

Governments fret over tourism, not cholera

by Cynthia Rush and Mary Cabanillas

The health ministers of 10 Ibero-American countries met in Buenos Aires on Feb. 27, supposedly to discuss ways to contain the cholera epidemic which has been sweeping the continent since its first outbreak in Peru in January 1991. One might have hoped that the ministers' first regional meeting was motivated by an understanding that continuation of the International Monetary Fund's (IMF) austerity policies in their countries and the corresponding gutting of investment in health and sanitation infrastructure will result in a devastating biological holocaust in which millions will die. One might have hoped that the ministers would be willing to demand an immediate halt to IMF policies, and a crash program of investment in infrastructure to save lives.

Fat chance. As UPI admitted on Feb. 28, the ministers who met in Buenos Aires's luxury Alvear Palace Hotel were most worried that if the cholera epidemic continues, their tourist industries and investment possibilities will disappear! Although cholera has been spreading in Ibero-America for over a year, the ministers saw fit to call an emergency meeting for the first time only after 35 passengers aboard an Feb. 14 Aerolíneas Argentinas flight from Buenos Aires to Los Angeles contracted cholera, and caused a diplomatic incident between Peru and Argentina over which country was responsible for the outbreak.

The plane had landed in Lima, Peru and had taken food onboard from a local catering company. Argentine authorities charged that the catering firm had provided contaminated food, while Peruvian authorities said that passengers who boarded the plane in Buenos Aires were already sick with cholera. Aerolíneas flights to Lima were suspended, and the Peruvian government has said it may sue Argentina for damages done to its "good name."

A vicious charade

While Ibero-American government officials make a spectacle of themselves, trying to prove that the epidemic in their respective countries is "under control," the reality is that it is spreading unchecked—because nothing is being done about the conditions which encourage its spread. Not only did the health ministers in Buenos Aires not repudiate the IMF's policies, they ludicrously proposed to ask the very same banking and credit institutions which caused the disinvestment in health infrastructure over the past decade—the World Bank, the IMF, and Inter-American Development Bank—to fork over the \$200 billion to finance badly needed infrastructure.

Since January 1991, more than half a million people in Ibero-America have been infected by cholera, and 4,000 have died, most of them in Peru. These are the official figures. According to Carlos Ferreyra Nuñez, president of the Argentine Public Health Association, "all the countries, not just Argentina, have doctored their figures. There are strong economic reasons to keep the numbers low."

In the case of Argentina, President Carlos Menem is obsessed with showing that his country is indeed entering the "First World" as a result of applying IMF policy, and is hysterically denying that cholera represents a threat. He even went so far as to state in early February that "cholera will never reach Buenos Aires." But on Feb. 17, after at least one case appeared in the capital city, Health and Social Action Minister Julio César Aroz was forced to contradict his own earlier statements and admit "we are going to have to become accustomed to seeing cholera outbreaks in different parts of the country." After cholera appeared in Buenos Aires, Aroz called for plans to provide potable water for affected and

high-risk populations for which, he added, "we are going to need international credits, and [funds] from Fonavi," Argentina's National Housing Fund.

The following day, however, Harvard-trained Finance Minister Domingo Cavallo told television reporters in Paris that there would be no additional budgetary allocations to deal with the cholera epidemic. Cavallo didn't want to disrupt ongoing negotiations with creditor banks over Argentina's foreign debt.

Infrastructure collapse

According to Dr. Santos Depine, president of Argentina's National Commission for the Prevention and Control of Cholera, "27.7% of the population must be considered at risk"—that is, 10 million people. Describing cholera as "a disease of poverty," Dr. Depine added that "those [10 million] Argentines lack the minimum required to live [decently] . . . they lack potable water and efficient sewer systems." Cholera, he said, "will last no less than 10 years."

