



# Rethinking care from the community and the vulnerable populations: Buenos Aires and Madrid during the SARS-CoV-2 pandemic<sup>1</sup>

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Crisis situations that affect care provision such as that caused by the SARS-CoV-2 pandemic invite us to reflect on how responsibilities are distributed among the different actors. The multiple changes in everyday lives caused by the pandemic were accompanied by state actions and community initiatives. This context involved various ways of identifying and interpreting care and responding to the needs detected. This article describes and reflects on significant experiences of community organization among vulnerable populations in the cities of Madrid and Buenos Aires to provide the necessary care during the pandemic. The study relied on secondary sources: specialized bibliography, newspaper articles, technical reports, legislation and official government websites. In addition, key informants were consulted. In addition, key informants were consulted.

*Keywords:* SARS-CoV-2, care policies, community, cities, vulnerable populations

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## 1. Introduction

The global crisis triggered by the SARS-CoV-2 pandemic, formally declared as such by the World Health Organization in late 2019, led to the saturation of health systems, the collapse of national economies, and the deepening of pre-existing social inequalities, among other effects and consequences. At different latitudes, the main epidemiological response to the risk of contagion was population confinement in homes or residential centers. This caused an escalation of tension in the distribution of household and caregiving tasks, an increase in teleworking, and a blurring of boundaries between paid work and family life (Benloch & Aguado, 2020). The absence of spatial and temporal divisions between these different worlds has added to women's workload in general and the mental burden inflicted by the assumption of so many responsibilities. This overload has been exacerbated by the simultaneous virtualization of work and of the educational and support institutions involved in raising or caring for members of their family and friend networks. Transport restrictions have also meant significant changes in transfers of care between social classes as well as between countries subject to migratory flows (Sanchís, 2020).

The introduction of confinement measures was initially seen somewhat sympathetically by some as a return to the home as an idealized space, overcoming the daily grind caused by the demands of the labor market and its pressures on private life. Among some academic and activist circles, this particular moment was conceived as an opportunity to reformulate caregiving and assume it as a collective responsibility. But as the months went by, the prolongation of lockdowns with their psychological tolls, the social divisions exposed by the tensity of the moment, and the increase in household financial constraints precipitated an increase in gender-based violence (Almeida, 2020) and the exacerbation of pre-existing inequalities (Hupkau & Petrongolo, 2020). Moreover, harsh criticism of institutional carelessness in spaces such as prisons and care homes began to enter the public domain (Amnistía Internacional, 2020). In addition to such difficulties, the populations of vulnerable barrios struggled to comply with prevention and isolation measures given structural disparities such as overcrowding and lack of access to housing.

In this context, issues related to caregiving responsibilities have become sources of dispute and confrontation, both in academic research and in public policy debates. Caregiving, now designated as “essential” in media discourse, had previously become a government policy priority due to developments—with their associated risks—such as the steady increase in women's participation in the job market; the waning of state responsibili-

ties (for welfare, in countries that had been more-or-less advanced in this regard); the intensification of migratory processes amid globalization and the development of technoscience; and an aging population in practically every corner of the planet but, above all, in modernized countries. Amid this crisis of caregiving, the SARS-CoV-2 pandemic has made the question of how to actively involve all social and political actors an essential one. Indeed, the pandemic is perhaps best termed a syndemic,<sup>2</sup> as this concept urges us to reflect on how responsibilities are distributed among the different actors involved, or on how these actors should be involved. This equally applies to the role of the community, the focus of the present article.

To enquire into the community bond in the social sciences is to return to the question of how the social fabric is woven (De Marinis, 2013). By “the community” we mean social relations inspired by a feeling of co-belonging and the delimitation of a common identity as a counterpoint to another external one. Caregiving can serve as a means of deploying such a virtue, through the formation of networks of interdependence (Elias, 1990) and power (as a field for the definition of inequalities or the reification or multiplication of those already existing) as it unfolds. Thus, to encourage reflection, we present a brief and non-systematic overview of some responses, from a diversity of actors, to the syndemic crisis. Certain recent phenomena of social mobilization or turmoil can be understood as unforeseen and unforeseeable forms of community, as they are ephemeral and unstable and emerge in response to an emergency but often disappear quickly thereafter. Some examples of these phenomena are volunteerism, the third sector, and certain NGOs that have arisen in response to austerity policies and welfare state cutbacks; as such they represent processes of delegation of responsibilities.

Each of these phenomena (in part because of their diffuse, ambiguous and, often, neo-Pietist<sup>3</sup> communitarianism) can function as a sort of social mechanism that links the community with social citizenship. Another important aspect to take into account is the explosion of cyber-communities, or other forms of deterritorialized collectives, in more or less stable formats. In light of the syndemic, then, we ask the following: Has a process

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2 According to the Real Academia Española (RAE), “syndemic” is a neologism that refers to a situation in which two or more epidemics coexist in time and reinforce one another due to shared social factors, creating feedback loops and interactions with complex consequences. High rates of chronic diseases such as diabetes, cerebrovascular accidents, obesity, and environmental risks have increased the rate of deaths associated with SARS-CoV-2, especially among the most vulnerable populations (see: <https://www.fundeu.es/recomendacion/sindemia-termino-valido/>). Note that in this definition, the intersectional perspective predominates.

3 See Alonso (2018)

of community reactivation taken place? If so, how have social bonds been reactivated? Has this been a way of interpellating commonality as a way of governing at a distance “through the instrumentalization of personal allegiances and active responsibilities” (Rose, 1996, p. 332), or is it the case that communities have self-activated? We posit, in this article, that community caregiving would reactivate and regenerate the social, provided that space or impetus were provided, in that social bodies are a privileged framework for the construction of meaning and identity (De Marinis, 2005).

The cities studied in this research, Buenos Aires and Madrid, are federal districts with high levels of population aging, dynamics of everyday functioning criss-crossed by processes of gentrification, and a high concentration of resources and institutions for health and caregiving in comparison with other localities in Argentina and Spain, respectively. Moreover, they have in common a form of social organization of caregiving that, to a large extent, continues to hinge on families. The aging of aging—which refers to the longer life expectancy of older people—and the feminization of aging imply greater morbidity with its associated limitations and disabilities, multiplying the costs of healthcare and influencing the models of long-term intergenerational caregiving in both countries. However, the levels of social protection differ greatly between the two nations. Spanish healthcare is much broader in scope than in Argentina and Spanish measures tend to be more inclusive, sustainable, and universal. It is partly because of such differences that social inequality gaps are wider in Latin American cities than in European ones. In this region, the tension between universal and targeted care policies, between national and local administrations, poses challenges for the development of comprehensive caregiving models and for the promotion of autonomy among individuals in situations of dependency in the framework of the syndemic (Venturiello, Findling, Martín Palomo, & Pérez de Sierra, 2020).

In the two cities studied, the multiple changes to everyday life that the pandemic brought about were accompanied by actions led or executed by the state and by community initiatives in various forms. It is with the latter that we are concerned in this article. This situation gave rise to various ways of identifying and interpreting caregiving and of addressing the needs detected; this can be appreciated in some of the initial responses and arrangements made, with differing levels of organization, by the community and by institutions. Thus, the global SARS-CoV-2 pandemic allows us to question care policies in a context of widespread crisis and, simultaneously, to dwell on the particularities of local responses. In this study we describe and reflect on some experiences of community organization among vul-

nerable populations as part of efforts to provide the necessary care during the pandemic in the metropolises of Madrid and Buenos Aires—two cities that are centers of global economic power (Sassen, 2001). We analyze care provision initiatives that involve actors from civil society in both cities, focusing on the work carried out by territorial organizations to tackle the social, health, and economic consequences of the syndemic while taking into account the public responses in each country and the definitions of the syndemic that motivate them.

To this end, we draw on secondary sources: specialized bibliography, journalistic articles (March 2020 to March 2021), technical reports, legislation, and official websites. Moreover, we interviewed experts in community work and vulnerable barrios.<sup>4</sup> The purpose of this study, more than providing an exhaustive and comparative overview of the various forms of community response during the pandemic's early crises, is to highlight local particularities that encourage new considerations of care by scrutinizing the potentialities and challenges that responses, with their everyday arrangements, come up against. We do this through the least explored dimension of caregiving, the community, given the various ways in which it can be observed in dissimilar urban contexts.

