

## EIR Feature

# Cholera: the price for Ibero-America's political prisoners

by Dennis Small

*The following is a speech delivered on March 16, 1991 to a conference sponsored by the Commission to Investigate Human Rights Violations in the United States held in Arlington, Virginia. The author, the Ibero-American editor of EIR, was a political prisoner in the United States, who recently finished serving two years in federal prison as part of the politically motivated railroad of Lyndon H. LaRouche and six associates. The speech has been slightly edited.*

On February 1 of this year, the first cases of severe diarrhea leading to death from dehydration were reported in the Peruvian coastal city of Chimbote. Five days—and 30 deaths—later, the health minister of Peru, Carlos Vidal, announced that it had been determined that an outbreak of cholera was under way, and called for an immediate declaration of a national health emergency to deal with the situation.

The health minister was properly panicked. Cholera had not been seen in Peru or elsewhere in Ibero-America for over 100 years. It was a disease of a darker past. The last time a cholera epidemic had swept the continent at the end of the nineteenth century, it had left tens of thousands of victims in its wake, and had only petered out when there were none left to infect.

### **A disease of poverty**

Cholera is an infectious bacterial disease that can cause severe diarrhea, which, if untreated, can lead to dehydration and death within hours, especially in children. The bacteria are primarily spread in feces, and therefore thrive in areas lacking in sewage, clean water, or sanitation—in other words, cholera is a water-borne disease. And it strikes particularly hard in populations which are susceptible due to poor nutrition and low epidemiological resistance. In a word, cholera is a disease of poverty, *par excellence*.

As Reuters news service matter-of-factly put it: “Peru is infamous for poor hygiene, with raw sewage gushing into the ocean and rivers that are used for



Unicef/Antonio Martinez

*As of mid-March, the cholera epidemic in Peru had struck 65,000, with reported deaths of 400. Cholera is a water-borne disease that will ravage countries too poor to provide running water and sewage treatment, as Peru has become under IMF dictatorship. Here, women and children are shown receiving packets of oral rehydration salts, which reverses the effects of diarrheal dehydration from cholera, but does not prevent it, or its recurrence.*

drinking water. Scientists say there is no reason anyone should die from the disease, because it can always be effectively countered by drinking fluids.”

Yet as of this date, nearly 400 people have already died of the cholera epidemic in Peru, and there are over 65,000 reported cases. Despite these facts, Peruvian Finance Minister Hurtado Miller went on television barely hours after the health minister’s urgent plea, and pronounced: “No state of emergency will be declared, because that would demand extraordinary expenditures, which are not now needed.” The finance minister was acting on the policy instructions of the International Monetary Fund and Peru’s creditor banks, and according to the dictates of Bush’s new world order.

Why did cholera strike Peru? What is the cause?

### **Political leaders jailed**

To properly answer that question, we must turn our attention back two years earlier, to late 1988, and to a different kind of wave which began to sweep across Ibero-America at that time. It was a wave of arrests of the political leaders of the continent who were opposed to the IMF policies which have led to the cholera outbreak. It began with the conviction of my co-defendant, Lyndon LaRouche—and, yes, I include Mr. LaRouche as a political leader of Ibero-America because his policy alternatives to IMF genocide are among the most prominent in that continent, and because he is viewed as such a leader by the patriots of Ibero-America themselves. In addition to LaRouche, the other key Ibero-American patriots

who were jailed in the last two years include Mexican oil workers leader Joaquín Hernández Galicia; Panama’s Gen. Manuel Antonio Noriega; and Argentina’s hero of the Malvinas War, Col. Mohamed Alí Seineldín.

These four individuals were jailed for political reasons, in order to clear the way for the implementation of George Bush’s new world order. They refused to submit to the Anglo-American Establishment policy of the extermination of billions of people, especially in the Third World, and the elimination of any memory of what today we call national sovereignty. Those individuals who resist, and also those institutions in the way of this genocide, such as the armed forces and the Catholic Church in Ibero-America, are to be eliminated. Those who do not resist are also to be eliminated.

Iraq demonstrated that policy in spades. The nation was leveled—not because of what Saddam Hussein did, but because of what Bush intended to do, regardless of Saddam Hussein’s actions. Peru is now slated for the same treatment, not necessarily with over 100,000 bombing sorties, but with an equally effective weapon of war: the policies of the International Monetary Fund.

That this is the deliberate intent of the Anglo-American Establishment should not be doubted for a moment. Malthus said it over 200 years ago, and I quote from his 1798 book *Essay on the Principle of Population*:

“All children who are born, beyond what would be required to keep up the population to a desired level, must necessarily perish, unless room be made for them by the

death of grown persons. . . . We should facilitate, instead of foolishly and vainly endeavoring to impede, the operations of nature in producing this mortality; and if we dread the too frequent visitation of the horrid form of famine, we should sedulously encourage the other forms of destruction, which we compel nature to use.

“Instead of recommending cleanliness to the poor, we should encourage contrary habits. In our towns we should make the streets narrower, crowd more people into the houses, and court the return of the plague. In the country, we should build our villages near stagnant pools, and particularly encourage settlement in all marshy and unwholesome situations.”

Recall this quote. I will return to it.

This policy was not forgotten after Malthus. Malthus was a spokesman for the British East India Company, the leadership of Anglo-colonialism of the time, which today is represented by Bush’s new world order, the modern form of Anglo-American imperialism. The policy was bluntly restated in the 1950s by a man whom LaRouche distinguished by referring to him as perhaps the most evil man of the twentieth century: Bertrand Lord Russell. Russell, following directly in Malthus’s footsteps, wrote a pamphlet in 1951 entitled “The Impact of Science on Society.” In it he said:

“The increase of population [should] be enormously diminished. . . . War so far has not had a very great effect on this increase. . . . War . . . has hitherto been disappointing in this respect. . . . But perhaps, bacteriological war may prove more effective. If a black death could spread throughout the world once every generation, the survivors could procreate freely without making the world too full. . . . The state of affairs might be somewhat unpleasant, but what of it? Really high-minded people are indifferent to happiness, especially other people’s.”

So do not doubt that the genocidal consequences of Bush’s new world order are deliberate.

I will now present a series of graphics which are intended to underline three simple points:

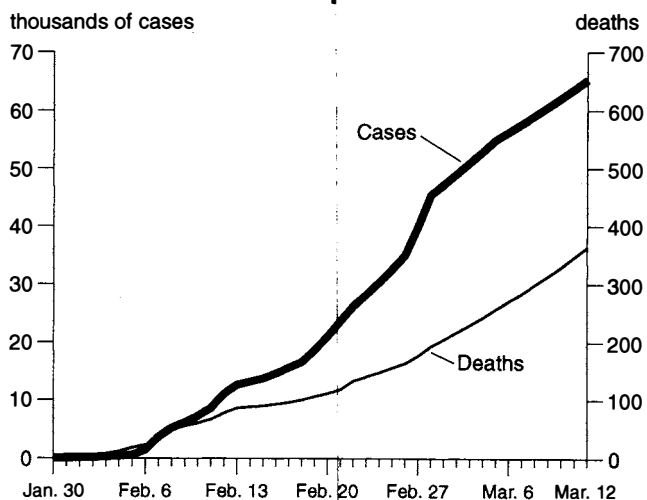
- 1) the extent and actual causes of the current cholera epidemic in Peru and Ibero-America;
- 2) that this policy is a deliberate one and that it is the content of Bush’s new world order; and
- 3) the solutions proposed by Mr. LaRouche to this policy of genocide.

