

Review

A Review of “*Encuentro de Rehabilitación Comunitaria en Latinoamérica: Experiencias en Pandemia. Registro de Presentaciones*”

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Núcleo de Desarrollo Inclusivo is a network of students, graduates, and teachers from Universidad de Chile that uses its academic platform to build a more inclusive society. During 2021, the hub organized a third event to meet and dialogue about community-based rehabilitation, following two national conferences held in 2016 and 2018. On this occasion, the meeting was held virtually in order to extend the space of reflection to different locations in the region, which made it possible to carry out the Latin American Meeting on Community Rehabilitation, in the context of the COVID-19 pandemic. The document *Encuentro de rehabilitación comunitaria en Latinoamérica: experiencias en pandemia* (Núcleo Desarrollo Inclusivo, 2021) gathers the transcriptions of the presentations, serving as a valuable record of

experiences, reflections, and conclusions that rehabilitation teams, organized civil society, and researchers from countries such as Peru, Bolivia, Mexico, Brazil, and Chile offered in this particular moment in history.

In an environment strained by decades-long injustices, the resistance of Chilean society to continue on the same path, and the loud demand for profound changes for a life full of dignity and a society where rights are at the forefront, Núcleo de Desarrollo Inclusivo, as a backdrop to the meeting, posed the question "how do we engage in emancipatory rehabilitation?". Moreover, this event used the turning point caused by the pandemic as an opportunity to stop, analyze our past and present practices, and make conscious decisions about the future. The profound impact that this turn of events has had on us is based on the catastrophic precariousness it has revealed. This precariousness is sustained by a fragile form of organization and social reproduction that, far from providing care, consistently exposes to poverty, loneliness, illness, and death in unfair conditions all those who are considered *less productive* and have been historically oppressed within a capitalist and ableist society.

The rehabilitation teams and civil society organizations that presented their experiences at this meeting reported facing a wide range of difficulties during the height of the pandemic. These went from families struggling to obtain food to the work overload caused by confinement and the increased dedication to caregiving, especially by women. They also mentioned witnessing how people with disabilities lost contact with the outside world and were alienated from their networks. Furthermore, the healthcare teams had to face the complex task of continuing rehabilitation processes amid highly strict mobility and physical contact restrictions, whilst being fully aware and concerned that the

people they cared for were most at risk of complications and death if they became infected.

In this scenario, the speakers described how they developed resilience and a sense of urgency, plus the ability to creatively reorganize tasks. Shifting towards virtuality was not easy since, in addition to the age-based digital gap, there were economic restrictions that hindered internet access. Despite the above, virtual communication was established and allowed people to reconnect. The teams report offering individual teletherapy sessions, virtual group activities, guidelines for home practice, and video capsules for caregivers, for which WhatsApp was the most effective platform. Although spaces for face-to-face interaction were restricted, adaptations were made such as home visits and working outdoors, with the necessary safety measures.

In some cases, we can see how rehabilitation was complemented, strengthened, and sustained by community action. In countries such as Chile, this seems to confirm that proposing community-based rehabilitation (CBR) as the central axis of primary health care (PHC) is a good decision. This is because, beyond the coexistence of different models in practice and the material and structural limitations of the health system to carry out CBR, some teams acted from this perspective since they understood that community support was necessary. The experiences in Chile reveal it was the social organizations that maintained consistent contact with individuals and families, assessed the situations and the vital needs that arose, and helped with basic issues such as food, medicines, and emotional support when these were scarce.

On the other hand, important challenges and questions were raised from an academic standpoint. For example, the need to produce a greater amount and variety of evidence in Chile regarding community-based rehabilitation was emphasized, which would contribute to decision-making for the development of public policies. The participants from Brazil proposed questioning whether community-based rehabilitation practices are effective in promoting the reorientation of the biomedical model and whether primary health care actually meets the needs of people with disabilities, thus removing the focus from rehabilitation and challenging us to broaden our scope of analysis. Meanwhile, speakers from Mexico highlighted a phrase commonly repeated by the media and political representatives: "How do we return to normality?", to which they posed a counter-question: "Do we really want to return to normality?". With this, they invite us to reflect on what we understand as normality and to problematize it

not only from individual experiences but also from the collective, in order to think about the future with greater awareness.

"Encuentro de rehabilitación comunitaria en Latinoamérica: experiencias en pandemia" (Núcleo Desarrollo Inclusivo, 2021), whose publication I invite you to read, is undoubtedly a positive contribution to the development of community-based rehabilitation in Chile and Latin America. In our country, CBR is young and, therefore, still in development. The community-based rehabilitation network, included in PHC, has its official –state-financed– origin in 2007 and, although it has shown sustained growth in the past 15 years, it is still not enough to reach the whole national territory or cover the needs of the whole population. Let us agree, then, that rehabilitation, especially in PHC, requires resources to grow. But is the mere injection of resources enough for it to develop with a community-based approach? Evidently not. A deeper reflection is needed regarding how we want to move forward.

The current discussions on the need for a new health system offer a useful framework for reflecting on community-based rehabilitation, how it could be inserted, and how it could contribute to a potential reform that defends universality and solidarity. It is essential, then, to continue this conversation promptly, especially considering the fertile environment we find ourselves in, which will facilitate dialogue and collaborative work from a place of dignity and justice. Let us talk about rehabilitation as a political action that helps define personal and collective identities. Let us exchange views on community-based rehabilitation as part of the redefinition of the health system and its role in a feminist and caring state. Let us hold discussions about how rehabilitation is not the sole answer to the health needs of people with disabilities, and how all health workers should act as guarantors of their rights, not only those who provide rehabilitation. Let us talk about what we would like to achieve and the structural barriers we need to overcome for that. Let us delve into the role and responsibility of professional training in building and contributing to a society that upholds human rights. Let us connect, there is much to be done.

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