## **2. Care assemblages in urban environments, or how interdependencies and cities are interwoven**

It is possible to analyze care as a complex social process (Tronto, 1993) that begins far earlier and ends far later than the material act of caregiving in itself, in that it is framed by the relationship that constitutes it (Martín Palomo, 2020). As a result of this complexity, and its naturalization as part of the feminine, caregiving has been invisibilized. It is also forgotten that we are interdependent—that is, that a person cannot be without others or without an environment that allows them to live. Requiring and providing care is something that everyone can do at different times of their lives; these actions are aspects of the same vulnerable human condition (Martín Palomo, 2016). Thus, there is a need to revise the asymmetrical conception of the caregiving relationship—the basis of a model in which one person gives and another receives care—that tends to prevail in public policy. This simplification is undermined, for example, by the care provided by individuals who have different roles, and who themselves require attention

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4 We are grateful for the input of Ana Laura Azparren, Sandra Gil Araujo, Fernando Fantova, Ana Montón, and other commentators who prefer to remain anonymous. However, what is written here is the sole responsibility of the authors.

in order to undertake everyday activities (Venturiello, Gómez Bueno, & Martín Palomo, 2020) The idea of constitutive vulnerability proposed here seeks to question this dichotomy and thereby rethink our responsibilities, without forgetting that certain social groups face deeper-seated difficulties or mounting vulnerability or precariousness in an increasingly unequal society. And as these groups undergo the crises unleashed by the syndemic, it is to be expected that these inequalities will only increase.

One way of referring to the different forms of caregiving is the metaphor of the diamond whose points are the state, the market, the family, and civil society (Razavi, 2007). Still, a focus on civil society, which involves community and territorial caregiving, has been relegated due to academic interest in the preeminence of family care and public policies, though some recent studies have begun to center on initiatives such as Proyecto CuidaCOM<sup>5</sup> (Martínez Buján, 2020; Vega, Martínez Buján, & Paredes, 2018) and other local experiences (Aguado-Peláez & Martínez-García, 2019). This dimension, according to some perspectives, is considered part of the social economy or as a component of the income transfer policies that are being developed in Latin America as strategies for tackling structural poverty, as forms of governance at a distance (De Marinis, 2005), or that grow as the welfare state declines (Alonso, 2017).

Community work is comprised of different forms of social, religious, or political activism that offer assistance in response to unmet nutritional, educational, and childcare needs at community kitchens, day-care centers, and kindergartens, as well as academic support in the territorial environment. These mechanisms allude to a complex social and historical framework that plays an important role in the care required by broad sections of the population (Sanchís, 2020).

Given the complex and multidimensional nature of care, as noted above, public policy designs and interventions must be very close to both the permanent and changing needs of a variety of people and communities. Thus, it makes sense to think about care management from the perspective of its different configurations (which go hand in hand with certain spaces and times, and with specific individuals and collectives whose needs are shifting in their everyday lives), to reflect on policies from the local level, and to be attentive to how care needs arise or change.

At present, there are different ways of promoting these policies based on the roles they assign to the different actors, such as initiators or promoters,

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5 Proyecto CuidaCOM: Cuidados en el ámbito comunitario. Experiencias, prácticas y vínculos para el sostenimiento de la vida en España y América Latina. Retrieved from: <http://cuidacom.es/>

public administrations, the voluntary and social framework, public initiatives, or a combination thereof in varied geographical and political contexts such as European and Latin American cities.

The city—understood in this article as a cultural and political construct, as a social and political space—has been conceived since antiquity as a counterpoint to the private or domestic spheres. Caregiving has been associated with places and spaces pertaining to the family, the private, and the domestic, and has remained absent from the definition of public space and urbanism (Muxí, 2020). The city and the home were marked by gender: the city was linked to the public and the political as a space for the male citizen, while the house and the domestic were considered the spheres of women. But today, in the third decade of the 21st century, if we are to speak of metropolises and caring communities, we must rethink these questions (Martín Palomo, 2021). In the first quarter of the 20th century, Robert E. Park (1925) proposed a fundamental notion for addressing the challenge of thinking about communities and cities that care: the city can be understood as a moral organization, a network of attitudes, customs, and feelings, involved in the life processes of those who live there. Thus, we think that the city can be a useful place for thinking of intervention models in which care as well as the sustenance and reproduction of life are afforded their due centrality.

Moreover, the city is an unequal space for providing and accessing goods and services, which originates in the delimitation between centers and peripheries. The concept of the “right to the city” refers to the pursuit of equal access to resources distributed unequally based on the composition of social classes, of marginalized and stigmatized groups, and of other privileged ones (Rico & Segovia, 2017). The circulation and organization of care within cities is a fundamental aspect of its social and economic functioning, configured by connections related to culture, gender, social class, and place of origin, among others, in which tensions and opportunities for resistance coexist.

These processes are articulated with state policies of care at the different levels. In both Spain and Argentina, families have a strong presence in caregiving (Findling & López, 2015; Martín Palomo, 2016; Martín Palomo, 2008). At the same time, in Spain there have been advances in the development of public care strategies that contribute by way of services; in Argentina, where social policies are governed by the rationale of entrepreneurship and public initiatives are still in their infancy, the community plays a greater role (Rosas & Gil Araujo, 2021). The new situations resulting from the syndemic urge us to rethink these local configurations.

### **3. SARS-CoV-2 and care in Argentina**

#### **3.1 The socio-political panorama**

On March 20, 2020, the Argentine government enforced Mandatory Preventative Social Isolation (Aislamiento Social Preventivo y Obligatorio, ASPO) throughout the country as a measure to prevent mass transmission of SARS-CoV-2, to prepare the health systems for attending to serious cases, and to keep these services from collapsing. The areas in which the ASPO was applied most stringently and for the longest were the Autonomous City of Buenos Aires and the Buenos Aires conurbation.<sup>6</sup> In the first month, there was a broad social consensus over observance of the lockdown measures. But as the months went by, the economic and domestic consequences of prolonged enclosure contributed, along with the political decisions, to public protests over the measures. From November 2020, the ASPO gave way to Mandatory Preventative Social Distancing (DISPO), which provided for the recommencement of business activity and the reopening stores, bars, and restaurants—though some of these had already gradually started opening since a few weeks previously.

Cases of COVID-19 went into steady decline around October and the vaccination program began in December, coinciding with the start of a second wave of infections. The syndemic caused a fall in economic activity that was accompanied by measures aimed at curbing spiraling unemployment and loss of household income. Other actions along these lines included a freeze on rental prices and the suspension of evictions. In addition to these economic provisions and in response to demands from civil society, the government introduced measures targeted at certain vulnerable populations such as persons with chronic diseases, older adults, and persons with disabilities, among others. Pre-existing structural and health problems were rendered more complex by the difficulties people faced in complying with the lockdown and accessing different forms of care (Organización de las Naciones Unidas [ONU], 2020). Thus, in Argentina, which has one of the most fragmented health systems in Latin America (Atún, Monteiro de Andrade, & Almeida, 2015), the syndemic and the responses thereto had notable effects on the everyday lives of these populations, including their health treatment and care. This was manifested in a lack of medical attention at clinics, cuts to prepaid medical services, access restrictions due to insufficient transport, and shortages of medication, among other ways (ONU,

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<sup>6</sup> An unofficial classification that refers to the suburbs surrounding the Autonomous City of Buenos Aires.



2020). After the ASPO came into force, certain actions were taken with a view to ameliorating its effects; for example, measures were put in place for the population with disabilities, such as exemptions from mandatory isolation under certain circumstances. Among those included were persons on the autistic spectrum, for whom going out is essential to their wellbeing.

The premise of these actions was to care for the population. In this spirit, the following slogan was promoted: “Caring for yourself is caring for each other. It’s everyone’s responsibility to comply with the requirements of the Ministry of Health.”<sup>7</sup> Care was and is part of the discourse of public officials, who appeal to the social responsibility of all citizens to one another, even though the conditions to make this individual and collective care possible could not be assured. In addition, there were tensions between initiatives oriented towards care and those aimed at population control and coercion. Some of the contradictions in the collective care policies concerned the deterioration in the working conditions of health professionals. The precarization of their workdays and the devaluation of their salaries prompted several protests during the pandemic, especially in the case of nurses (Ramacciotti, 2020).

Care has only recently entered the public agenda in Argentina. In 2020, the Ministry of Women, Gender, and Diversities was created, incorporating this issue in its lines of action. The president announced care as a matter of significance during the opening of the ordinary sessions of Congress, marking the first time this concept was used in a presidential discourse. The political decision to do so responded to the demands of the women’s movement, and to the decades-long accumulation of theoretical analyses and academic studies on the subject (Sanchís, 2020). It also coincided with the SARS-CoV-2 health crisis, which compounded the need for care and for new strategies offered by the state and civil society. Among other categories of care, the crisis restricted the hiring of caregivers by private households—one of the most habitual forms of delegation of care for children and old people among the middle and upper classes—placing it instead in the hands of family members (Findling & López, 2015). Another point on the aforementioned diamond of caregiving, civil society, has been particularly impacted by the constraints imposed by isolation on the dynamics within vulnerable barrios. Developments in these spaces are important to note given the confluence of social factors (class, gender, ethnicity, racialization, and place of origin) that account for the configuration of inequalities in

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7 “Cuidarte es cuidarnos. Es responsabilidad de todos cumplir con lo establecido por el Ministerio de Salud.”

