

Forthcoming in Spanish: *Antropología hecha en México. Seminario antropología mexicana & COVID-19*  
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Quiroz (editors); Bogotá: Asociación Latinoamericana de Antropología (ALA); English version submitted.  
Also available as English preprint: Open Anthropology Research Repository  
(DOI: 10.1002 /oarr.10000338.2.), Researchgate.net (DOI: 10.13140/RG.2.2.16347.39201.)  
Puede ser citado (jan.rus@unicach.mx)

## **Covid-19 in Indigenous Chiapas, Mexico: Questioning a Hidden Pandemic**

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About the time that México shut down for Covid-19 in the third week of March, knowing that I would not be able to observe first hand the communities of highland Chiapas where I have always worked, I began following news of the disease in Chiapas in four Chiapas and two national newspapers, as well as reading websites and blogs recommended by friends. My original purpose was to try to document the course of the pandemic in indigenous Chiapas, so I was especially sensitive to articles about rural communities and urban colonias. I also tried to keep track of the number of reported illnesses and deaths each day both statewide and regionally, of measures to ameliorate the pandemic, and of political actions regarding Covid-19, both from the side of the state and from communities and popular movements. By the time of this writing at the end of August I have saved approximately 700 news stories. By late June, what was already most striking about the growing body of articles was the almost complete absence of cases reported in indigenous communities. Apparently no one was getting sick. At the same time, starting in April there were outbursts of popular rage against the state and various health agencies in those communities – a handful of clinics and rural hospitals were ransacked and burned, doctors and health workers in rural places had been attacked and expelled, and by May there was also a widespread, if uncoordinated, movement to stop fumigation and public health measures against the spread of the virus, but also more generally, against mosquitos and seasonal

disease vectors that have long plagued the state. Even fumigation to control agricultural pests was resisted.

Despite my systematic attempts to follow events in indigenous communities, with only a handful of exceptions all of these journalistic reports were from “outside”: Spanish-speaking reporters and writers based in cities trying to describe the course of the pandemic and reactions to it in indigenous communities that they had not observed directly, interpreted with little or no consultation with community members who might have helped make sense of events.

Meanwhile, through early July I had cell phone conversations with six friends from two Tsotsil-speaking municipios who were at home in Chiapas, as well as with four Tsotsil migrants working in the US, all of whom described a situation at home at variance with that portrayed by official sources and newspapers in Chiapas. Finally, the third week of July, four months from the shut down, I wrote to Tsotsil, Tseltal, ch’ol and Mam-speaking friends and colleagues in Chiapas, several of them former students, to ask what was happening. In all 14 replied with brief reports on events in 14 municipios. In addition, three Spanish-speaking academic colleagues replied with confirming news from 3 of those municipios.

### **The Hidden Pandemic**

During the third week of August a team from the Colegio de la Frontera Sur published a paper on the evolution of the pandemic in the states of southeastern Mexico, and noted that Chiapas had apparently reached its peak number of cases in early June, and that since then had to a greater extent than other states in the region consistently driven infections down. (Mariscal, 2020d) This was of course comforting news, suggesting that Chiapas seemed to be coming out of the pandemic sooner than the rest of the country. Similarly optimistic were the figures on the rates of infection per 100,000 population per state published by the consortium of research

institutions in collaboration with the Organización Mundial de Salud and Johns Hopkins University, in which Chiapas had by far the lowest rate of infection of any Mexican state with, as of August 27, only 6,327 reported cases for its 5.218 million people, yielding an extraordinarily low case rate of 121 per 100,000 people. The next lowest state was Chihuahua, with almost twice as many, 231, followed by Jalisco with 273. Twenty-six states of the 31 states plus Mexico City were above 350, 16 above 500, while the neighboring southern and southeastern states with indigenous populations similar to Chiapas not only had higher rates (Oaxaca 355) but were at the high end of case rates nationally: Yucatán (734), Campeche (630) and Tabasco (1211). (Reporteros, 2020f) Chiapas seemed to have uniquely escaped the worst of the pandemic, and to be coming out of it early.

