

Andean Report by Valerie Rush

IMF plagues descend on Ibero-America

Even World Health Organization director Nakajima blames the International Monetary Fund.

As of April 2, the cholera epidemic in Peru had claimed over 107,000 victims, nearly 800 fatalities, and was showing no signs of abating. Rather, it was spreading to several neighboring countries. "Epidemics and plagues of the Middle Ages are invading us," cried the Peruvian daily *Quehacer* in March. "On top of cholera, we have outbreaks of measles, tuberculosis, and malaria. We are experiencing something that the Pharaoh of Egypt, with his seven plagues, would not envy."

However, unlike the Biblical plagues, the epidemics now sweeping Ibero-America have their origin in the genocidal austerity policies that have been imposed on these impoverished nations in the name of that false icon of the international financial community: free trade. World Health Organization general director Hiroshi Nakajima correctly identified the culprit in statements to the Lima press March 27, when he charged that the cholera epidemic was the result of "economic adjustment policies . . . in compliance with the International Monetary Fund and World Bank . . . [which] do not allow investment in sanitation infrastructure projects."

The Peruvian Episcopate has been sharply critical of the Alberto Fujimori government, which has repeatedly turned the austerity screw in the name of "re-inserting Peru into the international financial community." In an open letter to President Fujimori March 24, the Episcopate warned that cholera is a "disease of poverty," and that it must be fought at the more fun-

damental level of the economy as a whole. "Health is a right," said the letter, "but in Peru it is a luxury, a privilege of the few, totally inaccessible to the immense majority of the population." The letter urged a number of emergency measures be taken, including a drastic lowering of the price of kerosene, so people could have access to fuel for boiling water, cooking food, and carrying out elementary hygienic procedures.

Protesting that it had no intention of involving itself in politics, the Episcopate's letter nonetheless noted that "the vast majority of Peruvians do not even receive a minimum wage. Broad sectors of the population have no water or sewage facilities, no garbage collection, and those who do, get it intermittently and inadequately."

Equally serious is the lack of medical care. In the cholera epicenter of Cajamarca department, a Lima television report March 24 claimed that there were already more than 9,000 cases, and nearly 500 deaths. Cajamarca's main hospital, with a mere 150 beds—50 of those without mattresses!—was besieged with 70 new cholera patients daily. One doctor interviewed predicted that by the end of April the death toll would reach 15-16,000 in Cajamarca.

Not surprisingly, the cholera contagion has not respected geographic borders. The poverty endemic to the entire Andean region makes it a perfect host for the deadly bacillus. According to the Pan American Health Organization, Ecuador officially had more than 600 victims of the disease

as of March 28, and more than a score of deaths, despite the government's refusal to acknowledge the epidemic and declare an emergency.

The Colombian government of César Gaviria has proven more realistic, if equally culpable in its submission to the murderous dictates of the international banks. After detecting about one dozen cases March 28, it immediately declared a national emergency, and placed its entire Pacific coast on "red alert." Since then, the number of suspected cases has risen to 100.

The cholera outbreak in Colombia has thus far centered on the port city of Tumaco, near the Ecuadoran border, whose inhabitants have neither water nor sewage facilities and live, in fact, under such primitive conditions that health ministry officials had to travel by canoe or helicopter to visit cholera victims and verify their numbers.

Health Minister Camilo Gonzalez has admitted that "hygiene is fundamental to preventing cholera, and poverty is not usually conducive to good sanitary habits." He has nonetheless imposed a press blackout, and fired one doctor who told the press that he had sent fecal samples of a suspected cholera victim to the National Health Institute for tests.

One health official told *EIR* that "Colombia is defenseless against cholera," and said that "gastroenteritis and acute diarrheal conditions are . . . the leading cause of death in the population as a whole. The water itself is sick." Less than half the Colombian population has access to potable water. In 1988, the health ministry's municipal development institute (Insfofal), charged with the construction of aqueducts in rural Colombia, was liquidated for budgetary reasons. In 1989, there were more than 1,600 cases of enteritis and acute diarrhea for every 10,000 Colombians.