

frastructure. If we do that, this program will be successful. But we know, because of the resistance to the very idea such a policy evokes, that this is a reversal of an approximately 28-year-long trend in U.S. policy-shaping in the economic sector in particular.

We must make that reversal.

All nations must prosper

It is no longer economically feasible to foster the delusion that the nations of the so-called industrialized, developed sector can remain prosperous while development is withheld from the nations of the so-called developing sector.

The idea that one person can remain prosperous while his neighbor sinks in misery, is not only an immoral idea, but is also an unworkable idea. Nonetheless, for many years in many circles, it has been a popular idea. We must reverse the International Monetary Fund conditionalities policy toward developing nations and also toward eastern Europe and the former Soviet Union. We must open these parts of the world for high-technology development. We must create a climate favorable to long-term investment, which means an additional emphasis upon state-funded, or state funding-related, large-scale infrastructure projects in water management, transportation, power generation and distribution, sanitation, and so forth.

These measures are the preconditions for successful investment. They also structure financial markets and other institutions necessary for prosperous investment in agriculture, industry, and related things. We must take this approach toward the developing sector, toward our neighbors in Central and South America, Africa (a more challenging case), and also southern and Southeast Asia, with China being a challenge of a magnitude which I don't think the United States has even begun to comprehend.

Win the Battle For America's Future

Money is needed to wage the fight to free Lyndon LaRouche and to overturn the convictions of his associates. Your contribution to the Constitutional Defense Fund will help finance legal efforts against the federal and state government agencies, private organizations like the ADL and NBC, and individuals, which have engaged in an illegal conspiracy to frame up LaRouche. This conspiracy is a threat to everyone's freedom. There is no limit to how much you can give.

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Cholera strikes South America

by Peter Rush

In 1991, a devastating cholera outbreak was concentrated in Peru. This year, cholera is sweeping the entire continent of South America. Last year, over 360,000 people in South and Central America, 85% of them in Peru, came down with cholera, the sometimes fatal, always debilitating scourge of impoverished populations. This year, the victims could number in the millions and the dead in the tens of thousands, as the disease threatens the continent's 400 million people. Ibero-America has now replaced Africa as the world's epicenter of cholera.

From the poorest country . . .

One of the most vulnerable countries now reporting outbreaks is Bolivia. Six years after a monetary reform designed by Harvard's notorious Jeffrey Sachs threw out two-thirds of the industrial work force and created the conditions for the cocaine trade to become the nation's major economic enterprise, Bolivia is presently on the verge of economic and social collapse, precisely the conditions that fueled the spread of cholera in Peru one year ago. On Jan. 1, the first case of cholera was reported from the city of Cochabamba, in Bolivia's central jungle region that forms part of the vast Amazon basin. In just 22 days, 110 persons were reported infected, of whom eight had died, a very alarming 7.3% mortality rate. (Peru's mortality rate last year was 2%.) Health authorities now fear that if the disease continues to spread in the tropical eastern provinces of Bolivia, it could develop into an uncontrolled pandemic.

And spread it has, with 504 cases reported in Cochabamba as of Feb. 5, including 14 deaths on Feb. 4 alone in just one rural town. The number of cases was reported increasing by 13% daily, or about 60 new cases a day. From Feb. 2-5, the number of cases increased 60%, and was stretching the capacity of the hospital system of the entire department. Another 90 cases have been reported in other parts of Bolivia.

This explosion is not confined by national boundaries. Cholera most likely arrived in Cochabamba from Peru's Amazon region, after moving up the Pacific coast from Lima last summer. In fact, the Amazon, perennially hot and humid and criss-crossed by river systems, has served as the ideal breeding ground for spreading the infection throughout the continent.

. . . to the richest

The latest region to admit to outbreaks of the virulent contagion is Argentina's Salta province, just downstream from Bolivia's most heavily infected province of Chaco. In Salta, more than 100 cases were reported during the week of Feb. 1-7 among primitive Indian tribes which live from hunting, gathering, and fishing. Official confirmation that the quintessential Third World disease has now reached Argentina is sending a shock wave throughout the population, which has always considered Argentina closer to the First World than the Third.

