



## RESILIENCE AND COVID-19

Today, I would like to address you in my capacity as President of the Colombian Federation of Obstetrics and Gynecology (FECOLSOG) and take up the voice of the healthcare professionals fighting in the frontlines against SARS-CoV2 in these difficult times of uncertainty, fear and change. Responsible for the health of our patients, we are now faced with the need to treat and manage a disease about which we know little, all under the weight of a daunting pandemic. Never before had mankind and our global society been so fragile in the face of a threat like the one posed by COVID 19, a disease caused by a virus belonging to the coronavirus family, identified for the first time in China in December 2019. Unlike other epidemics like SARS (severe acute respiratory syndrome), MERS (Middle East respiratory syndrome), influenza, ebola and Zika, the rates of contagion and propagation of this disease have been exponential. According to some forecasts, mortality will range between 3 and 14%, meaning that the death toll will be of the order of 3 to 150 million, taking many more lives than the Spanish flu, which killed close to twenty-million people in the whole world between 1918 and 1919. Moreover, recurrent waves of this viral infection at different times and in different places are also likely to occur.

We are witnessing the collapse of healthcare systems in developed or otherwise high income countries like Italy, Spain, France, Germany, the United Kingdom and the United States which, to us, were models to follow in health and social security. Stretched thin by the pandemic, they gave in to the demand for facilities and healthcare personnel. This

break marks a turning point for healthcare models and the loss of human values. Latin America has been severely affected, experiencing high lethality rates as a result of its precarious health systems, many of them offsprings of neoliberal thinking as is the case in Chile and Colombia with privatized health and demand subsidies, or mixed systems in other countries like Peru, Argentina and Ecuador with their flimsy health infrastructure coupled with heads of government under the spotlight.

Our country, with a health system that is a reflection of our social inequities and inequalities and of a weak hospital infrastructure, there are 5,300 intensive care beds on record, 2,600 of which are reserved for patients affected by Covid-19. But there are departments like Guainia, Amazonas, Vichada and Vaupes where not a single intensive care bed is available, situation that may be traced back to historical backwardness and bureaucratic centralism. Moreover, these regions lack financial resources to cover salary payments in many hospitals. As of the enactment of Law 100, undervaluation of human resources has led to the impoverishment and silent acceptance of deleterious conditions for service provision; more than 80% of healthcare workers lack the basic guarantees to perform their work.

It is in times of crisis that true reforms to the health system are made possible; in this current situation and in this context, we hope that the dichotomy between “health business” versus “public health” will be settled in favor of the latter. The Covid-19 pandemic poses a complex problem which requires analysis from the perspective of several disciplines if

a solution is to be found. This includes public health, economics, ecology and bioinformatics and the use of non-linear models designed to compel us to rethink our way of life and redefine our priorities. Quarantine and social isolation have taught us that this model of consumerism and productivism is no longer an option, and that changes that lead to reduced pollution and benefits for the environment are required. We need to go back to basics: human coexistence, family, neighbors and friends; singing and playing instruments out on balconies.

Under the leadership of its board members, the Colombian Federation of Obstetrics and Gynecology

will be at the forefront during this crisis, contributing with the technical and scientific strengths of its members; proposing collective, humane solutions in solidarity, for the wellbeing of Colombian women. It is also incumbent on us to explore new opportunities in simulation and big data, online education, and new ways to interact with the community and our associates, leveraging the power of the Internet. In other words, we need to show our resilience in the face of Covid 19.

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