

Open Access

Commentary

Alan Y. Martínez-Castellanos*

Department of Medicine, Cuauhtémoc University, San Luis Potosí, Mexico

*Corresponding author: Alan Y. Martínez-Castellanos, Department of Medicine, Cuauhtémoc University, San Luis Potosí, Mexico, E-mail: alan.martinez@ucslp.net

Received: 21-May-2024, Manuscript No. JIDT-24-136590; Editor assigned: 23-May-2024, Pre QC No. JIDT-24-136590 (PQ); Reviewed: 06-Jun-2024, QC No. JIDT-24-136590; Revised: 13-Jun-2024, Manuscript No. JIDT-24-136590 (R); Published: 20-Jun-2024, DOI: 10.4172/2332-0877.1000591

Citation: Martinez-Castellanos AY (2024) Populism and Ivermectin: Comments on the Report of the Independent Commission of Investigation on the COVID-19 pandemic in Mexico. J Infect Dis Ther 12:591.

Copyright: © 2024 Martinez-Castellanos AY. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Description

The independent commission of investigation on the COVID-19 pandemic in Mexico, comprises a large team of scientists and specialists. This comprehensive report provides objective facts, precise figures, and well-founded conclusions on the Mexican government's management of the pandemic. The Institutional Review Board (IRB) of the University of California, San Francisco (UCSF), validated the methodological rigor, ensuring voluntary and informed participation and confidentiality when requested. The report primarily addresses the question, "What went wrong with the handling of the COVID-19 pandemic in México?" It identifies three fundamental factors contributing to the catastrophic management: The systematic underestimation of the pandemic's severity and its causal agent, the centralization and personalization of all COVID-19-related decisions, and the imposition of an "austerity policy" across federal government agencies.

We have personally experienced and survived three "Once in a Lifetime" epidemiological events: The Cholera Outbreak of 1993, the AH1N1 Influenza of 2009, and COVID-19. During the 2009 influenza pandemic, Mexican population became familiar with N95 respirators and hand sanitizing gel, which were previously reserved for hospitals. The lockdown period was brief, lasting only weeks, due to the swift acquisition and distribution of vaccines and antivirals. Before COVID-19, some conspiracy theorists claimed influenza didn't exist because people weren't seen dying in the streets. A lot of people wish the situation had been similar this time.

Mexican healthcare system response to COVID-19

Mexico's first COVID-19 case was recorded on February 27, 2020, and the first death on March 18, 2020. By the end of 2022, the pandemic caused over 800,000 excess deaths in Mexico. Approximately 5,800 doctors and healthcare workers died due to COVID-19, and around 2,15,000 children were orphaned. Life expectancy in Mexico decreased from 75 to 71 years and, as the report indicates, 4 out of 10 of these 800,000 excess deaths were related to the government's response to the pandemic.

If the American colleagues believe the worst of the COVID-19 pandemic was President Trump's unorthodox suggestions of using "Clorox on the rocks" or UV light as treatments, imagine trying to survive the COVID with a president advocating the use of religious medallions as protection, a health secretary opposing child vaccinations, and a deputy health secretary stating on national TV that masks were ineffective against SARS-CoV-2. As incredible as it sounds, this occurred while celebrities like Gal Gadot and Mark Ruffalo sang 'Imagine.' It's a frightening thought, isn't it?

Mexico's pandemic response faltered not only due to the unrealistic decisions of disconnected authorities but also because it coincided with dismantling mechanisms for uninsured citizens to access medical care. Additionally, the government's medication procurement was shifted to UNOPS under the guise of austerity, bordering on negligence.

The lack of investment in Mexican public health infrastructure was already well known. However, "Republican Austerity" had forced health personnel to buy their own protective equipment and materials, while patients had to purchase medicines that hospitals failed to supply. The impact of the aforementioned austerity policy has resulted in the dismantling of national public health care services. Private healthcare utilization increased from 46% in 2018 to 59.9% by 2022, leading to the implicit privatization of national healthcare services.

COVID-19 and vaccination in México

In México, following a conspiracy theory about vaccines (antivaccines) is an uncommon privilege. Indeed, contrary to what happens in the USA, in México, a child without a complete vaccination schedule is generally seen as disadvantaged, susceptible to illness and posing a risk to peers. Hence, Mexican parents have historically preferred vaccinating their children as soon as possible.

Mexican parents are willing to vaccinate their children, but it appears that the government has neglected its duty to provide all the children with all vaccines. Since 2018, infant vaccination rates have declined, meaning that fewer children are protected against fewer diseases. According to data from civil society organizations, by 2023, only 8 out of 10 babies had a complete vaccination schedule, and roughly 6 out of 10 children over one-year-old received all due vaccines.

The COVID-19 vaccination campaign in Mexico was marked by an overly centralized approach. Vaccination did not begin with the inoculation of healthcare personnel, the elderly or vulnerable groups. Instead, it started with the immunization of president's political supporters: The 'Servidores de la Nación'. Furthermore, in a widely criticized move, the federal government initially chose not to vaccinate doctors and healthcare personnel working in private hospitals, clinics, and laboratories. As of now, it's not possible to accurately assess the impact of this discriminatory decision on the number of deaths among healthcare personnel. It's highly probable that several private practitioners haven't been correctly accounted as healthcare workers. Finally, the delays in the administration of vaccines, coupled with the urgency to resume economic activities, led to the emergence of what can only be named as "Vaccine Tourism." Mexican travel agencies started offering short trips (48 to 72 hours of stay) to cities in

California, Nevada, Texas, and Florida, with the implicit purpose of receiving the vaccine. In order to get vaccinated in Mexico it would take around 2-3 months' period, but in US it takes nearly 8-10 days of duration.