### Cholera wave threatens the continent

Figure 1 shows the number of cases of cholera that have occurred in Peru since Feb. 1 of this year, up through mid-March. The official number of cases of the disease has risen very rapidly, in fact exponentially, over this period. Today, there are over 65,000 cases in Peru—that is, people showing the symptomology of the disease, people who are actually sick from cholera at this time. The official number of deaths is 363. Beyond this, it is usually estimated that there are anywhere

FIGURE 1

### Cholera outbreak sweeps Peru



Source: Ministry of Health, Peru.

from four to ten or more individuals *infected* with the cholera bacteria for every one who shows symptoms, i.e., for every case. All of those infected—which could already be as high as a million in Peru—are fully contagious and capable of transmitting the disease, even if they themselves are not sick.

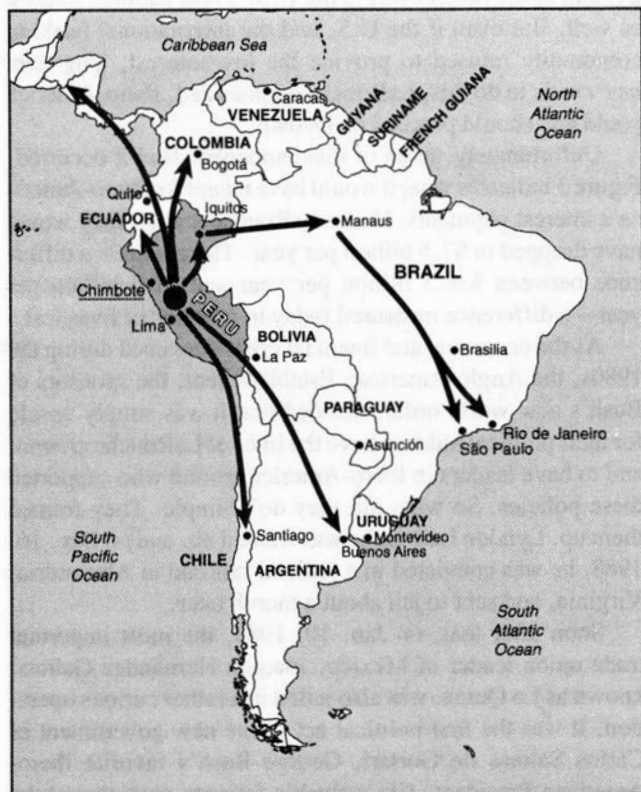
The disease was first detected around Feb. 1, and by Feb. 6 health authorities were able to positively identify it as cholera. The health minister then called for a state of emergency but, as I mentioned, the finance minister refused to adopt such measures. By then, there were already 30 deaths, with 438 cases reported. Within a week, by approximately Feb. 12, the disease had jumped over Peru’s northern border into Ecuador, at which point most of the nations of Ibero-America announced emergency measures to try to stop the spread of cholera into their countries which is not an easy thing to do.

On Feb. 16, the head of the Cholera Laboratory at the prestigious Pasteur Institute of France, Mr. André Dodin, stated, “In a few weeks the cholera epidemic sweeping Peru will cross the Andes, and in a matter of months it will appear on the Atlantic coast of Brazil.”

Eleven days later, cholera had indeed crossed the Andes and appeared in the Peruvian jungle town of Iquitos (see Figure 2). As the map shows, the disease first appeared in Chimbote, and then spread to the rest of Peru. Once in Iquitos, which is a port on the Amazon River, it is a short hop down river to Manaus in Brazil. Most of this jungle area is controlled by drug runners, and there is no sanitation. From Manaus, it is expected that cholera will quickly spread into the populous cities of the Atlantic coast of Brazil—São Paulo, Rio de Janeiro, etc. As the map indicates, the disease has also either already spread, or is expected to spread immi-

FIGURE 2

## Cholera is spreading rapidly throughout South America



EIRNS/John Sigerson

nently, to Ecuador, Argentina, Colombia, and Central America. I heard on the radio this morning that the first cases of cholera have already appeared in Chile as well.

While all of this was going on in mid-February, a rather remarkable thing happened in Peru. The President of Peru, Alberto Fujimori, on Feb. 26, at a time when there were already 165 deaths and 35,000 cases, publicly contradicted the statements of his own Health Ministry and of every leading international medical authority, all of whom had warned the Peruvian population not to consume raw fish, in the form of *ceviche*, which is a virtual staple in the Peruvian diet, since it was clearly a major form of cholera transmission. The educational campaign had been effective: Sales of *ceviche* had dropped by virtually 100% at that point. But President Fujimori, concerned about the impact of this on the Peruvian fishing industry, and on its ability to generate foreign exchange with which to pay the foreign debt, went on national television in Peru eating raw fish, and telling the population that it was perfectly safe to consume it. But he didn't bother to tell people that the fish he was consuming had been caught on the high seas and not in the coastal waters, which are indeed infected with cholera bacteria, due to the effluent of

the rivers in Lima and so on. And as a result of this, there was a second outbreak of cholera which was a direct result of the President's actions. This can be seen in Figure 1, which shows a sharp increase in the number of cases in late February. Within a few days of Fujimori's TV appearance, the number of cases had risen from 35,000 to 45,000—10,000 new cases! There was simultaneously a second wave of cholera which broke out in Chimbote, and at that point about 20 cases appeared in Ecuador as well.

The latest figures, as I said, are of about 65,000 cases, and 363 deaths. International authorities view this as a likely understatement of the reality of the situation. According to a German medical authority, Dr. Ehlen, there may be as many as three times that many cases. There may be not 363 dead, but 1,000 dead. Yet even this is small compared to what will actually occur over the coming months

## Thank the IMF

Why did cholera break out in Peru? Cholera is a disease of poverty. Where does poverty come from? Well, if you are looking at poverty, it is a very good starting place to look at the International Monetary Fund and what it has done to the nations of Ibero-America.

