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Citizenship and Neoliberalism: Pandemic Horror in Latin America

ABSTRACT

Latin America has suffered disproportionately during the COVID-19 pandemic. The human impact has been chaotically and catastrophically evident across the three countries we examine here: Colombia, Chile, and México. Those nations were already creaking under the effect of generations of neoliberal ideology: their intellectual, political, and ruling-class fractions had long-embraced its core project of redistributing income upwards and privatizing public goods, notably healthcare. In response to that raging inequality, uprisings had occurred through new citizen movements in 2019. They intensified in 2020 and 2021, as citizenship was enacted in powerful ways.

KEYWORDS

Citizenship, COVID, Pandemic, México, Chile, Colombia, Neoliberalism

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Political citizenship gives the right to vote, to be represented in government, and to enjoy physical security (Ramírez Sáiz 2012: 16-17). This is provided in return for ceding a monopoly on legitimate violence to the state. Despite its focus on the nation and the state, the founding assumption of political citizenship is that personal freedom is both the wellspring of good government and the source of its authority over individuals. As developed through and against 19th century capitalism, slavery, colonialism, and liberalism and their counters and successors, political citizenship has expanded its reach and definition. Although spread unevenly across space and time, the model is critical to every sovereign state. For its part, economic citizenship has been comparatively under-analyzed. It is concerned with the participation of workers and employers in decisions that have an economic impact on their political communities (Ramírez Saíz 2012: 20). It flipped from being oriented toward equality and instead became a selfish invocation of bourgeois individualism, part of neoliberalism's call to do good by doing well for oneself and the notion that corporations and capitalists are models for government. Cultural citizenship has been crucial in stressing that societies are mostly hybrids, as a consequence of colonialism and various kinds of immigration, and that while everyone deserves equal treatment,

particular needs and rights apply to indigenous, disabled, and other structurally disadvantaged groups.

Three partially overlapping yet different theories of public policy present themselves as conduits to citizens. They are implicit as well as explicit. Each one has something to offer, both analytically and practically, and they connect with different theories of affecting public policy.

The first theory concerns supranational government. The dream of liberal internationalists since the post-World War I invention of the League of Nations, it is incarnated today in the United Nations and has two elements. One is a utopic faith in the possibility of transcending narrow national interests in favor of the general good of humanity. This goal has proven elusive because the anarchy of international relations is encouraged by economics, religion, and ethnicity. The UN is an avowed failure at keeping any kind of peace, and the disorder of world politics is intense. The second aspect of supranationalism is more technical and has seen greater success. UN bodies such as the Food and Agriculture Organization and the World Health Organization are occasionally branded as political (the latter most spectacularly during the current crisis) but have largely become spaces for the application of scientific rationality. This less utopic faith in a disinterested expertise that can triumph through the power of objective evidence remains powerful. The WHO has proven to be an ally of citizen action opposing technocratic neoliberalism during the COVID pandemic.

The second theory of public policy views citizenship as subject to competing interests, which determine its outcomes. Parliamentary democracies are supposedly open to numerous loud and cogent voices articulated to material interests and voting blocs. So the entrée of the extractive industries is clear when lobby groups, think tanks, political donations, and unscientific denial overrun technical expertise in the field of climate change. The fantasy of pluralism is that contests over public policy offer equal influence to competing interests.

The third theory of public policy holds that the state is inherently undemocratic and hopelessly compromised by interest groups, but activists can force citizens to watch, listen, and learn through spectacle. This theory assumes that sovereignty resides in righteous indignation and universal values that transcend government and represent the popular will in an unmediated way via civil society. It contens that power accretes to citizens thanks to their non-violent direct action.

When we look for signs of a vibrant civil society, Chile, Colombia, and México each date the emergence of active citizenship from a crisis:

• in Chile, the 1973-90 dictatorship, planned by the military and the CIA and driven by US econometrics, ended with the promise of a renewed democracy. However, this reinstatement of the political system was driven by technocrats following the Washington Consensus in a move meant to make politics a matter of "experts" (Silva 2009). The latter had consequences on macro and micro conditions of life, causing yearly protests that in 2019 got to a boiling point with the largest mobilization the nation had ever seen (Somma 2021). All over the country, the people stood up against neoliberal pauperization with direct consequences over Chile's destiny, such as the writing up a new Constitution. For the first time in Chile's history, this new set of basic rules and principles is written by democratically elected representatives and gender parity. The final shape of the text will see the light in the following years but one thing is clear - the need to leave behind the neoliberal/antidemocratic tandem that shaped the nation's body since 1980 when the militaries were in power (Vivaldi and Sepúlveda 2021).

