



Why did Latin America's handling of the Covid-19 crisis improve?

In the summer of 2021, Latin America, with 8% of the world's population, accounted for one third of deaths from Covid. This region had a combination of political, social and economic factors that could have turned the pandemic into the worst disaster possible. However, following the summer, there was a relative recovery compared with the richest countries. Why was that?

Laurent Vogel
ETUI

The pandemic struck two continents, Europe and America, with particular force. In April 2022, of the 30 countries with the highest cumulative mortality rate per million inhabitants, 21 were in Europe and 8 in Latin America. Many factors had a role to play in shaping this impact, such as age structure, population density, urban concentrations, housing and public transport conditions, the intensity of international contacts and the prevalence of certain chronic diseases. To these should be added social and political forces, as well as the vulnerability of the most underprivileged sections of society.

The ruling classes were overtaken by events. They went from denial to panic and then to an authoritarian and very short-termist mode of managing the crisis. But they did not all act in the same way. Some politicians made the situation worse, while others mitigated it. And, above all, they did not act on their own. Governments often nursed the illusion that a state of emergency would allow them to impose their strategies unchallenged. But the reactions of their citizens reshaped the policies that were actually followed.

From the start of the crisis, Latin America showed itself to be a particularly vulnerable region. In June 2020, Pierre Salama, a French economist who is one of the leading specialists on this region, published a book that had a tone of sober pessimism.¹ In it, he analysed the structural factors that presaged the worst of all disasters for Latin America, with economic stagnation and public health catastrophe leading seamlessly to the rise of extreme right-wing populism.

For the first 18 months of the crisis, his arguments were borne out by the facts. However, surprisingly, from summer 2021 onwards,

the situation began to change. In early July 2021, there were about 4 000 deaths a day in Latin America, compared with 450 in Europe,² but by 1 November Latin American mortality had dropped by around three quarters (885 deaths a day). During the same period, European mortality had shot up by a factor of nearly four (1 774 deaths).

In my view, the spectacular turn-around in the situation in Latin America may be ascribed to 'grassroots' political and social forces, based on a number of factors that I will endeavour to summarise here.

From the conquest to the development of social medicine

The shock of the conquest of the Americas in the 16th century was passed down from generation to generation. Numerical estimates diverge, but there are three certainties. The majority of the indigenous population perished in the 16th century. The main cause was the circulation of infectious diseases against which local populations had no immunity. The biological shock led to

1. Salama P. (2020) Contagion virale, Contagion économique, Risques politiques en Amérique latine (Viral contagion, Economic contagion, Political risks in Latin America), Éditions du Croquant.

2. The population of Latin America is around 650 million, compared with approximately 750 million in Europe.

In April 2022, of the 30 countries with the highest cumulative mortality rate per million inhabitants, 21 were in Europe and 8 in Latin America.

such a disastrous outcome because it was magnified by the violence of the conquest itself. Before the 20th century and its genocides, no other continent had experienced such an intense interaction between the political and the biological spheres. The world that emerged at the end of the first century after the conquest was radically new for all sectors of society: for the Amerindians, for the European colonials and their 'creolised' descendants, and for the slaves deported from Africa. Unlike the situation in the United States, there evolved a degree of porosity among the larger ethnic and social communities. The mixing of races and cultures prevailed in social relationships as a whole and increasingly so down the social scale towards the most oppressed strata. In a context of extreme physical violence, control over life, death and reproduction was framed directly in political terms.

This past was repeatedly brought back to life over the course of history by social conditions that created serious vulnerability to contagious diseases and to catastrophe risks (earthquakes, volcanic activity, floods and droughts). After the continent's achievement of independence, the development of capitalism brought with it an influx of millions of migrants to the more developed countries. It is estimated that between 1812 and 1932, 12 million Europeans emigrated to Latin America.³ On their arrival on the continent, a large proportion of these people were at the bottom of the social scale. Debilitation as a result of hard work, poor housing and new environmental conditions placed them in a vulnerable situation. It became a priority for the working classes to collectively and politically tackle the conditions that were conducive to disease. This involved grassroots preventive practices and debates, leading to the radicalisation of some health workers. In the last third of the 20th century, this tipping point towards social medicine, which dates back more than a century, led to a demand for public health

systems based on three characteristics: universal, free coverage of the population; a major role for prevention and primary care that was not exclusively physician-based; and active participation by the population in the health system. Costa Rica was one of the forerunners, with access to healthcare becoming universal back in 1961. Brazil set up a similar system after the fall of the military dictatorship. Even in countries without a unified public health system, this model still has great influence.

