
Interview: Aldo Enrique Cadena

Malaria, once nearly wiped out, is rising

by our Bogota bureau

On April 11, employees of the Malaria Eradication Service (SEM) left the city of Pereira in a march that arrived in Bogota, Colombia on April 25, to demand that the Ministry of Health and the national government restore the SEM's budget. In 1983 the Service's budget was 2.9 billion pesos; this year only 1.2 billion were approved. Of that, at the outset of the march, only 200 million pesos had actually been disbursed.

Even to return to the 1983 budget is totally inadequate. Two years ago, the country was at the point of definitively finishing off malaria, but the budget cuts, which started with the Pastrana administration and succeeding governments, caused a resurgence of malaria.

The president of the national health workers union, Aldo Enrique Cadena, granted the following interview on April 26. The fact that Cadena sees "U.S. imperialism" as behind the policies of the International Monetary Fund should be a warning that the failure in Washington to fight the IMF's looting schemes, will deliver our IMF-oppressed Ibero-American allies right into the hands of the Soviet Union.

EIR: What is the basic reason that the Malaria Eradication Service workers are conducting these protests and marches?

Cadena: The basic reason is that this and previous governments have been slowly cutting the malaria eradication campaign, to the point that it is totally paralyzed, and the rise in endemic diseases is growing bigger and bigger in the country every day. Today 85% of the national territory is endemic territory. Yellow fever is invading the cities, and dengue fever is invading the countryside. In 1969, when the *Aedes Aegypti* appeared in Colombia, it was only in the cities of Barranquilla, Cartagena, Cali, Riohacha, Maicao and Cucuta. But now, *Aedes* is found scattered across the whole Atlantic coast littoral, the Pacific coast littoral, the Rio Magdalena valley, the Rio Cauca valley, the eastern zone of the eastern mountain chain, the eastern plains, Putumayo, and the Sarare region. The number of persons affected in 1979 by dengue is 1,200,000 registered cases, which means that 50% of the Colombian population has been exposed to den-

gue. In 1983, there were 500,000 cases of malaria, and 2,000 died from it. We believe that the fact that malaria eradication is being allowed to be gradually strangled economically, means that in a short time this is going to be an irresistible issue for the country. It is not just a problem for the workers, it is a problem for the Colombian people. And so we thought that we had to set aside the usual labor demands to seek a patriotic type of demand. We want this march to succeed in making the government put an economic injection into this campaign, and we want the entire people to know that it is their lives that are in danger.

EIR: There is a lot of talk of the social consequences of the adjustment programs of the International Monetary Fund. Could you tell us if this is one of the consequences of those programs, for example, the 2,000 deaths caused by malaria as a result of SEM budget cuts?

Cadena: Undoubtedly, yes. First, the consequences of what the Fund imposes are suffered by the entire Colombian people. Second, to pay the high interest rates, they also cut the budget of public service entities. Moreover, within the International Monetary Fund loan, even though we suffered the consequences in the health sector, not one peso of these loans is for the health sector. One part is for Ecopetrol and another for Carbocol. That is, the loan is to help exploit the natural resources and turn them over to U.S. imperialism, and not to alleviate even a part of the crisis which the health sector is in.

EIR: We have information that there is a cholera epidemic in Africa. The blame for this lies with the economic conditionalities of the IMF. This has repercussions around the world, because epidemics do not respect national borders. That means it will even strike back into the United States. If you could speak to U.S. citizens, what would you say on this?

Cadena: The underdeveloped countries are condemned to receive every kind of epidemic. Not just the kind that presents itself because of climate, but the cases that come up because of the very dependency of these countries. I will just give you one example. Right now there are no rabies vaccines in Colombia, either for humans or dogs. This exposes us to a thousand dangers. In Cali there was recently a rabies epidemic, and in El César there was another, and throughout the country we have rabies epidemic problems coming up, which are very difficult to deal with.