- in Colombia, mass marches across the country from 2019-21 rejecting violence from all sides to a conflict that began seventy years before as liberal-conservative, then became *guerrilla-paramilitar*, and finally *narco*. These interventions built on the previous anti-neoliberal marches of 2011 and 2013 by students and farmers, respectively, which encouraged a resurgence of social protest (González 2019). They demanded that the state fulfil the promises of the 2016 Peace Treaty; and
- in México, the 1968 student massacre at Tlatelolco -order by • the PRI president- saw the emergence of an increasingly organized and diverse civil society. In 1985, after a devastating earthquake in Mexico City that killed thousands of people, the Mexican state was unable to respond effectively, failing to protect or aid its citizens in the aftermath. In response, vast numbers of citizens worked for weeks in self-organized rescue and relief groups, which managed to effectively do what the state structure could not (Monsivais, 1986). These series of events layed down the path for a series of struggles which have had a democratizing effect in the whole political system which now serves as the basis from which poverty, state corruption, racism, machismo, and *narco* violence is fought against both through parliamentary channels and deliberative societal forums.

NEOLIBERALISM

In Latin America in general, citizenship has been overdetermined by dispossession, slavery, poverty, clientelism, corruption, inequality, Catholicism, *machismo*, race, neoliberalism—and proximity to you-know-who. Modernity - understood as a set of stratified and conflicting socio-political meanings and practices of rationalization/secularization across the region- has historically configured singular forms of nation state under capitalism, that in turn fostered a particularly cruel neoliberal inflection of public life (Grimson, 2007; Echeverria, 2018).

The key contemporary aspect, which we must focus on here, is neoliberalism. It has been promulgated by reactionary intellectuals bloviating against critical expertise, public enterprise, and public service. The doctrine's core putative commitments are individualism, consumerism, property rights, opposition to trade unionism, reduced tariffs, and minimal democratic regulation of industries. Neoliberalism holds that comparative advantage in global competition must inform economic policy based on countries' particular factor endowments of climate, terrain, finance, and workforce. Its ideologists call for the state to generate more and more markets with fewer and fewer democratic controls, insist on limiting wages, and deride governments as sources of demand.

Such denials of real life, and knowledge of it, may have reached their rhetorical apogee in 2003, when Mexican president Vicente Fox Quesada asked reporters, who had just confronted him about his failure during a conjunctural crisis, "¿Yo por qué? . . . ¿Qué no somos 100 millones de mexicanos?" (Why me? . . . Aren't there a hundred million Mexicans?) (quoted in Venegas 2003). In other words, each person must assume responsibility for his or her material fortunes, regardless of whether they control México's money supply, tariffs, trade, labor law, public health, education, security, or exchange rate.

Latin America had followed nationalist/Keynesian projects of import-substitution industrialization from the 1930s through the 1970s. But neoliberalism's recipe for economic and social development favored export-oriented industrialization: sell your best coffee, avocado, oil, quinoa, and tequila overseas; don't set up your own automobile company or airline. For fifty years, financial institutions and international organizations have dished out punishments for investing in welfare or 'anachronistic' economic policies. Obediently following northern fashion, the region has deregulated and privatized, satisfying domestic oligarchs and northern masters alike. Today, Latin America stands ready to meet the rich world's needs by guaranteeing environmental despoliation, clientelism, and brutal labor-market restructuring in place of guaranteeing income, agrarian reform, health care, and public education K through college.

Elites have sent their 'brightest' sons and daughters to U.S. graduate school for indoctrination into the discourse of factor endowments, monetarism, and anti-Marxism. From Washington to Yale, nextgeneration Latin American scions have cuddled up to the pride of northern neoliberal lions (Silva 2009; North and Clark 2018). On return, these children of the oligarchy assume positions of immense power, forwarding "policy-based evidence" while claiming to be animated by "evidence-based policy" (Marmot 2004). A key contemporary exemplar is Colombia's President Iván Duque Márquez, who spent many years at the Inter-American Development Bank armed with DC graduate degrees—a classic neoliberal chorine.

