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Inequalities and Social Resilience in Times of COVID-19*

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Abstract | COVID-19 has exposed, reproduced, and created new inequalities in Latin America and the world. In this introductory paper, we discuss the impact of extant inequities on vulnerability to COVID-19 but we also identify new, and some unexpected, vulnerabilities. We emphasize vulnerabilities to the disease as well as vulnerabilities to policies and other responses in the fight against COVID-19. Building on insights from Peter Hall and Michele Lamont's work on social resilience, we draw on the papers of this special issue to identify the important role of the state in addressing vulnerabilities and discuss the types of social resilience that vulnerable groups have turned to in their response to COVID-19.

Keywords | COVID-19; inequality; Latin America; resilience; vulnerability

Desigualdades y resiliencia social en tiempos de COVID-19

Resumen | La COVID-19 ha expuesto, reproducido y creado nuevas desigualdades en Latinoamérica y el mundo. En este artículo introductorio discutimos el impacto que han tenido las desigualdades actuales en términos de la vulnerabilidad ante la COVID-19 y, a la vez, identificamos algunas nuevas y algunas inesperadas vulnerabilidades. Hacemos énfasis en aquellas relacionadas con la enfermedad, así como en las que existen en el plano de las políticas públicas y otras respuestas propias de la lucha contra la COVID-19. A partir de los planteamientos de Peter Hall y Michele Lamont sobre la resiliencia social, tomamos los artículos de esta edición especial para identificar el importante rol del Estado a la hora de abordar las vulnerabilidades y discutir los tipos de resiliencia social a los que han recurrido los grupos vulnerables en su respuesta a la COVID-19.

Palabras clave | América Latina; COVID-19; desigualdad; resiliencia; vulnerabilidad

Desigualdades e resiliência social em tempos de covid-19

Resumo | A covid-19 expôs, reproduziu e criou desigualdades na América Latina e no mundo. Neste artigo introdutório, discutimos o impacto das desigualdades atuais em termos de vulnerabilidade diante da covid-19, enquanto identificamos algumas vulnerabilidades novas e inesperadas. Ressaltamos as relacionadas à doença, bem como as existentes no âmbito das políticas públicas e demais respostas específicas para o combate à covid-19. Com base nas propostas de Peter Hall e Michele Lamont sobre resiliência social, utilizamos os artigos desta edição especial para identificar o importante papel do Estado na abordagem de vulnerabilidades e discussão dos tipos de resiliência social que têm sido utilizados por grupos vulneráveis em resposta à covid-19.

Palavras-chave | América Latina; covid-19; desigualdade; resiliência; vulnerabilidade

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Introduction: COVID-19, Extant Inequalities, and New Vulnerabilities

The SARS-CoV-2 virus was first identified in December 2019. At first, the spread of COVID-19 seemed to defy existing patterns of inequalities across countries, hitting China and other "globalized" or connected countries first. "Hot spots" were identified in Italy, Spain, and the United States. For a while, reports suggested that the coronavirus pandemic would spare low- and middle-income countries but this has not been the case. As of June 2021, the US still has the largest number of cases (around 33 million), but India is second (with around 29 million) and Brazil is third (with 17 million). The US also has the largest number of deaths (593,000), with Brazil second (479,000), India third (363,000) and Mexico fourth (229,000) (WHO 2021).