And yet... Even early on there were signs that Chiapas's numbers were woefully incomplete. Not that this was unusual. Accounts from around the world suggest that anything from 50 to 90% of infections, and 20% or more of deaths, have been unreported almost everywhere. (Notimex, 2020) But there were indications that the numbers from Chiapas were especially suspect. On June 20, the same day that the official number of deaths from covid for the entire state was reported to be 239, a small note appeared in the Tuxtla newspaper *Diario de Chiapas* noting the extraordinary number of burials in the municipal cemetery of San Cristóbal de Las Casas. In previous years, the total in May and June had always been 30-35/month. But this May it was 170, and in just the first three weeks of June there were another 90. So 260 burials in seven weeks versus some 52-62 in other years: 200 deaths more than expected just in San Cristóbal, a number almost equal to the official total of covid deaths reported for the entire state. In the weeks that followed, similar anomalies were reported in Tuxtla – 500 burials per month in June and July, 1000 in all, compared to 180/month in the past -- this at a time when the total of *infections* in Tuxtla was supposed to be a little more than 2000. And in little Suchiapa, in

May and the first three weeks of June a newspaper reported that 130 had died when the normal death rate was 10-15/month. Meanwhile, according to the state Secretaría de Salud the total official number of covid infections in Suchiapa as of August 27 was only 18. (Rey, 2020d; López, 2020a; López 2020b; Martínez Mendoza 2020)

On the one hand, the gaps in Chiapas' reporting were reminiscent of, if relatively much greater than, those being reported around the world between “deaths attributed to covid” and “deaths above those reported in normal [non-covid] years.” (Notimex, 2020; Ahmed, 2020; Andrino et al., 2020; Lu, 2020; Dale y Nassos Stylianou, 2020) As health authorities explained in country after country, there was no uniform standard for determining what was a covid death. Since many of those dying had pre-existing conditions, everywhere many people dying *with* covid had their deaths attributed instead to heart-attacks, diabetes and obesity – to their underlying, chronic conditions. Then too, around the world many of the chronically sick and elderly died at home, where causes of death were often not officially determined. So even in the best of cases there is an indeterminacy about the statistics.

None of that, however, explains the degree of the distortion in the reports of cases in Chiapas's indigenous regions. As of August 27, in the 36 municipios with majorities of speakers of Mesoamerican languages, municipios with a total of 1.080 million inhabitants in the 2015 census, according to Chiapas's secretaria de salud there had been only 165 cases of covid – not deaths, but cases. (INEGI, 2020; SecSaludChiapas, 2020: see the table at the end of this text. Municipios were considered indigenous if at least 50% of their inhabitants spoke a Mesoamerican language according to the 2000 census (INEGI, 2000).) In the region I know best, the 18 municipios of the Tsotsil-Tseltal highlands around San Cristóbal with a total population, not counting the city of San Cristóbal itself, of 523,476, as of August 27 there had supposedly only been 67 infections, a number perhaps inflated by the 33 cases reported in the municipio of

Altamirano where there are three hospitals, one of them Catholic. Similarly implausible numbers were reported for the northern Tsotsil municipios with a collective population of 120,015 and 27 cases; the northern Tseltal municipios with 205,204 inhabitants and 17 cases; the three majority Ch'ol municipios of the far north with 138,780 people and 33 cases; and the seven Zoque municipios of the Mezcalapa Range of northwestern Chiapas with 63,907 inhabitants and only 21 cases. In all of these sub-regions, six municipios with 91,229 people had not recorded a single case. In fairness, it should be noted that in 48 rural, predominantly Spanish-speaking municipios with a total population of 1.083 million, there was an equally incredible total only 284 cases as of August 27. **(1)** What this meant was that of Chiapas's 125 municipios, with a total 2015 population of 5.218 million, 84 municipios containing 2.163 million people -- more than 40% of the state's population -- had recorded only 449 of the state's more than 6327 cases at the end of August. In different terms, 20.8 cases per 100,000 people. (Revueltas et al., 2020)

The question is, what is going on? It is not credible that the virus does not affect indigenous people, or that somehow it has not reached anyone in rural Chiapas. Indeed, taking into account the impossibility of social distancing in indigenous communities where multi-generational families share small spaces, lack adequate water for frequent hand-washing, shop every few days in open markets, and travel from place to place in crowded collective vans, the expectation at the beginning of the pandemic was that indigenous communities would suffer more infection, not vastly less. (ONU, 2020; Mariscal, 2020b; Henríquez, 2020a; Partida, 2020; Amapola, 2020) Nor can the answer be that there is an absence or lack of dedication of medical personnel in rural Chiapas to see, and if possible treat cases. Despite staffing difficulties, rural hospitals and clinics remained open in 13 of the 36 indigenous municipios through the pandemic, as well as in eight other centrally located rural municipios. Indeed, around the state, by late August 889 health workers had contracted covid, and 49 had died, including, according to my

correspondents, several in rural communitiesd.(2) (Hernández Navarro, 2020; Reporteros. (2020b; Gómez, A., 2020) Given the incompleteness of newspaper coverage, and the limited and somewhat random personal accounts that I received from communities, the question remains— What do we know and not know?

