Brazil's COVID-19 death toll hits 27,878, surpassing hard-hit Spain

Poor and black, northeast Brazil faces virus 'hurricane'

RIO DE JANEIRO: Brazil on Friday reached 27,878 coronavirus deaths, official figures showed, surpassing the toll of hard-hit Spain and making it the country with the fifth-highest number of fatalities. The epicenter of the South American coronavirus outbreak, Brazil saw 1,124 deaths in 24 hours, the Ministry of Health said. It also had a record number of new cases - 26,928 in one day - bringing the total number of infections to 465,166. The United States, Britain, Italy and France lead the world in coronavirus deaths. As of Friday Spain had recorded 27,121 deaths, with virus fatalities there rapidly slowing.

465,166 infected

Brazil could soon surpass France, which has seen 28,714 deaths. Brazil is second in the number of confirmed cases, though trailing far behind the United States which has 1.7 million infections. Brazil has seen 131.2 coronavirus deaths per one million people - compared to more than 300 in the United States and 580 in Spain - but the pandemic has yet to peak in the South American country. "There is no way to foresee" when the outbreak will peak, the Ministry of Health said, and experts say the number of cases in Brazil could be 15 times higher than the confirmed figure because there has been no widespread testing.

Virus 'hurricane'

Brazil's northeast, a harsh place of arid land, cyclical drought and crushing poverty, is emerging as the next crisis zone in the coronavirus pandemic. As the virus surges in Brazil - which now has the second-most cases in the world after the United States - the country's poorest region has been hit hard, both by the disease and the painful measures taken to contain it. The nine states of the northeast have the second-highest number of cases and deaths in Brazil, after the wealthy southeast, where the outbreak began. For the 7.7 million people in the northeast who live on less than $2 a day, getting by is hard in the best of times. Add lockdowns that have interrupted the meager services they depend on - things like school lunches for hungry children and water deliveries for those who have none - and they are being pushed to the brink.

"In 26 years, I've never seen so many people living in fear, so many people going hungry," said Alcione Albanesi, founder of the charity Amigos do Bem. "Everything has ground to a stop. But hunger doesn't stop." Her organization distributes food, water and hygiene supplies to communities in the hot, dry Sertao, or "backcountry," where many families scrape out a living farming the cracked, unforgiving earth. Preventive measures such as hand-washing are theoretical there, at best. Many people barely have water. Those who get sick often face a long trip to the nearest town in an oxcart, then several hours of public transportation to the hospital. When they arrive, hospitals sometimes lack basic supplies, even bed sheets, said Albanesi.

RIO DE JANEIRO: Cemetery workers wearing protective clothing bury a victim of COVID-19 at the Sao Franciso Xavier cemetery in Rio de Janeiro. — AFP

Migrants turned vectors

The pandemic is accelerating fast in the northeast, spreading from coastal capitals such as Salvador, Recife and Fortaleza to the interior. In early April, the region had 17.6 percent of the total coronavirus cases in Brazil. Today, the proportion has risen to 33.7 percent. The region has registered nearly 150,000 cases, and almost 8,000 deaths, out of 27,000 nationwide. It is no coincidence its caseload has followed close on the heels of that of the southeast, the business and industrial corridor that includes Sao Paulo and Rio de Janeiro. Countless migrants who left the northeast to work in the southeast lost their jobs because of stay-at-home measures. Brazilian media have documented how many of them are returning home, taking clandestine buses that use dirt roads to skirt lockdown measures. — Agencies

'Water is life': COVID exposes chronic crisis in Navajo Nation

THOREAU: Amanda Larson pulls up at a water station a few miles from her home in the Navajo Nation and her three children get to work filling up large bottles lying on the bed of her pickup truck. The 66 gallons will be used by her family for drinking, washing clothes and bathing - before the next trip out in two or three days to repeat the back-breaking task.

"It's embarrassing, it's degrading, it's heartbreaking for my kids because they can't jump into a shower like everybody else and just wash," the 35-year-old preschool teacher tells AFP after returning to her prefabricated home in Thoreau, which lies in the southeast corner of this sovereign territory, the United States' largest Native American reservation. "This is how we get ready for school, this is how my husband and I are getting ready for work, in these two totes," she says, pointing to large plastic containers placed inside the bathtub.

