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“A Race Against Time: Deploying Vaccines and Addressing the Disproportionate Impacts of COVID-19 in Latin America and the Caribbean”

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Chairman Meeks and Ranking Member McCaul, Subcommittee Chairman Rep. Sires and Ranking Member Green and distinguished members of the Committee, thank you for the opportunity to testify today as you examine the challenges and impact of the COVID19 pandemic in Latin America and the Caribbean. These are critical issues, and I am thankful for the Committee’s attention to them.

My name is Tatiana Bertolucci, and I am the Regional Director for Latin America and the Caribbean at CARE USA. CARE began its story nearly 75 years ago when a small group of dedicated Americans sent the first CARE packages overseas to survivors of World War II. Today, CARE works in 100 countries around the world to address the root causes of suffering and to provide lifesaving humanitarian assistance to people in need. CARE’s work focuses on women and girls because our experience has taught us that we must help communities address gender inequalities between women and men to respond effectively to crises and their underlying factors.

Before I begin, I would like to take this opportunity to thank this Committee and Congress for the continued bipartisan commitment it has shown to development and humanitarian assistance. Specifically, U.S. global leadership in providing support to respond to the pandemic in low-and-middle income countries has been critical to saving lives and spurring other donor countries to rise to meet this global challenge. Helping those in need around the world is not, and has never been, a partisan issue. CARE is grateful to have such strong champions on both sides of the aisle.

### **Introduction and Overview**

The Latin America and the Caribbean (LAC) region has historically faced formidable challenges. It is the most unequal region in the world, with the top 10 percent owning more than 70 percent of the region’s wealth, and faces high levels of social and political conflict, increasing rates of criminality and corruption, deterioration of human rights, and pressing humanitarian situations, all combined with persistent population flows and economic decelerations over the last few years.

Challenges faced by the region can often be traced back to structural issues as root causes: socio-economic inequality and persistence of poverty in the context of exclusive economic growth; cultural patterns that reinforce the patriarchal, racist and violent systems historically imposed in the region; the

unfair distribution of care work due to gendered division of labor that limits opportunity for women and girls; and poor governance and corruption linked to the concentration of power.

These issues are exacerbated by climate change and the region's high vulnerability to natural disasters – the impacts of which could be seen in the latest hurricane season when storms ETA and IOTA hit Central America less than 15 days apart; the digital revolution and digital inequality that the most impoverished populations in the region face; the changing scenarios of commercial and financial flows and impacts of the global economic crisis in a region economically dependent on the extractive/primary industry; and demographic changes.

Against this contextual backdrop, when the COVID-19 pandemic hit Latin America in 2020, the region was already facing major humanitarian crises including: the Venezuelan crisis that, as of spring 2020, had driven at least five million people to neighboring countries and exposed almost nine million people to high levels of food insecurity; the Central America crisis where people, exposed to violence, hunger, the effects of drought and climate change as well as limited opportunities to make a living, were forced to leave their hometowns and countries; and the food security crisis in Haiti where millions could not meet their minimum food requirements.

The impacts of COVID-19 in Latin America were deepened by the region's structural challenges and, at the same time, unveiled and exacerbated the region's inequalities and issues, making the humanitarian needs even more severe.

CARE witnessed this when Maria\*, a 29-year-old informal worker and owner of a food post in Honduras, told us, "We have been locked up and I have not been able to sell my products because I have to move to the market to buy supplies and right now, we are not able to do so. The grocery store has helped us avoid going hungry these past days... but I am afraid we will not die of COVID, we will starve."

Another informal sector worker in Ecuador told us, "I am already skipping breakfast and dinner, so the kids have more to eat, but I don't think we are going to make it. If I go to work, I have no one to leave the kids with, they are out of school now and are not having lunch. If I don't go to work, I don't make money and can't buy any food. It sounds crazy, but in the middle of all this, with all these people dying, getting sick feels like the least of my concerns right now."

