

Covid-19: The Virus in Latin America

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CLEONICE GONÇALVES WAS one of the first in Latin America to die from the coronavirus pandemic.

Gonçalves was a 63-year-old domestic worker in Leblon, one of the wealthiest neighborhoods in Rio de Janeiro, Brazil. Her employer was a wealthy woman who had recently returned from a vacation in Italy, but did not tell Gonçalves that she was infected nor that she was in isolation.

Gonçalves, who had hypertension and diabetes, fell ill and died on March 17.

When the virus began to spread around the world, pundits declaimed that it was no respecter of person, that it infected rich and poor, Black and white, Christian and Muslim alike. As the stories of Gonçalves and others have made readily apparent, however, much like disasters and hunger, the outcome of the coronavirus is not “natural” but the result of political decisions that lay bare the class contradictions in society.

There is much we do not understand about the coronavirus and how it spreads. But it is now readily apparent how the virus does discriminate, or rather, how society has been constructed that makes some more susceptible than others to the infection.

Immense and innumerable disparities and vast inequalities mean that the virus disproportionately attacks those in marginalized situations with limited access to resources, which often particularly means people of color.

Response to the virus is often presented as a choice between saving millions of lives or protecting economic growth, but a key question is: saving whose lives and protecting whose economic interests? As often happens, the costs of such decisions are socialized while the benefits are privatized.

In Latin America, people in the most precarious situations work in the informal economy, and with quarantines in place they lose the ability to survive. But when the ruling class wants to reopen the economy, it is not those workers' interests that they have in mind. With winners and losers, those with the least amount of means and fewest resources are the ones who pay the greatest cost.

We can learn much about the class contradictions of the coronavirus by observing what is happening in Latin America. That region also embodies a broad range of responses to the virus, and also reflects how those responses are politicized and elicit very different reactions to what are seemingly similar actions.

Domestic Workers

As with Gonçalves in Brazil, many of the domestic workers in Latin America are poor, Black women who work for wealthy families of European descent. Their working arrangements are a legacy of slavery and reflect deep inequalities in society. Much of the initial spread of the virus in Latin

America came from wealthy individuals who had traveled to what turned out to be hot spots, such as Italy, Spain and the United States, bringing the infection back to their homes.

Those from privileged backgrounds are better situated to confront the infection, including access to better healthcare and nutrition that made them less susceptible to the virus and the financial ability to shelter at home.

In contrast, their domestic workers who often live on the margins face the choice of potentially becoming infected or not having the funds to pay for food or housing. Due to a lack of proper healthcare or nutrition, these workers have higher incidents of underlying conditions such as hypertension and diabetes that dramatically increased the risks from contracting the virus.

Domestic workers typically have to travel on crowded public transit — sometimes for hours — to reach their jobs. Some employers insist that they move in to ensure they do not become infected elsewhere, even though this means not being with their own families. At the same time, the employers also demand that they go to the markets to shop, increasing their levels of potential exposure.

When workers return home, they face problems of a lack of running water and sanitation. Other family members packed into their small houses often work in the informal sector and have had no choice but to venture out to earn money for food.

Crowded living conditions make physical distancing impossible. All these factors assure the rapid spread of the infection in impoverished neighborhoods.

A report from the Economic Commission for Latin America and the Caribbean (ECLAC) notes that the virus hits domestic workers especially hard because of their limited access to an already tenuous social safety net. Many domestic workers are migrants, or of Indigenous or African descent, which only compounds the discrimination that they face. [1]

This impossible situation illustrates the precarious position in which many domestic workers find themselves, with many not earning minimum wage or holding a formal contract that guarantees regular hours. This exposure to abuse and violations of their rights has led some to organize for their rights, including demanding paid leave and protection for their health and jobs.

African Descent & Indigenous Peoples

Similar to the United States, Brazil suffers from extremely high rates of police killing young Black men, particularly in poor and marginalized neighborhoods, who are never prosecuted. The pandemic only added another level of injustice to this abuse, leading to complaints that — instead of sending desperately needed doctors and nurses — the government sends police to kill them. [2]

As a reflection of rampant inequalities, one study showed that Blacks in São Paulo, Brazil, are 62% more likely to die from the coronavirus than their white counterparts. [3] Similarly, the virus is particularly deadly for Indigenous people as it spreads at an alarming rate through remote areas with little or no access to healthcare.

