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## Interview: Dr. Manuel Gacharna

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# The tropical disease environment of the AIDS epidemic

*Dr. Gacharna, the chief of epidemiology of the Colombian health ministry, was interviewed by Javier Almarino of EIR's Bogota bureau.*

**EIR:** What is the main health problem Colombia now faces?

**Gacharna:** Colombia has a disease profile within which are the infectious-contagious diseases caused by poverty, and the diseases of development itself which affect those who have a slightly longer life expectancy, such as tumors and cancers, cerebrovascular diseases, hypertension, etc.

Of the infectious-contagious diseases, we have the diarrheic and acute respiratory illnesses. We clearly rely on methods for reducing the mortality of the acute diarrheic disease, and the best strategy is oral rehydration. This is effected by means of packets of oral rehydration salts distributed throughout the country. A first evaluation of the program for acute diarrheic disease has already been done, and there remains to be done a second such evaluation remains to be done, to find out the extent [of the disease], and how the health teams are handling it. These are the first causes.

The second is the acute respiratory diseases: An epidemiological study showed that in Colombia some 90% of children with acute respiratory infections die at home, because they are not brought to where they could receive medical attention in time.

In the malaria areas there can be no doubt that the primary cause of disease is malaria, of which some 11,000 cases are reported each year, but this is simply what is officially registered. The number of actual cases surpasses the figures regularly released by the official channels. Of the noncontagious diseases, such as tumors, we see them occupying—along with hypertension and cerebrovascular accidents—first place in Colombian statistics.

**EIR:** Regarding diseases transmitted by insects, such as malaria, is the health situation improving or worsening?

**Gacharna:** Regarding malaria, which is transmitted by anopheles [mosquitos], the situation can be said to be stabilized. That is, those sick with malaria are being treated, and deaths through its complications or cerebral malaria are being

avoided. There are serious forms of malaria. There are other diseases transmitted by mosquitos, such as dengue [and] yellow fever, and against these we are exercising vigilance and epidemiological control which so far has been effective. The serious risk facing the country at the moment is the introduction of hemorrhagic dengue fever, but for this too there is a strategy of epidemiological vigilance.

The Health Ministry, through its epidemiology division, brought three foreign consultants to the country—among them a Cuban, Dr. Pardo Dotres, and Dr. Zuchita Limanilla—with whom an evaluation of the dengue situation in the country was made. It was demonstrated, as is known, that there are four dengue viruses circulating in the country. It was also concluded that the conditioning factors for the emergence of hemorrhagic dengue fever exist. This team has formulated two hypotheses regarding this possibility:

The first is that it could appear as an explosive epidemic, similar to Cuba, which will affect half a million people and produce at least 150 deaths. But this could be the most remote hypothesis because of our geography, our population distribution, and a variety of other circumstances. Perhaps the second hypothesis comes closer to the problem; that if hemorrhagic dengue fever appears in Colombia, the risk is that it will establish itself as hyperendemic, an excess, a permanently high number of cases, but will not appear in the form of a single explosion, but that there will be several epidemics in several places, as people move and carry the virus from one place to another. In that case, we would have a situation similar to Thailand's, where several cases of hemorrhagic dengue fever appear daily.

Regarding other diseases such as ismeniasis, chagas, the situation is also being carefully watched and controlled to avoid an increase in frequency as occurred in years past. The epidemiology department has done a review of the strategies being utilized for these diseases, and has urged corrections and adjustments so that the services offered are more effective.

**EIR:** In controlling these diseases, there have been certain budget cuts that have had precisely to do with this adjustment

program. To what extent have the cuts affected control of these diseases?

**Gacharna:** The economic recession and the reduction of budget assistance and the cutbacks have generally been for all sectors of the national economy and within this there has also been a cutback in health. It is clear that in the past 10 years, the health sector no longer receives what it used to. We used to get 9.5% of the national budget, and today receive some 4.5%, i.e., it has been cut 100%. This has affected the services we can provide and is reflected in the efficiency of certain service centers. . . .

**EIR:** Has control of vectors been specifically affected?

**Gacharna:** Control of vectors is an international problem, not a national one. Take the example of the *Aedes aegypti*, which is the vector or mosquito which transmits dengue in the cities. Colombia is below 2,000 meters altitude, totally invaded by the *Aedes aegypti*, but Colombia, like other countries, is a signator to the international agreements at the level of the Panamerican Office and the World Health Organization for the eradication of *Aedes aegypti*. Nonetheless, while Colombia is a signator, so also are all the Antilles Islands, the southern United States, and even Venezuela, and none of these countries are carrying out actions to eradicate the mosquito. Therefore, even if we had many resources to expend to fumigate and kill all the mosquitos, if our stubborn neighbors did not carry out the same mosquito-control efforts, all of our actions would be useless. So, Colombia has localized strategies in which those areas of the cities, the neighborhoods, and marginal zones are identified where there is the greatest density of mosquitos, so as to have a disinfection strategy to prevent the spread of any disease like this.

This is how the vector fight is a problem of the international community and is not merely a problem of the national community.

**EIR:** Turning to the AIDS issue, some countries in Latin America, like Brazil, have been found to be seriously affected by the AIDS virus. What is the situation of this epidemic in Colombia?

**Gacharna:** In Colombia, the situation is just beginning to show an increase in the number of cases being reported, because we know that there is a large Colombian population in Europe, the United States, Brazil, and the greatest number of AIDS cases are Colombians resident abroad who were infected and returned, in effect, to die in Colombia.

