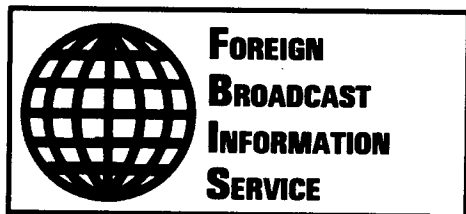


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15 January 1993



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Epidemiology

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Epidemiology

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GHANA

Program Successful in Reducing Guinea Worm

93WE0096B Accra *PEOPLE'S DAILY GRAPHIC*
in English 8 Oct 92 p 16

Article by Dwamena Bekoe, Koforidua. Words in boldface, as published.]

[Text] **There has been a drop in the incidence of the guinea worm disease from 180,000 to 60,000 reported cases in the country since the launching of the Guinea Worm Eradication Programme.**

The figure, representing a drop of 62 percent, is expected to go down to 40,000 cases by the end of the year.

Dr. Sam Bugri, National Co-ordinator of the Guinea Worm Eradication Programme, announced this after a one-day review seminar for District Health Management Teams (DHMT) and district co-ordinators of the programme at Koforidua on Tuesday.

He said Ghana's success programme on the eradication of the disease which is to be adopted by other countries was made possible through the initiation of pragmatic decisions and actions on case containment.

Among them, he said, included health education, use of filters, community mobilisation on the prevention of the spread of the disease, water pollution, a provision of safe water supplies. Others he mentioned included treatment of water, worm extraction and exclusive bandage.

Mr. R.A. Inkumsa, Eastern Regional Guinea Worm Eradication Co-ordinator, said the programme would now intensify health education on the disease and its prevention, training of more village volunteers and embarking on free worm extraction of patients as some of the measures to eradicate the disease in the region.

Sigatoka Disease Affecting Plantain Production

93WE0096A Accra *PEOPLE'S DAILY GRAPHIC*
in English 7 Oct 92 pp 1, 8-9

[Article by Asiedu Marfo, Kumasi. Words in boldface, as published.]

[Text] **The outbreak of a serious disease affecting plantain known as black sigatoka has been reported throughout the country.**

The disease is caused by a fungus called *Mycosphaerella fijiensis*.

As a result of the outbreak, the Crop Research Institute (CRI) of the Council for Scientific and Industrial Research (CSIR) in collaboration with the University of Ghana Agricultural Research Station at Kade in the Eastern Region and the Ministry of Agriculture are jointly conducting research on how best to control the disease.

Dr. O.B. Ohemeng, co-ordinator of plantain research and head of plant pathology section of CRI at Fumesua, announced this at an in-service training for the field staff of the Plant Protection and Regulation Services Division (PPRS) of the Ministry of Agriculture in Kumasi yesterday.

The in-service training being attended by 50 participants drawn from Ashanti is to expose them to the disease, its symptoms, spread and control measures.

Dr. Ohemeng explained that the disease was identified in 1990 as Assin Foso Cocoa Station where the CRI was conducting fertiliser trial on plantain.

He said a year later, the disease was reported in all the six plantain-growing areas namely Volta, Central, Eastern, Western, Ashanti and the Brong Ahafo regions.

Dr. Ohemeng said the Ministry of Agriculture provided funds for national survey to detect the spread of the disease in the country and that the result confirmed the spread of the disease throughout the country.

The disease, he said, can be controlled by the use of fungicides and cultural practices as well as the use of resistant varieties, but however, he explained that the chemicals are very expensive and require special skills.

For that reason, he said the International Institute of Tropical Agriculture (IITA) has embarked on the breeding of resistant varieties and at the moment released 2 hybrid clones which are being evaluated at different locations including Assin Foso for their resistance.

He said combination of pest and diseases can reduce yields by between 30 and 40 percent and that depending on the level and intensification of infestation, it can cause total crop failure.

MOZAMBIQUE

Health Situation in Inharrime District Reviewed

93WE0071D Maputo *NOTICIAS* in Portuguese
25 Sep 92 p 3

[Text] A cholera epidemic broke out last May in a number of districts of Inhambane Province, causing nine deaths until now. The epidemic occurred in the districts of Panda and Inharrime where it resulted in six and three deaths, respectively; prior to that time, 244 cases of acute diarrhea had been reported.

Miguel Antonio Nicaiaapa, deputy provincial director of the Ministry of Health in Inhambane, who gave us this information, revealed that the first notification of the occurrence of cholera in that area of the country occurred on 24 May of this year when Panda district announced that a substantial number of cases of diarrhea and vomiting had been noted; "the large number of adults afflicted with that disease led us to suspect cholera; without further delay a medical team had been sent to Panda district to take whatever steps were necessary to remedy the situation.

"The cases occurred specifically in the locality of Inhassune and the provincial team proceeded to obtain five samples which were subsequently taken to the national reference laboratory. One of the samples showed positive results, indicating that it really was cholera," said Nicaiaapa, adding that until the end of the first six months of this year a total of 150 cases of diarrhea (suspected of cholera) had been reported in that locality, including six deaths. "The Provincial Directorate of Health is taking steps to remedy the situation at the district level, particularly in districts where contact has been made among the people, as in the case of

Panda as well as Inharrime, Homoine, Jangamo, and the cities of Maxixe and Inhambane," he said.

In Inharrime

In Inharrime, the border district of Panda, the first signs of cholera were detected at the end of the first six months of this year when it became apparent that an outbreak of the disease had actually occurred and was manifested by diarrhea and vomiting; at this time 94 people were affected, 67 being adults and the remainder children. "We subsequently received word that three of the individuals afflicted by diarrhea and vomiting had succumbed," said Adalberto Guambe, district administrator of Inharrime, who went on to say that this situation is getting worse and that, "for this reason, preventive action is being taken immediately to educate the people along health lines, clean up the environment, and, obviously, provide hospital treatment."

The administrator of Inharrime district advised that another measure was being taken to prevent this disease from spreading—namely, the spraying of certain houses suspected of being contaminated. "But," he said, "this measure has not yet produced the desired effect due to the shortage of medications, making it impossible to handle a greater number of cases."

Sanitary Situation in General

The district of Inharrime has six medical facilities, including one hospital unit which has a total of 48 beds. Only three of this network of medical facilities are in operation, the others being in the process of moving. The others have been shut down for more than a year, when armed groups from Renamo [Mozambique National Resistance] invaded the areas in which they are located. During the invasion, members of Renamo pillaged the medical facilities, causing them to be shut down.

As a result of this situation, Inharrime's medical network, already incapable of handling a population of more than 63,000 people according to the 1980 census, finds itself in a rather weakened position, confining its sphere of action to the principal trouble spots.

"Notwithstanding these difficulties imposed by the war," said the Inharrime administrator, "which reduced the district's sphere of action on the medical level, during the first six months of this year the Ministry of Health reorganized its various departments and carried out the vaccination program previously mentioned; the PAV was further aided through repairs to the ambulance (which had been broken down) and through the availability of three motorized vehicles and one bicycle."

According to the administrator, these methods of transportation will permit two of the four mobile units to take part in the PAV and SMI [Maternal-Infantile Health Program].

The Inharrime administrator did not disclose the number of persons involved in the PAV during the first quarter of this year, saying that "a delay in communications regarding the goals set for the district by the chief directorate (Provincial Directorate of Health) had brought about a change in those goals. But he added that, generally speaking, about 65 percent of the PAV's goals had been met, representing an increase of about 45 percent compared with a like period in the year just ended. "As for the SMI, 70 percent of the

overall objectives were achieved, representing an increase of about 18 percent compared with a like period in 1991," he said.

In Inharrime a house is being built with conventional materials for expectant mothers; the structure is being financed by the Ismael Mussa Ibraimo Filhos Company and will have a capacity for 15 women.

NAMIBIA

Windhoek Hardest Hit by Measles Epidemic

93WE0097B *Windhoek THE NAMIBIAN in English*
25 Sep 92 p 3

[Words in boldface, as published]

[Text] **Around 2,400 children have been immunized against measles since August in Windhoek alone, as parents respond to the epidemic currently sweeping Namibia.**

Statistics just released by the Ministry of Health and Social Services show that the outbreak began back in January this year but has peaked within the last three months.

Windhoek has been hardest hit with a total of 1,774 measles cases so far this year—347 of which were admitted to hospital and 14 of which died.

Of these cases about 30 percent were below one-year-old and 47 percent were between one and four. The rest of the cases were older children.

The statistics for Windhoek show that 80 percent of those admitted to hospital had never been immunized against measles. That leaves about 70 immunized children who still contracted the disease, of whom most suffered a mild dose of measles.

Those children in real danger, as the Ministry points out, are the ones without any protection against the disease.

"It should be noted that these epidemics are not unique and should be expected every three to four years. If we can immunize at least 80 to 90 percent of children below one year of age such outbreaks can be minimized in the future," said the Ministry.

Immunization Gaining Against Measles Cases

93WE0097C *Windhoek THE NAMIBIAN in English*
16 Oct 92 p 5

[Article by Kate Burling. Words in boldface, as published.]

[Excerpt] **Measles cases in Namibia are steadily beginning to drop as the Government's intensive immunization campaign gets to grips with the epidemic.**

According to Sister Martina Allies of the Health Ministry's Primary Health Care team, reports from Oshakati, Otjiwarongo, Rundu and Windhoek (including the southern regions) have all shown a marked decrease in the incidence of measles.

"Admitted cases and outpatients at hospitals and clinics have gradually decreased since mid-September," she said.

"We seem to be winning the battle against measles, thanks to an intensive campaign."

Nevertheless, the campaign would continue in all regions, focusing particularly on farms, she said.

"There are many children living on farms who are out of reach of clinics, so we feel it is safer to go to them."

The death toll for the epidemic had not risen above its September level of 14 children.

"There was one woman in Windhoek's Intensive Care Unit suffering from measles, but she has now been discharged and is recovering at home," said Allies.

The Ministry is still appealing to parents of children between the ages of six months and 12 years to make sure their youngsters are immunized. [passage omitted]

Canal System in Owambo May Spread Bilharzia

93WE0097A Windhoek THE NAMIBIAN in English
12 Oct 92 pp 1, 2

[Article by Kate Burling. Words in boldface, as published.]

[Excerpts] **The canal system from Calueque to Ongandjera, which has made life easier for thousands of water-starved Namibians since Independence, could prove a deadly health hazard if expert speculation is correct.**

A dramatic increase in the occurrence of Bilharzia around the Ekana dam near Ombalantu has led health workers to suspect that water flowing into the dam from Angola and being pumped out of the dam into the oshona/canal system heading down through Okahao could be infected. [passage omitted]

While Bilharzia has long been a worrying problem in the Kavango, it was virtually unknown in the Owambo region before the canal re-opened after independence. But several cases discovered within a limited area this year led health officials to conduct a preliminary survey among communities living near the dam. In one school alone over half the children tested for the disease were found to be infected. In another sample 17 out of 20 children tested positive.

The results of the June survey prompted a full investigation, but the report is still pending.

While only the Okahao branch of the canal has so far given rise to concern, there are fears that the other section—from Ruacana to Oshakati—could also be infected. Current thinking suggests that the Oshakati branch is too fast-flowing for Bilharzia worms to survive, but future infection cannot be ruled out.

UGANDA

Sleeping Sickness Afflicting Adjumani

93WE0098A Kampala THE NEW VISION in English
25 Sep 92 p 12

[Article by Geoffrey Mwesigwa. Words in italics, as published.]

[Text] Adjumani subdistrict in Moyo is threatened by massive infestation of sleeping sickness caused by the tsetse fly.

According to the Deputy District Administrator, Adjumani, Mr. Gabriel Victor Luzira, more than 25 percent of the people are already infested and many more, it is feared, will fall sick soon.

Luzira, who travelled to Entebbe to meet the Minister of Agriculture, Animal Industry and Fisheries, and to Jinja to meet the Director of National Sleeping Sickness Control Programme, said the situation had gone out of hand and needed immediate attention.

Luzira said the majority of the affected people are peasants in rural areas who, at times, die without reaching hospital. The subdistrict had lost 40 people but a number have been treated.

From this experience as an administrator in Jinja, he believed the remedy was to fight the vector rather than emphasizing treatment.

He said the Minister, Mrs. Victoria Sekitoleko had showed a lot of concern and had directed immediate action.

A source in Entebbe who spoke to *The New Vision* on phone said the Organisation of African Unity (OAU) had donated material for 44 tsetse fly traps. *Spot* on drug enough to smear on 1,000 cows and *Gloxinex* drug to smear on 10,000 traps in Adjumani.

The source revealed further that the European Economic Community (EEC) had donated 50 finished traps and Uganda had set aside 15m/= for the purchase of material to make 10,000 traps.

The government is to send two experts from Entebbe to train the local population on how to make the traps. The team will also transport drugs next week.

When contacted again, Luzira said the measures so far taken are just not enough.

ZAMBIA

Scabies Epidemic in South, West

93WE0095A Lusaka TIMES OF ZAMBIA in English
3 Oct 92 p 5

[Excerpts] An epidemic of scabies has broken out in some parts of Southern and Western Provinces while many diarrhoea disorders recently reported in Ndola and Kitwe have been identified as dysentery cases.

Deputy Health Minister Katele Kalumba told a Press briefing co-organised by World Food Programme in Lusaka yesterday that the main causes of the scourge were poor sanitary conditions. [passage omitted]

On scabies, Dr. Kalumba said the scourge was increasing sharply as a result of the drought with ravaging effects especially in remote parts of the two provinces.

"We have received reports of scabies in Southern and Western Provinces dogged by adverse drought effects," Dr. Kalumba said.

Dr. Kalumba said he had asked the Ministry of Local Government and Housing to urgently assist Kitwe residents procure chemicals for treating water which had been out of supply for some time. [passage omitted]

Dysentery Cases Blamed on Water Problems

93WE0099A Lusaka *TIMES OF ZAMBIA* in English
3 Oct 92 p 3

[Text] The Ministry of Health has blamed the recent cholera and dysentery outbreaks on the Copperbelt on water shortages and lack of treatment chemicals.

Deputy Minister of Health Dr. Katele Kalumba who just returned from Ndola and Kitwe where cases of cholera and dysentery were reported said in a briefing yesterday, the outbreaks were caused by shortages and contamination of water.

He said since August there had been about 403 diarrhoea related cases in both towns.

