# Cholera coverup aids contagion's spread

by Valerie Rush

The Salinas government's coverup of the cholera epidemic hitting Mexico has health authorities in the United States for the first time publicly contemplating the implications of serious cholera outbreaks at home.

U.S. Public Health Service director James Mason returned from a visit to Mexio to announce a plan to alert Americans to the danger of contracting the disease. He warned that few U.S. physicians had familiarity with cholera symptoms or treatment. Mason was definitive that "the U.S. should prepare for cases of cholera," but claimed that if proper precautions were taken, the fatality rate in the U.S. could be kept to under 1%.

Texan health specialists Laurance Nickey and Jorge Rosenthal were quoted by the Wall Street Journal Aug. 16 warning, "It is not a matter of if [cholera] will hit, but when," and, "There is a huge possibility it'll hit the border. With the conditions in the poor colonias [immigrant camps on the U.S. side of the border], if someone gets it there, they could begin the chain of disease." In parts of southern California, Mexican immigrant workers are already being screened for cholera carriers, and the Ibero-American cholera strain has been found in U.S. oyster beds in Alabama, off the Gulf of Mexico.

A U.S. Department of Health and Human Services memorandum has been issued suggesting that the course of the cholera epidemic in the Western Hemisphere is "unpredictable," and the U.S. Centers for Disease Control in Atlanta, Georgia have been forced to issue guidelines for the diagnosis and treatment of the disease in their *Morbidity and Mortality Weekly* report, widely read by U.S. doctors.

#### Mexican government lies

New evidence is appearing daily that confirms a coverup of the spread of cholera inside Mexico. Fatalities are going unreported in many parts of the country, and laboratory tests are being confiscated by government health officials instead of returned to the requesting physician. A ban on speaking to the press has been imposed on all medical practitioners, while Health Minister Jesús Kumate has lied that the cholera outbreaks are largely limited to poverty-stricken regions along the Guatemala border. Scores, perhaps hundreds, of

cholera cases are being presented as "severe diarrheal conditions," while public demonstrations are being held outside health centers and government offices in parts of Hidalgo and Veracruz states, demanding that emergency measures be taken

Opposition politician Cuauhtémoc Cárdenas told the press Aug. 8 that at least 1,000 cholera cases were being covered up in the impoverished agricultural region of Huasteca, encompassing the states of Hidalgo, Veracruz, and San Luis Potosí. Cárdenas demanded that a "national emergency" for the region be declared.

The Aug. 16 Los Angeles Times devoted a front-page story to the Salinas government's deliberate downplaying of cholera statistics, as much out of fear of alarming its own impoverished and vulnerable population as of tainting ongoing Mexico-U.S. negotiations for a free trade pact. One local health official, speaking anonymously, told the Times, "Our analysis of why they prohibited us from talking is that it is not good for it to be known that what happened in Peru is starting in Mexico. That would affect the free trade agreement."

The consequence of the Mexican government's refusal to admit the true scope of the disease in that country, of course, is that both its own population and that of the U.S. is put at considerably greater risk of a rapid spread of the potentially deadly contagion.

## Few resources to fight the epidemic

Central America, which has been bracing for a cholera onslaught ever since the epidemic surfaced in Peru, is now struggling against odds to contain the disease. Guatemala, which has adopted the Mexican strategy of drastically underreporting the incidence of cholera, is nonetheless facing a possible ban by nervous Mexican authorities on the crossing into Mexico of over 70,000 Guatemalan coffee workers. Those workers, who depend on picking the Mexican coffee harvest for their livelihood, and the 47,000 small Mexican coffee producers who depend on the extra labor, are threatened with ruin if the ban is carried out.

According to the Mexican daily La Jornada, a severe epidemic of shigellosis dysentery is afflicting hundreds of Guatemalans. The disease, which mimics cholera but which requires antibiotic treatment as well, can similarly be fatal. The same newspaper also reports that Honduran authorities are preparing mass graves in the capital city of Tegucigalpa, in anticipation of cholera outbreaks there.

In Nicaragua, Health Ministry squads are deploying to the poor barrios of Managua to attempt to educate the population on how to contain what is considered an imminent cholera contagion in that country. Hospital personnel are, however, confiding to the press that "the situation is a total disaster," the result of years of economic devastation wrought by the Sandinista regime.

The director of one hospital admitted to only three days'

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worth of serum stocks, while another had only aspirin to dispense. Detection of sugar in the urine, a traditional test for diabetes, is now being conducted at these hospitals by having the patient urinate on the ground to see if ants would be attracted to the puddle. Said one nurse, "I don't know what we'll do when cholera arrives. What I am sure of is that thousands are going to die." Another commented ironically: "We have dengue, malaria, rubeola, Sandinista mobs, measles, tuberculosis, and soon, cholera. The seven plagues of Egypt have descended upon us."

In Peru, a resurgence of the cholera epidemic that claimed thousands of lives earlier this year is being predicted by the authorities when summer begins next December. Although the epidemic had slowed somewhat in the Andean highlands and coastal regions over the past few months, it has continued unabated in the tropical lowlands, and remains endemic throughout the country. Lima still reports 20-30 cholera cases a day.

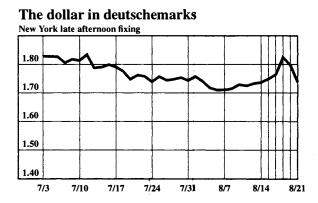
Peru's former Health Minister Dr. Uriel García insists that the reduced intensity of the epidemic has absolutely nothing to do with government measures taken to fight the disease. "It has gone by itself, absolutely by itself. [The government] took no measures to supply Lima slums with emergency sources of clean drinking water, and feeble government educational efforts accomplished nothing." García predicted that "recurrent surges of cholera will be inevitable" until the billions of dollars required to build water and sewage infrastructure are allocated.

### A 'malthusian' mentality

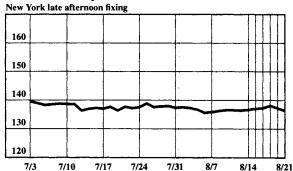
That it is not entirely a question of dollars invested, but also a question of drastically altering government priorities, was emphasized by an article published by journalist Antonio Cerda Ardura in the latest edition of the Mexican magazine Siempre. Cerda denounces the population control obsession of the superpowers toward, especially, the Third World, and suggests that lack of funding for sanitation infrastructure, adequate housing and medical care, and so forth, are the deliberate products of the "malthusian mentality" behind the international credit institutions, which are as interested in collecting their debt as they are in de-populating the underdeveloped nations of the world. To accomplish these goals, writes Cerda, "it has been indispensable to create more misery and to turn the 'rabble' in the countryside into a breeding ground for epidemics; that is, to conduct virtual biological warfare."

Cerda also documents the work of a task force set up in 1974 by "the controversial U.S. economist Lyndon H. LaRouche," who warned that the continued enforcement of the austerity policies of the World Bank and the International Monetary Fund would lead to "biological holocaust" in the developing sector. Cerda concludes that the outbreak of cholera in Peru and in the rest of Ibero-America reflects a deliberate IMF plan to "Africanize" the continent.

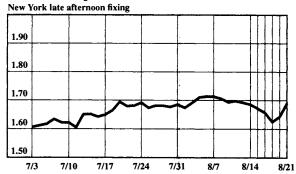
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