The upshot of that history has seen poverty across the region skyrocket. It is predicted to affect 231 million people shortly—a level not seen for years (Lancet 2020). Chile, Colombia, and México show the lineaments of their tumultuous invasion and independence and the systematic inequality forged from both that unique history and this horrendous newer legacy. All three are dogged by political, economic, and cultural oligarchies and oligopolies; manifest, manifold corruption; intense and unremitting racism operating within the ideology of *mestizaje* (hybridity); sticky patriarchy; profound religiosity, be it Catholic or Evangelical; and the forever looming, forbidding, inciting, prescribing, proscribing, and above all, intervening presence of the United States.

Chile provides the blueprint of Latin American neoliberalism, thanks to its 'Chicago Boys,' who returned from luxuriating with Milton Friedman at the University of Chicago to put their ideas of 'freedom' into motion during Augusto José Ramón Pinochet Ugarte's brutal dictatorship (Silva 2009). In Colombia, the longstanding and contemporary reality of a nation at war with itself for eight decades, at the cost of hundreds of thousands murdered and millions displaced, is that the citizens view their country as a profoundly corrupt blend of collusive private and public interests, clientelism, limited state authority, fraudulent elections, and criminal-justice abuses (Muñoz Lopera 2016; Valencia Mosquera 2020). Mexicans regard their long history of authoritarian populism very similarly (Meyer, 1993; Miller 2020, 2021; Anti-Corruption Resource Centre, Transparency International, and Chr. Michelsen Institute, 2013).

President Miguel Juan Sebastián Piñera Echenique delighted in his 2019 claim that Chile was an oasis next to the region's chronic underdevelopment and unruly activism (Somma et. al. 2020). Just ten days later, the country saw its largest popular mobilization in the streets of Santiago since the return of democracy in 1990, originally because of a 30-peso increase in mass-transit fares. Underlying that mobilization was the failure of an ideology that had left half the working population below the poverty line and the richest 1percent holding a third of all national income (PNUD 2017). Protesters chanted: "It's not about 30 pesos, it's about 30 years."

Initially installed by force during Pinochet's dictatorship, neoliberal policies were developed and deepened by Christian and social democrats. Within two days of the 2019 uprising, Piñera said "We are at war against a powerful enemy, who is willing to use violence without any limits" (quoted in Laing and Ramos-Miranda 2019). The consequences were dire: military in the streets, police violence, 23 people killed within the first month of protests, and 345 people losing the sight of one or both eyes (Human Rights Watch 2020). In November 2019, an agreement to reform Pinochet's constitution was established across the political spectrum calmed down a country near the brink of democratic collapse. This was the preamble to

COVID-19 hitting Chile's shores: a country in turmoil—and an administration with an opportunity to do the right thing.

For its part, despite lengthy economic growth, and virtually zero inflation, Colombia has half its people living below the poverty line, compared to a third in 1980. The nation's elite received a fifth of all national income between 1990 and 2010 (Hellinger 2015, 326; Piketty 2014, 327). The richest ten percent of the population is four times wealthier than the poorest 40 percent. Under Duque's administration, corporate taxes and surcharges have plunged from 40 percent to 33 percent, and regressive indirect taxation has soared to 19 percent (IMF 2019; EIU 2019). OXFAM estimates that "over 67 percent of productive land is concentrated in 0.4 percent of agricultural landholdings" (2016, 5-6). Together with this misallocation of wealth and a neoliberal economic model based on extractivism, corruption makes Colombia the most unequal country in Latin America and the seventh in the world (BBC News Mundo 2018).