The district councils blamed Lusaka Water and Sewerage Company for delays in supplying them with water treatment chemicals which had resulted in residents drinking untreated water.

But a spokesman for the Lusaka Water and Sewerage Company said the delay to procure chemicals from the main suppliers in South Africa had been caused by the councils who delayed in submitting Kwacha cover the empty cylinders.

He said Kitwe City Council was late in submitting the cylinders for the consignment due next week while Ndola delayed the importation by three weeks because they did not provide the Kwacha cover on time.

Dr. Kalumba and Nkwazi township in Ndola where the most number of diarrhoea cases had been noted was experiencing a severe shortage of water.

Meanwhile Ndola cholera surveillance committee is taking precautionary measures to prepare for an outbreak of the disease following a few isolated cases recorded in the past week.

Copperbelt Province senior medical officer Dr. Allan Soneka said yesterday that the team would meet to prepare for emergencies.

Asked if the number of cases recorded had increased, Dr. Soneka said it was difficult to determine.

The committee had not yet assessed the exact number of cases although the situation had not reached alarming proportions.

A number of people have been reporting to cholera centres complaining of acute diarrhoea.

By yesterday Ndola Central Hospital had treated a few patients who had diarrhoea and stomach pains.

Dr. Soneka early in the week warned residents to boil their drinking water and avoid buying cold unwrapped food-stuffs.

And Work for Food Programme (WFP) director Mr. Antony Mornement said there was need to educate the population in townships to dig their water wells far away from pit latrines.

He said WFP was distributing relief food in bulk to areas whose roads were inaccessible in the rainy season.

The organisation was preparing drought resistant seeds for distribution to drought affected areas.

He said because WFP used donor funds, it was obliged to go out to international tender before contracting transporters.

Dysentery Cases in Solwezi Area

93WE0099B Lusaka *TIMES OF ZAMBIA* in English
6 Oct 92 p 2

[Text] Dysentery has broken out at Solwezi prison where at least three inmates are being admitted to hospital with disease everyday registrar of medical unit at Solwezi general hospital Dr. Sikaskandar Hayat said yesterday.

Dr. Hayat has since appealed to all Solwezi residents to observe the highest standard of hygiene to stop the spread of the disease.

Dysentery which has already affected 21 at Maheba refugee camp and the nearby junior secondary school, is also threatening residents of Solwezi's Chawama, Zambia and Messengers townships where people are reported to be relying on dirty water.

The provincial administration has since been approached by the hospital to check the situation at the prison to find the cause of the disease there.

Dr. Hayat said since the outbreak of the disease in the district last week the prison recorded the highest number of patients at an average of three inmates being admitted to hospital everyday.

But so far there has not been any reports of deaths, Dr. Hayat said. The hospital was congested because cured prisoners were refusing to be discharged for fear of catching the disease again once they returned to the prison.

Erratic water supply in the surrounding townships had contributed greatly to the outbreak of the disease.

Last week a total of 18 Angolan refugees were attacked by the disease. Three of them were rushed to Solwezi hospital for treatment.

The figure rose to 21 when another three—pupils from Maheba junior secondary school—were admitted to the same hospital for the same illness.

And councils in rural areas whose water supply is handled by the department of water affairs have complained of inadequate service by the departments.

In separate interviews the secretaries said instead of the required two pumps in each area, usually there was only one pump functioning.

This made work difficult for organisations that depended on water.

Chinsali council secretary Mr. Felix Kayula said the department told his council it needed more than K1.5m to buy another submersible pump.

Kawambwa council said there had been assurances from the department of water affairs that another pump would be secured.

Dysentery Has Spread From Solwezi Area

93WE0099C Lusaka *TIMES OF ZAMBIA* in English
14 Oct 92 p 1

[Excerpt] THE Ministry of Health has directed provincial medical officers in North-Western and Central provinces to send medical teams to all dysentery affected areas to combat the disease which is spreading.

Permanent Secretary Dr. Kawaye Kamanga said in Lusaka yesterday the medical officers had been told to investigate the matter and send medical supplies urgently.

The ministry was aware of the dysentery outbreak in Mwinilunga where three secondary school pupils had been admitted to the district hospital while 12 others were treated.

Headmaster Mr. Martin Samulozela said the pupils were discharged yesterday after observations but denied his school had been attacked by dysentery.

His school was free of the disease although it was only few pupils who had complained of severe diarrhoea at the weekend.

He said the situation had been brought under control and there were no more cases of severe diarrhoea being reported by the pupils.

There should be no more panic from pupils and parents. We have taken precautions to prevent a possible outbreak of dysentery," he said.

Dysentery which broke out in Solwezi early this month had spread to other parts of the province as well calling for urgent action from the medical personnel in the area.

In Serenje Malcolm Moffat teachers' training college and Serenje secondary have been shut because of an outbreak of the disease at the institutions.

Dr. Kamanga said the meningitis outbreak in Lusaka had stabilised and no new cases had been reported in the last two days. [passage omitted]

Gweembe District Facing Dysentery Outbreak

93WE0099D Lusaka *TIMES OF ZAMBIA* in English
14 Oct 92 p 5

[Text] Eighteen people, including some pupils from Chipepo secondary school have been admitted to various clinics and five at Gweembe district hospital following an outbreak of dysentery there.

District medical officer, Dr. Yusuf Henein confirmed the outbreak of the disease and attributed it to poor drinking water as a result of the drought and added that the situation was worsened by the shortage of drugs to treat the patients.

Families of two members of staff from Chipepo secondary school admitted at Gweembe hospital said that the outbreak has become so serious in the Gweembe valley that most pregnant women have allegedly miscarried.

Meanwhile, dysentery is also reported to have broken out in Mongu where 10 people are said to have been admitted in Kalabo district hospital.

District medical officer, Dr. Bernard Kral confirmed in a telephone interview and said outbreaks of the disease have

also been reported at three rural health centres with two people reported to have died at one of them.

Three Children Die of Cholera in Ndola

93WE0099E Lusaka *TIMES OF ZAMBIA* in English
15 Oct 92 p 5

[Excerpt] Three children died of cholera in Ndola while ten others are admitted to a council cholera centre, it was learnt yesterday.

A council spokesman who confirmed the deaths of the children said out of 15 people admitted to Ndola Central hospital for diarrhoea, only four were confirmed cholera cases while seven were discharged and four others retained for ordinary diarrhoea.

The spokesman said the four suffering from cholera were yesterday transferred to the council cholera centre to join six others already there.

He added that diarrhoea cases are expected to increase during the dry season which has been worsened by the drought situation adding that everything was under control and people should not panic.

And the Christian Council of Zambia (CCZ) has expressed concern about the out-break of dysentery at Malcolm Moffat Teachers Training College in Serenje due to a critical shortage of water there, reports ZANA.

CCZ general secretary, Reverend Violet Sampa Bredt confirmed yesterday that she had received a fax message from the principal, Mr. Joel Mulenga informing her about the suspension of classes for first year students who have been sent home. [passage omitted]

Nchelenge District Reports Cholera Cases

93WE0099F Lusaka *TIMES OF ZAMBIA* in English
19 Oct 92 p 2

[Excerpt] Three people have been admitted to St. Paul's Hospital in Nchelenge following an outbreak of cholera and dysentery, senior clinical administration officer Mr. Roy Kabanda confirmed at the weekend.

He said more cholera cases were recorded at the overcrowded Chandwe fishing village in the Kashikishi area where more than 10 people, some of whom had dysentery, were treated.

Mr. Kabanda said a temporary treatment centre had been established at Sandwe Primary School a stone's throw away from St. Paul's Hospital, to cope with the increased number of both cholera and dysentery patients.

Nchelenge District Council secretary Mr. Davison Lutangu said the district lacked treated water except for Kashikishi and Nchelenge schools where his council supplied chlorinated water.

A resident Mr. George Mwenya, whose family was admitted at Sandwe treatment centre suffering from dysentery, said both diseases were mostly spread by fishermen some of whom were from Zaire.

Mr. Mwenya alleged that the culprits disposed of their stool in the lake and drank water directly from it.

Lake Mweru around Kashikishi area had contaminated water. Most residents wash their clothes and draw drinking water from there.

On Friday, provincial medical officer Dr. Geoffrey Chishimba rushed medical supplies to the district to contain the disease, but Mr. Kabanda said although cholera drugs were enough, medicine for the treatment of dysentery had completely run out. [passage omitted]

Minister: Cholera Tragedy Used for Political Debate

MB1211095692 Lusaka Zambia National Broadcasting Corporation Network in English 1800 GMT 11 Nov 92

[Text] Home Affairs Minister Newstead Zimba has said the cholera tragedy should not be used for political debate by opposition parties out of the need to bring the situation [words indistinct] in Zambia. Mr. Zimba was urging Nkana member of parliament where the largest number of people died following the outbreak of the disease last week, [word indistinct]. Mr. Kebby Musokotwane [word indistinct] that the cholera tragedy on the Copperbelt brought discontent among the people there.

Mr. Musokotwane, who visited Kitwe this week to check on the seriousness of the matter, is reported to have said that although he appreciated what the government was doing to contain the disease, people on the Copperbelt were discontented over the deaths.

Mr. Zimba said in an interview in Lusaka today that reading between the lines, it would appear that Mr. Mosokotwane was expressing political discontentment rather than sorrowfulness.

Cholera Outbreak in Copperbelt

MB1711163692 London BBC World Service in English 1515 GMT 17 Nov 92

[Fax report by Rob Makai, BBC correspondent in Lusaka, on the "Focus on Africa" program; read by unidentified studio announcer]

[Text] There have been riots in the Zambian capital today in protest at the closure of the city's main markets. It has all come about because of the cholera outbreak which has hit the Copperbelt. The local authorities have been forced to take emergency measures to stop it spreading, but they have also (?trampled) on the toes of angry storeholders in Lusaka, from where Rob Makai faxed this report.

[Studio Announcer] The infuriated marketeers ran riot looting shops in the city center. They were angered at the decision by the Lusaka City Council to close the market as a health hazard. As well as attacking shops in the city center, they also marched on the trading area of Kamwala, where most of the shops are owned by businessmen of Asian origin. Two youths aged 12 and 16 were shot and wounded by an Asian businessman whose shop was attacked by the rioters. The businessman was himself injured when the rioters descended on him having realized that their colleagues had been wounded. Police also said the youths were rushed to hospital and are reported to be out of danger. The police quickly moved in to quell the riots and fired tear gas to disperse the rampaging marketeers.

Minister of Local Government Michael Sata had directed the Lusaka Council to close the market, which caters for 15,000 marketeers who peddle their wares, ranging from foodstuffs to car spares and which are sold under very unsanitary conditions. He also ordered the closure of another market in Lusaka, and the cholera-hit town of Kitwe. He said the markets will be closed indefinitely, until the councils have renovated them to improve the sanitary conditions and avoid the outbreak of epidemics, like the cholera outbreak in Kitwe, which is only coming under control after more than 500 lives have been lost, but he rescinded his decision after the protest riots. The marketeers, however, blame the council for failing to provide maintenance services to keep the market clean, despite paying daily fees to the council.

Police have reported no serious casualties, apart from the two youths.

Anthrax Outbreak in National Park

93WE0095C Lusaka TIMES OF ZAMBIA in English 16 Oct 92 p 2

[Text] There is an outbreak of anthrax in the Chipuka plain of Lumimba National Park in the Luangwa valley, district livestock officer Mr. Joseph Tumeyo has said.

In a circular Mr. Tumeyo said most animals affected were zebras which had been dying in large numbers.

Seventeen died recently. And the department of veterinary and tsetse control in the area has taken measures to combat the disease through vaccinations.

Mr. Tumeyo has warned the public, prospective game hunters and residents to avoid eating or handling any infected wild animal carcasses found dead.

The affected places were Chief Chikwa's areas in Kazembe, Chifunda, Mwanja and Chitungulu.

- An outbreak of rabies has hit Mwinilunga prompting the council to impose restrictions on livestock movement.

Council secretary Mr. Benson Manjimela said a radius of seven km from the post office has been declared a rabies infected area.

ZIMBABWE

Scabies Outbreak Hits Northeast Area

93WE0100A Harare THE HERALD in English 21 Oct 92 p 1

[Article by Charles Kabera]

[Text] A plague of scabies, a parasitic mite that burrows under the skin, has broken out in the northern Mount Darwin area of Kaitano, threatening the lives of many malnourished children.

Scabies is normally not a life-threatening problem. But public health experts said yesterday that it could be fatal if there were other complications, such as severe malnutrition.

The parasites spread faster when people are overcrowded and when there is inadequate water for bathing and laundry, problems faced in drought-stricken areas.

Kaitano Clinic nurse-in-charge Cde. Tsitsi Kaonde said in a recent interview that she and her staff were handling 10 cases of scabies a day, with as many as four children coming from the same household. The clinic caters for more than 11,000 people.

Most rivers and wells in Kaitano have dried up and people are travelling distances of more than 10 km to boreholes to fetch water for domestic uses.

Cde. Kaonde said although the clinic was trying its best to contain the spread of the mite, bad hygiene in water-short homes were affecting progress as treated children would return home only to catch the disease again.

Parents are being urged to isolate affected children from those who were free of the parasite as this would stop the mites spreading.

Cases of malnutrition which were once rife in the district because of the severe shortage of food, had declined following the opening of feeding points at schools and creches. The clinic used to handle two malnutrition cases a day.

"It was then very difficult to handle the cases as we had no large food reserves to cater for the needy cases. The situation was particularly serious at the household level where children were going for days without decent meals," she said.

A local non-governmental organisation, Catholic Development Commission, is now feeding more than 6,000 children daily in the district. Children are being fed with mahewu, sadza and beans in the afternoon. Parents take turns to cook.

On the other hand, cases of diarrhoea are on the increase owing to the acute shortage of water. Between five to 10 cases are being handled daily at the clinic. Some families are relying on shallow wells scooped in riverbeds.

However, Cde. Kaonde said they were coping with the daily influx of patients and serious cases were being referred to Mount Darwin Hospital.

Meanwhile, the Family Health Project is expanding the clinic at a cost of more than \$1.5 million. Contractors are putting final touches to two wards that will accommodate four patients, an outpatient block, a delivery room, two offices, and two staff houses.

Work at this remote clinic, which lies a bare 15 km from the Mozambique- Zimbabwe border, is expected to be completed in January next year.