According to the Centers for Disease Control and Prevention, "Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs," advice it has relentlessly emphasized over the course of the coronavirus pandemic.

COUNSELOR: Marlene Thomas hands out donated homemade mask while Navajo families wait in line to receive food, water, and other supplies in Counselor on the Navajo Nation Reservation, New Mexico. —AFP

That's just not possible for an estimated 30 to 40 percent of the Nation's 178,000 residents, who don't have access to running water or sanitation. This is seen as a major reason behind the surge in COVID-19 cases within the territory, with nearly 5,000 confirmed infections and 160 deaths - one of the highest per capita fatality rates in the country.

Two million Americans without water

"Water is life," say the Navajo, who prefer to call themselves "Dine" and their land "Dinetah." These three words are spray painted on walls throughout a geographically diverse territory that stretches 27,400 square miles (about the size of Scotland) across Arizona, Utah and New Mexico, a land of arid deserts with striking sandstone formations that give way to high plateaus and alpine forests.

It's a sentiment also reflected in place names: Sweetwater, Many Farms Lake, Willow Spring. But these names often no longer reflect reality. Rising temperatures and declining rainfall led to a decrease in the area's surface water by an estimated 98 percent over the 20th century, according to a report by water nonprofit DigDeep. Chronic neglect by the government is another aspect to this story, says George McGraw, who founded DigDeep in 2012 to help communities in Sub-Saharan Africa but who has since shifted his focus to America. — AFP

Can we finally learn?

By Yap-Seng Chong, Tikki Pangestu, and Swaine Chen

Recently, the Washington Post published a sobering illustration of pandemics throughout history1. The illustration shows that the number of pandemics in the last 102 years is equivalent to the number during the previous 2000 years.

Of course, there are caveats. Data is more accessible. Surveillance is better. And we can detect smaller outbreaks with modern tools, including social media. But the trend is evident - especially when we consider that half the outbreaks that have occurred since 1900 were in the last 20 years. Even as the world is still coming to terms with the global human and economic devastation that COVID-19 has wrought, we can expect that the next pandemic is just around the corner with a disruptive force potentially as strong or stronger. Our beloved planet is simply not coping with her most dangerous infestation – humans.

As the modern digital lives of humans become more interconnected, populations are also growing and concentrating dangerously in large urban centers. Modern transportation and logistics provide a physical connectivity that parallels the virtual one. Yet, as the physical distance between humans narrows, our thirst for more space and natural resources leads us to encroach on new sparsely populated places, and exposure to previously unknown animals, plants, and microbes. This push accelerates the emergence and subsequent spread of novel infectious diseases.

In the last few months, we have seen images of Godzilla-like cruise ships floating the seas, refused entry to ports, while seriously ill passengers on-board died without the necessary medical attention. We have seen meat-processing plants shut down in the USA, because most of their lowly paid workers were infected. Here, in Singapore, the outbreaks in our foreign worker dormitories have increased almost twenty-fold the number of local infections in just two months. We do not need much imagination to wonder what will happen next in over-populated prisons, overcrowded slums and migrant detention centres around the world. These are just a few examples of highly inflammable situations, which require careful monitoring and proactive regional and global policy alignment to diffuse and mitigate.

On the economic side, COVID-19 could end up costing the world close to 10 trillion dollars with millions of unemployed and furloughed workers. Even after COVID-19 passes, the recovery will be slow. A new way of doing business is likely to emerge, which relies less on labor, creating another long-term employment challenge. Simply stated, we are learning that pandemics are one of the most dangerous threats to our modern congested interdependent world. It is imperative that we finally learn how to manage them. The world has had over 2000 years of practice and we still have not got it right.