Or when Mercedes, a 36-year-old Venezuelan woman living in Colombia with her children, told us she did not know where she was going to spend the night. As she said, "the hostel we were sleeping at during the past few days was shut down by the government, because it could not guarantee social distancing. Now, myself and my two kids, are on the street, with no place to sleep, with no chance to have any income because everything is closed, and with no way of protecting ourselves, from this disease or from people" – demonstrating the even higher level of vulnerability and risk that migrants and refugees were exposed to as Latin American countries tried to respond to the crisis.

As of April 14, 2021, the LAC region had almost 26.7 million confirmed cases (19.3 percent of cases worldwide) and over 846,000 deaths (28.4 percent of deaths worldwide) even though the region has only 8.3 percent of the world's population. A University of Washington COVID-19 projection model (updated April 8, 2021) forecasts deaths in the region could reach 1.2 million by August 1, 2021.

LAC countries have varied in their responses to the COVID-19 crisis with the majority declaring some form of a state of emergency and adopting preventive measures to limit transmission. Many have activated social security systems and safety nets, but these resources are not able to respond to the level needed and are often inaccessible to vulnerable communities including migrants and refugees. The pandemic is having widespread economic, social, and political effects on the LAC region, that will endure in the long

term. The pandemic has forced Latin America 20 years back in time, turning back advances the region had made in poverty and inequality reduction in the 90's and early 2000's.

### **The Secondary and Long-term Impacts of COVID-19 in LAC**

Beyond the issue of vaccines, as mentioned above, COVID-19 has deepened and unveiled the structural inequalities of Latin America and the Caribbean, and increased the risks and needs faced by the most vulnerable populations in the region: women and girls, indigenous and afro-descendants and migrants and refugees.

As Marc Lowcock, United Nations Emergency Relief Coordinator puts it, "It has been clear for some time that it is not the virus itself doing most harm in vulnerable countries. It is the secondary impacts of the subsequent lockdowns and global recession – rising food prices, falling incomes, drops in remittances, interrupted vaccination programs, school closures. They all hit the poorest people in the poorest countries hardest." Latin America is no exception and it is on these "secondary impacts" that I will focus the remainder of my testimony today.

#### **Impact on Employment and Poverty**

Before the pandemic, the International Monetary Fund (IMF) projected 1.6 percent economic growth for the region in 2020. However, this forecast was revised in April 2021, and now, a contraction of 7.0 percent is predicted.

The economic contraction is visible in the rise of unemployment. The unemployment rate in the region reached 10.7 percent at the end of 2020, 2.6 percentage points higher than in 2019, according to the United Nations Economic Commission for Latin America and the Caribbean (ECLAC). The biggest hits have been seen in the informal, services, and tourism sectors, all of which employ majority women, making women, together with informal workers, youth and migrants, the most impacted by unemployment.

Lack of employment and income generating opportunities, together with the impacts of climate change, political instability, and income inequalities drive and reflect the tremendous poverty growth in the region. In March 2021, ECLAC reported that 22 million people in Latin America moved into poverty in 2020, with overall poverty rising to 33.7 percent from 30.5 percent in 2019. A total of 78 million people were in extreme poverty in 2020, the highest level in the 20 years.

The majority of those likely to slide into poverty will be women, girls, and LGBTIQ+ people, especially from at-risk and marginalized groups – such as indigenous and afro-descendants.

#### **Impact on Food Security and Malnutrition**

Food security and malnutrition are immediate concerns in the region. Between 2016 and 2018, 69 million adult women and 55 million men in LAC experienced food insecurity. According to the World Food Program, the region is set to see a 269 percent rise in the number of people facing severe food insecurity bringing the total number of people who don't know where their next meal is coming from to 16 million, which is up from 4.3 million in 2019.

In Central America, 3.2 million people need food assistance in Honduras, 60,000 households have been identified for food assistance in El Salvador and a CARE Needs Assessment in Guatemala found that 64 percent of families across 95 percent of communities assessed do not have sufficient economic resources to meet basic food needs in the context of COVID-19. In Colombia, an additional 800,000 people need

emergency food, and 85 million children are cut off from school feeding programs. Haiti, Venezuela, Ecuador and Peru are also facing extreme challenges.

In this context, women are already eating fewer and less nutritious meals to leave more food for their children. At the same time, in some countries, health services have stopped basic screening and treatment for malnutrition amid the pandemic.