Comparison Study of Distribution of Two Types of HFRS Patients

54004801A Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 13 No 5, Aug 92 pp 268-270

[English abstract of article by Zhang Guining [1728 2710 1337], et al., Department of Epidemiology, Shandong Medical University, Jinan]

[Text] IFAT-positive serum samples were typed by HI [hemagglutination inhibition test] and divided into Appodemus-type (type A) and Rattus-type (type R). The results showed that in Pingdu and Jimo counties, the patients were mainly of type A, whereas in Junan and in Tengzhou counties, the patients were mainly of type R. The age distribution showed that 96.0% of the type A patients belonged to age groups between 15-54 years, and no patients were younger than 15 years, or older than 65 years. The age distribution of type R patients, however, showed 76.5% of them were 15-54 years of age. Male/female ratio was 3.3:1 in type A patients and 1.5:1 in type R patients. 80% of the type A patients were farmers. There were more housewives, students and children in type R than in type A patients. Type A patients usually occurred during October and December with only one peak in type A patients and two peaks in type R patients.

Survey on Tick Vectors of Lyme Disease Spirochetes in China

54004801B Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 13 No 5, Aug 92 pp 271-274

[English abstract of article by Zhang Zhefu [1728 0772 1133], et al., Institute of Epidemiology and Microbiology, Chinese Academy of Preventive Medicine, Beijing]

[Text] Since 1987 the institute has been studying Lyme disease in China. There were 71 isolates of *Borrelia burgdorferi* recovered from six species of ticks including *Ixodes persulcatus*, *Ixodes granulatus*, *Ixodes rangtangensis*, *Haemaphysalis concinna*, *Haemaphysalis bispinosa*, and *Haemaphysalis longicornis*, and 55 isolates from *Ixodes persulcatus* collected from Heilongjiang, Jilin, Liaoning, Nei-Monggol, Hebei, and Xinjiang region (province). *Ixodes persulcatus* is the dominant species accounting for more than 80% of the total number of collected ticks; 20 or 48 percent adult *Ixodes persulcatus* contained spirochetes as determined by direct immunofluorescence in the northeast and northwest. The seasonal change of adult *Ixodes persulcatus* is coincident with that of the patient with Erythema migrant. These studies proved that *Ixodes persulcatus* play the leading role in transmission of *Borrelia burgdorferi* to humans in the north region of China. It is not clear what species of tick is the principal vector in the south region of China, though the spirochetal isolates were cultivated from *Haemaphysalis bispinosa*, *Ixodes granulatus*, and *Ixodes rangtangensis*. Comparison between Chinese strains of spirochetes from ticks and American strain B31 in Ultrastructure, monoclonal antibodies reaction and outer surface protein profile revealed certain differences.

Surveillance on Vi II Phage Typing and Antimicrobial Susceptibilities of *S. typhi* Strains in Guangdong Province

54004801C Beijing ZHONGHUA LIUXINGBINGXUE ZAZHI [CHINESE JOURNAL OF EPIDEMIOLOGY] in Chinese Vol 13 No 5, Aug 92 pp 288-290

[English abstract of article by Li Qiyu [2621 0796 3254] and Li Gongshu [2621 1872 2579], et al., Antiepidemic Institute of Guangdong Province]

[Text] Seventy-two *S. typhi* strains collected in Guangdong were tested for their Vi II phage types and their antimicrobial susceptibilities. The result of Vi II phage typing showed that 62 strains could be divided into definite types. The results of antimicrobial susceptibilities showed that, as national standard reference strains, all the 72 local strains were susceptible to chloramphenicol, gentamycin, neomycin and polymyxin B and were of different resistance to other 14 antimicrobial agents. The resistant profiles of strains isolated in different ages shared no significant difference. Chloramphenicol remains commonly selectable to treat typhoid.

Ministry Completes First National Survey on Human Parasites

0W2411054292 Beijing XINHUA in English 0517 GMT 24 Nov 92

[Text] Fuzhou, November 24 (XINHUA)—After five years of efforts, China has completed a nationwide survey on distribution of human parasites, the first of its kind ever in the country.

A national conference was held here recently to sum up and analyze the result of the survey.

Sources from the conference said that the survey shows that human parasites are distributed in all the 30 provinces, autonomous regions and municipalities; that there are totally 64 species of human parasites in China including the six species newly discovered; that on the average, 63.31 percent of the population or about 700 million people in the country have been infected by parasites, of whom 316 million people have been infected by two or more species of parasites simultaneously and some of them have even been infected by nine species of parasites each simultaneously; and that the number of people having infected by roundworm, hookworm and whipworm are 520 million, 189 million and 210 million respectively.

The survey also shows that the infection rate of women is higher than that of men; and that the areas where the infection rate is higher than 80 percent include the five provinces of Hainan, Sichuan, Fujian, Zhejiang and Guizhou and Guangxi Zhuang Autonomous Region with Hainan having the highest infection rate of 94.5 percent.

According to the survey, those at the age between five and 15 have the highest infection rate that surpasses 70 percent on the average; and people above 80 and below five have an infection rate of 50 percent. Farmers, fishermen and students have the highest infection rate of over 60 percent.

The 64 species of human parasites discovered throughout China, except snail fever, malaria, filariasis and kala-azar,

are 20 species of protozoon, 19 species of fluke, 15 species of nematode, nine species of tapeworm and one species of spiny-headed [as received].

Analysts noted that parasite infection is closely related to family life. High infection rate of roundworm, whipworm and hookworm in Sichuan and Fujian provinces is often found in the same family members. Experts attributed this to the similar habits of eating, living and working of the family members.

The survey also shows that parasite infection is also related to local economic conditions. Generally speaking, the lower the people's income is, the higher the parasite infection rate tends to be; and vice versa.

Ever since the founding of the People's Republic of China in 1949, the Chinese Government has paid much attention to prevention and treatment of parasite diseases.

Now more than 70 percent of the country's counties and cities no longer suffer from filaria and kala-azar; incidence of malaria has been reduced to the lowest in the history; and incidence of hookworm disease has been reduced by a large amount.

To further prevent incidences of parasite disease and improve the health of the Chinese people, the Ministry of Public Health decided to carry out this survey during the Seventh Five-Year Plan period (1986—90) in 2,862 villages of 725 counties with a population of 1.4 million, acquiring more than 90 million pieces of data.

Over 100 representatives from the central and local governments attended the three-day national conference and decided to implement more measures on the basis of the scientific data provided by this survey to prevent people from infection of parasite diseases during the Eighth Five-Year Plan period (1991—95) and before the year 2000.

NEW ZEALAND

Most Hemophiliacs Infected With Tainted Blood

*BK1811083692 Hong Kong AFP in English 0822 GMT
18 Nov 92*

[Text] Wellington, Nov 18 (AFP)—Around 70 percent of New Zealand's haemophiliacs have been infected with Hepatitis C because the government here continued using a contaminated agent despite knowing the risk, state owned Television New Zealand [TVNZ] reported here Wednesday. The claims have drawn a parallel with the blood scandal in France in which the state continued using blood which was known to be infected with Human Immune-deficiency Virus (HIV).

TVNZ said Health Minister Simon Upton refused to comment but late in the day the Health Department issued a statement promising immediate action "to secure blood products which have the same level of safety as transfused blood".

The blood clotting agent used here, Prothrombinex or Factor IX, is not used in most other countries because of the Hepatitis C risk. The disease can lead to liver cancer. TVNZ said the government had known the agent was contaminated for 18 months.

Haemophiliac Society president Mike Mapperson said there were definite parallels with what happened in France.

"Things can be done now that aren't being done now...all for the sake of saving money," he told TVNZ.

Auckland Hospital haematologist Elizabeth Berry said she had tried unsuccessfully to get the government to stop using the agent.

"I think it's quite unacceptable to put material which is potentially infected into a human being," she said.

THAILAND

Health Ministry Reports Rabies Statistics, Trends

*BK0112021792 Bangkok BANGKOK POST in English
1 Dec 92 p 6*

[Excerpt] By comparison with other communicable diseases, rabies may rank low on the list. But it is 100 percent fatal.

Most of the developing world is still struggling to control, let alone eradicate, the disease.

Statistics from the Ministry of Public Health show that in 1991 159 people died of rabies. That figure is lower than in 1987, when 213 people died of the disease.

But studies by the Queen Saowabha Memorial Institute and the Thai Red Cross indicate that over the past seven years there has been no reduction in the number of rabid dogs.

The Public Health Ministry estimates there are ten million dogs in Thailand.

Each year, some 5,000 animal brains are brought to the Institute for testing. More than 50 percent test positive for rabies.

Mr. Ab Kongthon, senior veterinary expert at the department of livestock development in the Ministry of Agriculture and Cooperatives, told a meeting of the XIIIth Congress on Tropical Medicine here of Thailand's new five-year programme to control and eradicate rabies.

"Rabies is a most important disease. Canine rabies occurs very often in Thailand," said Ab.

The five-year programme covers 1993-97 and has a budget of 1,811.1 million baht.

It involves public relations, vaccine procurement, dog immunisation, dog population control, and diagnosis laboratory expansion. [passage omitted]

VIETNAM

Malaria Incidence Drops in Central Highland Province

*BK1911065592 Hanoi VNA in English 0541 GMT
19 Nov 92*

[Text] Hanoi VNA Nov. 19—After a 40-day campaign against malaria conducted in the central highland province of Darlac, the number of malaria patients has dropped by 22 percent, and the mortality rate by 55 percent.

The local authorities, in this second stage of the campaign, mobilised 968 medical workers in implementing the two main tasks: spraying mosquito-killing agent and treating malaria patients in the whole province. The local inhabitants contributed 13,000 workdays to this drive.

Although transportation was difficult in the rainy season, mobile medical teams came to all hamlets and communes to perform their tasks. As a result 54,810 malaria patients, including 41 acute cases, were treated and 30 seriously affected patients saved by these mobile medical teams.

At new economic zones exposed to malaria epidemic, 73,492 suspects were provided with anti-malaria drug.

All in all, 15.3 percent of the local population have been given treatment or preventive measures against the disease.

Radio Reports on Increased Incidence of Malaria

*BK3011103992 Hanoi Voice of Vietnam Network
in Vietnamese 1100 GMT 24 Nov 92*

[Summary] "Over the past few years, malaria has flared up in our country and is in danger of expanding onto a large scale. At present, malaria exists in all 53 provinces and cities and is concentrated in the mountainous and coastal areas. It is estimated that people living in malaria-affected areas account for half of the population, including 8 million people living in dangerous areas.

"About 3,204 villages in the North, nearly 880 villages in the Central region, 359 villages in the Central Highlands, and nearly 930 villages in the South are badly affected with a severe malaria epidemic. Last year, malaria killed many people in the jungle and mountainous areas in the western side of Nghe An Province. As of the beginning of this year, the number of people who have died from malaria in the Central Highland exceeds a few hundred. Malaria has really become a great concern for the government and public."

It is possible to name the following reasons for the recent malaria flare-up. First, the local governments and sectors have been neglectful in organizing regular activities for environmental clean-up and in stepping up measures against malaria, especially in jungle and mountainous areas where many public projects have been under way. Second, there has been a shortage of medicine to treat malaria and mosquito repellent. In the past, the medicine and spray were supplied by gratis foreign aid. Recently, the medicine and spray ran out while state funding for anti-malaria work has

been limited. Third, the medical service at the grassroots level has been greatly degraded under the market mechanism.

As malaria has begun to spread widely, the government has exerted many efforts to confine it. This year, the government has spent more than 32 billion dong for anti-malaria work. However, this amount only covers half of the expenses. Therefore, local funds and public support are urgently needed for better control of the epidemic.

BULGARIA**Hepatitis Epidemic in Teteven**

*AU1109202492 Sofia BTA in English
1947 GMT 11 Sep 92*

["Today"—BTA lead]

[Excerpt] Sofia, September 11 (BTA)—[passage omitted] The Inspectorate of Hygiene and Epidemiology in Sliven reported that cholerooid vibriones have been detected in the waters of the Asenovska River again in spite of the sanitary measure taken last month.

A hepatitis epidemic burst out in Teteven (central Bulgaria). The majority of hepatitis patients are children and young people. The local inspectorate of hygiene and epidemiology believes the virus is spreading by everyday contacts. The source of infection is suspected to be a local drinking water spring.

Hepatitis, Dysentery and Enterocolitis in Khaskovo Region

*AU2511211892 Sofia BTA in English
2023 GMT 25 Nov 92*

["Today"—BTA lead]

[Excerpt] [Passage omitted] There are cases of hepatitis, dysentery and enterocolitis in the Khaskovo region (southern Bulgaria), the BTA correspondent there reported today. Water supply rationing, poor sanitation in the districts inhabited by Gypsies as well as the poor organization of work at the children's establishments are some of the reasons for the spread of these diseases, according to the local Sanitation and Epidemiology Inspectorate.

YUGOSLAVIA**Outbreak of Jaundice in Buzin**

*LD2111061092 Hamburg DPA in German
1421 GMT 20 Nov 92*

[Text] Goettingen (DPA)—According to information from the Society for Endangered Peoples in Goettingen, there has been an outbreak of jaundice in the Bosnian town of Buzim, northeast of Bihac. One in twenty out of the 3,000 Moslem inhabitants has reportedly fallen ill already. The epidemic is spreading rapidly. The typhoid epidemic that broke out in northern Bosnia four weeks ago was also increasingly taking its toll, Society for Endangered Peoples workers reported in Goettingen today. The cause of the serious illness was the

extreme undernourishment of the inhabitants, some of whom have been surrounded by Serbian troops for months.

Rugova Receives Humanitarian Organization Representatives

*AU2511150892 Tirana ATA in English
0919 GMT 25 Nov 92*

[Text] Tirana, November 25 (ATA)—The Information Center of the Democratic League of Kosovo reports that Dr. Ibrahim Rugova, president of the Republic of Kosovo, met in Pristina on November 24 Hanry Zhirov, representative of the International Humanitarian Organization Medecins Sans Frontieres.

They talked on the humanitarian aid that this organization may offer to Kosovo. They devoted particular attention to the vaccination of the children in Kosovo, which concerns this organization.

Dr. Ibrahim Rugova supported the initiative of this organization and similar organizations to help establish new outpatient clinics in Kosovo.

