

The Ban on DDT is Killing Millions in the Third World

ROGER BATE

WHILE the world understandably focuses on AIDS in Africa, malaria continues to devastate the children of that blighted continent. Dr Wenceslaus Kilama, a Tanzanian malaria specialist and head of the Malaria Vaccine Initiative, alarmingly explains that every 30 seconds a child in Africa dies from the disease. 'That's like loading up seven Boeing 747s with children and crashing them into the ground every day ... a September 11th every 36 hours', he says.

But South Africa has reduced its malaria burden by using a combination of the widely despised insecticide DDT and a new therapeutic drug called Coartem. According to Donald Roberts, Professor of Tropical Diseases at the Uniformed Services University of the Health Sciences in Maryland, 'the insecticide DDT is still the best method to control mosquito-borne dangers like malaria around the tropical impoverished parts of the world'. Unfortunately, no aid or health agencies are learning from the South African experience because of concerns about being seen to endorse DDT. But is DDT really deadly?

DDT: THE FIRST EXAMPLE OF ECO-IMPERIALISM

'The 1972 banning of DDT in the United States was based more on politics than on any scientific evidence', says Dr Roberts. After reviewing all the evidence, the judge presiding over the scientific hearings on DDT ruled that DDT should not be banned, yet he was overruled by William Ruckelshaus, the then Environmen-

tal Protection Agency head in a move to flex his political muscles. DDT does bio-accumulate in the environment, but environmental problems only arise when it's used in massive doses for farming, not when used for disease control. DDT dissipates in the environment slowly but consistently. Furthermore, even after 60 years of human exposure 'there has never been a replicated study published in a peer-reviewed journal showing harm to human health from DDT', says malaria expert, Dr Amir Attaran.

So the US ban on DDT was the first and most extreme example of what has become known as eco-imperialism. According to Greenpeace co-founder, Patrick Moore

The environmental movement has lost its objectivity, morality and humanity ... The pain and suffering it inflicts on families in developing countries can no longer be tolerated.

'Over the past few decades the green movement lost its way', says Moore. It culminated with the fall of the Berlin Wall in 1989 when 'an influx of peace activists and Marxist ideologues into the green movement destroyed the remnants of a science-based agenda', he sadly concludes.

From 1989 onwards, the Greens ignored solutions to the problems they had identified, and became more concerned about maintaining problems, so that they could push policy 'solutions' that furthered their leftist agenda. For example, their *de facto* demand that nuclear waste never be buried, because it would be toxic for thousands of years, meant it was often shunted around from one location to another, increasing risk. Their point

was far less about nuclear power than about maintaining a debate on whether the West should keep nuclear weapons. The Greens oppose turtle farming and aquaculture, which reduce the burden on wild turtle and fish stocks. Their policy is that we should never eat turtles and only catch a sustainable level of fish from the wild. They ignore the fact that this would only be possible if we all eat massively less, and that only the rich would be able to eat fish as the price would skyrocket.

Niger Innes of the Congress of Racial Equality says he wants to stop the 'callous eco-manslaughter'. Somewhat tongue-in-cheek, but making an important point, Mr Innes says that the average European cow gets a \$250 a year subsidy, while over a billion people survive on less than \$200 a year. By reducing markets for their goods, Western farm subsidies cause as much hardship in poor countries as do restrictions on pesticides.

Dr CS Prakash, professor of plant genetics at Tuskegee University, explains how genetic modifications of plants could reduce the number of children blinded by vitamin A deficiency. Currently, 500,000 children go blind and 'golden rice' could help this problem disappear, but the Greens oppose the technology. 'By orchestrating unfounded scare stories that biotech crops are unsafe or untested, the greens put huge road blocks on the development of plant genetic engineering that could bring economic prosperity to the rural poor', concludes Dr Prakash.

Paul Driessen, author of *Eco-Imperialism: Green Power, Black Death* (Free Enterprise Press) hopes, like Mr Innes,

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that eco-imperialism becomes a household word. Mr Driessen says 'It's time to hold these groups accountable and compel organizations, foundations, courts and policy makers to understand the consequences of the policies they are imposing on our Earth's poorest citizens'.