#### Impact on Access to Health

With fragmented and unequal health systems, the region is ill-prepared to handle a health and human crisis of the scale of the COVID-19 pandemic. Lack of access to quality health care and information is especially acute in rural and remote areas. Before COVID-19, 30 percent of people in the region were unable to access health care because of cost, and 21 percent could not access these services because of distance to a provider. Women and girls are particularly impacted as, when responding to pandemics, many governments tend to redirect funds from sexual and reproductive health services and maternity health. There are already reports of increased maternal mortality rates in some countries.

We have also seen migrants and refugees experience exacerbated xenophobia and denial of services during the pandemic in some health centers, justified by the “need to protect our own population.”

#### Impact on Access to Education

Despite significant progress in increasing enrollment and access to marginalized communities, education remains a challenge in LAC and is being highly impacted by the consequences of the pandemic.

Before COVID-19, there were significant gaps. According to UNICEF, 12 million children and adolescents ranging between ages 7 to 18 are out of the educational system. Approximately, 23 million indigenous women already faced unequal access to education and over eight million children and adolescents under 14 were at risk of exclusion due to a disability.

In the wake of the COVID-19 pandemic, the region is experiencing an unprecedented education crisis that requires immediate action to mitigate and reverse learning losses. Only nine percent of the poorest communities have access to internet in the region, usually mobile data of low bandwidth. With education moving to online platforms, these communities are facing even higher levels of exclusion. Beyond that, with 95 percent of children in the region out of school because of COVID-19, the care-giving burden is even higher for women as they are often seen as solely responsible for childcare. As young girls staying home are tasked with caring for younger siblings, they have less time to spend on their remote schooling, which will widen the education gap.

#### Impact on Displaced Populations

Millions of people throughout the region have also been forced to flee their homes and communities. Female migrants, refugees, internally displaced, asylum seekers, and returnees have the highest risk and no safety nets.

Due to the structural crisis in Venezuela, approximately nine million people are in need of humanitarian aid inside the country and more than 5.4 million people have fled to neighboring countries, including Colombia, Peru, Ecuador, and beyond. However less than half of these vulnerable people have documentation and residency permits that grant them access to basic services including healthcare or the opportunity to work in the formal sector. COVID-19 has created inhospitable conditions in many host

countries, either due to the closure of temporary hostels because of social distancing standards; increased xenophobia (in many countries, Venezuelan migrant and refugees were accused of “bringing the virus”); and lack of income-generating opportunities due to lockdown measures, among other reasons. Many have had to uproot their lives and tried to return to Venezuela, but border closures have put their lives at further risk and many turn to smuggling routes and irregular crossings to get back.

In Central America, thousands of vulnerable people are fleeing Honduras, Guatemala, and El Salvador in an attempt to leave poverty and violence to look for better living conditions elsewhere. As a result, with the fastest-growing population of migrants and refugees in the world, the LAC region is struggling to meet the assistance and protection needs of people on the move. As the secondary impacts of COVID take their toll, jobs are drying up, remittances to families back home are dropping, and many people are prematurely returning to their home countries despite the persistent lack of safety and opportunities to thrive, compromising their right to a voluntary, safe, and dignified solution to their displacement. Quarantine centers across the region also tend to be overcrowded and unsafe.

Women and girls are even more vulnerable, as informal migration routes expose them to higher risks of sexual exploitation, abuse and human trafficking. CARE’s Rapid Gender Analysis on the Venezuela crisis showed that women were obliged to exchange sex for money and/or food as a coping mechanism before the pandemic. As a result of the pandemic we are, unfortunately, seeing this trend grow.

#### Impact on Gender Equality and Rates of Gender-Based Violence

The region faces dire levels of gender inequality, which have been compounded by the COVID-19 pandemic. Approximately 55 percent of women do not have their own income, or their salaries are lower than a minimum wage. For every 100 monetary units received by men, women receive 83.9 on average. Women also work more hours a day and receive less pay for work of the same value in addition to being overrepresented in informal work and spending more hours doing domestic work. The region also presents the highest rates of violence against women and femicides in the world.