Latin American cities marked by segregation. Given the persistence of the ASPO measures in the Autonomous City of Buenos Aires, in contrast with other localities, and as the initial hotspot of transmission, we will begin by focusing on the least privileged areas of the city.

### **3.2 Buenos Aires and urban settlements: caregiving through territorial organizations**

The Autonomous City of Buenos Aires (hereafter, Buenos Aires) is the federal district of Argentina. In 2019, its population was estimated at 3,072,029. The socioeconomic inequalities in this city are associated with historical transformations that have converged in recent decades with processes of gentrification and territorial segregation. A measure of the population's socio-economic vulnerability can be seen in the fact that 2.6% of the inhabited spaces in Buenos Aires are rooms in hotels, boarding houses, and *conventillo* or *inquilinato* tenements,<sup>8</sup> and that 7.8% of households are overcrowded. In the south of the city, overcrowding affects 21% of households, while in the north, the figure is 4%, which is evidence that socioeconomic inequalities are expressed in the form of spatial segregation (Dirección General de Estadística y Censos, 2020).

The various characteristics of the Buenos Aires communes show that there is spatial and social distance between the rejuvenated downtown area, governed by the styles and consumption patterns of the middle classes, and the rest of the city (Herzer, 2012). This process of socio-spatial transformation and urban reconfiguration is not limited to Argentina and has intensified since the 1990s, requiring many cities to operate as companies and transforming them into one of the privileged forms of absorption of surplus capital (Marcus, 2020). This accentuates the contrasts with undeveloped and impoverished spaces within a single locality. In this sense, it is important to reconsider the state dimension in urban public policies, in which the central government simultaneously promotes antagonistic processes that privilege certain sectors over others and encourages social participation while obstructing the institutional channels required for its continuity (Herzer, 2012). This perpetuates the unequal distribution of the resources available in the city, which includes the use of public spaces.

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8 Translator's footnote: *conventillos* and *inquilinos* are tenement houses containing rooms used as separate dwellings, as well as common areas such as hallways and patios.

### 3.2.1 Syndemic as a new atlas of inequality?

The habitual expression “the virus does not discriminate between social classes” is only partially true and overlooks the fact that the consequences have had differing impacts on popular-sector barrios in the Latin America’s major cities (Azparren, 2021), multiplying pre-existing inequalities. In Buenos Aires there are 15 *villas*,<sup>9</sup> 24 *asentamientos*,<sup>10</sup> and two *núcleos habitacionales transitorios*,<sup>11</sup> whose 300,000 or so residents make up almost a tenth of the city’s total population. The *villas* exhibit the worst living, educational, working, and health conditions of all the barrios of Buenos Aires (Asociación Civil por la Igualdad y la Justicia [ACIJ], 2016).<sup>12</sup> These settlements are typified by deficient access to basic utilities (water, electricity, and sanitation), high levels of overcrowding, and precarious living conditions. Amid such structural poverty, the SARS-CoV-2 pandemic exposed and exacerbated the habitational crises that the most vulnerable populations were already experiencing (Falu, 2020).

During the early months of the syndemic, territorial inequalities caused high rates of transmission in these barrios compared with the rest of Buenos Aires. As of January 12, 2021, a running total of 17,933 positive cases of COVID-19 had been recorded there—almost ten percent of the city’s 188,613 cases overall (Ministerio de Salud-CABA, 2021). A lack of regular access to water in some settlements—about which social and religious organizations have spoken out—has contributed to this disproportionate

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9 Translator’s footnote: *villas* are unplanned settlements resulting from the illegal occupation of public land. Originally made from scrap materials, the dwellings are improved over time by their inhabitants and supplied with public utilities and community infrastructure through actions of the state and/or civil society organizations. However, conditions and quality of service remain some way below rest of the city.

10 Translator’s footnote: *asentamientos* (literally, “settlements”) refer to small-scale illegal settlements on public or private land (located under bridges, alongside railroad tracks, in public squares, vacant lots, or floodplains, etc.) that cannot be legally urbanized or assigned for residential use. The dwellings are very precarious and are not supplied with urban utilities.

11 Translator’s footnote: *núcleos habitacionales transitorios* (“temporary habitational units”) are multifamily dwellings intended as temporary accommodation for former residents of *villas* (see previous footnote) while they await construction of houses or apartments that have been assigned to them. However, many families end up living their longer term or even permanently amid precarious conditions.

12 Half of the population of the *villas* live in overcrowded conditions, and 60 percent dwell in inadequate housing. As to educational level, 78 percent of the adult inhabitants of the *villas* have not finished their secondary schooling—around twice the 36.6 percent of the overall population who have not done so. Under- and unemployment rates are higher than elsewhere in the city and of those who do work, two out of three are employed informally. Ninety percent of these informal-sector workers earn less than the minimum salary. In the *villas*, 80 percent of the population depends entirely on the public health system (Lépore, 2012, quoted in Azparren, 2021).

rate of infection. These conditions have hampered compliance with the hygiene measures necessary to prevent contagion.

### 3.2.2 Institutional responses

In response to the disadvantages faced by these barrios, on May 5, 2020 the federal government—in conjunction with the government of Buenos Aires—inaugurated its Strategic Testing Mechanism for Coronavirus in Argentine Territory (*Dispositivo Estratégico de Testeo para Coronavirus en Terreno de Argentina*, DETeCTAr). Its purpose was to search actively for people with symptoms and the early detection of positive cases. However, problems arose because people had to wait many hours for their test results in a designated place, increasing the chances of transmission. Given the difficulties involved in isolating at home, the Buenos Aires government transferred those who tested positive to hotels for a ten-day quarantine. But this policy also failed as a basic prevention measure: those who tested positive for COVID-19 were transferred in school buses alongside individuals who were required to wait at the hotels for their test results, placing healthy people at risk of infection (Azparren, 2021).

Another policy that the federal government implemented to limit the impact of the syndemic in popular barrios was the “The Barrio Takes Care of the Barrio” (*El Barrio Cuida al Barrio*) program. Created by the Ministry of Social Development in collaboration with barrio organizations, this was an initiative through which community promoters went from barrio to barrio disinfecting common areas and distributing personal hygiene items. The program was only carried out only in some *villas*, and did not cover the entire target population (Azparren, 2021). Carolina Brandariz, national director of comprehensive care, put it this way:

We all have the right to access care, in this case healthcare, and this care must be addressed in the community. [...] In our country's most humble barrios, the lockdown must ensure that the majority of those who live there can meet their basic needs such as food through community management. There is also vulnerability in terms of access to [adequate] living conditions. The conditions of overcrowding in which they live make isolation difficult as it is for the urban middle classes. The Community Emergency Program supports and strengthens this population.<sup>13,14</sup>

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13 Argentina.gov.ar (April 1717, 2020). *Arrancó “Barrio Cuida al Barrio.”* Retrieved from <https://www.argentina.gov.ar/noticias/arranco-barrio-cuida-al-barrio>

14 All translations from the Spanish are by *Apuntes*.

These government measures complemented the actions of community organizations, whose presence in the field long preceded the current pandemic. Caregiving is among the main contributions of community groups in the barrios, with women playing a leading role (Paura & Zibecchi, 2014). Yet despite their material, emotional, and moral importance in sustaining the barrios and their populations, their contributions have not attracted the same level of attention as other forms of caregiving. Nor are there statistics with which to measure and quantify the organizations, individual recipients of care, and the workers involved in provision and their employment characteristics (Fournier, 2017). According to Sanchís (2020), this is because these organizations usually operate in an inorganic, de-institutionalized manner, as subsidiaries of government policies to which they remain subsumed. Another reason proposed by the author is that these organizations engage in strategies and actions that only involve low-income sectors, and which cannot be generalized to higher socioeconomic strata.

### **3.2.3 Community responses**

Community care extends beyond the household to the barrio, under the leadership of women, and is beset by contradictions. Women act as mediators of public policies, overseeing food distribution and organizing food kitchens, community clothing exchanges, kindergartens, school support, and other activities. These actions are part of the social and solidarity economy in which non-monetized exchanges take place. In some cases, the women do not assume these activities full time due to the lack of remuneration. When they participate in unpaid public programs in the community, these workers tend to fluctuate between understanding their role as a kind of gift and regarding the lack of payment as an injustice (Rosas & Gil, 2021).

Even when the women receive some level of payment under the terms of the social policies, the programs they are involved in are often stigmatized as being in some way associated with suspicions of fraud, which counts as a setback in their affirmation as workers.

