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ECUADOR: SOCIAL INEQUALITY, VIOLENCE AND PANDEMICS

Patricio Trujillo-Montalvo

Pontifical Catholic University of Ecuador,
Faculty of Medicine, Researcher at the
Institute of Public Health (PUCE)

Grace Merino-Jaramillo

Central University of Ecuador

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Abstract

In Ecuador, the implementation of neoliberal policies developed in the last two years have systematically decreased the response capacity of the State, which has generated an increase in socio-economic gaps (inequality, poverty and exclusion) in a population majority that is far from the government. the construction of policies that guide the common good. This article analyzes from a comparative perspective (cholera epidemic 1991-COVID-19, 2020) the relationship between social inequality, poverty and the negative effects on vulnerable populations in health crises, placing emphasis on the priorities of governments, whether economic, social or policies.

Keywords: violence, disease, poverty, pandemic, neoliberalism

INTRODUCTION

In 1991 Ecuador suffered a serious epidemic of cholera (*Vibrio cholerae*) that infected 46,320 people and caused 697 deaths, becoming one of the most lethal contagious diseases in the previous century (1). Cholera became a disease of poverty, evidencing the lack of health infrastructure especially in rural environments, the little interest of government authorities in the prevention of highly contagious diseases, the epidemiological lack of knowledge of the disease and something until that moment. not studied, the immense social inequality and a hidden racism that was expressed in the daily discourse existing in the country, by blaming the disease on the indigenous population who were accused of lacking hygiene, protective customs and ignorance (2).

Nearly 30 years later in 2020, another contagious disease, the latter of a viral type, convulsed Ecuador, once again exposing the social inequality gap that exists in a country that seems not to have changed much in practices, discourse or priorities. of their

rulers. On February 29, 2020, the national government officially announced the first case of the so-called coronavirus or COVID-19 in the city of Guayaquil and began a family epidemiological fence to counteract greater contagion. A month later, more than 1,859 cases and 57 deaths were reported, with the provinces of Guayas and Los Ríos as the main source of contagion and disease. The so-called patient 0 was a 71-year-old woman, a migrant who had arrived on February 14, on a vacation trip and visiting family. However, until February 29, the Ministry of Public Health of Ecuador announced it as the first confirmed case of coronavirus. Patient 0 had traveled to several cities and participated in several family parties. The patient died on March 13 (3).

Forty days after the announcement of the first case, the number of infected people was 9,468 and 474 official deaths, however data from the Civil Registry (Zone 9) revealed a higher number of deaths, more than 6,000 between the period from March to April 2020. , only in the province of Guayas there is an under-registration that is not compared with the official data. Ecuador could be the country in Latin America with the highest number of infections and deaths per capita, according to press data: “in the first 15 days of April 2020 alone, 6,703 deaths were recorded in the province (4).

Since March 14, 2020, Ecuador has been experiencing a state of alarm due to the health crisis, which included a long social isolation of the population, paralysis of productive and educational work. The COVID-19 pandemic highlighted the serious health problem in the country, the levels of poverty and the deficient health infrastructure and basic services, especially in marginal and rural areas. All this aggravated by the sustained cuts in investment and health in the last three years, demonstrating the true priorities of the

governments in power in both their economic and social policies. Demonstrating that there is no real concern for the well-being and health of the population, it is more important to comply with credit obligations and pay external debt despite the most serious health crisis that the country is experiencing in this century.

The Minister of Finance Richard Martínez, from the government of Lenin Moreno (2017-2021), who until then had served as President of the Ecuadorian Business Committee (2015-2018), President of the National Federation of Chambers of Industries of Ecuador (2015) and Executive President of the Chamber of Industries and Production (2014-2018) made the controversial decision to cancel 325 million to holders of 2020 bonds, under the argument of discipline before the IMF and WB with the intention of accessing another loan for 2,000 million dollars, just in the days when these organizations were already talking about making payments more flexible for the countries with the most budgetary problems due to the coronavirus. This fact has already generated insinuations about the relationship of bondholders with senior government officials and the business elite, as was already evident in previous processes with external debt (5).

As in the cholera epidemic of 1991, the government's official discourse has not had a tone of reflection on whether the economic model it has adopted is the correct one. Given the deepening of the health crisis, its spokespersons have blamed and stigmatized a segment of the population, which curiously is the most vulnerable and poor, accusing them of being carefree, undisciplined and ignorant.

In Ecuador, the implementation of neoliberal policies developed in the last two years have systematically decreased the response capacity of the State, which has generated an increase in socio-economic

gaps (inequality, poverty and exclusion) in a population majority that is far from the government. the construction of policies that guide the common good. This article analyzes from a comparative perspective (cholera epidemic 1991-COVID-19, 2020) the relationship between social inequality, poverty and the negative effects on vulnerable populations in health crises, placing emphasis on the priorities of governments, whether economic, social or policies.

