DOI: 10.1590/1413-812320222711.04382022EN

COVID-19 in working-class neighborhoods of two Argentine cities

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Abstract *This paper presents a synchronic analysis of the diseases during the emergence of COVID-19, the management and impact of the lockdown, and how the media narrated these events in working-class neighborhoods of the metropolitan areas of Buenos Aires and Gran Resistencia from March to November 2020. We resorted to quantitative methods on secondary sources to describe poverty and syndemics and conducted week-by-week ethnographic and media research on 38 neighborhoods with water shortages and critical overcrowding. As a result, COVID-19 syndemically emerged with dengue, measles, and tuberculosis, and the preventive measures exacerbated institutional and gender violence, the Werther effect, and the neglect of other illnesses. Ethnography revealed syndemics with noncommunicable diseases and the influence of structural violence on health. The media analysis shows interest in the districts associated with the fear of contagion, but they disappear from the media agenda once dispelled.*

Key words *Coronavirus infections, Anthropology, Social inequality, Media*

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Introduction

The COVID-19 pandemic implied developing preventive health measures in most countries. In Argentina, the national public prevention policies implemented from March to November 2020 were called Compulsory Preventive Social Distancing (ASPO)[1]. They focused on respiratory and hand hygiene, isolation of infected people, and confinement of healthy people, restricting circulation to essential activities (food supply, fuel, and citizen security)[2].

SARS-CoV2 community transmission in Argentina began in two metropolitan areas: the country's capital, Buenos Aires (AMBA41), and Gran Resistencia (AMGR), the capital of the Chaco province in NE Argentina. Both cities shared, in March 2020, the highest COVID-19 prevalence and had community virus circulation until November 2020, confining their population all that time. Both cities have severe structural poverty[3] and income[4] indicators. In this context, we asked ourselves: how did the popular neigborhoods experience the emergence of the disease and the confinement, and how did the media narrate that experience?

In this paper, we set ourselves three objectives: 1) To characterize the social and health situation of working-class neigborhoods[5] in Buenos Aires and Resistencia when COVID-19 emerged; 2) To document the experience of the disease, health policies, and grassroots organizations, and 3. To describe how the media addressed this social fact.

We adopted three central concepts for the analysis: on the one hand, we understood that it is a **zoonosis**, so it is necessary to analyze ecological relationships to understand its dispersion and intensity. As a human infection, it emerges in contexts with a distribution of infectious and noncommunicable diseases biased by inequality and structural violence; that is, it is like a virus in a **syndemic**[6,7]. Unlike the denomination as a pandemic, understanding the emergence of SARS-CoV-2 as a zoonosis in a syndemic brings to the fore that the origin of the viral form is in the link of capitalism with the environment as much as in how social inequality operates in the determination, distribution, and perpetuation of the burden of disease and death.

However, this is not the hegemonic vision, which is why we are interested in investigating the work of the media. The media were leading actors in the symbolization of this social fact[8-10]. Research on media coverage of epidemics and other emerging diseases[11-13] provided the **theoretical model of the media/epidemic cycle**[14] to analyze the relationship between journalistic and biomedical discourses in reproducing hegemonic representation.

Methods

We adopted the mean Unsatisfied Basic Needs (UBN) census indicators 1 (housing), 2 (health conditions), and 3 (critical overcrowding) ≥ 4%[3], understanding that these structural poverty characteristics imply limitations on the access to handwashing and preventive physical distancing. The study's universe was the entire population residing in AMBA41 (Figure 1) and AMGR (Figure 2), dwelling in census tracts included in that UBN mean.

A longitudinal study was conducted on this universe from March to November 2020, simultaneously applying quantitative and qualitative social research techniques. We analyzed secondary sources for quantitative research, namely, census data (Unsatisfied Basic Needs –UBN)[3] and epidemiological bulletins[15]. We selected a sub-sample based on theoretical criteria for the qualitative research. In the universe of census radii ≥ 4% UBN, we chose an intentional sample of districts distributed in the four cardinal points, guaranteeing levels of confidence with the informants and considering urban geography peculiarities. Thus, we selected 38 districts where ethnographic fieldwork was performed.