The Mexican story is similar: ten percent of families hold 70 percent of the nation's wealth; one percent controls 40 percent of the money (*Animal Político*, 2017). Social policies are generally aimed at people employed in conventional waged and salaried jobs, largely to the exclusion of the informal sector, which comprises more than half the labor force. The requirement to pay levies to fund welfare encourages businesses and workers alike to function informally, which in turn reduces consolidated revenue and hence governmental funds for education, health, and other services (Levy 2008). Neoliberal fantasies incarnated as capitalist aids endow the wealthy at the expense of the poor. Waves of fixed capital formation investment and contraction cycle with international demand for commodities. Public works enable capital or manage environmental catastrophes. These policies diminish growth, stimulate the informal sector, and ensure ever-greater inequality through unemployment, underemployment, and disinvestment in social security (Herrera de la Fuente 2016).

HEALTH CARE

The last thirty years have seen a marketization of health care across Latin America, with a third of medical expenditure funded by patients out of pocket. México instantiates class divisions in health care across public and private sectors. The former is divided between workers in the informal economy and people with conventional jobs who contribute to national insurance. Total expenditure on health care meets barely half the benchmarks set by the Pan American Health Organization and the OECD. The number of hospital beds per thousand people has diminished dramatically over the last decade, to 0.98, and the ratio of physicians from 2.9 in 2005 to 2.4. A new system for those working in the informal sector was put in place for 2020, but has been underfunded and problematically administered. Meanwhile, private medical services require payment at the time of service. They are rapid and technologized, to the point where medical tourism from the Global North is rife among both temporarily returning nationals and gringos in search of high-quality, cheap care (Urquieta-Salomón and Villarreal 2016; Barraza-Llor.ns et al. 2002; Arredondo and Nájera 2008).

During this period Colombia has 'reformed' health care, predicated on the fantasy that capital is more efficient and effective than government. The consequence is "raging inequities within Colombia's health care system, which has been lauded for providing near-universal coverage but widely criticized for providing dramatically inferior care to the less affluent" (Webster 2012a). Hospitals compete as businesses. In place of the demand subsidies that assisted patients directly in the past, they receive supply subsidies from the state. The system has dual insurance plans: a contributory one, which is mandatorily funded by public and private employees in the formal sector, and a subsidized one, which draws on those contributions and general revenue to cover the unwaged and those in the informal sector. There are well over a hundred forprofit insurers, complicating both choice and the provision of services (Webster 2012a, 2012b).

What began with a supposed foundation in consumer sovereignty instantly-predictably-became a centralized system of cost controls that determined which treatments were available to which people. Decades on, pre-existing problems remain or have intensified: long lines, long delays, denial of service, and high outof-pocket costs. Diagnostic technology and specialist opinions are increasingly restricted, and time with general practitioners is reduced again and again by insurance firms. Frustrated citizens sue for proper treatment. In 2010, a court ordered the state to pay for more equitable care. Even the government declared the system's "inequities a 'social emergency' in order to implement changes to the financing of public health" (Webster 2012a). Of the country's 968 public hospitals, 40 percent were deemed close to financial collapse in 2012, putting ten million patients at risk. As of 2017, there were two doctors per thousand people. Costs of vital medications spiral as incipient capitalist corruption and industry pressure to outlaw generic treatments see Colombians paying some of the highest prices imaginable for vital pharmaceuticals. Progressives blame these disasters on the profit-centered nature of health; neoliberals on labor (CIA 2020, Miller 2021, Ardila-Sierra & Abadía-Barrero 2020).

Chile has followed the same trend. Since Pinochet, the health system has been divided between public and private provision. The former is used by 80 percent of the population and covers the poor, the elderly, and those with major health conditions. It lacks funding, equipment, and staff. The private system, on the other hand, serves younger, richer people and is better equipped. To join the private system one must subscribe to an Institución de Salud Previsional (Social Security Health Institution) at a cost "equivalent to 45 percent of the minimum wage" in 2015 (Crispi et al. 2020, 1342). The nation's expenditure on health equals 8 percent of GDP, a little below the OECD recommendation and in between Greece and Italy. Only half of that amount comes from the state, a sum that also has to be split because the government funds the private sector for providing public services. Expenditure on health relies heavily on out-of-pocket payments. They account for 32.4 percent of costs, way beyond the OECD average of 19 percent (Roman-Urrestarazu et al. 2018). Unsurprisingly, a 2016 survey disclosed that 68 percent of the population was furious with Chile's inequality in health and many other areas; citizens perceived they were not treated with dignity (PNUD 2017).