As mentioned above, the COVID-19 pandemic has exacerbated the vicious cycle of poverty and exclusion of women and girls in the region, and it is fundamental to understand the many ways in which this crisis increases gender inequality to design and support an effective response. Beyond the above, I want to highlight two other specific challenges for women during the COVID-19 pandemic:

1. Gender based violence is rising. Gender-based violence (GBV) is increasing, and women’s ability to access services is decreasing. Countries report calls to domestic violence hotlines rising between 18 and 100 percent. Many GBV clinics and mobile services were suspended in quarantine and, as there are fewer bystanders on the streets and businesses closed, women are facing increasingly unsafe conditions as there are fewer places to go for help when GBV happens in public. Also, due to lockdown measures, women are now spending even more time with their aggressors, and under tighter control, which makes asking for help even more difficult.
2. Unpaid care work is disproportionately rising for women. Women already handled 1.7 times more unpaid care work than men in LAC, and this unpaid work represents up 15-25 percent of national GDPs in the region. In Guatemala, women spend 18 percent of their time on unpaid work, 9 times more than men. This increases when people are sick; in Mexico, women spend 29 hours a week caring for sick family members, compared to 13 hours a week for men. The effect is larger in poorer families with larger household sizes and is one of the key reasons why women are even more marginalized during the pandemic. The disproportionate burden of care-giving limits

women's time and ability to participate in paid, income-generating activities, further widening the poverty gap between men and women and having long-term implications for development and equality.

### The Role of CARE and Other NGOs

CARE has been working in Latin America and the Caribbean for over 65 years. We are currently responding to the humanitarian crises, directly or through partners, in Colombia, Cuba, Ecuador, Haiti, Honduras, Guatemala, Peru, Nicaragua, Costa Rica, Brazil, Venezuela and Mexico. Our work in the region focuses on fighting the structural causes of inequality and supporting the most vulnerable populations – especially indigenous and afro-descendant women and girls and migrants and refugees.

At CARE, we believe it is fundamental to keep human rights and social justice at the center of the economic recovery plans aimed towards a sustainable future. As such, women and girls, economic justice, and equal access to resources and opportunities must be central. It is important to include women and girls in decision-making at all levels, shifting focus towards policies and measures that prioritize women and girls and strengthen gender equity.

Nonprofit organizations play a critical role in supporting the response and long-term development through funding and technical capacity, advocating and supporting governments when possible, and in strengthening local civil society. Any effective, long-lasting and sustainable effort in the region, to fight both the primary and secondary impacts of COVID19 pandemic, as well as to ensure a fast and fair vaccination process, needs to be based in alliances and coordinated work between the international cooperation systems, local civil society, and national and local governments.

### Key Recommendations

CARE urges the U.S. government to prioritize five key areas in its policy and assistance strategy for the region:

- 1. Ensure fast and fair delivery of COVID-19 vaccines to the last mile and sustainable health system strengthening by prioritizing investment in frontline and community health workers.**

Achieving equitable vaccine delivery and inoculation will ultimately be essential to ending the pandemic and a successful recovery in LAC. Comprehensive global vaccination efforts will also be essential to achieving herd immunity and economic recovery in the United States as well as worldwide. Getting this right means both providing adequate funding and taking an approach to vaccine delivery that is smart and effective.

Frontline and community health workers are the lynchpin of effective vaccine delivery - ensuring shots in arms of the most vulnerable as well as providing education and outreach to overcome vaccine hesitancy - and yet they are routinely overlooked and chronically underfunded. As a result, last-mile delivery all over the globe is failing. Ultimately, vaccines are useless without proper delivery systems that, to be effective, must include equipping, paying, training, and supporting frontline health workers, 70 percent of whom are women and half of whom are unpaid. CARE's analysis shows that for every \$1 spent on vaccine procurement, the cost of effective delivery is \$5. The major multilateral mechanism for supporting global vaccination, the ACT-Accelerator, is critical for ensuring equitable vaccine distribution however it was never designed to cover the full cost of vaccine delivery on the ground. Countries throughout Latin

America with already weak and chronically underfunded health systems will not be able to cover these costs through domestic financing. To ensure efforts to acquire vaccines in LMICs are not wasted due to an inability to deliver them, future U.S. investment in vaccine equity must support health systems strengthening efforts through the USAID Office of Health System Strengthening and other development and humanitarian response programs focused on frontline and community health workers.

