

## HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

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**Abstract:** Co-operatives are part of a global movement to create decent jobs centered around member needs, which has been evidenced to reduce social and economic inequities. Costa Rica's strong tradition of labour activism, robust co-operative movement, and comprehensive welfare state policies make it an auspicious setting to examine how co-operatives contributed to health and well-being amid the intersecting health, social, and economic crises of COVID-19. Drawing on an eight-month critical ethnography in Costa Rica, this paper explores how alternative forms of worker solidarity contributed to the Sustainable Development Goals (SDGs) in the context of COVID-19. Results show how horizontal governance and a shared commitment to member well-being provided economic stability amid COVID-19 uncertainty. Votes and democratic decision-making allowed co-operatives to adapt to multiple emerging challenges, prioritizing job security as well as COVID-19 prevention and treatment. This included policies regarding mask-wearing, physical distancing, and handwashing, as well as COVID-19 testing and vaccination. Beyond prevention and treatment, co-operatives enacted holistic approaches to care, responding to immediate economic and social needs, while reinforcing member supports such as paid sick leave, private health insurance, and financial aid. Holistic care commitments also included collaborations with local, regional, and national governments, plus other institutions, to advocate for member and community needs. Results underscore not only co-operative commitments to reducing inequities and contributing to the SDGs amid COVID-19, but also a prioritization of people over profits. This research advances understandings of the interplay among democratic co-operative governance, policies implemented in response to COVID-19, and collective health and well-being.

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# HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

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## 1. Introduction

The 2030 Agenda for Sustainable Development, adopted by the United Nations (UN) in 2015, includes 17 Sustainable Development Goals (SDGs) which aim to unite a global agenda for sustainable development (United Nations, 2023) and to fill the gaps left by the Millennium Development Goals (MDGs). Building on the MDGs, the SDGs seek to address the social and environmental conditions that shape health and well-being (Buse & Hawkes, 2015). The third SDG explicitly addresses health, to “ensure healthy lives and promote well-being for all at all ages” (United Nations, 2023, p. 60), and includes targets such as reducing mortality from non-communicable diseases, achieving universal health coverage, and access to effective and affordable essential medicines and vaccines for all. As the 2030 deadline for the SDGs approaches, an internal UN study deemed progress on more than half of the SDG targets to be weak or insufficient, particularly for key targets on poverty, hunger, and climate change (United Nations, 2023). Other critiques denounce the heightened corporate orientation of the SDGs (Labonté, 2016) compared to the emphasis on government responsibility and accountability embedded in the MDGs (Lencucha et al., 2023). Whereas financing of the MDGs came predominantly from development aid and debt 'forgiveness', to achieve the SDGs governments are encouraged to partner with the private sector, academia, and civil society, often resulting in diluted goals to align with corporate interests and justify unfettered economic growth (Birn et al., 2017).

The intersecting health and economic crises accompanying COVID-19 threatened previous SDG advances, with the world's lowest-income and made-marginalized populations bearing the brunt of collective failures. While the COVID-19 pandemic had devastating effects on wealthy countries such as the United States, Canada, and the United Kingdom, per capita deaths in low- and middle-income countries were 31 percent higher than in high income countries (Oxfam, 2022). Economic recovery from the pandemic has also been uneven and incomplete. The proportion of the world's population living in extreme poverty rose by 0.8 percent in 2020, with approximately 60 percent of those living in extreme poverty residing in Sub-Saharan Africa (United Nations, 2023), underscoring the limitations of current dominant approaches to health and development.

