

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, co-sponsored 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."