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## EnviroWire

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 Tech Central Station  
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Imagine that every year the world suffered from six or more tsunamis producing the horrific death toll recently experienced. That's how many people die *every year* from malaria alone, and the tsunami may contribute to even higher rates this year. That disaster has created new habitat suitable for the proliferation of malaria and other disease-carrying mosquitoes.

Public health officials can take steps to reduce the impact, one of which involves using the controversial pesticide DDT. Since the 1960s, green activists pushed bans of the substance around the world based largely on false claims about its health affects. The result was a public health disaster—contributing to skyrocketing malaria rates.

Yet finally, two environmental leaders reluctantly admitted that nations may need to use DDT to save lives in tsunami-affected regions. Recently, quoted by *New York Times* columnist Nicholas Kristof, Greenpeace's Rick Hind explained that the organization was "all for" DDT use "if there is nothing else and its going save lives," while the World Wildlife Fund's Richard Liroff noted that it has "saved lots of lives" in South Africa.

DDT is the best tool for controlling the spread of malaria. It can be applied in and around huts and other homes that don't have screens and other devices that effectively keep out mosquitoes. Used this way, DDT repels mosquitoes from entering the homes. This approach is effective because malaria-carrying mosquitoes feed largely at night when people are inside.

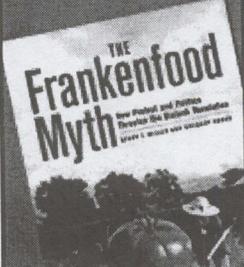
DDT has a proven record of effectiveness. Many nations, including the United States, eradicated malaria-carrying mosquitoes using DDT. South Africa nearly did the same, but it stopped using DDT under political pressure. After halting DDT use, cases rose from about 4,100 in 1995 to more than 27,000 by 1999, according to a study conducted by researchers Amir Attaran **and** Rajendra Maharaj. In recent years, South Africa resumed DDT use, and cases have dropped 85 percent, according to Roger Bate of Africa Fighting Malaria.

Despite anti-DDT activist claims, DDT has not been shown to have any adverse impacts on human

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health. According to A.G. Smith of the scientific journal the *Lancet*: "If the huge amounts of DDT used are taken into account, the safety record for human beings is extremely good. In the 1940s, many people were deliberately exposed to high concentrations of DDT through dusting programs or impregnation of clothes, without any apparent ill effect." Additionally, limited use of DDT for malaria control does not affect wildlife because of it is not used widely in the environment where animals could be exposed.

Given these realities, world policymakers should rescind the Convention on Persistent Organic Pollutants (POPs Treaty)—the international treaty that seriously restricts DDT use and will ban it in the future along with 11 other chemicals. The POPs treaty—ratified by some nations and awaiting U.S. ratification—is based on the faulty assumption that world regulators need to take products off the market to protect the public, even though some nations and individuals find them valuable.

The DDT ban reveals the dangers of such policies. As nations debated the POPs treaty, one- to two-million people—mostly children—have been dying annually from malaria. Another 400 million suffer from the devastating effects of the malaria disease. POPs treaty supporters defend their position by noting that the treaty has a limited exemption to allow limited use of DDT use for malaria control. But the treaty—along with nation-level bans of the substance—eliminates incentives for its production, limiting its production and supply. DDT production is now limited to the efforts of a few governments. In addition, the treaty applies bureaucratic red tape to nations that seek to use DDT, making it more difficult and more expensive to access. Finally, the treaty provisions call for an eventual all-out ban.

The tsunami disaster certainly warrants emergency use of DDT—as some environmental activists admit. But equally clear is that the annual malaria disaster in Africa and other parts of the world warrants its use around the world today and as long as it is needed in the future.

**To schedule media interviews contact Christine Hall-Reis by email or (202) 331-2258**

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