Beyond Brazil and Mexico, Latin America's situation has become as dire as the most impacted countries in other continents. The worst cases in Latin America have included Argentina with approximately 8,900 confirmed cases, Brazil with 8,000, Colombia and Chile with 7,000, Peru with 6,000 and Paraguay with 5,000. As a comparison, India reached 2,100 confirmed cases per 100,000 and 26 confirmed deaths per 100,000 (WHO 2021). Latin America has also suffered a high number of deaths per capita. Brazil reached a peak of 225 confirmed deaths per 100,000; Argentina 184; Colombia 180; Mexico 177; Chile 158; Paraguay 144; and Peru, a tragic 568 confirmed deaths per 100,000 (WHO 2021). By May 2021, the death toll in Latin America surpassed 1 million people. Some of the countries discussed in this special issue, such as Argentina, Brazil and Mexico, have experienced two waves of COVID-19 cases and deaths since the beginning of the pandemic. Others, such as Colombia and Bolivia, have already experienced a third wave. Even countries that seemed to have controlled the spread of the virus at first saw a rapid increase in the number of cases a year or more into the pandemic. This was the case of Uruguay, another country discussed in this special issue. As of November 2020, the daily rate of confirmed new COVID-19 cases remained below 40, making the country an example of competent management. By December, Uruguay experienced a sharp peak reaching a daily average of more than 3,000 new confirmed cases. In June 2021, the country reached 5,350 deaths per 100,000 (Our World in Data 2021a). Similarly, Chile, which had managed to control the spread of the virus after its first wave between June and August of 2020 and had fully vaccinated more than 60% of its population by July 2021, has been subject to an increase in the number of COVID-19 cases and deaths.

The wealth of early analyses offered to explain the absence of COVID-19 in the global south notwithstanding (Mukherjee 2021), the eventual spread of the virus from rich to at least some poor countries is not surprising. Conditions more common in low- and middle-income countries—such as resource-poor health care systems or inadequate access to water sources in rural areas—make it easier for viruses to spread. However, we need to better understand the social, economic and health conditions that impact the spread of the disease, and that help explain the great variation witnessed across countries with similar social and economic characteristics.

The widening gap between an improvement of the situation in most rich countries and a worsening situation in many poor countries is likely to grow with the unequal distribution of access to vaccines across the world. The United States began vaccinating in mid-December and has administered 101 total doses per 100 people as of mid-July 2021, with 48% of the population fully vaccinated and an additional 8% of the population having received a first out of two-doses. Chile and Mexico also began vaccinating in December 2020. Chile administered 128 doses per 100 people, with 60% of the population fully vaccinated and an additional 10% receiving a first dose. In Mexico, however, the pace has been far slower. As of July 2021, Mexico had administered 41 total doses per 100 people, with 17%

of the population fully vaccinated and an additional 11% who received a first dose. Brazil began vaccinating in mid-January and has so far administered 56 total doses per 100 population (15% fully vaccinated and 28% partly vaccinated). Argentina similarly administered 57 total doses per 100 population; while Colombia administered 44 per 100, Peru 30, and Paraguay 12 (Holder 2021).[1]

Considering this panorama, we need to better understand the specific mechanisms leading to such striking inequality. One significant difference in the distribution of vaccines, for example, exists between countries that access COVID-19 vaccines through direct, bilateral negotiations with vaccine suppliers versus countries that engage in multilateral negotiations with the support of international governmental organizations as enabled by the Global Access Mechanism for COVID-19 Vaccines (COVAX). With COVAX, vaccines for low-income countries were subsidized by donor countries. Middle-income countries benefited from the coordination offered by COVAX but had to pay for the vaccines. Of the countries included in this special issue, Bolivia, as a low-income country, is the only one funded by COVAX. Considering that COVAX is committed to providing doses to vaccinate only up to 20 percent of a country's population, Latin American governments who could afford it have negotiated bilaterally with suppliers, especially from China and Russia.[2] Even with these efforts, only Brazil, Chile, Mexico, and Peru have reached agreements that would allow them to eventually provide universal vaccination coverage. Other countries have so far managed to secure the supply of an average of half the size of their population.

As with inequalities across countries, the coronavirus seemed to defy existing patterns of inequalities *within* countries as well, hitting the more "globalized" class first, beginning with those who could afford international travel. In the US, an early "superspreader" event was a conference led by the Cambridge-based biotech company Biogen attended by more than 100 people from around the world. But the pattern soon reversed. Vulnerabilities—to economic reforms, political crises, but also viruses—vary across individuals and groups, usually in line with their social positions. Such inequalities have also risen since the 1980s, with the introduction of neoliberal economic reforms across the world. In the United States, the risk for COVID-19 infection, hospitalization and death is much higher for African Americans and Hispanic or Latino persons (CDC 2021). Similarly, in Brazil, people self-identified as being of African descent are at increased risk of exposure and worse COVID-19-related outcomes (Martins-Filho *et al*. 2021).

