

# *Hospitals in Peru and Bolivia overflow as COVID-19 cases rise*

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**A medical worker takes notes at the intensive care unit (ICU) of the Emergencias de Villa El Salvador hospital in Lima, Peru. (Photo: Angela Ponce/Reuters)**

Lima, February 16 (RHC)-- The critical care wards of major hospitals in Peru and Bolivia stand at or near collapse after end-of-year holidays, reflecting wider regional public health capacity concerns as much of Latin America struggles to secure adequate COVID-19 vaccine supplies.

While infection counts remain below last year's peak, depleted resources, weary medical workers and a recent rush of severe cases are taxing already ailing healthcare systems from Chile to Mexico, officials

say.

In Bolivia, long lines of patients seeking tests snaked along the street outside a hospital complex in the Andean city of La Paz, prompting fears of worsening contagion amid the chaos.

“How can we not see another massive outbreak if we’re all standing here together and no one knows who has COVID?” said Rocio Gonzalez as she waited for medical attention. Cases in Bolivia have spiked in the past two weeks according to official counts. La Paz and Santa Cruz, two of the country’s largest cities, have been especially hard hit.

Oscar Romero, director of the Clinicas Hospital in La Paz, said the difference now was that more patients were requiring intensive care, calling the second wave “far more serious.”

In neighboring Peru, hospitals in the capital, Lima, and nearby Callao, which together serve a population of 10 million, had only 16 ICU beds with ventilators available early this week, according to a report from the Peruvian Ombudsman’s Office. Farther north along the coast, hospitals were full, the report said.

“We’re now paying for the behaviour of the past few weeks,” Fernando Padilla, a regional health chief in northern Peru, told reporters. He said Peruvians had become too relaxed, failing to take proper precautions to avoid contagion.

The daily caseload in Peru remains at just 20 percent of its August peak, but authorities say more people have been hospitalised because many are waiting until symptoms are severe to take tests.

Cases in Chile have also crept upward through the holiday season, hitting 26 percent of the country’s June peak. Authorities in Chile say a second wave of infections has yet to arrive across most of the country. But rapidly filling hospitals in some regions, including Antofagasta, have been forced to fly patients south to the capital, Santiago, where more hospital beds are still available.

In the Colombian capital, Bogota, where three neighbourhoods entered a 14-day quarantine to slow coronavirus infections on Tuesday, the occupancy rate of ICUs for COVID-19 patients was at 81.8 percent, according to local government figures.

In Mexico City, 85 percent of general hospital beds, or 4,630 beds, and 85 percent of hospital beds with ventilators, or 1,688 beds, were filled.

In Brazil’s Amazon, refrigerated containers have again been placed outside the main hospitals to store bodies in the city of Manaus, where cemeteries could not keep up during the peak of the outbreak in April.

Chaos has returned to Manaus’s overwhelmed healthcare system. Private hospital intensive care beds were 100 percent occupied this week, putting pressure on public health system hospitals where 92 percent of the ICUs capable of handling COVID-19 patients were in use by Monday.

The scramble for hospital beds comes in a region where many countries have been slow to lock down vaccine supplies. Bolivia and Peru have lagged well behind some wealthier neighbours, only recently signing deals to procure vaccines. Neither country has begun to vaccinate its residents.

Chile, a regional standout, was the first in South America to launch a vaccination programme, and says it aims to inoculate 80 percent of its population by mid-year.

The procurement issues are not unique to the region’s poorest countries. Regional power Brazil, which has seen the world’s second-highest death toll, has yet to approve a single vaccine.



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