The illusion that transmissible diseases had been beaten

In the world's richest countries, from the 1950s onwards there were the beginnings of a turnaround in the approach to health issues. The proportion of chronic diseases was continually on the rise, whereas mortality associated with infectious diseases was falling. In the case of the former, the significance of social inequalities was often played down. For infectious diseases, the primary preventive approach, in the form of improving living and working conditions, was gradually cut back. The illusion emerged that these were diseases arising on the margins of society (mainly among immigrant workers, the homeless and certain minorities). The AIDS crisis did nothing to change that view. Because of the very strong link between AIDS and sexual practices, this disease could be reduced to a problem of 'high-risk groups' rather than a political, social and health issue facing the whole of society.

3. Pellegrino A. and Bourrissoux M. (2007) Immigration et émigration en Amérique du Sud (Immigration and emigration in South America), *Hommes et Migrations*, 1270, November-December 2007.
4. Since 1996, the *Jornada*, one of Mexico's main daily newspapers, has been continuously running a monthly supplement called *Letra S*, entirely devoted to sexuality, health and AIDS, in a plural approach in which the politics of daily life and culture play a central role.

↳ In June 2021, people came out on the streets of Manaus, Brazil, to protest against President Bolsonaro and his policy of denial against the threat of Covid. Photo: © Belga

Things were different in Latin America. Contagious diseases continued to be a major factor in mortality. This fostered a more universal concept of health, which established a link between contagious and non-contagious illness. Regular crises, such as dengue fever, helped to provide continuity between the past and the present. Mobilisation against AIDS was far more comprehensive, particularly in working-class environments, and was more directly political in some countries (mainly Brazil but also Mexico⁴).





↖ A resident of Sumapaz, near Bogotá, waits in front of his home for a nurse to inject him with a dose of the Sinovac vaccine. Photo: © Belga

The rising of the masses

The five years before the outbreak of the pandemic saw a resurgence of mass protests in Latin America, which broke through the political machinery whose ideological references were still haunted by the phantoms of the Cold War. They were carried forward by the new urban generations facing a loss of job security and precarious conditions of employment. Their main struggles were for social equality and democracy and against autocratic government and corruption.

Uprisings like this often occur when gaps open up as a result of paralysis or disagreements 'at the top'. The progressive populism of many governments in the first 15 years of the 21st century did not change the economic structures fundamentally. Poverty was instead reduced by redistribution programmes. This relative failure has weakened the ideological influence of the past, in particular as the activists today are very young. New forms of mobilisation have been invented, including the creative use of social networks and forms of self-defence and internal democracy. They have a considerable cultural and festive dimension. Women play a far more central role than in the traditional parties and trade unions.

In parallel, however, a reactionary populism has been evolving. In several countries, it is linked to the development of the Evangelical churches, which provide it with

a mass base. Its central reference point in the past few years has been the Brazilian president, Jair Bolsonaro.

The most significant uprisings in the two years before the Covid pandemic were in Nicaragua in 2018 and in Colombia and Chile in 2019. In Venezuela, the desperation of the working classes was reflected in mass emigration by millions of people. In Brazil, the first years of the Bolsonaro government heightened the level of political conflict, with major protests against it, but also others in support of the far right and the army.

The crisis of the pandemic

With the arrival of Covid, confrontation between those in power and the masses became radicalised in several countries. This was not directly linked to criticism of public health responses as such (except, initially, in Chile), but rather to the exacerbation of social inequalities and the realisation that these could determine life or death on a large scale. In other words, it was Covid as an indicator of the true state of society rather than as a disease that lay at the heart of the protests.

Lockdown measures in various forms were implemented everywhere in Latin America. But they were significantly less effective than in Europe, where, within a few weeks from April 2020, there was a drop in the mortality rates in the first wave. In Latin

America, mortality remained high.⁵ In May 2021, this region became the epicentre of the pandemic. The main reason was that, in countries where the informal sector was very widespread and where poverty levels were already high, lockdown did not work for a large proportion of the population. It was a choice between preventing Covid and day-to-day survival. Whereas, in Europe, anti-lockdown movements quickly turned into reactionary, Covid-sceptical revolts, in Latin America they tended gradually to lead to 'grassroots' prevention as an alternative to the imposed preventive measures. They did not lapse into denying the existence of the epidemic or how serious it was. They did not challenge scientific data. At the next stage, this would prevent them from turning into an anti-vax movement, which from the outset was confined to the far right, Trump and Bolsonaro and Neo-Pentecostal churches.

5. With some exceptions: mortality in Cuba remained low until the spring of 2021.

They turned the struggle against Covid into a community movement.

