The Strategy of the 7th Infantry Brigade in Lambayeque in the face of the COVID-19 Crisis Strengthening the Response of the Peruvian State (2020-2022)

Francisco Clemente Rodríguez Urbina

https://orcid.org/0000-0003-3728-584X
clemente.rodriguezu@gmail.com
The Strategy of the 7th Infantry Brigade in Lambayeque in the face of the COVID-19 Crisis Strengthening the Response of the Peruvian State (2020-2022)

Francisco Clemente Rodríguez Urbina

Summary

The COVID-19 pandemic exposed the shortcomings of the Peruvian State in its capacity to manage and care for citizens, which is why the COVID-19 Command was created to implement and control the care process at the national level. This article also analyzes the contribution of the 7th Infantry Brigade of the Peruvian Army (EP) in the Lambayeque region, as well as the collaboration between different governmental sectors and civil society that allowed for an effective response to the health emergency. In addition, conceptual, organizational and human contribution was crucial to reduce contagions and carry out effective initiatives to control the Lambayeque population. These lessons were effectively applied to subsequent emergencies and should serve to re-evaluate the country’s own organizational culture. Its performance was demonstrated in the reduction of mortality, as evidenced by the testimonies of citizens who expressed their support for the COVID-19 Command.

Keywords: Health Emergency, Peruvian State, Health Policy, Dysfunctionality, Management and Care Capacity, Strategic Plan, 7th Infantry Brigade of the Peruvian Army, COVID-19 Command of Lambayeque, Government Sectors, Civil Society.

Introduction

The COVID-19 pandemic exposed, once again, the numerous shortcomings of the Peruvian State in its institutional design and management capacity by failing to provide adequate and efficient care to its citizens during the health emergency, resulting in enormous loss of human lives. These shortcomings became more evident when public hospitals exceeded their capacity, being unable to care for a growing number of patients, most of whom required specialized medical care, including hospitalization for prolonged periods, in many cases. These weaknesses were evident from the beginning, forcing the government of the day to implement actions on the fly as the virus spread throughout the country.
One of the measures implemented by the Executive Branch (“PE”) during the first days of the health emergency was the creation of the COVID-19 Commands. Its mission was to establish an Operations Command in charge of implementing, executing, controlling and evaluating the process of attention, at the national level, to COVID-19 cases.¹ In this context, the purpose of the following text is to analyze the contribution of the 7th Infantry Brigade, led by General EP Walter Bracamonte Merino, who was in charge of the central government’s health policy in the Lambayeque region as president of the COVID-19 Command of that region.

The commander’s testimony and that of his subordinates provide detailed insight into the government’s response to the onset of the pandemic, providing us with a primary source regarding the management of COVID-19 in the Lambayeque region. The main lesson that can be drawn from their record was that the dysfunction of the Peruvian State can be mitigated through proper articulation between the different levels of government and the private sector, the implementation of a coherent and sustained plan over time, and the coordination of efforts based on a clear mission and vision. However, despite the lack of resources and differences with the local and regional government bureaucracy; the 7th Infantry Brigade managed to mitigate the disease and eventually control the viral outbreak, effectively using limited resources and compensating for its shortcomings in collaboration with the aforementioned entities.

The purpose of this paper is to analyze the contribution of the COVID-19 Command in Lambayeque and how the collaboration between different governmental sectors, both central and municipal, together with actors within the State, such as the Armed Forces (Armed Forces) and local authorities, as well as medical personnel and civil society, including associations and the Lambayeque private sector, allowed for an effective

¹ Ministry of Health, Ministerial Resolution Nº 155-2020/MINSA, “Crean el Comando de Operaciones de carácter temporal con el objeto de fortalecer la respuesta sanitaria frente al COVID-19,” (El Peruano, April 8, 2020), [https://busquedas.elperuano.pe/normaslegales/crean-el-comando-de-operaciones-de-caracter-temporal-con-el-resolucion-ministerial-n-155-2020mins-1865288-1/](https://busquedas.elperuano.pe/normaslegales/crean-el-comando-de-operaciones-de-caracter-temporal-con-el-resolucion-ministerial-n-155-2020mins-a1865288-1/)
response to the requirements of a nation that was not prepared either structurally, institutionally or in terms of human resources.

Finally, the conceptual, organizational and human contribution was crucial to reduce contagions and carry out effective initiatives to control the Lambayeque population. The performance of the COVID-19 Command is demonstrated in the reduction of mortality and in the testimonies of citizens who expressed their support. Lessons learned were effectively applied in subsequent emergencies, such as Cyclone Yaku, and should serve to reevaluate the organizational culture of the Peruvian State.