EIR: Getting back to the relation to the imposed economic conditions, the National Health Institute says that one reason why they cannot produce rabies vaccines is that they don't

have anything to feed their laboratory rats. . . .

Cadena: It's true. Last night the minister confessed in the meeting we had with them, that only this week they managed to pay three months' back wages to their employees. The same health ministry admits that they don't have money for scientific research. There is no way to bring out a new product because the strains are becoming resistant to all insecticides, and they say they have no means to bring out new ones because we are not putting one centavo into research.

They know, for example, that the effectiveness of the yellow fever vaccine is not proven, and they don't have the means to do another experiment on it. The entity in charge of producing vaccines, and doing research on them, doesn't

have the money to pay its employees nor to do any kind of experimentation.

EIR: When the nutrition of the population is reduced, this has repercussions in that people are weaker to resist disease. Does this have any relevance?

Cadena: Indisputably, a country undergoing hunger, a country where the infrastructural conditions are too backward, it is obvious that in such a place, any kind of disease will wreak a lot more havoc. You must realize that the place which has the most disease is Los Tugurios, where the poorest people are, where people are malnourished, and all kinds of disease run rampant.

Interview: Dr. Peter de Raadt

'Sleeping sickness' strikes in Uganda

Dr. Peter de Raadt, head of the World Health Organization's (WHO) Parasitic Disease Program, Trypanosomiasis Unit, described to EIR the epidemic of the deadly disease known as "sleeping sickness."

Uganda is the most serious situation in Africa regarding Trypanosomiasis. There are an estimated 10-20,000 new cases/year of people with the disease there. It is very high. Control is insufficient at all points. There is complete breakdown of vector control [ground spraying] in Uganda since Idi Amin's time. I was there in the 1960s and saw not one case of sleeping sickness.

The disease has been known in Uganda for 6-7 years. The German Red Cross came in back then with a small program, but the effects have all been negated by now. The Ugandan government is badly organized.

The disease has a 100% mortality rate. There are two strains of this blood parasite. The West African strain takes several months to years before it attacks the brain. The East African form is highly virulent. It takes only weeks, at most six months before it is fatal. It creates internal lesions in all organs of the body. It can be effectively treated with drugs. The treatment is fatal in about 2-3% of cases.

It is spread by the tsetse fly. There is at present a breakdown of control services in Uganda, as well as Sudan. This

breakdown began during the Idi Amin government. They have no vector control. They have no transport to carry out spraying. This all broke down during the Amin regime and has not been reinstated. You cannot spray by air, as the flies gather under the leaves and are not reached from above. You must have teams on foot at ground level with tanks and you need cars, Land-Rovers, to bring them and the chemicals in.

To control the disease in Uganda, I estimate that it would require between \$500,000 and \$1 million to get the infrastructure—the Land-Rovers, equipment, etc.—set up. Then you would need about \$200,000 per year to spray every year. The first thing required is that you set up a program to strengthen the capabilities of the local medics. I was there recently and surprised to find teams of doctors still somehow intact despite their lack of resources. Their morale is surprisingly intact. If they were properly trained, the man-to-man transmission of the disease could be stopped. This part of the program would cost maybe \$150,000.

WHO is developing a proposal to the Ugandan government on steps to identify donors. The U.K. Overseas Development Administration is providing one doctor to go there in July to make a survey. The USAID? Well, to be honest, I am a bit surprised. They seem to have sufficient funds, but they so far have done nothing, though they indicate they are "interested." They seem to have internal disorder and constant reorganizations going on, which keep a clear policy from emerging.

The disease is present in epidemic proportions in Uganda and Sudan. *It is a very serious threat in every country south of the Sahara except South Africa and Botswana.* This is the danger that without sufficient controls, it will very quickly break into epidemic levels in all these countries. When I was in Uganda in the 1960s, I never saw one case of sleeping sickness. It was under effective control until the early 1970s.