### **Lifting the curtain**

Early in the pandemic the largest share of the coverage about indigenous Chiapas was to call attention to the potential danger that indigenous laborers returning from migrant work around Mexico and US would bring the disease with them as their jobs ended and they returned home. (Mandujano, 2020a; Mariscal, 2020a; Gómez, O., y Rey, 2020; Rey, 2020a) This was soon followed by outraged stories of indigenous communities flouting the safety measures designed to slow the spread of the virus by participating in tightly crowded gatherings during Holy Week/Semana Santa (April 5-12.) Local and national publications and newscasts carried pictures and video of the markets and processions of Good Friday and Easter Sunday. A few weeks later, similar articles appeared about the traditional celebrations in local farming communities for the onset of rainy season on May 3rd, Santa Cruz. The implication was that everyone, indigenous and non-indigenous alike, was endangered by indigenous people's carelessness, and the shaming in national media was relentless. (Romero, G., 2020a; Mandujano, I., 2020b; Mandujano, I., 2020c; Flores, R., 2020a.) State health authorities complained that indigenous people did not take safety measures seriously because they believed in divine protection. Later, when virtually no cases were reported in April, May or June, rather than question their statistics and wonder how to better monitor rural communities, the explanations of health authorities and the press were ad hoc speculation: indigenous chiapanecos did not get sick because as people who live close to nature they were extraordinarily immune to disease, or

because as members of so-called "closed communities" they actually had very little contact with the world outside – that even during their recently feared labor migrations they in fact managed to keep mostly to themselves.(3) (Gómez, O., 2020e; Nafaté, 2020b; Rey, 2020c) The lack of either direct knowledge or insight about what was happening in indigenous communities throughout the pandemic became clear again in August when the same voices that had warned in April that the carelessness of indigenous people was going to contaminate the state, asserted without evidence that after all the reason there were so few reported cases in indigenous regions was that indigenous people *had* been extraordinarily observant of the measures to avoid infection and, true to the official statistics, virtually none of them had gotten sick.(4) (Reporteros, 2020e)

Meanwhile, despite the state's claim the pandemic had not reached indigenous communities, by late April and certainly early May there were indeed widespread infections. According to my correspondents – two of whom caught covid-19 themselves – all 14 of the municipios where they had direct contact experienced covid deaths. Chamula (Tsotsil, 87,332) (all of the population statistics are from INEGI, 2020), where according to official reports there had been one case in May and then no more, was, according to two correspondents, said by officials in municipal government to be registering 50 death certificates (*actas de defunción*) a week from mid-May through June, as opposed to the normal 5-6. Another correspondent reported that 3 relatives had died in May and were returned to the family in sealed coffins, so presumably they died in a clinic and were at least presumed to have the disease. In San Andrés Larráinzar (Tsotsil, 23,889), with only two officially recognized covid infection at the end of August, my correspondents had reliable information that by the third week of July "muchos" had died with fevers and unable to breathe. In Solistahuacán (Tsotsil, 31,942), where officially there had only been five infections by late August, one correspondent knew personally of 7 who had died by early June, while another reported that by the end of July there had been 30. In

neighboring Jitotol (Tsotsil and Zoque, 20,606), with just 9 officially reported infections as of August 27, my reports were that there was a “massive” wave of contagion in June that led most families to stay in their houses and cut themselves off from their neighbors. In Tenejapa (Tseltal, 43,943), with no officially reported infections at the beginning of August, and only one at the end, my correspondent wrote that by July two had died his local hamlet alone – one of 69 in the municipio – and that he had heard many were sick in the surrounding hamlets as well. He also wrote that many had also been sick in nearby hamlets of the adjacent municipio of Chenalhó (Tsotsil, 39,648), although a month later on August 27 the state had only recorded 2 cases for the whole municipio. In Teopisca (Tsotsil, Tseltal and Spanish, 43,135), with a total of only 10 officially reported infections at the end of August, according to my correspondents there were in reality 5 deaths a day in July, declining slightly through August. In Tila (ch’ol, 77,554), with 15 reported infections at the end of August, there were actually at least twenty dead by mid-July in the municipal head-town alone, and in two ejido communities where my correspondents had personal ties, every family was reported to have sick members. (Gómez, O., 2020f) Other correspondents with ties to three different hamlets of Huixtán (Tsotsil and Tseltal, 23,625) -- out of a total of 67 -- reported 3 or 4 deaths in each as of July, although there were only 4 reported infections in the whole municipio at the end of August. (Reporteros, 2020d)

In sum, in the indigenous municipios for which on-hand accounts are available, far from the single digit cases of infection reported by the state, the virus had been active from the end of April or early May on, with reports of deaths everywhere – and in some cases in substantial numbers.