The neoliberal reforms to health systems in Latin America have led to worsening inequalities in health service delivery, making multidimensional counter-reform essential (Donato Göttems & Rollenberg Mollo 2020). It is obvious that what neoliberalism regards as 'reform,' in these countries and elsewhere, functions as corporatization, and that it has been an abject failure in serving the collective interest. Citizenship has failed to protect most people in the region from social exclusion, pauperization, and ill health in the face of consumerism. And that was prior to 2020.

THE PANDEMIC

Some analysts predicted a less drastic Latin American encounter with the pandemic than was the case in Spain or Italy, for example, because of climate, age, and the speed and reach of quarantine measures (Amariles et al. 2020). But tens of millions of Latin Americans had died when smallpox arrived with European colonists, and fears soon mounted as to this latest impact. At the time of writing (April 2021), the Americas provide four of the world's top twelve countries in mortality, with over 58 million confirmed cases, out of a global total of 136 million, and well over a million deaths. With less than a tenth of the world's population, the region accounted for more than a third of global contagion and 46% of the fatalities (WHO, 2021). GDP has fallen by a historic 5.3 percent, beyond the collapses experienced during the Great War and the Depression. Twenty-nine million Latin Americans have endured poverty for the first time (Miller 2021).

By mid-April 2021, Colombia's fifty million residents had suffered more than two and a half million COVID infections and over 65,000 deaths. The state reacted in its customary draconian manner, closing borders even to citizens and permanent residents and shuttering the formal economy, though it did allocate additional money for the health-care system to cope with the crisis and reduce tariffs on medical imports. COVID-19 has shone a spotlight on differences between the middle and upper classes and the marginalized peasant, poor, Afro-Colombian, incarcerated, indigenous, and working classes (groups that frequently overlap). When the pandemic hit, the results were predictable: the risk of dying was highest among those without private health insurance and from the lowest socioeconomic strata, notably indigenous folks. Gangsters grew in strength, the criminalization of protest intensified, and politico-economic corruption adapted (Miller 2021). Jail overcrowding has created hotspots. Perhaps seven percent of all pandemic infection across Colombia has been in one prison. Inmates trying to break out of squalid conditions have been gunned down (Rangel et al 2020). Violent threats and aggression against health-care workers have proliferated, as in the region more generally. Environmental defenders are slaughtered week after week by right-wing assassins working for shady, shadowy mining corporations. Bogotá's first out queer mayor implemented a supposedly safe system for the gendersegregated use of public space, pico y género, based on Colombia's number-plate system that limits car use and hence pollution. The license-plate method has operated by only permitting numbers ending in odd or even numbers to be driven on certain days. The COVID system allowed men out on odd-numbered days and women on even. It led to violence against trans people and sex workers

(Griffin and Rivera Antara 2020; https:// twitter.com/hashtag/PicoYG %C3 %A9nero ?src = hashtag click.).

Congress sought to buy thousands of surgical masks to protect its members while medical personnel in the Amazon were reduced to sending smartphone videos to news outlets having been denied equivalent protection. When physicians report data on infections and deaths that do not suit the national government, they are dismissed as rent-seekers (Alsema 2020). A report on the transparency of the public funds used to combat the pandemic in Colombia has shown that "there is no certainty of the amount spent or their sources of financing, nor is there certainty of which have been the expenditures covered" (Observatorio Fiscal 2020, 9). An extension given to the mandatory response time for governmental entities to requests of access to information enacted during the pandemic has turned an already terrible record from the period 2017 to 2019 into a blatant disregard for human rights, such that refugees and migrant populations are unable to access basic health care (Liga contra el Silencio 2020). In late April 2021, proposed reforms designed to expand indirect taxes to a variety of basic products and reduce public spending drove people to the streets in massive protests which were also animated by pre-pandemic causes: police repression, assassination of human-rights advocates and environmentalists, and inequality. The response was an horrific crackdown by police in what was euphemized as a problem of 'public order.' The citizenry persisted and won a backdown by Duque on his punitive tax regime—but not from state violence (WOLA 2021).

