A girl dies of measles in the Peruvian Amazon

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For the first time in 23 years, measles has claimed a life in Peru. The victim was a 16-year-old girl who lived in one of the hundreds of small settlements scattered throughout the Amazon rainforest. Her community lies two and a half hours by boat from Caballococha, the nearest town connected to the national health network. According to *Expreso*, once she reached Caballococha, 20,000 soles—about $5,400—were required to evacuate her by air to Iquitos, the capital of Loreto, where she could finally receive adequate medical care.

That amount is prohibitive for Indigenous communities living in or near extreme poverty. Justification for this exorbitant fee is also difficult to understand: a commercial flight between Lima and Iquitos costs approximately $120. By the time she reached the hospital in Iquitos, access to a ventilator and an intensive-care bed was not enough to save her. The official cause of death was pneumonia resulting from respiratory complications.

It remains unclear why the Ministry of Health (MINSA) did not use an Air Force aircraft under its existing agreement with the Peruvian Air Force. The most disturbing possibility is that mobilizing the available resources to save the life of a 16-year-old Indigenous girl was simply not considered worthwhile. Such disregard for the poorest populations, particularly the Indigenous peoples of the Andes and the Amazon, reflects a broader failure of the state to provide the resources necessary to protect those most in need.

A preventable death

The Peruvian government failed to respond adequately to repeated warnings accompanying reports of the expanding measles outbreak. According to data from MINSA's REUNIS health repository cited by *Expreso*, national vaccination coverage over the previous five years averaged approximately 85 percent for the first dose and 75 percent for the second. In 2026, first-dose coverage was estimated at roughly 80–85 percent and second-dose coverage at 70–75 percent.

The fundamental problem is the vaccination gap. Measles is extraordinarily contagious, and the Pan American Health Organization considers sustained coverage of at least 95 percent with two doses necessary to interrupt transmission. Young children and people who are unvaccinated or incompletely vaccinated are particularly vulnerable.

By July 28, Peru had confirmed 1,233 measles cases. Within approximately one month, that number had risen to 2,400—nearly doubling.

Amazon region faces greatest risk of infection

The situation is especially alarming among Indigenous populations in the Amazon, where vaccination coverage in some areas barely reaches 50 percent. Remote communities face multiple barriers to obtaining care from Peru's public health system, and poverty, geographic isolation and inadequate state services greatly increase their vulnerability.

Former Vice Minister of Public Health Percy Minaya has warned that the number of cases could triple or quadruple over the following month, particularly in Amazonian areas with the lowest vaccination coverage.

The 16-year-old girl who died belonged to the evangelical Christian community of Alto Monte, in Ramón Castilla Province, which has become a focal point of transmission. Religious opposition to vaccination within the community has been identified as one obstacle to immunization. But Loreto regional health director Percy Vargas has stated that religious practices alone do not explain the outbreak, emphasizing a broader social responsibility for disease prevention and the importance of vaccination as measles spreads through the region.

Peru's immunization programs suffer from longstanding structural problems, compounded by deficient decentralization and previous health crises. Infectious-disease specialist Dr. Juan Celis told *Expreso* that the Amazon contains pockets of native communities with low vaccination rates.

Another major obstacle is the region's inadequate transportation and communications network. MINSA apparently does not maintain its own fleet of seaplanes or a radio network capable of reaching many isolated settlements. In the Amazon, rivers are the principal transportation routes, and tracking the geographical spread of measles therefore requires close attention to the river networks along which people travel.

Malnutrition represents a further risk. Measles can be substantially more dangerous among people suffering from chronic malnutrition and anemia, and Loreto has high rates of both.

Measles is not the only infectious disease threatening the inhabitants of the Amazon and of hard-to-reach communities in the Andes. Malaria, dengue, leishmaniasis and intestinal parasites are persistent threats. Pertussis, or whooping cough, killed 54 people

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in Loreto in 2025 and another 16 so far this year.

Transmission nationwide

Although the outbreak disproportionately affects Indigenous communities in the Amazon, the rest of Peru is by no means protected. The unequal provision of medicine, vaccination and health care is a problem the Peruvian state has struggled with for decades.

The largest numbers of reported cases so far include 495 in Arequipa, 400 in Puno, 148 in Madre de Dios and 58 in Loreto. These figures reflect only where cases are detected: the same absence of transport and communications that left a dying girl stranded on the Amazon also leaves the region's infections largely uncounted.

The outbreak has also reached healthcare facilities in Lima. In August, the Ministry of Health reported an outbreak among workers at Casimiro Ulloa Hospital, prompting strengthened isolation, surveillance and infection-control measures in public and private hospitals. Crowded urban environments provide favorable conditions for transmission of a disease that spreads directly from person to person.

The distribution of infections is not uniform. Cases are concentrated in specific pockets, particularly extremely poor communities located far from healthcare facilities. Peru has approximately 1.125 million unvaccinated children.

A global epidemic

The resurgence of measles is not confined to Peru. In the Americas, Peru has the fourth-highest reported number of cases, behind Mexico with 12,495, Guatemala with 6,655 and the United States with 3,659. Peru had recorded approximately 2,400 as of September 27.

With a population roughly one-tenth that of the United States, Peru's caseload is equivalent, on a population-adjusted basis, to some 24,000 cases in the US—more than six times the number reported there.

That the comparison is unfavorable to Peru does not mean the United States is well protected. Under the phony banner of "Make America Healthy Again," Trump's Health and Human Services Secretary Robert F. Kennedy Jr. has ordered investigations into reported post-vaccination adverse events and a review of the childhood vaccination schedule. He has overseen the reduction of staffing at the CDC by nearly a third and publicly promoted false claims critical of vaccines. The result is the worst US outbreak since 1991, with Pennsylvania the hardest hit.

The crisis extends far beyond the Americas. Bangladesh has reported more than 210,000 suspected cases and over 1,100 deaths since March, overwhelmingly among children, while India has reported 26,607 cases. Infections have also been reported in the Democratic Republic of the Congo and across Europe. The United Kingdom lost its measles-elimination status in February 2026.

The World Health Organization reported that 14.3 million infants received no measles vaccine at all in 2024, and that global first-dose coverage stood at only 84 percent, leaving every region short of the levels required for elimination.

International public health programs are also facing financial and political pressure. The withdrawal of the United States from the WHO and reductions in American funding for international vaccination programs threaten epidemiological surveillance and immunization capacity in poorer countries. The Americas are now experiencing their highest number of measles cases in more than two decades, increasing the danger of new chains of transmission in Peru.

The Fujimori government

While the new government of President Keiko Fujimori concentrates its efforts on obtaining legislative powers that would allow it to declare states of emergency and deploy the military in the name of combating crime, Peru faces mounting social and economic problems, including inflation driven by rising fuel and food prices.

The government has also announced the formation of an advisory commission composed of prominent supporters of former president Alberto Fujimori, which would report directly to the president rather than through the cabinet headed by Prime Minister Luis Galarreta.

The contrast could not be sharper. A state that is purchasing 12 Lockheed Martin F-16 fighter jets at a cost of some $3.5 billion, that is planning five mega-prisons, and that has committed itself to Washington's "Shield of the Americas," could not find $5,400 to fly a dying 16-year-old girl to a hospital. This is not a failure of resources. It is a statement of priorities, and it is made by every capitalist government on the continent.

The measles epidemic exposes a fundamental truth: under capitalism, the lives of the working class and poorest and most geographically isolated populations are expendable. Defending the right to healthcare requires the independent political mobilization of the working class in Peru and internationally, on a socialist program that subordinates production and the allocation of social resources to human need rather than to private profit and military expenditure.

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