Ultimately the state is responsible for the vast under reporting of infections and the virtual absence of reports of deaths. But it appears that the numbers have been suppressed from both sides, the state and the communities. On the state side, while small local clinics were closed



throughout rural Chiapas before the pandemic, there were nevertheless doctors and nurses present in every indigenous region, and why they did not report the extent of the outbreak around them is unclear. Neither is there any visible evidence of efforts by the state to count the obligatory death certificates filed in each municipio, for example, or to interview municipal authorities, or to collect qualitative reports from on-site medical personnel. At least publicly, the 36 indigenous municipios, and the lowest reporting 84 rural municipios in all, appear in the official record to have escaped the pandemic, vanishing into a black hole of silence on the part of the state health department. (Revueltas et al., 2020; Hernández Navarro, 2020))

On the community side, my correspondents widely agreed that at the beginning, in March and April, their families and neighbors had not believed the virus was real, or at least had not believed that it had any relevance to them. Through Easter Week, there appears to have been little illness, and thus little disturbance of normal community activities. In every municipio for which there are reports, correspondents wrote that when community members did become sick they confined themselves to their houses and were cared for by their families. (Two of my correspondents kindly sent descriptions of the herbs they had used, successfully, for different symptoms.) In some cases, specifically Tila and Tenejapa, it was reported that families also attempted to hide infection from their neighbors. (For Tila see also Mariscal, 2020c) One said that this was to avoid shaming their families, another that it was out of fear the family might be expelled from the community if they were known to be sick. It seems plausible that these reactions occurred within local communities elsewhere as well. Every one of my correspondents agreed that their own relatives and neighbors refused to have any contact with clinics and hospitals, believing stories that circulated early on that they had no cures and that their treatments were in fact killing people. A more general, less conspiratorial explanation for this avoidance was, as one correspondent wrote, “With all the lies and deceptions our people have

suffered, they no longer believe anything the government says.” In some cases, however, the lack of information coming out of indigenous communities was a result not just of lack of communication with health authorities, but of explicit, communal decisions. Significantly, the Zapatistas (Ejército Zapatista de Liberación Nacional), who govern most of the Lacandón jungle, issued guidance in mid-March that their communities should require returning migrants to quarantine themselves for 14 days, and should take similar precautions with visitors from outside. In response, by April 3 the Zapatista ejido Morelia had hung large banners across entry points prohibiting “people from outside” from entering the community. Tila and individual Tseltal communities in the municipio of Ocosingo -- and probably others that were not reported -- also blocked entering roads and quarantined returning migrants, measures which tended to close them off from clinics and other outside observers.<sup>(5)</sup> (Subcomandante Moisés, 2020; Anónimo, 2020; Toledo, 2020; Gómez, O., 2020b; Mariscal, 2020c) In the case of several Mam ejidos, one correspondent wrote that they completely sealed themselves off early in the pandemic, deciding to eat only their own food and not let anyone come in from outside. Finally, in a case reported in the press, a doctor with experience in the Tseltal municipio of Cancuc reported that he had heard from friends that there and in Tseltal Tenejapa there had been municipal assemblies where it was decided to share absolutely no news of what was happening inside with the state government or “outside” world. (Gómez, O., 2020g; compare to the Oaxacan communities described in Cohen y Mata, (2020)

With the exception of the press reports of self-isolation early in the pandemic described above, and then from Oxchuc late, in July, there were few public reports of the preventive measures that might have been taken by communities.(Martínez, Manuel, 2020) Which is not to say they did not exist. Across 36 indigenous municipios, thousands of local communities, and a quarter of a million families, there was undoubtedly a vast range of reactions. All of my

correspondents but two, for example, wrote specifically that they and their own families had tried to isolate themselves as private decisions, avoiding fiestas and in one case, with great distress, even family funerals. As several wrote, people in rural communities and poor urban colonias make their livings day to day, so despite private doubts, they had no choice but to continue going outside to work, to buy food at open air markets and stand in lines at banks to receive funds from government agricultural supports (PROCAMPO), assistance for families with school-age children and remittances from migrant workers. **(6)** (Romero, 2020b; Abosaid, 2020) When it becomes possible after the pandemic to open conversations with communities and find out more about their reactions, these are among the matters it will be important to pursue. Why did some self-isolate and others not, what were the reasons for their decisions, and how might the answers guide future communications about public health?

