EIR Feature

Brazil AIDS forum challenges health establishment

The following has been adapted from the presentation of Dr. Bertha Farfán of Central Hospital in Mexico City, to the Second International Conference on AIDS in São Paulo, Brazil on Sept. 25-26, 1987.

Two weeks ago, in our Oct. 9 issue (Vol. 14, No. 40, page 6-7), we reported that the São Paulo conference, in the country which has the second-highest reported incidence of AIDS, had challenged the policies of the World Health Organization and its branch, the Pan-American Health Organization, by throwing a spotlight on the possible means of transmission of the disease by mosquitos and the role of economic co-factors in its spread. EIR *was one of the official co-sponsors of the conference, which also heard presentations by our medical editor, Dr. John Grauerholz, by Jonathan Tennenbaum of the Fusion Energy Foundation of West Germany, by Dr. Caroline McLeod of the Institute of Tropical Medicine in Florida, and by Dr. Ricardo Veronesi, the head of the Brazilian Society for Infectious Diseases, among others.*

Ladies and Gentlemen: It is an honor to be in this country, Brazil, the synonym of wealth in our continent.

It is also an honor to be before my colleagues from all parts of the world, and in saying "colleagues," I refer not only to physicians but to all those persons who have been fighting a real struggle against Acquired Immune Deficiency Syndrome in the world. To fight against this disease means to have sufficient moral integrity to change the subhuman conditions of life in which the majority of humanity lives today, and which have caused them to be scourged by multiple diseases, even including ones that in the past had already been eradicated. Thus, the fight against AIDS cannot be limited to the combat against this disease, but has to be a decisive struggle for the advance of science and for the rescue of the Western moral values of mankind.

Epidemiology

Between June 1981, when the first five AIDS cases were reported in the United States and in the world, and Aug. 30, 1987, 58,880 cases of AIDS in 122 countries had been reported to the World Health Organization, of which approximately 10%

Bertha Parfán

The children of Brazil's favelas: *The collapse of nutrition and health services places the future of the nation in danger of AIDS and other epidemic diseases.*

were in Ibero-America.

This figure is actually very low and could make us believe that AIDS is not a serious problem in Ibero-America, or that we Ibero-Americans enjoy a certain immunity from this disease. However, we all know this is not true. What is happening in Ibero-America is that we don't even have a real or approximate figure of the number of cases that have existed or do exist, for various reasons:

- Not all of our colleagues have been trained to diagnose this disease yet. Although in some countries an effort is being made—as in Mexico—this has only succeeded in reaching the third-level doctors, not those of the first level, which is where the patient will initially arrive. This lack of knowledge on the part of our doctors must have led to mistaken evaluations and even to the signing of death certificates with a wrong diagnosis, which mention as the cause of death only the infections resulting from immune suppression, such as tuberculosis and pneumonia, which are frequent illnesses in our countries.
- There are now facilities in most of our countries to carry out both the initial screening and the diagnostic tests, but six months or a year ago this was still practically impossible; and since the diagnosis could not be confirmed, it was excluded from the world statistics.
- A part of our population resorts to traditional magic medicine.
- Another part of our population has no access to health services.

But even with this limited information on the number of cases, let us see what is going on with AIDS in Ibero-America. **Table 1** shows the number of reported AIDS cases in eight countries. **Table 2** compares the total reported cases in March and August 1987 with the total infected, and the density of infected population, in two countries, Mexico and Brazil. **Table 3** looks at the situation in two populous Brazilian states. The disease is doubling in Ibero-America, as can be seen from these charts, in a smaller amount of time than in the United States, every 6-9 months, compared to every 12 months in the United States.

The number of reported cases is increasing exponentially (see **Figure 1** for the case of Mexico).

From the behavior of retroviruses in animals, such as feline leukemia virus, the Visna maedi virus in sheep, and others, we have been able to appreciate the fact that such epidemics develop faster under certain specific conditions, to wit: 1) living conditions, 2) malnutrition, and 3) high incidence of insects.

Living conditions

- **Housing.** There presently exists a great housing deficit in Ibero-America. In Brazil, for example, the deficit is about 6-7 million dwelling units, and in Mexico, 5 million, a deficit which is growing at the rate of 1 million units per annum.
- **Water.** In 1980, the World Health Organization car-

ried out a study in which 26 Ibero-American countries participated, representing 90% of the total population, which is 370 million inhabitants. The study showed that only 72% have access to water, while 28% are without easy access to water. The figures for urban and rural populations clearly show what is occurring. Of the urban dwellers, 87% have easy access to water and only 13% lack it, while of the rural population, 57% lack easy access to water.

