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Doctors for Global Health
Reporter

Covid-19 In El Salvador And The CDH Community

By José Ramiro Cortez Argueta & Shirley Novak

In order to better understand how our partner community, CDH in El Salvador, has been affected by the global Covid-19 pandemic, board member and partner community co-coordinator, Shirley Novak, elicited the following responses from CDH Executive Director, Jose Ramiro Cortez Argueta. Responses are as of the mid-November with some updates.

Q. When were you first made aware that Covid-19 was in El Salvador and your community?

A. We started hearing about Covid-19 in mid-January 2020 but we took it as a disease that would stay under control in China, and that we would have no repercussions on our continent, let alone in our country. However, in mid-February, news came to us that the Pandemic had entered our country and that we should be on alert for infections. Cases that were 'suspicious' began to show up in our communities in Morazán in the middle of March, or rather they were left as 'suspicious' because they were not tested (some people had declined).

> **"Cases that were 'suspicious' began to show up in our communities in Morazán in the middle of March."**

Q. What immediate steps were taken by the government and/or public health officials? How was this information passed on to Salvadorans?

A. From the outset, realizing the 'suspected' cases had the most likely positive diagnoses, measures were taken to suspend all activities where crowding was taking place, as well as to apply Compulsory Home Quarantine until the government had control of the situation.

The government never had a strategic plan to combat the pandemic except for the guidelines established by the Ministry of Health Entities, which were modified three times due to the signs and symptoms that patients presented. Because it was an unknown disease, they were not able to apply an effective treatment to counteract the complications that would be carried out by positive patients. People couldn't work to generate economic income.

Q. How was this information transmitted to Salvadorans?

A. All the necessary means of information were used to make the Pandemic known, including social networks. Several sources of information were created that in the long run put more fear into the population, which caused panic and uncertainty to take over; there was a lack of control or chaos, even if the government provided the information first-hand.

Q. How did these steps affect your communities? Your work?

A. Sincerely, this affected all the communities very strongly because not having a strategic plan from either the national government or the local mayors was difficult to be able to act, since all

activities were interrupted. It did not allow us a way out of the situation as the atmosphere became unsafe; it became a political party fight where, instead of seeking a way out, there was just controversy.

Our work became a little difficult since patients did not have access to our Health Center due to the quarantine; and they preferred to stay in their homes without consulting a doctor for fear of being diagnosed with Covid-19 and being transferred to the hospital. Also, it was a difficult time for emergencies of other kinds that, out of fear of being infected, the population resisted being taken to hospital to be treated. However constant monitoring was maintained with the communities supporting the least serious cases even with the little resources available and following security measures, as well as coordinating some activities with the physician of our Health Center.

“However constant monitoring was maintained with the communities supporting the least serious cases even with the little resources available and following security measures, as well as coordinating some activities with the physician of our Health Center.”

Q. Were appropriate PPE supplies available for purchase? Could most people in your communities afford to buy them?

A. We found it very difficult at first because we did not have the right supplies to deal with this Pandemic. And when we wanted to acquire them on our own, the costs were very high and they ran out fast.

Q. Did most people in your community take the virus seriously and actively take precautions to stay safe? Has this changed?

A. At first the population looked at the virus as a passing thing, but as more suspicious cases began to come out and, even more so, when someone in a nearby community died and they applied the protocols to bury him, things changed a little. There have always been more problems with young people because they believe that nothing will happen to them. However, by not taking all the necessary protective measures, they expose not only themselves but also their loved ones who may be older adults or have chronic diseases such as hypertension or diabetes. Although a mandatory home quarantine was decreed for a while and the population leaving their homes was limited – unless it was necessary to leave for emergencies – there were still young people who defied it even though checkpoints were installed at the entrance of the communities. After quarantine was withdrawn, young people increased their activities even more without taking biosafety measures to prevent the contagion and spread of Covid-19.

Q. How many people in the CDH community have been affected with Covid? What was the nature of their treatment? Have they recovered? Completely? If not, how are they still affected?

A. We have had approximately 60 cases since the start of the pandemic in Estancia, some confirmed by the nasal swab test, others only labeled as ‘suspicious’ cases. We consider this figure is higher because there are cases that have never been reported and, despite having presented symptoms and signs, have recovered without any complication. Some cases, at least the suspicious ones, have been given prophylactic treatment according to protocols established by the Minister of Health in El Salvador (MINSAL), and others have been cured under traditional natural medicine, which has in some way given favorable results. Active cases are still dormant as there are asymptomatic cases and they are carriers for their families; for fear of being reported they do not go to any health center to be diagnosed.