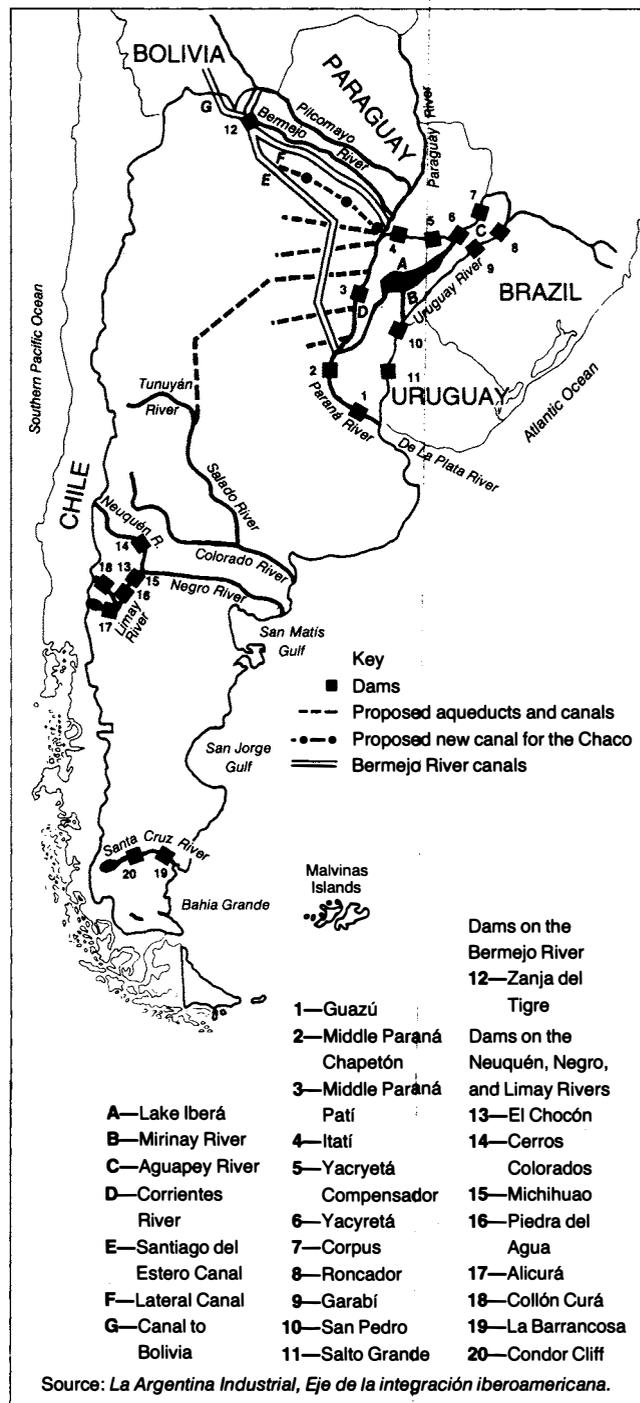
A recent report released by the National Census and Statistical Institute (INDEC) states that Argentina is the only country in Ibero-America which has shown a marked increase in the poverty index over the past 15 years. While in 1970, some 8% of the population fell into the poverty category, by 1986 the figure grew to 13%, and in 1989, 31%. Using 1980 census data, INDEC concluded that 22.3% of homes and 27.7% of the population could not meet basic needs. These included housing, health, and sanitation services, education, and income levels.

In such northwestern provinces as Salta, where cholera first appeared last November, the percentage of the population considered to be poor is 46.8%. The average caloric consumption here is 1,500 daily. Between 1970 and 1989, in Greater Buenos Aires, poverty grew from 29% to 40% of the population. The city's population today is 8 million. Of this, 23.37% is considered to be at "high risk" for cholera, while 25.6% is classified at "potential risk."

