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The art of medicine

Mutual aid, pandemic politics, and global social medicine in Brazil

In the face of persistent neglect and denial of the severity of COVID-19 by the administration of President Jair Bolsonaro, residents in many of Brazil's favelas have been left to organise their own responses to the pandemic. Community leaders have raised funds and volunteers are going door-to-door to distribute food, masks, and hygiene kits, using megaphones to educate residents about mask use, physical distancing, and handwashing. Local journalists are also using social media to counter fake news, and activists are converting schools into isolation wards, facilitating cash transfers, and fighting for the accurate documentation of COVID-19 deaths.

Those writing about mutual aid in the media have typically emphasised favela residents' "resilience" and "altruism". Yet these depictions fail to do justice to the coordinated organising that is taking place. Mutual aid is a form of localised collective care that has grown in the pandemic, as in other key moments in history such as in the USA in the abolitionist movement of the 19th century and the civil rights movement of the 1960s. Mutual aid practice eschews paternalistic and charity-oriented development models and works to deactivate structures of inequity while building new infrastructures for living. Solidarity practices in the favelas have much to teach global and public health experts. Published reports and the insights of eight activists involved in mutual aid whom we interviewed reveal how solidarity practices challenge three key assumptions in conventional global health and reveal the merits of social medicine in Latin America and global social medicine.

The first assumption relates to the dominance of short-term, vertical interventions in global health, driven by the premise that scarce resources should be spent on targeted high-impact interventions that can be easily delivered by community actors. Favela activists are engaged in a form of collective governance that works synergistically toward short-term and long-term aims, addressing immediate health concerns while building infrastructure and tackling upstream factors. This means that the same individuals working to contain COVID-19 are also addressing associated problems, such as economic livelihood, food security, mental health, violence against women and children, and police repression. Activists do not aim to centralise networks into an umbrella organisation, emphasising instead reciprocity between smaller, localised solidarity networks. Gizele Martins, for instance, a journalist of the Favela da Maré, told us how local reporters temporarily brought their networks to the table to contribute with food distribution and cash transfer activities, while continuing their vital work reporting and countering misinformation.

Second, in global health, disease-specific vertical interventions tend to compete with one another for funding and

prioritisation, which often leads to inadequate coordination on the ground. In the favelas, by contrast, the infrastructures being mobilised to respond to COVID-19 and address associated crises have been long in the making, and those maintaining them emphasise solidarity and multiplicity of action instead of issue-specific expertise. In the Complexo do Alemão, one of the largest groups of favelas in Rio de Janeiro, activists working to contain COVID-19 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 have been built with the help of other favela groups and key actors in public health institutions, and they enable activists to respond quickly to the pandemic while bypassing the central government's roadblocks. A key aspect of this infrastructure-building, activists told us, is the creation of local data collection systems. 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 respond to families' diverse needs, and correcting misinformation. Data collection, when underpinned by principles of fairness and democratic governance, can strengthen self-determination. Activists in the Complexo do Alemão are using their own data collection infrastructure to highlight the government's calculated misreporting of COVID-19 deaths, and to keep favela residents from being blamed for the expansion of the pandemic.

Third, over recent decades, global health has turned towards evidence-based policy making in an effort to depoliticise decision making, but this has led to a narrowing of policy suggestions and the prioritisation of vertical

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actions over horizontal ones. By contrast, activists in the favelas are maintaining both vertical and horizontal actions in large part because of their commitment to keeping histories of oppression in full view. Residents used the hashtag #COVID19NasFavelas to highlight the ways the pandemic has poignantly exposed pre-existing racial, economic, and health injustices. Meanwhile, the organisation RioOnWatch has described how “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 aligns with the field of social medicine, particularly in Latin America, where experts, based mostly in public universities and key state-funded public health institutions, have worked synergistically with groups engaged in political transformation. Brazilian and Latin American social medicine (LASM) has historically involved activists, academics, and clinicians engaged in social movements struggling for the right to health and pursuing core principles of health justice. Like the emerging field of global social medicine, LASM highlights upstream “determinations” of health (a term used in LASM theory), such as unregulated capitalist production, political corruption, and concentration of power. Leaders in LASM have critiqued how even so-called “social” programmes that do little to tackle the underlying structures which cause illness can be used to relieve governments of their responsibilities.

The mutual aid activists we interviewed underscored the fundamentally political nature of their work, a fact that has become increasingly important under the presidency of Bolsonaro. As Martins told us, “How are we to say that the president’s words are not reliable? It’s a question of hierarchies...People believe because there is a lack of information and political debate.” For Martins, the dismantling of Brazil’s democratic institutions and national health system over the past two decades is also a result of the growing influence of an unregulated private sector. Government “reforms” can entrench structures of inequity by demobilising political action and serving the economic interests of elite groups. Similar arguments have been made by researchers who study the detrimental impacts of philanthrocapitalism in global health. For the activists we interviewed, fighting for government and institutional reform, although vital, can only go so far. Other actions are needed to dismantle entrenched systems of oppression that have been in place since colonialism.

“Solidarity not charity”, one of mutual aid’s core philosophies, inspires activists to strive to dismantle these systems by building new democratic alliances that reject hyper-individualism, hierarchical leadership models, and political polarisation. Antonio Xaolin, president of the neighbourhood association of the Favela da 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.” 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”. de Medeiros explained that pandemic organising has generated opportunities for wide-ranging social mobilisation. “The average young man in the favela”, he explained, “knows what the police are up to. He knows people are getting rich with COVID-19 and thinks it’s unjust, but he can also be sexist and homophobic without even realising it.” While de Medeiros was careful to add that some disagreed with him, in his view, this crisis 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.

Mutual aid activists in cities across the globe—from Mumbai and Los Angeles, to Madrid, Sao Paulo, and Nairobi—are starting to share expertise and resources. In the roll-out of COVID-19 vaccines, local activists are calling for the fair distribution of vaccines not only nationally but also globally. Furthermore, mutual aid is not only being practised by those subjected to state neglect. As activists of the Escuta Pandemia group in Pelotas in southern Brazil told us, mutual aid is being used by nurses, psychologists, and occupational health professionals who are seeking a space of care that is more fluid and egalitarian than what is usually found in professional spaces; mutual aid is encouraging these professionals 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 emphasises horizontal cross-community learning and solidarity, the reinvention of democratic civil society, and the creation of infrastructures that support self-determination.

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