In this introduction, we draw on the papers published as part of this special issue to ask which inequalities have been exposed, reproduced, or created anew as a result of the COVID-19 pandemic in Latin America. We discuss the impact of extant inequities on vulnerability to COVID-19 but we also identify new, and some unexpected, vulnerabilities. We emphasize vulnerabilities to the disease as well as vulnerabilities to policies and other responses in the fight against COVID-19. Building on insights from Peter Hall and Michele Lamont's (2013) work on social resilience, we draw on the papers of this special issue to identify the important role of the state in addressing vulnerabilities and discuss the types of social resilience that vulnerable groups have relied on in their response to COVID-19. In what follows, we discuss the issues of inequalities and resilience during the pandemic. We conclude by briefly summarizing each paper in the special issue.

1 In turn, Argentina administered 35% of its vaccines, Bolivia 18%, Chile 106%, Colombia 25%, Mexico 29%, Spain 69%, and Uruguay 93% (Our World in Data 2021a).

2 According to UNICEF's COVID-19 Vaccine Market Dashboard (UNICEF 2021), Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Mexico, Peru, and Uruguay together have signed 37 bilateral agreements with vaccine suppliers and 11 remain under discussion for the procurement of COVID-19 vaccines.

Extant Inequalities and New Vulnerabilities in Latin America

Resource distribution in Latin America is one of the most unequal in the world. Portes and Hoffman (2003) calculated that, if compared to OECD (Organization for Economic Cooperation and Development) countries, people in the top 5% income ladder in Latin America receive twice the comparable share of their OECD counterparts. Conversely, those at the bottom of the income ladder in Latin America receive half of what they would receive in OECD countries. Inequities are correlated with class, gender, race, and region. As Hoffman and Centeno (2003, 21) summarize, "to be black, female, unemployed, and in the Brazilian Northeast is to be caught in so many structural traps as to make escape practically impossible."

As elsewhere, access to resources in Latin America—including resources that protect individuals from exposure to COVID-19 and provide health care services if infected—varies across class/socio-economic status, age, gender, race, and ethnicity, as well as geography. As for social-economic status, this is often correlated with formal employment, and in Latin America, unemployment, informal labor, and precarious labor are widespread. On average, agricultural informal employment in Latin America and the Caribbean hovers around 50%, although it has somewhat declined recently (FORLAC and ILO 2014). As for age, inequities disproportionately affect children and the young, which reproduces poverty over generations and makes it challenging to overcome. In Latin America, the largest rate of poverty per age is for children younger than 15. As of 2019, more than 45% of the population of that age was poor in this region (Economic Commission for Latin America [ECLA] as referenced in Blofield, Giambruno, and Filgueira 2020). Gender disparities have persisted in Latin America despite a large increase of women participation in the urban labor market over the past three decades.[3] Wage disparities between men and women are high and there is a significant gender gap in terms of hours devoted to unpaid work (Amarante and Rossel 2018). Many Latin American countries have implemented gender-based anti-poverty programs, such as conditional cash transfers that offer resources to women, but women are still more likely to live in income-poor households than men (Bradshaw, Chant, and Linneker 2019). Class and gender inequalities overlap with race distinctions. Latin America is one of the most racially diverse regions in the world and has often been considered an example of harmonious race relations thanks to the mixture of populations from European, Indigenous, and African descent, also known as *mestizaje*. Nonetheless, recent scholarship delves into what Telles (2014) calls *pigmentocracies* and their characteristics. It is now clear that skin color is a central component of social stratification in Latin America and that there is substantial variation in specific ethnoracial categories and inequalities across countries and regions (Telles and Paschel 2014; Woo-Mora 2021). Lastly, living in one subnational unit versus another can be just as important as race or class as a determinant of access to opportunities and wellbeing.[4]

