

# As Peru escalates militarization, COVID-19 spreads to remote rural areas

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As the government of Peruvian President Martin Vizcarra increases military measures to enforce a nationwide shutdown, the COVID-19 virus continues to spread exponentially, including into remote rural areas of the country, inhabited by the poorest people of Andean or Amazonian origin, who have low immune defenses.

As of last week, the government tightened a lockdown limiting movement in the street to only when absolutely necessary, for example to food markets and pharmacies. A nationwide night-time curfew has also been lengthened to between the hours of 4 pm and 5 am and (before it began at 6 pm). The new provision also allows men to be in the streets only on Monday, Wednesday and Friday, and women on Tuesday, Thursday and Saturday. On Sunday no one can leave their homes and public transport is suspended.

The number of military personnel protecting the main roads in major cities has doubled. The military and police are rigorously imposing the isolation rules, asking for identification and proof of where one is going. Against those not in compliance, the military acts to “subdue” and handcuff individuals, sending them to the nearest police station.

The police have effectively been granted a license to kill with implementation of a new act, known as the Judicial Protection Law, that exempts the police from either arrest or prosecution over the use of their weapons to harm or kill people during an emergency.

The Vizcarra government is responding to the demands of the national bourgeoisie, which fears popular upheavals. With thousands of citizens having been arrested, there have been at least three prison riots by inmates complaining over the lack of medical care.

Placing profits before the lives and health of Peru’s population, Alonso Segura, former minister of

Economy and Finance, and a close ally of Washington, has urged the government to establish criteria to resume companies’ operations.

Playing Russian roulette with workers’ lives, Segura states that “it can take into account some variables such as determining the risk of the spread of the virus from a sector or activity, the mitigation capacity and economic impact that would arise from activating or maintaining the suspension of operations for more time.”

Three weeks after the detection of the first coronavirus case in Peru, the official number of cases has risen to 2,561, with 92 deaths. It was reported on Monday that three more people had died in the Hospital Arzobispo Loayza for lack of ventilators.

The known cases of infection continue to be concentrated in the most populated cities, mainly Lima (with 10 million inhabitants, comprising a third of the national population), Piura and Iquitos, the main city on the banks of the Amazon River.

In the first 10 days of the outbreak in Peru the Andean departments—where the large export mining operations are concentrated—Huancavelica, Ayacucho, Apurímac, Puno, Moquegua and Tacna in the south and Cajamarca in the far north of the country, did not record a single case.

Today, however, the spread of COVID-19 has been detected in the region known as the “mining corridor” in the southern Andes, where transnationals have invested billions of dollars. As of last weekend, the number reported infected in these regions were: one in Huancavelica, two in Ayacucho, one in Apurímac, one in Puno, one in Moquegua, nine in Tacna and six in Cajamarca.

Additionally, in the second most populated city, and the commercial and industrial center of the southern Andes, Arequipa (1 million inhabitants), the number of

known cases multiplied from seven to 51 in just 10 days.

COVID-19 poses a particular threat to the indigenous peoples of these regions.

The online PERU Support Group pointed out: “Some indigenous peoples live in voluntary isolation in remote areas where even a common cold or influenza can prove fatal ... For those in variable contact with other communities and urban areas, health levels and immune systems are generally low because of poor nutrition levels, the high incidence of malaria and dengue, limited access to potable drinking water and adequate sewerage facilities, high levels of contamination from gold mining and oil, exploitation and the lack of access to health services. Over 60 percent of communities lack a health post and many communities are from six to eight hours or up to three days distance by river from the nearest hospital.”

The Coordinator of the Indigenous Organizations of the Amazon Basin demanded that the region’s governments carry out an information and prevention campaign in native languages.

It demanded that the governments of the region and the world “intensify the surveillance and protection of territories invaded by oil tankers, miners, loggers and people from outside the territories.”

In Peru, as elsewhere in Latin American, clinics and hospitals are unable to take more patients infected with COVID-19. They lack beds, respirators, gloves and masks. *El Comercio* reported Monday that “textile companies will deliver 252,000 masks and 25,200 aprons to Minsa (Ministry of Health) personnel next week,” but this is far short of what is needed. Masks are unavailable to the general population as pharmacies have run out of stock.

The country’s health care system has been steadily eroded by a series of major budget cuts implemented in accordance with the “free market” model imposed by the IMF since the consolidation of power by the dictatorship of Alberto Fujimori in the early 1990s. After 30 years, the result has been a huge growth of social inequality.

The coronavirus outbreak and the national lockdown have also led to a collapse in blood supplies, with Minsa reporting that the stock of simple platelets of the Hemotherapy Centers and Blood Banks type II decreased by 73.3 percent and that of globular

packages, by 23.8 percent between March 16 and 25.

The most affected are children and adults with leukemia. “They need daily blood and platelets. They can’t stop their treatments or stop chemotherapy because the disease keeps progressing,” warns Milagros Ramirez Daniel, head of INEN’s Blood Bank.

Arturo Sagástegui, head of the blood bank at the Rebagliati Hospital, says that the situation is the same in all public hospitals—managed by EsSalud—and “is affecting not only leukemia patients, but those with chronic diseases, lymphomas and even those who arrive by emergency and require a blood transfusion.”

Field hospitals are being set up in many of the country’s football stadiums to handle the overflow of sick and dying patients.

The indifference and contempt of the Peruvian oligarchy toward the lives of ordinary working people was exposed starkly with a public protest by a pro-bullfighting association over the use of a centuries-old bullring, Plaza de Acho, as a homeless shelter and hospital in an attempt to combat the virus. The association claimed that this was a violation of a national heritage site.

The danger of contagion has been compounded by unscrupulous merchants selling “snake oil” as a cure. For example, Agencia Andina reported last Friday that “At least 16 people are dead in a remote area of Peru after drinking adulterated liquor supposed to ‘prevent’ COVID-19.”

The tragic incident took place in the Andean region of Huancavelica, 400 kilometers southeast of the capital Lima, where the controversial US\$5 billion Las Bambas open pit mine and concentrator plant is located. It became a focus of world attention last year when several peasant communities blocked the road used to transport copper ore to be shipped to China.



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