The coronavirus follows a long history, dating back to the Spanish conquest, of Indigenous communities being decimated by outside diseases. Far-right president Jair Bolsonaro's radical anti-environmentalism has emboldened the actions of loggers, ranchers, and illegal gold miners known as garimpeiros.

These unwelcome intruders likely introduced the coronavirus into Indigenous territories. For the

Yanomami, one of the largest and best-known Indigenous nations in the Amazon, this is only the most recent epidemic that has included malaria, flu, tuberculosis, and sexually transmitted diseases that have threatened their communities.

Indigenous leaders accused Bolsonaro of intentionally allowing people in their communities to die from COVID-19. This comes on top of the steps that his government has taken to weaken federal agencies that protect their lands in the Amazon.

“I fear genocide, and I want to denounce this to the whole world,” Arthur Virgílio Neto, the mayor of Manaus in the heart of the Amazon, declared. “We have here a government that does not care about the lives of Indigenous people. ... It is a crime against humanity that is being practiced here in my state, here in my region.” [4]

Survival International, which defends Indigenous communities in voluntary isolation, notes that illegal miners and loggers are exploiting the pandemic as an opportunity to encroach on their territories.

“What’s happening to indigenous peoples in Brazil now constitutes nothing less than an all-out, genocidal assault,” Survival’s Research and Advocacy Director Fiona Watson said. “Countless tribal lands are being invaded, with the backing of a government which wants to completely destroy the country’s first peoples and makes no attempt to hide it.” [5]

In Colombia, Indigenous communities took matters into their own hands. Unarmed members of the community defense force Guardia Indígena (Indigenous Guard) monitor checkpoints to prevent the virus from reaching their territory.

“There’s more control of the pandemic inside our territories than outside,” Robert Molina, a coordinator of the Guard for the Regional Indigenous Organization of Cauca (CRIC), said. “But we’re worried because supplies and money is [sic] running out.” [6]

Other communities fear that the pandemic will exacerbate existing food and water shortages with potentially fatal results.

Often government programs do not reach into their territories, and with social isolation policies in place the problem becomes much more severe. With older people particularly at risk, some groups face a risk of losing their languages and traditional wisdom.

Hundreds of social movement leaders have been killed in recent years in Colombia, and those numbers only continue to rise. It appears that armed groups are taking advantage of the quarantine to carry out violence unimpeded, with Indigenous authorities particularly at risk. The right-wing government of Iván Duque is either unwilling or unable to stem the violence.

The ECLAC report said that the COVID-19 pandemic will make a bad economic situation worse for women, Indigenous people, migrants and people of African descent. Unequal access to potable water, sanitation, healthcare and housing could result in higher rates of infection and death among those populations.

Women would be in a “particularly vulnerable situation” because their work is more often informal with fewer guarantees, leaving them more exposed to the risk of unemployment. [7] The pandemic has also exacerbated problems with domestic violence.

According to the United Nations, 12 women are killed every day in Latin America because of their gender. Fourteen of the 25 countries with the highest rates of femicide and violence against women

in the world are in the region.

Even with these already high rates, those crimes have surged in the face of stay-at-home orders. Reports indicate that with the lockdowns crime rates had fallen — except for violence against women that had surged significantly. In Argentina, femicides reached a ten-year high. [8]

Immigration Scare Tactics

Early on, in appealing to racist sentiments Trump and others in his administration insisted on referring to the coronavirus as the “Wuhan flu” or “China virus.” Since most infections in Latin America originated in the United States, logically a parallel xenophobic reaction could similarly refer to it as the “gringo flu” or “United States virus. ”

Despite this flow of the virus out of the United States, the Trump administration appears to be using the pandemic as an excuse and mechanism to halt immigration into the country. The administration used a Centers for Disease Control and Prevention (CDC) order as a pretext to implement a long-standing desire to deny individuals the right of requesting asylum at the border. [9]