In México, the pandemic arrived with the country already convulsed by a reconfiguration of hegemonic forces. President Andrés Manuel López Obrador (AMLO) combines liberal traditions, reactionary nationalism, rhetorical anti-neoliberalism, an indigenous/rural base, evangelical religiosity, destructive development, antiintellectualism, ignorance, and anti-feminism. This contradictory ideology has generated particular controversy among oligarchs, technocrats, intellectuals, and the third sector. One of López Obrador's main programmatic principles has been his government's commitment with what they refer to as "Republican Austerity". A series of economic measures aimed at cutting back expenditure on what they deem "redundant", in terms of the government's spending related to ill and superfluous management. Those policies "are ostensibly aimed at ending the corruption and inequality brought about by decades of cronyism and rampant neoliberalism. These policies have polarized the country and have led to unsurprising (and unoriginal) critiques from the country's conservative and upper classes" (Islas & Ang, 2020). However, these measures, even if necessary, came at the cost of weakening an already plundered public health system which hardly survived the brutal neoliberal privatization waves brought about since the late 1980's to all state infrastructure by the infamous Partido Revolucionario Institucional (PRI). Yet, as Wood observes "while [AMLO's] programme might fit with neoliberal moves to prune back the state, it is important to note the difference in motives: whereas 'structural reforms' have generally been part of a class project to redistribute incomes upwards, AMLO's austeridad avowedly aims to transfer more resources directly to the poor." (Wood, 2021).

Within that context, when COVID struck, the government's limitations saw the fewest tests conducted anywhere in the region or the OECD. The President claimed to endorse health-ministry guidelines but rarely followed them as he wandered around the country greeting crowds without wearing a mask, while repeatedly announcing triumphs over the virus. Morning press conferences saw him showing off an amulet that allegedly protected him from COVID-19, courtesy of his pastor, as he told us that if we gave ourselves over to Jesus Christ, we'd all be saved from the pandemic.^[3] Regrettably, he came down with COVID, as did his fellow demagogic simpletons Jair Messias Bolsonaro, Donald John Trump, and Alexander Boris de Pfeffel Johnson.

Meanwhile, over 3.9 million Mexicans have been infected, and at least two hundred and ninety two thousand people have died. According to PAHO the number of direct and indirect deaths due to COVID amounts to half a million (Proceso, 2021). It is estimated that about 70 percent of deaths are related to comorbidities, such as hypertension, obesity, and diabetes. Those conditions have radically increased with neoliberalism's industrialization of food and subsequent changes in the labor market, 51 percent of which is informal. Years of neglect have seen public hospitals become risks rather than safe houses. Appalling shortages of qualified medical personnel and basic as well as high-end technology have led to scores of unnecessary deaths. Meanwhile the administration has cut expenditure on health. Reactionary fiscal policies pursued during the pandemic have been sufficiently asinine to draw criticism even from the IMF, which could not but recognize the obvious need to pursue growth over balanced budgets, a nostrum of López Obrador. The country has the lowest deficits in the region-and the worst prospects for economic recovery. This is in keeping with the shrinking economy that he has presided over since his inauguration, thanks to brutal austerity measures (Miller 2021).

López Obrador's policy during the pandemic of lending to small businesses rather than granting them money has proven disastrous. Lockdowns pauperized small businesspeople as well as those in the informal sector because of this policy. Hence restaurateurs protesting under the banner *Abrir o Morir* (Open or Die). The environmental impact of his undying support for the extractive and construction sectors will only be known in the decades to come. The popular classes are confronted with lack of effective government aid, famished families, risks from street life, hospitals bursting with patients, and crematoria and cemeteries jammed beyond any imaginable capacity. Vendors in the informal sector complain that they are repeatedly told to stay at home, but not how to maintain their households, out of which 90% -at a national level- have presented a decrease in incomes. The current health crisis could see 60 percent of people fall into poverty (Zepeda, 2021; Miller 2021).

Then there is the violence. When the pandemic hit, sizeable socialmedia groups formed that were dedicated to sacking supermarkets and inciting others to do the same. Medical staff frequently commute in mufti to protect themselves from street assaults. Unsurprisingly, narco cartels did not observe the nation's institutional lockdown. And new records were set for assassinations, driven by narco-rivalry misogyny, and desperation. For example, on June 17, 2020, 117 murders were recorded. The victims varied from capo wives to political targets, from children to cartel servants. Despite the dispatch of a hundred thousand *Guardia Nacional* members and the effect of COVID shutdowns, the year ended with over 35,000 homicides. The corollary daily homicide averages are thirty-eight in the U.S. and less than two in Britain. As the virus shot through the nation, with acute shortages of protective equipment for medical personnel, factories went into overdrive to produce such materials—for the U.S. (Miller 2021).