Serbs Reportedly Dismiss Albanian Doctors, Close Clinics

*AU0212094192 Tirana ATA in English
0931 GMT 2 Dec 92*

[Text] Tirana, December 2 (ATA)—ATA's co-worker in Pristina, Behlul Jashari writes:

Serb violence in the health institutions of Kosovo are increasingly depriving the Albanian of the right to protect his health. Over 30 health insitutions in Kosovo are under violent actions. Eighty percent of health centers in villages are closed, and experts of medicine are being dismissed from work continously. Nearly 1900 Albanian working people of health, doctors of sciences, specialists, general doctors and others have been forcibly dismissed from work until now. Forty gynecologists were dismissed from work for only two months. The maternity home in Rahovec was closed. The Albanian doctors of the ambulance in the Hill of the Brave Men in Pristina were warned that they would be dismissed. Many diseases forgotten are now spread in Kosovo due to this very grave health situation .

Numerous facts will be provided in Geneva Conference for these and other grave problems of health service in Kosovo. Three commissions on health are set up in Kosovo which will cooperate with the representatives of Geneva Conference. Regarding these problems, during his latest stay in Kosovo, Gert Arens, chairman of the special group on Kosovo, held a long talk with the Albanian health working people of Kosovo.

REGIONAL AFFAIRS

Barbados Health Minister Urges Health Sector Investment

*FL2611191392 Bridgetown CANA in English
1826 GMT 26 Nov 92*

[Text] Castries, St. Lucia, Nov 26, CANA—Barbados' health minister, Branford Taitt, says that despite the global economic recession, Caribbean countries must continue to invest substantially in the health sector.

"Unless adequate funds are made available to protect water and sanitation systems, to permit expansion of potable water, sewage treatment, and waste disposal systems, and to facilitate the expansion of health services networks, then the cycle (of serious health problems) will start all over again," he said.

Taitt, chairman of the conference of Caribbean ministers responsible for health, was addressing the opening of a new building to house the Castries-based Caribbean Environmental Health Institute (CEHI) Wednesday evening. Taitt warned that failure to adequately develop the health services would result in already scarce funds being applied to crisis interventions.

"Indeed, at a time when medical science has advanced to a stage where organ transplants have become commonplace, it is unacceptable that numerous lives can be lost because of lack of basic amenities," he said.

"For us in the Caribbean, the challenge, simply put, lies in the identification of adequate resources for essentially environmental problems, while at the same time maintaining the achievements of the past and addressing the lifestyle-related priorities." Taitt said that there was still a large percentage of houses in the Caribbean over-crowded and lacking basic amenities, mainly in the rural areas.

"Schools, too, tend to be over-crowded and often lack adequate sanitary facilities. Occupational health and safety is rarely the subject of an organised programme, and many communities do not enjoy a complete range of environmental infrastructure..." he added.

Taitt said the region was vulnerable to threats from outside, accusing giant oil tankers of continuing to "illegally wash their holds in our waters, leaving their residue to mar our beaches and incidentally cause us to have to spend precious resources maintaining Coast Guard facilities."

He said the cholera epidemic, which was now posing a serious threat to the region, had brought into focus the need to provide basic infrastructure and facilities to serve particularly the least advantaged persons in the communities. He said that while Caribbean governments have traditionally allocated a significant proportion of their budgets to health, many governments were now looking at alternative mechanisms to finance health care.

"Whatever financial innovations are devised ... It is my view that Caribbean countries must remain committed to the principle of universal access, and more specifically to ensuring that no one is denied health care at the time of need," he said. Taitt, who is also chairman of CEHI's board

of directors, urged continued finance for the institution, emphasising its crucial role in the region's environmental thrust.

"Only the development of regional expertise and the use of a regional approach will enable us successfully to confront many of the threats confronting us. Only a regional approach will enable us successfully to establish and insist on maintenance of standards which will guarantee the preservation of our countries and our people," he said.

CUBA

U.S. Blockade Against Cuban Medicine Analyzed

*PA2211152992 Havana Radio Havana Cuba in Spanish
0000 GMT 22 Nov 92*

[Unattributed commentary]

[Text] If a Cuban medicine which effectively counters the increase of cholesterol in a person's system was allowed access to the U.S. market, 3.5 million people living in that northern country could possibly experience an improvement in their heart conditions. However, Washington's blockade against Havana bans Cuban products from its market, and it even prevents Cuban agencies from selling their export products to other nations.

This has happened with (polychosanol), better known as PPC on the island. The tablets are manufactured with raw materials which are extracted from sugar cane.

According to research, PPC is one of the world's most effective drugs in the fight against cholesterol. Dalmer Laboratories in Cuba has stated this natural medicine has no negative side effects. Also, a report from Geneva University says specialists from the United States, Canada, Germany, and Switzerland consider PPC to be the most important pharmacological discovery to date in the struggle against cholesterol.

Despite the product's virtues, developed countries' most advanced laboratories stubbornly counter the publicity on the PPC to maintain their monopoly of the market. Also, the United States is determined to neutralize Cuba's efforts to export PPC to developed nations even though the island has the appropriate technical and scientific facilities.

The British newspaper FINANCIAL TIMES published in October a long article on the worldwide status of anticholesterol drugs which are capable of reducing the risks of cardiac problems. The article did not even mention the Cuban medicine. GATT sources told the IPS news agency the case of Cuba's PPC is a crude example of the way in which industrialized nations and great transnationals defend their interests—many times at the Third World's expense.

In this case, the boycott against the Cuban product occurs even though cardiac problems provoked by a high amount of cholesterol in a person's system are among the leading causes of death in the so-called Third World. From the United States' viewpoint, the idea is to prevent the development of a priority area in the island's economy—the pharmaceutical industry. Along with tourism and biotechnology, it represents a source of hard currency needed for this country's subsistence and development.

Castro Meets With Havana Science Union Members*PA3011195492 Havana Radio Havana Cuba in Spanish
1300 GMT 30 Nov 92*

[Text] Cuban President Fidel Castro said in Havana that in spite of the special period the country is facing, scientific work is advancing and is developing. At a meeting with Havana Science Union [Sindicato de Ciencia de Ciudad de la Havana] members, Castro said the recently formed union will contribute to greater achievement by Cuban scientists.

Fidel Castro expressed interest in the new rules that regulate the granting of scientific status to Cuban investigators; 5,200 of whom have different degrees within their respective specialties, according to Rosa Elena Simeon, President of the Cuban Academy of Sciences.

During the meeting, the investigators informed the Cuban president about pharmaceutical production, the use of high-technology equipment in medicine, as well as the number of specialists who work in the investigation centers.

ECUADOR**Increase in Hemorrhagic Dengue Cases***PA2011224492A Quito Voz de los Andes in Spanish
2300 GMT 19 Nov 92*

[Editorial Report] Deputy Public Health Minister Ernesto Gutierrez warned of the potential danger of a full outbreak of hemorrhagic dengue due to the extensive proliferation of *Aedes Aegypti* mosquitoes. There has been an alarming increase in cases.

GUYANA**Cholera Outbreak Near Venezuelan Border***FL1111030392 Bridgetown CANA in English
2029 GMT 10 Nov 92*

[Text] Georgetown, Guyana, Nov 10, CANA—Guyana's Health Minister Gail Texiera has confirmed one death following an outbreak of cholera in the country's north west district near the border with Venezuela.

Texiera, in a radio and television broadcast Monday, said the deceased—a 63-year-old man—was among four persons admitted to hospital suffering from dehydration in the Amerindian community. The other three were treated successfully, she said.

However, reports from the Caribbean Epidemiology Centre (Carec) in Trinidad and the Pan American Health Organisation (PAHO) said there had been two cholera deaths and 32 people had been hospitalised with symptoms of the disease.

Texiera said the 63-year old man became ill on November 2 after eating fish. She said he died and was buried before the health authorities could be informed. The minister said surveillance teams were searching the region for more possible cases and chlorine tablets were being distributed to residents who get their water from the Barima River. Texeira said there was no need for panic.

"I am hereby calling on all citizens not to panic but to observe all the procedures which the Ministry of Health has

been advocating since the threat of cholera became imminent in Guyana earlier this year." Cholera has been sweeping across South and Central America for more than a year. The epidemic which has claimed thousands of lives, started in Peru.

Texiera also said the Ministry of Health had contacted international donor agencies, including PAHO and the United Nations Development Programme (UNDP), for possible help in the areas of medical supplies and technical assistance.

Government Measures Result From Cholera Deaths*FL1611143992 Bonaire Trans World Radio in English
1130 GMT 16 Nov 92*

[Text] Six more persons have died as a result of the outbreak of cholera in Guyana. Authorities in the capital Georgetown announced Friday that they would tear down poverty-stricken buildings near water installations and restrict the vending of food items on city streets. The new measures follow the Guyana Government's acknowledgement last week of two deaths and 37 infected cases near the Republic's northwestern border with Venezuela. The six latest fatalities were first reported by church officials in the affected area.

Health Authorities Have No Update on Cholera Outbreak*FL2411200092 Bridgetown CANA in English
1523 GMT 23 Nov 92*

[Text] Georgetown, Guyana, Nov 23, CANA—Health authorities in Guyana say they have no new developments to an outbreak of cholera in the western region which has claimed three lives and sent over 150 persons to hospital with symptoms.

"We have no up-to-date figures," said Peter Carr, the Pan-American Health Organisation/World Health Organisation (PAHO/WHO) representative Monday. "There is no indication that it has spread to any new area but I know that they are gearing up," Carr told CANA. The deadly disease broke out in Guyana's vast northwest district in western Guyana, home to Amerindians, earlier this month.

Carr said: "It will, as we anticipate, move through region one (Barima/Waini) along the rivers," he anticipated an increase in the number of cases. "You would expect that there would be an increase in the number of cases because, based on the last report ... About 10 people a day might be showing up for treatment at the hospitals," he added.

"The question is, how many of these are really cholera cases because people are so sensitised that people with regular diarrhoea are arriving (at hospitals) because they don't want to take the chance," the PAHO/WHO representative remarked.

The Health Ministry, which has remained relatively quiet on the issue, is to release some additional information to the public towards weekend.

Cholera Outbreak in Second Region*FL2711231192 Bridgetown CANA in English
2147 GMT 27 Nov 92*

[Article by Urell Wilkinson]

[Text] Georgetown, Guyana, Nov 27, CANA—Guyana's Ministry of Health has confirmed an outbreak of cholera in Region Two (Pomeroon/Supenaam) in the Essequibo County.

The ministry, in a statement released late Thursday, said the outbreak at the village of Johanna Cecelia on the Essequibo coast about 78 miles west of the capital Georgetown, resulted in the death of 60-year-old John Shepherd.

Eight persons have been treated at the nearby Suddie Public Hospital for apparent symptoms. Three have since been hospitalised.

Pomeroon/Supernaam is the second of 10 regions to report a cholera outbreak this month.

Earlier this month, an outbreak in Mabaruma in the vast northwest district in western Guyana near Venezuela, left three dead and over 150 persons suffering from its symptoms.

"We can now confirm that cholera is [words indistinct] intensive epidemiological investigations have been carried out to determine the source of introduction to the area," said the ministry.

"No link has been demonstrated with the outbreak in the northwest. It now appears that in this homestead, the infection may have been introduced by way of contaminated seafood," it added.

The Health Ministry said investigations were continuing.

It said the environmental conditions in the affected area were "poor", noting that residents had no access to potable water. All the cases are from Johanna Cecilia.

The ministry, giving an update on the Mabaruma outbreak, said there were now 176 suspected cases, 38 confirmed cases, three deaths and two committed cases.

The ministry said it was investigating one report of a person in the Amerindian reserve of Moruca in the district having cholera symptoms.

It said the decision taken by Jamaica to stop food imports from Guyana despite testing facilities was "unfortunate" since the United States Food and Drug Administration was still allowing local imports of vegetables and seafood into the U.S. after testing.

"The decision taken by our sister Caricom state Jamaica...to restrict food imports from Guyana is rather unfortunate," the ministry said.

The FDA, it added, had tested more than 1,000 pounds of local imports and had not found evidence of contamination.

HONDURAS

Eight New Cholera Cases

PA2011224492B Mexico City NOTIMEX in Spanish
0925 GMT 16 Nov 92

[Editorial Report] The Health Ministry has reported there were eight new cholera cases over the past week. This makes a total of 391 cases since the illness was first reported in

October 1991. Of the eight cases, three were from Tegucigalpa, two from Choluteca Department, two in El Paraiso Department, and one case in Atlantida Department.

JAMAICA

Government Bans Importation of Guyanese Fish

FL2511012492 Bridgetown CANA in English
2251 GMT 24 Nov 92

[Text] Kingston, Jamaica, Nov 24, CANA—Jamaica has banned the importation of fish and shrimp from Guyana following a cholera outbreak there. A spokesman for the veterinary division of the Ministry of Agriculture confirmed Tuesday that his office had suspended the issuing of any new permits for the importation of Guyanese fish and shrimp "on the instruction of the Ministry of Health."

The cholera outbreak in Guyana has killed two people and heightened a region-wide cholera watch. It is not clear what quantities are involved, but the ministry spokesman, who declined to be named, said "permits are usually issued for large quantities at three monthly intervals."

He described the action by the Jamaican Government as "normal" in the prevailing circumstances. The decision on whether or not to grant a permit "is the first line of quarantine," he said.

NICARAGUA

Total of 2,717 Cholera Cases

PA2011224492C Managua Radio Nicaragua Network,
17 Nov 92

[Editorial Report] On 15 November, Health authorities reported 25 more cholera cases, which makes 2,717 cases. The report adds that there have been 34 deaths and hospitals have attended a total of 657 cholera patients. Of the 25 cases reported on 15 November, 20 are from Managua and the rest from Boaco Department.

Cholera has spread to Conquista Municipality, Carazo Department where two cholera cases were reported by health authorities.

PANAMA

Cholera Outbreak in the Ipeti Kuna Indian Area

PA2011224492D Panama City CRITICA LIBRE
in Spanish 20 Nov 92 pp 1, 49

[Editorial Report] Health Ministry spokesman Dr. Vicente Bayard reported a cholera outbreak in the Ipeti Kuna Indian area of Chepo, but no figures have been released yet. Other areas infected are Playa de Jaque, Darien Province and Nargana and Mulatupo in the Kuna Yala Indian reserve. As of 19 November there have been 3,418 cases reported with 75 deaths.

