

AMY COOPER

Weathering the Coronavirus in Venezuela

Despite its vulnerable health system, Venezuela fared better than many of its neighbors in the first months of the pandemic. Now, cooperation is indispensable to keep the coronavirus at bay.

Mireya, a freelance writer living in the Petare barrio in eastern Caracas, lost her income when the pandemic hit. A strict national quarantine that required everyone except essential workers to stay home left her unable to access the internet and without work, only increasing the longstanding financial instability caused by hyperinflation and irregular access to food and other basics. She began relying on savings and money sent from her adult children. She left the house only to get necessities and always wore a face mask, her movements curtailed by the quarantine order.

In some ways, daily life in Venezuela had been so distorted from any sense of normalcy for so long that the pandemic prevention measures just added an extra layer of absurdity to people's already surreal existences. For more than 60 days, Mireya's home did not have running water, so she had to go out every two days during quarantine to buy a large jug of filtered water. She described time-consuming searches for cooking gas or an electric burner so she would have a way to cook. Venezuelans have struggled with water and electricity shortages for years. A 2019 United Nations report found that 25 percent of households lacked sustainable access to potable water and 40 percent faced daily electrical interruptions. Cooking gas and gasoline shortages recently became problems, too. Under the added pressure of the pandemic, Mireya said at the end of May that protests

were increasing nationwide against the government's continued failure to resolve these problems.

As governments in many countries improvise life-and-death policies to stop the spread of Covid-19, social distancing requirements and stay-at-home orders have exacerbated popular demands for state assistance with unemployment, food insecurity, and other social problems. In Venezuela, where the majority of people already struggled to obtain the basics of daily life amid an ongoing political and economic crisis, Covid-19 posed the threat of an even deeper unraveling. So far, the country has avoided the worst-case scenario, perhaps due in part to a longstanding system of community-based organizing. With the pandemic far from over, national and international cooperation—already percolating in a promising way—will be key to preventing a devastating outbreak.

A Dangerous Starting Point

Across the city from Mireya, in the centrally located working-class community of Santa Teresa, Carolina also waited out the quarantine, carefully allocating household finances to keep herself fed. She stopped working her job for a major airline at the beginning of the pandemic but continued to receive 80 percent of her salary from her employer, allowing her to cover expenses for herself and her grandmother, whose state pension barely



A street near the National Assembly in Caracas, empty during Venezuela's shutdown in April 2020. (MICHELL BRIT)

covered the cost of a dozen eggs each month. Most of the people she knew relied on support from the government-subsidized food distribution program, Local Committees for Supply and Production (CLAP), to make ends meet. At least Carolina's building had a steady supply of cooking gas and tap water for two hours each night.

But she complained that people did not have anywhere to go anymore for free healthcare in her neighborhood. Government clinics built during the Chávez era were still staffed by doctors, but they did not have medications. As a former supporter of Chávez who had trained to become a community youth activist at the height of his presidency, Carolina said the country is totally unrecognizable compared to those days. "Venezuela is a disaster, if I can be honest," she admitted. No single factor can explain the cause. Dependency on a bottomed-out global oil market, government mismanagement and authoritarianism under President Nicolás Maduro, corruption, U.S. sanctions, and

intractable—sometimes violent—political antagonisms led to an economic, social, and political crisis that has lasted for close to a decade and pushed 15 percent of Venezuelans to migrate abroad.

With water shortages, food insecurity, and only partially operational medical centers, many feared a Covid-19 outbreak would swiftly wreak havoc on Venezuelans' already tenuous livelihoods. Yet as of late July, Venezuela had not experienced a surge on par with the hardest hit countries such as Chile, Peru, or Brazil that catapulted Latin America to becoming the epicenter of new cases. As of July 29, the Venezuelan government had reported 16,571 confirmed cases, or 57 cases per 100,000 inhabitants, up from 10 cases per 100,000 inhabitants in mid-June. This is among the lowest rates in Latin America and impressive compared to countries like Chile, Peru, and Brazil, which each reported more than 1,000 confirmed cases per 100,000 inhabitants as of late July.

However, it is difficult to know how many positive cases Venezuelan authorities have identified. Official numbers appear to only include cases certified via molecular testing in the National Institute of Hygiene, whose capacity was 600 tests per day as of May. Even though far more testing has occurred nationwide using rapid response tests—officials claimed Venezuela had the highest rate of testing in the region at a rate of 1,800 tests per 100,000 residents in mid-May, and that rate increased to 3,803 tests per 100,000 in mid-June—positive results from these tests must be verified at the National Institute of Hygiene before joining the official reporting of confirmed cases.

Some journalists, medical workers, and scientists arguing that the Venezuelan government has been underreporting Covid-19 cases were threatened and even detained by authorities. In one example of this, the Venezuelan Academy of Physical, Mathematical and Natural Sciences (ACFIMAN) published a report in early May that modeled present and future Covid-19 rates. The report concluded that the case count was likely higher than the government had claimed and predicted that the country would reach a peak of 1,000 to 4,000 cases per day between June and September 2020. Following the report's release, a top official, Diosdado Cabello, threatened the scientists with a visit from state security agencies while speaking on TV. Others reported being detained or arrested for questioning the government's numbers and its readiness to address the pandemic. Compounding this menacing behavior, ministries announced that universities and research institutes should obtain government permission before conducting any research related to Covid-19.