We compiled a database with news about COVID-19 and ASPO (599 news about AMBA41 and 442 about AMGR) published by heterogeneous media (mass, local, and community) to analyze how the social fact "pandemic in working-class districts" was symbolized in the media.

A description of the infectious diseases in an epidemic outbreak and the calculation of the COVID-19 incidence rate per 100,000 inhabitants in the areas and the time of the study were generated from the census and epidemiological sources, associating this information with the percentages of UBN at radius census level.

In the ethnographic research, 15 researchers, four of whom lived in the neighborhoods, conducted interviews once a week with individuals and representatives of social organizations, recording a field diary for each district. In the analysis of this paper, we presented an empirical generalization of the data in the districts of Mugica and Área Gran Toba. We conducted an

Figure 1. AMBA 41. Mean of UBN census indicators 1 (housing), 2 (health conditions), and 3 (critical overcrowding) ≥ 4%.

Source: Authors.

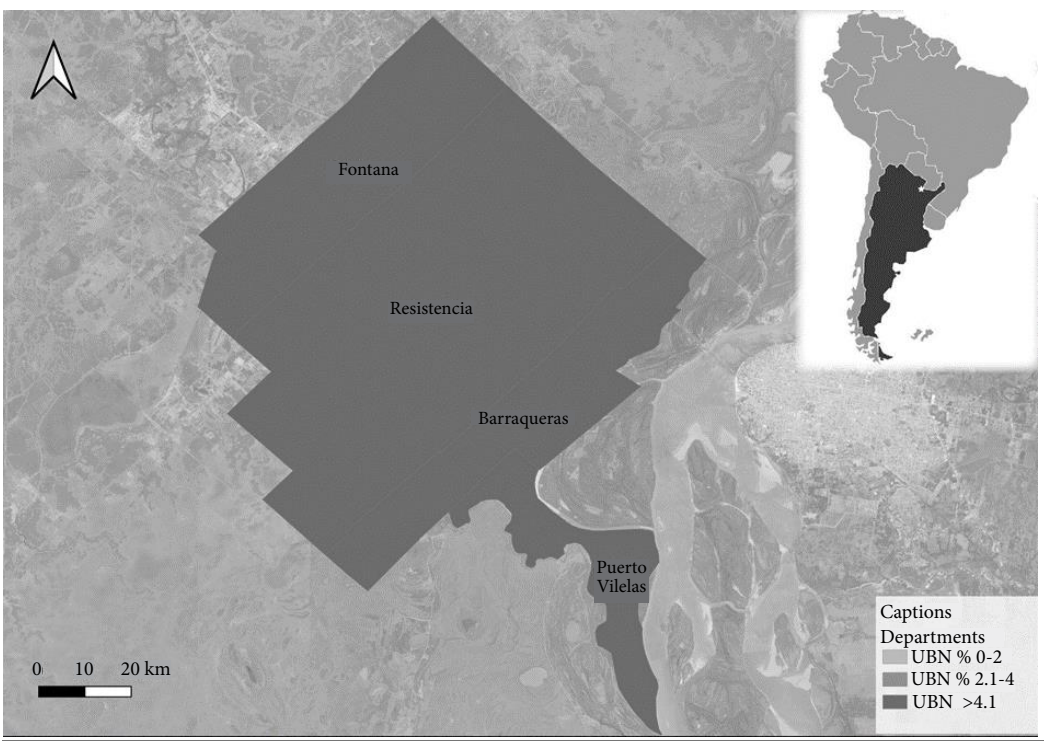

Figure 2. AMGR. Mean of UBN census indicators 1 (housing), 2 (health conditions), and 3 (critical overcrowding) ≥ 4%.

Source: Authors.

emerging qualitative content analysis in the news database and selected a case as a recurring theme. Recurring cases were Barrio Mugica (70 news) in AMBA41 and Barrio Toba (80 news) in AMGR.

The EIDAES/UNSAM ethics committee reviewed the research project. The researchers signed a confidentiality agreement with the participants, preserving their autonomy.