The 26 countries of Ibero-America who participated in this study set themselves the goal of providing water and sanitation services to 100% of the population by the year 2000, with the purpose of improving the health condition of their populations, and they decided to call the 1980s the "International Decade of Provision of Potable Water and Health Services." However, despite the advances that were obtained between 1980 and 1983, these are totally discouraging compared to the advances that took place between the 1960s and 1970s. Even if they had achieved the goals that were set for supplying potable water, 37 million people of the urban areas would have remained without easy access to water, principally those with low resources.

This is not just important to keep in mind for the transmission of AIDS but because, in most Ibero-American countries, gastroenteritis and diarrheic sicknesses are among the 10 top causes of death; in the five countries where life expectancy is lowest, they are in first or second place as the cause of death.

TABLE 1
Reported AIDS cases

	1979-1985	1986	1987*
Argentina	26	58	69
Brazil	262	829	1012
Colombia	4	50	30
Haiti	377	501	785
Mexico	24	161	316
Panama	3	—	12
Peru	—	—	9
Venezuela	24	40	69

Source: Pan-American Health Organization.
*Through March 1987.

TABLE 2
AIDS cases and AIDS-infected reach alarming levels in three countries
(March and August 1987)

	Cumulative cases		Infected		Density infected population	
	March	August	March	August	March	August
Brazil	1,012	2,013	101,200	201,300	1/1,285	1/645
Haiti	785	na	78,500	na	na	na
Mexico	316	700	31,600	70,000	1/2,531	1/1,130

TABLE 3
AIDS cases in some states of Brazil
August 1987

	Cumulative cases	Infected	Density infected population
Sao Paulo	1,188	118,800	1/255
Rio de Janeiro	312	31,200	1/384

Malnutrition

There is no doubt that malnutrition is one of Ibero-America's most serious problems that must be solved in order to raise the level of health and welfare in general. It mainly affects children.

In 1980, Ibero-Americans were consuming only two-thirds of the total amount of animal protein per capita recommended to stay healthy, which should be 65 grams per person per day. In 1976 in Peru, for example, the great majority of Peruvians included in the official categories of the middle and lower strata consumed half of the normal calories per day (3,200 per person per day), and half of the grams of protein; and in 1979 those figures went down to less than half.

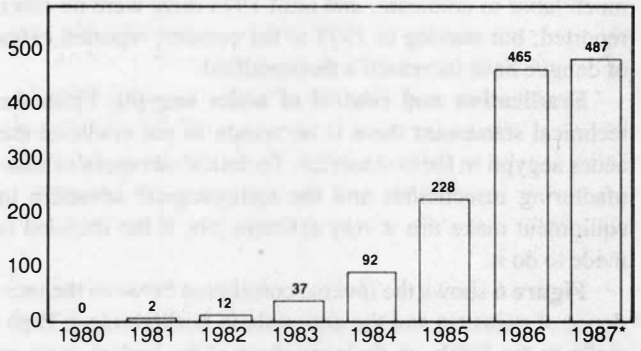
In Mexico in 1970, according to the National Institution of Nutrition, the daily consumption proteins was 170 grams of meat per capita, and in 1984 it was 38 grams. In other words, it was reduced to less than one-fifth, and as of mid-1986, according to the same Institute, 40% of the Mexican adult population are malnourished, and 80% of the children suffer protein deficiency; of 2 million children born each year, 100,000 die before reaching 5 years of age, 1 million are left with irreversible physical and brain impairment because of malnutrition, and only 900,000 can carry on a normal life—fewer than half the children born each year.

In 1967 in Brazil, the consumption of animal protein per capita was normal (65.7 grams), and 19 years later, in 1986, it was reduced to almost half that.

A study made in Brazil in 1986 indicates that more than two-thirds of the population of 90 million consumes less than half; 2,400 calories per day, and 22 million consume fewer than 2,000 calories per day.

FIGURE 1

Mexico: reported AIDS cases



Source: Health Ministry of Mexico.

*Up to April 30, 1987.

There are studies showing that one-third of Brazilian families live in misery, while another fourth lives in poverty.

The general health of the population reflects this situation: One of every five children of Brazil's Northeast suffers Vitamin A deficiency, making them susceptible to blindness and mental retardation. From 1979 to 1983, more than 3.5 million people died in northeastern Brazil, most of them children; of every 1,000 babies born in the Northeast, 300 die of starvation and 300 of various diseases before reaching one year of age. Of the 400 survivors, more than 70% are undernourished.