For example, COVID-19 also unveiled the vital importance of social protections in reducing health inequities. In Costa Rica, decades of investment in public health care have produced a strong government-funded health system. In addition to universal health care, Costa Ricans are eligible for paid sick leave and short-term disability, available through the federal social welfare system (Ministerio de Trabajo y Economía Social, n.d.). In response to COVID-19, the Costa Rican government implemented a cash transfer program for individuals who lost their jobs or experienced a significant reduction in their income (>50%) during the first three months of the pandemic (Zúñiga, 2020), which was complemented by additional subsidies for specific made-vulnerable populations (Palomo et al., 2022). Similar cash transfer and wage subsidy programs were implemented or expanded upon in countries including Chile (Ley 21230, 2020), Peru (Gobierno de Perú, 2021), Bolivia (*Bono Familia En Bolivia: Requisitos Para Recogerlo y Hasta Cuándo Se Puede Cobrar*, 2020), and Guatemala (Ministerio por desarrollo social, 2021) among others, which were found to be effective - albeit temporary - in reducing poverty (Palomo et al., 2022). Small- and medium-size businesses (including co-operatives) affected by COVID-19 in Costa Rica could apply for seed funding and technical assistance, though eligibility was limited to agricultural and fishery export businesses (Procomer, n.d.).

These social and economic supports implemented in Costa Rica and other countries contrast starkly with the United States, the only high-income country without guaranteed paid sick leave in 2020. In response to the rapid community spread of COVID-19, the United States government implemented a temporary paid sick leave policy in December 2020 called the "Families First Coronavirus Response Act", which mandated the provision of two weeks of paid sick leave for employees isolating or ill due to COVID-19 (Families First Coronavirus Response Act, 2020). The Act effectively slowed COVID-19's spread, reducing the number of cases per day by an estimated 50 percent (Pichler et al., 2020). Research also showed a sharp decline in child poverty due to the Act (Center on budget and policy priorities, 2022). Yet, the government allowed the Act to expire in December 2020, reinforcing how health inequities arise from the political and economic interests of those wielding power and privilege (Birn, 2009).

The health inequities driven by capitalist accumulation and exacerbated by COVID-19 underscore the urgency to explore alternative forms of worker and workplace solidarity. As highlighted by Waitzkin (2023), communities around the world are working together to build alternatives to capitalism, transforming economies around solidarity, expanding local and regional mutual aid, and building communal governance structures. Emergent literature shows how co-operatives and solidarity economies contribute not just to employment generation, poverty reduction, and community development (United Nations General Assembly, 2013; Wanyama, 2014), but also equity, solidarity and justice (Restakis, 2010). Empirical studies have demonstrated that co-operatives produce a myriad of socioeconomic benefits referred to as 'the cooperative advantage' (Spear, 2000; Vieta & Lionais, 2015), and can be crucial contributors to the well-being of communities by anchoring economies to local needs and resources (Bianchi & Vieta, 2020). There is, therefore, much to learn from alternative forms of worker and community solidarity amid COVID-19. While crises created by the current capitalist world order often exacerbate inequities, crises can also present opportunities to rebuild economies around principles of solidarity and economic justice.

This research can be situated within a growing body of literature investigating how co-operatives adapted to meet community and member needs amid COVID-19. For example, when a worker-owned co-operative restaurant in Belgium was unable to offer in-person dining, it shifted to sell canned goods and preserves, fulfilling both the needs of members to continue earning a living as well as their mission to provide healthy and sustainable foods in the community (Billiet et al., 2021). In the Philippines, credit unions distributed food to frontline volunteers; garment producers donated make-shift masks; and financial co-operatives donated four million pesos (approximately USD \$83,000) to community relief (Neumann, 2020). Capitalizing on their network of 36,000 co-operatives, the Indian Farmers' Fertilizer Co-operative provided members and surrounding communities with personal protective equipment (PPE), vitamin C tablets, and food rations (Chopra, 2020). In Canada, co-operative organizations invested in community and member supports (e.g. financial donations, special services for vulnerable populations, donations of food, care packages, masks, and PPE, etc.), collaborated with civil society organizations (such as food banks and community organizations), and prioritized job retention (El-Youssef et al., 2021; Merrien et al., 2023). Finally, in Costa Rica, a financial co-operative partnered with the private sector to donate laptop computers and tablets to patients hospitalized due to COVID-19, enabling patients to remain in contact with family members unable to enter the hospital amid lockdowns (La Voz Cooperativa, 2020).