ST. VINCENT & THE GRENADINES**Health Officials Expect Cholera in Eastern Caribbean**

*FL1811140892 Bridgetown CANA in English
1212 GMT 18 Nov 92*

[Text] Kingstown, St. Vincent, Nov 18, CANA—Health officials in St. Vincent and the Grenadines are worried that large sections of the population may become infected in the event of an outbreak of cholera here.

"I am quite worried in the sense that, environmentally, we are not completely fool-proof," said medical officer of health, Dr. Dhruva Gopinath. "There are many loopholes in our environmental situation wherein the chances of ... People getting cholera (are) very high." Dr. Gopinath said with gastro-intestinal diseases leading on the list of infectious diseases, it would be easy for cholera to spread.

"The very fact that gastro-enteritis is (the) number one cause of infectious disease shows that when you can get one

kind of gastro-enteritis then you can get cholera also, so that the chances (of infection) are quite high," he remarked. His comments come in the wake of reports of a cholera outbreak in Guyana which has left two people dead and more than 30 hospitalised. The disease, which is characterised by severe vomiting and diarrhoea, leaves its victims dehydrated.

Dr. Gopinath spoke of the need to protect food and water, dispose properly of faecal matter, and practise good personal hygiene to keep cholera at bay. He said the public health department was maintaining a surveillance system at the main hospital in Kingstown to look for evidence of cholera among cases of diarrhoeal diseases, but noted that individuals had to take necessary precautions.

"We have done our best but ... People can do a lot more to help themselves in a given situation than what the health department or the Ministry of Health can do," he said. Dr. Gopinath said that given the nature of the spread of cholera, it was only a matter of time before the disease affected the Eastern Caribbean.

ALGERIA

Incidents of Insufficient Health Protection

93WE0087A Algiers HEBDO LIBERE in French
7-13 Oct 92 p 20

[Text] The recent controversy over the quality of imported cocoa raises the question of public health protection. Algeria has made enormous strides in product inspection, allocating the necessary human and material resources, but intolerable deficiencies persist in the public health safety net. We must not let our guard down, even though products are routinely inspected. The recent controversy has opened up a debate about the quality of services. Inspection laboratories will need to be supported and monitored if they are to improve the quality of their work. To handle the volume of goods on the market, more labs must be added. These steps will ensure more accurate controls and prevent tragic consequences.

The inadequacy of public health protection is evident in three areas:

1. The availability on the market of products harmful to human health. Many local products are sold without the required labeling. Expiration dates and information about product content are lacking at times. Standard doses are not always adhered to, and some products contain harmful coloring agents. Moreover, the goods sold on the black market or imported by wholesalers go uninspected. Have we forgotten that Algerians frequent the black market and the corner grocery store where they buy products outside the so-called state circuits?

2. Diseases related to poor sanitation. Three decades after independence, hundreds of cases of typhoid are being reported in Algeria (in Algiers and Tiaret). Diseases related to poor sanitation have been on the rise over the past three years. The increase is due to negligence on the part of municipal governments and to poor services: Many urban areas are not served by the potable water supply system, do not have sanitation systems, or are saddled with aging facilities. After 30 years of freedom, we should not experience outbreaks of cholera or typhoid epidemics.

3. Poor hospital care. The quality of care available in hospitals is generally not good. Numerous factors have contributed to this. First, hospital centers are still not managed as well as they could be. For example, new equipment, purchased with foreign exchange, may break down after a short period of use. Many hospitals have what are known as "equipment morgues" where such equipment is warehoused. This phenomenon is not new. In fact, throughout the 1980's, medical equipment was purchased and quickly broke down due to improper use. Rather than attempt to repair the equipment, administrators or managers would replace it with new equipment, spending additional foreign exchange. The current shortage of foreign currency has forced administrators to try to reactivate the old equipment, but much of it has deteriorated from disuse. An assessment of the losses incurred by such methods would no doubt reveal that hundreds of billions in foreign exchange have been wasted.

Another reality is that hospitals are plagued by theft. Nothing is safe from theft, whether sheets, blankets, personal hygiene products, medications, and equipment. Hospitals are running in the red in part because of the volume of property that is lost every year. Such theft also makes it difficult to provide full care to patients. As a result of poor management and "pillaging," the portions of food served to patients do not meet nutritional standards.

The last point pertains to the availability of medical and paramedical hospital staff. During daytime hours, there may be more doctors and nurses than needed to care for the patients. At night, however, few doctors and nurses are present, and yet the nighttime hours are often difficult hours for the hospitalized. A life-threatening change in the condition of a patient can occur while a doctor or nurse is absent, even if only for a few minutes. The relationship between patients and their doctors and nurses has also deteriorated due to a "depreciation" of the hospital patient's status. The dehumanizing trend at hospitals brings the quality of medical training into question. It must be stated, however, that some of those who work in hospitals remain dedicated to their duties, helping to alleviate suffering and promoting the well-being of thousands of patients.

In summary, realities such as these must be taken into account when assessing the effectiveness of health policy. The areas mentioned above reveal the inadequacy of the protection offered to the public. The credibility of the state, we must emphasize, depends in part on the quality of services supplied by the public sector. If a rigorous effort to rectify the inadequacies of public health protection is not made, it is possible that tragedies will result and that the suffering of the sick will only increase. Moreover, as long as waste is allowed to continue in the health sector, public spending on health will grow, depriving other sectors of needed funding. Health could eventually become an unsustainable drain on public funds.

Situation at Hospital Dispensaries Decried

93WE0094B Algiers EL WATAN
in French 21 Oct 92 p 21

[Article by Kamel Benelkadi: "The Anonymity of Care at Dispensaries"]

[Text] The debate over health care in Algeria continues to widen with numerous new installations. The health care sector is often decried by doctors and patients alike, and their criticisms, although different, are not contradictory. Doctors, for example, are hindered in their work by a chronic lack of medical and other, less sophisticated equipment.

As a result, a series of visits is necessary before a patient can be completely diagnosed. When medications are prescribed, the unavailability of certain brands of medication in pharmacies can further complicate the situation and delay recovery. When that happens, various attempts are made to get around the problem and they range from purchasing medications second hand to ordering them from abroad....

It is not only at urban hospitals that minor inconveniences become major hurdles. In rural areas and at dispensaries located in populous city districts, wherever conditions have not deteriorated, they are—at best—very difficult to manage. Typically, doctors see their patients in chaotically

noisy, cramped quarters, conditions that try their nerves and described by some as "like working in a grocery store or shop." Without even a blood pressure gauge available to them, doctors seem to have lost some of their standing in the community. A study conducted by Mr. Mebtoul Mohamed of the University in Oran on health care at the dispensary in El Hamri (Oran) brings those factors to light and analyzes their impact.

The relationship between medical personnel and patients is fragile and tenuous, almost impersonal. The lack of a rapport is evident in the silence that prevails as prescriptions are written up. That is not surprising when one learns that the majority of patients are women with children in tow. Pain, illness, and symptoms are expressed in gestures, as taboos prove difficult to unseat.

Medical Way Stations

The interaction is rooted in attitudes of dependency and paternalistic relationships. Lacking the capacity of a proper clinic, most dispensaries consist of two examining rooms and an outer office furnished with a few chairs. The larger ones are equipped with separate areas for injections, oral surgery, and maternal and infant health care. At such facilities, care is limited to little more than first aid: Wounds are cleaned and bandaged, casts are applied. The patient's immediate needs are seen to, pending his transfer to a hospital. For the most part, those who seek treatment at dispensaries are the poor who cannot afford a private doctor. A 39-year-old woman worker, the mother of six, makes no secret of it: "When I have money, I see a private doctor; when I have none, I come here."

Folk Remedies an Alternative

Money is not the only factor. Private doctors are less inclined to be content with a quick diagnosis. They monitor their patients' progress and take time to talk with them, establishing a rapport with their patients.

That is borne out by a survey of 130 families in El Hamri who were asked, which type of doctor provides the best care? Public health service doctors were cited by 27.48 percent, while private doctors were preferred by 58.78 percent; 6.2 percent had no response and 7.44 percent found no difference between public and private doctors.

It is important to note that dispensaries do not have a regular clientele: 24.43 percent of those surveyed said they make frequent visits, while 41.98 percent rarely go to a dispensary. In the eyes of some, dispensaries are useful as providers of vaccinations, but not other types of care. What explains this disaffection?

Most citizens attribute it to ineffective care. When medical treatment fails, patients look to other therapies to relieve their symptoms. Some abandon the scientific remedies for the supernatural. Among the less educated, traditions have long been thought to have miraculous powers.... Women make entreaties at the marabous, hoping for speedy recovery. Others visit women healers who are quick to hand out magic potions.

The line of demarcation between the biomedical approach and occult beliefs becomes blurred in the collective imagination. The slightest medical failure can cause some to

invoke the "saints." It will take more than dramatic initiatives targeting the larger centers to solve the problems of the health sector.

The reforms undertaken thus far, worked out in the offices of the health ministry, have been mere band-aid remedies. This ailing sector requires much more than that. Health policy must address all factors, both objective and subjective. It is a complex mechanism; the breakdown of any one part could cause the entire mechanism to collapse.

The task of reorganizing the dispensaries can no longer be viewed as a low-priority formality.

EGYPT

Hospitals Face 'Severe' Blood Shortage

93WE0006A Cairo AL-WAFD in Arabic 2 Sep 92 p 3

[Text] Both public and private hospitals face 'severe' blood shortage.... In fact it is a tragedy that all patients, who go through surgical operations or are involved in tragic accidents, and who would need blood transfusion, face. Official statistics indicate that Egypt's hospitals face 'severe' blood shortage. According to world standards, 50 blood units are needed annually for every 1,000 inhabitants. The amount that can be provided in Egypt does not exceed seven units for every 1,000 inhabitants. According to world standards also, Egypt should be able to provide about 4 million units annually, whereas the amount that can be provided does not exceed 376,000 units. Problems and tragedies arising from blood shortage, such as death, the spread of infectious hepatitis and AIDS, have been aggravated since the increase in the number of blood brokers, as well as the increase in the numbers of both drug addicts and homosexuals, who donate blood. The only solution seems to be looking for new blood sources, by resorting to volunteers.

INDIA

Cerebral Malaria Claims 23 Lives in Bihar Village

BK1711100092 Delhi All India Radio Network in English 0830 GMT 17 Nov 92

[Text] In Bihar, cerebral malaria has claimed 23 lives in (Dosi) village in Palamau District. An official spokesman told our Ranchi correspondent that special medical camps have been organized in the area to control the spread of the disease. He also said that medical teams have been deputed to survey the neighboring villages to identify patients affected by the disease and to treat them.

Cholera Cases in Delhi Double; Administration Blamed

BK2711112092 Delhi INDIAN EXPRESS in English 18 Nov 92 p 1

[Text] New Delhi—Six months after the Delhi Administration was trumpeting confidently about the extent of its preparations to check this year's cholera outbreak in the city, the statistics—yet to be officially released—show that the situation has actually taken a turn for the worse. Between April and October last year, this annual scourge struck 470 Delhiites. While during the corresponding period this year 1,011 people were afflicted. In other words, the

disease has been stalking the city's vulnerable population with such unprecedented fury this year, that far from registering any decline or showing the barest sign of being contained, the number of cases this year actually rocketed to more than double that of last year.

The monthly break-up for this year has been as follows (Last year's rate for the corresponding months are given in brackets, for comparison): April—43 (28), May—296 (104), June—156 (94), July—140 (108), August—169 (63), September—156 (48), and October—51 (25). That apart, there have been a total of 20 more cases so far this month.

Delhi Administration sources pointed out that the ritual official excuses and pleas apart, there is still to be a cohesive and pragmatic approach to this annual blight four years after the Supreme Court committee probing the 1988 epidemic had bluntly accused the Administration of perpetuating a "drama of death" through its transparent apathy to the threat.

The confused, knee-jerk reaction to the issue was apparent this year too. A typical instance was the dangerously shallow handpumps capable of spewing the seeds of the epidemic, on which thousands of the city's impoverished, residing in its JJ [expansion unknown] colonies still depend.

The Chief Secretary, Delhi administration had declared this year that he would proceed to have all these removed, without actually addressing the question whether those dependent on these could actually be assured of a constant and steady supply of water with the resources at the Administration's disposal.

IRAN

Herbal Medicine Produced Domestically

93WE0080C Tehran SALAM in Persian 6 Oct 92 p 2

[Text] Tehran—IRNA—A drug for treating migraine headaches has been manufactured in Iran for the first time.

Engineer Gholamreza Amin, a member of the faculty of the College of Pharmacology at Tehran Medical Sciences University and an official at the medicinal herbs exhibition at the Congress on the History of Medicine in Islam and Iran, said yesterday morning while explaining these things: This drug has been made to be administered in drops from a plant called [hufariqun].

He added: This plant, which is also called "thousand-eye grass" and "shepherd's flower," has a 2,000- to 3,000-thousand-year history in the treatment of nerve diseases, and it is mentioned in most of the credible traditional and medicinal books.

Eng. Amin said: The testing phase of this drug went well and it has now reached the mass production stage, and it will soon be put on the market.

The medicinal herbs exhibition is displaying 60 types of the nation's medicinal herbs, along with photographs and the scientific names of these plants that have medicinal uses, and opens concurrent with the Congress on the History of Medicine in Islam and Iran at Tehran University.

Eng. Gholamreza Amin, a member of the faculty of the College of Pharmacology at Tehran Medical Sciences University and an official at this exposition, gave an interview to IRNA's correspondent. He said: By presenting these plants at the university, an effort has been made to familiarize the public as much as possible with the scientific names of the important medicinal herbs and their characteristics.

Eng. Amin added: With the advancement of science and industry since the 19th century, chemical and herbal medicines have been obtained, and because of their ease of use, they have been used by everyone in the form of pills or liquids.

He said: This has meant that today medicinal herbs have been used with the methods of traditional consumption.

Eng. Amin said: The use of medicinal herbs is not a return to the past. It is a fresh look at the use of these plants and new and scientific ways of preparing new medicines from them.

He added: There are 6,000 to 8,000 kinds of plants in Iran, and so far the medicinal characteristics of 2,000 to 2,500 kinds of them have been discovered.

He called on the officials working in the nation's drug and treatment affairs to provide an adequate budget for the medicinal research sector thereby to permit a group of strong and active researchers to come together with peace of mind to carry out far-reaching research in the area of medicinal herbs.

