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## Interview: Dr. Ricardo Veronesi

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# AIDS in the nation of Brazil: The perspective is 'apocalyptic'

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**EIR:** What is the AIDS situation in Brazil?

**Dr. Veronesi:** Brazil has a population of about 135.5 million inhabitants, and holds second place in number of AIDS patients in the world. The number of cases doubles every six months; this leads us to estimate that, at the end of the year, there will be a thousand cases of AIDS. This epidemiological panorama presents us with the pessimistic prediction that millions of people will be infected by the LAV/HTLV-III virus in the next few years; at the same time, no one can predict the number of AIDS deaths that will occur during this period in this country.

In Brazil, we don't have official data on AIDS because even the information is lacking, and in the Third World, it is difficult to have exact data on public health, due to lack of resources. We can only make estimates, and just in the state of Sao Paulo alone, where reporting has been compulsory since 1982, we have the approximate idea of 500 cases in Brazil. In the state of Sao Paulo, there are about 400 cases; 80% of the AIDS cases in Brazil were reported in Sao Paulo; probably this does not correspond to reality, because Rio de Janeiro must have an equal number of cases, and other big cities, such as Belo Horizonte, Recife, Porto Alegre, must have a greater number of cases than the official figure; therefore, there is notorious under-reporting, and the number of cases in general must be twice the reported number. Undoubtedly, Sao Paulo is among the big metropolises and contends with New York for the greatest number of AIDS cases per million inhabitants. Sao Paulo is a metropolis with more than 10 million inhabitants, and is today a big exporter of AIDS to the countries of South America.

**EIR:** How many cases per million inhabitants are there in Sao Paulo?

**Dr. Veronesi:** 21 cases per million inhabitants. New York has 40 cases per million inhabitants. With these percentages, in the year 2000, Sao Paulo will be the second largest city in the world, so you can imagine the devastation which AIDS will cause in the country.

**EIR:** What are the medical and health authorities doing to fight AIDS?

**Dr. Veronesi:** What people perceive is that the authorities, both federal and state, don't want to confront the problem. In Brazil, AIDS has not been declared a priority disease for public health. Therefore, the control is going to keep lagging behind. The prospects are very somber, apocalyptic. The prediction we make is the same for all the Third World countries. The governments don't have a political philosophy of dealing with this new disease. The Brazilian government is wavering about what measures it should take. They adopt the tactic of the ostrich of burying their heads in order not to see the problem. The position we have in Brazil and the Third World with the AIDS epidemic is the worst position.

**EIR:** Then the situation is out of control?

**Dr. Veronesi:** Totally. Practically no serious measure, no effective measure has been taken. There isn't a big enough budget for this purpose. The epidemic is going to advance. The number of cases in Brazil is alarming.

In the Third World there is a lack of medical services and preventive measures for most of the population. The pathogenesis of some of the epidemic diseases prevalent in this region, must be reviewed under this new situation where the defense mechanisms of the human host may have already been damaged by this new pathology. Moreover, the high cost of hospitalization for victims of AIDS adds a serious economic challenge for the developing countries, where millions of persons have already been infected by out-of-control endemic diseases, such as schistosomiasis, chagas, malaria,

tuberculosis, leprosy, malnutrition, and diarrheal diseases.

**EIR:** What is the influence of socio-economic conditions in the propagation of AIDS?

**Dr. Veronesi:** Socio-economic and cultural factors are intimately linked to the transmission of diseases. For example, in the situations of calamities, situations of poverty, lack of hygiene and promiscuity, it is known that diseases and epidemics propagate faster; this is what happens in wars. This is what happens every time a country enters an economic crisis, there are always repercussions in the health area, because nutrition is more precarious, individuals start living in promiscuity, and then diseases of all types are spread by these means. This is historically known. Napoleon lost the war because of a general named typhus epidemic, and this changed the history of humanity.

**EIR:** Besides the fact that in Brazil today the AIDS cases have propagated in the cities, what other repercussions will this have?