Although government officials have tried to control the narrative about the virus's impact in Venezuela, it is unlikely that Covid-19 has reached the point of overwhelming its fragile hospital system—yet. It is also unlikely that covering up a major outbreak would be possible in this age of social media access. Many people have already complained on social media and to journalists about the hospital

system's widespread problems and lack of readiness to handle Covid-19 cases. A precipitous uptick in Covid-related sickness and deaths would also likely elicit public protests.

Ramping up the Response

As the pandemic reached global proportions in early March, the Maduro government acted quickly to establish a central council for planning and executing interventions, including an online portal to identify possible cases with follow-up home visits from Cuban and Venezuelan doctors. There was already an architecture in place and a historical precedent for the state to coordinate community-based medicine and public education about communicable diseases: The Cuban and Venezuelan governments have collaborated for close to two decades on the national Barrio Adentro (Inside the Neighborhood) health program. During the most ambitious period of social spending under Chávez, Barrio Adentro transformed poor people's experience of biomedicine. The program, which was developed to fulfill a constitutional guarantee of universal healthcare, was so popular that even opposition politicians began promoting it during election bids. This public health architecture has deteriorated, but it still exists.

Meanwhile, years of crisis have slowed international travel to Venezuela, which probably delayed the initial spread of Covid-19 from abroad. But tens of thousands of migrants decided to return to Venezuela when pandemic lockdowns in Colombia, Ecuador, Peru, and other countries made their lives too precarious to remain. Venezuelan migrants who lacked formal status and those who worked in the informal economy were especially vulnerable and could not access government support reserved for citizens. When reverse migration began in early March, the Venezuelan government established regional quarantines in border zones where migrants were returning in large numbers. Officials announced they would house returning migrants for a quarantine period of up to 14 days and provide

Covid-19 testing, but reports suggested that living conditions were neither safe nor sanitary. The government later set daily limits on the number of migrants it would allow to cross the Colombian border, creating large bottlenecks of people stuck waiting on the other side. Experts estimated the number of returning migrants could reach 1.5 million as a result of the pandemic.

In mid-March, the Maduro government extended its strict quarantine from border zones to the entire country and announced a range of other responses. The state promised free treatment for Covid-19 at public and private medical centers and encouraged people with symptoms to get tested. The government partnered with the World Health Organization, the United Nations, the Pan American Health Organization, and the governments of Cuba, China, and Russia to distribute tests and personal protective equipment as well as food, water, and sanitation supplies. Officials expanded social protections that included providing direct subsidies of food and money, prohibiting layoffs, assuming the payroll of small and medium-sized companies, and suspending commercial and residential rent payments. The government's messaging and public health advice consistently emphasized the seriousness of Covid-19 and the need for constant vigilance to prevent an outbreak. In general, people in Venezuela have heeded public health advice when they could. Even if many people have had to leave their homes and mix in close proximity to others to obtain food or work, mask-wearing has seemed widespread.

These measures helped slow the spread of Covid-19 and mitigate the economic impact of the shutdown, but many Venezuelans critiqued government responses as materially insufficient and poorly executed. People complained that the financial

and food aid was not enough to cover basic needs, that political favoritism guided some of the aid delivery, and that hospitals still remained woefully unprepared for the pandemic. A May 28 survey of 16 Caracas hospitals found that five lacked running water, six lacked face masks, and 13 lacked soap. People have not been happy that state security forces and armed gangs have enforced quarantine rules with threats of violence. Despite complaints of government repression, protests have continued to be an everyday experience, even during the pandemic. Over 1,000 protests occurred in May 2020, with the vast majority focused on demanding the provision of basic services like electricity, potable water, and cooking gas. Venezuela has a robust history of public protests to make demands on state institutions; nearly 17,000 protests occurred during 2019 alone.

One bright spot of recent months is that in early June, the Maduro government and Juan Guaidó's opposition-led National Assembly reached an agreement to collaborate with the Pan American Health Organization to obtain funding and aid to fight the pandemic. This is an unprecedented agreement between bitterly opposed forces, each claiming to be the legitimate national government. The pact signals strong political will to address this health emergency and may lead to wider collaborations or negotiations to end the country's political stalemate between Maduro's government and opposition groups.

Mutual Aid on the Ground

Beyond the sphere of state action, community activists in Venezuela have labored to limit the spread of Covid-19 and distribute supplies to neighbors. Community-led organizations like *comunes* and communal councils—whose members operate autonomously or semi-autonomously from

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the state—work to disperse resources and promote neighborhood wellbeing. These collaborative efforts were championed during the Chávez era as empowering examples of participatory democracy, and in recent years they have become lifelines in poor and working-class communities, where such organizations thrive. Many people also became community health workers when the Chávez government implemented its Barrio Adentro program of neighborhood-based primary care.

These preexisting social structures promoting community mutual aid and public health are valuable resources for poor and working-class communities in the face of Covid-19. Although the degree of community participation varies in different areas, groups have been making and distributing masks, assisting with health surveys to identify Covid-19 cases, engaging in public health education, and distributing food, cooking gas, medicine, and other necessities. Mireya, the freelance writer, got her cooking gas

reconnected two days after reaching out to her communal council to inform them of the problem.

It is difficult to tell a straightforward story about Venezuela, especially in the midst of Covid-19. Reporting on Venezuela can be politically fraught, and the pandemic's unpredictable evolution means that conditions on the ground can change at any moment. We cannot know what factors will most powerfully shape the pandemic's course and outcome in Venezuela, but we have clues about what actions will make a difference. Sustained international collaboration, ongoing community organizing, and a commitment from politicians to make the population's health their prime concern are essential to weathering this latest existential threat. **n**

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