

Can we hold the line against cholera?

by Pamela Lowry

Cholera is described by health professionals as a Third World disease, a disease of poverty. Where modern water treatment plants and sewage disposal systems exist and populations are generally healthy, the bacillus cannot run rampant. Isolated cases of cholera may appear, such as have occurred on the Gulf Coast of Texas in the past 20 years, but prompt action by public health agencies, and a relatively high level of public sanitation facilities, have prevented any serious outbreaks in the past.

However, the existence of a cholera epidemic in Ibero-America, which is moving quickly northward, poses the question of whether normal public health measures are adequate to prevent the disease from striking Mexico and the United States. The cause of the current epidemic, whose epicenter is Peru, can be directly traced to the fact that Peru's sanitation infrastructure, and the health level of its population, collapsed under the weight of the usurious debt being paid by the Peruvian government to the International Monetary Fund. The same is true of the other South American nations to which the disease has spread.

Emergency recommendations

On April 29, the World Health Organization (WHO) and the Pan-American Health Organization sponsored an emergency meeting of their newly created Cholera Task Force. WHO director Dr. Carlyle Guerra de Macedo called for a \$70 billion program of investment in infrastructure, sanitation, and medicines in order to save the continent from a devastating epidemic. Dr. Guerra stated that the "most specific characteristic of the cholera epidemic is [that it is] a shocking expression of the accumulation of deficiencies in the level of life of our populations." He added that the epidemic represented "the accumulation of a social debt," and implied that many curable diseases have surged as a result of this debt and that cholera is just one more of these. He concluded by issuing a call to begin the process of correcting the deficiencies of infrastructure that are the cause of the epidemic.

In Mexico and the United States, it is the public health

agencies which will bear the brunt of trying to ward off a cholera epidemic. Yet their ability to function effectively has been under attack from several directions. On the one hand, with health insurance companies going bankrupt and failing businesses unwilling to finance employee health care, there has emerged an emphasis on better health through better "behavior." This cost-cutting outlook is reflected in a statement by the Mexican health minister on April 26, which asserted that the Mexican population must be "co-responsible" for halting the cholera epidemic by using hygienic practices (see *Dateline Mexico*). When 41 million Mexicans live in substandard sanitary conditions, hygienic practices may simply be impossible.

The public health agencies in the United States, too, emphasize better "behavior" by their clients. While education on hygienic practices—how to sterilize surfaces, purify water with chlorine or iodine tablets—is useful, it is only a palliative in the face of collapsing water and sewer systems and the expanding health problems of the poor, the homeless, and the unemployed. Any "pocket" of poverty, and the United States is pock-marked with a growing number of them, is a target for the cholera bacillus.

Cholera and infrastructure

The environmentalist movement has added its contribution to the problem by targeting basic infrastructure. Although reams of reports have been issued on the supposed health problems caused by Alar, industrial runoff, and other purported carcinogens, the threat posed by epidemic diseases seems to have eluded the greenies. According to the Conservation Foundation, "Large sewage and water treatment plants are just boondoggles for the civil engineers."

Add to this the collapse in water and sewer infrastructure brought on by depression conditions, and you have the conditions sufficient for a cholera epidemic. A recent survey of U.S. water treatment plants by the University of Minnesota's Institute of Technology stated that "our nation's 800,000-mile sewer system . . . is not only suffering from old age, but unable to cope with the needs of our burgeoning urban populations." One example cited is New York City, where, during periods of heavy rainfall, "the city's rickety sewer system unloads millions of gallons of raw sewage at a time directly into the harbor." This is not an isolated case: On April 22 in Boston, a federal judge blocked any new discharge into the metropolitan sewer system until a new landfill could ease the problem of sewer runoff into Boston Harbor.

Cholera is not just a disease; it is a warning. The early-warning signals, such as the mounting cases of water-borne diseases such as hepatitis A, have largely been ignored. Now a late-warning signal, in the form of usually curable cholera, has sounded. Either we pay what Dr. Guerra calls the "social debt" to the health of our population, or our crumbling water and sewer systems will make a mockery of any efforts by public health agencies to combat epidemic disease.