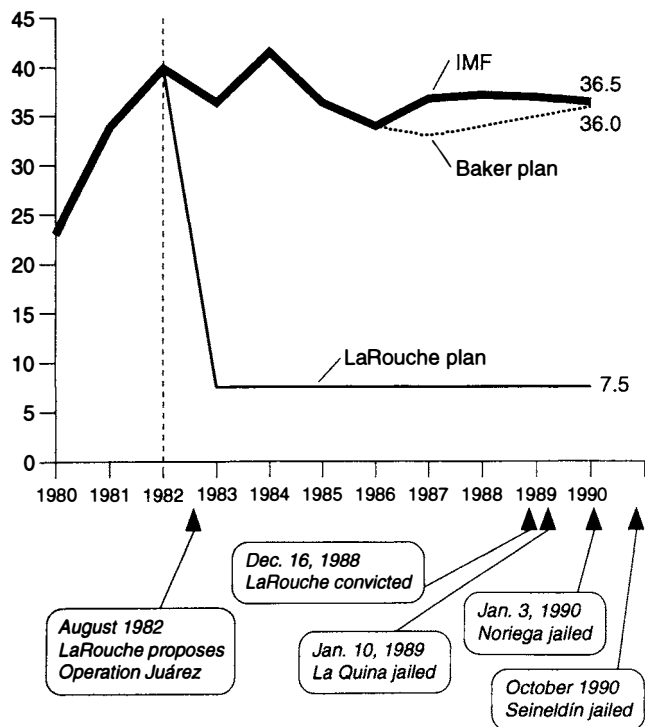
Figure 3 shows how the foreign debt of the nations of Ibero-America has been used as a mechanism to loot these countries. The top line, labeled "IMF," represents the actual interest payments due, year by year. In 1990, it stood at \$36.5 billion. Now, paying these usurious levels of debt service out of the existing income of these countries, requires literally starving their populations: Ibero-America has been forced to export everything that isn't nailed down; to destroy every development project that anyone had ever hoped for in these countries, including water treatment and other urban sanitation projects so necessary to stopping cholera and other diseases; and to reduce the standard of living and in particular the nutritional levels of the populations. All of this has been done in order to pay off the foreign debt.

The second line in Figure 3, labeled "Baker Plan," is what we projected back in 1986 that the interest payments would be under what was then called the Baker Plan. Baker at the time was the U.S. treasury secretary. Now he is secretary of state. It's hard to say which is worse, especially since his replacement at Treasury, Nicholas Brady, is a Bush clone. Not surprisingly, the payments actually due under the IMF policies in effect today, have matched almost exactly what we projected they would be under the Baker Plan back in 1986.

However, back in 1982, Lyndon LaRouche issued an economic policy statement after a visit to Mexico, where he met with then-President José López Portillo. Many of you are familiar with this published proposal, called *Operation Juárez*, in which LaRouche called on the nations of Ibero-America to take three simple steps to solve the debt crisis.

First, don't pay your foreign debt, as such an attempt is going to kill you, LaRouche told them. It is more important

FIGURE 3  
**Ibero-America: annual interest due**  
 (billions \$)



Sources: World Bank; Schiller Institute.

to maintain the livelihood and the existence of the population than it is to maintain usurious debt payments to the banks. And you can't do both; you have to prioritize, using a moral concept of economics. LaRouche explained that such a moratorium on debt payments would allow their economies to develop, as opposed to what has happened under IMF policies. He specifically suggested that Ibero-America not pay its foreign debt by forming a debtors' cartel, or a debtors' club, which jointly would have sufficient power to tell the banks where to get off.

Secondly, LaRouche urged that an Ibero-American common market be formed. The nations of Ibero-America, taken as a whole, have the potential to become an economic superpower. The continent is virtually self-sufficient in food, in energy resources, in basic raw materials, and even in middle-level capital goods and technological capabilities, although not at an advanced level. Therefore, if you establish a common market, and if you use your resources for high-technology industrial development, rather than for debt service, and if you launch great infrastructure development projects, *especially water development projects*—precisely the sort of projects which would have made the spread of cholera impossible—you then will be able to achieve rates of real physical economic

growth of 8-10% per year, over a period of decades.

The third point of *Operation Juárez* was that such an Ibero-American common market would constitute a booming new market for the export of U.S. capital goods and technology, and so the project was in the U.S.'s best national interest as well. But even if the U.S. and the international banking community refused to provide the low-interest, long-term *new credit* to do this, LaRouche emphasized, Ibero-America could and should proceed on its own.

Unfortunately, none of this happened. Had it occurred, Figure 3 indicates what it would have meant for Ibero-America's interest payments: Under LaRouche's plan, they would have dropped to \$7.5 billion per year. There's quite a difference between \$36.5 billion per year and \$7.5 billion per year—a difference measured today in millions of lives lost.

As the economic and financial crisis deepened during the 1980s, the Anglo-American Establishment, the sponsors of Bush's new world order, decided that it was simply unsafe for their political hides to have the likes of LaRouche around, and to have leaders in Ibero-America around who supported these policies. So what did they do? Simple. They framed them up. Lyndon LaRouche was framed up, and on Dec. 16, 1988, he was convicted in a judicial railroad in Alexandria, Virginia, and sent to jail about a month later.

Soon after that, on Jan. 10, 1989, the most important trade union leader of Mexico, Joaquín Hernández Galicia, known as La Quina, was also jailed in a rather curious operation. It was the first political act of the new government of Carlos Salinas de Gortari, George Bush's favorite Ibero-American President. (He's Bush's favorite even though he was trained at Harvard. Bush would have preferred Yale, but he apparently decided Harvard was okay too. Harvard also educates malthusian genocidalists.) So Salinas, as his first act of government, had the police and the Army of Mexico raid the house of La Quina . . . for what they thought was his house. They planted weapons there, in order to accuse him of "premeditated murder." However, they made a slight mistake, because they first planted the weapons in the house next door, which was his daughter's house, and then had to move them next door. La Quina was in the shower when they finally raided his house—not exactly "premeditated murder."

But since when has truth gotten in the way of a good, old political frameup? It didn't in the case of LaRouche, nor did it in the case of La Quina, and he too was sent to jail, for "premeditated murder," among other charges.

Had La Quina and other anti-IMF leaders of the Mexican trade union movement not been jailed back in 1989, I can fairly well assure you that Mexico would not have played the servile role that it played in the recent Gulf war, faithfully providing oil to the Bush war machine. This is what Bush wanted, and La Quina was in the way. So they framed him up.

A similar thing happened a year later on Jan. 19, 1990, with Gen. Manuel Antonio Noriega, the head of the Panama-

nian Defense Forces. Noriega didn't like Bush's emerging new world order either, especially the drugs-for-weapons Iran-Contra deal which Bush, Adm. John Poindexter, and Col. Oliver North were demanding that he support. Noriega was also fairly active in defending President Alan García of Peru, who at the time was standing up to the IMF. Furthermore, Noriega was very much a defender of the role of the armed forces in preserving national sovereignty, which in the case of Panama meant the defense of the Panama Canal Treaties.