Results

The social and health situation of working-class districts

Descriptions of urban poverty in Argentina[4] indicate that social fragmentation of space in cities, shows that very affluent sectors are adjacent to poor housing districts with limited access to adequate water sanitation and overcrowding (working-class neighborhoods). Indeed, in the metropolitan areas studied, the condition of structural poverty does not exclusively occupy peripheral territories or urban sprawl edges. Unlike the conurbation model with industries and working-class residential areas of the 1970s, the implementation of neoliberal policies since 1976 increased unemployment, impoverishment, and the fragility of urban wage earners. The privatization of public services in the 1990s stalled the expansion of networks of access to drinking water and sanitation due to disinvestment. The unemployed who combined income poverty, high schooling level, and residence in their own homes that could not receive adequate maintenance were labeled the "new poor". Although it has been proposed that while structural poverty is spatially concentrated, the new poor are dispersed throughout the city. The location of the census radius of households in a UBN condition (structural poor) shows them dispersed in the city, which we can associate with the deteriorated income levels, with repercussions on living conditions – critical overcrowding, three or more people per room in the dwelling – and the disinvestment in public works for access to drinking water (figures 1 and 2). The close networks of both urban poor groups are substantial: those of reciprocity and personal networks to obtain goods and services[4]. Both types of social networks were affected by confinement and health isolation.

Simultaneously with this impoverishment, the deregulation of Genetically Modified Organisms facilitated the agriculturization by agribusiness[16], which motivated the migration by shifting the rural poor to the studied areas and explains the increased urban dwelling of the native peoples in the AMGR.

This historical structuring process led these metropolitan areas to set a mosaic where integrated sectors, new poor, working-class districts settled with public housing policies, and spontaneous settlements in remnant lands coexisted contiguously.

Figure 3 statistically shows this urban poverty crack in geography, evidencing how the UBN condition of the jurisdiction that contains the neighborhoods increases up to 5.7 times in the neighborhoods that make up the sample. This contrast is worse in the country's capital city (e.g., the El Playón de Fraga district, Commune 15, Ciudad Autonóma de Buenos Aires (CABA)) than in the metropolitan area and in the AMGR, where UBN conditions in working-class districts can increase up to 3.8 times against the jurisdiction that contains them.

"COVID-19 was our fourth simultaneous epidemic"

COVID-19 emerged syndemically with infectious and chronic noncommunicable diseases and diseases associated with poverty[17]. This multimorbidity coincided, consecutively, and in pre-existing fashion[18] in the study neighborhoods. During fieldwork, the Head of the Programmatic Area of the second level of health care hospital in Commune 7 in CABA told us that he was managing the dengue epidemic (DEN) screening fever in primary care and community work for the elimination of mosquito breeding sites during the first weeks of March 2020. Some cases of children with measles (MRS) were reported in the ongoing outbreak, so they focused on improving vaccination coverage while thinking with neighborhoods organizations on how to control tuberculosis (TB), which had reached a disturbing circulation.

DEN

The peak transmission at the country level occurred in the week of 20/04/20 when there was already community circulation of SARS-CoV-2 in the two cities studied. The 2019-2020 season was severe at the country level, as it had 25% more cases than the previous outbreak (2015-2016). The most significant contribution of reported cases in the country was from AMBA41 (17,000

Figure 3. Multiplier % UBN in popular districts against the same indicator in the jurisdiction that contains the district.

Source: Authors.

cases). AMBA41 and AMGR were among the top 15 provinces by cumulative dengue incidence (confirmed and probable cases).

DEN is an urban zoonosis because the socio-environmental conditions of the city, especially those associated with inequalities, are conducive to the proliferation of human-vector (*Aedes aegypti*) contact. In the districts studied, the deficit of treated water distributed by hermetic pipes, runoff problems, and overcrowding multiply the breeding sites. The disease transmission is also faster there due to overcrowding and population density. In the AMGR, a lacustrine topography is added to these socio-environmental conditions.

During the ASPO in AMBA41, Communes 4, 7, and 8 of CABA, the Districts of Avellaneda, Lanús, and 3 de Febrero, recorded high DEN and COVID-19 incidence rates, a syndemic that our informants referred to as "COVIDengue".

SRP

From August 2019 to June 2020, the largest measles outbreak since eliminating endemic circulation certified by the WHO in 2016 was recorded in Argentina. We had 179 confirmed cases, including one death. The epicenter was AMBA41 (99% of cases). In response, the State intensified the application of vaccines in children under one year of age, adding zero doses and two doses in the population aged 13 months to four years. Although this scheme improved vaccination coverage, it remained suboptimal (> 95%) in the country mean. In the age group of the first dose (less than one year), it is 94% in Chaco and CABA, and only 76% vaccinated in the province of Buenos Aires. The second dose – six years – had a mean coverage of 79% coverage in the three jurisdictions.