Although there are no precise statistics available, it is well known that throughout Ibero-America there has been a severe reduction of caloric consumption per capita and that diets are tending toward less nutritious, cheaper foods.

What is certain for Brazil, also holds for Mexico, Peru, Colombia, Venezuela, and even for Argentina, where meat consumption has been cut down substantially. Even though every day the nutritional levels, especially in protein, are very low, these countries all export food. Ibero-America as a whole exports 25% of its agricultural production. Peru in 1975 exported chickens while its own population ate chicken feed; Brazil is the world's second-largest exporter of soya, a food high in vegetable protein, and also exports meat and corn.

If the present austerity prescriptions persist in our countries, millions of human beings will starve. Even before reaching that point, general malnutrition carries with it the weakening of the immune potential. Worldwide, malnutrition is the prime cause of immune-suppression. The continent is turning into what has already happened in Africa, a hotbed for old and new diseases, like AIDS. Also, when one has this sickness, the period from then until the first symptoms appear is getting shorter, and the period from symptoms to death is also getting shorter. In our countries, each of these periods lasts for two years; four years in all, whereas in the developed countries these periods are each four years long, an average of eight years.

Figure 2 compares incidence of pulmonary tuberculosis in three regions of Brazil.

Insect incidence and disease

AIDS is a blood-borne disease. Both the Pasteur Institute of France and the Institute of Tropical Medicine of Miami, Florida, have demonstrated the possibility for insects to be able to carry the AIDS virus, which notably increases the possibilities that they might mechanically transmit the virus. To evaluate the prevalence of insects in Ibero-America, I will use as indicators the diseases known to be transmitted by insects. The data come from the Pan-American Health Organization.

Malaria. In Ibero-America, the total number of malaria cases increased by 30.5% (629,081 to 913,912) between 1981 and 1984. This was mainly due to increases in Brazil, Colombia, Ecuador, and Mexico (**Figure 3**). This was primarily because the use of insecticides was cut back. In 1981, there were a total of 7,525,467 sprayings, while in 1984 there were only 3,725,155 sprayings done—half the 1981 figure (see **Figures 4** and **5**). The broader correlation between cutbacks in spending and the resurgence of parasites, is reflected in **Figure 6,** which graphs the rising Annual Parasite Incidence against the falling percentage of health budgets assigned to malaria control.

Yellow fever continues to be one of the principal endemic diseases of South America. Peru and Bolivia have 75% of the reported cases, but it is also a problem for Brazil, Colombia, and Ecuador. This is because of the increase in the *aëdes aegypti* mosquito in extensive areas of the continent, not only in rural areas but also in urban areas.

Chagas or American tripanosomiasis. This disease is

Speakers at the Second International Conference on AIDS: Dr. Bertha Farfán (right) and Dr. Ricardo Veronesi (see article, p. 25).

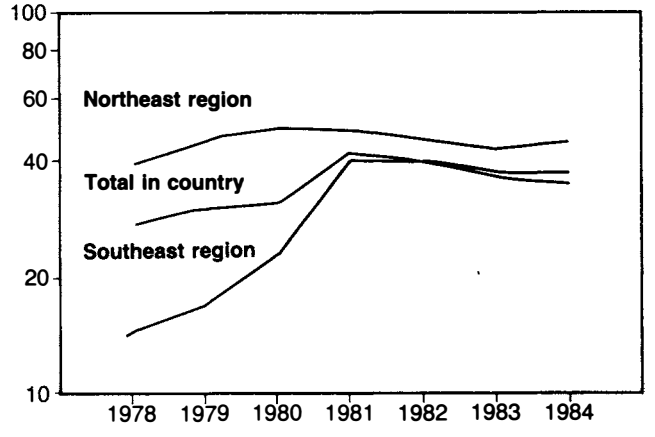
native to the Americas, and is found from Mexico to Argentina. Most cases originate in the rural areas and the marginal urban zones where this disease is endemic due to precarious socioeconomic conditions.

Dengue. It has increased considerably over the last few years due to the proliferation of *aëdes aegypti*. There are countries in Ibero-America where dengue had been totally eradicated. In Mexico, for example, it cost many lives and much labor to eradicate, and until 1975 there were no cases reported; but starting in 1975 to the present, reported cases of dengue have increased a thousandfold.