Meanwhile, the lack of believable statistics about illness and death from Covid in indigenous regions, and the apparent inability or lack of interest on the part of the state to account for those regions, compounded by decisions on the part of the indigenous to avoid as much as possible contact with health services and even to close their communities, describe a breach between the state and indigenous communities – indeed, between the state and rural communities in general – that only seemed to widen as the pandemic progressed. Early on there were official efforts to bridge this divide, and there were particular officials who tried consistently to pull the two sides back together. As an example of the first, in early May the state printed 179,000 copies of the booklet “Guía familiar preventiva Covid-19: Salvemos Vidas” in Spanish, Tsotsil, Tseltal and Ch’ol, for distribution in all the municipios of the state. (MdR, 2020b; Rey, 2020b; Gómez, O., 2020c) At about the same time Protección Civil del Estado (State Civil Defense) also released a poster illustrating ten steps households could take to protect themselves. This “Decálogo Preventivo” was accompanied by a short video of a rural family

employing the safety measures that may have been prepared for television announcements and that can still be seen on Facebook and Twitter. (Protección Civil, 2020a, 2020b) Unfortunately, in rural areas neither the booklet nor the poster seem to have gotten beyond municipal offices in head towns. Or at least none of my correspondents reported hearing of them. As examples of the second, the leader of the public health region that covers highland Chiapas tried at the beginning of the pandemic to convene meetings with the leaders of the 18 Tsotsil and Tseltal municipios, and recognizing that there was going to be a shortage of clinics, provided for five mobile clinics to move around the region to where they were needed. He also appears to have met with some municipal authorities right through the pandemic. (Gómez, O., 2020a, 2020c; Henríquez, 2020b) Unfortunately, as we shall see in the last section, as the pandemia took hold, communities moved from avoiding hospitals and health authorities to being hostile to them and contact became more and more problematic.

Finally, while the breach between indigenous communities and the official healthcare system grew, there were also religious radio stations and health ONGs with programs in particular locales that attempted to communicate across the divide and provide indigenous and rural people with information about the pandemic. One of the most consistent efforts was that of the collective of activists affiliated with the online journal *Chiapas Paralelo*, who began including information about covid in their every second day news podcasts in Tsotsil, Tseltal and Ch'ol beginning April 1 and continuing through May. Finally on June 8 *ChP* began presenting expanded weekly multilingual podcasts dedicated to news about the progress of the disease and protective measures. (Huegel, 2020; Anónimo, 2020; Reporteros, 2020c, 2020g) Despite the carefulness of their information and linguistic presentation, however, the *ChP* team had trouble getting radio stations to rebroadcast them. A study of their penetration, and the penetration of other health information, are more questions for after the pandemic.

Unfortunately, at the same time that the carefully prepared information of a group like *Chiapas Paralelo* was having difficulty connecting with indigenous communities, even in their own languages, the role of social media via cell phones, particularly WhatsApp, which is used extensively throughout indigenous Chiapas, but also Facebook and Twitter, in spreading rumors and misinformation was especially effective, and troubling. In a brilliant chronology of such rumors, and indeed of the early months of the pandemic in Chiapas in general (“La suma de todos los miedos: el Covid-19 en las cadenas de WhatsApp de Chiapas”, <https://www.chiapasparalelo.com/opinion/2020/07/la-suma-de-todos-los-miedos-el-covid-19-en-las-cadenas-de-whatsapp-de-chiapas/>) Leonardo Toledo and a team of collaborators who monitored these types of transmissions make it possible to correlate online rumors with the dates of acts of violence against hospitals, clinics and medical personal in Chiapas’ rural regions. The first messages about covid began circulating on Whatsapp on March 21, with a warning from the imaginary “Ejército Zapatista de Liberación Mundial” that the coronavirus would endanger especially the poorest, recommending folk and holistic cures, and blaming the existence of the virus on capitalism; this was two days before the national call for the public to maintain “healthy distancing.” Over the next month the tens of local warnings media became more specific to Chiapas, more frantic, and frankly more fictional. On April 18 on chats in Whatsapp de Chiapas, one read

“Hola no te vayas a dejar vacunar o a tomar nada que te digan que es la cura para el virus eso lo van a hacer para matar la mayor cantidad de jente por la sobrepoblación diles atus hijas familiares vecinos amigos o conocidos contactos que tengas que no lo hagan que pasen el dato unos a otros ni al seguro porque van a querer vacunarlos o darles algo tomado es para eso cuidate mucho...”