Official on Construction of New Hospitals

93WE0080B Tehran SALAM in Persian 12 Oct 92 p 11

[Text] Rasht—IRNA—To expand and spread treatment resources for those with insurance, 60 hospitals with more than 10,000 beds are being built throughout the country.

IRNA's correspondent reports that the above was announced yesterday by Mr. Karbasian, executive director of the National Social Security Organization, at groundbreaking ceremonies for the 200-bed hospital in Rasht.

During his remarks, he said: Currently about 3.4 million people in the country are beneficiaries of coverage by the National Social Security Organization, and counting their families this figure amounts to more than 14 million people.

Karbasian mentioned as one of the organization's important activities participation in investment, especially in the construction of housing. He added: Since the beginning of the current year this organization, in implementing a mass housing construction project, has so far begun the construction of about 3,000 housing units.

He noted that in the areas of buying factory shares and large production units, this organization has also made investments.

Bandar-e Anzali Nursing College Inaugurated

93WE0080A Tehran SALAM in Persian 12 Oct 92 p 11

[Text] Gilan—SALAM Correspondent—In ceremonies attended by health officials of the Ministry of Health, the Friday Imam of Rasht, the president of the Gilan Medical Sciences University, deputies from the province's regional

Health Care and Treatment Organization, the governor, the Anzali Majles deputy, physicians, students, nurses and other officials in the municipality of Bandar-e Anzali, the nursing college named Her Holiness Zahra (peace be upon her) was opened.

At these ceremonies, the Ministry of Health's deputy minister for treatment said: So far 41,000 doctoral students in general practice are studying in the nation's universities, and 4,000 general practitioners have graduated in the country, and since the year 1372 [as published—year beginning 21 March 1993] 1,000 physicians have joined the treatment network to alleviate difficulties and the nation's health care and treatment problems.

Continuing, he said: In view of the deprivations in the province of Gilan, the establishment of medical, dental and paramedical universities, the teaching hospital, university instruction and the creation of nine specialist fields of study in the medical college of the Gilan Medical Sciences University are among the most important projects carried out and being carried in the province of Gilan.

IRAQ

German Scientist Describes Embargo Effects

*JN161114292 Baghdad INA in English
1340 GMT 15 Nov 92*

[Text] Baghdad, Nov. 15, INA—A well-known German scientist said more than 20,000 civilians were killed during the U.S.-led war against Iraq. "Still more Iraqis are dying because of the trade sanctions. Some 170,000 children are facing imminent death because of malnutrition and epidemics before the end of 1992," Professor Siegwart Gunther said in a lecture delivered at the Baghdad University last week and was quoted by THE BAGHDAD OBSERVER newspaper entitled "The Children In Iraq - Why Do They Die?" The lecture shed light on the impact of war and of U.N.-imposed sanctions on the people namely children of Iraq.

According to Professor Gunther, relief organisations had pointed out that several thousands of children are threatened by death due to hunger and diseases. An up-dated report by the Harvard Study team estimated that the children mortality rate in Iraq would rise by the end of 1992 up to 170,000. Official sources in Baghdad said that 21 thousand children are now dying of malnutrition and infectious diseases," he recalled.

During his visit to children hospitals in al-Basrah and Mosul Provinces, Professor Gunther traced serious complications of diseases and attributed them to lack of food, vaccines, and medicine.

In Mosul, a city of nearly two million inhabitants, some 42,000 families have been registered by the Red Crescent

Society as living only with a monthly income of ID 150 to 200 each, he explained. This amount is even less than the price of 50 kilos of flour.

He went on to say that the supply of safe drinking water has been totally disrupted in al-Basrah where around 1.5 million people live. "In al-Basrah and in nearby villages, drinking water is provided by tanks and by tank-lorries," he said adding that one bottle of water is more expensive than one litre of petrol.

"In Shatt al-'Arab area, the temperature rises in July and August to 55° C with a humidity of over 90 percent," he said. "There is a shortage of spare parts and chlorine, therefore most of the waste water and sewerage is being discharged in the Tigris and the Euphrates rivers without treatment. In some districts of al-Basrah city, it overflows into the streets and as children play in the pools, diseases break out, some of these diseases are known in Europe only through textbooks."

Professor Gunther also traced cases of premature birth from malnourished mothers. "Moreover, a new undiagnosed disease is seen with abnormal abdominal distention resulted from radioactivity of depleted from uranium bullets left in the battle-field after the U.S.- led war against Iraq," he said. [Sentence as received]

As for psychological effects of war on the children. Professor Gunther said he has been informed of high cases of suicide among children in Mosul. "I witnessed myself on September 11 this year, a dozen allied jets appearing over Mosul, one after another at very low altitudes. Window panels rattled and children ran seeking protection in the houses. It was Friday, a day of prayer for Moslems," he concluded.

Professor Gunther has brought a large quantity of medicine and milk to the children of Iraq. "I will go to Amman, Jordan, to bring more quantities of medicine after one week," he promised.

Health Minister Reiterates Readiness To Cooperate With UN

*JN2211160992 Baghdad INA in English
1340 GMT 22 Nov 92*

[Text] Baghdad, Nov 22, INA—Iraq's Health Minister Dr. Umid Midhat Mubarak today received representative of UNICEF organization on the expiry of his term of office in Iraq.

During the meeting the minister reviewed consequences of the 30- state aggression and the blockade imposed by America and its allies on Iraq.

Dr. Mubarak reiterated the ministry's preparedness to cooperate with the U.N. organizations including the UNICEF within the frame of Iraq's ever keenness on safety of the citizens and rendering care to them in health, psychological and social areas.

UNICEF representative evaluated the Health Ministry role in its perseverant endeavour for providing medical requirements for the people despite their shortage.

Belarus Health Minister Interview

93WE0190A Minsk ZDRAVOOKHRANENIYE
BELORUSSII in Russian No 1, Jan 92 pp 4-7

[Interview with Belarus Republic Minister of Health Vasily Stepanovich Kazakov by correspondent Roman Shevko; date and place not given: "People First"]

[Excerpts] **Shevko:** I think you'll agree, Vasily Stepanovich, that politics are the most frequent topic of conversation today. All we ever talk about are the USSR and republic congresses of people's deputies, rallies, strikes and national rebirth. Yes, these are important mileposts in the renewal of our life, but none of them have any meaning to any particular person unless he has his health. Like the German philosopher Arthur Schopenhauer said in his time, "Ninety percents of all happiness depends on health." With that in mind, here is the first question: How would you grade the health of your compatriots today?



Kazakov: As satisfactory or a little lower. In recent years in view of the deteriorating economic situation, an unbalanced diet (and sometimes an inadequate one), unsatisfactory water supply and sewage systems in towns and cities, and elevated nervous and psychological loads due to the political instability, additional negative factors influencing the health of our compatriots have appeared.

Ten thousand people in Belarus live today within industrial zones, and are subjected to the elevated influence of unfavorable environmental factors (noise, vibrations, air pollution). Just in Minsk, over 60,000 persons reside and 25 children's institutions are located in such conditions, and 9 percent of the area is within the zone of high air pollution.

All of the republic's more or less large cities can be classified as ecologically unfavorable territories. For example in Minsk, Bobruysk, Svetlogorsk, Novopolotsk and in oblast centers, where almost half of the republic's total population

lives, the overall air pollution indicator, which is calculated on the basis of maximum one-time concentrations, exceeds permissible levels tenfold.

There are now 141,200 persons in Belarus, including 61,300 women, working in unfavorable conditions. And as a result of this, occupational morbidity has increased by over 50 percent in the last 5 years among workers in Belarus's enterprises. According to expert assessments, the annual loss due to occupational illness and injury on the job is R65 million. And if we take compensation and advantages paid for harmful working conditions into account, this loss reaches R1.5 billion.

Thirty-four percent of the republic's drinking water does not satisfy hygienic requirements on microbial contamination, and 48 percent fails to do so in its chemical indicators. The quantity of pesticides discovered in foodstuffs making up the bulk of the population's diet increased by 1.5-2 times in recent years. Considerable contamination by heavy metal salts and antibiotics is being revealed.

Infectious morbidity remains high, and outbreaks of dysentery, salmonellosis, viral hepatitis and food poisoning continue to be recorded each year. The economic loss to the republic just from the incidence of viral hepatitis in the population was R15.9 million in the last 5 years.

And although the indicators characterizing the health of the Belarus population are still better than the Union averages, they are already tending to deteriorate. And this cannot but cause us concern. For example overall population mortality increased from 6.6 persons per 100,000 population in 1960 to 10.7 persons in 1990. Moreover mortality due to diseases of the circulatory system and tumors is increasing. Between 1989 and 1990, the incidence of malignant tumors increased from 190.7 to 253 per 100,000 population, the incidence of hypertension increased from 1,580.2 to 2,804.2, and the incidence of sugar diabetes increased from 773.2 to 1,114.7.

The birth rate continues to decrease. While in 1985 it was 16.5 per 1,000 population, in 1990 this figure dropped to 13.9. And this is causing aging of the nation—an increase in the number of people in the older age groups, which is worsening the health indicators that are calculated in relation to the total population.

The health of the rural population raises special alarm. The indicators here are significantly worse than in the city. And as a result losses of work time due to morbidity are growing. While in 1985 morbidity involving temporary incapacitation was 878.3 days per 100 workers, in 1990 it was 1,040.5. Primary disability per 10,000 blue and white collar workers grew from 41.3 to 51.5, while among kolkhoz farmers it increased from 47.6 to 61.9.

The health of children and adolescents evokes no less concern. It would be sufficient to say that the group of healthy persons (persons in health group one) decreased by 1.5-2 times in this age category of the population residing in areas of the republic in which records are kept. On the other hand the number of children and adolescents with chronic nose and throat diseases, with the asthenic syndrome, with functional diseases of the digestive organs and vision, and with deviations in immune status has risen. Growth of the

incidence of thyroid cancer in the republic's children in comparison with the five-year plan prior to Chernobyl evokes special alarm.

The republic's public health system is doing everything it can to keep the population from suffering increasing health losses. However, the resources at its disposal today are extremely limited, and they do not allow it to do the full volume work required. Our work consists today of seeking these resources.

Shevko: This interview is being conducted in November, but readers will not read it until the January issue of the journal in the new year, 1992. Tell me briefly, what do you think the new year will be like for your sector? What would you like to solve in this period, or at least make some headway in?

I remember your reference to the disastrous situation that evolved in the republic in medicine supply in an article you published in the first issue of the newspaper *MEDITSINSKIY VESTNIK* in September of last year. Because of the country's hard currency indebtedness, deliveries of a whole list of highly important medicines and medical equipment from abroad stopped. Perhaps it would make sense to think about developing our own pharmaceutical industry in this situation, since after all, we do have considerable amounts of medicinal raw materials in clean zones. Such plans are already being announced by some sovereign republics by the way. By Kirghizstan for example. What can you say in this regard?

Kazakov: Unfortunately the grounds for optimism are less than we would want. The breaking of ties with suppliers of materials and equipment, and primarily medicinal preparations and medical equipment, elicits special alarm. The republic, you see, does not essentially have its own pharmaceutical industry. The enterprises that do exist in Belarus manufacture less than 100 medicinal preparations. This is despite the known fact that over 2,500 different kinds are used in the republic.

Let me cite one other figure that would allow readers to gain a better impression of the situation regarding this issue, in all of its cruel reality: Seventy percent of the drugs produced at enterprises of the former Union were manufactured from raw materials that were purchased abroad for freely convertible currency.

To make the picture complete, let me add that there are no specialized enterprises in the republic producing medical equipment and supplies.

What do I see as the way to turn this situation around? We need to hasten development of our own pharmaceutical industry. Though this is an extremely complex process requiring sizable investments. For example just remodeling of the Minsk Belmedpreparat Plant to produce insulin using modern procedures will require 50 million in freely convertible currency.

The government of the republic has now adopted a special decree foreseeing priority measures to supply medicinal preparations to the population. Among them are the purchase of medicines abroad, and their delivery on the basis of barter deals, including from sovereign republics of the Union.

Subsequent measures also foresee construction of a number of pharmaceutical enterprises (Nesvizh, Skidel, Drogichin), and reconstruction of existing ones. In order hasten establishment of the production base of these and other plants, the republic's Ministry of Health feels it necessary to establish a Belfarmindustriya Concern or Farmindustriya Committee. We have already submitted this issue to the government for examination.

We have also written and approved a program for producing medical equipment at the republic's unspecialized enterprises. Already last year the amount produced was valued at R10 million. These volumes will grow in this and subsequent years.

Work has been done on the problem of establishing joint ventures with Yugoslavia, Poland and India producing medical articles. There are also plans for introducing new patient treatment procedures. For example one of the departments of Clinical Hospital No 9 in Minsk is being converted with the assistance of Germany's Babcock Company into a bone marrow transplant department. And a children's oncological-hematological center will be built with the help of Austrian firms. Construction of the Vitebsk and Gomel diagnostic centers is continuing. In addition construction of a specialized dispensary is starting in Gomel.

The Ministry of Health also reexamined its concept of higher and secondary medical education. A reorientation will be carried out toward training general-practice and family-practice physicians. And finally, the laws "On Public Health," "On Financing and Medical Insurance of Citizens" and "On the Epidemiological Well-Being of Specialists" will be adopted. Their drafts were written by specialists of the ministry, and they are now in the hands of the Supreme Soviet of the Republic of Belarus.

Shevko: What are you expecting from the republic's medical science in the next few years? In what basic directions are its main forces oriented today, and how are the consequences of the Chernobyl disaster being accounted for in this case? After all, besides everything else we have already had to deal with, in the opinion of one of the leading bone marrow transplant specialists, the hematologist Robert Gayle, the incidence of blood diseases will begin to grow in the afflicted region.

Kazakov: Seventy percent of the scientific potential and financial resources are being channeled into studying the problems posed to us by the Chernobyl tragedy. The tendency for accumulation of radionuclides in the body must be studied conclusively, and the basic tendencies for development of pathology must be determined. In addition our scientists will continue working on the problems of protecting maternity and childhood. Studying the endocrine system, and especially the thyroid gland, is a very serious question. We plan to establish a scientific subdivision on this subject in this connection.

Major changes will occur in the organization of the work of scientific research institutes under the Ministry of Health and institutions of higher education. The Belarus Medical Academy will be established. The material base of science will enjoy further development, and especially its polyclinic part.

