
Interview: Dr. Lauro Monteiro Filho

'Debt payment policy is killing Brazil's children'

Dr. Monteiro is chief of pediatric services of the Souza Aguiar Municipal Hospital in Rio de Janeiro and also president of the Brazilian Association for the Protection of Children and Adolescents. He spoke with EIR's Lorenzo Carrasco on Sept. 15.

EIR: Dr. Monteiro, for some time you and a group of your collaborators have been conducting a campaign to inform Brazilians about the alarming situation of child health care in Brazil. Can you describe your work further?

Monteiro: In this moment just prior to presidential elections, we can see how the great issues affecting us are being treated. We can see the superficial way with which matters of health and education are dealt. The situation of child health is not even adequately dealt with statistically. Much is said of economic data and little or nothing of our sad social indicators.

As a citizen and as a pediatrician, I daily confront a reality which I believe should be known to the entire population. Fragile, defenseless and incapable of providing for itself the necessary conditions for its own development, the child is exposed from conception to constant risks, which frequency and intensity is directly related to the social structure of the area in which the child lives and to the levels of protection provided by family and society.

So that the parents may exercise their role as educators and protectors of their children, they themselves need access to indispensable economic resources. In the hindrance or absence of the parents, the state and society should assume that role.

EIR: What is the situation of Brazil's children, how to encourage their development? Is the wealth of the country being used for their protection?

Monteiro: Today, it is the social indicators and not the economic ones which best reveal the development of the entire population of a country. For example, Brazil is a developing country, with a high level of industrial production that makes it the eighth economic power in the world, with a per capita Gross National Product that is one of the best in Latin America and progress in its trade that is truly

extraordinary, with \$18.6 billion registered in 1987, for example.

Nonetheless, it is also known that more than 90 million Brazilians live below the poverty level; that the majority of the economically active population earns up to one minimum salary per month (approximately \$50) and that the per capita GNP—if only the poorest 40% of the population is considered—is extremely low.

Our social reality therefore is that of a poor nation, and it will be the children who will most suffer the consequences of this.

Economic indicators do not reveal the reality of the majority of the population. They measure the means to achieve development, while the social indicators measure the results obtained for the entire population, as a consequence of applying the nation's resources.

EIR: What, then, are the social indicators to which you refer?

Monteiro: UNICEF chose the mortality rate of minors under the age of five (MRM5) as the best indicator of a country's development, supplemented by the literacy rate. MRM5 represents the number of children who die before the age of five, out of every 1,000 live births.

EIR: How is Brazil situated in relation to the social indicators, as compared to other countries?

Monteiro: I chose for terms of comparison three Latin American countries to which I have conducted lengthy professional visits and which possess the best social indicators in the region: Cuba, Costa Rica and Chile. I also chose a European country which possesses the best social indicators, Switzerland. The data is from 1987, complemented by as-yet-unpublished figures from 1988.

We began with the rate of maternal deaths, that is, the annual number of deaths of women from causes related to pregnancy, per 100,000 live births: Cuba 31, Costa Rica 26, Chile 55, Switzerland 4, *Brazil 150*.

The percentage of children immunized by three doses of the DPT vaccine (diphtheria, pertussis, tetanus): Cuba, Cos-

ta Rica and Chile had figures around 90%, Switzerland 100%, *Brazil* 57%.

The literacy rate: Cuba 96%, Costa Rica 84%, Chile 96%, Switzerland 100%, *Brazil* 77%. It should be noted that in various regions of the Brazilian northeast, nearly 50% of those over 15 years of age are illiterate.

School attendance (percentage of those enrolled in first grade who finish first grade): Cuba 86%, Costa Rica 75%, Switzerland 98%, *Brazil* 20%.

MRM5: Cuba 19, Costa Rica 23, Chile 26, Switzerland 7, *Brazil* 87. That is, for every 4,101,000 children born each year in Brazil, 359,787 die before the age of five!

Infant mortality rate, or IMR (deaths below one year of age, for every 1,000 live births): Cuba 15, Costa Rica 18, Chile 20, Switzerland 6, *Brazil* 64. In the northeast, the IMR reaches between 50 and 200.

EIR: How have IMF conditionalities affected this social situation?

Monteiro: In the years 1983 and 1984, there was a deterioration of all social indicators in Brazil, with the greatest deterioration in the poorest and most deficient regions such as the northeast. Infant mortality rose because of malnutrition, infectious disease and premature birth. The incidence of low birth weight and the absolute number of infant deaths

also rose. This situation was the unmistakable consequence, during the 1980-83 period, of the reduction of government expenditures in health, nutrition, education and sanitation, along with the increase in unemployment figures and the loss of buying power of the average salary. This period of economic depression is primarily linked to the demands of the world economic community regarding the developing nations' foreign debt.

EIR: What are Brazil's principal health problems today?

Monteiro: There are in Brazil 600,000 registered cases of malaria, 5.5 million carries of schistosomiasis, 5 million infected with Chagas, and 260,000 with Hansen's disease. There are nearly 86,000 new cases of tuberculosis registered each year. Dengue and yellow fever are not under control. With the exception of poliomyelitis and diphtheria, little has changed in recent years regarding the incidence of diseases preventable by vaccination and epidemiological vigilance, such as measles, tetanus, whooping cough, typhoid fever, and meningitis.

EIR: What are the primary causes of infant mortality?

Monteiro: In socially developed countries, the causes of infant mortality are linked to the pre-natal period. In Brazil, children die of diarrheal and respiratory diseases associated with malnutrition. After four years of age, death by accident becomes the preponderant cause due to absolute lack of preventive programs.