In the context of the syndemic, community care work entails dedication that is more intense, bold, and complex given high demand due to community isolation and the overcrowding of many dwellings. The economic crisis has increased the food-related needs of the recipient population. Added to this are the requirements for school support in the face of the suspension of in-person classes, management of sanitary prevention and information, additional hygiene measures and compliance with protocols, and so on (Zibecchi, 2020). Some of the women involved in this work are organized into cooperatives, and have strengthened their organized activities as well as their struggles for recognition of their status as workers. This was confirmed by a few of the leaders. Antonella Carunchio, of the Cooperativa Textil Enredo, explained

the impact that the current situation had on her activities: “The pandemic has united us a lot more with other cooperatives [...]. Rosalía Pellegrini, of the Union of Land Workers (Unión de Trabajadores de la Tierra) said that the situation was “hard at first” but that “we gradually restructured, reflecting among ourselves and finding networks to self-organize.”<sup>15</sup>

Figure 1  
Announcement: Workers’ Assembly in a time of Pandemic



Translation: “Do NOT let the pandemic take the *paritaria*<sup>16</sup> away from you. *Paritarias* are NOT just for discussing pay.” “Thursday, September 24, 17hrs, via Zoom” “Ask for access data by Privado/MD/Inbox.” “22nd Assembly of Workers in Times of Pandemic” “We want feminist *paritarias*, because we want to discuss everything.” #OurRightsAreNotInQuarantine #FeministParitarias #DontLetThePandemicTakeAwayTheParitaria

Source: Escuela de Feminismo Popular Nora Cortiñas (2020)

15 Radio Nacional. (June 12, 2020). *Empoderadas y aliadas: mujeres que en pandemia reconvierten sus trabajos*. Retrieved from [http://www.radionacional.com.ar/empoderadas-y-aliadas-mujeres-que-en-pandemia-reconvierten-sus-trabajos/?fbclid=IwAR3pRChL\\_BNk7Q0w6z7kCS09Oxr1H6a-\\_9CdctC25aiRKMfKXqlp6VTFY\\_Q](http://www.radionacional.com.ar/empoderadas-y-aliadas-mujeres-que-en-pandemia-reconvierten-sus-trabajos/?fbclid=IwAR3pRChL_BNk7Q0w6z7kCS09Oxr1H6a-_9CdctC25aiRKMfKXqlp6VTFY_Q)

16 Translator’s footnote: *Paritarias* are special workplace commissions composed of equal numbers of workers’ and employers’ representatives that have power to analyze certain areas of labor relations, intervene in disputes, and modify agreements, and alter collective agreements.

Notable among the pandemic-response strategies devised in the barrios are the crisis committees. These played an essential role in providing aid, reporting the breaches to which the residents of the *villas* were exposed, presenting demands to the state, and coordinating with public bodies to achieve goals. One case that resonated in the media was that of the Villa-31 crisis committee and its activities. In May 2020, this committee, comprised of food kitchens and other organizations, held a press conference to denounce the barrio's water shortages, which represented both deprivation of an essential resource and limitations on basic hygiene measures for the prevention of COVID-19.

The role of such committees is central to pandemic management. Grassroots social organizations with a historical presence in the territory are relied upon to implement policies that reach the inhabitants of the barrios, distributing various resources and contributing to food security. These organizations undertake important sanitary tasks such as participating in the DETeCTAr mechanism to identify individuals who may have been exposed to the virus, persuading reluctant inhabitants to get tested or to quarantine, and detecting cases in places where official mapping is limited or deficient. Thus, despite their lack of recognition by the state, it is these organizations that continue to make it possible for resources to reach the barrios (Beltrame & Benítez, 2020).

The importance of social collectives during the pandemic has been highlighted by the Conurbation Observatory at the Universidad Nacional General Sarmiento, the Civil Society Organization program at FLACSO Argentina, and the Center for Urban and Regional Studies at the National Council of Scientific and Technical Research (CONICET), which are jointly conducting an initiative known as "Territories in Action. Collective Mapping: Social Organizations Confront the Pandemic."<sup>17</sup> The aim of this project is to visibilize the actions currently being taken in volunteering spaces to respond to the social and sanitary crisis caused by the syndemic in Argentina. Some of the results thus far have been revealing. Territorial grassroots organizations have contributed greatly to sustaining the social fabric of much of Argentine society through their work on a range of issues: education and training, childhood and adolescence, gender-based violence, diversity, low-income housing, and work and micro-enterprises, among many others. Almost all pre-existing organizations have implemented specific initiatives to respond to the pandemic. Half of those organizations

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17 *Territorios en Acción. Mapeo Colaborativo: las Organizaciones Sociales Hacen Frente a la Pandemia.*

that attend the social and economic emergency are currently engaged primarily in food distribution, while also supporting vulnerable sectors such as older adults, children and adolescents, victims of gender-based violence, and others. Another significant finding is that most organizations work in a network alongside other groups, and only 30 percent report that they receive funding from the state; this demonstrates, on the one hand, the ability of these actors to raise and deploy their own resources while, on the other hand, giving lie to the notion of “state dependence” as a way of delegitimizing their actions. On the contrary, the participation and centrality of civil society associations in public policies is strategic to assuring state deployment on the ground (Gradin, 2020).

#### **4. Care and SARS-CoV-2 in Spain: uncovering carelessness**

##### **4.1 Socio-political outlook amid the health emergency**

On March 14, 2020, Spain declared a “state of alarm” in order to deal with the health crisis provoked by SARS-CoV-2. This encompassed a series of measures aimed at protecting public health and safety as well as containing the spread of the virus, including mobility restrictions, home confinement, mandatory wearing of masks, and the shutdown of many sectors of the Spanish economy involved in so-called “non-essential activity.” Given the rapid rate of transmission, the initial state of alarm was extended until June 21, 2020, paving the way for a “new normal.” The outbreak of the “second wave” led to a worsening of the situation in terms of transmission, deaths, and an overstretched health system, and so a second state of alarm was decreed on October 25, 2020, to run until May 9, 2021. This time the response was decentralized, based on the evolution of epidemiological data in the different autonomous communities. The new decree provided for confinement based on territorial perimeters, as well as an overnight curfew.

The economic and social effects were quickly felt by the most vulnerable sectors of the population, but also by broad swathes of the middle classes who lost almost everything overnight. The syndemic led to a profound socio-health crisis, which particularly affects marginalized social groups. Three types of measures were put in place, by way of different resolutions, in response to the crisis: (a) establishment of a living wage; (b) measures to protect housing; and (c) temporary regulations on job loss due to the health crisis. These actions have generated considerable political tension and have proven inefficient and insufficient in the face of the social catastrophe caused by SARS-CoV-2.

The crisis and the extreme response measures adopted by the different government bodies had the effect of blocking institutional services for many



vulnerable social groups with limited means: people isolated in their homes with little to no autonomy, workers caring for family members without logistical support, and other population groups. In addition, homeless people and those residing in substandard housing or slums were left outside the protective umbrella of these decrees, and the pandemic only exacerbated their vulnerability and exclusion, as will be explored in the next section.

#### **4.2 Carelessness laid bare: the Cañada Real Galiana**

Madrid constitutes a complex urban territory where inequalities between the richest and poorest areas are more pronounced than in other Spanish cities. Starting in the 1960s, which witnessed the first migrations from the countryside to the city, many barrios in the capital, such as parts of Vallecas in the municipality of Madrid, sprang up almost overnight. The prominence of neighborhood movements amid developing social exclusion processes (VV.AA., 2011) made it possible to develop community care projects with a strong social basis (Escartín & Gimeno, 2019; Autoría Colectiva, 2019), even though new peripheries have been emerging over time.

The first buildings along the Cañada Real, an old cattle road about 15 kilometers long and 100 meters wide, appeared in the 1950s; today, more than 7,500 people—including 2,000 children—live there in shanties, apartments, and chalets. The settlement is divided into six zones that run through the municipalities of Madrid, Coslada, and Rivas-Vaciamadrid, of which around the fifth and sixth routinely experience power cuts—in addition to more general supply problems—allegedly caused by power surges in illegal marijuana plantations. Indeed, several social organizations, the inhabitants themselves, and the media have reported that the population of these zones have had no electricity in their homes since the start of the fall of 2020.

This barrio, shaped over years of homes cropping up from one day to the next, has become one of the most degraded social environments in Spain. For more than a decade, the settlement has been overseen by the Community of Madrid commissioner for the Cañada Real, as well as the Madrid City Council coordinator for the Cañada Real and settlements. The Community of Madrid commissioner is responsible for dialogue among the different administrations and entities involved, and for coordinating the execution of the social, urban, housing, and legal intervention plans, and all their related actions, so that the people in the area can live with dignity. The City Council coordinator oversaw some demolitions and population resettlements in the first decade of this century. Although work commissions were later created, everyday support remains in the hands of the third sector.