Given all of this, I should note that the acute shortage of modern equipment and chemical reagents is placing fulfillment of the planned volume of scientific research on public health problems, as well as a number of subdivisions of programs that were written earlier and already approved, in jeopardy. However, our hope is that the situation will improve.

Shevko: The well known Russian surgeon Nikolay Ivanovich Pirogov wrote: "The future belongs to preventive medicine. Walking hand in hand with therapeutic medicine, this science will bring mankind doubtless benefit." To what degree is this commandment being realized today in Belarus in your opinion?

Kazakov: We already partially touched upon this topic in our interview. With adoption of the republic's public health code, many things should change for the better in this matter. I see development and adoption of concepts that would stimulate the use of wasteless production procedures in enterprises, such that it would be advantageous for them to produce clean agricultural products, and such that everything that harms the people's health would be strictly punished, as especially important.

Shevko: As a person who's official duty is to stand watch over the health of your fellow citizens, you probably see better than others how the number of people who are indifferent to or even unforgivably careless about their health is increasing with every year. Of course I'm not talking about citizens with congenital or chronic illnesses. And today, you can't help seeing this paradox: People who are often ill (because of their own carelessness) enjoy certain advantages. They include various payments, reduced-rate passes to vacation homes and sanatoriums, and advantages in housing distribution. It goes without saying that we are dealing with an important social accomplishment, but isn't it a little too wasteful to pay for disease acquired deliberately?

Kazakov: You're absolutely right in noting that a healthy way of life is hardly being publicized or stimulated in our republic. All measures are directed at the sick person, while we should be doing the exact opposite. I already mentioned that the Ministry of Health has submitted the draft laws "On Public Health" and "On Financing and Medical Insurance" to the government for examination. It is in these documents that we included some measure to stimulate a healthy way of life on one hand and the direct interest of enterprise and organization executives in creating healthy working and personal conditions on the other. In other words we are rewarding the interest an employer shows in maintaining the health of his workers. The less people are sick at a given enterprise, the smaller the deductions these enterprises will have to make into the health insurance fund, and vice versa.

Moreover, in the event that they are adopted, these laws foresee collection of fines from enterprises guilty of degrading the health of people on the job. Part of the money reserved to insure workers in the event of illness that is left unutilized could be paid out to persons who lead an active, healthy way of life, and who do not get sick. [Passage omitted on AIDS]

Shevko: Will the ministry take any other steps to improve the social protection of medical workers?

Kazakov: I could talk a long time about the problems and directions of social protection of medical workers. However, unfortunately reality dictates its own laws and possibilities to us, and we are forced to reckon with them. Let me simply say that the problems of social protection of medical workers are constantly in the center of attention of the Ministry of Health. A new concept of paying for the labor of medical workers of all categories was developed jointly with the State Committee for Labor and Wages.

The problem of improving housing support to medical personnel requires special attention today. We will pursue a coordinated policy together with local government organs in order to achieve maximum utilization of resources for housing construction based on capital investments.

A joint resolution was adopted by the Ministry of Health and the republic committee of the sector's trade union to reserve space in our system's sanatoriums for vacations for medical workers.

For the moment, however, despite all of the steps that have been taken, the level of social protection of medical workers (wages, space for their children locally in preschool institutions, sanatoriums and preventive treatment hospitals) remain the lowest in comparison with workers of other sectors. Such that we still have a great deal of difficult work ahead of us in this matter.

Shevko: The local soviets have now received considerable rights. Has this had an effect on the organizational principles of your ministry?

Kazakov: Yes, we have delegated a large number of functions to local soviets. And on the whole, this can be rated as a positive phenomenon. Orders the Ministry of Health issues regarding staffing, the number of hospital beds and the frequency of doctor visits now bear the nature of recommendations.

We also transfer capital investments for the construction of public health facilities to the executive committees of oblast soviets and the Minsk City Soviet. However, life has shown that this has made it much more difficult for the Ministry of Health to influence the writing of plans for construction of therapeutic institutions. And I don't think that this has yet had any positive effect on expanding the material base of public health. Consequently the plans for cooperation with local government bodies require some reworking.

The structure itself of management of the republic's public health facilities has changed as well. The Ministry of Health retains for itself the coordinating and expert functions of rendering health care to the population. And more and more rights are being delegated to our oblast, city and rayon subdivisions in regard to managing public health institutions locally.

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Chasov Memoirs on Leader Health Care

*93WE0190B Moscow KOMSOMOLSKAYA PRAVDA
in Russian 18 Jan 92 pp 1-2*

[Article by Yevgeniy Chasov: "In the CPSU Central Committee Politburo: A Doctor's Diagnosis"]

[Text][Editor's note] The book "Zdorovye i vlast" [Health and Power] by Yevgeniy Ivanovich Chasov, former chief of the

former 4th Main Directorate of the USSR Ministry of Health, will soon be published by the Novosti Publishing House. Several small excerpts from it are offered to the reader below.

The 4th Directorate is a very important administrative department: It is here that the deepest secrets of the country's leadership and its associates are stored—their health and their prognosis for the future, which under certain conditions could become weapons in a struggle for power.

I can say without any exaggeration that the future of our country now depends on our medical activity and on our aggressive position to no lesser degree than it does on the disposition of political and social forces. Seeing the situation for what it really was, I began seeking allies in the fight for Brezhnev's health, to preserve his performance, activity and thinking as a state official.

Getting no support from Brezhnev's family, I turned to the only person in the county in a position of leadership with whom I had established confidential relations—Andropov (this was in 1973—Editor's note).

Briefly, the essence of the questions I asked reduced to the following: How could Brezhnev be influenced to return to his former regimen, and to take sedatives only under a doctor's supervision? How was nurse N. to be removed from his circle, and the deleterious influence of some of his friends to be excluded?

Andropov remained silent for a long time. "First of all," he said, "no one but you can approach Brezhnev on the question of his regimen or the drugs he is using.... My possibilities for helping you are extremely limited, almost nil. Your other question is a more difficult one: Should we make the evolving situation known to the Politburo, or to some particular members? Today, Brezhnev is a recognized leader, the head of the party and state, and he has risen to great heights. His disease is presently only at its inception, the periods of asthenia are rare, and you and perhaps a limited circle of your specialists are the only ones who witness them. No one in either the Politburo or the Central Committee will understand you, and they will try to portray your information not as concern for Brezhnev's future but as some sort of intrigue. And there is something else we need to think about. This information could cause the struggle for power in the Politburo to resume once again."

I realized that I was to remain in a one-on-one relationship with Brezhnev's nascent disease.

Unusual incidents occurred in connection with Brezhnev's return from a critical state. One of them involves the serialized television program "Seventeen Moments of Spring," which Brezhnev watched in the hospital. Discussing the film, nurse N., who was looking after him, conveyed to him as something obvious the rumors that the character Shtirlitz was based on Colonel Isayev, who was living in total oblivion, with his act of heroism never having been rewarded. Angered, Brezhnev immediately telephoned Andropov. He asked him to find Isayev, whose work in the German rear was worthy of the highest decoration. Naturally, they didn't find Isayev, but awards were nonetheless

presented to the actors of this film, which the General Secretary came to like so much.

Why was the fact that L. I. Brezhnev was ill concealed? (It was as if someone had doubts about this.) Why did people not insist that he should be relieved of his work? I tried to recall if questions such as this had been asked of me regarding Brezhnev's health at numerous press conferences of Soviet journalists while he was alive. And one memory did surface. Abroad—yes. Never did a press conference go by without a discussion of this question. But my answer was to everyone's liking, and it relaxed concerns. What I basically said was that there was something called the Hippocratic Oath, which every honorable physician had to observe.

At K. U. Chernenko's funeral I walked in the funeral procession next to a colonel general, apparently a member of the CPSU's auditing commission. I didn't know him well at all. Turning to me, he spoke in what seemed like astonishment, or perhaps even sympathy: "You know, Yevgeniy Ivanovich, you're a survivor! You've buried four general secretaries, and you're still alive."

Considering the evolved traditions, and in view of formal rules, I told Gorbachev, who was the second secretary of the CPSU Central Committee, about Chernenko's health. He was aware of the situation. And it became increasingly graver with every day. Chernenko himself was more interested in his deteriorating state than in the problems facing the country.

In fall, Chernenko's state became so grave that he could leave for a few days of work only after receiving intravenous injections of a complex of drugs. Like the year before, I began spending most of my time in Kuntsevskaya Hospital, all the more so because Ustinov was also in serious condition at this time. Realizing the futility of our appeals, all of us, the professors and doctors, stopped trying to persuade Chernenko of the obvious truth that the load that would fall upon the shoulders of the general secretary of the CPSU Central Committee, even if it were to be limited somewhat, would be beyond his means.

A system was developed for television broadcasting of meetings in which Brezhnev participated, and then Andropov. In this system, the director and camera operator knew the precise angle and point from which the broadcast was to be conducted. A special hand-rail was installed in the new building for CPSU Central Committee plenums in the Kremlin to allow the leaders to reach the podium. Special ladders were designed for access into airplanes and to the Mausoleum.... The ultimate hypocrisy was a television broadcast of K. U. Chernenko's speech on the eve of the elections to the RSFSR Supreme Soviet in 1985. In order to let the people see their leader, despite our categorical objections they pulled dying K. U. Chernenko out of bed (in the presence of Politburo member V. V. Gryshin) and set him down before the television camera lens.

I can imagine historians, political scientists, diplomats and social scientists who will now search the archives for materials and documents that would clarify the causes of the rise and fall of Brezhnev, and the origins of the process that ultimately led the great country of socialism to the events of April 1985.

These scientists might not agree with my view of the events that led to the crisis of the mid-1980s. But as with all physicians, I am pragmatic, and I always seek the roots of arising processes in the logic of concrete facts and the actions of concrete individuals.

From these positions, the negative influence of nurse N. on Brezhnev, which hastened his degradation, is a concrete, objective fact that promoted the collapse of the country, and which was of greater import than the dozens of demonstrations by various "dissident" groups.

I still can't figure how I feel about the situation that evolved in connection with the illnesses of Brezhnev, Andropov and Chernenko. From a doctor's standpoint I did my duty honorably, and I did not violate the Hippocratic Oath. But is a physician's duty not a contradiction to the duty of a citizen? Of course, even here my conscience is clear, considering that in the late 1970s not only Andropov but also Suslov, Ustinov, Chernenko, Tikhonov and some other members of the leadership were aware of the state of Brezhnev's health and the disintegration of his personality.

As far as Andropov is concerned, despite his illness he worked more productively than most members of the Politburo by the strength of his will and in view of the regimen he followed. You may ask this question: "Did the situation change in any way after April 1985?" Everything remained as before.

Unfortunately, in distinction from the way things are in other countries, in the USSR these questions (the health of pretenders to high positions.—Editor's note) were never in the center of attention either in election time or when appointments were made to positions of leadership. And that's a pity. Statements that questions of health are a little too personal, that discussing them in the course of an election campaign or when making appointments to executive bodies is incompatible with morality and the principles of freedom of the personality, are permeated with demagoguery. And God forbid that anyone would demand qualified conclusions from physicians. But is it ethical for a person who is or had been under observation for mental illness or cancer to conceal this from his voters, or to heap an inordinate load of complex and important work upon his ailing shoulders?

Leptospirosis in St. Petersburg

City Health Committee Press Conference

93P60053A St. Petersburg TELERADIOKOMPANIYA
PETERSBURG TELEVISION NETWORK in Russian
1330 GMT 24 Sep 92

["Telestantskiya Fakt" presented by Irina Smolina]

[Text] Today the Municipal Committee on Public Health held a press conference concerning the serious problem of the emergence of infectious diseases. Alas, the agenda includes an infectious disease that is not new to the city—leptospirosis. It is still remembered by those who lived through the blockade. The evening "Fakt" [program] will discuss how it reappeared here and how the medics will control it.

Follow-Up Report on Health Committee Conference

93P60053B St. Petersburg TELERADIOKOMPANIYA
PETERSBURG TELEVISION NETWORK in Russian
1620 GMT 24 Sep 92

["Telestantskiya Fakt" presented by Irina Smolina, V. Sher-shabova report]

[Text] [Video shows conference in progress, narration by Smolina.] Our lexicon is rapidly becoming enriched with new words. We have to remember yet another—leptospirosis. This infection was discussed today at a public health committee health conference.

This diagnosis—sometimes with a fatal outcome—had been made only during the blockade. Today our city is the first in the nation where this disease has been recorded.

And the number of patients is increasing. The sources of infection are [word indistinct—rodents?], wild animals and dogs. And, unfortunately, this does not involve wild animals only. The first to die was a 36-year-old man, the father of three, who was infected by his Great Dane.

[Video shows doctor, who makes following statement] As soon as a person begins to experience chills, a high temperature of up to 39 degrees or higher, and edema of the eyelids and hemorrhaging of the sclera of the eyes begin, plus muscular aches, especially in the gastrocnemius muscles, a physician should be consulted immediately.

[Video shows conference in progress, narration by Smolina] The press conference was attended by representatives of the municipal veterinary service, scientists from the Pasteur Institute, and epidemiologists of the city and oblast. In reporting the menacing epidemiological situation, they hope, through journalists, to raise their voices until they make themselves heard by the city and oblast leaders of all ranks and once again tell them that it is not possible to live like this.

Diphtheria in Odessa Oblast Difficult To Treat

AU1711185192 Kiev MOLOD UKRAYINY
in Ukrainian 3 Nov 92 p 1

[Information issued by the Ukrainian Independent Information Agency RESPUBLIKA from Odessa: "Diphtheria"]

[Text] Despite measures to localize diphtheria in the city and oblast, no improvement in the situation has been reported. By 26 October, the quantity of sufferers totalled 159 persons, including 122 adults and 37 children. Five patients, including three children, died. The oblast has enough prophylactic facilities to treat diphtheria. Ukraine's chief therapist Volodymyr Kovalenko arrived in the city. He

visited city polyclinics and familiarized himself with vaccination work and with the diagnostics of diphtheria practiced by the local therapeutic service.

Ukraine's chief therapist held a conference in the Officers House with the participation of local therapists and physicians from the Medical Institute. Diphtheria-treatment specialists took part in the conference. As Volodymyr Kovalenko stated at the conference, Odessa was declared as a center of the outbreak of diphtheria. It is impossible to overcome the disease, because the population is not actively involved in vaccinations that is the most efficient measure in the treatment of diphtheria.