The last SRP case was recorded in the AMBA41 in the week that the ASPO started. We can infer that the non-concentration of children and the restricted mobility affected the control of infections while deteriorating access to vaccination.

TB

TB as a chronic infectious disease refers to adverse socio-environmental conditions. Besides the bacillus, nutritional and immune deficiency, overcrowding, poor home ventilation and hygiene, and the interruption of treatments increase the probability that the disease will develop.

In 2019, the study areas of this project had the five worst TB rates per 100,000 inhabitants in the country. We hypothesize that this infection is associated with social inequality since the rate is higher in CABA, the second district with the highest Gross Geographic Product[19] (GGP, estimated at 19.1%) in the country than in Chaco, a

jurisdiction with 1.3% GGP. The cases are in the district that generates the most significant wealth in the country but are fragmented by inequality in some specific territories. In CABA, Commune 7 (93.60) leads the list, followed by Communes 1 (82.00), 8 (71.81), 4 (60.79), and 9 (47.42), all located in the south of the city and with staggering inequality between working-class neighborhoods and adjoining sectors (Figure 3).

As the informant who gives the title to this section points out, besides TB, Commune 7 had the highest number of dengue, measles, and COVID-19 cases in the period of the entire study area. That is, morbidity was aggregated over the same population group.

In the districts of the Province of Buenos Aires of the AMBA41, the range of TB rates per 100,000 inhabitants is as follows: Lomas de Zamora (62.94), San Vicente (59.60), General Rodríguez (57.84), Moreno (56.99), and José C. Paz (56.66). Except for the first, all these jurisdictions correspond to the third metropolitan area, with a mean UBN > 5%. In Chaco, the San Fernando Department, to which the AMGR corresponds, ranks ninth within 25 jurisdictions. Unfortunately, TB is a national health issue since a 2.78% annual case increase[20] has been recorded since 2013.

COVID-19

With these three ongoing infectious epidemics, community circulation of SARS-CoV-2 began in the study areas before the WHO declared COVID-19 a pandemic (11/03/20). In CABA on 03/03 and Resistencia on 09/03/20, travelers entering from Europe marked the passage to community transmission. Confinement, testing, screening, and isolation became a massive test[21] as the event started in these metropolitan areas. Table 1 presents the relationship between population density, overcrowding, and incidence rate per 100,000 inhabitants during the first quarter of community circulation.

In short, as shown by other studies[18,22], the burden of disease and death tends to accumulate synchronously, which the vertical state registry for diseases tends to hide.

Ailments during the ASPO

The ethnographic work in the districts allowed us to characterize other ailments[23]. Common to working-class districts was the record of more incidents of violence by the security forces against people, which has increased because the number of personnel of the forces in the districts was increased[24] together with restricted mobility.

On the other hand, due to the interrupted of circulation, the protection systems for gender-based violence victims deteriorated[25]. We registered women claiming State protection during our fieldwork.

In AMBA41, in the Los Hornos neighborhood, the Werther effect – a chain of suicidal contagion[26] – occurred among educationally-deprived and unemployed adolescents. Likewise, in the Ricciardelli district, the mother of an adolescent with autism spectrum syndrome recounted how she had seen limited care and stimulation for the domestic group, affected by lack of money and mobility restrictions. A mental health professional measured the health impact of this individual experience at the AMGR in Barranqueras. She pointed out that the isolation had implied a setback in the therapy of her patients although she had managed to follow them up at home.

The experience of grassroots organizations and health policies

COVID-19 in the districts involved interventions by the State and district social organizations. Chart 1 summarizes the three main types of public policies in force in the ASPO: diagnosis and care, non-pharmaceutical, and economic support[27]. Below we present an empirical generalization[21] of the 38 districts studied in two models: Mugica district for AMBA41 and Área Gran Toba for AMGR.