During the school and adolescent years, the major causes of sickness and death are external causes: accidents, aggressions and suicide, a situation common to the developed and industrialized countries, not to the poor countries.

EIR: In your daily practice as a pediatrician, how do you view the situation of children and adolescents in Rio de Janeiro?

Monteiro: We struggle with malnutrition, with children who die in the hospitals from pneumonia and diarrhea, under totally avoidable situations had they received basic health care; of serious, lethal, or deforming burns caused by the horrendous living conditions of our population; with children who are victims of every sort of serious and fatal accident; with children abandoned, assaulted and sexually abused by their parents or guardians, themselves mistreated since infancy by their own parents and now victims of social aggression by the system.

We struggle with the child and the adolescent from the street, often in our emergency rooms due to accidents or assaults to which they are subject, or from perpetual intoxication due to inhalation of solvents or ingestion of alcohol. We see adolescents involved in drug trafficking, robbing, killing and being killed by criminals and by the police; adolescents who prostitute themselves in exchange for drugs, many of them the precocious carriers of sexually

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transmitted diseases and already infected with AIDS. We must contend with adolescents from all social classes, who become pregnant at an early age, swelling the abortion statistics or increasing the probability of risk to the newborn and themselves; with adolescents who abuse drugs and alcohol, fleeing the depression, who die or kill others in car accidents or who, insecure, discouraged, without a future or help, actively or passively seek out death through various means.

Unhappily, this is the way the majority of Brazil's youth are born, live and die.

EIR: How can we change this picture?

Monteiro: We could follow, for example, the recommendations of UNICEF for reducing infant mortality in the short term: adequate nutrition, basic sanitation, immunization programs. Prevention of low birth weight with a consequent reduction of the infant mortality rate could be achieved by improving the health and nutrition levels of women of child-bearing years, with pre-natal consultation, with prevention of drug abuse in the pregnant woman, and with the reduction of adolescent pregnancies.

EIR: Do you think that the social problem can be solved with local proposals?

Monteiro: Apart from the local solutions, it is essential to understand Brazil's position in the global context, and to view as extremely unjust the unequal distribution of wealth among nations. We are aware that in recent years, the lives of hundreds of thousands of children from the developing sector have been mowed down to pay the debt.

To the question of former Tanzanian President Julius Nyerere—"Must we starve our children to death to pay the debt?"—we must answer "No!" In the face of the devastating situation of tens of millions of Brazilian children and youth, a situation with which few are familiar and others either don't want to see or don't want to involve themselves in, it is immoral and anti-ethical to divert economic resources for any other purpose than to improve this situation.

It is important to emphasize that given the current economic conditions in the country, there are already indications of stagnation and projected worsening of the curve of infant mortality in Brazil. This reality is unacceptable. We cannot permit the deterioration of our social indicators, as occurred in 1983-84, to recur over the next few years.

I am neither an economist nor a ruler. It is as a pediatric physician that I propose that Brazilians inform the international economic community that we are suspending payment on the foreign debt out of just and humanitarian considerations, and that negotiations will be conditional on the reduction of our infant mortality rates to internationally acceptable levels, and not on the imposition of unattainable economic goals.

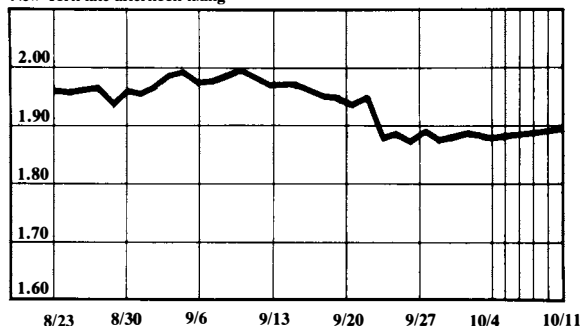
"We do not want to die. We want to live with dignity."

This is the clamor of millions of Brazilian children to the bearers of economic power throughout the world.

Currency Rates

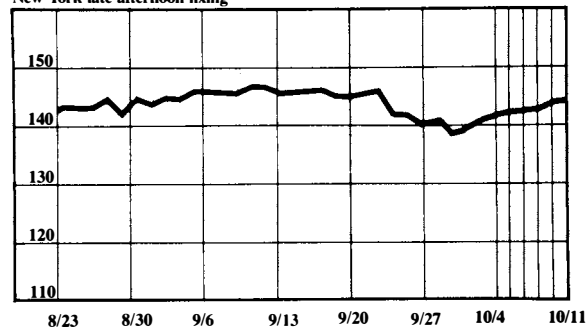
The dollar in deutschmarks

New York late afternoon fixing



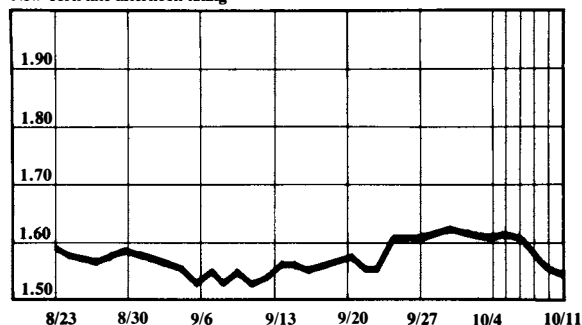
The dollar in yen

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The British pound in dollars

New York late afternoon fixing



The dollar in Swiss francs

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