(“Hello, don’t let yourself be vaccinated and don’t take anything that they say is a cure for the virus; they’re doing this to kill the largest quantity of people possible because of over population; tell you daughters relatives neighbors friends or acquaintances not to do it; spread the information one to another don’t take any chances because they’re going to want to vaccinate everyone or give them something to take; so be really careful...”)

This was followed on April 21 by a declaration that “La supervivencia de los pueblos indígenas está en riesgo por el Covid-19” (“The survival of indigenous people is at stake with Covid-19”); on May 4 that the chemicals being used for sanitization in markets around the state were going to poison the food being sold; and in a major escalation, on May 11 that there was a ‘reliable’, ‘inside’ source warning that planes were going to be flying over cities and towns spraying the virus, which would then remain in the air for 36 hours to kill the most people possible; that what was happening was that forces greater than the government and president of Mexico had ordered that Mexico had to provide 60,000 dead to the body count being demanded around the world to diminish overpopulation; and that, furthermore, ground-level fumigation activities were part of this effort. These warnings grew in volume and urgency over the next seven weeks.

In what Toledo and his colleagues call the “harvest” of this rumor mongering, by the fourth week of May there began to be violent repercussions in local communities. Among many incidents: on May 28, the hospital in the half-Tsotsil town of Venustiano Carranza was sacked and burned; on May 29, there was news of increasing threats against municipal officials and medical personal in Villa Las Rosas, culminating in the destruction of the local clinic and burning of the town’s ambulance on June 11; on June 11, the community hospital in the Zapatista community of Guadalupe Tepeyac in the municipio of Las Margaritas was sacked and the medical personnel assaulted; on June 26 the community clinic in San Andrés Larráinzar was destroyed; and during the same period of time the hospitals in Tenejapa and Chamula were closed and the doctors and nurses evacuated... In addition to destroying their own clinics, communities were also convinced from June 13 on to reject, in some cases violently, the fumigation teams that every year circulate around the state at the beginning of rainy season to try to control the mosquitos responsible for Dengue, Chikungunya and Zika. The first report of this

was in Simojovel on June 13th, but by June 19th organized groups were blocking fumigators in some 40 rural municipios as well as some of the colonias of cities like San Cristóbal, Tuxtla Gutiérrez and Tapachula. (Chacón, 2020a, 2020b, 2020c; Bautista, 2020; Henríquez, 2020d; Hernández, D.A., 2020; Gómez, O., 2020d; Mandujano, 2020d; for Chamula: Henríquez, 2020c; for Tenejapa, personal communication, Dr. Enrique Eroza.) And so it went. Toledo and his colleagues document violent reactions up until they published on June 26, but in fact these continued all summer.

There being no reliable information on the spread of covid-19 in any of Chiapas's indigenous and rural communities, there is no way to correlate the onset of anti-government and anti-health service violence with the beginning of outbreaks in any particular municipio. Nevertheless, it seems logical to connect the attacks to the onset of the disease – a connection primed by rumors on social media that the spread of the disease was a government and health service conspiracy. Then too, given the pre-existing belief mentioned above that hospitals and clinics had no cure for covid, dissemination of the belief that they were part of widespread plot to kill indigenous and other poor people cannot have encouraged people in any poor community to report their disease to the government, potentially making themselves more vulnerable. When it becomes possible to move around the countryside and have conversations in rural communities again, the relationship between dates and severity of outbreaks, popular beliefs about the virus, and actions communities took that they thought were for self-protection are more topics that need to be explored.

### **Final Reflections**

I had originally thought of calling this paper “pandemia oculta, pandemia negada” (“a pandemia hidden, a pandemic denied”), but I was worried that the second half implied

intentionality; that someone actually meant for the degree of the illness in indigenous and rural communities to be hidden. Nationally, Chiapas does have by far the lowest case rate and the lowest number of reported deaths per 100,000 of any state, and that low rate has allowed the state to be among the first to upgrade its safety category from orange (“risk high, avoid going out”) to yellow (“risk moderate, go out with precaution”), and to be close to being one of the first to move to green (“risk low, safe to go out”) and thus able to fully re-open its economy. (Flores, 2020b; Reporteros, 2020h) But as we have seen, that low perceived danger may actually be a mirage created by the fact that no one knows for sure what’s been happening in almost two-thirds of the state’s municipios containing more than 40% of its population. From testimonies, there is reason to believe there has been a fairly high level of infection. But beyond that suspicion we know nothing for sure: not how many have been sick in particular municipios and regions; not how many have died; and not whether the disease has abated or continues to flare up here and there. Nor do we know beyond some guesses how much local communities have organized to take care of themselves, nor how harmonious the reactions locally have been. All of these are questions that have to be answered by careful surveying and oral histories after the pandemic abates.