NEOLIBERAL STATE, PRIORITIES AND RESPONSIBILITIES

The latest ECLAC study highlights the problems of inequality in Latin America during the last decades of the 20th century and notes that in this last decade several conservative governments in the region have resumed the path of the last century, trying to weaken within a neoliberal perspective the responsibilities of the State, which they present as inefficient and corrupt compared to the private sector. Ecuador, in the last two years, has entered the route imposed by the International Monetary Fund (IMF), making it its main credit agency. In exchange for the money, the country must make profound neoliberal economic adjustments, reduce the size of the State and its control role, assuming the discourse of excessive public spending, including in the social sector such as health, education and social protection (6).

ECLAC, in contradiction to the IMF's prescriptions, considers it essential that the States in Latin America strengthen "their state capacities, the direct tax system and social policies", questioning the disastrous results caused in the region by the implementation of neoliberal proposals that propose the free market and the reduction of the State, which curiously Ecuador has insisted on implementing despite the negative results of these measures in other countries in the

region such as Argentina. This study showed that poverty in the region increased between 2014 and 2018. Due to the direct and indirect effects of the pandemic, it is very likely that the current rates of extreme poverty (11.0%) and poverty (30.3%) increase even more in the short term (6).

Yesterday's cholera epidemic and today's pandemic once again demonstrate the need to have sufficient resources to care for public health as promoted by the 2008 Constitution of the Republic. The responsibility of the State is to protect its citizens and take care of their well-being, carrying out adequate planning that allows sustained investment in public works, in the case we analyze health, that is, hospitals, health centers and community health posts, provided with the equipment, technology, specialized personnel and medicines that should be strengthened together. with adequate investment in scientific research in conjunction with public and private universities. Therefore, the health of the population, its prevention, care and treatment is a priority for all State institutions (national, regional and local).

However, the national government, within its publicized austerity policy, decreased investment in health by 34% between 2017 and 2018 and by 36% in 2019. The State's priority with the health of the population is not only that of the central government. but also of the decentralized autonomous governments or municipalities who must play a fundamental role in providing basic infrastructure to the most vulnerable population (7).

AÑO	MONTO (USD)
2017	306 MILLONES
2018	201 MILLONES
2019	110 MILLONES

Table N.1 Decrease in Investment in health Ecuador 2017-2019

Source: UCE fiscal observatory, 2020

To the data on the systematic reduction in health budgets that were reflected in health personnel, we must add the low budget execution of the Ministry of Public Health (MSP), which in 2017 reached 87% budget execution and in 2018-2019 70%, in national planning the unexecuted budget returns to the fiscal coffers and the new budget is made with reference to the one executed the previous year, the government always having a pretext to reduce budgets alleging lack of execution.

In contrast to the reduction in health budgets, the national government decided to increase public spending investments in weapons and war equipment for the armed forces.

In November 2019, Oswaldo Jarrín, Minister of Defense, with great eloquence informed the media that Ecuador was investing 109.1 million dollars in equipment for the military forces (El Universo, November 30, 2019); In January 2020, the investment of 3.6 million in anti-riot material for the ground forces was announced (8)

In times of pandemics (2020) and epidemics (1991), the structure of a neoliberal State was shown in all its dimensions, as an economic-political model that does not understand the importance of public health and the democratization of public care. quality, evidencing the collapse of health infrastructure due to little interest in prioritizing the well-being of citizens. Finally, and in the midst of the health crisis, the government made the controversial decision to cancel 325 million to holders of 2020 bonds, under the argument of discipline before the IMF and WB with the intention of accessing another loan for 2,000 million dollars, days after the payment, the same lending organizations declared ways to make payments more flexible for countries with the most budgetary problems due to the global health crisis.

The decisions on policy and economic

prioritization of the national government call into question the strength of the health system in its possibilities of facing the pandemic successfully, demonstrating the political line that privileges sectors linked to banking, that is, capital over the lives of the citizens. Under the banner of austerity, the national government entered into contradictions with the Constitution in the strategic areas par excellence and most sensitive for the development of the people: health and education.

INEQUALITY AND SOCIAL VIOLENCE ¿ THE SUCCESSFUL MODEL OF WELL-BEING IN THE CITY OF GUAYAQUIL?

For recent national governments, the prioritization of spending in budgets and management of the economy has been guided by business and banking elites. The privatization model of the public is part of its doctrine that in the current health crisis shows the absolute disinterest in the well-being of the majority, perpetuating a structural crisis of inequality and poverty in an indolent society where the most helpless die.