COVID-19 must be our wake-up call. To be effective, our leaders must act collectively and swiftly. The message is clear: no matter how effective local public health authorities are, we need to respond globally in a deliberate, organized and complementary manner, and in the true spirit of international solidarity. Pandemic preparedness plans must be constantly ready and coordinated globally. But before even this current crisis subsides, we must start identifying the best and worst public health responses, while accounting for differences of cultures and political models. There will be ample data for academics and policy makers to sift through. It is a golden opportunity and we must seize it this time around. The world has forgotten too many past threats. We cannot forget again.

Like many international organizations, the World Health Organization (WHO) has had a checkered history. But then, the WHO was never given the necessary mandate and resources to achieve its mission. Yet, with all its limitations and challenges, the WHO has the technical mandate, convening power and political legitimacy to lead a pandemic preparedness agenda. WHO has to get on its side the global leaders who are supportive while garnering support from other multilateral agencies. Its agenda should be based on achieving the goal of health equity – not just among low- and low-middle-income countries and their diaspora, but also among disenfranchised communities in rich countries, in dealing with and responding to pandemics. At a higher level, it is about strengthening health systems holistically to achieve universal health care and pandemic preparedness. No one is safe until everyone is safe. The COVID-19 crisis presents an opportunity to reform global governance on pandemic response, to make it more efficient, inclusive and equitable.

This is the time for leaders around the planet to work together to help the world become pandemic-ready and pandemic-resistant. This is a planetary problem that involves humans, animals, plants, microbes, agriculture, business, science, technology, ecology, and the economy. The global community must act collectively and decisively in a trans-disciplinary fashion. Like passengers on a stranded cruise ship, we are all in the same boat and cannot disembark. Our only hope is to come out of our individual cabins and work together to keep afloat. Two thousand years of outbreaks and pandemics. Can we finally learn?

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COVID-19 hopes and fears centre on 'immunity'

PARIS: Could exposure to the coronaviruses that cause the common cold help protect against COVID-19? Is herd immunity closer than previously thought? As nations lift lockdowns and experts worry about a potential second peak in cases, our ability to ward off infection is one of the hottest topics of scientific debate. Ever since it became apparent that children were less vulnerable to COVID-19 early in the pandemic, scientists have speculated that the regular spread of benign viruses in places like schools could have bolstered their immune response to the latest coronavirus. Now the idea of "cross immunity" among the broader population is gaining some ground. In a recent post on Twitter, Francois Balloux of University College London noted an "intriguing" lack of an immediate resurgence in COVID-19 cases following the easing of lockdowns in several countries.

Among the possible explanations, he noted, were seasonality and enduring social distancing practices. But he posited a "wilder" hypothesis as well - that a "proportion of the population might have pre-existing immunity to #SARSCoV2, potentially due to prior exposure to 'common cold' coronaviruses". Balloux said that might explain issues like cases where there is no transmission between spouses. Earlier this month, an American study in the journal Cell suggested between 40 and 60 percent of the population could be immunized against COVID-19 without ever being exposed to it.

Researchers put this down to the action of protective cells, known as T lymphocytes, that had been activated by other coronaviruses responsible for colds. But authors Alessandro Sette and Shane Crotty, of La Jolla Institute for Immunology, cautioned that the research did not suggest the epidemic was running out of steam. "Clearly some individuals are more susceptible to the disease than others; after being infected some individuals have severe clinical symptoms and might even die, while others might show very little in terms of clinical symptoms," they told AFP by email. "Our study suggests that preexisting immunity might be one of the factors to be considered; but at this point is simply an hypothesis that needs to be addressed with further experiments."

'Jury out'

The World Health Organization has also expressed caution over the issue. "There is certainly some evidence with regard to T cells, that if you have a previous coronavirus infection you may be able to mount a more rapid response to COVID-19," said the WHO's Michael Ryan at a press conference this week. "But there's no empirical evidence that previous coronavirus infections protect you from infection with COVID-19. The jury is still very much out on that," he added. However, Ryan said it was an encouraging sign for the development of vaccines. "It gives us hope that we are getting the kinds of immune responses that may be helpful to long-term protection," he said. — AFP

PARIS: People sit and drink on a cobbled pavement in Paris ahead of the re-opening of the French capital's cafe terraces, scheduled for June 2, as France eases lockdown measures. —AFP