Although figures are apparently being suppressed, the disease, which is not endemic to the continent, has clearly broken out of containment. The Argentine press first reported the outbreak on Feb. 1, saying that there were two cases, one of them fatal. By Feb. 5, the count was raised to 39 infected and six deaths among the Indians, a very high death rate of 15%. And on Feb. 7, Health Minister Julio César Araoz admitted that there were 125 cases and nine deaths. *Clarín*, the premier Buenos Aires daily, has virtually accused the government of President Carlos Menem of a coverup, protesting that it had released three contradictory sets of statistics within 24 hours of each other.

Also on Feb. 7, twenty-four cases were reported in the town of Santa María, in Salta province, where one Dr. Carlos Miguel Landi was quoted saying that the epidemic was caused by "an absolute absence of government when it comes to health. . . . For the rulers of the country, this region only has importance at election time." Figures bear this out. *El Cronista* reported Feb. 5 that Salta has the most deficient sanitation infrastructure of the country: 43% of all families lack the basic necessities of life, and infant malnutrition is 30%.

On the same day, José Pampuro, minister of health for Buenos Aires province, 1,000 miles to the southeast of Salta, insisted that cholera "would come to Greater Buenos Aires in 30 or 35 days." He elaborated why: "Greater Buenos Aires is most exposed to the entrance of cholera because we have the worst living conditions in the country. There are 1.3 million, out of 9 million, who suffer structural poverty, that is, they have no possibility of entering the economic system in the next few years. And there are 2 million impoverished people." *El Cronista* reported Feb. 7 that 49% of the zone's households and 54% of the population are at risk and could easily transmit diseases such as cholera, due to deficiencies in water supply and sewage disposal. A reported 27.9% of the Greater Buenos Aires population is deemed high risk.

To all of this, President Menem finally responded Feb. 10 with an absurd act of showmanship, flying in to Salta, kissing and hugging some of the cholera victims among the Indians, and promising them "micro-enterprises," a term as incomprehensible to the Indians as it is irrelevant to their plight.

IMF-induced poverty spreads cholera

To the north of Argentina is Brazil, which is a veritable cholera timebomb. With over 150 million people, of whom more than half are desperately poor and without clean or adequate water supply or proper sewage disposal, the country is at enormous risk. As of Jan. 13, official statistics listed only 990 cases and 20 deaths, but a parallel count by technicians from the Health Ministry itself showed at least 1,650 cases and 91 deaths, a frightening 6% mortality rate. While most of the official 990 cases were reported for 1991, it is almost certain that even the 1,650 figure is badly understated. A World Health Organization team, using a different methodology, estimated that there are more likely over 6,000 cases.

In Colombia, statistics on cholera cases are untrustworthy, as Health Minister Camilo González, "formerly" an M-19 narco-terrorist, persists in claiming that the threat from cholera has passed. But 333 cases in Antioquia department, the largest and once the most prosperous, have been officially reported since the first of the year, and another 67 in other departments.

New outbreaks are being reported daily from departments along both the Pacific and Caribbean coasts.

In the Caribbean region itself, El Salvador reported in mid-January that between Dec. 21, 1991 and Jan. 6, 1992, some 488 cases and 21 deaths had been confirmed. Panama recently had its first cholera case in Panama City, following outbreaks in the Darién jungle region and elsewhere several months earlier.

In impoverished Peru, the "birthplace" of the epidemic, cholera is now said to be endemic, meaning it is so imbedded that it will be an ever-present problem. The magnitude of the problem is revealed by a report Jan. 7 that 119 cholera patients were seen over the New Years' holiday just in the port city of Callao. It was officially reported Jan. 21 that in the first two weeks of January, there were over 4,000 cases and 200 deaths nationwide.

About 70% of Peru's 21 million people live in poverty. Barely 55% of the total population have access to drinking water, most of that concentrated in the urban centers and poorly monitored. And while 41% of the population reportedly have "sanitation services," sewage facilities exist in only 16.6% of rural Peru.

"As long as Peru's health and hygienic conditions remain the same, cholera will remain endemic in Peru," Dr. Jorge Ramal, a director of a hospital in the north, was quoted saying. Former Peruvian Education Minister Uriel García Caceres wrote in the daily *Expreso* Feb. 4 that, while modern medicine has lowered the mortality rate, "The war against cholera . . . is not going to be won with medicine, but by governments' control of public funds. As long as the priority for state expenditures places sanitation works—potable water and sewage—in fifth place, as they are doing, there exists not the slightest possibility of defeating cholera."