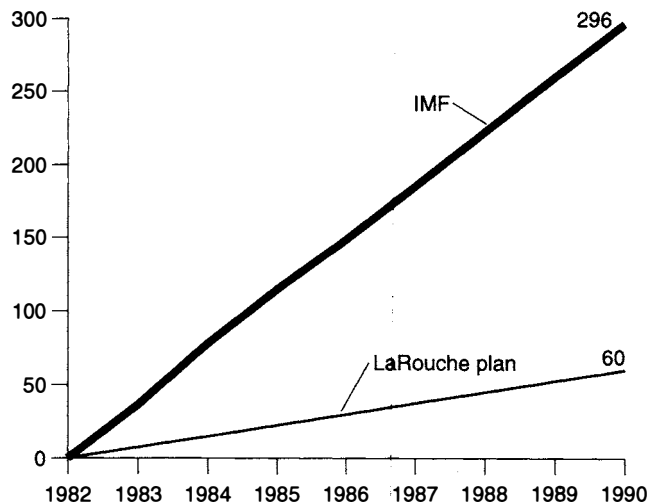
So what did Bush do? Simple. He framed Noriega! And if you have to launch a small invasion, why not? And the fact that 4,000-7,000 innocent Panamanian civilians were butchered, with the acquiescence of the majority of the American population, who looked on impassively, no problem. Bush thought it a small price to pay. So what, that it was an assault on our own conscience and morality as a nation, as well as on the Panamanian people? And so it was done.

In October 1990, the fourth major Ibero-American political prisoner, Col. Mohamed Alí Seineldín, was jailed. Actually, he had been briefly jailed before that, earlier in 1990, for issuing a statement against the Panamanian invasion. That was deemed improper by the oh-so-democratic President Carlos Menem government of Argentina, so they jailed him for a couple of weeks. But Colonel Seineldín continued to speak out in defense of his country, in defense of its Armed Forces, and against the policies of the IMF, which were destroying both. So Seineldín was arrested again in October 1990, for writing an open letter to Menem warning him of the dangers ahead if these policies were pursued. A few months later, on Dec. 3, 1990, there was a military rebellion to protest the ongoing dismantling of the Argentine military. Menem blamed Colonel Seineldín for it, and he has just been sentenced to prison by a military tribunal for 20 years to life.

Figure 4 gives a cumulative picture of the looting of Ibero-America which has occurred because LaRouche's policies have not been implemented. From 1982, when LaRouche issued his *Operation Juárez* proposal, through 1990, \$296 billion in interest has been paid out by the nations of Ibero-America. Had LaRouche's plan been implemented, only \$60 billion in debt service would have been paid. The difference is \$236 billion in net debt looting. On top of this, a conservatively estimated \$150 billion has fled Ibero-America through capital flight during this same period—thanks to the IMF's insistence that there be no foreign exchange controls—for a grand total of \$386 billion over an eight-year period. This is \$386 billion of looted wealth, \$386 billion that could have—and would have, under a LaRouche policy—gone into the development of these nations' infrastructure, and to stopping the outbreak of diseases such as cholera, which are now sweeping the continent.

Throughout this period, the LaRouche movement warned about the dangers of these policies, warned that they would

FIGURE 4  
**Ibero-America: cumulative interest due**  
(billions \$)



Sources: World Bank; Schiller Institute.

unleash an ecological holocaust of untold proportions. For example, in 1974, a task force commissioned by LaRouche publicly warned that a global biological holocaust would ensue as a result of IMF policies. In 1985, that report was updated, the warning renewed, and the alternatives once again presented. The Aug. 1, 1989 issue of the Spanish-language version of *EIR, Resumen Ejecutivo*, is typical of our publications throughout this period: "The IMF brings epidemics and hunger to Ibero-America," reads the cover headline. This was not crystal ball gazing. It was the foreseeable consequence of IMF policies, policies dictated and outlined hundreds of years ago by Malthus et al., and reiterated in this century by the likes of Bertrand Russell, and implemented today by George Bush.

Did the creditor banks and the IMF know that their debt collection policies would lead to these genocidal results? Emphatically, yes. The chairman of Citibank, John Reed, in a July 1990 visit to Brazil, had the following to say: "If you look at a map of the world economy, you will see that there are countries that are disappearing. Where did Burma end up? After the war Burma disappeared. It was a rich country, like Brazil. Peru and Bolivia will disappear."

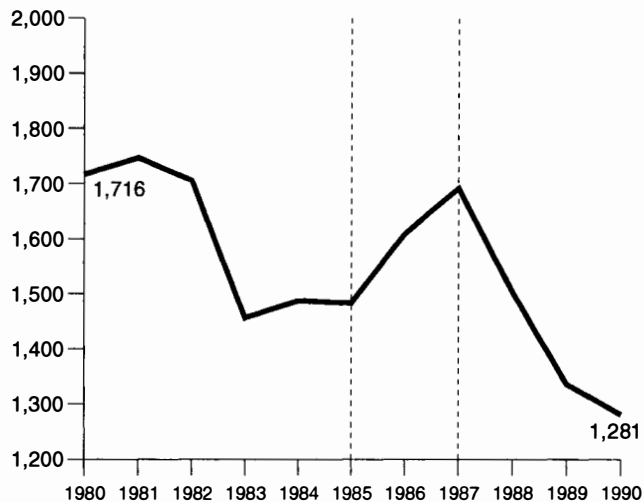
More than a banker's prediction, this is a statement of intent. For Peru today is indeed disappearing as a sovereign nation.

### The causes of cholera in Peru

As we look at the case of Peru, one can see very concretely where today's cholera came from. Figure 5 shows Peru's Gross National Product (GNP) per capita over the last de-



FIGURE 5  
**Peruvian GNP per capita collapses**  
 (1988 \$)



Source: Inter-American Development Bank.

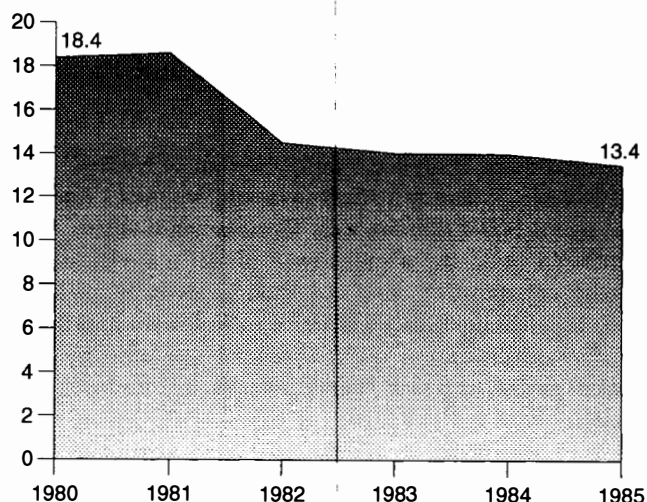
cade—in other words, how much overall production is produced per year per Peruvian. Already in 1980, things were at a pretty bad level of \$1,716 per capita. From that time until today, GNP per capita dropped pretty much steadily, with the one exception being the 1985-87 period, the first two years of the Alan García government. What García did during these two years was simple: He told the IMF and the creditor banks that Peru would pay them only 10% of its foreign exchange earnings from exports, far less than what was then being demanded by the creditors. If Peru pays the full amount, García explained, the Peruvian people will die of hunger and disease, and we are not going to do that. Therefore, one sees a brief increase of GNP per capita during the first two years of his government. But after that, García capitulated to the international bankers and to the drug bankers in particular. And the consequences can be seen: GNP per capita plummeted again after 1987. Today it is at \$1,281 per capita, a 25% drop from the already miserable levels of 1980.