Shortly after the state of alarm was decreed, a group of interdisciplinary professionals who work in the Cañada Real published an article in a local

magazine highlighting the settlement as an example of solidarity and collective progress. The article also expresses concern about meeting residents' needs related to food, medication, diapers and other hygiene products. Most strikingly, the authors note that having fewer volunteers allowed them to work better:

Since the authorities, as usual, are not there, it is our eyes and our hands that have been able to activate all the necessary protocols so that everything is covered. All of a sudden, of the 140 professionals that are [sic] in Sector 6 of Cañada Real every day, we have gone to just a few professionals from Cáritas and the Santo Domingo de la Calzada parish, who discharge the health and community care overseen by the harm reduction center for drug addicts and the EPIT [Excluded Population Intervention Team], which is made up of a doctor, a nurse and the leader of a health unit that has been present in Cañada Real since 2007 [...] Some people from Sector 6 are volunteering to deliver meals from **Rodilla**<sup>18</sup> [...] The Tabadol Cultural Association has made itself available to the Cañada Real authorities [the Sole Command for the Covid-19 Crisis, led by the Community of Madrid commissioner for Cañada Real, and the Madrid City Council coordinator for Cañada Real and settlements] to translate important messages into Arabic and to mobilize potential volunteers to take part in activities that the Sole Command considers important.<sup>19</sup>

Volunteers went from being shunned, upset about the inability to carry out organized institutional work among the excluded or extremely vulnerable population, to being encouraged and needed by those same institutions to work in barrios that may be vulnerable, but are but closer to integration than La Cañada Real Galiana, as we will see below.

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18 Emphasis ours. Rodilla is a fast food chain that, along with Telepizza, the Community of Madrid contracted to deliver food to children from low-income families who received a school feeding allowance. The Cañada Real was one of the areas in which it did so. See: <https://elpais.com/espana/madrid/2020-03-17/sanidad-dice-no-a-telepizza-y-rodilla-para-los-menus-de-la-beca-comedor-en-madrid-en-la-crisis-del-coronavirus.html>

19 Press release signed off by the ICI Project's community team, which works in the Cañada Real; it is part of the "La Caixa" social project, in collaboration with the Community and Council of Madrid and led by ACCEM and the Fundación Secretariado Gitano. See: <https://vallecas.com/la-gestion-del-covid-19-en-canada-real-a-su-paso-por-villa-de-vallecas/>

### **4.3 Some community responses: (re)discovering the potential of civil society (in integrable barrios)**

Amid the uncertainty, the lockdown measures inflicted isolation, fear, and insecurity. Those in situations of dependency unexpectedly found neighbors there to help them get through the impacts on their everyday lives, which lasted months. Indeed, many people were affected by problems related to lack of supply or assistance after the state of alarm was decreed. Within hours, many people responded by offering help to those who were unable to go out of their homes.

#### **4.3.1 Spontaneity and encouragement of (depoliticized) community action**

The civic responses were immediate and multifarious: neighbors from the same building posting messages on doors offering to go shopping or run errands; others going out to buy food and other staples for those who they previously did not know or barely knew; neighborhood organizations repurposed to collect and deliver food; NGOs, especially *Cáritas* and the Red Cross, taking the initiative in the most vulnerable barrios and attracting new volunteers to better organize their food banks. Thus, Madrid saw the awakening of community solidarity and participation involving residents who, in many cases, did not know one another.

In addition, social networks emerged to provide physical, psychological, and emotional support; taxi drivers gave free rides to health workers, and other professionals also volunteered their services. Since the very start of the restrictions, the civic response in Spain has been extensive. The internet and other technologies that interconnect the population—with varying degrees of organization—allowed some medical professionals to join the care network, offering free online consultations with a view to preventing oversaturation at health centers, thereby sustaining levels of isolation and minimizing propagation of SARS-CoV-2. Many of these professionals are available through the @AcciumRed Twitter account, which contains a thread presenting a large number of contacts broken down by specialty.<sup>20</sup>

#### **4.3.2 The rebirth of volunteering (governed at a distance)**

Some public administrations sought ways to channel volunteers' assistance in an orderly and efficient (and depoliticized) manner, and to avoid cases

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20 Albendea, G. L. (March 16, 2020). *La rápida respuesta ciudadana frente al aislamiento por el coronavirus*. Compromiso empresarial. Retrieved from [https://www.compromisoempresarial.com/innovacion\\_social/2020/03/respuesta-ciudadana-frente-aislamiento-coronavirus/](https://www.compromisoempresarial.com/innovacion_social/2020/03/respuesta-ciudadana-frente-aislamiento-coronavirus/)

of fraud and vandalism. Thus, the Subdirectorate for Volunteering, under the Community of Madrid's Department of Social Policies,<sup>21</sup> created a register aimed at structuring help for the most vulnerable population. The register provided access for individuals who wanted to offer their services as volunteers, and the target figure of 7,000 registrations was reached in less than 24 hours. Another register was established for NGOs that sought to target their assistance at the individuals most affected by the situation. This entailed a database disaggregated by areas and municipalities. The initiative was managed in collaboration with the Red Cross, the Association of Social Workers,<sup>22</sup> and other professional associations. It was also decided that volunteers could serve certain specific needs related to municipal social services. Voluntary collaboration models were proposed for the support of vulnerable families and individuals, including the homeless as well as elderly and disabled persons who could not access their daycare centers.

The Madrid Council Volunteering Department also launched a campaign to promote community volunteering. Using its social media channels, the department distributed a notice encouraging anyone with an interest to help their neighbors.

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21 Comunidad de Madrid. (March 15, 2020). *Creamos un registro de voluntarios para canalizar la ayuda a la población más vulnerable*. Retrieved from <https://www.comunidad.madrid/noticias/2020/03/15/creamos-registro-voluntarios-canalizar-ayuda-poblacion-vulnerable>

22 Colegio de Trabajadores Sociales de Madrid. (2020). *El Trabajo Social ante la emergencia COVID - 19*. Retrieved from <http://www.comtrabajosocial.com/documentos.asp?id=2986>

Figure 2  
Madrid Council neighborhood volunteering campaign

**Es el momento de la buena vecindad**

Si eres una persona mayor, te encuentras en cuarentena o perteneces a un grupo de riesgo **y no puedes salir a la calle...**

**¡Yo estoy dispuesto/a a ayudarte!**



**¿Qué necesitas?**

Ir a la farmacia

Pasear a tu perro

Salir a comprar comida

Hablar un rato con alguien

Bajar la basura

Contacta aquí conmigo

Soy tu vecino/a del...  
Mi teléfono es ...

 **VOLUNTARIOS MADRID**  
voluntariospormadrid@madrid.es

#YoMeQuedoEnCasa  
#DispuestosAActuar

Translation: “It’s time for neighborliness. If you’re a senior citizen, are socially isolating or belong to an at-risk group and can’t go out... I’m ready to help you!” “What do you need?” “Go to the pharmacy.” “Walk your dog.” “Go grocery shopping.” “Take out the garbage.” “Speak to someone for a while.” “Contact me here. I am your neighbor from... My telephone is:...” “#IStayAtHome” “#ReadyToAct”  
Source: Ayuntamiento de Madrid (2020)

This notice has some echoes of the “La Escalera”<sup>23</sup> community project, whose aim was to promote mutual support networks among neighbors, foster solidarity, and create more united communities. This initiative, successfully deployed by a single volunteer in 2016, required no more than an explanatory talk and a kit containing a poster and four stickers (plus another blank one), which anyone could place on their doors, bearing the following messages: “I’ll water your plants,” “I share wi-fi,” “I’ll take your

23 See online: <http://www.proyectolaescalera.org/>

shopping to your door,” and “I’ll get you a coffee.” The aim was to galvanize socio-community spaces and promote processes in which residents are protagonists of the transformations in their environments and realities.

#### 4.3.3 The market to the rescue (hashtags and food)

The glut of online orders and purchases from many supermarkets promoted the emergence of the #EchaUnaMano (“lend a hand”) campaign, the aim of which was to facilitate the purchase of groceries for isolated residents. The campaign’s promoters made available a telephone number to receive orders, and compiled a list of volunteers by areas to help with distribution. The Madrid-based startup Núkula<sup>24</sup> was behind this initiative. It developed a smartphone app to help consumers make healthier purchases. In addition, the hashtag #AyudaAlimentosCoronavirus (“coronavirus food help”) was launched so that individuals with problems filling their pantries and their refrigerators could send requests for help via social media to people in their geographical area.

Members of the public also organized to assist overworked health personnel, who were experiencing unsustainable caseloads amid a health system hit hard by austerity cutbacks first introduced to tackle the Great Recession. Several restaurant chains created the *Food4Heroes* movement to send hospital workers prepared food free of charge. They may have been unable to make money, but they created solidarity.

