Mutual aid, pandemic politics and global social medicine in Brazil

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In the face of persistent neglect and denial of the severity of COVID-19 by the Bolsonaro government, residents in Brazil's favelas have been left with very little institutional support to organize their own response to the pandemic. Community leaders are fund-raising; volunteers are going door-to-door to distribute food, masks, and hygiene kits, using megaphones to educate residents about mask-use, social distancing, and handwashing. Local journalists are using social media to counter fake news, and activists are demanding access to hospital care, converting schools into isolation wards, facilitating cash-transfers, and fighting for the accurate documentation of COVID-19 deaths. Emerging evidence indicates that in some favelas, such as Paraisópolis in São Paulo, these actions are reducing transmission and mortality rates.

International journalists and commentators writing about mutual aid in the favelas have emphasized residents' "resilience" and "altruism." Yet these depictions fail to do justice to the coordinated and multi-pronged organizing that is taking place in the favelas. Mutual aid is a form of localized collective care that has swelled during the pandemic, as in other key moments in history, for example, in the US during the abolitionist movement of the 19th century and the civil rights movement of the 1960s. While mutual aid is organized around the logistical aspects of collective care, it is also a form of political action that eschews paternalistic and charity-oriented development models and works to disactivate structures of inequity while building new infrastructures for living. In the face of grossly ineffective national responses to the pandemic in numerous countries some commentators have suggested that actions in the favelas have much to teach the global health community.

Based on published reports and the insights of five activists whom we interviewed, we demonstrated how mutual aid in the favelas challenges three key assumptions in conventional global public health. We then argue that activists' approaches resonate more closely with Latin American social medicine and is exemplary of what the editors of this series term "global social medicine".

The first assumption relates to the dominance of short-term "vertical" interventions in global health, based on the premise that scarce resources should be spent on a few high-impact and "feasible" interventions that can be delivered by community actors with minimal training. These logics are currently at work in COVID-19 policy debates. Public health specialists working in low-resources settings have argued against "one size does fit all" policies and are calling instead for "realistic alternatives" focused on "doable" measures.

Activists' work in the favelas defy this view of public health. They are engaged in a form of collective governance that works synergistically toward short-term (vertical) *and* long-term (horizontal) aims. The activists we interviewed are working to contain the pandemic while simultaneously addressing economic livelihood, food security, mental health, violence against women and children, and police repression. Despite the crisis, there is no move to centralize networks into a specialised umbrella organization, with activists emphasizing reciprocity between smaller and more localized solidarity networks. Gizele Martins, for instance, a journalist of the *Favela da Maré* told us how local reporters have temporarily brought their networks to the table to contribute with food distribution and cash transfer activities, while continuing their vital communications work.

Second, in global health, specialized disease-specific vertical interventions tend to compete with one another for funding and prioritization, which in turn tends to fragment pre-existing health systems. In the favelas, in contrast, the infrastructures being mobilized to respond to the COVID crisis have been long in the making, and those maintaining them emphasize solidarity and multiplicity of action instead of issue-specific expertise. In the *Complexo do Alemão*, for instance, one of the largest groups of favelas in Rio de Janeiro, activists working to contain the pandemic first came together during the 2013 flood and then shifted to creating a system to monitor and denounce police repression of favela residents. These pre-

existing infrastructures, built both independently and with the help of other favela groups a major public health institutions such as the Fiocruz, have enabled activists to respond quickly to the pandemic while bypassing central government's roadblocks.

A key aspect of this infrastructure-building, activists told us, is the creation of local data collection systems, something community actors are rarely entrusted with in public health programs. Thainã de Medeiros of the *Coletivo Papo Reto* citizens' collective, told us how vital a transparent information system has been for keeping track of donations, informing logistical decisions, helping volunteers quickly respond to families' diverse needs, and countering the concurrent "info-demic" of fake news. Ownership over such data is a form of politics. Thus, activists in the *Complexo do Alemão* have used a data collection and communications campaign to highlight the government's consistent under-reporting of COVID-19 deaths, and to keep favela residents from being blamed for the expansion of the pandemic.

Third, over the past two decades, global health has turned increasingly towards politically neutral and "objective" scientific approaches to policy-development. In contrast, activists are maintaining both vertical and horizontal actions in large part because of their commitment to keeping histories of discrimination and oppression in full view. Residents have used the hashtag *#COVID19NasFavelas* to highlight the ways the pandemic has not simply triggered a health and economic crisis but has poignantly exposed long-standing racial, economic and health injustices. The organisation *RioOnWatch* has cited problems such as lack of hospital beds, under-notification, lack of free burials, lack of basic universal income, and state violence as examples of what they call "necropolitical" practices which remove the right to life. As they wrote, "the pandemic has further accelerated the 'state of exception' in the favelas, a politics of death implemented by the state".