Community prevention practices in Colombia and Brazil

Colombia is the country where this rising of the masses was by far the strongest. From the end of April to mid-June 2021, the '*paro nacional*' (national strike) gave rise to revolts in most Colombian towns. It was boosted by the mobilisation of indigenous communities, who travelled into several towns and joined forces with young people. The 2021 protests had been preceded by a large popular uprising in November 2019, just before Covid started. Despite fierce repression, millions of people joined in for a period of six weeks.

These circumstances helped to foster the emergence of community prevention practices, which, irrespective of any official guidelines, conveyed a sense of solidarity in the public health context and an awareness of a responsibility towards the future. This kind of practice emerged right from the start of the pandemic. For example, in Sumapaz, a small rural town near Bogotá, the population established stringent prevention rules. People's arrivals and departures were monitored to check whether they were really travelling for an essential purpose. These early initiatives were boosted by active participation in politics, structured around community and trade union organisations, which, for a quarter of a century, had helped the population to resist attempts to seize their land.

In many indigenous communities, similar measures were adopted and combined with the use of traditional medicine for primary care. The fact that, in several regions, indigenous populations already had guards to protect them from intrusions by armed groups made for rapid decision-making in citizens' assemblies. In the large towns, in the months following the popular uprising of spring 2021, tens of thousands of young people who had mobilised in grassroots collectives for self-defence formed close-knit mutual aid, solidarity and information networks and set up soup kitchens, first aid posts, cultural groups and associations opposing

repression in poor neighbourhoods. In these circumstances, vaccine take-up was high.

Of all the countries of Latin America, taking into account the political orientations of the central authorities, it was Brazil that was in the worst position with regard to Covid. Throughout the crisis, President Bolsonaro's stance was to deny the extent and seriousness of the pandemic. Once vaccination came onto the agenda, he became the leader of the anti-vax movement.

Initially, this allowed him to restore his popularity, with support rising from 29% of the population in August 2019 to 48% in August 2020. The middle classes liked the absolute priority he gave to allowing the economy to function normally. Benefits paid to the poorest categories also built up support among some sectors of the working class. For the poorest strata of the population, this government measure brought an increase in their purchasing power. Meanwhile, however, the pandemic was raging with a violence magnified by social inequalities. There were periods of mass mortality in the city of Manaus and the *favelas* of São Paulo and Rio. Despite the peak it attained in the summer of 2020, Bolsonaro's popularity rating eventually experienced a dramatic downfall, falling to 32% in January 2021 and 22% in September 2021.

Resistance to Bolsonaro's policy emerged at various different levels. In the federated states and large towns, the local authorities generally decided to adopt more stringent measures. In other countries, this would not have presented any problems. In Brazil, it led to a climate of civil war, stoked up by incendiary statements from Bolsonaro, who set himself up as the people's saviour. Little by little, grassroots resistance also came about. In a number of companies, trade unions demanded proper prevention measures. They resorted to the '*greve ambiental*', which is the equivalent of the right of a worker in Europe to leave the workplace when his or her life or health is in serious danger. Afro-Brazilian organisations condemned the way the pandemic

was being managed, which ignored the very high mortality in their community resulting from living and working conditions. A number of citizens' organisations adopted practical prevention initiatives. The role of associations of victims of occupational diseases is exemplified by the experience of the ABREA (Brazilian Association of People Exposed to Asbestos) in Rio de Janeiro. This organisation held lists of workers who had been exposed to asbestos in the past. It realised that they were at severe risk of serious or fatal forms of Covid. Moreover, if the hospitals were paralysed, this could have serious consequences for health problems other than Covid, and these people (generally quite elderly) could not receive help from their families because of lockdown. Using funds obtained in legal proceedings against companies that had worked with asbestos, ABREA set up a special health system with local operators, a remarkable primary care programme conducted with very simple resources: a mobile team with a vehicle, a telephone hotline and follow-up programmes by videoconference. Each of the people involved was trained, and regular contact was maintained to identify any problems. Physiotherapy was delivered by videoconference. This helped to combat the respiratory diseases frequently suffered by asbestos victims.

There were thousands of experiences like this. They turned the struggle against Covid into a community movement. Despite Bolsonaro's hostility, there was widespread take-up of vaccinations by the population. The milestone of 10% of the population vaccinated with their first dose was only achieved on 7 April 2021, but by 24 September one dose had already been administered to 70% of the population.

It is still too early to draw final conclusions about the management of the Covid crisis in Latin America. However, we can already see that the basic differences compared with the situation in Europe lie less in governmental policies and more in the interplay of mass mobilisations holding out the hope of an egalitarian society, decentralised and often informal community prevention practices, and a more responsible individual attitude towards the most vulnerable members of the population. ●