FIGURE 2

Brazil: Incidence of pulmonary tuberculosis, direct positive tests 1978-84

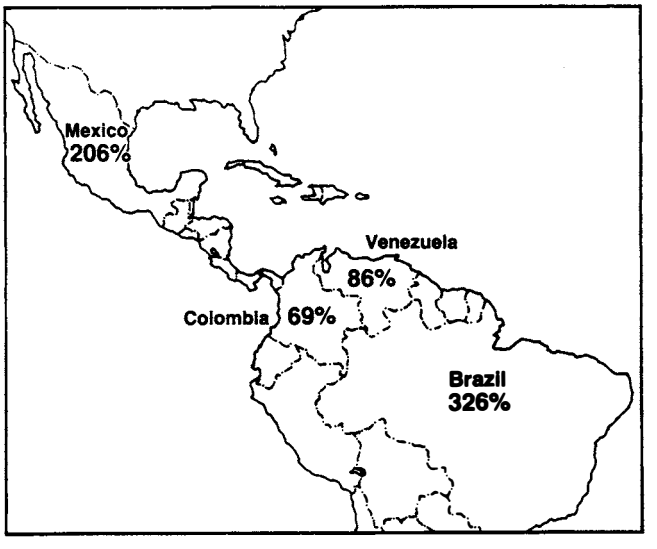
(cases per 100,000 inhabitants, logarithmic scale)



Source: Pan-American Health Organization.

FIGURE 3

Increase in malaria 1974-84



Source: Pan-American Health Organization.

Eradication and control of aëdes aegypti. From the technical standpoint there is no reason to not eradicate the aëdes aegypti in Ibero-America. Technical advances in manufacturing insecticides and the technological advances in equipment make this a very efficient job, if the decision is made to do it.

Figure 6 shows the inverse correlation between the incidence of parasites and the anti-malaria health budget: Especially in the 1980s, as the percentage of the budget spent on this fight plummeted, the incidence of parasites climbed. **Figure 7** shows the resurgence of aëdes egypti in the decade 1974-84.

Plague. After bubonic plague had been practically eradicated to the point that it no longer constituted a public health threat, the cases of plague have been on the increase in recent years. Over the years 1981-84, 971 cases were reported to the Pan-American Health Organization, mainly by Brazil, Bolivia, Ecuador, and the United States. Plague thus increased by 224% over four years.

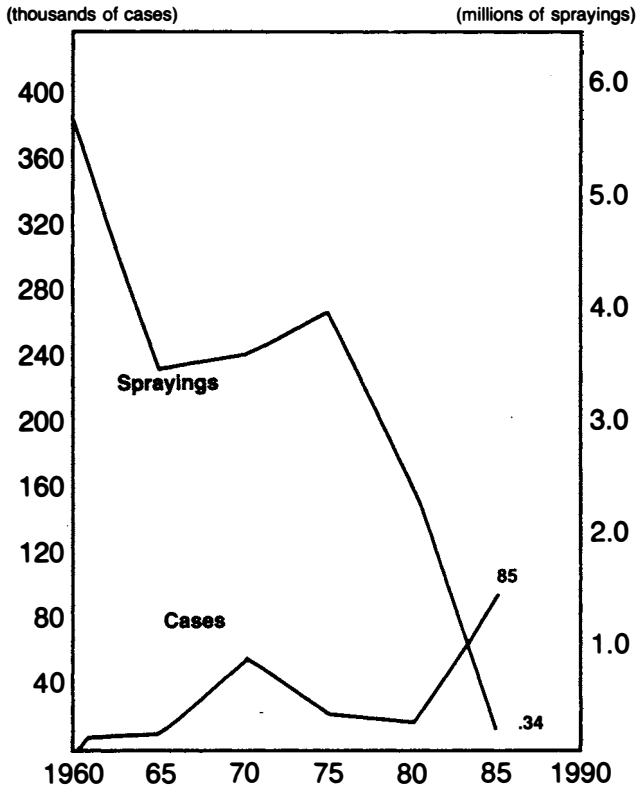
Viral hepatitis. In general, its incidence is very high in South America. It goes from figures like 24 in every 100,000 inhabitants in Venezuela, to 93 infected out of every 100,000 inhabitants of Uruguay and parts of Brazil. These figures are higher in the temperate zones of South America. It mainly attacks children under 15 years old (50-85% of reported cases).

In studies done in Mexico and in Chile with children, the disease is shown to be acquired in the early years of life in the lowest socioeconomic states, where 95% of children of preschool age are infected, while in the highest socioeconomic states this figure is only reached in later grades of school. This is mainly viral hepatitis A.