The way mutual aid envisions and works for change is more in line with the field of social medicine, particularly in Latin America, where public health experts have worked synergistically with groups engaged in social mobilization and political transformation. Brazilian and Latin America social medicine (LASM) has historically been comprised of activists, academics and clinicians directly engaged in social movements struggling for the

Right to Health and pursuing core principles of health justice, including solidarity, dignity, sovereignty, and self-determination. Like the emerging field of global social medicine, LASM has long challenged a mechanistic and politically neutral approach to the "social and economic determinants of health" by shedding light on upstream social determinations of health, such as capitalist production, political corruption, and concentration of power. LASM leaders have critiqued social programs such as "pro-poor" health policies and micro-credit schemes, for while these may have a temporary impact on health, they do little to tackle the underlying structures that cause illness and can often be used politically to relieve governments of their responsibilities.

Mutual aid shares in this vision. The activists we interviewed underscored the fundamentally political nature of their work, a fact that has become doubly important given President Bolsonaro's criticism of the WHO and insistence that COVID-19 is a mild "flu." Gizele explained, "How are we to say that the presidents' words are not reliable? It's a question of hierarchies [....] People believe because there is a lack of information and political debate." Gizele also referenced the dismantling of Brazil's democratic institutions and national health system over the last two decades, a result of the growing influence of an unregulated private sector. Government "reforms," like some of the work done by global health philanthropists, can entrench structures of inequity by demobilizing political action and serving the economic interests of elite groups. For the activists we interviewed, fighting for state-level reform, though vital, can only go so far. Other actions are needed to dismantle entrenched systems of oppression that were put into place in Brazil and other countries in the South American region during colonialism, and that continue in place today

"Solidarity not charity," one of mutual aid's core philosophies, inspires activists to dismantle these systems by building new democratic alliances that explicitly reject hyper-individualism, hierarchical leadership models, and political polarization. Antonio Xaolin, president of the neighbourhood association of *Rocinha*, explained that the pandemic is exacerbating "tensions between religious fundamentalism and paternalistic forms of assistance of the Bolsonaro government on the one hand, and those who fight for political justice on the other." Yet rather than view the neighbourhood association as apolitical, he and others are working to "gain the confidence of residents" and to find allies in the fight

for “a politics without oppression and oppressors.” Thainã similarly asserted that the crisis is generating opportunities for more wide-ranging on-the-ground mobilization. “The average young man in the favela,” he explained, “knows what the police are up to. He knows people are getting rich with COVID and thinks it’s unjust, but he can also be sexist and homophobic without even realizing it.” While Thainã was careful to add that some disagreed with him, in his view, this crisis, like others in the past, is creating a space for activists to add anti-racist, anti-sexist, anti-homophobic and anti-ableist actions to Brazilians’ long-standing engagement with class politics.

We are currently witnessing the mainstreaming of mutual aid in some communities across the globe, as well as its renewed cross-fertilization with social medicine. Mutual aid is not only being practiced by those subjected to state neglect. As activists of the *Escuta Pandemia* group told, us, mutual aid is being used by nurses, psychologists, and occupational health professionals who are seeking a space of care (and self-care) that is more fluid and egalitarian than what is usually found in professional spaces, as well as and to rethink their own role in the reproduction of oppressive structures. This is an opportune time to underscore a vision of “global social medicine” that emphasizes horizontal cross-community learning and solidarity. Indeed, the “alternatives” to standard COVID- policy that appear to be working well -- whether in Brazil’s favelas, or in Kerala, Vietnam, Senegal, and municipalities with low rates of COVID-19 transmission in what are otherwise red-zones of the US south – have something in common. They are carving spaces for the reinvention of democratic civil society, the creation of infrastructures that support self-determination, and the global sharing of localised expertise.

Acknowledgement

We would like to acknowledge the following individual and groups for their collaboration and insights.

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Ethics statement

Ethics approval was granted by Vanderbilt University's Institutional Review Board (IRB #201663). Interviewees consented to be interviewed and named in this publication. They have read the publication and confirmed that the direct quotes and summaries of their views are correct.

Further reading

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