**2. Elevate humanitarian diplomacy and funding within the U.S. strategy in the region, including by facilitating durable solutions to displacement.**

The U.S. should provide assistance proportional to other crises of the same magnitude including additional resources to specifically address the secondary impacts of COVID-19. Likewise, the U.S. should ensure support for efforts to allow vulnerable displaced communities to be able to access documentation, health, education, and employment in host countries- particularly those with irregular status who are at heightened risk of protection violations. The U.S. must work closely with governments throughout the region, as well as the World Bank, InterAmerican Development Bank, UNHCR, and IOM, to strengthen and harmonize international protection systems and improve migratory regulations that uphold the rights of displaced populations throughout the region. More predictable, multi-year financing to support refugees and host communities and promote medium- and long-term solutions is critical.

**3. Ensure U.S. humanitarian and development investments have a clear gender focus and support women and girls, including through continued health support for SRHR and not redirecting funds as well as through ensuring GBV funding, systems, and protection.**

COVID-19 response and recovery programming must:

- Ensure all COVID-19 response provide trauma-informed, women-friendly, actively inclusive environments. Support should enable access to healthcare services for women and girls, historically marginalized groups such as indigenous and afro-descendant population and the most at-risk groups. Additionally, GBV and SRH services must be considered essential services that cannot be deprioritized in pandemic response.
- Ensure any and all telehealth services, and/or telehealth service plans, take the gender data gap into account and include specific messaging, campaigns, and data support plans for reaching women and marginalized people who do not usually have internet access or smartphones.
- Recognize and address the care work – paid and unpaid – including household and paid sector activities. Care workers – both paid and unpaid – should be recognized as essential workers and supported to carry out their work safely, including measures to ensure such care arrangements can continue safely, and are included in cash transfer programs and/or other sectoral humanitarian supports.
- Ensure women's, marginalized and at-risk groups access to Information Communication Technology is considered an essential, life-saving service, both during response and throughout recovery. Collaborate with grassroots women's groups and civil society women's organizations to ensure alternative community-based mechanisms are put in place for survivors who do not have access to the internet or smart phones.

**4. Engage with and support regional governments to ensure safety nets are accessible to the most vulnerable populations, not only in the short-term for the COVID-19 recovery but also for the long-term resilience.**

Governments in the region rushed to enact COVID-19 response and rollout safety nets, but more must be done to ensure that safety nets are available for the most vulnerable members of society, including refugees, female-headed households, domestic workers, and others in the informal economy who are often overlooked. As a first step, there must be an understanding of the needs of the most marginalized; this requires prioritizing data collection about, and in support to, groups who are underrepresented in current analysis data but who are the most vulnerable and disenfranchised, such as LGBTIQ+ people; homeless, migrant, refugee, and displaced women; indigenous and Afro-descendant women and girls; and others.

**5. Direct resources to strengthen the capacity of locally-led and specifically women-led organizations and prioritize economic empowerment for women and vulnerable groups to bolster resilience and capacity to respond to current and future crises.**

At an individual level, immediate relief assistance can support long-term response and recovery strategies by providing targeted cash assistance and income-generating activities. This should include specific programs to re-orient income-generating activities in the immediate and long-term, ensuring equal or enhanced employment opportunities, and addressing unequal burdens of care in both immediate response and recovery.

At a systems level, the U.S. can partner with diverse women and LGBTIQ+ organizations and support their participation and leadership as a cornerstone of effective COVID-19 response. Local women's organizations throughout the region, many of whom CARE prioritizes partnering with, are the best positioned to ensure resources reach those with the greatest need, to develop response plans that will be effective based on local context, and to lead sustainable, long-term change as a part of recovery. Response agencies should engage a range of women's and LGBTIQ+ organizations, human rights defenders, and activists in all planning and response efforts – from local to national and regional levels – as key decision-makers and leaders.

Thank you Congressman Sires, Green and all distinguished Members. I look forward to your questions