Table 1. Density (inhabitants/km2) in the jurisdiction, % UBN mean overcrowding and housing in popular districts of the sample and mean incidence rate per 100,000 inhabitants COVID-19 March to July 2020 in the jurisdiction.

Jurisdiction	Density inhabitants/ km²	Mean % UBN in districts of the sample	Mean incidence rate per 100,000 inhabitants of COVID-19 in the jurisdiction
CABA	14450.8	9.9	528.2
AMBA	2694.8	9.3	159.9
AMGR	112.0	10.4	348.6

Source: Authors.

Mugica neighborhood

The Mugica neighborhood started its occupation in 1932. It has a history of organization and deficiencies characterized by interruptions in the supply of water and electricity, overpopulation, inadequate housing, and a sustained population increase, with more than 40,000 inhabitants[28,29].

The first COVID-19 case was detected on 21/04/20. A 43-year-old woman with symptoms consulted the Community Health and Action Center (CeSAC) and was isolated. She lived with her 84-year-old mother and her 85-year-old father, who suffered from chronic illnesses, became infected, and died. Based on the exponential increase in cases and the high prevalence of the virus in the district[30], "Community Social Distancing" was implemented, which meant that people could not leave the neighborhood, and ASPO measures prevented urban mobility. The national government implemented economic support measures (Chart 1) and the territorial organizations responded to the emergency demands.

Although with some conflicts[28], the city government's Social and Urban Integration Secretariat intervened in the neighborhood. From the community circulation of SARS-CoV-2, it was reorganized to address the crisis, establishing a Health Coordination Office (Prevention, Contagion, and Post-COVID). The Prevention team

Chart 1. Synthesis of the 2020 national prevention policies against COVID-19.

Bimester	Diagnostic and care interventions	Non-pharmaceutical interventions	Economic support measures					
20/03/2020 to 20/05/2020	PEN Decree 260 and MINSAL Res. 568. GCABA LAW 6301 Health Emergency. Obligation to report the symptoms by app CUIDAR Single Certificate Enabling for Circulation (March).	Decree PEN 260 Health emergency. Closure of international borders (March).	Decree 310 Emergency Household Income (IFE, cash money to workers without registered income, including beneficiaries of Universal Allowance for Child and Pregnancy). Three payments between April and September.	Decree 332 Assistance to Work and Production (ATP). Payment of 50% of the salaries of companies that require them between March and December. Prohibition of dismissals and suspensions without cause.	Increase in the Food Card (existing since January), for beneficiaries of social plans to purchase groceries.	Temporary suspension of the cutoff of electricity and gas services due to non-payment. Distribution of bottled gas at a subsidized value (Home Program). Decree 320 Temporary freezing of rents and suspension of evictions until January 31, 2021.	MinHabitat Res 53 Creation of the *Argentina Construye Solidaria Program*: investment in housing deficits, health infrastructure and equipment for popular sectors (July).	Creation of the "The district cares for the district" Program, financing community promoters who provide specific support to risk groups and distribute safety and hygiene items (April).
	MINSAL Res. 627 indications of isolation and social distancing (March).	PEN Decree 297 creates the ASPO. GCABA Decree 1. "People must refrain from going to their workplaces and may not travel on routes, roads and public spaces. (...) They may only make minimal and essential trips to stock up on cleaning supplies, medicines, and food." The decrees determine essential services, whose providers can circulate with permission, entry, and circulation regulations within the city (March).						

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Chart 1. Synthesis of the 2020 national prevention policies against COVID-19.

Bimester	Diagnostic and care interventions	Non-pharmaceutical interventions	Economic support measures					
	GCABA Res. 831 hand washing, respiratory hygiene and masks for health personnel and people with symptoms (March).	CABA Decree 9, 10, Res.13, 14 withholding of driver's licenses to violators of the restrictions. Until May, the federal forces retained 4,264 vehicles without authorization to circulate. CABA Dec. 163 and Res. 115 only essential public transport with seated passengers.						
	GCABA Res. 1,078 mandatory use of the homemade mask in the entire population (May).	PEN Decrees 351,355, 408, 459, 493, 520, 576, 605, 617, 641, 677, 714, 747, 754 and792 extend preventive and compulsory social distancing (ASPO)from March 19 to November 28.						
	Creation of Emergency Fever Units (UFU) in 18 GCABA hospitals, separate from the medical guard. Posts for the transfer to UFUs: 7 in Ricciardelli and 224 and 1 in Fraga and Rodrigo Bueno (April).							

