

Andean Report by Javier Almario

Cholera in Colombia

Following years of servile adherence to IMF dictates, Colombia finds itself defenseless against cholera.

The cholera epidemic which has claimed more than 100,000 victims, including nearly 1,000 deaths, in neighboring Peru and is said to be advancing at 100-200 kilometers a day, is now knocking at Colombia's door. This once "semi-developed" Ibero-American nation, by faithfully implementing the austerity and "adjustment" dictates of the international creditor banks and the International Monetary Fund (IMF), is finding itself defenseless against this and many other diseases now fast approaching epidemic proportions. Colombia's Health Ministry currently acknowledges 42 proven cases of cholera, and another 100 symptomatic cases which remain to be confirmed at the National Health Institute (INS) laboratory.

The first outbreak took place in a rural area outside the city of Tumaco, on Colombia's Pacific coast, where the largely black inhabitants lack the most basic infrastructure for sewage, water, transportation, and communications. Health Minister Camilo González, a member of the amnestied narco-terrorist group M-19, has ordered a total clampdown on any information, with the argument that "yellow journalism" is worse than cholera. One doctor who told the press he had sent samples to the INS for testing for cholera, was immediately fired.

However, one health official who requested anonymity told *EIR*, "Colombia is defenseless against cholera," because of the widespread lack of sewage and water treatment infrastructure. "Look for example at the case of the people living along the

Magdalena River. One town takes its drinking water from the aqueduct 4 kilometers ahead. The aqueduct, however, only filters the water. Five kilometers further downstream, raw sewage from the town flows into the river, and a few more kilometers downstream is another town which depends on the river for drinking water. All the Health Ministry does is make propaganda. The only real solution is massive investment in water treatment plants, sewage facilities, and enforcement of regulations so that waters returning to the river are not contaminated."

The official added, "Enteritis and diarrhea continue to be the leading cause of mortality among infants, and among the population as a whole. That is, the water itself is sick." In 1989, the incidence of enteritis and diarrhea was 1,660 cases per 10,000 inhabitants. The water-borne cholera bacillus, already endemic in the population, can only proliferate under such poverty.

According to statistics from the 1980s that were published by the National Institute for Municipal Development (Insfopal), a body then linked to the Health Ministry and charged with the construction of aqueducts for, especially, small towns and rural populations, the budget for water and sewage services has shrunk yearly. In 1988, Insfopal was liquidated, and its personnel dismissed, to "reduce costs."

According to Insfopal's report, only 59.7% of the population had access to piped water service in 1981. In 1985, that figure was 59%, and in 1987, only 57%. However, the problem is

worse. Not all of the nation's aqueducts distribute potable water. According to the National Planning Department, only 48% of the population have access to potable water today. Further, the water may leave the aqueducts at an acceptable level of purity, only to become contaminated anew because storage tanks and plumbing are antiquated and/or not adequately maintained.

The problem is worse for sewage treatment, a service to which only 47.7% of the population had access in 1981. That figure fell to 45.8% in 1985, and to a mere 41% in 1987.

Malaria too has dramatically returned, with reports of 26,000 cases occurring in the past three months along the Pacific Coast. Given the intense poverty of the region, it is no accident that the malaria epidemic overlaps that of cholera. In Buenaventura port, 50% of all emergency room patients have malaria, and two-thirds of those have severe symptoms. Another 300 cases, including several deaths, have been reported in the departments of Cauqueta and Putumayo, near Ecuador.

Lack of state investment in sanitation is seen in the growing inadequacy of infrastructure and in the nation's growing inability to attend to its sick. "In reality, no one should die of cholera. A cholera death is the result of inattention, since the rehydration treatment is simple and the bacteria responsive to antibiotics," said one former Health Ministry official. Yet, while the number of health institutions and hospital or clinic beds remained constant over the past decade, the number of beds per 1,000 inhabitants has fallen 50%. Federal spending for the health sector fell from 10.6% of the total budget in 1975 to 3.7% in 1989. Under the government of former IMF employee César Gaviria and his M-19 health minister, that tendency is accelerating.