Evidence that most new cases in the Mexican border region come from the United States (rather than the reverse) highlights the fact that rather than protecting public health the policy decision was politically motivated. [10]

Even more deplorable is the introduction of the virus deeper into Latin America through involuntary deportations. As the coronavirus has spread through crowded immigration detention centers across the United States, those infections are carried back to their home countries when the United States government deports the immigrants. [11]

The Trump administration’s decision to ban travel from Brazil, a close ally whose president Bolsonaro has followed policies similar to those in the United States, only underscores the hypocrisy of his own immigration policies.

Guatemalan president Alejandro Giammattei suspended those deportation flights to his country several times to force the United States to better screen deportees. But under pressure from the Trump administration, he keeps resuming them. Guatemala has the highest infection rate in northern Central America, and a majority of those come from deportees. [12]

Haiti faces a similar if not worse problem, in large part because so many people lack access to potable water and a functioning health care system. At first, Haiti seemed to be spared because it was so isolated.

In contrast, the Dominican Republic (which shares the island of Hispaniola) had some of the highest infection rates in the Caribbean because it attracts tourists from around the country.

That situation began to change as now unemployed and undocumented Haitian workers in the Dominican Republic returned home. The deportation of Haitians from the United States only worsened and escalated the situation.

Further harming immigrants, some recently deported people have faced threats and attacks from locals who fear that they will spread the virus and put their communities at risk.

Varied Reactions

At the beginning of the pandemic, some pundits in the United States surmised that it was a seasonal

infection that would decline with the onset of warmer weather. Infection patterns in Latin America should have immediately put to rest that idea, which was based on guesses and assumptions rather than science.

The hot and humid port city of Guayaquil, Ecuador, was an early hotspot in South America. The virus quickly overwhelmed the ability of the health care system to respond after neoliberal policies had slashed its funding. Similarly, cases spiked in Brazil and Chile, even with the onset of the southern summer.

Responses to the coronavirus pandemic have varied widely across the hemisphere. At first, Bolsonaro dismissed news of the virus as a fantasy and “fake news” designed to undermine his government. He complained that any lockdown would destroy the country’s economy. When members of his government contracted the virus, he disregarded it as “gripezinha,” a mild flu that was only dangerous to the elderly.

As Brazil quickly became one of the global hot spots, Bolsonaro famously retorted “So what? I’m sorry. What do you want me to do?” [\[13\]](#)

Similar to Trump’s relations with infectious disease expert Anthony Fauci, Bolsonaro also explicitly opposed the recommendations of his own health minister, Luiz Henrique Mandetta, as well as restrictions that state governors imposed, including previous allies of his government.

Openly admitting that his priorities and allegiances placed profits for capitalists over the lives of Brazilians, Bolsonaro declared, “Mandetta’s vision was that of health, of life. Mine is more than life, it includes the economy, jobs.” [\[14\]](#)

In April, Bolsonaro fired Mandetta for publicly challenging him on the government’s response and replaced him with the more complacent Nelson Teich, an oncologist, healthcare entrepreneur and executive who had come from the private sector with no public health experience. Teich has expressed neo-eugenicist ideas about the value of life, based on calculations of profit and loss. [\[15\]](#)

Teich lasted less than a month in the position, leaving after opposing Bolsonaro’s decision to allow gyms and beauty parlors to reopen and his advocacy of the use of hydroxychloroquine to fight and prevent COVID-19. Both Bolsonaro and Trump have promoted its use despite no scientific evidence that it is effective. The drug, used to treat malaria and lupus, has potential side effects that include a risk of developing an irregular heartbeat.

Bolsonaro replaced Teich with Eduardo Pazuello, an active-duty Army general with no medical background. That appointment was consistent with Bolsonaro’s moves to name military personnel to administrative positions. Under Pazuello, the health ministry approved the use of hydroxychloroquine to treat COVID-19.

