

## IMF austerity brings cholera epidemic to Peru

by Mark Sonnenblick

This century's first cholera epidemic in the Americas has erupted in Peru. As of Feb. 13, there were officially 77 dead and 11,000 cases. The number of victims is doubling every three days. Cholera hopped the border into Ecuador Feb. 12. "There is no reason why it should not spread throughout most of Latin America," World Health Organization (WHO) expert Jack Woodall told a Feb. 11 press conference in Geneva.

As panic spread throughout Ibero-America, immigration and customs authorities tried to halt its spread. However, "The history of attempting to stop cholera has been very disappointing," WHO specialist Nathaniel Pierce told the press. "To stop the spread from country to country or from region to region has not been possible. There are no effective means that can be implemented to do that."

Peruvian Health Minister Carlos Vidal Layseca admitted that the epidemic "is in its initial phase," and that anywhere from 190,000 to 280,000 cases are expected to occur in the next three to four months. He said that he hoped that the mortality rate could be held to the 3% range—10,000 deaths. But medical experts consulted by *EIR* note that 3% is the "textbook level" that occurs where there is a functioning health system, which is not the case in Peru. In the gravest African and other epidemics, mortality rates have reportedly been up to 40%.

The WHO and the Atlanta Centers for Disease Control sent epidemiologists to monitor the epidemic's spread. But speculation about how *vibrio cholerae* bacteria got to Peru avoids the question of why Peru is an easy target.

### Thank the International Monetary Fund

The cholera bacteria are spread through human feces. The bacteria release massive amounts of toxins which upset the intestine's electrolytic balance, causing the body's fluids to be rapidly drained in vomiting and up to 30 bouts of diarrhea per day. After a few hours or days, up to 60% of

untreated victims die of dehydration shock.

Lima city officials found fecal coliforms in 100% of food samples taken from city markets and restaurants and in 8 of the 12 samples of downtown drinking water on Feb. 9. The workers who maintain the city's decrepit water and sewage pipes went on strike to protest the recent firing of 300 of them, due to budget cuts. Only 60% of Peruvians have potable water. The rest drink out of wells, rivers, and irrigation ditches which double as sewers.

Most of the early victims of cholera confirmed they had recently eaten fish or shellfish. Anyone who has swum at Lima's beaches can describe the contents of the city's sewage. Sewage treatment is not in the budget, and official health ministry statistics report that 70% of Peruvians have no sewage service.

Since Johann Peter Frank said in 1790 that "poverty is the mother of disease," plagues have revealed the "bottom line" on International Monetary Fund (IMF)-style austerity policies. Journalist Claudia Cano wrote from Peru in the Bogotá, Colombia daily *El Espectador* Feb. 9: "Social and economic conditions in Peru have made possible the propagation of this disease. . . . As a consequence of economic adjustment policies and impositions by the international financial institutions, investment in the social sectors has diminished markedly." As a result of IMF and World Bank policies, "Public health has gone backwards a century." Even before the cholera outbreak, there were "210 deaths caused by yellow fever in the city of Huancavelica, and there is a dengue epidemic in the Northern Mountains. There is also confirmation that tuberculosis and malaria have reappeared and advanced dramatically."

### An epidemic of monetarism

In his inaugural address last July 28, President Alberto Fujimori said the only "horrendous epidemic" he meant to

combat was “the inflationary epidemic [which] has corroded the very foundations of our productive system.” He claimed that “the reinsertion of Peru into the international financial system” required dramatic austerity. In his Aug. 8 “Fujishock” program, he balanced the budget by eliminating food subsidies, health expenditures, and infrastructure investment, while raising taxes. Malnutrition rose overnight from 7.5 million to 12 million, out of a population of 21.8 million.

The State Department promptly cabled, “The United States congratulates President Fujimori and his government for having acted courageously to reestablish the stability of the Peruvian economy. . . . We hope that these steps, which bring sacrifices, will . . . permit Peru to benefit from integration with the world community.”

U.N. Secretary General Javier Pérez de Cuéllar, a Peruvian oligarch who was the “godfather” of Fujishock, convinced Fujimori that doors could be opened in Washington and New York if only Peru were put through a monetarist purge. As food prices tripled, Pérez de Cuéllar donated \$5,000 to a food fund and dispatched U.N. food experts who had learned in Africa how to keep populations barely alive on 1,050 calories per day.