**Understanding the Dysfunctionality of the Peruvian State**

The Peruvian government, through its public agencies, is characterized by a limited territorial presence and a low capacity to execute and implement adequate public policies. According to Francis Fukuyama, it is weak and lacks sufficient strength to fulfill its functions in the national territory. Furthermore, there are tensions between the central and regional governments, as well as a deficient organization with respect to the limits and functions between the different levels of government. Along these lines, Álvaro Gálvez refers that its design is aimed at segmenting the institutions and fostering competition among them; however, it is necessary to point out that the health service was not in a position to face the COVID-19 pandemic.

The central government decided to form the COVID-19 Commands to implement the health policy in the regions. In April 2020, the Lambayeque COVID-19 Command was officially established by Regional Executive Resolution No. 123-2020-GRL-GR, as an ad-hoc body under the Regional Health Management of Lambayeque (Geresa Lambayeque). The decision

---

was made by the National Commander of the COVID–19 Command, Pilar Mazzetti Soler, who considered that the seriousness of the situation meant that the military were best placed to lead the crisis. However, this triggered trouble with the local civilian authorities, who showed their dissatisfaction with these actions from the beginning, preventing greater collaboration with the regional level of government.

According to Gen. Bracamonte, the governor of Lambayeque showed an uncooperative and even obstructive attitude by not providing the necessary facilities or support to carry out his work. As evidenced by the response of the Regional Government of Lambayeque (GORE Lambayeque), which opposed the creation of the Taskforce to manage the health emergency. This resistance caused an unwarranted delay in the response, resulting in a collapse of the health systems in the regions.

The Situation of the Peruvian Health System at the Beginning of the COVID–19 Pandemic

Before analyzing the performance of the 7th EP Infantry Brigade, it is essential to understand the situation of the public health system in Lambayeque at the beginning of the health emergency. In general, the system was deeply deficient due to multiple shortcomings, such as: lack of coordination between the hospitals of the Ministry of Health (Minsa) and the Social Health Insurance (ESSALUD), inadequate attitude of health personnel, and absence of adequate plans to face pandemics such as COVID–19.

For example, at the primary health care level, health facilities lacked adequate supplies, maintenance and personnel. Nor did they have sufficient drugs or a plan to deal with the increasing cases of COVID–19 in the region. In several hospitals visited during the first weeks, the Taskforce noted that

---

7 Ibid.
8 Walter Bracamonte Merino (interviewed by the author, December 16, 2021).
9 Ibid.
basic services were either not working properly or were missing, as was the case with drinking water, ventilators, oxygen tanks and electricity.\textsuperscript{10}

Problems also arose at the human level. For example, most of the doctors abandoned their posts, despite being needed because of the growing number of cases. An estimated 70\% of them stopped working, further aggravating the situation.\textsuperscript{11} Taking advantage of the Minsa’s provisions, they justified leaving the hospital by pointing out that they belonged to the population most vulnerable to the virus (according to testimonies, many preferred to treat in private establishments). Their withdrawal significantly complicated efforts to manage the gradual increase in the number of patients requiring hospitalization.\textsuperscript{12}

Furthermore, there were testimonies stating that some of the medical staff made calculations prior to the final outcome of the patients in order to offer unused oxygen cylinders for a certain amount to third parties. In other words, in addition to the problems mentioned above, corruption made an already complicated task even more difficult.\textsuperscript{13}

\textbf{Management of the Health Emergency by the COVID-19 Taskforce and the 7th Infantry Brigade of the EP}

Facing an adverse political, social and administrative situation, the 7th Infantry Brigade confronted the pandemic with few tools at its disposal. According to Gen. Bracamonte,\textsuperscript{14} three core elements allowed addressing the health emergency. First, a unique operations plan set out the roles of the units that made up the COVID-19 Taskforce. Furthermore, by operating under a single command, but adequately supervised by the civil authority, the 7th Infantry Brigade was able to carry out its tasks efficiently.\textsuperscript{15}