Mercury, Heavy Metal Detected in Blood of Bashkir Children

*PM0511143592 Moscow KOMSOMOLSKAYA
PRAVDA in Russian 3 Nov 92 p 2*

[G. Agisheva report under the "Provincial Diary" rubric: "Mercury Discovered in Children's Blood"]

[Text] The republic's youth newspaper has published medical research data on new-born babies in the cities of Salavat and Sterlitamak, those giants of the Bashkir petrochemical industry. Mercury and heavy metals were discovered in the blood of all the children tested, as was a deficiency of all kinds of vitamins.

The results of another analysis back in 1988 shows that two out of every three children in Salavat have psychological development disorders. The WHO considers a figure of one in ten is enough to bring about the degeneration of the population within two or three generations.

Army Draft Hampered by Poor Health of Conscripts

*WS2311133592 Minsk BELINFORM in Russian
1134 GMT 19 Nov 92*

[Text] The draft into the Army is running into great difficulties in Belarus. This information came to a BELINFORM correspondent from General-Colonel Petr Chaus, the deputy minister of defense. The latter stated that the plan provides for the conscription of more than 20,000 young men, but call-up offices had registered little more than 15,000. About 3,000 draftees have not yet turned up, although investigations are under way. As has been expected in the Republic most affected by the Chernobyl disaster, the greatest loss of draftees is and will be sustained with the increases in poor health. Four thousand young men have already been declared ineligible for Army service, almost 5,000 draftees have been sent for an extra check-up and treatment, and only [word indistinct] have refused to appear at call-up points and are being sought.

As Gen. P. Chaus noted with confidence, despite all the difficulties, the fall draft will be completed in time, and the Belarusian Army, experiencing [words indistinct], will have the necessary supply.

News Conference Held on Biological Facility Activities

*LD2111193992 Moscow ITAR-TASS in English
1927 GMT 21 Nov 92*

[Article by ITAR-TASS correspondent Nikolay Krupenik]

[Text] St. Petersburg November 21 TASS—The West's concern about the alleged violation by Russia of the 1972 convention banning biological weapons and, particularly, about the production of pure plague strain at St. Petersburg's Institute of Pure Biological Preparations have no grounds whatsoever.

This statement was made at Saturday's news conference for Russian and foreign journalists by academician Sergey Prozorovskiy. The renowned scientists and microbiologist led the Russian part of an independent commission which investigated the work of the institute. The investigation was undertaken on the Russian president's instruction by the Committee for Conventional Problems of Chemical and Biological Weapons under the Russian President between November 18-21. The commission included prominent scientists of the Russian Academy of Medical Sciences in the field of epidemiology, microbiology and virology, members of the Russian Committee for Sanitary and Epidemiological Supervision, the Committee for Conventional Problems of Chemical and Biological Weapons under the Russian President.

The inspection was conducted in the presence of representatives of the Russian Ministries of Foreign Affairs, Health and Defence.

Strictly abiding by the principles of openness and trust, observers from the U.S. and Britain were invited to work on the commission.

The Institute of Pure Biological Preparations, the leading centre in this field, was set up in 1974 to deal with theoretical and applied problems of modern biotechnology and bioengineering.

The delegation received all the necessary conditions for normal work and an unimpeded access to laboratories and offices of the institute, for meetings with institute employees, for taking photos and making video films, Mark Remi, a co-chairman of the American part of the delegation of experts and observers, told the news conference. He said the delegation was grateful to the Russian Government for the opportunity to take part in an action that would help promote trust and openness.

Head of the Russian part of the commission academician Prozorovskiy told journalists that concern of British and American sides with regard to the activities of the Institute of Pure Biological Preparations is based, as he said, "on distorted information about research which indeed was conducted here until May 1990 with vaccines of plague strain and in 1992 with the virus of pseudoplague of birds."

The thrust of this research was analysed with utmost attention, and it was established that the research was conducted to create vaccines and not "biological offensive strains of microorganisms, as the West mistakenly believed," Prozorovskiy stressed.

All members of the commission said the joint action was marked by businesslike and constructive atmosphere and will help promote mutual understanding and trust.

Further on News Conference on Biological Facility

LD2111234392 Moscow Radio Moscow World Service in English 2200 GMT 21 Nov 92

[Text] Russia abides by the convention banning biological weapons. Such a conclusion has been drawn by a commission of international experts who inspected the Institute for Extrapure Bio- Products in St. Petersburg. Earlier the Western press alleged that the institute was breeding plague germs. The experts saw for themselves that experiments with plague microbes were carried out exclusively to develop a highly effective vaccine to prevent against that disease not only [in] humans but also [in] domesticated animals and birds. At a news conference in St. Petersburg, a cochairman of the American part of the commission expressed gratitude to Russia's Government for the opportunity to see the institute laboratories and to take pictures.

Plague-Infected Youth's Health 'Out of Danger'

PM2611115792 Moscow PRAVDA in Russian 26 Nov 92 p 1

[ITAR-TASS report: "First, and Pray God the Last"]

[Text] "The source of the bubonic plague has been localized, the infected teenager's health is out of danger"—this report was received yesterday from the Western Kazakhstan city of Atyrau. A worker from Kzylkoginskiy Rayon's "Tasshagilskiy" Sovkhoz was admitted in the local hospital for infectious diseases with high fever. "This is the first case of bubonic plague in Kazakhstan this year, and I hope it will

be the last, in view of the fact that all necessary measures to protect the population were taken promptly"—this was the comment on the situation by V. Stepanov, director of the Kazakh [Kazakhskiy] Antiplague Scientific Research Institute.

Diet Deficiencies Seen as Factor in Child Tuberculosis

PM0212094592 Moscow ROSSIYSKAYA GAZETA in Russian 28 Nov 92 First Edition p 3

[Untitled report from news roundup entitled "Our Depopulists (depopulisty) and New Agencies Report"]

[Text] At the start of the current year 7,118 children were registered as suffering from tuberculosis in Russia. In a year around 3,500 children fall sick and up to 500,000 are infected. The highest incidence of this disease among children is in the three- to four-year-old age-group.

Aleksey Priymak, director of the Russian Health Ministry Tuberculosis Scientific Research Institute, considers that the forecast regarding the rate of incidence of tuberculosis among children is not optimistic. Children's diet has sharply deteriorated and protein deficiency is being recorded. There are also objections being raised to the schedule of inoculations. Their frequency—at ages 7, 12, and 17—complicates the reaction of the child's organism to tests for tuberculosis, making it impossible to establish accurately the onset of the disease.

FINLAND

Refugees' Contagious Diseases Seen Problem

93WE0047C Helsinki HELSINGIN SANOMAT
in Finnish 4 Oct 92 p 12

[Article by Hilikka Piirto: "Hepatitis Virus and Parasites Common Among Refugees"]

[Text] The hepatitis B virus which causes inflammation of the liver was found in 6 to 15 percent of refugees when approximately 1,000 persons in various localities in Finland were examined. According to the same report intestinal parasites were found in 30-60 percent, but HIV cases were rare.

The results of the study were presented at a Helsinki seminar by assistant head physician Pekka Lahteenmaki of the People's League. Over 100 social and health workers obtained the information about the, among other things, sexually transmitted diseases among foreigners. Hepatitis B can be included among sexually transmitted diseases since it can be transmitted, besides through blood contact, by semen, said Lahteenmaki. On the other hand, this virus is not transmitted by a drop infection.

The hepatitis B virus remains in the bloodstream of some who have had the inflammation of the liver, and even though they show no symptoms can act as transmitters of the disease. In Southeast Asia and Sub-Saharan Africa 5-20 percent of the population can be infected.

About half of those infected show symptoms, for example, yellow skin color for two to three weeks. Their feces is gray and urine dark. Less than 1 percent of infected people develop a rapidly advancing liver inflammation which kills over one-half of those with the disease.

There is no medicine to effect a cure but for the prevention of infection and even for postinfection cases there is an effective care method including immunoglobulin and vaccination.

Preventive vaccination was recommended by Lahteenmaki for those who are subjected to risk of infection. He considered one high-risk group to be those who take blood samples from the refugees.

If there is a hepatitis B carrier in the family Lahteenmaki recommends that personal hygiene instruments such as toothbrushes and razors not be shared. A condom must be used, of course, if a spouse is a carrier.

Undue Alarm in Schools

What then should be told to those workers who are afraid to clean toilets in Turku schools because they fear infection?

Lahteenmaki says that these kinds of fears are based on pure ignorance. The disease is not transmitted so easily. He hopes that especially teachers would receive information, for it is especially through them that undue fears can be decreased or increased.

Not even in hospitals are hepatitis B carriers segregated unless there is bleeding. In some hospitals carriers are segregated when giving birth from other mothers, while in other hospitals it is considered enough to just give the carriers their own sanitary facilities.

SWEDEN

Chlamydia Incidence Posts Large Decline

93WE0086A Stockholm DAGENS NYHETER
in Swedish 29 Oct 92 p 7

[Article by Kerstin Hellbom: "Fewer Get Chlamydia"]

[Text] The incidence of chlamydia has dropped sharply in Sweden in the past four years. Last year approximately 22,000 people caught chlamydia as compared with 38,000 in 1988. A study of conscripts has also shown that the incidence has declined. Only 2 percent of conscripts had chlamydia as compared with 10 percent in a comparable study in 1986.

"The reason for the decline could be that we have actively hunted down the chlamydia bacteria in recent years," said Anders Hallen, assistant head physician in the dermatology clinic at the Academic Hospital in Uppsala. In today's issue of LAKARTIDNINGEN, he has compiled the figures on the incidence of chlamydia in the past 10 years, i.e., for the period during which the disease was reported.

During the 1980's, when the taking of specimens expanded, the number of cases rose to a high in 1987 and 1988, with almost 38,000 chlamydia-positives annually. Since then the number has practically been cut in half.

Come In Waves

"Since infections always come in waves, we of course wonder whether this is just a break, but I don't think so. It turns out that county councils that started doing chlamydia surveys early are in the best position," Hallen said.

Halland, which is a very well-studied county council, has the lowest number of infected persons per 100,000. Jamtland is the highest, with 426 per 100,000, worse than Stockholm, which has 317 per 100,000. The average figure for the country is 259 per 100,000.

About one-third of those infected are men, two-thirds women.

"Naturally this is incongruous: there is no sexually transmitted disease that strikes so neatly. The explanation is quite simply that women are studied more often than men."

Although the statistics show that there has to be a significant number of undiscovered infected persons, Hallen does not recommend a general chlamydia study of men.

"The gains from such studies would not be in proportion to the costs. Instead we must significantly improve our tracing of the infection. It is not enough just to treat the infected person and his or her regular partner; all of their sexual contacts in recent years must be traced and studied. If this isn't done, we leave a number of women in the lurch, women who risk becoming sterile because of the infection," Hallen said.

Conscripts

There was additional confirmation of the fact that the incidence of chlamydia has declined from Vivi-Anne Rahm, a physician at the Gavle youth recruitment center in Gavle, who studied asymptomatic conscripts at I-14 in Gavle. Her study as well is published in today's issue of LAKARTIDNINGEN.

Some 418 out of 509 conscripts had begun to be active sexually and of these only nine were chlamydia-positive. That is about 2 percent, a figure which can be compared with the 10 percent who were positive in a comparable survey in 1986.

TURKEY

Turkic Republics Health Congress Begins in Istanbul

TA2811120992 Ankara Turkiye Radyolari Network
in Turkish 1100 GMT 28 Nov 92

[Text] The first regional health congress aimed at establishing cooperation with the Turkic republics began in Istanbul today.

Addressing the opening of the congress, Health Minister Yildirim Aktuna said that all countries have begun to review their health policies to ensure that health services reach all individuals. Aktuna explained that WHO supports effective and viable solutions in the health field by creating regional policies and organizations. Stressing that Turkey is also in favor of adapting regional health policies to the principle of health for everyone, Aktuna remarked that the congress will enhance cooperation in this field.

Azerbaijani Health Minister Rakhim Guseynov [name and title as heard], who was elected chairman of the regional health cooperation congress, declared that the need for health services in the Turkic republics is greater than in developed countries. He said that the republics want to benefit from the experiences of international health organizations and of Turkey in this field.

The tasks of international health organizations and the assistance and support to be provided to countries within the framework of health cooperation among regional countries are being discussed at the congress, which will last three days. Attending the congress are the health ministers of Turkey, the Turkish Republic of Northern Cyprus, Azerbaijan, Kazakhstan, Uzbekistan, and Turkmenistan. The Albanian health minister is participating as an observer. Representatives of international health organizations are also attending the congress.

UNITED KINGDOM

New Disease Found in UK Cattle

93WE0085 London THE DAILY TELEGRAPH
in English 22 Oct 92 p 8

[Article by David Brown]

[Text] A fatal brain condition has been discovered in beef cattle by veterinary scientists fighting mad cow disease (BSE) which has killed more than 71,360 animals and cost the taxpayer about £50 million in compensation.

The illness, which has caused a form of epilepsy in some of the animals, was found after cattle were mistakenly slaughtered as BSE victims.

The Ministry of Agriculture insisted last night that it is not a threat to people eating beef.

But no one knows what has caused the disease which attacks the stem of the brain. Like BSE, there is no known cure. So far 25 cases have been confirmed in Britain. Two of the cattle showed "maniacal" symptoms.

The disease was discovered by Government scientists at the Lasswade veterinary laboratory in Penicuik, near Edinburgh, when they found that brain samples from slaughtered cattle did not have the tell-tale lesions, or holes, which are the hallmark of BSE. They looked further and found damage to the stem of the brain.

BSE is believed to have been caused by feeding cattle rations containing the remains of sheep infected with scrapie—a similar brain disease. But it is unlikely that the latest victims ate this type of ration.

Some vets believe that the disease may be caused by a mineral deficiency, perhaps zinc. There are age differences, too. Whereas BSE usually manifests itself in cattle aged two to 12, the new disease affects cattle between six and 16.

Mr. Keith Meldrum, the Government's chief veterinary officer, said last night: "I have never seen anything like this in cattle before. But there are no implications for public health."

Mr. Francis Antony, president of the British Veterinary Association, described the disease as a "scientific curiosity."

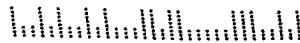
He added: "If you look hard enough you will find something. We really don't know whether this is a new disease or something which has been around for some time and has just been noticed."

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