Ironically, a similar response to the pandemic as that of Bolsonaro in Brazil came from Nicaragua’s president Daniel Ortega who famously led the leftist Sandinistas to power in 1979 through a guerrilla insurrection.

As with Bolsonaro, Ortega was also very reticent to issue stay-at-home orders because of their negative economic consequences. He declared that the country would “die if people stopped working.” At the beginning of the pandemic, his vice president and wife, the spiritualist Rosario Murillo, organized large rallies to conquer the virus “with love in the time of COVID-19,” a play on the title of Gabriel García Márquez’s novel *Love in the Time of Cholera*.

Ortega stated that the pandemic was “a sign from God” who was “calling for changes in the world.”

He criticized countries for spending vast sums of money on weapons, and asked rhetorically whether the virus could be combated with “atomic weapons.” [16]

Unlike Bolsonaro’s lack of response that resulted in some of the highest infection rates in the world, Nicaragua had the lowest number of cases in Central America. Supporters claim that this low rate is due to highly effective health measures that include border checks to prevent introduction, the training of health workers to prevent local transmission, vigorous contact tracing, and enforced isolation of suspected cases. [17]

Media reports have challenged this narrative, claiming that infection rates might be much higher but have either been underreported or remain hidden for political purposes. [18]

Neighboring El Salvador and Honduras also have relatively low infection rates, but those countries’ right-wing authoritarian governments have imposed stringent quarantines with highly punitive and coercive measures that have led to police violence and arrests.

El Salvador’s president Nayib Bukele, in particular, has received international condemnation for his militarized response and human rights abuses, even though he remains highly popular at home. Bukele claimed emergency powers and deployed soldiers to enforce strict quarantine measures, including confinement for violators.

Honduran president Juan Orlando Hernández similarly instituted a state of emergency that approximated martial law. When the government relaxed restrictions, people flooded to the markets to buy food, making physical distancing impossible.

Worse, the government’s neoliberal economic policies had defunded the public health system, leaving it at the point of collapse and unable to respond to such a crisis. [19]

As the Latin America Working Group (LAWG) notes, Latin America is particularly vulnerable to the virus “given the epidemiological profile of the population, the precarious healthcare infrastructure, and the large income inequality in the region.” Particularly problematic is when governments have taken advantage of the pandemic to institute repressive and anti-democratic measures, as happened in Honduras and El Salvador. [20]

Ravages of Neoliberalism

In October 2019, extended and intensive demonstrations against neoliberal economic policies quickly spread across Latin America. While they extended to places such as Colombia that typically have not seen such protest, they were particularly intense in Chile and Ecuador.

The pandemic interrupted those massive movements and gave those right-wing governments an opportunity to press through with their unpopular policies that particularly hurt the working class.

Ecuador has been particularly hard hit both by the coronavirus pandemic and an economic crisis resulting in the fall of oil prices, one of its main exports.

While six months earlier President Lenín Moreno had backed off from his austerity plans in the face of the protests, in May 2020 he announced a new round of public spending cuts.

Even with the pandemic ravaging the country, thousands took to the streets in protest. Indigenous organizations and trade union organizations complained that low-income workers have received little government aid, while the administration’s policies protected the wealthy.

In many ways, Bolivia is a reverse story. On November 10, 2019, a military coup removed the leftist president Evo Morales from power. The right-wing legislator Jeanine Añez proclaimed herself interim president pending new elections that were to be held on May 3 (see Bret Gustafson, "On the Coup in Bolivia," in ATC 204).

In the face of the pandemic, Añez postponed the election to September 6. Morales's Movimiento al Socialismo (MAS, Movement to Socialism) party criticized that decision, claiming that it was simply an excuse to extend her time in office. The MAS claimed that she was weaponizing the coronavirus as a means to delay elections and extend that agenda.

Añez had already moved well beyond her mandate as interim president to call for new elections as she led Bolivia in a sharp rightwing turn. In a power grab, she harassed and prosecuted her political opponents. Her priority was to restore neoliberalism and bring Bolivia firmly back into the imperial orbit of the United States.