\begin{flushright}
\textsuperscript{10} Ibíd. \\
\textsuperscript{11} Walter Bracamonte Merino, “Guerreros de SIPAN. Experiencias en la Guerra contra la Covid-19” (Editorial: Walter Edgard Bracamonte Merino, 2017), 113. \\
\textsuperscript{12} Walter Bracamonte Merino (interviewed by the author, December 16, 2021). \\
\textsuperscript{13} Ibíd. \\
\textsuperscript{14} Ibíd. \\
\textsuperscript{15} Ibíd.
\end{flushright}
Second, collaboration with civil society and other levels of government, such as the municipal government, allowed us to carry out patrolling and epidemiological surveillance operations and to obtain resources denied by the regional government. Finally, the COVID-19 Taskforce bore administrative and political responsibility for its actions, which was crucial to adequately manage the serious health situation. Political accountability, transparency, and reporting of the actions carried out to the main control bodies such as the Ombudsman’s Office (PD), the Office of the Comptroller General of the Republic (CGR) and the Prosecutor’s Office for Crime Prevention, which demanded compliance with the rules and regulations. This allowed to lead the operations, inspiring confidence in subordinates and gaining credibility among the population, who saw the actions as legitimate and effective in the midst of an uncertain and difficult scenario. It was a demonstration of clear and concise strategic leadership in a context in which the political authorities were more concerned with their individual and short-term interests than with the care of the population and the management of the disease.

**Strategic Plan**

The Strategic Plan (SP) had two main objectives: to control the population to avoid contagion and to minimize deaths. Three phases to implement: prevention, hospitalization and treatment of dead bodies. Subsequently, a sustainment and recovery phase was added as more was learned about the treatment and management of infected patients. This reduced deaths by providing adequate medical care to restore patients’ health. The EP was publicly presented on April 13 at an event attended by district mayors and

---

16 Ibid.
17 Ibid.
19 Ibid.
21 Ibid.
22 Ibid.
other authorities of the region.\textsuperscript{23} The underlying premise was that the plan would only work if it was carried out in an integrated manner by all levels of government, officials and institutions involved. In other words, it was based on the assumption that teamwork was fundamental to success. In addition, the collaboration and cooperation of Lambayeque citizens was a crucial variable for achieving the objectives, although initially a significant part of them were reluctant or unconcerned. However, as the number of cases of contagion and deaths increased, the attitude changed to a much more cooperative and understanding one.\textsuperscript{24} The following section will explore, in greater detail, how the actions that made it possible to achieve the objectives of the SP were implemented.

**Actions of the 7th Infantry Brigade in Lambayeque (2020–2021)**

<table>
<thead>
<tr>
<th>Reorganization of personnel</th>
<th>Epidemiological surveillance</th>
<th>Reinforcement of the humanitarian committee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting up of voluntary isolation zones</td>
<td>Participation of private enterprise through donations</td>
<td>Creation of the Facebook page as an official means of communication.</td>
</tr>
<tr>
<td>Setting up a field hospital</td>
<td>Research projects</td>
<td>Disinfection booths installed</td>
</tr>
<tr>
<td>Use of temporary cemeteries</td>
<td>Shelter installation</td>
<td>Transit passes per house</td>
</tr>
<tr>
<td>Integration of the entire health system of Lambayeque (GERESA–ESSALUD–FF.AA.–PNP)</td>
<td>Optimization of rapid response teams</td>
<td>Setting up a Call Center for handling deaths</td>
</tr>
<tr>
<td>Management of patients through telemedicine.</td>
<td>Sanitization of population concentration sites and hospitals</td>
<td>Creation of local operations commands</td>
</tr>
<tr>
<td>Screening campaign with rapid tests</td>
<td>Use of rapid response teams by sector</td>
<td>Implementation of the Te Cuido Perú plan</td>
</tr>
</tbody>
</table>

**Source:** Guerreros de Sipán.\textsuperscript{25}

\textsuperscript{23} Ibíd., 49.
\textsuperscript{24} Walter Bracamonte Merino (interviewed by the author, December 16, 2021).
\textsuperscript{25} Walter Bracamonte Merino, “Guerreros de SIPAV. Experiencias en la Guerra...”, 39.
First Objective: Population Control

Population control was the most important objective of the SP to cut the chain of virus transmission. Research conducted on the behavior of the Lambayeque population led to the implementation of three main prevention actions. Success, at this stage, would reduce the number of infected and the pressure on the regional health system.

The first action was linked to the integrated patrol. This measure sought to sensitize the population to the need to abide by the central government’s health regulations, ensuring, among other things, compliance with curfews. Integrated patrols were carried out with the Peruvian National Police (PNP) and the serenazgo, whose task was to intervene infected people or, failing that, those who were not complying with sanitary regulations; in other words, those who were circulating without masks or spitting at the patrol members. Even those who participated clandestinely in the so-called “COVID parties”, which were a major source of contagion, were stopped.

The second measure revolved around the control of public transportation. Although the population gradually began to comply with the sanitary measures, the infection rate continued to rise in April. After a thorough study, public transport was identified as a major source of contamination. Although the indications were nominally being followed, biosecurity protocols were not being implemented or complied with in these units, especially on trips to the city. Contagions apparently increased as the number of motorcycle cab rides increased. Operations were undertaken to control their movement, which made it possible to control the situation by blocking any possibility of escape.