When COVID-19 arrived in Latin America, it exacerbated existing inequalities and created new vulnerabilities across demographic and social groups. Most dramatically, COVID-19 affected the elderly more than any other age group. Older persons are at high risk of infection, hospitalization, and death, and they also experience a greater decline of well-being, reporting higher depression and loneliness rates following the onset of the pandemic (Krendl and Perry 2021; Shahid *et al*. 2020). But social conditions matter. Age vulnerability was especially acute among the poor and under-employed. Despite the introduction in many Latin American countries in the last two decades of cash transfer programs targeting

3 From the 1960s to 2000, Argentina, Brazil, Uruguay, Mexico, and Chile have increased female participation rate from around 20% to 40-50% (Camou, Maubrigades, and Thorp 2017).

4 Peru, Brazil and Colombia have higher levels of subnational inequality than Mexico and Ecuador; Chile, Costa Rica, and Argentina have lower rates than other countries in the region (Otero-Bahamón 2019). Governance plays a key role in explaining such subnational differences (González and Nazareno 2021).

poor senior citizens, such as Mexico's *70 y Más* program and Colombia´s *Colombia Mayor*, many older persons who had worked in the informal sector still do not have health or pension coverage because a significant share of social protection from contributory schemes is only available for formal workers (Bertranou 2007; Levy and Schady 2013).

Besides older persons, COVID-19 disproportionately affects the poor and informal workers who have little access to social protection and have no choice but to continue to work to earn a living, often in jobs where exposure to other high-risk individuals is high. In some cases, informal workers are more likely to have limited capacity to afford masks or observe quarantines and social distancing measures (Lancet 2020). A particular burden fell on workers whose jobs are considered essential, even if formal.

Migrants are in a similar situation. The region is subject to one of the largest mass migrations in the world, as more than 5.5 million Venezuelans have left their country since 2018 (R4V 2020). When the pandemic hit, it exacerbated migrants' pre-existing vulnerabilities caused by informality and lack of access to health and other services (Zambrano-Barragán *et al*. 2021). Migrants in the region faced additional barriers in accessing regular health services due to insufficient legal protection, inadequate information, and the absence of culturally appropriate care. When considering measures taken to prevent the spread of COVID-19 and in providing care, migrant populations had the additional challenges of poor public health communication, limited access to public health prevention measures, and living or working in conditions in which social distancing was difficult (Bojorquez *et al*. 2021).

Similarly, several studies have shown that racial and ethnic minorities experience higher cases and death rates from COVID-19 (Kirby 2020; Shippee *et al*. 2020; Tai *et al*. 2021). Preliminary studies have found that municipalities in Latin America with a higher proportion of indigenous people presented higher infection and death rates resulting from COVID-19 (Flores-Ramírez *et al*. 2021; Millalen *et al*. 2020). For example, Rieger (2021) shows in her article for this special issue that the impact of COVID-19 on indigenous communities is likely underestimated given the inaccuracy of official epidemiological reports from native communities. This vulnerability is at least in part the result of these communities' limited access to healthcare services, their exposure to environmental vulnerabilities, and a general state neglect.

Even some formal employees and professionals, who prior to the pandemic had worked in thriving sectors such as entertainment, tourism, and freelance were deeply impacted (Batool *et al*. 2020; Kang *et al*. 2021). This was the case for the artists described by Pinochet Cobos, Guzmán and Peters (2021) in their paper for this special issue. Pinochet Cobos and colleagues show that despite being considered "cool, creative and egalitarian," creative industries in Chile tend to offer remuneration that is below the minimum wage, they often lack social guarantees and job security, and require long working hours. Moreover, individuals who worked in these otherwise desired fields—including performing arts, visual arts, music, the publishing field, the audiovisual industry, and museums—were extremely vulnerable, not to the diseases, but to the preventive measures used to slow the spread of COVID-19, including the closure of many art- and culture-related venues.