Building on the existing literature documenting responses to COVID-19 in co-operatives, this paper explores how alternative forms of worker and workplace solidarity can improve health and well-being both amid and post- COVID-19. Particularly, it investigates how co-operatives in Costa Rica contribute to the SDGs writ large, and particularly to good health and well-being. The first section summarizes the existing literature on solidarity economies in Latin America, responses to COVID-19 within social and solidarity economy (SSE) movements, and lessons to be learned from Latin American Social Medicine and Collective Health (LASM-CH). Then, results are presented from the lead author's dissertation fieldwork exploring co-operative responses to COVID-19 in Costa Rica.

### ***1.1 Co-operatives as part of social and solidarity economies in Latin America***

Co-operatives are social enterprises that are collectively owned, operated, and governed by their members. Through collective ownership and democratic decision-making, co-operatives challenge capitalist profit-maximizing enterprises by prioritizing member needs over profit imperatives. Co-operatives are part of a global social and solidarity economy (SSE) movement foregrounding dignity, solidarity, and protections for workers. While the precise form of governance can vary greatly across co-operatives, co-operative principles mandate that governance be

## HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

structured around equity, solidarity, and democracy (International Cooperative Alliance, 2018). Since they are owned collectively by members who are embedded in local communities, co-operatives tend to prioritize not only member, but also community needs (Vieta & Duguid, 2020). This includes prioritizing job security and working conditions, paying competitive wages, redistributing shares and dividends to members, and investing in communities (Wanyama, 2014).

Over the past century, Latin America's SSEs have provided repeated upsurges in alternative economic arrangements, particularly in response to economic crises. Indeed, a new wave of co-operatives emerged in countries including Argentina, Uruguay, Brazil, and Costa Rica as a response to neoliberal policies adopted throughout the region starting in the 1980s (Giovannini & Vieta, 2017; Huaylupo Alcázar, 2003; Vieta, 2020). Co-operatives have also been evidenced to prioritize community interests over short-term financial gains (Bianchi & Vieta, 2020; Vieta & Lionais, 2015). Examples include hiring 'less productive' workers from made-marginalized communities or opting to purchase more expensive goods produced locally rather than cheaper imports despite the short-term financial impact (Novkovic, 2006, 2008). Previous research has also shown co-operatives to be more resistant to economic crises, adapting to meet members' needs and emphasizing job security over profits (Cheney et al., 2014, 2023; Meyer, 2012; Vieta, 2020).

Latin American Social Medicine and Collective Health (LASM-CH) scholars, meanwhile, have long theorized the interconnectedness of the region's social, political, and economic processes in shaping collective health and well-being (Laurell, 1996). While social medicine has been taken up differently across distinct contexts and time periods (Birn & Muntaner, 2019), social medicine approaches transcend these particularities in that they seek to uncover how the capitalist world order shapes the political and societal pathways (re)producing health inequities, both globally and locally (Waitzkin et al., 2021). Although social medicine is a well-established field of research, teaching, and practice in Latin America, its contributions are under-acknowledged in English-language scholarship (Waitzkin et al., 2001). Nancy Krieger describes the role of political economy theory as enabling researchers to 'see' the dots before 'connecting' them (Krieger, 2016). In this way, a LASM-CH approach enables us to 'see' the dots in order to theorize connections between capitalists' prioritization of profit and accumulation of wealth, oppressive labour relations, and preventable illness and early death (Waitzkin et al., 2021).

However, while many social medicine scholars and activists have emphasized the importance of unions and labour movements, they have paid far less attention to co-operatives. The intersecting oppressions laid bare by COVID-19 offer a critical juncture to learn from LASM-CH approaches to collective health and well-being by exploring co-operatives as alternative worker arrangements centering worker rights, dignity, and equity. While emerging research demonstrates how co-operatives adapted to meet the shifting needs of members and communities amid COVID-19, little is known about how co-operative responses to COVID-19 impacted progress on the SDGs, and particularly health and well-being.