What does seem clear is that there is a serious breach of trust between indigenous communities, and rural communities more generally, and the state. While health workers appear to have stayed at their posts in spite of dangers both from the virus and from frustrated, angry citizens, evidence is slight that there was any significant state presence in, or contributions to the management of, the pandemic in rural areas, particularly during the most critical weeks from late May through July. Nowhere are there realistic tallies of the sick and dying, and apart from early attempts to communicate with rural communities about the dangers of the virus, nor is there much evidence after the pandemic took off that healthcare workers and agencies were able to get



through to rural people and provide them with responsive information, much less care. False rumors circulating on Whatsapp and other social media made such contact more difficult, and almost certainly more dangerous. But at the same time, social media filled the informational void because there was a void.

Once everyone can move freely again, this breach needs to be addressed. Covid-19 is the fourth major epidemic to sweep through Chiapas since approximately 1990, after Cholera in 1989-91, H1N1 in 2009, and Zika in the mid-2010. Serious as these epidemics have been, thankfully none had the mortality rates of SARS in Asia during the last decade, or Ebola in Africa. In this, Chiapas has been lucky. But more pandemics are undoubtedly coming, and the state should not count on its luck holding.

## Reported Cases of Covid-19 in Indigenous Regions of Chiapas through August 27, 2020

### TSOTSIL-TSELTAL, CENTRAL HIGHLANDS

<u>Municipio</u>	<u>Population 2015</u>	<u>Reported Cases</u>
		<u>Sec Salud 27-08-2020</u>
Altamirano	32,872	33
Chamula	87,332	1
Chenalhó	39,648	2
El Bosque	22,606	3
Huixtán	23,625	4
Oxcuc	48,126	2
Zinacantán	41,112	3
Mitontic	11,906	1
Pantelhó	22,011	2
San Andrés	23,889	2
Aldama	6,172	0
Amatenango	9,913	0
Cancuc	34,829	0
Chalchihuitán	16,803	1
Chanal	12,181	1
Santiago El Pinar	3,684	1
Tenejapa	43,593	1
Teopisca (tse-tso, 46%)	43,175	10
<b>TOTAL</b>	<b>523,476</b>	<b>67</b>

### TSOTSIL, OUTSIDE OF THE HIGHLANDS

<u>Municipio</u>	<u>Population 2015</u>	<u>Reported Cases</u>
		<u>Sec Salud 27-08-2020</u>
Simojovel (tso-tse)	44,295	14
Huitiupán (tso-Ch'ol)	23,172	0
Solistahuacán (48% tso)	31,942	5
Jitotol (tso-zoq)	20,606	9
<b>TOTAL</b>	<b>120,015</b>	<b>27</b>

### TSELTAL, OUTSIDE OF THE HIGHLANDS

<u>Municipio</u>	<u>Population 2015</u>	<u>Reported Cases</u>
		<u>Sec Salud 27-08-2020</u>
Chilón	127,914	3
Sitalá	13,844	0
Salto de Agua (tse-Ch'ol)	63,446	14
<b>TOTAL</b>	<b>205,204</b>	<b>17</b>

**CH'OL**

<b>Municipio</b>	<b>Population 2015</b>	<b>Reported Cases</b>
		<b>Sec Salud 27-08-2020</b>
Tila	77,554	15
Tumbalá	34,305	12
Sabanilla	26,921	6
<b>TOTAL</b>	<b>138,780</b>	<b>33</b>

**ZOQUE**

<b>Municipio</b>	<b>Population 2015</b>	<b>Reported Cases</b>
		<b>Sec Salud 27-08-2020</b>
Chapultenango	7,644	1
Rayón	9,578	1
Ixtacomitán	10,772	15
Ocotepec	12,508	2
Pantepec	12,136	1
Francisco León	7,430	1
Tapalapa	3,839	0
<b>TOTAL</b>	<b>63,907</b>	<b>21</b>

The total number of cases for 36 municipios with a population (2015) of 1,079,643 was 165, for a case rate of 15.29 cases per 100,000. (INEGI, 2020; SecSaludChiapas, 2020a.) Municipios were considered indigenous if at least 50% of their inhabitants spoke a Mesoamerican language according to the 2000 census. (INEGI, 2000.)