Preventive measures, especially lockdowns, also took a toll on children and adolescents. Latin America has the largest number of children who have had no on-site schooling since the beginning of the pandemic (World Bank 2021). While for many children these closures have impacted educational and social opportunities, for many poor children the effects have been more severe as they used to receive their main meal at school, as discussed by Rieiro, Castro, Pena, Zino, and Veas (2021) in this special issue. In Uruguay, as in other countries, as schools closed so did their canteens, leaving children with no basic access to food. Additionally, children and adolescents' limited in-person experience is likely to have

a negative impact on proficiency levels and lead to learning losses. Experts believe that it will also affect mental health and social skills.

Women too have been seriously affected by policies implemented to mitigate COVID-19. For one, the sectors that were impacted the most due to the impossibility of remote work tend to be female-dominated, resulting in a higher rate of female job-loss. Second, as schools and other day care services closed, the burden of care soared and fell largely on women (Zamarro, Perez-Arce, and Prados 2020). Lastly, the incidence of domestic violence has reportedly increased, in some countries especially against older women (Burki 2020).

In short, COVID-19 has clearly exacerbated existing inequalities in Latin America, as elsewhere, across class, race, gender, and other categories. It has also created new inequalities, mostly for those already vulnerable. These gaps have started to manifest even among those groups that were considered relatively privileged before the pandemic.

State Response and Limitations

Politics matter. Vulnerabilities may be created by state policies but they can also be mitigated by such policies. Studies find that in Latin America and the Caribbean, "a strong record of democracy and a left-leaning legislative partisan balance are associated with lower levels of inequality, as are social security and welfare spending under democratic regimes" (Huber *et al*. 2006, 1). One of the differences between this region and other OECD countries is that "where social security and welfare spending consistently reduce inequality [in OECD countries], such spending reduces inequality only in a democratic context in Latin America and the Caribbean" (Huber *et al*. 2006, 1).

In the case of COVID-19, vulnerabilities depend on measures governments have or have not taken in response to the disease. As the COVID-19 virus was spreading across countries and communities, many governments recognized the importance of handwashing, social distancing, and of wearing facemasks. Yet governments adopted different strategies and have taken strikingly different measures to enforce new rules of behavior (Chorev 2021). The Swedish government, for example, forbade large gatherings, but it did not close restaurants, bars or cafes and kept elementary schools open. People with mild symptoms were asked to stay at home rather than instructed to do so. In Britain, the government's goal at first was not to stop the spread of the virus but to achieve "herd immunity" in a controlled fashion. Like Sweden, the government did not impose a national lockdown—it even allowed soccer matches and horse-racing festivals (Chorev forthcoming). Other governments imposed strict lockdowns, including stay-at-home orders, curfews and quarantines. The first lockdown was in China's Hubei Province in January 2020 followed by nationwide lockdown in Italy in March, and then India. National lockdowns were imposed in Argentina (although mostly in Buenos Aires), Bolivia, Colombia, as well as Mexico. There was no national lockdown in Chile or Uruguay until March 2020. In Brazil, President Bolsonaro refused to act, calling the outbreak a "fantasy."[5] Another measure with great variation across states—more heavily correlated with existing financial resources—was the availability and encouragement of testing. Here, again, available estimates suggest great variation across the world and in Latin America. While in Spain the tested/population ratio was 116%; in Chile 93% and in Uruguay 84%; in Colombia 44%; in Argentina 39%; Bolivia 17%; and in Mexico, it was less than 6% (Our World in Data 2021b).

Although the world has been rightly focused on preventive and curative responses to the COVID-19 outbreak, governments are also responsible for addressing people and communities' (uneven) vulnerabilities both to the disease and to the government's response to

5 For WHO information per country see: https://worldhealthorg.shinyapps.io/covid/

the disease. To summarize what we also describe above: front-line hospital and restaurant workers were more vulnerable than other workers; lockdowns did not impact those who could work at home as much as those that lost their jobs as a result; closing schools impacted those students without access to computers or a stable Internet connection much more than students with resources; closing schools also often impacted women more than men; and so the list goes on. How well did governments respond to people's needs? Here, again, there is divergence in the redistributive responses offered—such as unemployment insurance, income/cash transfers, food programs, prohibition of disconnecting electricity, or prohibition on eviction—across countries. In Latin America, some governments expanded social protection policies and conditional cash transfer programs to include additional services and extended some benefits also to informal workers that had not been previously covered. While these social protection efforts certainly alleviated the economic and social impact of COVID-19 for some, coverage has been limited and might not be sustainable (Blofield, Giambruno, and Filgueira 2020).