Just before the pandemic arrived, the public discourse of the Chilean government was one of self-assurance and open celebration of how well-prepared Chile was for public-health intervention. The tone of minister Jaime Mañalich, a close aide of President Piñera, in daily press conferences was of total control of the pandemic, of absolute preparation and technical and human capacity to deal with the expected first wave. In a recurring narrative, Mañalich claimed that the world admired Chile: "I have been congratulated ad nauseam by the international media," he said (Neira 2020). After an investigative report showing that the statistics of those infected and diseased were a fiction, he resigned (Bartlet, 2020) as the virus spread across the middle and lower classes. COVID has seen the first cases of malnutrition in decades (Sandoval 2021).

With a new minister and reports closer to what was really happening, the Chilean evolution of COVID-19 showed its grim reality, which lay at the core of protests over the 30-peso price hike. Two examples depict how inequality and neoliberalism combined served as the perfect storm for the virus to hit hard on the poor and the vast majority of the people. In Santiago, with a population of over seven million, the virus was four times more lethal in poor boroughs than richer ones (Fossa 2020). The explanation for that difference lay in the access to good private health for residents of the richer boroughs versus the impoverished public system. The second example was the perception that the government did not mitigate the numbers of people going to work in packed buses or guarantee a minimum livable income. The first action of the government in this matter came in the form of food boxes and bonuses for poor and middle-class families, like the Ingreso Familiar de Emergencia (Emergency Family Income). It allocated US\$84 a month to people who lacked a job in the formal sector and were in lockdown. That was just a fifth of the minimum wage (Gutiérrez 2020). Few people actually qualified for it. Legislators found fresh money in the pension system to help people in a direct way. That system is privately managed by the Administradores de fondos de pensiones de Chile (AFP-Pension Fund Administrators of Chile). These are private companies that collect a monthly contribution from workers, whose money is risked in the financial markets (Solimano 2017). The system "has left many retired workers with scarce funds to get by" (Laing and Ramos-Miranda 2019), but seemed to be the only place for people to get financial support. The government fiercely opposed the idea. It argued that drawing those funds down would jeopardize the future of current workers whose pensions would be drastically diminished. But legislators triumphed by responding to citizen needs rather than neoliberal ideology, and the first drawdown, a 10 percent tranche of individual savings, took place in August 2020 (Marusic 2021).

10,463,607 of Chile's 18 million people withdrew money from their pension funds, leaving almost 2.9 million people with zero pesos in their accounts. People used this money primarily to pay debts (Cooperativa 2021). A second and third drawdown took place, underlining the decay of Sebastián Piñera's administration, deepening its meagre support in polls, and continuing a policy considered harmful for the future of people who sacrificed their already poor pensions to make ends meet (Barría 2020). The Chilean government had followed neoliberal guidelines by the book: let the people pay the price, put the burden on the individual, and preserve a small state at all costs. Chile is an example that when death came harvesting, the acolytes of neoliberalism chose starvation and death. There is a desperate need for reform of social security to protect retirees and others excluded from the primary, secondary, and even informal labor markets.

CONCLUSION

As a consequence of the successive disasters associated with the pandemic in Latin America, the incomplete project of citizenship may force a serious rethinking of the state's duty of care to its people. The abject failure of the deregulated economies we have examined to distribute money equitably or deal with massive health crises has forced the region's praetorian guard of neoliberalism into retreat. Will that reversal of fortune be temporary?

The kind of popular critique emerging from the brave protestors of Chile and Colombia, and the clear demand for a retreat from neoliberal policies expressed by voters and many other socio political actors in Mexico, inspires hope that neoliberalism will soon die a lonely death. The subsequent burial will see few mourners. Bereaved ideologues will be sent away to the rarefied thinktanks and neoclassical economics departments whence they sprang. We can only hope.

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