Another alternative proposal was the consumers’ cooperative A3Calles Cuidados en Territorio, organized by various entities from the barrio of Vallecas, which seeks to work in the caregiving sector by involving paid caregivers and care recipients from the barrio:

We share and understand care as a right, with the need to visualize and meet, through mutual effort, the present and future care needs of whoever has them and to give dignity to the work of whoever provides it [...] A3Calles is conceived based on **cooperativism** as a jointly owned, democratically controlled entity founded on the values of mutual help, responsibility, democracy, equity, and solidarity. Workers from the barrio for residents of the barrio foster community development, substantially improving the quality of life of workers, the services offered, and the community’s perception of care, improving the balance between the personal, family, and work and minimizing the ecological footprint implied by long commutes.<sup>25</sup>

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24 See online: <https://www.nuku.la/>

25 A3Calles Cuidados en Territorio. “Si vives en Vallecas, esta info te interesa.” Retrieved from <http://>

#### 4.3.4 The (not so) lost community organizations

What became of Madrid, the Caring City? In 2015, under the administration of Manuela Carmena from the Ahora Madrid party, the Council of Madrid launched a campaign called “Madrid, the Caring City” (*Madrid, Ciudad de Cuidados*),<sup>26</sup> which took on certain elements of the community work carried out in the city by health centers and social services (health promotion and social services related to caregiving) while also incorporating more novel ideas such as integrated social diagnostics, further pedestrianization of the city, support for cycling, sustainable social economy projects, accessible cultural events, food banks, consumers’ groups, and an increased emphasis on collective care (Durán, 2017). The campaign slogan, “what’s in common matters” (*lo común importa*) reflected the aim of taking back the streets, the barrios, the city, and other elements for the care of people and their environment. The consideration of constitutive human vulnerability—so clearly manifested by this current syndemic—resonated in the proposals, which echoed feminist urbanists who insisted on the need to build common environments in cities that promote cooperation, neighborhood networks (Jacobs, 2011), and improved living conditions for the most vulnerable groups (Spain, 1992); altogether, Madrid, the Caring City was a local policy project that incorporated care as a central issue for social organization. In this framework, the focus was placed on community work, healthcare, and prevention vis-a-vis the agency-denying and individualizing technoscience represented by the hospital, the bastion of public health in Spain today. But almost a year on from the initial alarm bell of a syndemic that has profoundly and radically transformed our daily lives, nothing (or almost nothing) has been heard about the campaign again.

Under Madrid, Caring City, care services were not targeted specifically at the population at risk of social exclusion but at everyone, which is in keeping with the conception of constitutive human vulnerability and with a universalist approach to care (Martín Palomo, 2021). The election of a new municipal government in the spring of 2019 left the project at a standstill and raised many questions that the syndemic has gradually answered.

Local care networks were organized in different barrios of Madrid from the beginning of the state of alarm, initially to help vulnerable individuals with food or medicine purchases. Within a few days, social services, social educators, and teachers began to refer cases

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[www.a3callescuidados.org/](http://www.a3callescuidados.org/)

26 See online: [http://madridsalud.es/que\\_es\\_mcc/](http://madridsalud.es/que_es_mcc/)

for distribution of meals, school supplies, or help for online classes. The mayor of Madrid, José Luis Martínez-Almeida of the Partido Popular, tried to take the credit for coordination of the effort, to which community organizations responded with a statement that asserted their political autonomy, distancing themselves from the municipality and denouncing the cuts in education, health, caregiving, and social services.<sup>27</sup> Neighborhood collectives insisted that these networks did not develop spontaneously but were made possible by community organization predating the SARS-CoV-2 crisis.

However, a councilor from Más Madrid, part of Manuela Carmona's parliamentary grouping during the previous municipal government, expressed regret over the absence of "Madrid, the Caring City" at such a crucial moment, in which the only preventive measures were the promotion of hand washing, face-masks, and alcohol-based hand sanitizer:

We rolled out cutting-edge plans, such as Madrid, Caring City, that had a clear community focus. From a community health perspective, we understand that the health and wellbeing of a population depends on the social, economic, political, environmental, educational, geographic, and sanitary conditions of the place where they live. [...] From this perspective, as the public health experts say, postal code is more important to health than a genetic code. The SARS-CoV-2 crisis appears to confirm this trend, if we compare the total cumulative incidence rate of cases by districts of Madrid.

[...] The leading role of the public and their participation in the community are fundamental elements for their health and wellbeing. This is what we have seen in our barrios, where neighborhood caregiving and solidarity groups are supporting many people in enormously dramatic situations. In the district of Latina, where I live, different self-managed groups are organizing to provide this response.

Knowing that it is crucial to reach vulnerable elderly persons who do not always have access to information and resources, some collectives, such as the Asociación Puerta del Ángel and Alma Latina, put up hundreds of posters to inform those residents who, afflicted by the digital gap, did not know which telephone number to call to receive close and effective support. Through the participation of these groups we are detecting sit-

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27 Lorite, A. (April 13, 2020). *Las redes de cuidados de Madrid niegan estar gestionadas por el Ayuntamiento*. El Salto Diario. Retrieved from <https://www.elsaltodiario.com/coronavirus/las-redes-de-cuidados-de-madrid-niegan-estar-gestionadas-por-el-ayuntamiento>



uations of great precariousness, providing solutions when possible and calling on the municipal administration to assume its responsibilities.

[...] Social distancing [to prevent transmission], which seems to be at odds with social ties [the essence of community] has been a catalyst of solidarity and caregiving. Perhaps because caregiving, as the sociologist Joaquín García Roca reminds us, means empowering the population in the management of their own risks and paths.<sup>28</sup>

Feminist, and thus politicized, collectives have attempted to promote community caregiving work and a different model of the city, in the mold of Jane Jacobs:

Following in the footsteps of Jane Jacobs, we want to identify grassroots initiatives and living practices of feminist economics and caregiving in our barrios. In this case, we want to make known and place value on existing initiatives that propose a fairer, more collective and egalitarian organization of caregiving, understood as care not only for dependent individuals but for the whole community, as well as learning in hindsight about some of the community struggles that the residents of Fuencarral initiated.<sup>29</sup>

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28 Barbero, J. (April 16, 2020). *Covid-19 y salud comunitaria: de la distancia social al vínculo social solidario*. Publico. Retrieved from <https://blogs.publico.es/otrasmiradas/31861/covid-19-y-salud-comunitaria-de-la-distancia-social-al-vinculo-social-solidario/>

29 Economistas sin Fronteras. (November 17, 2020). *La economía feminista y del cuidado en Fuencarral*. Retrieved from <https://ecosfron.org/la-economia-feminista-y-del-cuidado-en-fuencarral/>

Figure 3  
Making the invisible visible<sup>30</sup>



**VISIBILIZAR LO INVISIBLE**

## Paseo por Fuencarral

Siguiendo los pasos de Jane Jacobs, queremos conocer a pie de calle iniciativas y prácticas vivas de economía feminista y de los cuidados en el distrito de Fuencarral

Grupo de Historia Urbana del Barrio del Pilar  
Escuela Popular del Barrio del Pilar  
Espacio de Juego. Centro Comunitario Guatemala  
Red de apoyo comunitario del Bº del Pilar  
Red de Apoyo Mutuo de Fuencarral  
Grupo feminista del Foro Local de Fuencarral.

FORMATO VIRTUAL (ZOOM)

VIERNES 11 DE DICIEMBRE 12:00 A 14:00  
INSCRIPCIÓN PREVIA NECESARIA

MADRID  

Translation: “Making the invisible visible” “Stroll through Fuencarral” “Following in the footsteps of Jane Jacobs, we want to identify grassroots initiatives and living practices of feminist economics and caregiving in the district of Fuencarral” [list of participating organizations] “Virtual Format (Zoom)” “Friday, December 11 12:00 to 14:00” “Previous registration required”  
Source: Asociación Vecinal La Flor (2020).

## 5. Comparing vulnerable barrios at both latitudes

In both countries, the welfare state responded with measures to ameliorate the economic crisis unleashed by the syndemic. In the cities, local governments launched their own initiatives and articulated their own interventions, but not without tensions and disconnects with the central government. For the low-income sectors of Buenos Aires, the “DETeCTAR” and “The Barrio

30 “Making the invisible visible.” “Stroll through Fuencarral.” “Following in the footsteps of Jane Jacobs, we want to identify grassroots initiatives and living practices of feminist economics and caregiving in the district of Fuencarral.”

Takes Care of the Barrio” programs were deployed, albeit with deficiencies in their application that compounded a pre-existing lack of access to services or dignified living conditions. In Madrid, the attention of the population who live in the settlements of the Cañada Real or in care homes was characterized by institutional carelessness. The needs driven by the syndemic revealed the marginalization of certain population groups in the politics of caregiving and service distribution in the cities.