**Dr. Veronesi:** We are now in a phase in which AIDS cases in the United States and Europe are mainly found in the middle class or upper middle class, because the homosexuals, who are the main carriers of AIDS, generally belong to the middle class. In Brazil we have a class lower than the middle class; the lower class which lives in the *favelas* [slums], and which will be at huge risk because of finding itself in conditions favorable to the propagation of the disease: undernourishment, lack of hygiene and medical care. It happens that now the virus is going to start to enter this ecosystem, because it already did in Africa. In Africa, when AIDS started, in Equatorial Africa, it affected individuals in similar conditions, and from there it propagated rapidly. And in these 20 years of infection by AIDS in Africa, practically 50% of the population of Zaire and other countries of Africa were already touched by the infection; not all by the disease, but by the infection. Now one has to wait, one, two, three, or four years to see how many individuals are going to suffer from it, and this is part of an investigation at the world level to know how many of those who were infected are going to end up sick, and it is calculated that it will be minimally 10%, but it could go up to 40%. This is the perspective.

**EIR:** What are medical organizations like the World Health Organization doing to fight AIDS in the Third World?

**Dr. Veronesi:** The World Health Organization is principally an advisory organ for the member countries, which acts upon request. As we are already starting from the premise that Brazil does not consider an AIDS program a priority, then probably Brazil is not going to ask any advice from the World Health Organization. If it were to ask, the answer would be advice that dovetails with the recommendations being given in Brazil; here they say it is not a priority, that the tests are not recommended, there are no recommendations for blood banks, etc. But even so, the World Health Organization is

slow; it works on request, and at times even because of other motives.

There exist committees on AIDS in the World Health Organization, as there exist others for various diseases. We belong to the committee on bacteriological diseases, but this all moves very slowly. They don't feel the problem in their guts, because they are in Geneva. The ones who feel the problem in their guts would have to be the authorities responsible for public health in the countries where the phenomenon is going on. I believe that the World Health Organization should intervene to ask for more intense action by the government of Brazil, as was done with smallpox, when smallpox was already eradicated, practically in the whole world, and had already been wiped out in America, yet Brazil had thousands of cases. Then the World Health Organization told Brazil that this was a shame for the world and for humanity, and they started to act jointly. But it was a late performance.

**EIR:** Is the World Health Organization doing nothing on AIDS, because Brazil has not asked it to, or because it doesn't take the dimension of the problem into account?

**Dr. Veronesi:** For precisely both reasons. First, because Brazil is not going to ask for advice, and because the policy of the World Health Organization is that of not interfering in the policies of member countries. The two sides are accommodated, waiting until the disease takes on the character of a public calamity, and then, after a popular uproar, the government takes some action. That's what happened with yellow fever, tuberculosis, and measles. After the disease grew, the government went to ask help from the entire world, and when it got to that point, there were already thousands of victims.

**EIR:** In the United States, a movement has arisen in defense of the civil rights of AIDS carriers. What do you think of this?

**Dr. Veronesi:** In public health, there are limits to so-called human rights. In public health, the concepts of human rights are different from political or religious concepts. In public health, the individual cannot use the prerogative of human rights to transmit a lethal disease to other individuals, individuals who want to use the prerogative of practicing, for example, homosexuality using this cover of human rights. The rights of the individual have their limit in the human rights of one's neighbor. In public health, human rights must protect the life and health of our fellow man.

**EIR:** Is there in Brazil any special program to fight AIDS?

**Dr. Veronesi:** Yes, there are special programs; there are meetings. I myself took part in the first meetings, invited by the health minister. We presented our point of view, the measures to be taken, the required budget, and including what should be up front in the program, and that, of course, there should not be any homosexuals, as occurs mainly in Sao Paulo. We also said that epidemiologists, and not dermatologists, ought to be heading up the program. After this, I became a nuisance, when I spelled out the scientific criteria

that contradicted the political concepts which they had about the disease. They do not want to invest money; they want to have commissions with people who don't understand anything about AIDS, and time is going by, and years are passing and already from 1982 to date we have lost more than 300 persons; the situation will go on this way until AIDS gets to an important person, some military man, some diplomat, or some member of the government.

