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## Central America: The Political Economy Of Cholera

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. Robinson LADB news analyst The cholera virus has finally arrived in Central America, and threatens to cause human destruction on the scale of the earthquakes, floods and civil wars that have so tragically ravaged the isthmus in recent years. With the confirmation by health officials of at least 60 cases of cholera in Guatemala, the first confirmed case in El Salvador and suspected cases in Honduras, the deadly disease is expected to sweep through the region in coming weeks, overwhelming fragile and over-taxed health care systems. Cholera is known as a "poor person's disease" precisely because it is easily prevented, and just as easily treated, under appropriate sanitary and medical conditions. The virus is spread by the ingestion of liquids or foodstuffs contaminated by the excrement of cholera victims, and is usually spread through the water supply. Preventing cholera contagion is as simple as having access to safe potable water, and sanitary food preparation. Treatment requires standard rehydration facilities. In Central America, however, the conditions of extreme poverty and deteriorated health and sanitation systems leave health officials ill-equipped to deal with a cholera epidemic. All of the Central American capitals, with their sprawling densely populated slums, open sewer lines, squalor and minimal or non-existent social service infrastructure, are breeding grounds for the virus. And public hospitals throughout the isthmus are filthy, overcrowded, and lack adequate staff and supplies. According to a recent report by an investigative team from the World Health Organization (WHO), 90% of the foodstuffs sold by street vendors in Guatemala City is contaminated with human waste. In the Nicaraguan capital of Managua, the figure was 74%, in San Salvador, 60%, and in Tegucigalpa, Honduras, 40%. Cholera broke out in Peru's northern coastal area in early January and quickly reached epidemic proportions. Over the following months it spread to Ecuador, Colombia, Brazil, Chile, Argentina and Uruguay. To date, some 275,000 cases have been reported in Latin America by WHO, making it a veritable continental pandemic. It was not surprising that the vast majority of cases, over 230,000, were registered in Peru. Peru, sardonically referred to by some as the "Bangladesh" of Latin America, is the poorest country in South America. Living conditions closely approximate the extreme poverty prevailing in Central America. From South America, the vibrio cholera virus traveled to Mexico. From there, it was introduced into Central America through the Guatemalan border province of San Marcos, a heavily transited international border crossing, used for the deportation from the United States and Mexico of Central and South Americans. Of the 275,000 cholera cases reported in Latin America thus far, some 3,000 have resulted in death. However, this figure pales in the face of the grim predictions made by health officials in Central America. In Honduras, for instance, the Health Ministry ordered the preparation of common graves in Tegucigalpa and other parts of the country in anticipation of the arrival of the disease. The Ministry predicts that 1,000 people will die within three months after the first case of cholera in Honduras is confirmed. Citing health ministry reports from the five Central American capitals, a special report by the Guatemala City-based Inforpress (08/08/91) said that of the region's 20 million people, about 600,000 are expected to contract cholera. Cholera deaths are project at 4,000; hospitalized cases, 150,000; and, medical costs, over \$50 million. The backdrop to the imminent cholera epidemic in Central America is the economics of extreme poverty and underdevelopment. Its context is region-wide neo-liberal economic "adjustments" and austerity from the 1980s to the present, meaning

sharp cuts in social welfare service budgets, and a dramatic deterioration of health care and sanitation infrastructure. In Central America, 75% of children under five suffer from malnutrition. Per capita income ranges from about \$1,900 in Costa Rica, to \$1,282 in Guatemala, and \$780 in Honduras. In Guatemala, around 87% of the population lives in poverty, and half in a state of indigence. The figures are roughly the same for El Salvador, where GDP per capita dropped by 25% in the 1980s. In Nicaragua, over 70% of all households live in poverty, and over 50% in indigence. Sixty-eight percent of Hondurans live in poverty, and nearly 60% in indigence. The basic conditions for confronting the spread of cholera uncontaminated water and to health care facilities are not available to the majority of Central Americans. Only 30% of the Guatemalan population has access to safe running water, according to the Inforpress report. In El Salvador, the figure is 52%, and in Nicaragua, 45%. Only one-third of Hondurans have access to potable water, and over 50% lack access to even the most rudimentary human waste disposal system. According to a 1982 study by UNICEF, Guatemala has the lowest "physical quality of life" index in Central America. Only 34% of the population has access to adequate health care. Although the hospital bed/inhabitant ratio is 1 to 12, the vast majority of beds are located in private facilities, and thus not accessible to the vast majority of Guatemalans. In a recent interview with daily newspaper La Prensa Libre, a doctor from Guatemala City's Metropolitan Hospital said conditions in public hospitals are so poor that patients interned for minor maladies often die from exposure to contagious infections. As reported by the Salvadoran Ministry of Health, only 37% of Salvadorans have access to medical care. Only 3.2 doctors and 12 hospital beds are available per 10,000 inhabitants. According to Honduran Health Ministry statistics, 50 to 60% of the population lacks access to adequate health care. The UN Economic Commission for Latin America and the Caribbean (ECLAC) reports that in El Salvador, health expenditures steadily declined in the past decade, from 11% of the national budget in the early 1980s to under 6% last year. Guatemala's health budget underwent a similar reduction over the past decade. In Nicaragua, the health budget was cut by 30% in 1990, as the government attempted to meet International Monetary Fund (IMF) guidelines for fiscal deficit reduction. Only in Honduras have health expenditures actually increased in recent years, although such spending still represents a single digit proportion of the national budget. Costa Ricans enjoy a more modern health and sanitary infrastructure. However, the health and social security budgets were cut by one-third as part of 1980s economic adjustment programs. Government officials have expressed concern that the health system is not prepared to manage a major outbreak of cholera. Central American officials fear that, in addition to the human tragedy, the region could suffer from reduced export revenues if agricultural products become contaminated. Peru has lost \$1 billion in export earnings as a result of the epidemic. The health ministries of the five Central American nations have launched a region-wide "Plan for the Prevention and Control of Cholera in Central America." However, given a 17.2% decline in per capita GDP between 1981 and 1990 (ECLAC), scant resources are available for emergency health programs. The cholera virus is a natural phenomenon. Its appearance in Central America, however, says a good deal more about the political economy of poverty and underdevelopment than about biology or medicine.

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