How is this reflected in the health area? **Figure 6** shows Peruvian government health expenditures per capita, which declined substantially (about 25%) between 1980 and 1985. Although more recent statistics were unavailable, it is likely that the descent has continued over the most recent five years.

Such direct expenditures by the government obviously impact the health situation of the population directly, but of even greater importance is the question of urban infrastructure, especially the supply of adequate clean water and sanitation. And in this regard, things look even worse.

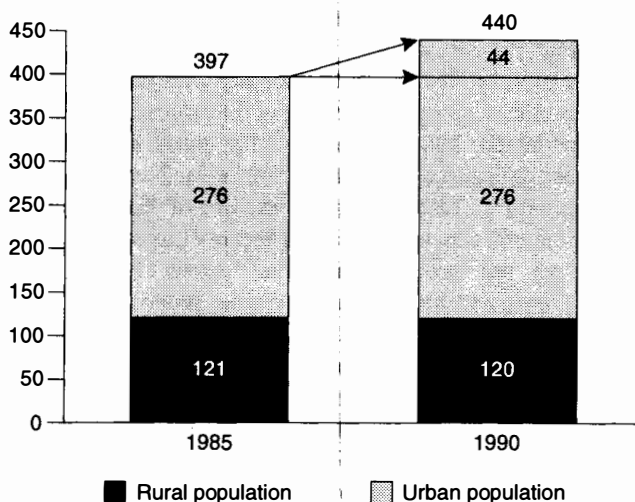
**Figure 7** shows what has happened between 1985 and 1990 to the urban population of Ibero-America. The total

FIGURE 6  
**Peruvian government cuts health expenditures**  
 (1988 \$ per capita)



Source: Inter-American Development Bank.

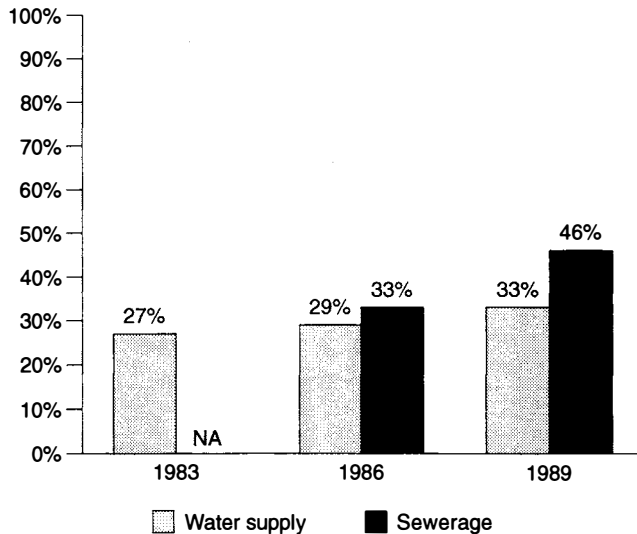
FIGURE 7  
**Ibero-American population growing in urban areas**  
 (millions of people)



Source: World Bank.

population increased from 397 million in 1985 to 440 million in 1990, but the rural portion of that population, those living in the countryside, has been stagnant. Actually, it dropped from 121 to 120 million in that five-year period. So the entire population increase, 44 million people, went into Ibero-

FIGURE 8  
**Peru's cities lack basic water services**  
 (percent of total population without water or sewage)



Sources: World Bank; World Health Organization; ECLAC; SENAPAL.

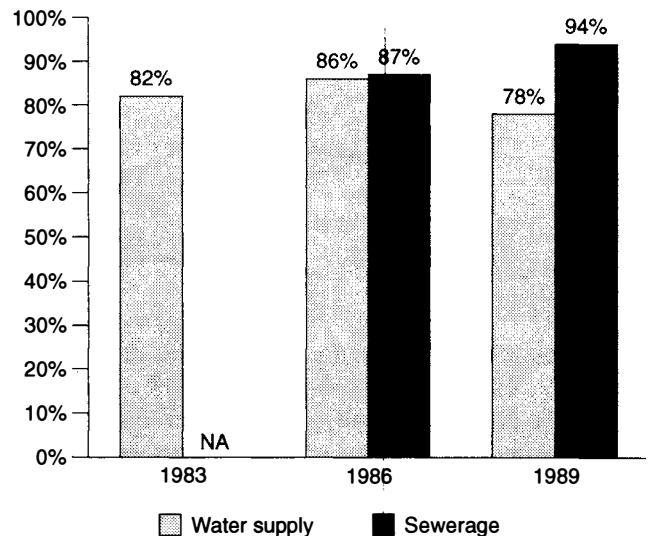
America's cities. But during this same period of time, virtually no new housing was built for these new urban dwellers. No new sewer systems were built. No new potable water treatment plants were constructed. No new health expenditures were made. If anything, the entire urban infrastructure collapsed in absolute terms between 1985 and 1990. So you have 44 million new people in the cities with a stagnant or collapsing level of services. What do you think happens under these circumstances?

In Brazil—possibly the next Ibero-American country to be swept with the cholera epidemic—the urban population rose by more than 17 million from 1985 to 1990. By and large, they moved into the *favelas*, or Brazilian shantytowns. And in Peru, the urban population rose from 13.3 million in 1985 to 15.7 million in 1990, an increase of 2.4 million new Peruvians in the cities.

What did this mean for Peru? **Figure 8** shows that a growing proportion of Peru's urban population has been left without water services, both potable water supply and sewerage. By 1989, a third of those living in cities did not have potable water, and nearly half (46%) didn't have sewerage. Is it any wonder why there is cholera?

**Figure 9** looks at the same categories for the rural population. If you think the cities are bad, take a look at the countryside. Today 94% of Peruvians living in the countryside have no sewerage, and 78% do not have potable water. And in both the cities and the countryside the situation has been getting worse over the years, not better, thanks to the International Monetary Fund malthusians.

FIGURE 9  
**Peru's countryside has almost no water services**  
 (percent of total population without water or sewage)



Sources: World Bank; World Health Organization; ECLAC; SENAPAL.

But the reality of the situation is probably even worse than these dismal official figures indicate. Experts in the field consulted by *EIR* admit as much, off the record. For example, a top water resource engineer at a multinational institution in Washington, D.C. told an *EIR* researcher who was calling for data regarding water services:

"You won't find such statistics. They don't exist, and what does exist you won't find. I participated in a study in Colombia that you cannot get, and I cannot tell you about, that showed that the condition of drinking water was very poor. There was another study done in Mexico that you also won't be able to get. The starting presumption was that about 70% of Mexico's drinking water was unsanitary, and the results of the study showed it to be much worse than that. . . ."