The third measure was the organization of markets, as was the case of the Lambayeque Central Market and the San Martin Market. Transmission of

28 Ibid.
the virus occurred when citizens did not respect measures such as social distancing when shopping. It is worth mentioning that the pandemic produced a significant increase in street commerce, which further contributed to the overcrowding characteristic of these places. Faced with this situation, the decision was to control the entrance to the markets in coordination with the municipal authorities and the serenazgo. Measures such as temperature measurement and disinfection were implemented. This was possible thanks to the cooperation with the municipal government and other agencies, and contributed to a better control of the pandemic.\(^{29}\)

The fourth measure was the implementation of Operation Tayta and Plan Sipán, which were responsible for monitoring patients with COVID-19, disinfecting homes and providing the necessary assistance in the event of hospitalization. Operation Tayta was aimed at detecting, assisting and isolating patients with mild or asymptomatic COVID-19, together with their family members and also those with whom they had contact.\(^{30}\) Its objective was to cut the chain of contagion by preventing the virus from reaching the most vulnerable people. To this end, several Tayta Plans were implemented in coordination with the Municipality of Chiclayo, ESSALUD, Minsa, Civil Defense and Geresa Lambayeque.\(^{31}\)

Detection points were strategically located in various school units, which enabled a greater number of rapid tests to be taken and a larger number of people to be attended. This enabled the Command to obtain a clearer picture of the epidemiological situation by knowing with greater precision the areas of highest infection.\(^{32}\)

Plan Sipán was implemented to strengthen the first level of care in the midst of a crisis in the health system, due to the reduction of medical personnel and the increase of patients during the first wave of the

\(^{29}\) Ibid., 70.
\(^{30}\) Ibid., 106.
\(^{31}\) Walter Bracamonte Merino, “Guerreros de SIPAN. Experiencias en la Guerra...”.
\(^{32}\) Ibid., 108.
This plan involved the participation of doctors and personnel from the 7th Infantry Brigade and had, as specific objectives, to improve the measurement of oxygen saturation, monitor patients with risk factors and perform COVID-19 diagnostic tests, among others.

Similarly, the Lambayeque Command executed its pilot plan in the district of Motupe, which at the time had the highest level of infection in the region. In order to achieve an optimal level of cooperation, the Chief of Staff of Operations of the Regional Command COVID-19 was appointed general coordinator. His task was to negotiate with the Municipality of Motupe, Geresa, ESSALUD and Civil Defense, among other agencies and institutions. The first campaign of this pilot plan was carried out in the human settlements (AA. HH.) of Upis and Cruz de Chalpón, including the Pueblo Joven de Los Cocos. To achieve maximum effectiveness, four teams were organized: the Blue Brigade, in charge of providing psychological support; the White Brigade, made up of doctors and nurses for the timely care of the most affected patients; the Green and Yellow Brigades were in charge of disinfection and measuring oxygen saturation, respectively. By working together, patient management was carried out efficiently.

**Second Objective: Reduction of Deaths**

The 7th Infantry Brigade carried out actions to improve the management of corpses and the recovery of patients. However, the regional health system was in poor condition and could not attend to the growing number of patients. A case in point was when the Minsa’s Hospital Referencial de Ferreñafe did not have oxygen while ESSALUD’s Hospital Luis E. Heysen Inchaustegui, in the same city, did. Due to the lack of agreement between the authorities to allow the patients of the Reference Hospital to have access to the oxygen cylinders located in the ESSALUD hospital, General

---

33 Ibid., 113.
34 Ibid., 114.
35 Ibid.
36 Ibid., 115.
37 Ibid., 66.
Bracamonte decided to remove part of them in order to attend to the patients of the first facility. Furthermore, a transitory COVID-19 Area was implemented while the works at Villa Ferreñafe were being completed.\textsuperscript{38}

On the administrative side, problems were solved by appointing COVID-19 Command coordinators as liaison officers for each facility, which helped to centralize and standardize decision-making and communication with other health centers.\textsuperscript{39} In hospitals, such as the Luis E. Heysen Hospital, which began to experience serious problems due to the increase in contagions and the transfer of patients from other cities, the COVID-19 Command adopted the following measures: increase efficiency in hospital management by reorganizing available personnel, optimize the use of equipment such as ICU beds, facilitate the delivery of Personal Protective Equipment (PPE), improve the supply of oxygen by collaborating with PRAXAIR to supply in two shifts, and sensitize personnel on the need to observe strict sanitary measures.\textsuperscript{40}