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identified and accompanied risk groups and the Contagion team identified suspected cases and close contacts. The post-COVID team monitored people with a positive diagnosis and close contact in isolation.

The Prevention team created the Sponsorship Program to monitor older adults with chronic diseases (diabetes, respiratory, cardiovascular, kidney, and cancer), establishing telephone support for patients and food and medication assistance. Although the State health intervention for COVID-19 did not consider polyattrogenesis[18] and its syndemic interactions[22], this program at least guaranteed the supply of medicines for pre-existing diseases throughout the confinement.

Another prevention policy was the establishment of collective institutions to isolate those who could not keep their distance in their homes. One of them arose from the agreement of the municipal state with the organization *El Hogar de Cristo*. At the same time, another measure was the transfer to tourist hotels and, finally, the establishment of a public referral place (Centro Costa Salguero). However, few people chose to isolate themselves in them.

Chart 1. Synthesis of the 2020 national prevention policies against COVID-19.

Bimester	Diagnostic and care interventions	Non-pharmaceutical interventions	Economic support measures					
	Dis. GCABA 98 Electronic forms to authorize cremations in the event of a health emergency (April).							
	Start of DETECTAr MINSAL Strategic Testing Device for Coronavirus in the Territory of Argentina. In districts with positive and suspected community circulation and isolation. In Ricciardelli, Playón and 21-24 (May 5).							
	GCABA Res. 1,227 establishes isolation criteria (May 13).							

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In May, the Ministry of Health of the Nation implemented the Strategic Coronavirus Testing Device in Argentina (DETeCTar). It was located in districts where living conditions were accelerating contagion, but it met the massive demand from all social sectors throughout the year. District health promoters, primarily women, who had to track symptomatic patients, test them, and identify their close contacts to isolate confirmed cases were trained to conduct the operation. The location was not accessible from the neighborhood, which involved bus transfers. Sharing that closed space with possible infected people escalated the fear.

A female DETeCTar promoter expressed people's reluctance to isolate themselves from confirmed positive cases since they did not receive care at the hotel. Another theme was the anguish of many people who had lost their jobs during the isolation. She narrated the stigmatization of district residents for being considered virus carriers and discrimination in isolation places. These experiences and fear of the disease led many neighbors with symptoms to not testing and staying at home with self-care practices[31], suggesting case underreporting. From the viewpoint of the people interviewed, the claims for interruptions and cutoffs due to non-payment of water and electricity bills overlapped with the lack of information about the places to go when with symptoms.

The Área Gran Toba

In Resistencia, the Qom population lives in two territories: the Área Gran Toba and Mapic. The former is a group of ethnically marked neighborhoods that began as a voluntary settlement around 1947 on railroad land. In 2010, it

Chart 1. Synthesis of the 2020 national prevention policies against COVID-19.

Bimester	Diagnostic and care interventions	Non-pharmaceutical interventions	Economic support measures					
21/5/2020 to 20/7/2020	GCABA Action Protocol against the Spread of COVID19 in CABA Popular Districts (version 1, 6/6). 10 days of isolation outside the district for positives and suspected cases from popular districts. Telephone follow-up by Habitat or Health officials.							
21/7/2020 to 20/9/2020	Law 6,322 support plan for patients in end-of-life situations during the COVID-19 emergency (September 8).							
21/09/2020 to 28/11/2020	Action Protocol against the Spread of COVID-19 in CABA Popular Districts (version 2, 29/9)							

Source: Authors.

had 3,882 people, 895 households[32], and several urban renovations. A COVID-19 index case was detected on 27/04, when infections and deaths started.

The Undersecretary of Community Health, Healthy and Non-Violent Environments of the provincial Ministry of Public Health promoted joint State-community work to improve the infrastructure of the primary care center. The school was refurbished to generate isolation spaces (although it finally was not used for that purpose), and DETeCTar was implemented. An Army health tent was set up to be used as modular medical offices, and the district was fenced off with fences and earth mounds. From the perspective of public policy, fencing off the neighborhood was understood as "isolating the population" to limit contagion by reducing circulation. However, from the perspective of its residents, it meant that they felt locked up, watched, and discriminated against, as they were collectively stigmatized as virus carriers (it was the only district with a fence built in the entire AMGR). Materializing this dispute over meaning between residents of the Qom neighborhood and State workers, tensions emerged during the placement of the last section of the fence: the neighbors asked that it be closed with fences and not with

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earth mounds because "it seemed that they were all barricades" and that "it was the district that generated the conflict".

