

Infection chains in Guayaquil

The marginalised as the weakest link in pandemics

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Epidemics provide an insight into the way societies deal with marginalised groups. This is being illustrated particularly vividly in Guayaquil, Ecuador's largest port city. The local health care system is being completely overwhelmed by the coronavirus. Treatment is no longer available for many people and, for a short period, it was not possible to bury hundreds of victims. The media is talking of thousands of deaths, but there has been no reliable information so far. Guayaquil serves as a warning that the marginalisation of individual groups can bring down an entire society. Nonetheless, there is a solution, namely greater access to resources.

Time and again, Guayaquil has seen epidemics claim many victims over the centuries, with unequal tenure rights and ongoing marginalisation of large population groups playing a key role. In order to better protect these groups generally and in medical emergencies in particular, resources must be distributed more equitably, access guaranteed to basic services and power structures re-evaluated.

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Guayaquil was ruled for centuries by a small number of influential families who often gave greater consideration to their own privilege than to the common good of society. While there have been several highly successful projects in recent decades, for instance in the fight against crime and in terms of improving urban infrastructure, access to economic resources, basic services and urban spaces remains highly inequitable. Even in the colonial period, Guayaquil saw passive opposition to this situation. For centuries, the port city was considered a smuggling hub. In the past, it was cocoa, while today it is food, fuel, stolen goods and narcotics. Guayaquil's residents speak proudly of “viveza criolla”, a so-called adaptation strategy in Latin America. It describes an approach to “getting by” in times of lack or political and economic crises. Propponents know how to help themselves, even at the expense of others, as there are often insufficient resources for everyone. Interestingly, this is an attitude that permeates all social classes. In Guayaquil, the “others” include ruling elites, holders of political power and, frequently, bureaucrats in the capital Quito. The mentality is one of local groups competing with one another. Even an emergency such as the corona pandemic is being politicised and used to people's own advantage.

The vast majority of Guayaquil's three million or so residents live in crowded neighbourhoods on the city's periphery.

Health care facilities in these districts are sparse and overrun, sanitation is frequently inadequate, there is insufficient access to drinking water, and air pollution levels are high. For several years, rapid transit bus routes have connected outlying areas with the city centre, but the buses are overcrowded. Many residents of the peripheral neighbourhoods work in the city centre, in the service infrastructure of wealthier districts or in the informal sector. Their lack of financial savings and the scarcity of space in the suburbs leaves them unable to stay at home, despite lockdown measures. Social distancing is virtually impossible and there is no state-funded social security. This predicament has also been exacerbated for several years by uncontrolled immigration from neighbouring Venezuela. Entire neighbourhoods in Guayaquil are characterised by smuggling networks and crime. The police and other authorities are often either complicit in illegal schemes or completely powerless. The population has no confidence in state institutions or is simply unable to follow the rules. As a result, measures to curb the virus cannot be agreed swiftly nor on a targeted basis. There is no capacity for testing and it is not feasible to implement checks and sanctions.

The case of Guayaquil illustrates that marginalising large sectors of society destabilises society as a whole. Marginalised individuals are more likely to become infected. Strains on health such as pollution and underlying illnesses increase the frequency of severe cases of the virus. The excessive burden being placed on the health system means that patients are dying not just of Covid-19, but also as a result of insufficient medical care. Epidemics are much harder to bring under control.

Rigid power structures have so far hindered a re-evaluation of the status quo. There is a longing being expressed in Guayaquil's local media for a “strong man” such as Vicente Rocafuerte, who made a name for himself as Governor in 1842 with a courageous intervention in the yellow fever epidemic in Guayaquil. His actions are being recalled by a particularly large number of people right now. However, it is most likely precisely the opposite approach that will yield long-term success. The inequitable distribution of resources in Guayaquil reflects centuries of unilateral economic strategies at global level. Sporadic development projects and loans are hardly going to resolve the resulting dependencies. Nonetheless, the international community could still benefit from a profound shift in mindset towards the societal common good and more equal access to resources. Any society is only as strong as its weakest member. The case of Guayaquil makes this clear and formulates it as a requirement for our global society.