**EIR:** What is the budget you proposed to fight AIDS in Sao Paulo?

**Dr. Veronesi:** Here in Sao Paulo, I proposed to the governor 70 billion cruzeiros (\$7 million). He said he did not have this money. On television, they asked me what I would suggest, given the lack of this budget. I answered that I suggest they sell the helicopter which the governor bought, and which cost 100 billion cruzeiros. Another suggestion was to take the trillion cruzeiros which the government earmarked to save Brazilinvest\* or the Sulbrasileiro group. With this money they would have more than enough not only for the AIDS program, but to fight tuberculosis and other diseases.

\* A financial entity of which U.S. Secretary of State George Shultz was a partner, which went bankrupt for bad management of funds. There is presently a fight in the Brazilian cabinet over whether Brazilinvest's president, a long-term associate of Henry Kissinger, should go to jail for asset-stripping of the Brazilian economy.

## AIDS in Brazil: a doctor's report

by Prof. Ricardo Veronesi

Brazil, with an estimated population of 135.5 million inhabitants in 1985, holds the second-largest number of AIDS patients in the world. The number of cases doubling every six months, led us to estimate that at the end of this year there will be 1,000 cases of AIDS in Brazil. Also, such an epidemiological picture allows us to make the pessimistic prediction that, in Brazil, millions of people will be infected with the LAV/HTLV-III viruses, during the next few years, while nobody can predict the real number of deaths due to AIDS that will occur during this period, in this country.

Medical assistance and preventive measures are lacking, or inadequate, for most of the population of the Third World. The pathogenesis of some of the most prevalent endemic diseases in such areas should be revised under this new situation where the defense mechanisms of the human host may already be damaged by this new pathogen. Furthermore, the high cost of hospitalization for victims of AIDS will add a

serious economic challenge for developing countries where millions of people are already affected by endemic and, so far, uncontrolled diseases such as schistosomiasis and other helminthic diseases, Chaga's disease, malaria, tuberculosis, leprosy, measles, malnutrition and diarrheal diseases.

All in all, we may predict a catastrophic picture for AIDS in the Third World, where, very probably, the problem will be more difficult to control than in developed countries. Under such unfavorable cultural and economic circumstances, a valid strategy to fight the AIDS challenge in developing countries would be the implementation of an AIDS control program linked to the WHO's primary health care policy.

Also, we must keep in mind that many LAV/HTLV-III viruses have been detected in Europe and the U.S.A., both in humans and animals, and, very probably, such mutant strains occur in the Third World where three-fourths of mankind lives. Finally, to develop a universal, effective vaccine, we should take into consideration these facts and make a vaccine that will be equally effective for the entire Earth's population.

### AIDS in Brazil

The first case of AIDS in Brazil was detected in a homosexual who was diagnosed in the United States, in 1982. This individual was, very probably, infected by homosexuals living in the United States. Sao Paulo city, the fifth-largest city in the world, became, after 1983, the South American AIDS capital and, since then, cases of AIDS have been exported from Brazil to Uruguay, Argentina, Chile, and Paraguay. In the State of Sao Paulo (around 30 million inhabitants in 1985) notification for AIDS became compulsory after July 1982. However, in most of the Brazilian States, AIDS notification is not compulsory yet. In **Table 1**, we present the number of cases of AIDS in Brazil and, particularly, in Sao Paulo, where almost 80% of the total number of cases were notified.

### Infection with AIDS in Brazil

Since March 1984, we have been testing blood from individuals belonging to risk groups and/or professionals under high risk to be infected by LAV/HTLV-III accidentally during their activities. Our results are shown in **Table 2** where different groups of individuals were tested either by the Western blot technique or the Enzyme-linked Immunosorbent Assay (EIA). Some of the results are confirmatory of what has been observed in other geographic areas of the world, mainly the U.S.A. and Europe. However, these are the first reports of serological LAV/HTLV-III tests in high-risk groups. Our tested population included *homosexuals* and *transvestites*, *prostitutes*, *health workers*, *haemophiliacs*, *blood donors*, *medical students* (dealing with sexually transmitted diseases), *Brazilian Navy sailors* (blood drawn in 1974) and, finally, *Brazilian Amerindians* living in the far northern Brazilian border to Venezuela.