Some studies on viral hepatitis B carried out in Ibero-America show that its transmission is the same as in other parts of the world: contact of skin and mucous membranes with blood or other secretions of infected human bodies. In adults, probably the commonest form of contagion is sexual (hetero or homo) and contact with contaminated needles (drug addicts' or inadequately sterilized). In areas where hepatitis is endemically very high, it attacks children, and the means of transmission can be perinatal, contamination through open wounds, contact with contaminated needles, or by insects.

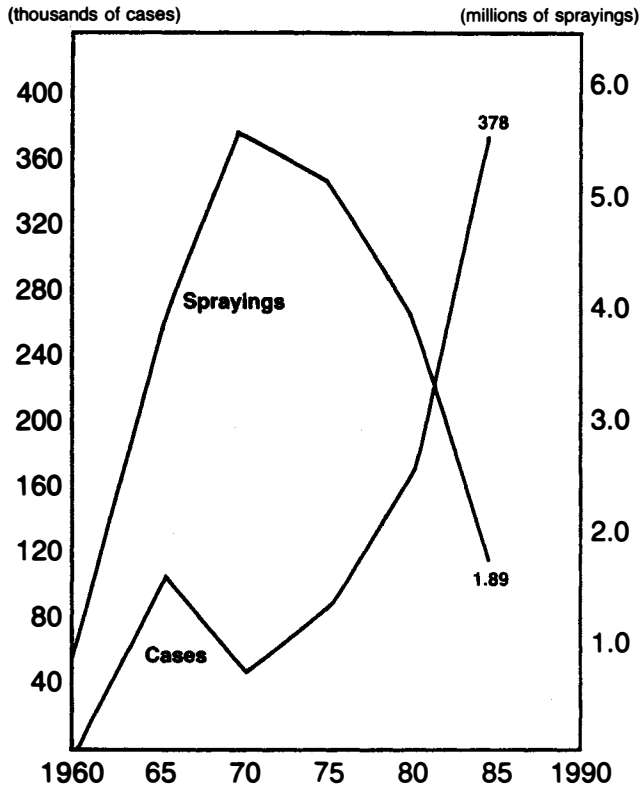
What you may not know is that our health authorities know perfectly well what is going on in the continent and they blame the lack of economic and human resources for not being able to implement fully the insect eradication programs. They also blame the deterioration or lack of health services for their incompetence to be able to control the

FIGURE 4
Mexico: spraying and malaria cases 1960-84



Source: Pan-American Health Organization.

FIGURE 5
Brazil: spraying and malaria cases 1960-84



Source: Pan-American Health Organization.

proliferation of insects and the consequent increase in insect-transmitted diseases.

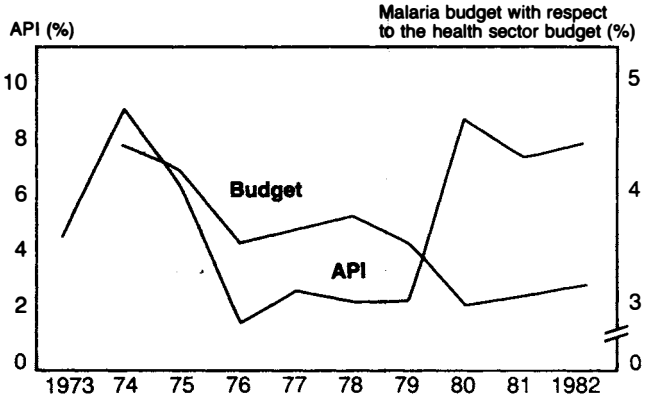
Health and economics

We have seen that the standards of living of our Ibero-American population have fallen in housing, water and sanitation services, the drop in nutrition levels, and the proliferation of insects because of the lack of eradication campaigns. This all goes hand-in-hand with the economic deterioration which Ibero-America is going through at this time, which is causing us to witness the resurgence of old illnesses and the appearance of new ones. We are living through the ecological-biological holocaust we predicted in 1974. This economic crisis is nothing but the reflection of what is occurring in Ibero-America with the foreign debt, of which only 5.5% is legitimate (**Figure 8**).

This is the reason that the standard of living has declined in our countries, together with nutrition, health, and general welfare. The worst is that the economic collapse is getting worse by the day.