Indeed, the neighborhood's isolation was a controlled fiction since the pressure of those who had to go out to work for hours or days, and the demands for supplies, care, and socialization of children and older adults were permanently negotiated. Also, some measures were relaxed as the neighborhood was fenced: masks were not used all the time, and drinks were shared on the sidewalk.

Similarly to what happened in the Mugica neighborhood, we observed some reluctance to hospitalizations and isolation in collective centers, with the particularity that many Qom residents have previously experienced discrimination and violence in the public system care centers, and some Qom rejected the biomedical system as they believed in their traditional medicine. In this context, the population with COVID-19 preferred staying at home, facing death in isolation, or the return home of relatives as cremated remains as an additional trauma.

Multimorbidity and syndemics[18,22] appeared in this neighborhood from the records of PHC workers who described the convergence between COVID-19 cases with diabetes, hypertension, and gallstones, syndemics with compromised development, attributed to the high number of deaths.

Likewise, the emergence of COVID-19 evidenced structural racism towards the native communities. The neighborhood fencing off produced gossip about the Qom population, blaming them for "enjoying spreading the virus to whites". We also had institutional violence acts[33] and complaints against Qom people who did not comply with preventive measures[34].

Social organizations

Social organizations started their assistance to all working-class neighborhoods. Several entities addressed the lack of food, providing supplies and labor to numerous canteens, and processing housing and infrastructure claims[28]. In Mugica, as in Ricciardelli and other working-class neighborhoods of AMBA41 and AMGR, they integrated different formats of crisis committees that organized and demanded rights.

The need to feed was the most immediate source of community organization. The demand for canteens, picnic areas, and communal meal places tripled. Some AMGR districts (Emerenciano and 4 Bocas) also managed communal gardens. Mostly women were responsible for these spaces. The voluntary organization of wood-burning stoves on the street or in open spaces, the protocols for spraying portion containers with 70/30 alcohol, lines to look for food, and not gathering diners in common spaces were insufficient preventive measures. In this context, among other victims of the Mugica neighborhood, Ramona Medina, cook of a communal meal place of the La Poderosa organization, died of COVID-19. Ramona had diabetes and lived in a sector of this neighborhood that had no water for ten days, which was decisive in her contagion. Neither she nor any kitchen managers received PPE nor State remunerations for their work during the study period. From the perspective of a member of the organization *El Hormiguero*, in the Mugica district, "the organizations had to fend off for themselves and ensure care for the neighborhood, (the State), reacted very late".

In Área Gran Toba, the Army delivered food rations, but they were insufficient (620 rations for 4,500 people). The Ministry of Social Development of the Nation sent reinforcements of dry food, which was not enough. Besides community meal places and municipal dining rooms, snacks were served at political premises. A Qom district leader pointed out, *they tied our hands and feet, there was discrimination. Because you're a countryman, you can't go out. They told us that we don't understand the severity of the disease, as if we didn't care*. However, she said that the neighborhood collaborated in the prevention.

The COVID-19 emergence in the media

The information on COVID-19 in the neighborhood studied followed the media/epidemic cycle model[14], according to which information on health/disease crosses different stages: limited presence in special sections; irruption-prioritization in the agenda, duration over time, and return to minimum coverage. Like other infectious diseases, COVID-19 met the newsworthiness criteria: it appeared as a break from everyday life, with the severity and speed of expanding cases, it blurred social and geographic divisions, and it was feasible to narrate it as a series[35].

The narrative of risk went numb once cases began to decline or stabilize. Authorities and biomedical experts were the primary sources of information, which generated a homogeneous thematization in the media of both areas: epidemiological data, information on preventive measures, and health services[10].