State capacity is key for the introduction and successful implementation of adequate responses to COVID-19 and for the provision of sufficient support for those who suffer either from COVID-19 itself or the state response to it. In this context, it is important to consider the experiences of civil servants, especially in low and middle-income countries. Many state agencies have been overwhelmed by the pandemic and state employees were expected to perform under challenging circumstances. Zimmermann, Eleuterio, and de la Peña García (2021) in this special issue describe the challenges encountered by Brazilian civil servants in the Iguazu province of Foz of working on the National School Feeding Program (PNAE) and the Food Acquisition Program (PAA) who, due to the closing of schools, had to deliver food to children's homes or make sure that the food is picked up by their families. In turn, some state agencies have used the circumstances for lesser purposes. In this issue, Sirimarco (2021) describes that with the enforcement of quarantines and mobility restrictions, some members of the police forces in Argentina misused their new powers to legitimate gratuitous police intervention.

Social Resilience and its Limits

While most of the early research on COVID-19 focused on government responses, it is important to also consider the direct response of social groups, since many vulnerable communities, individuals, and organizations experienced profound challenges but encountered insufficient state response. This special issue investigates the ability of some groups, but not others, to sustain their well-being in the face of such challenges. We draw here on Hall and Lamont (Blofield, Giambruno, and Filgueira 2020), who define well-being broadly to include physical and psychological health, material sustenance, and the sense of dignity and belonging that comes with being a recognized member of a community, and refer to the ability to sustain such wellbeing as *social resilience*.

Unlike psychological approaches to resilience that focus on individual traits, Hall and Lamont (2013) concentrate on the *social* frameworks underpinning resilience. They conclude that social resilience is often the result of *active* processes of response: "Groups do not simply call passively on existing sets of resources. Social resilience is the product of much more creative processes in which people assemble a variety of tools [...] to sustain their well-being in the face of social change" (Hall and Lamont 2013, 26). At the same time, responses are constructed from cultural repertoires forged out of previous experiences. Hall and Lamont (2013, 38) suggest that "institutional practices and cultural repertoires are constitutive of the sources of social resilience," but that "social resilience is more than a matter of calling upon existing resources." Rather,

> it is an active process that mobilizes people with loyalties and attachments promoted by particular cultural frameworks—French trade union leaders, African chiefs,

> Canadian school superintendents, and members of stigmatized groups. These processes of adjustment often shade, in turn, into creative endeavor, as actors find new ways to deploy existing institutions or cultural repertoires and exploit the new categories and opportunities.

Although Hall and Lamont (2013) develop the concept of social resilience in the context of neoliberal policies that had negatively impacted people's well-being since the 1990s, that framework can be extrapolated to the case of communities and groups' responses to the hardships resulting from the COVID-19 pandemic. Facing an unprecedented shock, some people and groups were able to react creatively and on the spot. This special issue showcases many of the strategies that vulnerable individuals and communities in Spain and Latin America deployed to respond to the strenuous situations they were facing because of the pandemic and the government measures implemented to contain it.

For instance, the social distancing policies that many governments introduced to contain the spread of COVID-19 had the unintended consequence of compounding social isolation and feelings of loneliness. Some authors have called COVID-19, a pandemic of isolation, pointing to the negative effect it can have on people's mental health (Bu, Steptoe, and Fancourt 2020; Palgi *et al*. 2020). However, as Cantó-Milà, Gonzàlez Balletbò, Martínez Sanmartí, Moncunill Piñas, and Seebach (2021) illustrate in this special issue, individuals who were prone to feelings of loneliness—for example, those who relied on casual interactions at work, at school, or on public transport to socialize—were to some extent able to adapt to the new challenges and sustain connection with close relatives and friends using social networks, video conferences or even multiplayer video games. In addition to this, reduced mobility became an opportunity for unforeseen local interactions in buildings and neighborhoods, in some cases allowing for the emergence of new social ties or the strengthening of formerly weak ties.