Our governments do not want to do anything which means

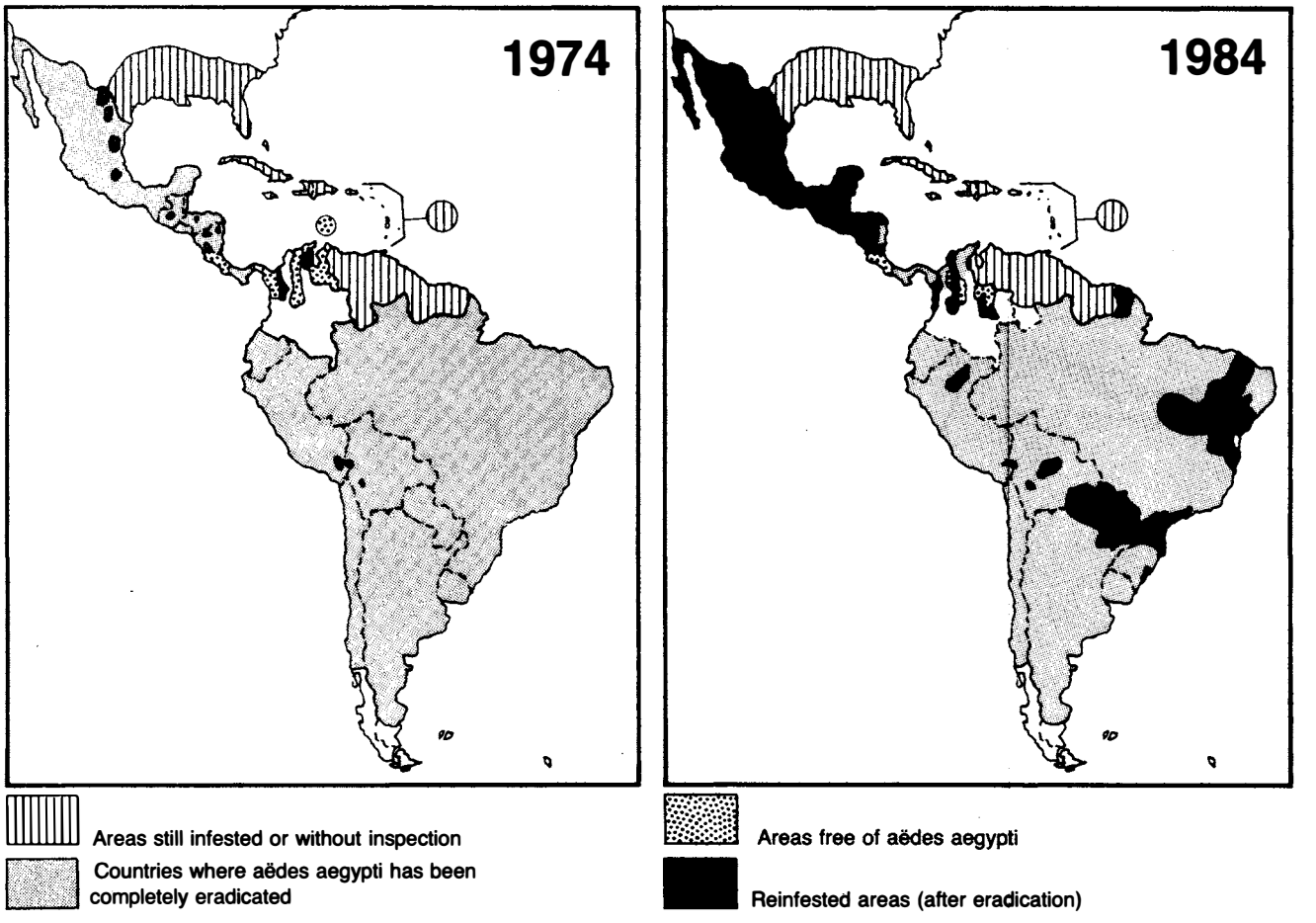
FIGURE 6
Ibero-America: annual parasite incidence and budget assigned to the anti-malaria campaign



Source: Pan-American Health Organization.

FIGURE 7

Status of the eradication campaign of aëdes aegypti in the Americas



Source: Pan-American Health Organization.

spending money, because today, our moral values have changed. It is said to be more important to save money (to pay the debt), than to work to keep people from dying of hunger or of diseases we have already wiped out, or by new epidemics which are finding an easy way to spread.

I would have preferred not to present the final chart, because it should be enough to say that AIDS is costing lives, but I am going to explain how the cutbacks in the health program not only are condemning people to death but also that there will be no savings of money (**Table 4**).

