

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.

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## Interview: Dr. Peter de Raadt

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# '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.