Interview: Dr. Mário Barreto Correa Lima

AIDS crisis in Brazil: Health must take priority over foreign debt

Dr. Mário Barreto Correa Lima is professor of medicine, biological sciences, and health at the University of Rio de Janeiro; former president of the Brazilian Medical Association and of the Society of Medicine and Surgery of Rio de Janeiro; president of the Society for Promotion of Research and Instruction; and member of the National Academy of Medicine. The interview was granted on Dec. 2 to Silvia Palacios and Lorenzo Carrasco, EIR*'s reporters in Brazil.*

EIR: What danger does AIDS pose for humanity?
Lima: Despite the tremendous progress medicine has made, we are unable to say with certainty that humanity will never again be wracked by deadly epidemics and pandemics. In large parts of the planet, promiscuity, caused by extraordinary poverty, has no parallel in history. With the vast megalopolis lacking—at least in its outskirts—water and adequate drainage, there is everywhere an immense concentration of human beings just waiting for the emergence of a new savage virus which could reproduce, in unexpected proportions, the plagues of long ago.

Today's world is no longer made up of isolated and dispersed populations. Intercontinental travel by any and all means of transport, including the most diverse kinds of vehicles such as trains, ships, and planes, is a fact of this day and age.

This is not to speak of the sexual habits of the last two decades, of that other form of promiscuity—sexual—which, although it also depends in part on poverty and on poor income distribution, is in reality, paradoxically, the offspring of the affluence of exaggerated consumerism, the lack of perspective, of the perpetual search for pleasure, of the relaxation of values, and even of ignorance.

The trap is set. With this backdrop, the Acquired Immunodeficiency Syndome, AIDS, makes its appearance.

EIR: What, specifically, is the evolution of AIDS in Brazil?
Lima: Brazil is currently disputing with France the dubious distinction of having the second-highest incidence of the disease. The official history of AIDS (in Brazil) began in 1982 with a homosexual who acquired the disease in the U.S. From that point on, the first cases began to be discovered. When an evaluation was made in 1983 and 149 cases were verified, 28 of them were discovered to be patients who came from the U.S., that is, people who had traveled to New York or to the West Coast, San Francisco, Los Angeles, and who then brought the disease here where it has found an environment through the same habits that exist in the United States, particularly among the homosexual and bisexual groups.

There was also another important question which drew our attention. That is the incidence of the disease among victims of hemopathology, principally among hemophiliacs. While among hematopaths worldwide, the incidence of the disease represents more or less 1-1.7%, in Brazil and particularly in Rio de Janeiro during the initial phase, there was massive contamination of hemophiliacs, who in Rio represented more than 44% of the AIDS cases. This was due to massive contamination of the blood supply. Currently, more or less 98% of the hemophiliacs of Rio de Janeiro test seropositive for HTL-III, meaning they had contact with the virus.

Later, the disease became acclimatized among homosexuals where it became autochthonous, and then began to radiate outward to other centers of Latin America. With this huge incidence within the major cities of Rio and Sao Paulo—this last a leader in AIDS statistics—the greatest predominance is among the male homosexuals and among bisexuals, although it is now also beginning to appear among narcotics consumers.

EIR: We understand that there are no reliable statistics on the number of AIDS-infected. What is your estimate?
Lima: Our statistics are far from accurate, above all because notification of cases is inadequate, really inadequate, and there probably exist many more cases than those officially registered.

It is probable that there are 30% more than those officially registered (853, according to the Health Ministry). But I believe that whatever percentage anyone comes up with can

be no more than a mere guess. What I can say, is that in view of what people feel, based on what they see, in view of the cases I, for example, have received and those which have been treated without notification being made, I suppose that there are many, but I don't have the statistical basis for saying how many. It is very difficult to know because, for example, here in the hospital, the initial idea changed because we were receiving so many sick people. There are those who estimate 30% more than those calculated. Possibly it is more, perhaps 50 or even 100%, but I don't have the basis for saying so.

EIR: And what about carriers?
Lima: There is no correct estimate of the number of carriers, just a few very superficial and partial studies that don't reflect the numbers of AIDS-infected among the general population.

EIR: In your book *AIDS, the Disease of Fear*, you note the necessity of utilizing mass screening to permit a broader evaluation of AIDS.
Lima: This proposal has various purposes. One is to know exactly how the disease is transmitted. It is clear that if the disease has two transmission vectors, one by sexual relations and the other, by contaminated blood or blood material, evidently one could control that means of transmission by testing all blood donors. This is absolutely necessary and should be done immediately, in defense of the health of the individuals who could eventually require a transfusion.

With regard to this preventive aspect of the disease, testing of that group is obligatory. Besides this, it is necessary to know how many contaminated individuals there are in the country; it is the only way to learn the natural history of the disease. It is necessary to know who is infected, to then know what measures to take. Assuming from the beginning that these viruses are capable of serious damage to the central nervous system, it is important to know the fate of these patients. For all these reasons, testing large groups of the population is important.