Q. As the virus spread, was CDH able to get appropriate government help? What kind of help did you get and what did you need that you did not get?

A. At no time did CDH get help from the Central Government in any way, even though they knew about our work in the communities. I include that we were not even taken into account when we presented our services to support the people who were most vulnerable in our communities before the Pandemic. As such an attempt was made to create a working group where many relevant health system authorities participated and where all the doctors in the area were involved in order to create one more strategic plan. However, to date, we have only managed to coordinate our work with Dr. Irma Pacas, Physician of ECOSF (regional public health clinic in the area) with whom we monitor things and have worked in some way or (*Continued on page 7)*

First Page: Dr. Garcia performs patient visit on patio of CDH clinic. Above Left: Families unable to shop and facing crop failure get CDH food assistance. Above Right: CDH prepared and distributed 871 packets of food assistance for those most in need, largely funded by Fundación Gloria de Kriete.

Update On DGH Chiapas and Covid-19 with Dr. Juan Manuel Canales Ruiz

By Shirley Novak

As the global Covid-19 pandemic continued to spread throughout Latin and Central America last summer, DGH Chiapas in-country coordinator, Dr. Juan Manuel Canales Ruiz, was en route to visit family in El Salvador. Using his typical modes of public transportation between Mexico and El Salvador, he got as far as Guatemala and was stuck. He was unable to cross the border into El Salvador, then locked down as Covid spread in that country. He soon learned that the option to return to Mexico was also unavailable to him. For over one month he was in a state of limbo, unable to attend his son's high school graduation, learning of his daughter's positive diagnosis of Covid-19 and updates through regular phone conversations with his family.

Disturbing to Juan Manuel was to see 99% of the people he came in contact with walking around town without masks, "as if there was no epidemic." He continued in November, via WhatsApp: "The situation is horrible for each family. We do what we can.... As citizens of whatever country, we are able to get products that we like: strawberries all year round, products of all different brands, etc. But we also gain the negative like Covid in every country."

Eventually, public transportation opened up in Mexico and Juan Manuel returned to Chiapas in September, but only to learn that the autonomous communities where he worked were closed to all outsiders. During this hiatus, he has been in regular contact with community health promoters that he has taught and mentored for many years. And DGH learned recently that the first week in January, Juan Manuel began attending patients in the morning shift at Hospital San Carlos in Altamirano, Chiapas. This will put him in close contact with the health promoters who have arranged to come to Altamirano to receive vaccinations for the communities. This is a hopeful sign that the autonomous *pueblos* might soon open up and Juan Manuel could be back at his meaningful work soon. Meanwhile, this signifies the return to annual vaccination campaigns, inoculating against childhood diseases, flu, tetanus, etc.

Juan Manuel reports that there are active Covid cases in Altamirano but, in spite of little mask use in town, the hospital is not inundated with cases. The facility has 7-8 isolation units normally used for TB patients are now being used for Covid patients.

In his typical prophetic, spiritual manner, Juan Manuel's wish for 2021 is that calm and tranquility will come to all individuals and families, and that we share a fraternal hug in solidarity with all.

New ambulance donated to Hospital San Carlos by Rotary Club International.

Take Action for a People's Vaccine

On December 14, 2020, Doctors For Global Health (DGH) took part in A Day of Today for a People's Vaccine.

As we witness historic moments of the first COVID-19 vaccine given to people in the UK and the USA and other developed nations, we need to think about how people in poorer countries around the world may have to wait until 2024 for access. [*https://is.gd/z7PXTD*]

This is unacceptable and we need your help.

DGH is joining with Health GAP, the People's Health Movement, and other organizations in the People's Vaccine Alliance [*www.peoplesvaccine.org*] to demand vaccines are made available to ALL countries and ALL peoples [*https://is.gd/c9JvDB*].

Please join us in bombarding Pfizer, Moderna and AstraZeneca with phone calls to demand that these companies join the World Health Organization's Covid-19 Technology Access Pool (C-TAP) [*https://is.gd/EyAfmu*].