"In general, the rivers are open sewers. In Peru, this same river-sewage water is then used for irrigation. In Lima, a large amount of sewage is dumped out on the beach. . . ."

"When the water pressure in the pipes drops, there is back seepage of water that is heavily infested with sewage water. And as for sewage treatment, under 10% of sewage is treated."

### Lima, the new Baghdad

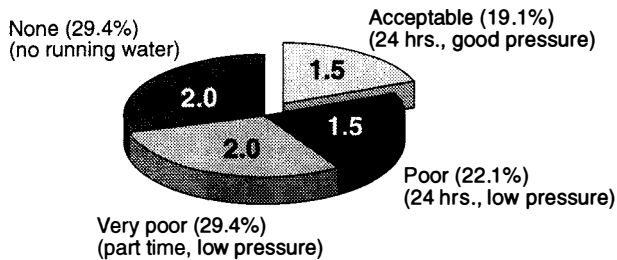
A detailed look at the water supply situation in Lima, Peru's capital, confirms this expert's evaluation.

For starters, Lima has precious little water of any sort. In fact, the entire Pacific coastal strip of Peru, where most of the population lives, is a virtual desert, as 98% of the coun-



FIGURE 10

**Abysmal quality of water services in Lima**  
(millions of users, and % of total)



Sources: SENAPAL; Engineering Society of Peru.

try's water runoff goes into the Amazon basin on the eastern side of the Andes mountain range, and only 2% comes down the Pacific side. Additionally, it almost never rains in this coastal strip, because of the weather patterns set by the famous El Niño Pacific Ocean current.

So Lima gets most of its water (over 60%) from the Rimac River, which runs right through the middle of the city, and is horribly polluted. As Figure 10 indicates, the remainder of Lima's water comes from a large number of underground wells, perhaps a third of which are dysfunctional at this time. Thus, in 1990, Lima's total potential water supply amounted to a mere 17.3 cubic meters per second. As for treatment to make it potable, a certain amount of the well water is chlorinated (but not all of it), and some water from the river (about 40% of the flow) is treated at the Atarjea I and Atarjea II water treatment plants.

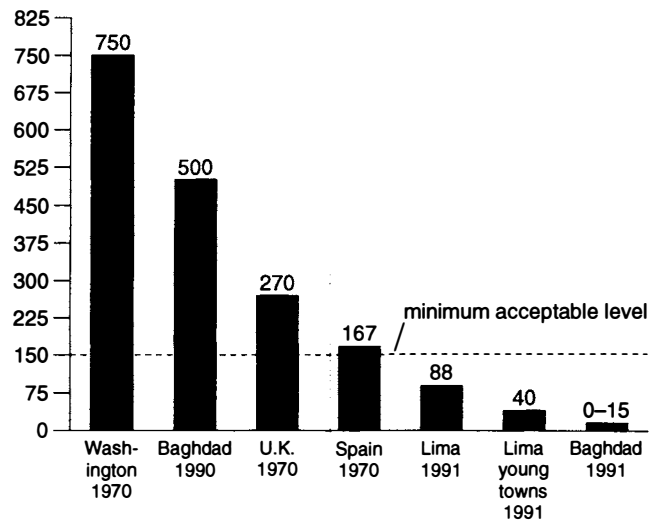
Who gets the water in Lima? Lima's current total population is in dispute. Some say it is 6.8 million; others insist that it has risen to 8 million by now. We have chosen the lower figure in order to be conservative in our conclusions. Of this total, only 1.3 million, or 19%, have acceptable water services, where "acceptable" is defined as having residential water supply 24 hours a day, with adequate water pressure. The rest of the Lima population, 81%, does not have adequate water services today. Some have water only part of the day; some have inadequate water pressure (which is a major health hazard, as explained above); and some, about 2 million Lima residents, have no water supply whatsoever. These are principally the residents of Lima's impoverished shantytowns or "Pueblos Jóvenes" ("Young Towns"), as they are known in Peru. These are the 2 million most immediately susceptible to the spread of the cholera epidemic, since they are forced to take their daily water from public troughs, open cisterns, and the super-polluted Rimac River itself.

Figure 11 tells the shocking story of just how bad Lima's potable water supply is, compared to the rest of the world. The bar diagram indicates the amount of available potable water in various countries, with the horizontal line marking

FIGURE 11

**Availability of potable water in Lima is below minimum standards**

(liters per capita per day)



Sources: SENAPAL; Engineering Society of Peru; UNICEF; *Water Resources of the World*, World Information Center, 1975.

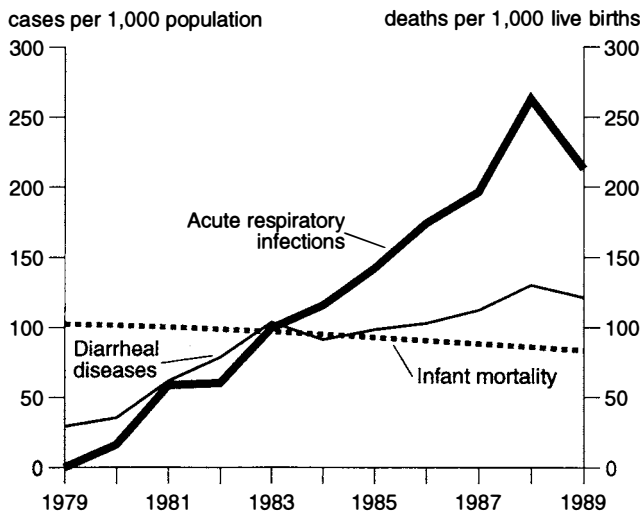
the minimum acceptable level of 150 liters per capita per day, as defined by standard engineering norms. Lima today has about 88 liters per capita per day available for its population. And in the shantytowns, Lima's "Young Towns," the average per capita consumption of water is about 40 liters per day—which is barely a quarter of the minimum acceptable level.

Compare this to the 750 liters per capita per day, which Washington, D.C. had in 1970. Before Bush's genocidal Gulf war, in 1990, Baghdad, Iraq had a respectable level of 500 liters per capita per day. Do you want to know where Baghdad stands today, after George Bush bombed every water treatment plant to smithereens and after he destroyed every energy plant in the country, since they were clearly "military targets"? According to UNICEF, Baghdad today has somewhere between zero and 15 liters of potable water available per capita (see page 47). These are genocidal levels, levels which guarantee the unrestrained spread of cholera and numerous other deadly epidemics throughout Iraq. Yet Lima's level, especially in the "Young Towns," is hardly any better. They, too, guarantee the uncontrolled spread of cholera and other deadly epidemics.