Public policies interacted by encouraging and recognizing different forms of participation in civil society. In Buenos Aires, the work in popular-sector barrios to meet the needs of the population was made possible by pre-existing social organizations and policies. These organizations denounced the emergency they faced while enabling the arrival of assistance from state programs. However, there is still a need for social, political, and economic recognition of the efforts of the workers from these organizations as fundamental community caregivers, and as a bulwark against the crisis unleashed by the pandemic. Madrid has less of a tradition of territorial work, although it does have a significant trajectory of community networks with strong political articulation that can be discerned in some barrios. There, the political instrumentalization of the city government and the Community of Madrid resulted in insufficient coordination and a glaring lack of government support for non-religious organizations that had experience of community work in the barrios, engendering mistrust on the part of the voluntary framework that mobilized to meet the needs of residents.

Within civil society, some individual residents acted spontaneously in support of their neighbors, while in other cases professional groups offered services in response to needs associated with isolation; some were deployed through social networks and others were provided by non-governmental organizations. In Buenos Aires, individual efforts were underpinned by public campaigns, and collectives corresponded to pre-existing groups organized with differing degrees of political articulation. In Madrid, these initiatives, motivated by local policies, were largely marked by a logic of depoliticized volunteering, with charitable organizations playing an active role vis-a-vis self-managed social and neighborhood organizations that did without institutional support in their everyday activities. The advances in reviving community health work that the previous, more progressive administration promoted through the Madrid, Caring City model have been sidelined by the present local government, which prefers spontaneous voluntary mobilizations.

## 6. Conclusions: challenges and limitations of emergency responses

This article presented some of the actions taken by various social actors for the care of the populations of Buenos Aires and Madrid during the SARS-CoV-2 syndemic. Special emphasis was placed on spontaneous community actions and care for the most vulnerable population groups living in urban settlements. These cases were described with an eye on those elements both cities had in common, while also acknowledging some peculiarities.

Caregiving in these cities during this crisis exhibits the tension associated with building community experiences in the face of highly unequal situations. At the start of 2020, the syndemic presented itself as normality, and care as the duty of the entire population, allowing for empathetic coexistence in a single devastating context. However, the various situations of vulnerability arising from transmission of the virus and the government response, as well as each sector's capacity to deal with the economic crisis, soon revealed a tension between the various inequalities but also a possibility of building community strategies beyond those already in place, without a policy base. Thus, caregiving as an articulating axis of communities is revealed to be a space that is not exempt from conflicts and disputes, in that it involves the distribution of resources and responsibilities in highly unequal societies in terms of the actions of welfare states, local governments, social classes, and gender relations (Martín Palomo, 2021). The need for care unites us around our constitutive vulnerability, even if the way of organizing its provision in the cities reveals the social problems that stem from unfair and inequitable societies. This complicates community experiences of care beyond family and territorial networks. Thus, official utterances about “care among all” or “taking care of yourself to take care of others” manifest themselves as individual mandates without sufficient experiences or frameworks of possibility to exercise collective care. However, to advance toward a fairer order of care, it remains vital that we debate this issue in the political sphere so as to make explicit and visible all the actors involved, along with their needs and positions.

This syndemic has exposed many deficiencies in institutionalized care systems as well as unequal access to care within the population, especially among the most disadvantaged groups. But the article noted that a crisis with these characteristics provides opportunities for redefining the place that care occupies in our society.<sup>31</sup> It is also apparent that the most brutal

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31 *Ante la Crisis de COVID-19: Una oportunidad de un mundo mejor. Declaración en favor de un necesario cambio en el modelo de cuidados de larga duración de nuestro país.* April 1, 2020 Retrieved from <http://www.acpgerontologia.com/Declaracioncompletacondhesiones.pdf>

absences of care have been experienced in some increasingly unequal modernized and gentrified countries.

This points to a need to build common environments and neighborhood networks in the cities to strengthen cooperation (Jacobs, 2011); to look after those community experiences that allow the streets, the sidewalks, and the barrios to be reclaimed; and to recognize the work done by barrio-based organizations, without their being instrumentalized as objects of governance at a distance or being made responsible for providing the welfare that ought to be the domain of public administrations. Different community caregiving initiatives can reactivate and regenerate the social, provided they are given space or impetus, in that communities are a privileged framework for the construction of meaning and identity (De Marinis, 2005). To improve their organization, there is a vital need to generate accessible data on the social and economic impact of the syndemic on the most vulnerable barrios.

This article, with the actions and initiatives it has presented, seeks to serve as a first line of reflection in preparation for future systematic and in-depth studies of cities and communities during the pandemic. Indeed, it would be interesting to advance in the comparison of different traditions of political struggle, mobilization, and organization for access to a dignified life and care within the barrios of Buenos Aires and Madrid.

## References

- Aguado-Peláez, D., & Martínez-García, P. (2019). Gestionando la vulnerabilidad desde los cuidados comunitarios en la política local. La experiencia de Zumárraga. *Zerbitzuan*, 68, 37-46.
- Alonso, L.E. (2017). La crisis de la ciudadanía social y el malestar de la democracia en Europa. *Mélanges de la Casa de Velázquez*, 47(2), 29-46.
- Alonso, L.E. (2018). La globalización de la compasión: el discurso de lo no gubernamental en el desgobierno de lo social. *Dossieres EsF*, 28, 54-59.
- Almeida, D. V. (June 26, 2020). *COVID-19, Violence Against Women, And Femicide In Latin America*. The Organization for World Peace. Retrieved from <https://theowp.org/reports/covid-19-violence-against-women-and-femicide-in-latin-america>
- Amnistía Internacional. (December 4, 2020). *Abandonadas a su suerte. La desprotección y discriminación de las personas mayores en residencias durante la pandemia covid-19 en España*. Retrieved from [https://doc.es.amnesty.org/ms-opac/doc?q=%3A\\*&start=0&rows=1&sort=fecha%20desc&fq=norm&fv=\\*&fo=and&fq=mssearch\\_fid13&fv=EUR41800020&fo=and&fq=mssearch\\_mlt98&fv=gseg01&fo=and](https://doc.es.amnesty.org/ms-opac/doc?q=%3A*&start=0&rows=1&sort=fecha%20desc&fq=norm&fv=*&fo=and&fq=mssearch_fid13&fv=EUR41800020&fo=and&fq=mssearch_mlt98&fv=gseg01&fo=and)
- Asociación Civil por la Igualdad y la Justicia. (2016). Urbanización de villas y asentamientos en Buenos Aires. *Colección Es Nuestra la Ciudad*, 3.
- Asociación Vecinal La Flor. (2020). *Visibilizar lo invisible*. Retrieved from <https://www.avlaflor.org/?p=3570>
- Atún, R., Monteiro de Andrade, L.O., & Almeida, G. (2015). Health-system reform and universal health coverage in Latin America, *Lancet*, 385, 1230-47.
- Autoría Colectiva. (2019). Un centro abierto a la comunidad: la experiencia colectiva en Vallecas. In E. Pérez, A. Girón, A & J. L. Ruiz-Giménez. (Coords.). *Los cuidados. Saberes y experiencias para cuidar los barrios que habitamos* (pp. 99-130). Madrid: La Sandunga Transmedia/Libros en Acción.
- Ayuntamiento de Madrid. (2020). *Es el momento de la buena vecindad*. Retrieved from <https://www.madrid.es/UnidadWeb/Coronavirus/Descriptivos/ficheros/CartelVecinal.jpg>
- Azparren Almeida, A. L. (2021). The impact of Covid-19 on informal settlements of Buenos Aires. In Montoya, Rehner & Krstikj (Ed.). *Covid-19 and cities: experiences, responses and uncertainties*. Springer (in press).
- Beltrame, D., & Benítez, J. (2020). *Covid-19 en villas y asentamientos: nuevos viejos problemas en la respuesta pública*. Voces en el fénix, 81. Retrieved from <https://www.vocesenelfenix.com/content/covid-19-en-villas-y-asentamientos-nuevos-viejos-problemas-en-la-respuesta-p%C3%BAblica>
- Benlloch, C., & Aguado Bloise, E. (2020). *Teletrabajo y conciliación: el estrés se ceba con las mujeres*. The Conversation. Retrieved from <https://theconversation.com/teletrabajo-y-conciliacion-el-estres-se-ceba-con-las-mujeres-137023>
- De Marinis, P. (2005). 16 comentarios sobre las sociología(s) y las comunidad(es). *Papeles del Centro de Estudios sobre la Identidad Colectiva*, 5. Retrieved from <https://addi.ehu.es/handle/10810/41534>
- De Marinis, P. (2010). Comunidad: derivas de un concepto a través de la historia de la teoría sociológica. *Papeles del Centro de Estudios sobre la Identidad Colectiva*, 2010/1. Retrieved from <http://www.identidadcolectiva.es/pdf/intro.pdf>