What is the COVID-19 Technology Access Pool (C-TAP)? The C-TAP global pool was set up to help companies share their patents and share how to make the vaccines with other companies. Joining C-TAP will mobilize more manufacturers to expand production so there are enough doses for everyone, everywhere.

So far, brand-name pharmaceutical companies have refused to join. And that's why we need you to help ramp up the pressure. We're calling for as many people as possible to call these companies and leave messages for their CEOs, asking them to join the C-TAP.

Contact Moderna, Pfizer and AstraZeneca to ask that they deliver a vaccine for ALL the people:

Pfizer: 800-879-3477. CEO e-mail: albert.bourla@pfizer.com.

Moderna: 617-714-6500. CEO e-mail: stephane.bancel@modernatx.com.

AstraZeneca: 800-236-9933. CEO e-mail: pascal.soriot@astrazeneca.com.

Pfizer Helped Create the Global Patent Rules. Now It's Using Them to Undercut Access to the Covid Vaccine

The company is opposing a proposal at the WTO to expand vaccine access to poor countries.

By Sarah Lazare, In These Times

The pharmaceutical giant Pfizer, whose Covid-19 vaccine with German partner BioNTech was approved December 11 for emergency use in the United States, has emerged as a vocal opponent of a global effort to ensure poor countries are able to access the vaccine. In October, India and South Africa put forward a proposal that the World Trade Organization (WTO) pause enforcement of patents for Covid-19 treatments, under the organization's intellectual property agreement, "Trade-Related Aspects of Intellectual Property Rights," or TRIPS. Now supported by nearly 100 countries, the proposal would allow for the more affordable production of generic treatments during the duration of the pandemic. As wealthy countries hoard vaccine stocks, and one study warns a quarter of the world's population won't get the vaccine until 2022, the proposal-if approved-could potentially save countless lives in the Global South.

But so far, the United States, the European Union, Britain, Norway, Switzerland, Japan and Canada have successfully blocked this proposal, in a context where delay will almost certainly bring more deaths. The pharmaceutical industry, concerned with protecting its profits, is a powerful partner in this opposition, with Pfizer among its leaders. "The (intellectual property), which is the blood of the private sector, is what brought a solution to this pandemic and it is not a barrier right now," Albert Bourla, chief executive of Pfizer, declared last week. And in a December 5 article in *The Lancet*, Pfizer registered its opposition to the proposal, saying, "a one-size-fits-all model disregards the specific circumstances of each situation, each product and each country."

Pfizer's appeals make it sound as though the framework of intellectual property rules and pharmaceutical monopolies is a common-sense global order whose benefits to human society are apparent. But, in reality, these international norms are relatively recent, and were shaped, in part, by Pfizer itself. From the mid-1980s to the early 1990s, the company played a critical role in establishing the very WTO intellectual property rules that it is now invoking to argue against freeing up vaccine supplies for poor countries. The "blood of the private sector" that Bourla appeals to is not some natural state of affairs, but reflects a global trade structure the company helped create-to the detriment of poor people around the world who seek access to life-saving drugs.

A Corporate Campaign

In the mid-1980s, Edmund Pratt, then chairman of Pfizer, had a mission: He wanted to ensure that strong intellectual property (IP) protections were included in the Uruguay Round of the General Agreement on Tariffs and Trade (GATT) talks-the multinational trade negotiations that would result in the establishment of the WTO in 1995. His calculus was simple: Such protections were vital for protecting the global "competitiveness" or bottom line-of his company and other US industries.

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To his great advantage, Pratt had considerable institutional power beyond his immediate corporate rank. As authors Charan Devereaux, Robert Z. Lawrence and Michael D. Watkins note in their book, *Case Studies in US Trade Negotiation*, Pratt served on the Advisory Committee on Trade Negotiations for the Carter and Reagan administrations. In 1986, he co-founded the Intellectual Property Committee (IPC), which would go on to build relationships with industries across Europe and Japan, meet with officials from the World Intellectual Property Organization of the United Nations, and lobby aggressively-all for the purpose of ensuring IP was included in the trade negotiations.

But Pratt had powerful allies, including IBM chairman John Opel, and their efforts played an important role in securing the inclusion of TRIPS-which sets intellectual property rules-in the GATT negotiations. Pratt, for his part, took some credit for the development. "The current GATT victory, which established provisions for intellectual property, resulted in part from the hard-fought efforts of the US government and US businesses, including Pfizer, over the past three decades. We've been in it from the beginning, taking a leadership role," Pratt declared, according to the book, *Whose Trade Organization? A Comprehensive Guide to the WTO*.

