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Lockdown Puts Brazilian Lives at Risk

Ecuador is cited as a cautionary coronavirus tale, but halting economic activity didn't help.



By

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A security officer takes temperatures in Rio de Janeiro, May 11.

PHOTO: ANTONIO LACERDA/SHUTTERSTOCK

Brazilian President Jair Bolsonaro opposes the stringent lockdown some state governors have imposed on the Brazilian economy, and for weeks he's been battling political opponents who favor it. On Friday his health minister resigned but what is more important is that the arguments to open with common-sense precautions are gaining ground internationally.

A recently released National Bureau of Economic Research [working paper](#) finds that Covid-19 policies targeted at the most vulnerable populations “significantly outperform” broad lockdowns: “Most of the gains can be realized by having stricter lockdown policies on the oldest group.”

Even Unicef, which usually takes fashionably leftist positions, [warns](#) that a strict lockdown policy in the developing world could kill more people than the virus. The United Nations agency

also told the British Telegraph newspaper that “indiscriminate lockdown measures do not have an optimal effect on the virus. If you’re asking families to stay at home in one room in a slum, without food or water, that won’t limit virus transmission.”

Unlike in most of the Northern Hemisphere, in Brazil daily new Covid-19 infections and deaths are still increasing. Lockdown advocates are using this data to defend the continuation or even increase in the prohibition of human activity.

In Brazil and around the region, those who favor stay-at-home mandates often cite the high Covid-19 death toll in Guayaquil, Ecuador. Yet the effects of the pandemic vary greatly from state to state inside Brazil. The parallels with Guayaquil hold only for the poorest Brazilian cities.

To understand how things got so out of hand in the Ecuadorean province of Guayas, consider first that thanks to the hot steamy climate many buildings in Guayaquil are excessively air-conditioned. Going in and out of what can feel like meat lockers often spawns flulike symptoms, and this may explain why initial cases of Covid-19 didn’t raise alarms.

By the time the authorities understood what was going on, the virus had spread through a weak hospital system. Infected patients hadn’t been isolated, and emergency rooms became breeding grounds for the virus.

Hospitals turned into disease vectors, including for dialysis and chemotherapy patients who needed regular treatment. In other cases treatment was delayed or denied as the system became overwhelmed. By mid-April, 50 doctors in Guayaquil had died and at least 700 had tested positive, according to the Medical Association of Guayas.

It isn’t clear that Ecuador’s lockdown, which began on March 17, did much to contain the outbreak, since most of the contagion seems to have occurred in the hospitals. As in most poor countries, Ecuadorean data are unreliable. Officially, as of May 8, the national government reported 1,704 confirmed coronavirus deaths and another 1,777 probable deaths nationally. Yet Guayas authorities report some 15,000 deaths in the months of March and April, compared with a historical average of 2,000 a month. That leaves some 11,000 deaths above the ordinary that might be explained by Covid-19 or by people dying of other illnesses because the hospital system collapsed.

On May 10, for the first time since the outbreak began in March, the number of deaths in Guayaquil returned to the pre-Covid-19 normal daily average, according to the city government. Yet the economy is still frozen, and in a nation where most people don’t have cars, the public transportation system remains mostly closed as well. Authorities seem to be paralyzed by fear while the International Monetary Fund forecasts a 6.3% economic contraction this year.

The irony is that the working classes seem largely to have ignored the lockdown. Anecdotal evidence suggests that while they lost their jobs, they continued socializing in the barrios and

going out to find food. They also tend to live in cramped quarters. So it is reasonable to speculate that they may be among the most widely immunized by now.

In any case, they don't have the luxury of staying home until a vaccine has been found. Compassion demands that policy makers craft strategies to minimize transmission among the vulnerable while the healthy are allowed to work.

As for comparisons with Brazil: Its Amazon city of Manaus, which has also been hard hit by the virus, has many similarities to Guayaquil. In particular it had a broken hospital system well before Covid-19. But in Brazil public-health facilities are managed by the states and the capacities inside the country vary greatly.

On the ICU Management and Practice [website](#), Dr. Jorge Salluh and Thiago Lisboa note that Brazil has “one of the largest number of ICU beds in the world per population” at an estimated 36,000. Rates “on average are close to most European countries,” yet “distribution ranges from fewer than 3 beds per 100,000 inhabitants in some states in the Northern region to more than 20 beds per 100,000 inhabitants in the Southeast states.”

Mr. Bolsonaro is right that Brazil needs to get back to work. Extrapolating the experience of Guayaquil is a mistake that will only exacerbate the crisis.

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