- De Marinis, P. (Coord.). (2013). *Comunidad: estudios de teoría sociológica*. Buenos Aires: Prometeo.
- Dirección General de Estadística y Censos (2020) *Dirección General de Estadística y Censos. Anuario estadístico 2019*. Buenos Aires. Retrieved from [https://www.estadisticaciudad.gob.ar/eyc/wp-content/uploads/2020/09/anuario\\_estadistico\\_2019.pdf](https://www.estadisticaciudad.gob.ar/eyc/wp-content/uploads/2020/09/anuario_estadistico_2019.pdf)
- Durán, M. A. (2017). Ciudades que cuidan. In M. N. Rico & O. Segovia (Eds.). *¿Quién cuida en la ciudad? Aportes para políticas urbanas de calidad* (pp. 91-116). Santiago de Chile: Comisión Económica para América Latina y el Caribe.
- Elias, N. (1990). *La sociedad de los individuos*. Barcelona: Península.
- Escartín, P., & Gimeno, L. (2019). Cuidar los barrios que habitamos. In E. Pérez, A. Girón, A & J. L. Ruíz-Giménez (Coords.). *Los cuidados. Saberes y experiencias para cuidar los barrios que habitamos* (pp. 173-178). Madrid: La Sandunga Transmedia/ Libros en Acción.
- Escuela de Feminismo Popular Nora Cortiñas. (September 24, 2020). *Comienza en un rato! 22da Asamblea de Trabajadoras en Tiempos de Pandemia Jueves 24 de Septiembre 17 hs Via Zoom* [Facebook post]. Retrieved from <https://www.facebook.com/Escuelafeminismopopular.norita/photos/a.1590377397641200/3759830717362513>
- Falu, A. (2020). Prólogo. In N. Sanchís (Comp.). *El cuidado comunitario en tiempos de pandemia... y más allá* (pp. 5-7). Buenos Aires: Asociación Lola Mora. Investigación y capacitación para la acción.
- Findling, L., & López, E. (2015). *De cuidados y cuidadoras. Acciones públicas y privadas*. Buenos Aires: Biblos.
- Fournier, M. (2017). La labor de las trabajadoras comunitarias de cuidado infantil en el conurbano bonaerense ¿Una forma de subsidio de “abajo hacia arriba”? *Trabajo y Sociedad*, 28, 83-108.
- Gradin, A. (August 28, 2020). *Territorios en acción: la sociedad civil frente a la pandemia*. Diagonales. Retrieved from <https://www.diagonales.com/contenido/territorios-en-accion-la-sociedad-civil-frente-a-la-pandemia/22426>
- Herzer, H. (2012). (Comp.). *Barrios al sur: renovación y pobreza en la ciudad de Buenos Aires*. Buenos Aires: Editorial Café Ciudades.
- Hupkau, C., & Petrongolo, B. (2020). *Work, care and gender during the Covid-19 crisis*. London: London School of Economics and Political Science. Retrieved from <https://cieg.unam.mx/covid-genero/pdf/reflexiones/academia/work-care-and-gender.pdf>
- Jacobs, J. (2011). *Muerte y vida en las grandes ciudades*. Madrid: Capitán Swing.
- Marcus, J. (2020). El “deber ser” de la calle: una reflexión sobre la regulación y el control del espacio público en la Ciudad de Buenos Aires. *Revista Argentina de Sociología. Consejo de Profesionales en Sociología*, 26, 126-146.
- Martín Palomo, M. T. (2008). Los cuidados y las mujeres en las familias. *Política y Sociedad*, 46(2), 29-49.
- Martín Palomo, M.T. (2016). *Cuidado, vulnerabilidad e interdependencias. Nuevos retos políticos*. Madrid: Centro de Estudios Políticos e Institucionales.
- Martín Palomo, M.T. (2020). Dibujar los contornos del trabajo de cuidado. In K. Batthyány (Ed.). *Miradas Latinoamericanas al Cuidado* (pp. 243-387). Buenos Aires: Siglo XXI. Retrieved from <http://biblioteca.clacso.edu.ar/clacso/se/20201209035739/Miradas-latinoamericana.pdf>

- Martín Palomo, M.T. (2021). *Cuidados, vulnerabilidad e interdependencias. Retos para una nueva época*. Unpublished manuscript. Monograph coordinated by María Ángeles Durán for Emakunde, Spain.
- Martínez-Buján, R. (2020). El paradigma de los comunes y la protección social pública como claves hacia el bienestar. *Cuadernos De Relaciones Laborales*, 38(2), 289-304. Retrieved from <https://doi.org/10.5209/crla.70891>
- Ministerio de Ciencia, Tecnología e Innovación de la Nación. (2020). *Relevamiento del impacto social de las medidas de Aislamiento dispuestas por el PEN*. Retrieved from [https://www.conicet.gov.ar/wp-content/uploads/Informe\\_Final\\_Covid-Cs.Social-1.pdf](https://www.conicet.gov.ar/wp-content/uploads/Informe_Final_Covid-Cs.Social-1.pdf)
- Ministerio de Economía. (2020). *Los cuidados, un sector económico estratégico*. Retrieved from [https://www.argentina.gob.ar/sites/default/files/los\\_cuidados\\_-\\_un\\_sector\\_economico\\_estrategico\\_0.pdf](https://www.argentina.gob.ar/sites/default/files/los_cuidados_-_un_sector_economico_estrategico_0.pdf)
- Ministerio de Salud-Ciudad de Buenos Aires. (2021). *COVID-19 en datos*. Retrieved from <https://www.buenosaires.gob.ar/coronavirus/datos>
- Muxí, Z. (2020). *Mujeres, casas y ciudades. Más allá del umbral*. Barcelona: DPR.
- Organización de las Naciones Unidas. (2020). *Análisis inicial de las naciones unidas covid-19 en Argentina: impacto socioeconómico y ambiental*. Retrieved from <http://www.onu.org.ar/stuff/Informe-COVID-19-Argentina.pdf>
- Paura, V., & Zibecchi, C. (2014). Mujeres, ámbito comunitario y cuidado: consideraciones para el estudio de relaciones en transformación. *La Aljaba*, XVIII, 125-147.
- Ramacciotti, K. (July 1, 2020). La enfermería argentina en tiempos de crisis sanitaria. [WordPress message]. Retrieved from <https://sehmepidemiassaludglobal.wordpress.com/2020/07/01/enfermeria-argentina-tiempos-crisis-sanitaria-ramacciotti/>
- Razavi, S. (2007): *The Political and Social Economy of Care in a Development Context. Conceptual Issues. Research Questions and Policy Options*. (Paper Number 3). Geneva: United Nations Research Institute for Social Development.
- Rico, M. N., & Segovia, O. (Eds.). (2017). *¿Quién cuida en la ciudad? Aportes para políticas urbanas de calidad*. Santiago de Chile: Comisión Económica para América Latina y el Caribe.
- Rosas, C., & Gil, S. (2021). Cuidado comunitario, políticas públicas y racionalidades políticas. El Estado y las trabajadoras vecinales de la Provincia de Buenos Aires, Argentina. *Revista Española de Sociología*, 30(2), a32. Retrieved from <https://doi.org/10.22325/fes/res.2021.32>
- Rose, N. (1996). The death of the social? Refiguring the territory of government. *Economy & Society*, 25, 327-56.
- Sanchís, N. (2020). Ampliando la concepción de cuidado: ¿privilegio de pocos o bien común? In N. Sanchís (Comp.). *El cuidado comunitario en tiempos de pandemia... y más allá* (pp. 9 -21). Buenos Aires: Asociación Lola Mora. Investigación y capacitación para la acción.
- Sassen, S. (2001). *The Global City*. Princeton: University Press.
- Spain, D. (1992). *Gendered Spaces*. London: The University of North Carolina Press.
- Tronto, J. (1993). *Moral Boundaries. A Political Argument for an Ethic of Care*. London: Routledge.
- Vega, C., Martínez Buján, R., & Paredes, M. (2018). *Cuidado, comunidad, común. Experiencias cooperativas en el sostenimiento de la vida*. Madrid: Traficantes de Sueños.



- Venturiello, M. P., Gómez Bueno, C., & Martín Palomo, M. T. (2020). Entramados de interdependencias, cuidados y autonomía en situaciones de diversidad funcional. *Papeles del Centro de Estudios sobre la Identidad Colectiva*, 2020/2, 1-18. Retrieved from <http://dx.doi.org/10.1387/pceic.20940>
- Venturiello, M. P., Findling, L., Martín Palomo, M. T., & Pérez de Sierra, I. (2020). Envejecimiento y género. Un estudio comparado de las políticas de cuidados en Argentina, España y Uruguay. *Áltera. Revista de Antropología*, 3(11), 20-51.
- VV.AA. (2011). *Para que no me olvides Madres Unidas contra la Droga*. Madrid: Editorial Popular.
- Zibecchi, C. (2020). Cuidar a los chicos del barrio: trabajo comunitario de las cuidadoras, expectativas y horizontes de politización en contextos de pandemia. In N. Sanchís (Comp.). *El cuidado comunitario en tiempos de pandemia... y más allá* (pp. 44-63). Buenos Aires: Asociación Lola Mora. Investigación y capacitación para la acción.

