Nicaragua’s debt burden: a permanent hurricane

Sir—Emma Curtis (Nov 14, p1622) offers an excellent differential diagnosis of the ailment that is undermining Nicaragua’s health services and the health of its population. Still we fear that the therapy she proposes—reduction of unpayable debts—is not radical enough. Debt reduction will not free resources for health care, increase, spending in the social sector, or boost the country’s economy, but will only prolong its underdevelopment. In the wake of hurricane Mitch, the need for a complete cancellation of all Nicaragua’s debts is imperative. Nicaragua has to transfer its creditors more than US$ 300 million debt service payments in 1998,1 a figure that contrasts bitterly with the meagre US$ 80 million pledged by the USA to help overcome the effects of Mitch’s passage, which pushed the country 30 years back in history.

Partial debt reduction will not resolve Nicaragua’s financial crisis. This approach may create an illusion of international goodwill and mutual understanding and, at the same time, secure the willingness of the right-wing government to implement structural-adjustment policies still more stringent than the devastating ones described by Curtis. Cancellation of the debts that countries are not able to service does not fundamentally affect the existing US$ 450 billion South-North transfers,2 it mainly assures continued servicing of remaining debts and avoids destabilisation of the mechanisms that have permitted the North to maintain or recover control over the South’s economic potential. Unless all debts are completely and unconditionally cancelled, developing countries will not get the opportunity to effectively develop.

Such a cancellation is a necessary but not a sufficient condition to halt the last decade’s steady deterioration of the health and well-being of the Nicaraguan people. Recovering pre-1990 human development levels also presupposes an internal policy reform that abolishes the devastating adjustment measures imposed by the International Monetary Fund since then. Curtis rightly puts these factors forward as the direct causes of, among other things, draconian cuts in government spending on health, dwindling access to health care and drugs, steeply falling coverage of preventive activities and substantial increases in malnutrition, morbidity, and mortality rates. Nevertheless, the US sponsored Contra war and the economic blockade against the Sandinista government of the 1980s seem to indicate that such internal policies, which are needed in today’s Nicaragua, were, in the past, deemed contradictory to international corporate interests and unacceptable to western governments.

Conditional reductions or even complete debt cancellation will not create, on their own, a head start in the new millennium for less developed countries. Only forcing a drastic shift in the international economic order can provide the basis for development that does not collapse into neocolonialism.

*Patrick Van der Stuyft, Pol De Vos
Epidemiology Unit, Institute of Tropical Medicine, Nationalestraat 155, B-2000 Antwerp 1, Belgium (email: gervenhuys@itgb.be)


iodine-rich drinking water of natural origin in China

Sir—Laura Kettel Khan and colleagues (Nov 7, p 1519)1 report on thyroid abnormalities related to iodine excess from water purification units. The high iodine intake resulted from the introduction of iodine through the water-filtration system. There have been several reports on iodination of village water supplies to effectively reduce endemic goitre and to kill most micro-organisms at more physiological iodine concentrations.2

We reported that iodine-induced goitre occurs in association with iodine-rich drinking water in 19 Chinese counties of six provinces, which affect about 10 million people.1 The average water iodine concentrations were above 300 μg/L, and the median urinary iodine concentrations were above 900 μg/L in all these counties. Goitre rates were all above 10%. Thyroid functions were generally normal in this population.1

Iodine-rich drinking water is exclusively found underground, and there have been no reports of surface water with excessive iodine. All reported areas with excess iodine are in plain, rather than in hilly or mountainous, regions as is the case for iodine deficiency. Among the reported areas in China with excess iodine, two large areas which involve 15 counties were nearby to the Yellow River. One region is located north of the Yellow river, south of the Ziya river, and near the coast of the Yellow sea, with an area of about 8500 km² and a population of 4·5 million in eight counties of Hebei and Shandong province. In this area, iodine-rich drinking water is found exclusively from a deep well with depth of 150–700 m. The other large area is located between Old Yellow river and Yellow river, with an area of about 9000 km² and a population of 5·4 million in seven counties of Jiangsu and Shandong province. Over 1000 years. Yellow river has shifted north from Old Yellow river to its current location by flooding, leaving a flood plain between the two old locations of the Yellow river. In this area, iodine-rich water generally comes from shallow wells with a few exceptions from deep wells in some villages. Other four small areas located in Shanxi, Xinjiang, Hebei, and Inner Mongolia affect fewer people.3

Getting populations in iodine balance is a public-health priority with over 725 million population at risk of iodine deficiency in China.1 Clearly in both Niger, West Africa, the site of Khan’s study and in China, a major public-health issue is iodine deficiency. When iodine is inadvertently introduced in massive amounts both thyroid size is increased and function is perturbed. In China, where iodine in the drinking water is excessive but less that the Peace Corp group, thyroid volume is increased but function is not greatly affected. The monitoring of iodine status of populations where ever they are is important.

Jinkou Zhao, Zupei Chen, *Glen Maberly
Jiangsu Provincial Center for Public Health and Disease Control, Nanjing, China; Tianjin Institute of Endocrinology, Tianjin Medical University, Tianjin 300070, China; and *Program Against Micronutrient Malnutrition, Rollins School of Public Health, Emory University, 1518 Clifton Road, Atlanta GA, USA

1 Khan LK, Li RW, Gootnick D, the Peace Corps Thyroid Investigation Group. Thyroid abnormalities related to iodine excess from water purification units. Lancet 1998; 351: 1519.