The city of Guayaquil has been governed by a political elite for more than 20 years, achieving the consolidation of a hegemonic political project of the Christian Social Party who have proposed a “successful model” of a private business city, water is a public good, managed by a private company.

All the indicators on unmet basic needs for the population of the city of Guayaquil reveal that they are not necessarily a successful model of well-being for the majority since it is the city, for example, with the highest poverty rate, INEC (2019) points out that in the Guayaquil canton More than 258,000 people suffer from extreme poverty. (<https://www.primicias.ec/noticias/sociedad/guayaquil-hacinamiento-pobreza-cuarentena/>) of the country: 11.2%.

On the other hand, in its extensive peripheral areas, housing is precarious, with a high rate of overcrowding and limited or no access to basic services.

Guayas is also the province with the largest number of illegal settlements (312 in 2,098 hectares). This figure is the same as that indicated by the National Institute of Statistics and Censuses (INEC) in 2014, which shows that 378,000 Guayaquil residents (17% of the local population) live in overcrowded conditions, in precarious houses that do not exceed 60 square meters. (9).

Data from the last census for the province of Guayas revealed that more than 26% of the population did not have access to drinking water and 53% did not have a public sewer network. Complementary to the poor coverage of services, this is a naturalized informal economy, more than 60% of the population in the city of Guayaquil is not affiliated with social security, finding themselves in conditions of underemployment, the economic characteristic of the Guayaquil worker is informality, since many are cleaners, domestic helpers, street vendors or laborers.

In Guayaquil, informality has historically been considered a model of entrepreneurship and market freedom, where commerce in squares and streets is the main source of income, which is why it is the city with the highest rates of informality, according to the National Employment Survey. , Unemployment and Underemployment (ENEMDU). INEC defines underemployment as all people who earn less than the minimum wage (\$400 in 2020) and/or work less than the legal working day despite their desire and availability to work the rest of the hours. In Guayaquil, in addition to the large informal sector, an extra 2.9% are completely unemployed, that is, according to INEC data, in Guayaquil alone there are 198,482 underemployed people and, at least, 35,241 people without any type of

employment. At the national level, Ecuador has an informal employment rate of 46.7% and 60.1% of workers do not have any public or private insurance coverage (7, 10).

The image of the city of Guayaquil is of a commercial port, a metropolis where large globalized business companies cohabit and exchange that have formed opulent elites surrounded by the largest number of poor and informal people in the country.

THE DISEASES OF INEQUALITY AND POVERTY

The lack of health infrastructure, inequality, poverty, economic informality negatively affect vulnerable populations when contagious diseases occur. Guayaquil, Ecuador's main port, has been hit by tropical diseases such as dengue, malaria, chikungunya and Zika that have collapsed the weak public health system for decades.

PAHO warned in October 2019 that dengue was a threat to the region. Last year there was a record number of cases, with three million people sick and 1,538 deaths. In Ecuador, there were 8,416 cases of dengue in 2019, and there were six patients who died, indicated the Ministry of Health. The most affected province was Guayas. PAHO warned in October 2019 that dengue was a threat to the region. Last year there was a record number of cases, with three million people sick and 1,538 deaths. In Ecuador, there were 8,416 cases of dengue in 2019, and there were six patients who died, indicated the Ministry of Health. The most affected province was Guayas (11).

Like the hegemonic idea of the elites to privatize public services synonymous with corruption and inefficiency. The health panorama in Guayaquil had all the ingredients for a disaster, and the COVID-19 virus showed it.

Today's globalized world is affected not only by the coronavirus but by numerous

diseases of an economic and social nature, such as the disordered disproportions of the "free market", large-scale poverty, growing social inequality, chronic backwardness in development, the enormous gaps in education and even the rudiments of religious fundamentalism along with constant corruption.

CONCLUSIONS

The Twenty-Second Transitional Provision of the Constitution of the Republic states that the budget must allocate to the National Health System an annual increase of no less than 0.5% of GDP until it reaches at least 4%. Primary care is fundamental in the logic of disease prevention, especially when public health is understood in a comprehensive way, not only to cure diseases or viruses, but also to consider the socioeconomic situation of people and their quality of life. The restructuring of public health is not only a management issue, it implies rethinking the economic and social model that we want to follow: whether we continue with a capitalist system at the service of the market and large companies, or opt for a system with community logic, popular, more humane, respecting nature and ecosystems.

The health crisis highlights the unfair social organization of care in the region where it is considered an externality and not a fundamental component for development. COVID-19 arrived at a time when the global economy was slowing. Debt levels were historically high, and wages and productivity had stagnated in many developing and developed countries. The health crisis has revealed the fragility of the globalized system and the development model. The inequalities between countries and between social groups that increased the fragility of the world system must be taken into account as necessary structural solutions to have more just societies.

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