Dean Baker, economist and co-founder of the Center for Economic and Policy Research (CEPR), a left-leaning think tank, tells *In These Times*, "TRIPS required developing countries, and countries around the world, to adopt a US-type patent and copyright rule. Previously, both had been outside trade agreements, so countries could have whatever rules they want. India already had a well-developed pharmaceutical industry by the 1990s. Pre-TRIPS, India didn't allow drug companies to patent drugs. They could patent processes, but not drugs."

Cutting Off Access to Medicines

TRIPS brought profits to pharmaceutical companies and "raised pharmaceutical costs in the US and further restricted the availability of lifesaving drugs in WTO developing countries," according to corporate watchdog group Public Citizen. This dynamic played out ruthlessly during the AIDS crisis, which was in full swing as the WTO was created. "It took the South African government almost a decade to break the monopolies held by foreign drug companies that kept the country hostage, and kept people there dying," wrote Achal Prabhala, Arjun Jayadev and Dean Baker in a recent piece in *The New York Times*.

One could make a map of global poverty, lay it over a map of vaccine access, and it would be a virtual one-to-one match.

It is difficult to think of a clearer case for suspending intellectual property laws than a global

(*Continued on page 8)*

Doctors for Global Health

Promoting Health and Human Rights
"With Those Who Have No Voice"

Dear DGH Friends,

We want to wish you and your families a happy and healthy New Year! In spite of – or perhaps spurred to action by – the events of January 6 in Washington, DC, we encourage all to approach 2021 with renewed energy to fight social injustices and renewed hope for a peaceful and equitable world. We invite you to read a DGH statement on the insurrection on the Capitol at *www.dghonline.org*.

Amidst the darkness we have witnessed at the beginning of 2021; in 2020 – the 1,852,079 global deaths due to the COVID-19 pandemic; the police killings of Breonna Taylor, Ahmaud Arbery, George Floyd, Rayshard Brooks, Jacob Blake, Daniel Prude, Walter Wallace and the many other attacks that continue to be silenced. We hear you and see you. We will not stop marching because Black Lives Matter; the abuse of immigrants in ICE detention matters. We will remember the example of Supreme Court Justice Ruth Bader Ginsburg, a strong leader of civil rights, women's rights, and gender equality. We have lost so much – but we must remember the losses and continue to fight to right them.

We are resilient and despite the pain and suffering we endured, we had a few small victories – let us celebrate that Purdue Pharma, the maker of OxyContin, pleaded guilty for creating the nation's opioid crisis; Pfizer and Moderna rapidly developed a coronavirus vaccine to save millions of lives and end the pandemic; and lastly, American citizens voted out a divisive, anti-immigrant figure for a more centrist, inclusive team. Of special note is that for the first time ever, the US has a woman – and woman of color – who holds the position of VP.

Our partner communities have also continued and adapted to these changing times with their own small victories. In the context of continued neoliberal oppression in El Salvador, the communities of Estancia and Santa Marta have mobilized to create sanitation crews, checkpoints for symptomatic individuals, as well as to transition their services to address the new mental and physical needs of the pandemic. All in the context of continued isolation from government support and poverty. In Mexico, the indigenous communities in Oaxaca have continued their autonomous community health worker services, even as they continue to rebuild from last year's devastating earthquake. And in Chiapas, the Zapatista rebellion lives on, now 27 years since the uprising on New Year's Day. Another world is possible, and the strength shown in our partner communities continues to show us the path forward.

We are optimistic for a better future where we will hold governments accountable and address inequities that disproportionately affect impoverished individuals and communities of color. With the coronavirus vaccine becoming more readily available, we will advocate fiercely so that no one will be left behind. We accept responsibility, as DGH friends and colleagues, to continue to work alongside our partners and support the amazing work they are doing for their communities. We salute and celebrate the selfless efforts of the many healthcare workers in the United States and abroad who are working tirelessly to save lives and keep communities healthy.

As we begin the 2021 year, we ask for your help in supporting DGH, allowing us to accompany our communities in the fight against social, economic, and political injustices. As part of your New Year's Resolution or intention for 2021, please consider donating to DGH, as generously as you are able.