. . . The other factors follow the pattern known in other countries. That is, the high-risk groups are similar, the symptoms that patients present are similar, the perspective of the victims is similar to that in other countries. . . .

Measures are slowly being taken. . . . We have in our major cities scientists capable of attending, diagnosing, and treating victims of this syndrome. When I say attend these victims, I am referring to making the diagnosis and treating

the opportunistic infections, because we all know that there does not yet exist a drug for treating this state of immunodeficiency. . . .

**EIR:** There is a difficult aspect to this disease, in that there are many people who carry it and don't know that it can develop, but are infecting others. Is anything being done about this?

**Gacharna:** This is true. Of 10 individuals who infect others, one or two have the disease, 10-20%. Those who don't, do have the virus, and are infecting others. This is being studied through investigation of contacts. But it is well to remember in what this strategy consists: The epidemiology division of the [Health] Ministry has formed an AIDS Information Center, which is made up of the leading scientists of the country, so that they can report on the victims and collaborate in watching over contacts. The vigilance of these contacts is not a repressive vigilance at all, but consists of simply locating all the contacts of these victims so that they themselves can be helped and, through medical examinations and consultation, the disease can be diagnosed in time. In such cases, the victims and the contacts are being given the relevant information so that they can be aware of the problem, the virus they are carrying, and of the possibility of transmitting it to other relatives and contacts, and so that within their environs or family, simple measures can be established to interrupt the transmission of this virus.

**EIR:** There is currently a change in thinking about this disease. It was always thought that it had to do with certain high-risk groups. But recently, the Pasteur Institute of France discovered the existence of the AIDS virus in certain African insects, such that insects which suck blood can transmit AIDS. Also, it has been transmitted by the bite of children at play. The World Health Organization recently said that in reality, the problem is much more serious than they had thought, and that an international effort to stop the disease and treat the problem more efficiently, had to be undertaken. Don't you think that this change in thinking will necessarily imply a change in the way the disease is being treated in Colombia?

**Gacharna:** There is no special bias or particular orientation in Colombia regarding the risk groups. We are aware that this is not an attribute or peculiarity of any particular group. We know that any human being, man or woman, adult, aged, can be victim of one of these diseases. What is being done, and what we see from the public-health viewpoint, is that any infectious-contagious disease or any disease caused by an agent transmitting it from one person or group of persons to another, that that transmission will be more rapid [where] there are more problems regarding habits and customs.

Every infectious-contagious disease increases its speed of transmission when there is overcrowding, when there is poverty, when there are bad habits, when there is filth, when there is lack of hygiene, when there is not enough food. So it

is not unusual and has been seen at the beginning of the century. When an infectious disease enters an environment like this, full of misery, poverty, filth, the disease is transmitted in an explosive way. There are many more cases of disease than when disease presents itself in an environment where, at least, there are certain hygienic habits, such as use of soap and water. . . . We have seen on television the images of African children where . . . they are covered by every kind of sore. These malnourished children are totally invaded by every type of insect; these insects in effect are feeding and drinking from the fluids given off by these children in any place. Obviously, we know that in these fluids—in the blood, in the lymph, in the urine, in the saliva, in all of these the virus can be found. Thus it is not strange that the virus can be found in these mosquitos. What is important is to establish what capacity these insects have to transmit the virus.

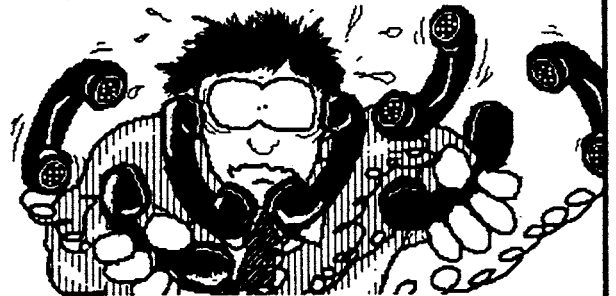
Therefore, it is a logical consequence of the conditions of hygiene, of housing, and of the economic and social conditions in which the community lives. A community that is well nourished, that has stable homes, a community with good hygiene, a community that does not have negative habits, is obviously a community that, we might say, is immune or at least resistant to this and other diseases, and will not be reached by them.

**EIR:** On the Pacific Coast, several communities are afflicted with a disease produced by the HTLV-I virus, similar to that which produces AIDS. What can you explain in regard to this illness and its incidence in Colombia?

**Gacharna:** This disease, spastic parapadecia of the Pacific, is called in other parts of the world tropical parapadecia. The lower parts of the affected person suffer, not a complete paralysis, but a semiparalysis, which could ultimately become completely debilitating. There can be problems of the organs, a problem of male hormones, for example.

This disease does not yet have a defined etiology. A further evolution of this disease has been found with the HTLV-I virus, which is related or first brother to HTLV-III, which is what produces AIDS, and that association has been found in a high percentage of these victims, in the cases where it has been studied. A high percentage show positive responses for HTLV-I, for the virus that you mention. But to test positive for a virus does not indicate that it is the cause of that disease. Thus a deeper investigation is now being conducted to see if that relation found implies causality. . . . In this a group of scientists, both Colombian and from the United States are involved, to advance the investigation of causality to see if tropical parapadecia can be attributed to HTLV-I.

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