EIR: You speak of mass testing because the disease has broken out of the groups which were previously categorized as high-risk. What resources are available for these mass tests?
Lima: Tests are not necessary for several million, but they are within a group which sufficiently represents the population. From this, one could calculate what new groups already have the virus. It will not be necessary to test 135 million Brazilians. In Brazil, even government agencies have fought against tests, because of the cost, among other reasons; but it does not cost a lot to test; years ago it was calculated that a case of 200 tests costs $191. Most of the tests are imported, but whatever the price, massive testing must be obligatory, because it is a life-or-death question. Therefore, whatever money must be spent to save that life would be worth it. Funds must be diverted for these preventive measures. These measures are for the future, and in 20 or 30 years, the importance of having them today will be understood.

EIR: Brazil has millions of individuals with diseases such as malaria, chagas, and schistosomiasis. How will AIDS aggravate problems of public health?
Lima: The fact that the country already has such great public health problems can in no way mean that the AIDS problem can be ignored. The initial argument for not even testing, was that Brazil already has serious public health problems. This is neither relevant nor an acceptable argument. The truth is, yes, this is a very serious problem. Brazil has more than 6 million victims of schistosomiasis, 7 million with chagas, and millions upon millions with parasites.

EIR: Returning to the AIDS problem, can it interact with other epidemics and other endemic illnesses in the country? What is the specific risk for Brazil as a representative of the Third World?
Lima: It is aggravated in several ways. From the health

Panic over AIDS sweeps Ibero-America

Brazil: Africa-style threat

"Brazil has the potential for an Africa-style epidemic," said Dr. Jonathan Mann, director of AIDS research for the World Health Organization (WHO), at a news briefing on Dec. 4. This marks an about-face from the previous WHO position that AIDS was not a serious danger to Ibero-America. Mann compared the doubling rate on the continent to that of a few years ago in the U.S. and Africa.

Rio and Sao Paulo have infection rates of 2.5 per thousand, comparable to some U.S. cities. A study by the Panos Institute of Europe and the Norwegian Red Cross found reported cases in Brazil increased from 6 in 1984 to 800 this past September, which closely mirrors the U.S. increase between 1978 and 1982. A prominent Rio physician told *EIR* that most Brazilian AIDS cases are not being reported, and stated that in his own practice, 42 patients tested positive for AIDS in November alone.

Mexico declares AIDS reportable

Mexico has 50 to 100 times as many AIDS cases as

perspective of the individual, it is clear that AIDS is a serious risk; and in view of the other infectious diseases, we know that the risks are multiplied. Persons with schistosomiasis are already debilitated. If, on top of this, you have a virus like Hepatitis B, etc., you will suffer a worse impact on your health. Thus, it is clear that AIDS represents a serious risk, above all for individuals whose immunity is already weakened.

EIR: Then the public health problem can get out of control if funding to prevent it is not made available?
Lima: Yes, AIDS is a grave problem for the health of the population in general and if it already suffers from other diseases, it evidently becomes a cumulative problem. Greater resources, personnel, and investigation are needed.

EIR: Then, do you recommend a drastic increase in the public health budget? What is Brazil doing about this?
Lima: Unfortunately, a policy which would overcome these obstacles has not been developed. There has not been any increase in funding in this respect. In most places, the already insufficient normal resources are being used. For example, not a penny has been added to the budget for AIDS.

EIR: The enormous public-health needs, aggravated by AIDS, remind us that at the same time great amounts of money are used for payment of interest on the debt. What solution do you propose?
Lima: The main problem is that no country can pay $12 billion in interest per year. The politicians, economists, and people of Brazil have to solve this problem. Priorities must be set. The country cannot pay or spend 2% of its Gross National Product on health while many times that is spent paying the debt, a debt of dubious origin, with interest rates which have been unilaterally increased successively without any justification. This is a problem which will have to be solved. Funding priorities must be set. Health must be top priority because it is the basis for the country's development and the well-being, not only of Brazil, but of the whole continent and even the world.

previously reported, Health Minister Guillermo Soberón confessed on Dec. 4. The admission reverses a previous cover-up and comes less than a week after the Mexican government declared AIDS a reportable, contagious disease.

On Nov. 29, at Soberón's request, the Mexican General Health Council ordered that all active or inactive carriers of AIDS or its antibodies be reported, and noted that the virus "has been found in the blood, urine, brain fluid, tears, and saliva of patients." The government directive overturned Soberón's previous do-nothing policy, but did not set any guidelines for preventing the epidemic from spreading, nor did it provide for systematic screening.

A Schiller Institute task force led by Dr. Bertha Farfan had agitated prior to the decision for a change in Mexican policy. After many doctors had disputed the government's under-reporting of AIDS cases, the Health Ministry on Nov. 24 admitted that 6% of all blood stored in private hospitals was contaminated with the AIDS virus.

The president of the National Chamber of Private Hospitals and Clinics, Jesús Gómez Medina, blamed the government, since it "does not inspect blood banks." He charged that "blood contraband is a big business, in which some Health Ministry officials are implicated." He said much Mexican blood was going illegally to the United States. And, he added, "more than 1,500 cases of AIDS have been detected in Mexico," compared to the government figure of 249 cases.