By September, the buying power of the legal minimum wage had been cut 70% from July’s meager level, the London *Financial Times* reported. A month’s wage could buy 20 small rolls. Production dropped 40%, and another 500,000 workers became unemployed. On Sept. 13, Fujimori told World Bank official Sahid Husain that Peru would soon begin paying its \$600 million overdue debt to the World Bank. Prime Minister and Economy Minister Juan Carlos Hurtado Miller boasted Dec. 19, “Peru and the IMF have agreed on broad guidelines for economic reforms, clearing the way for new loans.” Fujimori chirped, “This is an important step to improve Peru’s financial ties.” As the yet-undiagnosed cholera spread, Hurtado Miller explained that IMF policies required Peru to stick to savage austerity for two more years.

Hurtado—“Killer,” as he is known in Peru—proved his seriousness Jan. 6, when the health minister made a desperate appeal for the Peruvian coast to be declared in “a state of emergency” to obtain funds to fight the epidemic. Hurtado rejected the request, saying, “That would entail extraordinary expenditures, which are not needed for now,” *Expreso* daily reported. By that time, the epidemic had spread over 1,000 miles, leaving 25 dead. With the annual public health budget cut to \$10 per capita, hospitals could not cope with the 730 victims then hospitalized. Richer Peruvians ran to pharmacies to buy up anti-cholera supplies.

## Cholera pandemics

Poverty is truly the mother of cholera. During the 19th century, one cholera pandemic after another came out of British-looted India and followed the Empire’s trading routes around the world, leaving millions dead in its wake. What the WHO calls “The Seventh Cholera Pandemic,” began in

1961 and affected 93 countries. In 1974, an *EIR* Biological Holocaust Task Force commissioned by Lyndon LaRouche forecast that cholera would break out in Africa during the 1980s, as a “signal” that old and new epidemics were being spawned by IMF austerity. LaRouche’s team reasoned that the destruction of living standards there by World Bank and IMF debt demands would spawn a worldwide holocaust. By the mid-1980s, AIDS was exterminating whole countries in Central Africa. Before 1980, the death rate from cholera in Africa was 1-2%. By the start of 1989, it had risen to 10-15%, with 22 countries reporting epidemics.

In 1989, *EIR* noted cholera among Vietnamese “boat people,” in Xinjiang province of China, and in Bangladesh. By September, cholera was sweeping Morocco, Algeria, and into Spain, as well as Romania, Soviet Asia, and Stavropol in southern Russia. The first cases have appeared among refugees from Iraq. Most experts expect devastated Iraq and Kuwait to spawn plagues, even without germ warfare.

The WHO’s “Guidelines for Cholera Control” says that cholera “causes problems only where other enteric diseases are endemic. Mass vaccination is not effective. Treatment has been improved so that mortality can be reduced to 1-3% where there is a well-organized health system.”

Enteric (intestinal) diseases are so common in Peru that the first cholera cases found Jan. 23 were mistaken for “normal” dysentery and dehydration. Over 10% of Peru’s infants die during their first year, according to the Pan American Health Organization (PAHO), more than half of them from preventable and treatable diseases.

PAHO expert Carlos Cuneo projected Feb. 8 that the cholera epidemic would cause 190,000 to 280,000 cases with 10,000 fatalities during an 8-15 week sweep of Peru. The government uses the same, understated figures. Cuneo warned, however, that given Peru’s lack of potable water systems and sewage treatment, cholera would remain endemic and new epidemics could break out every summer.

Treatment is cheap. In most cases, all that is required is for the patient to drink huge amounts of clean water enriched with vital salts and sugars for 72 hours. The salt packets cost pennies a person.

But easy treatment doesn’t interest genocidalists obsessed with eliminating what they consider “inferior races.” The prestigious British medical journal *Lancet* editorialized last Sept. 15, “Nothing Is Unthinkable.” It supported the malthusian fraud of Dr. Maurice King of Leeds University School of Public Health, that “ecological sustainability” would be violated if population growth were not stopped by epidemics or other means. King wrote that “such desustaining measures as oral rehydration should not be introduced on a public health scale, since they increase the man-years of misery, ultimately from starvation,” (see *EIR*, Oct. 12, 1990).

Such contempt for human life is what is causing today’s biological holocaust in Peru, which, if not checked, will bring the United States down with it.