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**Acknowledgments**

Luz Bermúdez Hernández, Christine Eber, Enrique Eroza, John Haviland, Jorge López Arevalo, Pedro Pitarch, Peter Rosset, Susanna Rostas, Lucas Ruiz Ruiz, Diane Rus, Bulmaro Sánchez Jiménez, Juan Pedro Viqueira, Carter Wilson

**Notes**

**1** It should be noted that every municipio in Chiapas has speakers of Mesoamerican languages. Several of those counted here as Spanish-speaking had up to 40% speakers of other languages in the 2000 census.

**2** The question of the presence of health workers in rural Chiapas during the pandemic is complicated. As of 2019, IMSS had a network of 560 small, part-time rural clinics throughout Chiapas, as well as hospitals in the following towns with significant, if not necessarily majority, indigenous populations: Tecpatán, Bochil, Sabanilla, Salto de Agua, Siltepec, Tila and Carranza. There were also hospitales básicos comunitarios belonging to the state Secretaría de Salud in many larger cabeceras, of which those with important indigenous populations included: Yajalón, Tila, Las Margaritas, Salto de Agua, Simojovel, Oxchuc, Chamula, Teopisca, Larráinzar, Las

Rosas, and Chalchihuitán. Finally, the national Secretaría de Salud (SSA) has centros de salud in the municipal cabeceras of Chamula, Chanal, Chenalhó, Las Margaritas, Ocosingo (3), Oxchuc, Solistahuacán, Salto de Agua, Siltepec, Simojovel and Tecpatán, as well as hospitals in Yajalón and Tila. Historically both the IMSS rural clinics and state rural hospitals were staffed by significant numbers of pasantes. Most pasantes, however, were withdrawn from rural Chiapas because of insecurity in the spring of 2019, a year before the pandemic. In response to covid, in March, 2020, the state secretaria de salud hired 50 doctors on 6 month contracts to make sure its hospitales básicos comunitarios, like the IMSS and SSA hospitals, would remain open. In sum, although the 560 small clinics were closed, or only occasionally open, of the 36 majority indigenous municipios, 13 of the largest, centrally located ones had at least one hospital or larger clinic during the pandemic; five had at least two installations; and two had three. In addition, eight other municipios with large indigenous populations had a total of 14 hospitals or large clinics that functioned throughout the pandemic. (For figures on medical installations, see: Ballinas, 2020; SecSaludChiapas, 2020b; IMSS, 2020; SSA, 2020.)

**3** “José Manuel Cruz [el sec de salud de Chiapas], al referirse a todas las personas que se congregaron en las festividades...en el municipio de San Juan Chamula...aseguró “la gente es muy fuerte ahí, muy muy fuerte, nosotros estamos apostando a que en esa zona no se nos va a vulnerar, porque traen ya una fuerza natural”. (Gómez, O., 2020e)

**4** NB: The sense in the news coverage of Easter that indigenous communities were risking their health, and the health of others, for the frivolity of a “fiesta” is the result of a cultural and translation misunderstanding. The seriousness and communal obligations of the rituals of “fiestas” in indigenous communities are not the same as the “días feriados” of the secular vacations of Semana Santa. In conversations, two friends with official roles in the rituals of Semana Santa in Chamula acknowledged that they had heard about the dangers of infection, but made clear that their Easter cargos were a matter of serving God and the community, and if there was any risk, it was necessary to keep the community safe. Similarly, the celebration of Santa Cruz is a yearly renewal ceremony observed in company of one’s relatives and immediate neighbors who share the same water source, and with whom one would be in daily contact in any case. None of the news stories about the two events, Semana Santa and Santa Cruz, recognized this indigenous perspective.)

**5** The dangers of such local closures were demonstrated at the end of April when, in order to concentrate and monitor incoming traffic, the municipality of Yajalón closed a road to the outside that also proved to be the only access to the neighboring municipality of Tumbalá. There were clashes, and eventually shootings in which police from Yajalón killed a man from Tumbalá. See among others: Nafaté, 2020a; MdR, 2020a)

**6** Desperate to hold on to its rural work force, the US began to automatically renew visas for agricultural work in the first days of the pandemic, even after closing the window for new visas. Chiapas, which has the fourth highest number of any state of the 200,000 Mexican holders of agricultural visas – and most of the chiapaneos are indigenous – has continued to receive a high level of remittances from its US migrants: USCIS, 2020; Reporteros 2020a)

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