In an interview published in the Feb. 16 edition of *El Cronista*, Dr. Ferreyra Nuñez noted that when he had warned in February 1991 that cholera would inevitably arrive in Argentina, he was told by then-Undersecretary of Health José Di Lorio that "cholera would not come to Argentina, and that it was a matter of washing one's hands with soap and water." In reality, Ferreyra said, "the most serious condition which led to the outbreak of cholera is that the majority of the population lacks potable water and sewer systems. If cholera reached America, Argentina would not escape. And that's what happened."

Ferreyra also warned that cholera would spread in Argentina through the river system. "We have some of the most polluted rivers in the world, certainly in all of Latin America; the Paraná River will be the route, and then the Río de la Plata will become the largest estuary in the world contaminated with cholera. . . . The most important rivers in Argen-

FIGURE 1
Proposed hydraulic projects for Argentina



tina dump into the Paraná, and in none of the cities along its banks is there a water treatment plant, and this is something that we should be deeply concerned about."

Radical Party congresswoman Gabriela González Gass



Oral rehydration salts packets being distributed in Lima's slums, to replenish fluids lost in cholera, in February 1991. Although 23,000 Peruvians were stricken then, nothing was done to alleviate the causes.

provided further evidence of how Carlos Menem's IMF-dictated budget-cutting frenzy is threatening the population's health. As reported in the Feb. 19 *El Cronista*, González revealed that the government has "eliminated the Hydraulic Resources Secretariat, a planning agency; shelved the National Sanitation Plan (1988-2003), agreed upon with all the provinces . . . paralyzed the fifth phase of the National Potable Water Plan, and decapitalized the National Sanitation Works agency which doesn't even maintain its equipment, and lost its best technicians. . . . It has dismantled Pro-Water, which was to have provided potable water to 700,000 slum residents."

Dump the IMF

Unless the Argentine government's commitment to IMF policy is reversed, there is no possibility of eradicating cholera in the country. Instructive is the case of Argentine Interior Minister Bernardo Irigoyen who, between 1887 and 1894, insisted that a large supply of clean water was needed in order to combat cholera and yellow fever caused by contaminated water from wells and reservoirs which threatened Buenos Aires's 170,000 inhabitants. He created a Health Projects Commission and built the first reservoir for potable water in Buenos Aires.

According to Fernando Brunstein of the Center for Urban and Regional Studies, "from the beginning of the century, an important percentage of the national budget has been applied to maintaining the National Sanitation Works agency (OSN). . . . In 1948, it received 12% of the state's total income." But, beginning in the early 1940s, Brunstein explained, budgetary allocations from the Treasury began to decline. Furthermore, 60% of the capital's pipe networks are between 60 and 80 years old, and the remainder between 40

and 60 years old, while the average age of all pipes is between 20 and 30 years old. In addition to incorporating water from the subsoil, OSN has two sources of surface water, which theoretically supply 300 liters daily per inhabitant. However, this figure has become "a perfect abstraction," Brunstein notes, due to the paralysis in building new pipe networks and lack of maintenance which has led to water loss due to leaky or poorly constructed pipes. The latter also allows contaminated water or sewage to seep into the water supply, which eventually reaches consumers.

Water is life

In 1983, *EIR* published the book *Argentina Industrial: eje de la integración iberoamericana (Industrial Argentina: Axis of Ibero-American Integration)*, which outlines a series of water management projects in the Paraná River basin which could convert the entirety of the Argentine northwest into an important agro-industrial development pole (see map). Among other things, these projects could generate electricity, control flooding, and irrigate the region's arid and semi-arid zones.

Also proposed is the building of a hydroelectric dam on the Bermejo River, along with two canals. One of them would begin at Orán, in the province of Salta, and run parallel to the Bermejo River. The Santiago del Estero canal would bifurcate the first one and run into the Paraná River near Santa Fé. The building of these projects would mean that the country's economically depressed northern region would be enabled to support a population of at least 10 million people and develop agriculture and cattle raising industries. As the health minister of the very poor province of El Chaco said, "perhaps the issue of cholera will allow us to resolve the matter of our fundamental needs."