If you are inspired as we are, we encourage you to share DGH's work with your loved ones so that together we can hold one another accountable to speak out against the inequities that exist in our world and take collective action to create a more peaceful and equitable world. Any contribution is greatly appreciated. Options to donate include mailing us a check, making a credit card donation via the DGH website, or sharing the link *https://bit.ly/DGHDonation* with those able to donate. We are aware that many of you have made recent donations and these are difficult economic times for so many. But if you are in a position to give even a little bit more, it could mean a lot to our partners in Estancia, Santa Marta, Chiapas and Oaxaca.

Our hopeful wish is that in 2021, we become a more kind and united country where all are uplifted.

Thank you!

The Board of Directors

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US Physician on How Covid-19 Pandemic Has Exacerbated Historical Health Injustices

By Lanny Smith

Today, 28 Nov. 2020, in Massachusetts 40 more people died of Covid-19. My own primary care practice has ten patients with active disease, several hospitalized. The state to date has had more than 10,650 Covid-19 deaths and the US more than 265,000. [As of Jan. 17, 2021, MA has recorded 13,372 deaths and the US total has risen above 400,000.] When you read these words these numbers may even seem tiny, compared to what's to come. Georgia, where I'm from originally, had 41 deaths today with more than 9,130 deaths to date. People who are incarcerated in the US are at terrible risk. In August, *The New York Times* reported "10 of the top 10 infection clusters in the United States are linked to correctional facilities. Of the top 100 clusters, 87 are tied to detention centers."

Because of the hyper-toxic work of ICE targeting persons for arrest and deportation in sanctuary communities, more and more immigrants are targeted to become at risk for Covid-19. Per the American Immigrant Lawyers Association, AILA, "October 16, 2020 – DHS and ICE announced the arrests of more than 170 individuals from 10/3 to 10/9 as part of an immigration enforcement action in sanctuary jurisdictions, including Seattle, Denver, New York, Philadelphia, Baltimore, and Washington, D.C." In Albany, GA a nurse working with immigrant detainees set out to look into conditions putting women at risk for Covid-19. Not only did she find plenty concerning Covid-19 risk, she also listened as woman after woman told her they had been sterilized without consent! She, and the women who talked, became whistle-blowers. Then, suddenly, the whistle-blowing detainees began to be fast-tracked for deportation!

From the *Atlanta Journal Constitution* 11/25/20: "US agrees for now to stop deporting women who alleged abuse in GA:" "The US government has agreed temporarily not to deport detained immigrant women who have alleged being abused by a rural Georgia gynecologist, according to court papers filed Tuesday.... Dozens of women have alleged they were mistreated by Dr. Mahendra Amin, a gynecologist who was seeing patients from the Irwin County Detention Center in Ocilla. The Justice Department is conducting a criminal investigation, and the Department of Homeland Security's inspector general is investigating as well. Amin has denied any wrongdoing through his lawyer. At the ICE detention center, red flags were raised about the gynecologist when several women say they have faced retaliation by immigration authorities for coming forward. One woman has said that hours after she spoke to investigators, US Immigration and Customs Enforcement notified her that it had lifted a hold on her deportation. Another woman was taken to an airport to be placed on a deportation flight before her lawyers could intervene." [*https://is.gd/YQixTL*]

The US has a long history of forced sterilization of women of color, as detailed in an article by Natasha Lennard: "The Long, Disgraceful History of American Attacks on Brown and Black Women's Reproductive Systems. Alleged medical abuses on immigrant women's reproductive systems are as American as apple pie," [*https://is.gd/mDJkY9*] Lennard writes: "Eugenics programs directed at decimating the lives of Black, Indigenous, and other people of color, particularly poor and immigrant communities, as well as people with disabilities, were an explicit part of US policy in the 20th century. Thirty-two states maintained federally funded eugenics boards, tasked with ordering sterilizations of women – and sometimes men – deemed "undesirable." Tens of thousands of forced sterilizations were carried out nationwide last century. California's so-called Asexualization Acts, which led to 20,000 men and women losing reproductive capacity, were a direct inspiration to Nazi eugenicists. "There is today one state," Adolf Hitler wrote, "in which at least weak beginnings toward a better conception [of citizenship] are noticeable. Of course, it is not our model German Republic, but the United States." A 1965 survey found that a staggering one-third of Puerto Rican women between 20 and 49 years old had been sterilized, a result of US population control programs enforced on the territory. So common were coerced sterilizations in the American South that they became referred to as "Mississippi appendectomies." The extent to which these practices fit within a genocidal, white supremacist ideology cannot be underestimated. Between 1930 to 1970, 65 percent of the 7,600-plus sterilizations ordered by the state of North Carolina were carried out on Black women. And as Angelin Chaplin noted this week in *The Cut*, "During the same time that Roe v. Wade granted mostly white women more bodily autonomy in the 1970s, approximately 25,000 Native American women were forcibly sterilized by the US government – between 25 and 50 percent of the female population."