### *1.2 Learning from Latin American SSE responses to COVID-19 in Latin America*

Across the global North, countries such as the United States, Canada, and the United Kingdom were affected relatively early by COVID-19 and suffered significant morbidity and mortality, but by September 2020, Brazil, Colombia, and Argentina quickly became hotspots of new infection (Think Global Health, 2021). The misconception that Latin America's relatively young population, compared to Europe or North America, would be protected against COVID-19 was quickly dispelled. Neoliberal austerity policies promoted by the World Bank and International Monetary Fund starting in the 1980s resulted in cuts to social services and public health care across Latin America and the Caribbean (Crisp & Kelly, 1999), leaving the region particularly ill-equipped to respond to COVID-19. The region experienced one of the worst per capita death tolls globally (Halpern & Ranzani, 2022), with Peru, Mexico, and Ecuador among the ten countries globally with the highest rates of excess deaths per 100,000 population (calculated as mortality rate during the pandemic when compared to the expected number of deaths based on annual per capita mortality pre-pandemic) (Karlinsky & Kobak, 2021). A notable outlier to these regional trends was Costa Rica, whose strong welfare state, commitment to social democratic values, and universal health care system led to a coordinated response to COVID-19 that limited transmission and mitigated the health and economic impacts. Yet protections largely excluded migrant populations and the government failed to address the disproportionately

negative impacts of COVID-19 on the more than 80,000 Nicaraguan migrants and refugees residing in Costa Rica (UNHCR, 2020). Similarly, amid COVID-19 the approximately 29,850 displaced Venezuelans in Costa Rica experienced high rates of unemployment (59 percent) as well as challenges related to documentation, health care access, and food insecurity (International Organization for Migration, n.d.).

In addition to social and economic supports, Costa Rica's comprehensive welfare state also includes provisions for the financing and promotion of co-operatives. Due in part to these government supports, resulting from decades of grassroots mobilization for worker rights (Sawchuk, 2004), Costa Rica boasts a robust co-operative movement (de Cardenas & Mora, 2012; Hill, 2022; Jiménez & Céspedes Oreamuno, 2005; Mora A., 2020; Quesada Monge, 2010; Salazar Arguedas, 2021). As in other countries, Costa Rican co-operatives have provided repeated upsurges challenging capitalist exploitation and oppression, particularly in response to economic crises (Giovannini & Vieta, 2017; Huaylupo Alcázar, 2003; Vieta, 2020). Notwithstanding their history of adapting to economic volatility, the role of horizontal governance and collective decision-making in shaping co-operative responses to economic or other crises is overlooked. The intersecting oppressions laid bare by COVID-19 offer a critical moment to explore co-operatives as alternative economic arrangements rooted in solidarity and economic justice, and how co-operative movements can contribute to the SDG agenda. In this context, Costa Rica's robust, state-supported co-operative sector offers a propitious case study to investigate whether and how co-operatives responded to the economic, health, and social disruptions of COVID-19 to promote health and well-being for members and communities.

## 2. Methodology

Data presented are derived from eight months of critical ethnographic fieldwork, conducted between May 2022 and December 2022, to explore the contributions of co-operatives to economic justice and health and well-being amid COVID-19 in Costa Rica. Critical ethnography (Carspecken, 2013) was selected due to its emancipatory commitments to justice through the centering of positionality, power, and politics (Bejarano et al., 2019; Fassin, 2013) and its alignment with the co-operative values of solidarity and economic justice. Methodologically, this involved repeated engagement with co-operatives and stakeholders, including initial meetings with stakeholders and co-operative leaders to discuss preliminary plans for the research, engagement with the National Institute for Co-operative Development (INFOCOOP) and other institutions from the co-operative movement to collaboratively select research sites, participation in events sponsored by the co-operative movement, and collectively developing plans for knowledge sharing.

