

Lebanon faces first cholera outbreak in decades

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Lebanese and international officials have reported that the death toll from the country's cholera outbreak—its first in three decades—has reached 18. There have been over 1,400 confirmed cases since the first was recorded on October 5.

Cholera, a disease that is relatively simple to treat with oral or intravenous hydration and antibiotics, has long been associated with the world's poorest countries where access to clean water and basic sanitation is limited.

That an outbreak is taking place in 2022 in Lebanon, once a relatively affluent country, is due to the desperate poverty created by decades of imperialist wars in the Middle East, Washington's proxy war for regime change in neighbouring Syria, the "let it rip" pandemic policies of the world's capitalist governments, the plundering of the country's resources by Lebanon's corrupt financial elite, the 2020 Port of Beirut blast, the economic impact of the US/NATO war on Russia in Ukraine, and profiteering by the world's pharmaceutical industry.

The result has been a massive 60 percent reduction in Lebanon's economy, with GDP falling from about \$55 billion in 2018 to an estimated \$20.5 billion in 2021, the kind of contraction usually associated with wars, according to the World Bank.

Cholera, a water-borne intestinal disease, spreads by the ingestion of water or food that has been contaminated by the waste of infected people. It causes uncontrollable diarrhea and vomiting that can lead to death within hours from dehydration if untreated. As 75 percent of those who contract cholera exhibit no symptoms, the real number of those infected in Lebanon could well be more than 5,000.

The disease was first identified in Lebanon's rural areas, in the northern districts bordering Syria. Its presence was "probably due to population movements," according to the head of the World Health Organisation (WHO) technical team in Lebanon, Alissar Rady. It has spread rapidly throughout all eight governorates and 18

out of 26 districts.

Since late August more than 35,000 suspected cases of cholera and 92 deaths have been reported across Syria, where the WHO believes the outbreak probably started. Poverty levels have soared since the start of the war in 2011 that has devastated the country's physical, economic and agricultural infrastructure. Syria's cholera outbreak comes during the country's worst drought in decades. Raw sewage is being pumped into the Euphrates River on which hundreds of thousands of people depend.

The WHO explains that Syria's cases are linked to an outbreak that began in Afghanistan in June before spreading to Pakistan, Iran, Iraq, then Syria and Lebanon.

"Most cholera cases in Lebanon have been in the camps, among the roughly one million Syrians who have taken refuge over the past decade from the conflict in their homeland," Lebanese Health Minister Firass Abiad said.

Children are at greater risk of developing severe cases, particularly if they are malnourished. In Lebanon, a quarter of all cholera cases have been reported among children between 0 and 4 years of age, according to the most recent UNICEF Lebanon situation report.

The country's economic crisis has left broad swathes of the country subject to repeated and long electricity shutoffs. Unable to secure fuel, many of its main water treatment plants cannot pump water to households, with the South Lebanon Water Establishment recently announcing it would have to shut down services, leaving thousands without running water. Raw sewage is therefore being pumped into the rivers.

Adding to the crisis is the acute shortage of vaccines globally. The Indian subsidiary of French company Sanofi responsible for producing one of only two oral cholera vaccines available for use in humanitarian emergencies is set to halt production at the end of this year, just as the world faces an "unprecedented" series of deadly

outbreaks.

This is despite repeated appeals from the WHO's director general, Dr Tedros Adhanom Ghebreyesus. Last month he warned that the climate crisis had "turbocharged" the spread of the disease as extreme weather events such as floods, cyclones and droughts reduce people's access to clean water. He pointed out that the average fatality rate from the disease this year was almost three times the rate of the previous five years.

The WHO has responded by suspending two-dose vaccination to enable the available doses to be used more widely. Lebanon only took delivery of its first vaccines—13,000 donated by France—at the beginning of this month. Another 600,000 doses have been provided by the WHO for those most at risk, including frontline workers, prisoners, refugees, and their host communities.

Lebanon's cholera outbreak takes place amid widespread poverty, collapsing public services and growing community tensions, with the global food and fuel crisis exacerbating the already dire situation. Some 80 percent of the country's 6.8 million population are living below the poverty line. Lebanon's currency has lost 95 percent of its value, driving up prices and demolishing purchasing power. Food prices have jumped 500 percent in the last year due to galloping inflation.

Access to basic goods, including food, water, healthcare (with hospitals only accepting payment in US dollars), education and transportation is in jeopardy. Four out of 10 school-aged migrants and Syrian refugees are out of education, while 14 percent of Lebanese children dropped out during 2020-2021. As fuel prices have soared with the ending of government subsidies in September, the cost of a ride in a shared taxi, the main form of public transport, has rocketed from 2,000 pounds pre-crisis to 50,000.

Emigration is at its highest level since the civil war of 1975 to 1989. According to a 2021 Gallup poll, a record 63 percent of people surveyed wanted to leave permanently, up from 26 percent before the crisis. Among those leaving are doctors, with the WHO reporting that most hospitals are operating at 50 percent capacity. Around 40 percent of doctors, mostly specialists, and 30 percent of nurses have permanently emigrated or are working part-time abroad.

Lebanon's banks, owned by wealthy families that have lent to the state that defaulted on its hard currency debt in 2020, have frozen ordinary depositors out of their dollar accounts. They have severely limited all withdrawals based on exchange rates that wipe out up to 95 percent of their value. There has been a spate of well-publicized

bank heists as desperate customers seek to withdraw their cash to pay for much-needed healthcare treatment for their loved ones.

All of this has been compounded by Lebanon's long-running political crisis. The 89-year-old President Michel Aoun retired at the end of his six-year term of office without the warring factions in the country's parliament—beholden to various regional paymasters in the Gulf and Iran—having agreed a successor. The president signs bills into law and appoints new prime ministers. Under the country's sectarian constitution, the position must be held by a Christian.

On four separate occasions, the two rival Christian factions were unable to secure sufficient support for their presidential candidate, leaving Lebanon governed by a caretaker cabinet with limited powers—led by the country's richest man Najib Mikati, who has been unable to form a government since his nomination to the post last May.

Some 1.5 million Syrian refugees are living in Lebanon in appalling, overcrowded and unsanitary conditions in informal settlements and collective shelters without legal rights.

The government has announced a "voluntary" repatriation scheme, even as it incites discrimination against refugees. It follows a similar scheme in 2018 when Lebanon repatriated around 400,000 refugees. Few in the run-down camps in central Bekaa, eastern Lebanon, said they would sign up. Amnesty International's Syria researcher Diana Semaan said simply, "Syria is not safe for returns," pointing out that past returnees had been subject to rights violations including detention, torture, rape and forced disappearance.



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