"In Albany, GA a nurse working with immigrant detainees set out to look into conditions putting women at risk for Covid-19. Not only did she find plenty concerning Covid-19 risk, she also listened as woman after woman told her they had been sterilized without consent!"

From Covid-19 deadly policy debacles to enhanced immigrant detention policies to continued forced sterilization, there's a lot to know and fight against–and that's our closing 2020 inspiration. It is essential to know our history so that we can become better, more effective anti-racist healers, keeping history from repeating itself through our exposure of the truth and challenge to white supremacy and systemic racism. Acknowledging the terror done in the name of and with the complicity of health professionals is essential to, for instance, earning the trust of the very communities who will most benefit from a potential Covid-19 vaccine, but who have been targeted by eugenic policies which would decimate anyone's confidence in our medical system. "Observe, reflect, act, evaluate" is a Liberation Medicine tool which can lead to better healing strategies, both in the community and the exam room. "Get busy, now."

(*Continued from page 2)*

another as cases increase more. However, it has not been possible to unify efforts with other corresponding entities. CDH, with great effort, has been able to bring help to the communities, in particular to the most vulnerable families, by bringing them donations of basic grains and other food items. In this way the food issue of the families who were affected by these quarantines was a little relieved. The central authorities and the government delivered food packages, which also helped families but, by our criteria, were not sufficiently balanced for the diet of families. Among the things we needed were adequate protective supplies to be able to continue to work in the communities and thus protect our staff and work team. Support did not come from the central government; it only came from those closest and from those who identify with our work with the institution, CDH. For example, we received funds to buy PPE from a DGH supporter.

Q. How easy was it to get tested for Covid-19? Has that changed from the beginning to now?

A. It was and is difficult to get enough tests and that limits us from knowing exactly how much of our population is affected by this virus. But it has been from the beginning a mechanism of manipulation: whether or not testing is carried out. People have associated the virus with partisan political patterns where everyone wants to pull on their own side, and instead of seeking a favorable solution for the population they are for their own self-interests.

Q. What steps did CDH take to help people in the community during the pandemic and how successful was it?

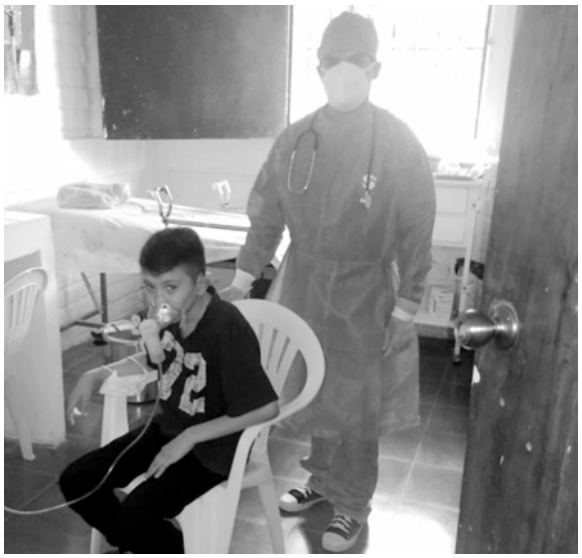
A. We have taken informative measures to help people prevent infections, raising awareness of the impact on families if people do not comply with safety measures, as well as bringing attention regarding illnesses that can make the patients more susceptible to bad outcomes from Covid-19. Work has been carried out on the preparation of home-made cough syrup, which was aimed at strengthening the natural defenses of the body. (Having been made in the community for hundreds of years, this provides a natural product familiar to the community at a more affordable cost.) A frame of reference was established to be able to follow up on the population and, although it was costly at the beginning, you can see that at least adults took on most measures and indications. There is a downside, however, with young people because they have little awareness about taking action to prevent the virus.