Imperial policies

Following the method of never letting a crisis go to waste, the Trump administration and its allies among the domestic ruling class in Latin America have sought to crush leftist governments in Latin America.

Cuba has long been a leader in providing people-centered preventative health care rather than much more expensive, profit-driven punitive care. A result of effective public health measures was that Cuba has registered fifty times fewer cases of the coronavirus per capita than in the United States.

The Cuban government was not only concerned with the health of its own citizens. Early on, when no other country would allow a cruise ship to dock with infected passengers, the Cuban government provided it with a berth and facilitated the repatriation of its citizens to their home countries. As it did for Ebola in West Africa and other similar crises, the government sent thousands of doctors around the world to confront the pandemic. [21]

Over the last several years, the Trump administration has convinced right-wing governments in Bolivia, Brazil and Ecuador to evict Cuban doctors that previous left-wing governments had invited to meet the needs of the most vulnerable members of society. Instead of celebrating these international health brigades that provided urgent medical care around the world including Italy, Washington denounced what it claimed to be a system to exploit and enslave the country's doctors.

Rather than embracing Cuba's model, which has kept infections at a relatively low level, the Trump administration threatened to return the country to its list of "state sponsors of terrorism."

Cuba has been an international leader in bio-tech medicine. Early reports indicated that its antiviral drug Interferon Alfa-2B was a promising treatment for COVID-19. Trump proclaimed that he would accept a vaccine regardless of its origins; a true challenge will be if that turns out to be Cuba.

Venezuela provides perhaps a more extreme example. With the economy crumbling under crushing United States sanctions, right-wing pundits presumed that the coronavirus outbreak would hit the country the hardest and lead to a complete collapse of its socialized health care system. As of this writing, that forecasted implosion has yet to happen.

Instead, refugees who left Venezuela in recent years flooded back in as they lost their possibilities for informal employment in neighboring countries. The government facilitated their return, including providing services at its consulates across South America and chartering flights from the United States and Europe. Ironically, the largest threat to Venezuela was the returnees carrying the virus

with them.

Similar to Nicaragua, the Venezuelan government uses border controls and community monitoring to mitigate outbreaks. rather than punitive measures, it relies on testing, education, and providing wage guarantees, including for informal sector workers. Even in a crisis situation, it is attempting to forward an alternative to the profit-driven health care industry. [22]

A Continuing Challenge

COVID-19 presents a serious health challenge. An underlying lesson is that while the wealthy have access to private care, the poor are left to die. As street graffiti proclaims, “the rich have private doctors while the poor are deprived of doctors.” The pandemic underscores the importance of a well-funded public health system that offers free, universal health services based on community-focused preventative care.

As the UK-based socialist Carlos Martinez observed, “In the absence of a vaccine or cure, the only way to defeat a viral epidemic is to drastically reduce contagion, and this is achieved through rigorous testing, contact tracing, isolation of patients, and social distancing for the wider population.” [23]

An epidemiological analysis in The Lancet stated: “What has happened in China shows that quarantine, social distancing, and isolation of infected populations can contain the epidemic. This impact of the COVID-19 response in China is encouraging for the many countries where COVID-19 is beginning to spread.” [24]

“Once it became clear that fighting COVID-19 meant choosing between saving millions of lives or protecting economic growth,” Martinez contends, “China came down unambiguously on the side of saving lives.” In large part, though, that effective response was not because it is a socialized country but because its centralized system of economic control meant that it can rapidly mobilize its resources. [25]

As John Riddell observes, the growing privatization of the ownership of the means of production has increased inequality and aggravated class contradictions, but still there are lessons we can learn from China’s response. [26]

The coronavirus presents a serious health challenge. The world before the virus was a deeply unequal place, but the pandemic has made those inequalities much more apparent, not only in the United States but also in Latin America and around the world.

The real problem that multiplies and worsens the impact of the virus are the deeply entrenched systems of human inequality, discrimination, violence and injustice. The pandemic exposes the fault lines of those deeply entrenched systems of exploitation and inequality.

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Solidarity

<https://solidarity-us.org/atc/207/pandemic-latin-america/>

Footnotes

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