The fact is that Baghdad and Lima are both the victims of the same new world order policy of the malthusians. This policy is being implemented with slightly different methods and measures in the two cases, but it is designed to produce the same results. In the one case, it has been achieved via bombing sorties. In the other case, it is occurring through the

FIGURE 12

**Growth in communicable diseases in Peru belies purported drop in infant mortality**



Source: Ministry of Health, Peru.

policies of the International Monetary Fund. In both cases, it is a policy being forced through by George Bush. In both cases, the malthusian objective is to depopulate, and to eliminate the sovereignty of, the nations of the Third World in particular. It is this that produces the spread of diseases like cholera.

**Disease or development**

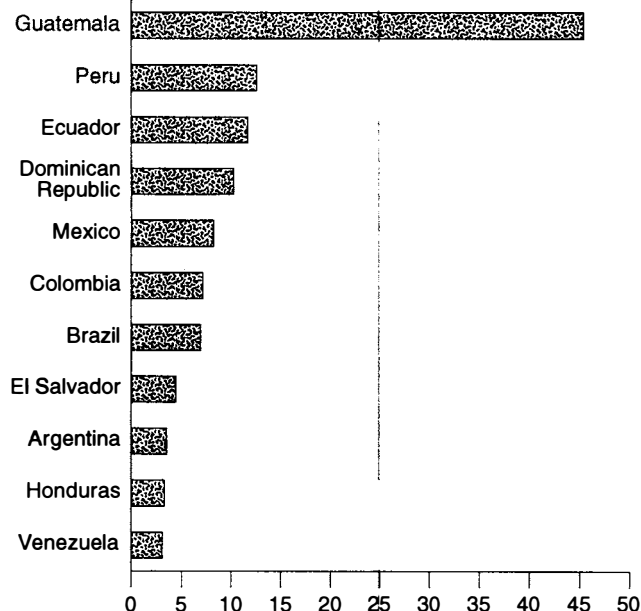
This water supply catastrophe is directly reflected in a worsening disease and public health situation in Peru. **Figure 12** shows that the official infant mortality rate has dropped from 103 per 1,000 live births in 1979, to “only” 83 in 1989 (it is about 10 in the United States). Yet this decline, which would seem to indicate a slight improvement in this parameter, makes no sense in light of the rest of the statistical picture. Look at what is happening to acute respiratory infections, and to diarrheal diseases, according to the Peruvian health ministry’s own statistics: They are zooming up. These are among the principal causes of infant deaths, so it is highly unlikely that the infant mortality rate is really dropping.

**Figures 13 and 14** compare Peru to other Ibero-American countries in terms of deaths from nutritional and diarrheal diseases. What they show is that, outside of the horrendous and shocking situation in Guatemala (on both counts), Peru is among the worst of the Ibero-American nations in these key health parameters. But they also show that Peru is not that much worse than the rest of Ibero-America. Or, to state the same point negatively, the rest of Ibero-America is following closely behind Peru in the destruction of its crucial health and nutritional parameters . . . and is almost as vulner-

FIGURE 13

**Deaths from nutritional diseases**

(per 1,000 population in 1986)

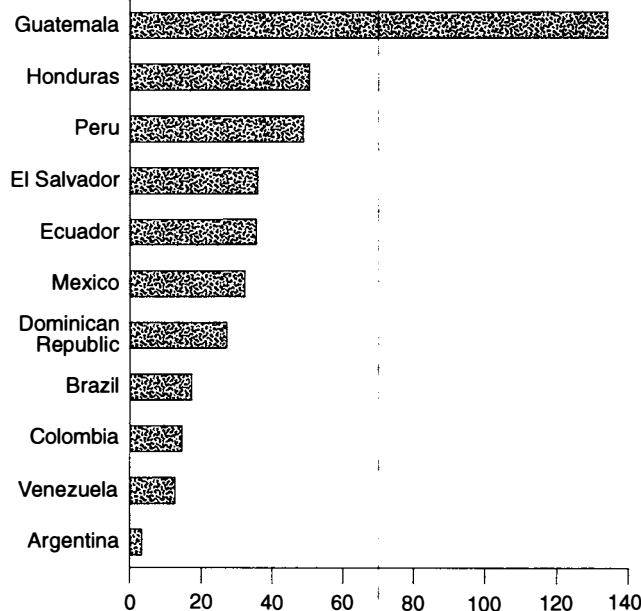


Source: PAHO.

FIGURE 14

**Deaths from diarrheal diseases**

(per 100,000 population in 1986)



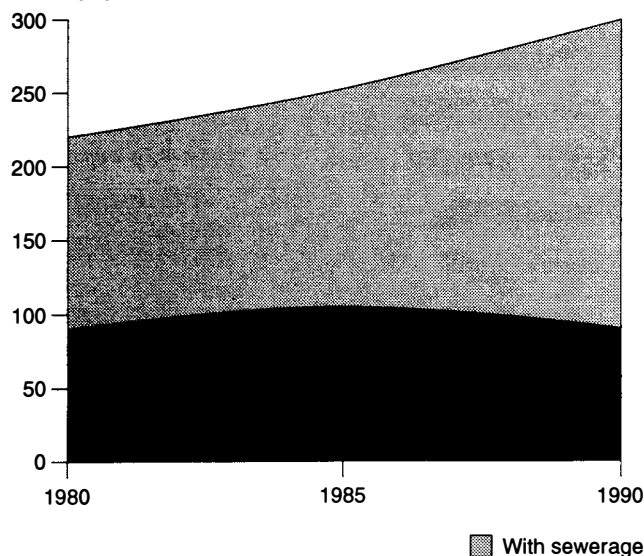
Source: PAHO.

FIGURE 15

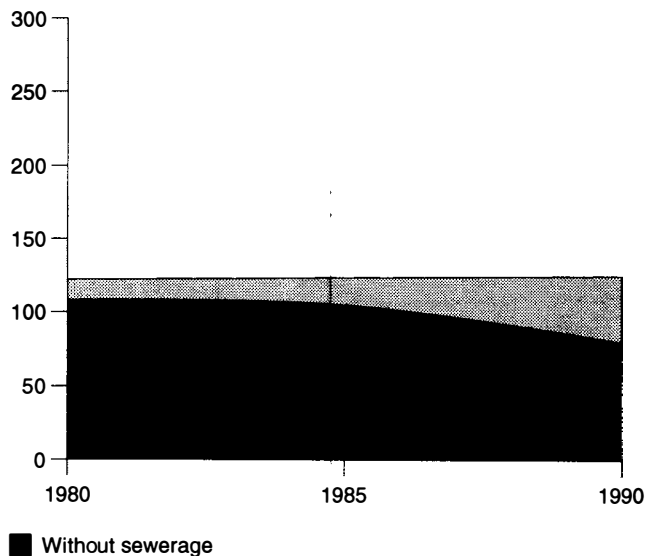
## Population served by sewerage in 26 Ibero-American and Caribbean countries

(millions)

### Urban population:



### Rural population:



Source: PAHO.

able to the spread of the cholera epidemic as Peru.

