

Disease holocaust on Mexico-U.S. border

by Marcia Merry

As measured by the disease rates afflicting those along the Mexican-U.S. border, the Bush free trade policies have created a holocaust zone. The North American Free Trade Agreement (NAFTA) should be defeated in Congress, before it becomes the "fast track" for cholera and other epidemics. It is only a matter of when, not whether, cholera will break out in the Rio Grande region, unless emergency measures are pursued to improve conditions.

The fundamental threat in the region is unsafe water and untreated sewage. Concentrated in the border zone, the *maquiladora* (cheap-labor factories) program has grown in the past 20 years from about 120 plants in 1970, to over 1,800 today, and from 19,000 workers to 500,000. But the essential infrastructure to support such a population was not provided—water, housing, electricity, transportation, primary health care, cultural amenities. Just the opposite. The poverty-wage rates and lack of provision of means of existence have been called the "competitive advantage." The results are evident in the disease rates.

Going down the Rio Grande River from one population concentration to another, this is the picture:

In **El Paso County**, there is five times the national average rate of hepatitis A—a fecal contamination disease, related to filthy water. Last year, the rate of dysentery was 31 cases per 100,000 people—triple the national average. Since then, it has worsened. In addition, the rate of tuberculosis is over 20 cases per 100,000—double the national average. The rate of salmonella is three times the national average.

As of June 1990, some 50,000 of the 580,000 residents of the county lived in *colonias*, subdivisions of makeshift housing without running water or sewage facilities. The city of El Paso, Texas is the fifth poorest in the nation. Across the river, estimates are that in Juárez, there are between 400,000 and 500,000 people with no running water, sewers, or electricity. Drinking water is stored in 50-gallon cast-off chemical drums. The 18-mile canal that parallels this stretch of the Rio Grande often overflows with raw sewage, and is a breeding ground for mosquitoes.

In **Nuevo Laredo**, farther downriver, 25 million gallons of untreated sewage are dumped in the Rio Grande daily.

Brownsville-Matamoros, near the mouth of the Rio Grande, is a catastrophe. Last year in a *colonia* near Brownsville, when threat of legal action forced a developer to pro-

vide water to the residents, he installed one spigot to serve 40 homes.

In 1990, the U.S. Rural Economic Development Act proposed \$30 million in loans for water and waste-treatment facilities for *colonias* along the border. However, the Office of Management and Budget opposed it. President Bush said in March 1990, that he was not familiar with the issue, but knew that such cuts were essential for "budgetary reasons." The U.S. Health and Human Services Department has not intervened, and the national major media are colluding to black out the holocaust story. Activists in the health care field in El Paso estimated in 1990 that it would cost \$250 million to provide minimal water and sewage treatment systems. To do this, Peter Duarte of La Fe Clinic, which is in the third-poorest zip code region in the country, said, "You're talking about something on the scale of a Marshall Plan, yet Bush treats it like it's a local problem."

Outbreaks of hepatitis A in Arizona and Texas are spreading as a direct result of the conditions of untreated sewage on the border areas.

Cholera is spreading

In mid-April, the executive secretary of the Andean Pact's Health Department, Nazario Román, said that if cholera becomes endemic in Peru, the disease could easily extend uncontrollably across the continent, and proceed to North America. Said Román, "It would not be strange to see it arrive in Mexico and the United States, given the huge migration of illegals."

On April 16, there were press reports of the existence of two cholera victims in Florida, recently returned from Ibero-America. There are occasional cases of cholera from contaminated seafood, which do not constitute a threat of epidemic, provided that adequate sanitation conditions prevail. However, the combination of lack of sanitation and movements of large numbers of impoverished people will guarantee killer epidemics, particularly in the subtropical zone of the southern United States. In 1980, an outbreak of tuberculosis occurred in Florida when a group of poor Haitians immigrated to Miami.

In view of the etiology of cholera and related water-borne diseases, the reassuring statements from the U.S. Centers for Disease Control in Atlanta have to date been just a coverup. The April 4 CDC *Morbidity and Mortality Report* focused on side issues of tourist travel and contaminated foods, not basic sanitation.

Conceding that "a small number of U.S. residents may acquire the disease during travel or by eating imported food," the CDC report claimed that "sanitation in this country is adequate to make the risk of continued transmission extremely small." The report reprinted an article from the World Health Organization, saying that the WHO "has no documented evidence of a cholera outbreak occurring as a result of the importation of food across international borders."