I will explain why I must speak of costs and not just of human lives. Twenty years ago, if you met a person who had had an accident in the street, he was picked up and hastened to the hospital, and probably he survived. This was the first concern—to save the person's life—but starting with the 1960s, the doctors themselves began to say that we have kept too many people alive for too many years, and that the world is overpopulated and we have to start killing people. There are many ways to kill a patient, feeding him insufficiently, giving him inadequate medical care (as Dr. Veronesi reported yesterday, that there are hospitals which don't even have gauze, adhesive tape, or medicine; obviously a patient who lands in that hospital and needs good medical care, will die) and practicing euthanasia so that patients "won't suffer," or so they tell us. However, I wish to explain what euthanasia is from the standpoint of warfare, because medicine is warfare against disease. Euthanasia would be like an army which goes out to face another army which is technologically superior, and the general in command of the technologically inferior army were to kill all his soldiers so that they would not suffer in the fight. It is clear that this does not have to happen, and we have seen battles won under these conditions. But this is euthanasia inside medicine—to be killed without even having been able to fight the battle because we have lost

our morality. Our health authorities are immoral because they know what is going on with our health.

In the report of the Pan-American Health Organization, *Health Conditions in the Americas 1974-1984*, under the subhead "Political, Social, and Economic Situation," it says:

> The crisis of the foreign debt and the necessity of the Latin American and Caribbean economies to adjust to severely reduced levels of foreign capital investment were the two dominant socioeconomic factors which affected governments in the Americas in the first half of 1980. . . . It must be noted, however, that since the crisis is still recent, and the health data in this publication are obsolete in some cases, the eventual effects of the crisis cannot as yet be visible in general in the statistics which we have at hand.

These are the statistics which I have been laying out for you; so this means that the real figures are much worse. Our health authorities are malthusians; they believe that there are too many people and people have to die.

In 1951, Lord Bertrand Russell wrote in *The Impact of Science on Society*:

> At present the population of world is increasing at about 58,000 per diem. War, so far, has had no very great effect on this increase, which continued throughout each of the world wars. . . . War . . . has hitherto been disappointing in this respect . . . but perhaps bacteriorlogical war may prove more effective. If the Black Death could spread throughout the world once in every generation, survivors could procreate freely without making the world too full. . . . This state of affairs may be somewhat unpleasant, but what of it?

Bertrand Russell and his cothinkers believe that population must be reduced at all costs. This is why they lie that AIDS can be transmitted only sexually and that we have to use condoms. Identifying the infected population by mass testing, isolating those infected with the HIV virus, building special sanitariums and hospitals—why spend the money, if the objective is to kill people? Let us not forget that we Ibero-Americans are, for Russell et al., an inferior race, which is supposed to disappear.

As if it weren't enough for people to die of hunger and hunger-related diseases, and that AIDS is advancing every day, now they recommend prophylactics, whose only certain utility is for birth control—as a way of reducing population.

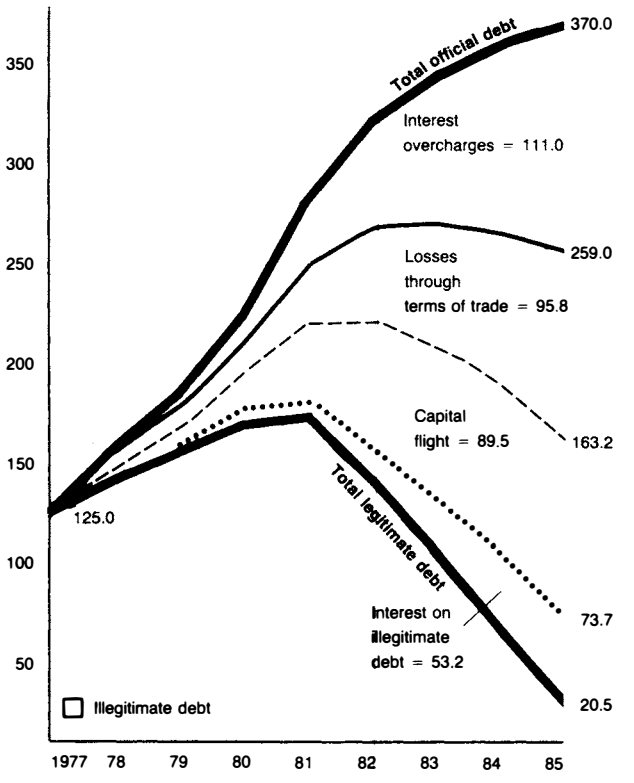
This demographic map of Ibero-America in 1985 (**Figure 9**) shows that Ibero-America is actually depopulated, contrary to what the population lobby wants us to believe.