It has to be hoped that the efforts of Mr Driessen and Mr Innes bear fruit. The moral bankruptcy of the modern environmental movement must be exposed and the battle to use DDT has become the flagship project.

DDT SUCCESS

So while DDT comes under constant attacks, it continues to be useful. But spraying DDT on inside walls of houses is only one of a number of tools available to fight malaria. There are alternative insecticides, and insecticide-treated bed nets (ITNs) can be effective. Bio-environmental controls, such as the removal of mosquito breeding pools can also help. In addition, both prophylactic drugs to prevent malaria and therapeutic drugs to cure it should be a small part of any malaria control programme. All these approaches have their uses, but the key constraint is cost. The alternative insecticides are all at least twice as expensive as DDT. It is prohibitively expensive for a whole African family to use bed nets, and drug therapy is even more expensive

For countries that spend less than ten dollars per person per year on health (that is, most of Africa) cost is the major consideration. Given the increasing risk of malaria across the African continent—presently more than one million deaths and 300 million cases a year—it is understandable that a few countries, such as Zambia and South Africa, still use DDT for malaria control. But international political pressure against DDT deployment is undermining its use. There is even a United Nations treaty, The Stockholm Convention on Persistent Organic Pollutants, which restricts DDT production, trade and use, making it more expensive. This forces poor countries to use more costly and fre-

quently less effective alternatives, which compromises domestic disease control programmes for the sake of an international environmentalist agenda. Worse still, aid agencies, especially the US Agency for International Development, have pressured countries not to use DDT, implicitly tying non-malarial aid to non-DDT use in malaria control.

South Africa is the wealthiest country in Africa and its malaria control programme is entirely funded from the national treasury. Its health budget is closer to \$200 per person per year (about 20 times the African average). Therefore, it is not subject to the whims of international aid agencies. However, when joining the international community, with its first free

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elections in 1994, it was sensitive to international pressures. Given how important tourism is to the country, environmental concerns were thought to be very important to its image. In response to pressure from Green groups, South Africa stopped using DDT in 1996 and switched to a more environmentally-friendly insecticide. At the time, South Africa had a few thousand cases and about 50 deaths a year (far lower than any other sub-Saharan country).

By 2000, malaria cases had climbed to over 80,000 and deaths approached 500 a year. The South African Health Department switched back to DDT and also introduced a new therapeutic drug Coartem, as a first-line treatment. Existing drugs, Chloroquine (CQ) and Sulpha-

doxine-Pyrimethamine (SP), were exhibiting resistance problems, but Coartem, a leading Artemisinin Combination Therapy (ACT) was more expensive. The new strategy was spectacularly successful, reducing malaria cases and deaths by a remarkable 85 per cent within 18 months—resuming DDT spraying had controlled the case load to such an extent that all malaria patients could be treated with Coartem.

Success stories are rare in Africa and one would think that South Africa's lesson would be emulated elsewhere. But the World Health Organisation, USAID, and the Global Fund for AIDS Tuberculosis and Malaria (40 per cent of its budget comes from US taxpayers) are paying no heed. All three refuse to condone the use of DDT (probably due to ideological opposition to insecticides in general and DDT in particular), or actively promote the use of Coartem or other ACTs (probably due to inertia). They promote bed nets which, although effective, only cover a small number of people. They also deliver cheap drugs such as CQ and SP, which allow them to treat many patients but which only work 25 per cent of the time in some countries. Drug resistance is not merely a nuisance, it is deadly. As a result, children in aid-dependent countries such as Mozambique and Tanzania die in far greater numbers than they should.

Environmental ideology ought to have no place in the determination of malaria control strategies. Developing countries need to be able to use whatever technologies are appropriate to their levels of development. The anti-DDT eco-imperialism actively pursued by the WHO, Global Fund and USAID shuts off a number of development options for these countries, keeping them poor and unhealthy.

Dr Roger Bate is a visiting fellow at the American Enterprise Institute and Director of Africa Fighting Malaria (www.fightingmalaria.org) an NGO in Johannesburg. His co-authored study on the South African malaria success story is published later this month by the Cato Institute.

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