In this same vein, Pinochet Cobos, Guzman, and Peters (2021) illustrate that, despite being deeply impacted by the pandemic, Chilean artists were able to find a silver lining. Relying on the social relations they had created during the social protests that took place in 2019, these artists organized to demand the government's attention. By demonstrating the creative aspect of social resilience, these artists went beyond requesting short term state relief packages, and instigated a broader discussion about the role of the arts in contemporary Chilean society. As a result, the issues they raised were included in the constitutional process that the country has been undergoing since 2021.

Given the government's limitation and slow response to some of the vulnerabilities exacerbated by COVID-19, communities had to design strategies to address urgent needs. This is what Rieiro, Castro, Pena, Zino, and Veas (2021) argue happened in Uruguay during the first lockdown imposed by the government, where people organized to prevent fellow citizens from going hungry. In less than five months, more than seven hundred urban kitchens emerged to prepare and distribute food to vulnerable populations, especially children. Demonstrating that social resilience builds upon cultural repertoires forged out of previous experiences, the authors show that these new urban kitchens were linked to the collective memory of similar communal responses to the financial crisis of 2002.

In this special issue, Rieger (2021) describes similar social responses in the case of indigenous communities in Mexico, Bolivia, and Colombia. Considering the special vulnerability of indigenous communities to COVID-19 and their territorial isolation, native communities had to implement their own protocols and plans of action to deal with the pandemic. To some extent, this resilient response allowed for the state and indigenous communities to forge new relationships, for example, by sharing data that will allow for the national epidemiological statistics to incorporate information on ethnic backgrounds that can be relevant for health policies.

Summary of Papers

The authors contributing to this special issue are all concerned with vulnerabilities and social resilience in the aftermath of COVID-19. However, they all draw on different case studies and come to distinct conclusions.

Pinochet Cobos, Guzman, and Peters conducted a survey and held several interviews to understand how Chilean artists responded to the impact of COVID-19 in their economic sector. They found that artists chose to install a solidarity ethic of what the authors call *common care* and in doing so, they not only protected each other, but also disputed the status of culture in contemporary Chilean society.

Rieger compares the policy strategies designed to contain COVID-19 amongst indigenous populations in Mexico, Bolivia, and Colombia. She finds that although in all cases governments developed specific plans of action for controlling and mitigating the virus amongst native communities, their implementation was subject to many challenges.

Rieiro, Castro, Pena, Zino, and Veas focus on the case of Uruguay and the rapid appearance of urban kitchens to combat hunger amongst vulnerable populations. They show that they were organized by all sorts of popular community networks, including neighbors, extended families, sports and social clubs, among others. Supplementing these data with in-depth interviews, Reiro *et al*. learn about the strategies implemented by these community networks to fund-raise creatively to provide more than eight million dishes during the first four months of the pandemic.

Cantó-Milà, Gonzàlez Balletbò, Martínez Sanmartí, Moncunill Piñas, and Seebach use the difference between the concepts of *interactions*, *relations* and *ties* to argue that the physical distancing measures during the pandemic have not necessarily meant greater social distancing. Rather, people have generated strategies to reestablish and reformulate some of their interactions.

Sirimarco focuses on the case of Argentina to analyze how measures to contain the spread of COVID-19 provided new opportunities for the police forces to exercise control over the population widening the universe of what is punishable. Sirimarco suggests that the arrests for violation of health preventive measures reproduce old institutional logics that allow for arbitrary police intervention in social life.

In the final paper, Zimmermann, Eleuterio, and de la Peña García provide an interesting account of the ins and outs of local policy-making during the pandemic in Brazil. Based on an in-depth policy analysis they explore how COVID-19 affected the implementation of social policies designed to provide food for children. Policy actors faced several logistical challenges, but more importantly the pandemic revealed the lack of coordination between state agencies.

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