garbage dumps compete with industrial growth: breeding grounds for the spread of disease, unless emergency measures are taken.*

fleas. But under WHO urging, the Health Ministry stopped the monitoring in Maharashtra in 1987, and this was never recommenced—although plague has been known all along to be endemic in the neighboring states of Karnataka, Andhra Pradesh, and Tamil Nadu.

Since 1989, the national Plague Surveillance Unit (PSU) has been routinely notifying the government of increased seropositivity of the rats in these three states, and had advised that adjoining Maharashtra and Himachal Pradesh should also be brought under surveillance. Until very recently, neither the NICD, nor the state governments, nor New Delhi took any heed or countermeasures. District and health authorities admit now that the signs of plague were all there. In Mamlu, the rat population had grown significantly, the area was swarming with fleas, and cases of rat fall—the death of large numbers of rats, which is also considered the final warning before the disease breaks out among humans—were noted.

When the experts of the PSU rushed into Beed, they did not have to search for cases of bubonic plague, in which a victim even without undergoing treatment, has a 70% chance of surviving. But the containment of the bad news coming out of Beed by the health authorities was so complete that Maharashtra Chief Minister Sharad Pawar, in one report, claims that he came to know of plague breaking out in Maharashtra only on Sept. 12, more than five weeks after the first cases in Mamlu were indentified. The containment gave over into panic on Sept. 15, when the pneumonic plague from Surat was reported.

### **Why the WHO likes squalor**

Surat, known for diamond polishing and spinning silk thread, is everything that can be associated with urban degeneration. Controlled by the mafia and smugglers, the old city contains a population that is three times greater than its dilapidated, infrastructure can support. Because of the nature of

contract labor work, the city is flush with money and migrant workers, and overall decay and lack of sanitation. Surat is not, however, an isolated case of dilapidation: All along the route from Ahmedabad to Bombay, where a number of growing cities are cluttered, unsanitary conditions and huge garbage dumps compete with industrial growth. There is a serious shortage of water all around this area, and dreaded diseases such as dengue, typhoid, cholera, and jaundice have become routine occurrences along this trench. Both the 1993 earthquake, and this year's intense monsoon floods which have left shantytowns in Gujarat and Maharashtra states under 10 feet of water, had the effect of displacing large numbers of plague-bearing rodents, and killing large numbers of cows and other animals. Most of the carcasses, as well as many of those of the people buried by the earthquake, were simply left to rot, and the fleas to seek new human hosts.

Despite vast health hazards over a large area, WHO epidemiologist Giordano Torrigiani expressed confidence to a reporter Sept. 27 that he believes the Indian government has found all the cases in Surat and has administered tetracycline to everyone who may have had contact with a sick person—a claim that Indian authorities would not make. Torrigiani went on to blame India's high population growth rate for such disease outbreaks: "China had a very aggressive policy as you know, but in India it's a very difficult problem to tackle," he said.

Despite the malthusian axe-grinding of Torrigiani, the fact remains that a grave, if not deliberate, mistake has been made, and both the Indian government and the WHO are equally responsible for it. Neither Maharashtra, nor Gujarat, nor any number of other states, for that matter, are anywhere near being free of the rat fleas that cause bubonic plague, and over the years, this has become evident from what the Plague Surveillance Unit experts saw and reported. Moreover, the PSU reports indicate that the rat-flea infestation was on the rise for a long while, and that scant care was taken by the

authorities, in Delhi or in the states, to evaluate the situation and take adequate measures. Instead, the central authorities allowed the situation to deteriorate by not stepping up spraying in the suspected areas, and by underplaying the subsequent findings.

