

Same Virus, Different Temporalities: Anticipations From Mexico

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21st of March - Oaxaca, Mexico - Day 5 of voluntary quarantine

It's the 21st of March and the official epidemiological record in Mexico reports 203 confirmed cases of Covid-19, 606 suspicious cases, and 2 deaths. Compared with the 47,021 cases of people detected with SARS-Cov-2 in Italy or the 19,980 in Spain since the beginning of the epidemic outbreak, the Mexican numbers still look contained.

The Covid-19 pandemic travels not only across multiple geographical regions but also at multiple temporal scales and unsettling questions arise: Is Europe an anticipated image of Mexico in two, three weeks? Will we also experience a widespread contagion, soaring numbers of deaths and the near-collapse of the health system? Is it too early to impose a quarantine to a 129 million population with “only” 203 confirmed positive cases or should draconian measures be taken ahead of time? When is the best time to do so? In fact, does even a “best” timing exist?

Just one week ago, the Education Secretariat (Secretaría de Educación) announced the “anticipated” extension of Easter holidays, bringing students home from the 20th of March until (tentatively) the 20th of April. Although no nation-wide hard restrictions are yet in place, some employers are asking their employees to work from home. But the biopolitics of inequalities is already materialising; just yesterday some Mexican newspapers reported that renowned food chains such as Domino's, Starbucks, Burger King and Vips are soliciting some of their employees to remain “voluntary absent” and without salary for a month, a public health measure meant to ensure “social distancing” and reduce contagion. The situation looks even darker for those who work in the informal economy, namely six in ten workers, a sector that contributes to around 22.5% of the Mexican GDP.

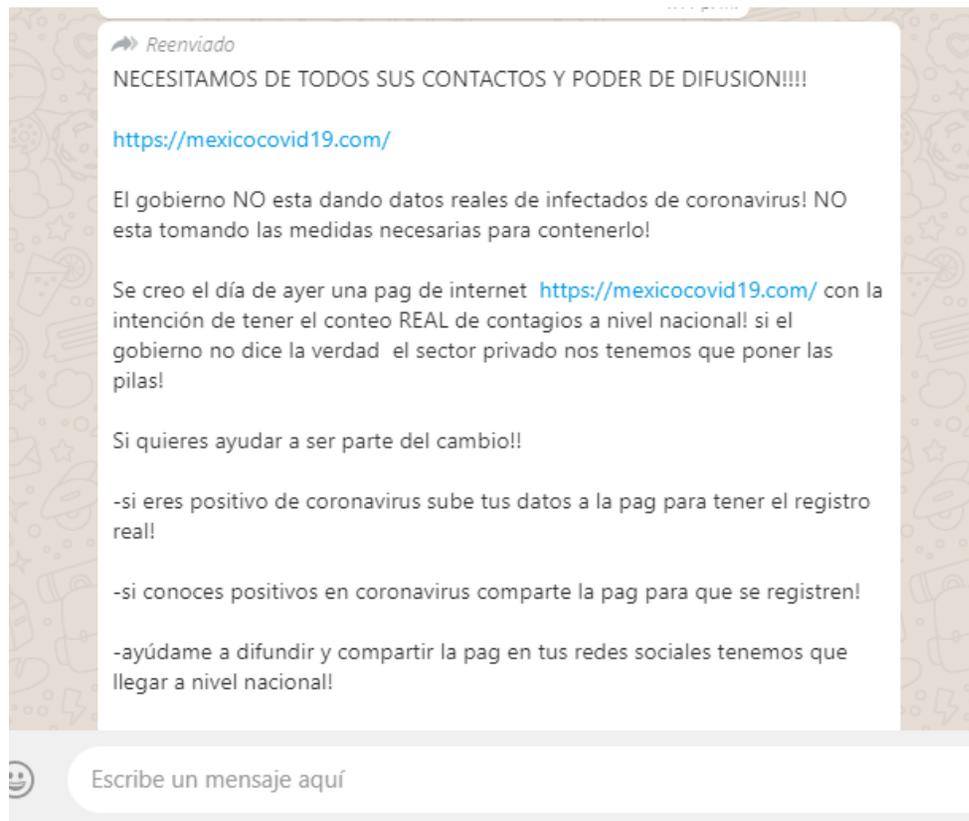




“If the virus doesn’t kill me, hunger will!” a friend of mine told me a couple of days ago: she is a Oaxacan woman in her early 60s who cooks for well-off families and sometimes offers traditional cuisine courses to tourists coming from all over the world. Most of her economic activities are suspended and she has no unemployment benefits; she cannot even count on the state pension for the over 65s as she misses this opportunity by just a few years. Like her, many other people in Mexico live day by day selling food products on the streets, in the markets or being informally employed as domestic workers. Their survival depends on hand-to-hand exchanges such as selling 20 tortillas for 10 pesos. Is it possible to impose a quarantine in this context?

Mexican people have already incorporated some anti-contagion bodily practices such as coughing and sneezing into the elbow, something learnt with the H1N1 influenza epidemic outbreak of 2009. Somehow this gives some confidence. However, profound distrust in institutions instills fear and pessimism concerning the near future. Moreover, the Covid-19 pandemic arrives in Mexico at a sensitive time, in the middle of radical reforms and changes in the public healthcare system driven by the leftist new government (in charge since December 2018) and aimed at making access to healthcare “truly” universal. The results of this series of actions are still intangible adding further uncertainty to an already unstable and deficient system.

While the Mexican epidemiological surveillance system is relatively strong, the healthcare system is stratified, fragile, fragmented, and profoundly unequal. Healthcare rights are mostly dependent on employment status and socioeconomic position and many Mexicans lack access to quality-care. In Mexico, there are 2.4 practising doctors



per 1,000 people, a data that contrasts, for example, with the 3.8 doctors per 1,000 people in Italy, currently one of the countries worst stricken by the Covid-19 epidemic. In Mexico, there are only 1.5 hospital beds per 1,000 people, vs. 4.2 in China, 3.4 in Italy and 3 in Spain. In the face of this hard data (unfortunately vividly embodied and experienced by the majority of Mexicans who cannot pay for their health and lives) concern for the Covid-19 epidemic is

reasonable. But there is another data set which seems to concern part of the Mexican public: the 'truth' of the government's Covid-19 epidemiological data. These are not feared for their facticity but for their ontology: they are thought to be false. Messages inviting citizens to self-report Covid-19 contagions are circulating on Whatsapp: "We created this webpage <https://mexicocovid19.com/> aiming to have a REAL count of contagions at national level! If the government doesn't speak the truth, the private sector needs to take action!"

Trust in private medicine over public medicine is the sad result of decades of health inequalities and corruption in the health sector (as in others), and represents the accomplished ideological hegemony of a capitalist political economy of health. Profiting from fear, private medical labs are pushing to obtain the SARS-Cov-2 tests or plainly selling fake tests. Just yesterday, public authorities closed labs offering Covid-19 tests in the states of Tamaulipas and Oaxaca, having found them without certifications and selling tests at arbitrary prices.

In sum, although looking at Europe (which seems to be ahead of us in the timing of the Covid-19 epidemic) can help Mexico to make better public health decisions, epidemics cannot be reduced to their viral pathogens. If something this pandemic is teaching us is that biology and society are inextricably linked and that pathogens travel, behave, spread and (hopefully) recede across multiple and diverse spaces and times.

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