



Apr 13th, 1:30 PM - 2:30 PM

An Empirical Analysis of Dutch Disease: Developing and Developed Countries

C. David Rudd

Illinois Wesleyan University

Pam Lowry, Faculty Advisor

Illinois Wesleyan University

Follow this and additional works at: <http://digitalcommons.iwu.edu/jwprc>

Rudd, C. David and Lowry, Faculty Advisor, Pam, "An Empirical Analysis of Dutch Disease: Developing and Developed Countries" (1996). *John Wesley Powell Student Research Conference*. 16.
<http://digitalcommons.iwu.edu/jwprc/1996/posters/16>

This Event is brought to you for free and open access by The Ames Library, the Andrew W. Mellon Center for Curricular and Faculty Development, the Office of the Provost and the Office of the President. It has been accepted for inclusion in Digital Commons @ IWU by the faculty at Illinois Wesleyan University. For more information, please contact digitalcommons@iwu.edu.

©Copyright is owned by the author of this document.

Poster Presentation 14

**AN EMPIRICAL ANALYSIS OF DUTCH DISEASE:
DEVELOPING AND DEVELOPED COUNTRIES**

C. David Rudd and Pam Lowry*, Department of Economics, IWU

Dutch Disease occurs when a country discovers a substantial natural resource deposit and begins a large-scale exportation of it. As a result, the country's currency appreciates, thereby reducing the competitiveness of the country's traditional export sector. Therefore, this tradable goods sector should contract, leading to structural changes and unemployment in the economy. Neary and Van Wijnbergen (1986) develop the theoretical underpinnings by identifying the two components of Dutch Disease: the spending effect and the resource-movement effect. Using these theoretical components, the paper attempts to account for the decline in the Netherlands' manufacturing sector and Nigeria's and Indonesia's agriculture sectors. The paper uses ordinary least squares (OLS) analysis and time-series data from 1960-1990. It is shown that Dutch Disease contributed to the contraction of the countries' traditional export industries. However, the results also indicate the importance of several non-Dutch Disease factors. Finally, the paper discusses several policy implications.