The director of the World Health Organization, Halfdan Mahler, knows what is happening. Late in 1986 he admitted that he had minimized the AIDS problem and that in Ibero-America it was going to spread as in Africa. In Africa, they

FIGURE 8

Ibero-America: legitimate and illegitimate foreign debt 1978-85

(billions of dollars)



Sources: Economic Commission for Latin America, Schiller Institute.

are evacuating cities because over 60% of the populations are infected; this is what the future holds for Ibero-America. We are now experiencing this tragedy.

The most serious part of the problem is that each one of us, every person in our society has lost a certain degree of his morality, including a good number of yourselves who may have come to this seminar to find out whether or not you as an individual might get the disease. "It does not matter if the world goes to the devil if I am all right." Some of you may also be thinking, "Why protest, why get into trouble, why bother to save humanity, if in the end it is the governments that will decide?" This means thinking that nothing can be done to change the situation, to think pessimistically. And to forget this reality, we take refuge in television, we cry with the soap operas, while more people are dying in the world every day, right here around the corner in the *favelas* of Brazil, and we do nothing to stop it. This is immorality.

This immorality, this pessimism has even convinced us

TABLE 4
Cost of AIDS in the Americas

	United States (1991)	Ibero-America (1992)
Medical costs	$100,000 per case	$ 20,000 per case
	× 270,000 cases	× 1,532,000 cases
	$27 billion	**$31 billion**
Economic losses	$20,000 annual average income	$ 2,800 annual average income
	× 30 YALL*	× 25 YALL*
	$600,000 per case	$ 70,000 per case
	× 270,000 cases	× 1,532,000 cases
Total	**$162 billion**	**$107 billion**
Demographic impact	Nonlinear	Nonlinear
TOTAL COST	**$189 billion**	**$138 billion** = $27.6 billion per year

*YALL = Years of Active Life Lost.

that the virus is smarter than we are—smarter than man, who is the most perfect creature of Creation.

The only thing to do to stop this epidemic in Ibero-America is to adopt in all of our countries the following measures:

1) Public health measures: The first thing we have to do is to isolate the infected persons, get rid of hotbeds of infection and possible vectors (e.g., bloodsucking insects), improve nutrition, sanitation, hygiene, and medical care for the population.

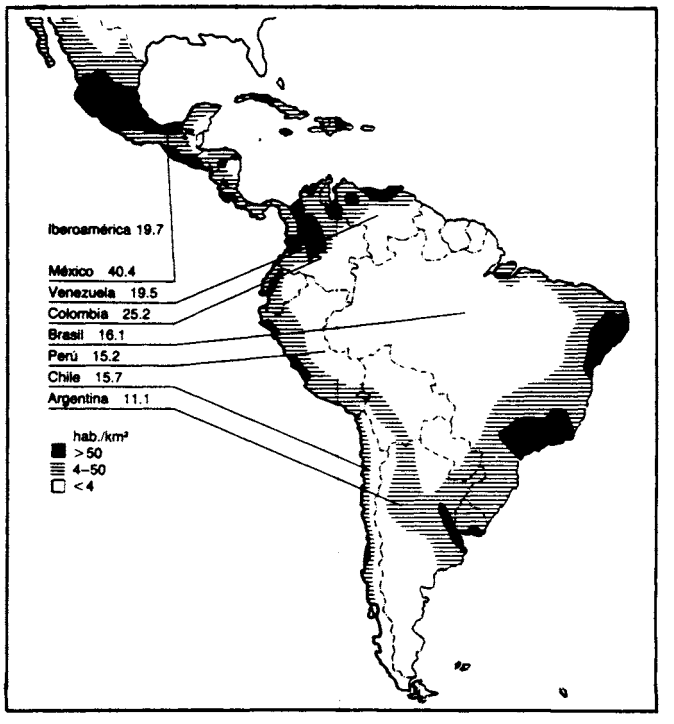
AIDS patients should be treated in special locations, separate from the rest of the population.

2) Scientific research: Ibero-America has to participate in a worldwide effort in this area, and even to lead it, and not just to fight against AIDS but it must also participate in all the world's scientific projects such as the conquest of space. Ibero-Americans have the intellectual capacity to definitively defeat AIDS. We must find treatments, vaccines, and health procedures which are effective against the virus and the disease.

To undertake the sanitary measures cited above, essential elements are lacking in many countries, the acquisition of which on the necessary scale depends on a scientific and technological effort.

All our Ibero-American nations have to wage the war on AIDS in common. In other words, an integrated Ibero-America will conquer AIDS, and it depends on our morality to make it reality!

FIGURE 9
Ibero-America: population density in 1985
(inhabitants per km²)



Source: Schiller Institute.