Although media attention was disparate and the mass media covered more of the events in the AMBA41 to the detriment of the AMGR, making local realities and ethnic differences invisible, in both areas, the media coverage began with journalists asking how COVID-19 was going to impact working-class neighborhoods, then focusing on Mugica and Gran Toba from the first cases. It peaked with the acceleration of contagion and ended when it was announced that the outbreak was under control from the media and health perspective, which is when the daily dramas of structural poverty disappeared from the news.

Both areas' epidemic/media cycle lasted one month (April/May). In its beginnings, the virus threat made working-class neighborhoods visibly threatened by the disease and affected by confinement. In April, the first case from a working-class neighborhood to appear in the news was Ricciardelli (AMBA41). However, nothing caught the media's attention, like what happened in Mugica. A similar process happened at AMGR. There, the first cases spread in March outside the working-class neighborhood. However, media attention turned to the Great Toba.

The Gran Toba and the Mugica were narrated by the media, the health authorities, and the leaders of social organizations as territories in a stat of alarm, with a risk of contagion, illness, and death. In this sense, the narrative acquired the moral meaning intended for epidemics: there were stigmatizing news and others that appealed to social solidarity.

Thus, the transgressions of "the poor" to care for bio-standards were stereotyped. The non-biological causes of contagion, such as lack of education or local customs based on stigmatizing images due to ethnicity (Gran Toba) and class (Mugica), identified the population of these places as dangerous for society and the district: the "disseminators" explained for cultural reasons in the Toba district and as "disobedient" among Mugica residents. Overcrowding and water cutoffs stood out among the living conditions, especially in Mugica. These explanations of the spread of social medicine[36] were subordinated, legitimizing the hegemony of biomedicine[31].

Compassionate statements about structural inequality were narrated in the community press, associating poverty with the violation of rights. The inhabitants of the working-class neighborhoods were labeled as fighters in these minority narratives. Narratives about deaths, based on drama and loss, constructed the dead as victims and heroes of a daily fight, especially to the referents of social organizations. These characterizations that assimilate epidemics and health interventions with war situations allude to a historically rooted metaphor of biomedicine with public health and military thought[37], which explains its generalization and hegemony.

The media narrative differentiated the roles of social organizations in the two neighborhoods. In Mugica, it showed the fighting identity of social organizations, making them outbreak control leading figures. Gran Toba showed that the organization emerged in response to structural racism against the Qom people, for which ethnic organizations denounced discrimination. In both cases, and as part of the hegemonic construction of ailments, the news constructions emphasized the individual over the community.

Conclusions

COVID-19 in the working-class Argentine neighborhoods emerged in a syndemic with at least three infectious diseases (DEN, SRP, and TB) and the measures to prevent its community circulation exacerbated the ailments. Institutional and gender violence and localized events – Werther effect – were recorded and adversely affected mental health and disability treatments. The ethnographic perspective allowed documenting the syndemic with chronic noncommunicable diseases based on the work of PHC workers.

Several investigations on public policies for the control and surveillance of infectious and chronic diseases[18,22,38] showed how prevention measures shape the social groups exposed to risk. The analysis of COVID-19 as a zoonosis in syndemics allowed us to understand settings that the vertical biomedical approach to disease conceals, such as multimorbidity and polyattrogenesis[18]. The analysis gives rise to a demand for knowledge on the neighborhoods to identify vulnerable social groups, where the burden of illness tends to accumulate and the risk increases.

Local management of public policies to contain COVID-19 highlighted the deteriorating public infrastructure in the neighborhoods and subordination mechanisms such as structural, ethnic, and class racism. Discrimination occurred along with the infection, and police abuse was justified. Grassroots organizations responded accurately.

The media reported the health emergency in working-class neighborhoods for a few weeks,

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while people feared that the disease would spread from poor neighborhoods to the city. When the epic of health control could be narrated, the poor, their illnesses, and daily issues disappeared from the news.

Collaborations

A Mastrangelo designed and implemented the research funded as IP440 by A+D+i, wrote the paper. S Hirsch coordinated field teams and wrote the paper. F Demonte coordinated media monitoring and wrote the paper.

Funding

National Agency for the Promotion of Research, Technological Development and Innovation – Project Idea 440, Extraordinary Call COV.

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Article submitted 09/11/2021
Approved 31/03/2022
Final version submitted 02/04/2022

Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva