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## Interview: Health Minister Alceni Guerra

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# Has a depopulation policy been aimed against Brazil?

*Brazil's Health Minister, Dr. Alceni Guerra, granted the following interview to EIR's correspondents Silvia Palacios and Lorenzo Carrasco, on Feb. 20 in Brasilia.*

*During the interview, the minister mentioned that a U.S. government official had recommended that Brazil not combat the *Aedes aegypti* mosquito, which transmits dengue fever. For further information, Dr. Guerra suggested speaking with Dr. Fiuza, director of the Health Ministry's agency, SUCAN. Dr. Fiuza told EIR that in 1984, the Brazilian government had asked the United States for help in its mosquito-eradication program. In a written reply, dated May 16, 1984, the U.S. embassy's adviser for Scientific and Technological Affairs, Mr. Daniel Serwer, stated: "For now, we don't believe that the eradication of *Aedes aegypti* is a practical goal."*

**EIR:** You have just made revelations which had major repercussions, to the effect that there are birth control agencies which have carried out massive sterilizations. Can you tell us how this began, how this was done?

**Dr. Guerra:** Recently, we noticed that the estimates on the number of Brazilian births were too high; there were not as many children being born as estimated by the Health or Education Ministries, or in general by the government agencies responsible for creating the means to care for those children.

To my surprise, in some of the Northeastern cities where I expected to find a greater number of infants, they didn't exist. In the course of a vaccination survey and we found that Brazil's birth rate had dropped; while the government was still working with growth rates of 3.5, 3.8 or 3.8, the Brazilian Geographical and Statistical Institute's (IBGE) estimates were 1.7% demographic growth.

In our work, we came across two surprising phenomena: One was the very high abortion figures, and second, the number of sterilized women. This was coherent with the practices of the political campaigns for state congress and governors, a fact which surprised even the President. Primarily in the Northeast region, during electoral campaigns, it is common to offer sterilization, or tube-tying, procedures otherwise prohibited by law and not available to the popula-

tion from the state's health apparatus. The number was so large that we began to try to estimate how many women in Brazil had been sterilized; we came across the studies done by important institutions, such as the Church, and trade unions which were working with figures as high as 20 to 25 million young women of child-bearing age, who had been sterilized as a means of birth control. We believe this is illegal. Our Constitution foresees a healthier type of family planning . . . and the law has still not defined a family planning program for Brazil.

We were also surprised to see that at least 15 important foreign agencies were involved in financing birth control in Brazil. At first, we were frightened because such powerful agencies as the World Bank, the Inter-American Development Bank (IADB), and the Ford Foundation were working with other agencies we already knew were involved. We thought at first that we might be making a dangerous generalization in assuming that they were all financing tube-tying. We're still investigating which ones are financing contraception, what kind of contraception they are financing, and whether, from a legal standpoint, their activity is correct or not.

**EIR:** To what year does the 1.7% figure for population growth refer?

**Dr. Guerra:** That was for 1990. For 1991-94, the IBGE gave us a figure of 1.56%. Since there is a census this year, the government is hiring close to 150,000 census takers to measure our population. By the end of the year, we should have a real estimate. Some social and political scientists contest these figures, and believe that demographic growth is really 2.0%, which means that we would have closer to 150 million inhabitants, instead of the 138 million that the IBGE reported last year. To be on the safe side, the Health Ministry worked with estimates of 2.5%, so as not to incur errors. . . .

**EIR:** According to available statistics on sterilization, in some Northeast states, in Maranhão for example, almost 80% of the women who are using some form of contraception

have been sterilized.

**Dr. Guerra:** Yes. In Brazil the average is that 65% of the women who use contraceptive methods use the pill—this is the official statistic. The rest, the great majority, have had their tubes tied. There are some states like Alagoas, in which almost 60% of the women using contraceptives have had their tubes tied; this is the case in Maranhão also, and in the Northeast in general, tube tying is very common as a contraceptive method.

**EIR:** But how was this done? The number of sterilized women is extremely high.

**Dr. Guerra:** This was *not* a government policy. When I took over the Ministry for Children [which comes under the Health Ministry's jurisdiction], several ministers raised the issue of using birth control as a means of controlling social problems. I replied that . . . this was already occurring in Brazil.

Brazil has the best informal, and *unofficial* system of birth control. Rather than the governments getting involved in this, it is private agencies—both Brazilian and foreign—which provide an immense system of birth control. Despite being informal, it is very efficient, and the population simply stopped growing at the same rate as before. . . .

**EIR:** Everything would point to the existence of a depopulation policy, to deliberately stop population growth. You also made another charge, Mr. Minister, which is that U.S. technicians had recommended not combatting the mosquito which transmits dengue fever.

**Dr. Guerra:** We have a serious, even dramatic problem with mosquitos—not only because of dengue. Dengue is something that we could very quickly eradicate. . . . In 1973, the mosquito, which we hadn't seen in the country since the beginning of the century, reappeared; and at the beginning of the 1980s—1980, 1981, and 1983—the first cases of dengue originating in Cuba appeared. The traffic of people between Brazil and Cuba had increased and the virus reached us. In 1973, the mosquito appeared, followed later by the dengue virus. During those years, we had a very large number of dengue cases.

Having entered the country through [the east coast city of] Salvador and through Rio de Janeiro, the mosquito moved inland toward western Brazil; in the western zone, north of the Federal District, rural yellow fever, which kills the patient in just a few days, is endemic. We haven't had cases of urban yellow fever for quite a while. The mosquitos' moving inland means that as soon as they make contact, we'll have a yellow fever case in the country. That's why we have stocked 150 million doses of vaccine in Fiocruz and are today vaccinating all of the country's outlying populations which may have contact with yellow fever. This is a very costly venture.

We are vaccinating the entire Amazon against yellow

fever. . . . To give you a better idea, we're going to spend close to \$100 million this year to combat the mosquito. We could put that money to better use if the U.S. and Mexico were to take eradication measures. To the degree that they don't, combatting mosquitos in Brazil is like trying to dry ice; they will always return from the more developed countries like the U.S. or Mexico. So, as long as there is no continental campaign against mosquitos, we'll be here, using scarce financial resources, beyond our public health budget, and we will never succeed in eradicating the mosquito. . . .

**EIR:** And why don't these two countries take eradication measures?

**Dr. Guerra:** Because neither dengue nor yellow fever exists there; mosquitos in the U.S. and in Mexico are innocuous. They don't transmit anything, they don't carry the virus.

**EIR:** But didn't the U.S. recommend that Brazil not combat the mosquito?

**Dr. Guerra:** Yes. And that was written in 1985 by a U.S. embassy official who sent the document to the Health Ministry, saying that it wasn't necessary, that the effort would be counterproductive, that the mosquito should not be combatted.

**EIR:** In the Amazon region, there are more than 500,000 cases of malaria. The use of DDT against mosquitos has created a controversy.

**Dr. Guerra:** We use DDT and we have to continue using it. We have no other choice. The only other alternative we have, right now, is cleaning up the cities. We cleaned Manaus and malaria disappeared. Shortly, we're going to begin cleaning the capitals and major cities of Acre, Rondônia, Roraima, Amapa e Pará. However, that's something we can only do in the large cities. We can't empty out and clean up the whole Amazon. In this immense territory, there are narrow waterways and stagnant waters which produce the malaria mosquito; the population is very dispersed, with a very low employment rate. People live in very backward conditions. If an anti-mosquito insecticide were used in the houses for a specific period of time—it wouldn't be toxic for the inhabitants and wouldn't cost much—then it would be possible to deal with this immense region which is Brazil.

We have only two options today. The first is DDT, which has a residual effect for several months; it combats the mosquito and has a low toxicity level. It's used inside the house, on the walls, and it eradicates the mosquito without contaminating humans or coming into contact with the water supply. Our sanitation specialists estimate that, to become contaminated, a person would have to lick three square meters of wall constantly, every day.

The other option, which is 20 times more expensive, is pyrethrum, which is apparently less damaging to the environment. We're studying it, since we don't know its effective-

ness, how long it takes, nor what resistance the mosquito might have to it, and we don't know if we have the funds to cover such a large area, or if we might eventually do it more cheaply. We are going to try to clean up all the cities without using DDT. However, there are areas in which we have to use it to save lives. It is important to note here that, in the areas in which we're using DDT, there are large Indian populations which have a very low resistance to the malaria parasite, and we must move quickly to save them. When we have a better alternative, we will certainly stop using DDT. . . .

**EIR:** The picture you paint is a serious one. On the one hand, there are the population control campaigns, and on the other, recommendations not to combat the mosquito, and international pressures not to use DDT. Our impression is that this is a foreign-inspired campaign against Brazil's population growth.

**Dr. Guerra:** We have to get used to the democratic use of information and opinions; we all have the right to express opinions and use pressure to see ideas put into practice. . . . [But,] while pressures may be necessary, they also have to be confronted when they conflict with national interests.

For example, in the case of sterilization, this is prohibited by Brazilian law. The agencies which demand action from the Health Ministry, should instead make demands on the National Congress which has the power to change laws, and the Executive obeys them. Our greatest power in Brazil is our legal establishment and our Constitution, and we are going to obey them and not foreign individuals.

**EIR:** What is the demographic impact of these policies, in economic terms? For example, in terms of the premature aging of the population, and taking into account the fact that AIDS is hitting a highly educated sector of the population? How does the Health Ministry view these factors?

**Dr. Guerra:** We have alerted the President that within a few years, we are going to have to provide a system not previously contemplated, which is one for assistance to the elderly. Within a few decades, we are going to have to care for a largely elderly population, against a minority population of children. There is an increase, albeit slow, in life expectancy; there is improvement in health services, and a decline in the birth rate, such that shortly, we are going to have the problem of dealing with the elderly. Our system of social welfare allows for retirement after a certain period of service, and in some cases, that is very low. For example, all teachers can retire after 25 years of service, and with the increase in the average lifespan, in a few years we will have a large retired population . . . at the same time we'll have lower demographic growth and fewer people working to sustain those numbers, and a deficient social welfare system.

**EIR:** Brazil is one of the least densely populated Ibero-American countries, and birth control campaigns have con-

siderably reduced population growth. In a few decades, couples will only have children for purposes of replacement. What is the goal of agencies which have promoted birth control?

**Dr. Guerra:** This was *not* a government-sponsored program, and a ministry can't just make inferences as to what was intended. The agencies which promoted birth control sought to reduce Brazil's future population without concerning themselves with the strategic planning of the country's growth, and this, in my view, led to the distortion, which is the large number of women of child-bearing age who have been sterilized.

In the decade of the 1970s prior to the settlement of the Amazon, Brazil's demographic growth coincided with the period in which large highways, such as the Trans-Amazonian and the Cuiba-Santarem, were built. Huge agricultural projects, with multinational participation and gigantic earth-scorching, were begun. Automobile companies devastated the forests to build their ranches. President Collor opposes this. He has stated clearly that he intends to protect the Amazon, without cutting trees, stopping the scorching, discouraging settlement. . . . We don't have a family planning project whose goal is to occupy or not occupy certain territory. Our only concern is to have control over our social problems. In some regions of the Northeast, we have an infant mortality rate of 104 per thousand. In the whole country, it's around 64 per thousand, and the President's goal is to bring it down to 40 per thousand during his term in office.

To do so, we have to greatly reduce infant mortality in the Northeast and deal with families who often have an average of more than 10, sometimes even 20, children; that is, a serious policy of family planning and orientation which allows the family to choose the number of children, without resorting to sterilization. . . .

**EIR:** We see that the Family Welfare Society, Bemfam, is very pleased with its results. Dr. Mario Schiavo, Bemfam's executive secretary, says there are new paradigms for family planning, such as ecology, feminism, and homosexuality, whose purpose is to dissolve the family and its reproductive role. What is your view of this, in moral, religious, and social terms?

**Dr. Guerra:** I would rather not comment on this. I have profound religious convictions, and my views and my practice are well known. Nonetheless, I'm speaking to you as the health minister, who answers to a government policy. Of course, I can't deny that I'm very influential in the formulation of that policy and that I do so in accordance with my ideas and that these are very close to what could be described as Christian thought. I recognize the influence which the Church has exercised on my education and I'm satisfied with that. I don't believe it's either progressive or backward: it is a humanist vision which has been proven true over the past 2,000 years.