### **Cure is the best prevention**

Once it became evident that the Surat residents were fleeing to places far and near, thereby enhancing the danger of spreading the disease among a large population, the government announced a state of emergency, which brought the Rapid Action Force to prevent Surat residents from leaving the city. Local authorities, such as in Delhi, told the press that those who are coming in from Surat would be checked for plague infection, but in real life these promises were found wanting. Reports of house-to-house checks in Bombay to ensure that no one had come in contact with infected people from Surat were similarly found to be highly exaggerated. Meanwhile, fresh suspected cases have shown up in such distant states from Gujarat as West Bengal.

The one area where the government has geared up is in the production of tetracycline and other antibiotics, such as gentamicin and streptomycin, which also work well in treating plague infection. The public sector pharmaceuticals manufacturer IDPL, based in Rishikesh, has already released some 40 million tetracycline capsules, and is geared up to release 1.5 million more every other day. The Maharashtra government is reportedly drawing up plans to spray the entire state with insecticides as measures to contain the plague have failed. Authorities have indicated that the fumigation of Maharashtra would require 26,000 metric tons of insecticide, costing about 216.6 million rupees—a small price, no doubt, to save human lives and assure foreign investors that all will be well in the future.

This leads to the obvious question of why was the spraying not done before? Dr. Mira Shiva, head of the public policy division of the Voluntary Health Association of India, a nongovernmental organization, claims that the budgets of premier institutes of public health and hygiene have been slashed over the years with the sole purpose of satisfying the International Monetary Fund-World Bank demand to reduce budget deficits. Planned expenditure on health has been gradually reduced from 3% of the planned outlay to 1.8%. In addition, gradual privatization of health facilities had been encouraged. The failure of the private hospitals to respond at the time of crisis was seen in Surat, and six private clinics whose medical personnel had abandoned them were burned down by irate crowds there.

Despite the cuts in the public health expenditure, and the diversion of funds into family planning by the Union Health Ministry to satisfy the U.N. agencies, India's budget deficits remained high and inflation remained high. In addition, India is now feared as a plague-endemic country, and that should be of great concern to those who are wooing foreign investors.

# Deal over Bosnia by threatens to be fatal

by Katharine Kanter

By agreeing in the last week of September to partially lift sanctions against Serbia, the Clinton administration has opened in central Europe and the Balkans a new window of opportunity for British maneuvers which may, given the extraordinary strategic importance of the Balkans, lead to a chain of crises the administration might not withstand.

The U.S. administration, which also made an about-face on its decision to raise the arms embargo against Bosnia unilaterally on Oct. 15, has not yet decided whether it is strong enough to go for a head-on confrontation with the British over International Monetary Fund policy towards Russia. Therefore, its attitude toward Russia is condemned to be giving with the one hand, what is promptly taken away by the IMF with the other, while making political concessions to what is perceived to be the pro-Serbian "hardliners" in Russia as a sweetener to the IMF pill.

For the United States, this may seem a small, "time-saving" sacrifice to make. But to Bosnia, and to the whole of central Europe, it may spell doom.

### **There is no Milosevic-Karadzic split**

The premise upon which the lifting of the sanctions against Serbia was based, were statements—and they are nothing more than that—by Serbian President Slobodan Milosevic, claiming that he has ordered the border between Serbia and Bosnia to be sealed, as a sign that Serbia is in favor of the London Contact Group's "peace" plan for Bosnia, and has therefore ceased to support the war effort by "renegade" Serbian forces inside Bosnia. Those forces, led by Radovan Karadzic, President of the self-styled Serbian Republic of Bosnia, have showily spurned the Contact Group plan on the basis that it proposes that the Bosnian Serbs, who have seized 70% of Bosnian territory, remain with "only" 50% of Bosnia.

Over September, a campaign has been run through the international press to convince the western public that the border is indeed sealed, and that there is real political division, even hatred, between the Milosevic and Karadzic camps.

This is nothing but a dog-and-pony show, orchestrated by Great Britain's David Lord Owen and Foreign Secretary Douglas Hurd; Milosevic, who is in fact the "true and only begotten" of the Greater Serbia military onslaught, gets to