Just how vulnerable is Ibero-America as a whole? How many people are in the pool of susceptible victims? **Figure 15** shows the breakdown in the urban and rural populations of the whole continent between those served, and those not served, by basic sewerage. The lower, darker area under the curve, is those who do not have sewerage—which in urban areas today totals nearly 100 million people, and in rural areas totals about 90 million. In other words, over 40% of the total population of Ibero-America lacks this elementary water service, and the same pattern holds true for other critical parameters.

These 190 million or so are cholera's target victims. They are the population whose heads are on the chopping block, the ones who are slated for the same treatment that Iraq got at the hands of George Bush. This is the significance of the outbreak of cholera in Peru. This is the meaning of the ecological holocaust being triggered by the policies of the International Monetary Fund. This is the concrete result, in human lives, of framing up and jailing the Ibero-American leaders who have championed the battle against these malthusian policies.

It is no exaggeration to say that if LaRouche were free and if his policies were implemented in the case of Ibero-America, if Noriega were out of jail, if Seineldín were free, and if La Quina were not in jail, then this level of genocide would not be occurring. But that, of course, is precisely the

reason that they *were* jailed, so that Bush et al. would be able to implement these malthusian policies, virtually without resistance.

In conclusion, I want to return to the quote from Malthus that I cited at the outset, because in it, Malthus not only calls for active and deliberate genocide through biological and health warfare, but he also goes on to talk about what should be done to those who, like LaRouche today, oppose such policies:

"All children who are born, beyond what would be required to keep up the population to a desired level, must necessarily perish, unless room be made for them by the death of grown persons. . . . We should facilitate, instead of foolishly and vainly endeavoring to impede, the operations of nature in producing this mortality; and if we dread the too frequent visitation of the horrid form of famine, we should sedulously encourage the other forms of destruction, which we compel nature to use.

"Instead of recommending cleanliness to the poor, we should encourage contrary habits. In our towns we should make the streets narrower, crowd more people into the houses, and court the return of the plague. In the country, we should build our villages near stagnant pools, and particularly encourage settlement in all marshy and unwholesome situations. *But above all, we should reprobate specific remedies for ravaging diseases and restrain those benevolent, but much mistaken men who have thought they are doing a service to mankind by protecting schemes for the total extirpa-*

tion of particular disorders" (emphasis added).

Those "benevolent but much mistaken men" who Malthus would "restrain," are the hope of mankind. And it is our

task—those of us in jail, and those of us now free, whatever our particular circumstance might be—to carry that battle forward and see it through to victory.

## Cholera epidemics, symptoms, and cure

Cholera is an acute, sometimes explosive, diarrheal disease caused by a toxin produced by *Vibrio cholerae* in the small intestine. It generally occurs in epidemics and may cause a rapid massive fluid loss from the gut, with extreme salt depletion, acidosis, and shock.

*V. cholerae* is a short, slightly curved, rod-shaped, bacterium that moves rapidly by a single, whip-like structure called a flagellum.

The common delta of the Ganges and Brahmaputra rivers of India and Bangladesh was a known focus of cholera since the sixteenth century. Until the nineteenth century, cholera remained confined to Asia, almost exclusively to India. Under the British Raj, forerunner of the "new world order," cholera spread along the trade routes of most of the globe in six pandemics between 1817 and 1923. Subsequently, cholera retreated to the endemic regions of Southeast Asia, except for one isolated epidemic in Egypt in 1947. The seventh pandemic spread of disease extended from Sulawesi (Celebes), Indonesia in 1961, northward to the Korea peninsula, and through Southeast Asia, the Indian subcontinent, the Middle East, southern Europe, and Africa. Endemic foci in many of these recently involved areas, and isolated illness, have occurred since this pandemic reached its acme in 1971.

Since Robert Koch discovered the cholera vibrio in 1884, scientists have found many other vibrios. Most of these vibrios are hemolytic, that is, they attack and destroy red blood cells. True cholera vibrios supposedly were not hemolytic. This distinction collapsed in 1906, when Gotschlich isolated hemolytic vibrios from dead pilgrims at the Eltor quarantine station in Egypt. There was no cholera epidemic then, and the significance of this hemolytic cholera vibrio remained unknown. In 1939, DeMoor described cholera in Sulawesi (Celebes), Indonesia, that was due to *V. cholerae* biotype Eltor. This Eltor vibrio is the etiologic agent in the present pandemic.

The cholera patient ingests viable *V. cholerae*, which multiply in the small bowel and produce a toxin. This toxin stimulates the intestinal cells to secrete large quantities of isotonic fluid faster than the colon can reabsorb it. This produces a watery, isotonic diarrhea. All strains of

*V. cholerae* produce the same stool fluid-electrolyte losses that cause the physical findings and laboratory abnormalities seen in cholera. There is no evidence that the vibrio invades any tissue or that the enterotoxin directly affects any organ other than the small intestine. Cholera has the shortest incubation period of any infection; grave symptoms can occur within a few hours of infection.

Most infections with *V. cholerae* are asymptomatic or mild. The ratio of severe disease to mild and inapparent infections has been from 1:5 to 1:10 in classic cholera, and only about 1:25 to 1:100 for cholera Eltor. The hospitalized cases of both forms of disease, therefore, represent extreme manifestations of disease, with most infections going undetected unless intensive bacteriologic or serologic studies are made.

The sudden onset of profuse, effortless diarrhea is the *sine qua non* of severe symptomatic cholera. The diarrhea initially may be bile tinged and contain fecal particles, but a "rice water stool" soon follows. This is a continuous, light-gray water diarrhea with flecks of mucous material, but no pus or blood. Most patients, soon after the onset of diarrhea, have copious effortless vomiting that is precipitous but not persistent. Severe muscular cramps, most frequently located in the fingers, toes, and lower extremities, but sometimes generalized, are present in 75% of patients. Patients usually are not seen by a physician until 8 to 16 hours after onset of diarrhea. If not moribund, the patient is hoarse, reasonably alert, and oriented. Marked dehydration causes sunken eyes and cheeks, dry tongue and mucous membranes, poor skin turgor, shriveled feet, and "washerwoman's hands." The lips are cyanotic, the skin is cold and clammy, temperature is subnormal, and respirations are rapid and shallow. There is tachycardia and hypotension or an imperceptible pulse and blood pressure.

Children do not respond like adults. They frequently have fever, tetany or generalized convulsions, and pulmonary edema.

Prompt fluid, electrolyte, and base replacement rapidly improves all signs and symptoms except diarrhea. The illness may last from 12 hours to seven days. There should be no complications or sequelae if cholera is treated promptly and correctly. Under ideal conditions and with prompt and adequate fluid replacement, mortality and significant sequelae approach zero. Oral glucose-electrolyte therapy can be effective even under the most primitive conditions.—*John Grauerholz, M.D.*