Q. How did CDH programming change to comply with Covid-19 health safety laws?

A. We took into account that home visits had to be suspended including all cases with fever. And consultations still aren't carried out within the Health Center. All biosafety measures and suspicious cases are reported to the Unidad de Salud respectively except those cases that deserve to be treated urgently in hospital upon assessment.

Q. Has CDH been able to return to "normal" functioning or programming as before the Covid outbreak? If not, when do you think that will be possible?

A. Despite all the inconvenience as a Clinic, we have managed to resume attending patients, as long as biosafety measures are met. It has been difficult to make the population see the importance of taking care at the time of the physician visit because some do not tolerate the use of masks. However, the home health care part cannot yet be done completely due to 'suspicious' cases that are detected.



Only respiratory treatments occur inside the clinic now.

We believe the situation will not change anytime soon unless the government creates a strategic plan to control the virus. The two Early Childhood Education Centers that CDH operates were closed when the government instituted mandatory quarantine regulations; teachers then made visits to children in their homes so the program would not completely shut down. This presented added difficulties of depriving the young children of the daily nutritious, hot meals they had received at the Centers. Teachers, travelling on foot over rocky mountain trails, had to carry whatever lesson materials they chose to use at each child's house.

Q. What could you do with additional funding to improve people's lives now or return as it was before the pandemic?

A. First, implement educational talks to inform the population accurately about the damage this virus causes and become aware of how serious this virus is. Secondly, we need supplies to be able to equip our health center to be able to deal with emergency cases. Apart from this, we always need more funds to help people with chronic health problems so that they are properly managed.

Q. Is there anything else you'd like to share with DGH?

A. We are very grateful to DGH for supporting our organization. For many years we have worked together to improve the living conditions of people in El Salvador.

UPDATE NOTES: CDH's Health Center currently sees approximately 100 patients per month; 60 clients per month have examinations done in the basic laboratory. There continue to be large numbers of contagious individuals in Estancia, more than 50 people. Ramiro reports that there have been no deaths in Estancia and the majority of those infected with Covid are recuperating.

The school year has ended in El Salvador for these preschoolers, as well as for older students who attempted to learn virtually in a rural area where most are without internet access. CDH hopes that the Centers will be able to reopen in February, but that remains uncertain as is in-person attendance in schools in the US and around the world.

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PFIZER OPPOSING WTO PROPOSAL TO EXPAND VACCINE ACCESS TO POOR COUNTRIES (*Continued from page 4)*

pandemic, a position that is certainly not fringe in today's political context. In addition to a swath of global activists, mainstream human rights groups and UN human rights experts have added their voices to the demand for a suspension of patent laws. Their calls follow the global justice movement of the 1990s and early 2000s, which focused on the tremendous role of the WTO, along with other global institutions like the World Bank and International Monetary Fund, in expanding the power of corporations to undermine domestic protections, from labor to environment to public health. The outsized power of the United States and US corporations in the WTO-on display in the blocking of the proposal for a patent waiver-has been a key point of criticism.

Pfizer is not alone in staking out its opposition to pausing intellectual property rules. Pharmaceutical industry trade groups and individual companies-including Moderna, which is behind another leading Covid-19 vaccine-have all come out in full force against the proposal for reprieve from stringent intellectual property rules.

"The influence of the pharmaceutical industry is enormous," Baker tells *In These Times*. "Needless to say, Trump is going to go with the pharmaceutical industry. Even Biden is going to be hearing from the pharmaceutical industry and will be hard pressed to do something they don't like. There's no one other than the pharmaceutical industry who's going to stand up against this."

Pharmaceutical company AstraZeneca, which produced a vaccine with Oxford, has made some commitments to increase access to poor countries, and it says it won't make a profit from the vaccine during the pandemic. But it "has retained the right to declare the end of the pandemic as early as July 2021," Prabhala, Jayadev and Baker note.

Given the risk that we could see a global apartheid of vaccine distribution, in which poor countries continue to face devastating loss while rich countries pursue herd immunity, vague assurances of corporate benevolence are not enough. As Baker puts it, "Why wouldn't you want every vaccine available as widely as possible?"

–Excerpted with permission from In These Times*, Dec. 17, 2020. Read the full article at:* https://is.gd/Y93kQU.

DGH *Reporter*

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