At a Dec. 4 press conference Health Minister Soberón admitted for the first time that for every one of the 249 reported cases, there are "between 50 and 100 other people infected."

Peru: IMF policy blamed

Front-page headlines like "AIDS Kills 14 in Peru" appeared in three Lima dailies Nov. 28 as a result of a press conference announcing the visit of Dr. Debra Freeman, public health adviser to U.S. presidential candidate Lyndon LaRouche.

Dr. Hugo Díaz Lozano, president of the Peruvian Medical Federation (which, with the Schiller Institute, cosponsored Freeman's Dec. 9 conference in Lima), is quoted in the press describing Dr. Freeman as a leading proponent of the PANIC initiative in California: Proposition 64, the ballot measure which sought to have AIDS declared a contagious disease, and to apply to it standard public health measures. Dr. Díaz blamed "the economic policies imposed by the International Monetary Fund (IMF) as conditions for the rapid expansion of AIDS, due to the situation of the extreme poverty of our population."

Dr. Victor Durán, quoted in the daily *Extra* on Nov. 23, estimated that "there are probably 3,000 AIDS victims in Lima alone who do not know they are sick."

EIR: You say 2% of the Gross National Product is invested in health while 5% or more goes to pay the debt? Do you think it is correct to invert the equation, at least for public health?

Lima: Yes, that is a key, fundamental, question. The first thing is to check the legitimacy of that debt, whether it was contracted by the rules, where the money was invested, etc. But in any case, it is illicit that any debt contracted be unilaterally increased, and the debt increases every day, despite the fact that Brazil has gone through a true bloodletting, and everything it is doing today to pay it.

The country has to give priority to its interests and know the importance of public health in this picture. The developed countries spend an average of 10% of their GNP on health; but the fact is that we, in Brazil and the Third World countries, have a great social deficit in terms of employment, basic sanitation, food, nutrition, education. That debt must be at least three times the value of the foreign debt. It must be something like $300 billion.

This has to be redeemed so that individuals have the right to live. For example, life expectancy in the Brazilian Northeast is 40 years, due to the misery there. That must be overcome and a greater investment in health made. Brazil has spent 2% of its GNP on health since 1979. In that period alone, the annual GNP has been on the order of $200 billion, while, in the United States, it was $3 trillion; and there they spend 10% of the GNP on health, without even having the poverty which exists in Brazil. Therefore, Brazil should spend more on health, should channel investments toward basic questions—nutrition and hygiene to increase life expectancy. If we compare what the U.S. spends, although we have half their population, the difference is very, very big. There is a very great gap. . . .

EIR: Then, we could say that Brazil needs a minimum of 5% of GNP to reestablish minimum living standards in Brazil?

Lima: No, that is too little, because we have that social debt which has to be redeemed. We don't have schools, sewers; food is lacking. Such investments apparently don't have a return, since they don't have an economic return, no profit. But even so, every country today pays more than 10% of its GNP to see to the individual health of its citizens. So, 5% of GNP is too little.

EIR: That means that the debt should not be paid either with hunger or with health?

Lima: Without the slightest doubt; health cannot be sold nor risked in any way; health is an invaluable gift which is worth more than ordinary economic goods. The highest objective is to promote the citizen's health, based on modern funding and nutrition. I think of the great territorial size of Brazil, and then see our people of the Northeast. This is incomprehensible. This is unacceptable.

Fusion

JET successes only the beginning

by Heinz Horeis

After the U.S. Tokamak Fusion Test Reactor (TFTR) had set a new record with a plasma temperature of 200 million degrees (Celsius) last August, the European tokamak JET (Joint European Torus) in Culham, England announced similar results: Recently, JET scientists were able to heat plasma to a temperature of 150 million degrees. Both results are spectacular, because these temperatures are well above the 100 million degrees required for a fusion reactor. However, both temperatures were achieved at plasma densities ($1-2\times10^{13}$ particles/cm^3 at JET) about 10 times below the value needed for a reactor.

Fusion scientists describe the requirements of a reactor-grade plasma by using the confinement value, the product of plasma density n and confinement time τ: At a certain density n, the plasma must be confined for a certain time τ, so the energy-producing reactions can take place in sufficient number. The confinement value should be around 10^{14} sec/cm^3. A confinement time of one second and a density of 10^{14} particles/cm^3 are typical values in magnetic fusion.

Seen against this background, other experiments recently undertaken at JET are much more important than those that led to the spectacular high temperatures. In earlier November, JET scientists achieved plasma densities and confinement times which are close to the cited values, at temperatures of 6 KeV (about 70 million degrees).

Producing the 'H-regime'

The idea for those successful experiments came from Dr. M. Keilhacker, who some time ago transferred from the Plasma Physics Institute (IPP) in Garching near Munich to Culham. At IPP, Keilhacker has led the experimental work on ASDEX, a middle-sized tokamak equipped with a so-called divertor. This is a special magnetic field configuration, which separates the inner region of the plasma from the boundary layers, thereby preventing impurities from the chamber wall from streaming into the plasma and degrading it.