When hospital capacity became insufficient, a new field hospital was installed with the help of the private sector. Although there were difficulties in locating it, it was finally located in the courtyard of the Leoncio Prado barracks.\textsuperscript{41} With the support of various agencies and companies, the hospital was equipped and basic services were provided. Thus, it was able to house up to 70 patients and serve up to 100 people daily for COVID-19 testing.\textsuperscript{42}

On the other hand, the management of cadavers was a complicated task for the 7th Infantry Brigade, due to the complexity involved and the attitude of the public. As the pandemic spread, the number of dead increased and exceeded the capacities of the local public hospitals. In this regard, bodies were handled in accordance with standardized practices and administrative procedures for the burial of human remains. It was also

\textsuperscript{38} Ibid., 21.
\textsuperscript{39} Walter Bracamonte Merino, “Guerreros de SIPAN. Experiencias en la Guerra...”, 87.
\textsuperscript{40} Ibid., 90–91.
\textsuperscript{41} Ibid., 100–101.
\textsuperscript{42} Ibid., 102.
decided to implement the concept of a temporary cemetery, in accordance with Law No. 26298 on Cemeteries and Funeral Services and the provisions of Sanitary Directive No. 087–2020–Digesa/Minsa.\textsuperscript{43}

A call center was also established to handle COVID–19 deaths in homes. Its mission was to reduce the time bodies remained in homes and to coordinate with various agencies to issue death certificates, disinfect homes, and collect corpses for cremation and burial. The Minsa established the Human Cadaver Collection Teams (EHRC) and, if their operational capacity was exceeded, they could request support from the PNP or the Armed Forces. AA. to assist in cremation and burial.\textsuperscript{44}

The last phase of the EP was immunization. In March 2021, a vaccination center was set up at the Obregón barracks to serve, first of all, health personnel,\textsuperscript{45} as well as a triage area and tents.\textsuperscript{46} On May 21, the general population vaccination campaign began, under the supervision of the CGR.\textsuperscript{47} The “Tumi Plan” was also implemented in order to speed up and massify the process, carrying out vaccinations at night in homes.\textsuperscript{48} Permanent vaccination centers were set up in schools with the support of Geresa and the “Arequipa” Infantry Battalion.\textsuperscript{49}

**Conclusion**

The COVID–19 Command demonstrated that the lack of resources in the health system can be overcome through cooperation with other entities and the creation of an integrated health system, promoting a joint effort to manage the disease. Centralization through the COVID–19 Command made it possible to overcome the competition rationale and collaborate directly with the municipal levels. In this sense, initiatives such as Plan Sipán enabled

\textsuperscript{43} Ibid., 62.
\textsuperscript{44} Ibid., 63.
\textsuperscript{45} Ibid., 154.
\textsuperscript{46} Ibid.
\textsuperscript{47} Ibid., 163.
\textsuperscript{48} Ibid.
\textsuperscript{49} Ibid., 166–167.
the chain of infection to be traced and the viral outbreak to be controlled. Likewise, the Command's collaboration with the municipal level, in areas such as the management of corpses and patrols, was decisive in maintaining public health and the safety of the population. The implementation of a policy that compensated for the weaknesses of the agencies involved and maximized the effectiveness of the available resources, with the cooperation of the private sector, is noteworthy. This is demonstrated in the installation of the Field Hospital in the Obregón barracks and in the crucial assistance provided by private enterprise for the cremation and burial of corpses during the first waves of the pandemic. Thus, by establishing a unified command politically responsible for the actions carried out, it was possible to overcome the logic of the Peruvian State regarding the division of responsibilities. These lessons were based on the current military doctrine of the EP and adapted to a situation of infectious disease management, such as the emergencies caused by El Niño Costero and Cyclone Yaku in 2023. However, the dengue epidemic, which began a few months later, is evidence of its oblivion. Finally, the State’s capacities are the result of a continuity of State policies and their implementation over time. It is possible to take, as a starting point, the lessons left by the COVID-19 Command to implement new solutions to close the gaps in access to basic services.

About the author:

Francisco Clemente Rodríguez Urbina, holds a Master’s degree in Political Science and Government, specializing in International Relations from the Pontificia Universidad Católica del Perú (PUCP). He is currently a teaching assistant at the School of Government and Public Policy of the PUCP and a columnist for the blog “El Reportero de la Historia”. He worked as a pre-doc in the faculties of Social Sciences at the PUCP and the Universidad Nacional Mayor de San Marcos. In addition, he worked as a research assistant to professors Farid Kahhat and Sinesio López.