### 2.1. Study Setting

This work was conducted in Costa Rica, where decades of investments in health, education, and social welfare have produced some of the strongest health and social indicators (life expectancy, infant mortality, literacy rates, access to potable water, etc.) in Latin America (Edelman, 1999; Franzoni & Sánchez-Ancochea, 2013). As shown, Costa Rica's extensive social welfare policies are also accompanied by a robust co-operative movement. According to the most recent co-operative census, there are 594 cooperatives in Costa Rica with over 887,335 members (INFOCOOP, 2012). Co-operatives therefore represent a significant portion of the country's economic activity, directly generating 17,599 jobs (INFOCOOP, 2012). Co-operatives are located in each of the country's seven provinces, with 25% in San José, 22% in Puntarenas, 20% in Limón, 17% in Alajuela, 8% in Guanacaste, 5% in Cartago, and 3% in Heredia (INFOCOOP, 2020), and they operate in all economic sectors, including finance and banking, agriculture, retail, health, tourism, and manufacturing.

Costa Rican law defines co-operatives as:

*Voluntary associations of people and not of capital. in which individuals organize democratically in order to satisfy their needs and improve their economic and social well-being, and in which the aim of production, distribution, and consumption is service and not profit (Ley 4179, 1968).<sup>1</sup>*

Co-operatives in Costa Rica are also embedded within a broader co-operative movement, enshrined in law through the 1968 *Ley de Asociaciones Cooperativas* [Law on Co-operative Associations]. This law also mandated the creation of INFOCOOP, an institution responsible for promoting, strengthening, financing, and supervising co-operative associations across Costa Rica. *Ley 4179* posits that co-operatives are "one of the most efficient means for economic,



# HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

social, cultural, and democratic development for the inhabitants of the country" (Ley 4179, 1968, art. 1). Co-operative law also mandates that all co-operatives establish three committees: the *Consejo de Administración* [Board of Directors], *Comité de Vigilancia* [Vigilance Committee], and the *Comité de Educación y Bienestar Social* [Education and Social Well-being Committee] (CEBS). A minimum of six percent of annual co-operative profits are allocated to finance the CEBS and its activities, which include providing "financial aid and social assistance, particularly for those services not provided by the Costa Rican Social Security Fund, for co-operative members, collaborators, and their families" (Ley 4179, 1968, art. 83). This legal framework, which includes provisions mandating the financing of social well-being, situates Costa Rica as an important case study in co-operative contributions to community well-being amid the intersecting crises resulting from COVID-19.

## 2.2. Data Collection and Approach

Data were produced iteratively using a variety of methods, including semi-structured interviews, document analysis, observations, and field notes. Data were produced between May and December 2022 at a time when COVID-19 restrictions had eased substantially compared with the initial lockdowns of 2020. Costa Rica opened its borders to international tourists in November 2020, but with the arrival of the Delta and Omicron variants in early 2022, cases and hospitalizations skyrocketed and the United States Centre for Disease Control raised the travel advisory for Costa Rica to level four, "do not travel" on January 24th 2022 (CNN, 2021). By March 2022, the country began a process of 'gradual and responsible reopening', with mask-wearing and physical distancing protocols still enforced. Then in May 2022, Rodrigo Chaves Robles took office as President and swiftly eliminated policies mandating COVID-19 vaccination and the use of face masks in indoor public settings (Fernandez, 2022).

Research Ethics Board approval was obtained by the University of Toronto, Canada (Protocol # 42346). The qualitative study protocol was deemed to not require review by the Research Ethics Board at the Universidad Nacional de Costa Rica. COVID-19 health and safety protocols were developed in line with local public health guidelines and included physical distancing of minimum six feet where possible, the use of face masks, and handwashing.

## 2.3 Observations and Site Selection

More than 40 hours of observation were conducted within various institutions and events associated with the co-operative movement in Costa Rica.

To account for diversity within the co-operative movement, site selection employed purposive sampling to include a range of co-operative sizes, types, sectors, and geographic locations. In selecting sites, DCH met with stakeholders from INFOCOOP and CENECOOP to describe study aims and collaboratively discuss potential co-operative sites. DCH then contacted leaders from each co-operative to gauge interest in participating in the research study. Participating co-operatives included <sup>2</sup>:

(1) Coopesiba R.L., a medium-size health co-operative operating two health centres in the cities of Barva de Heredia and San Pablo de Heredia, located approximately 10 kilometers and 13 kilometers from San José, respectively. Coopesiba R.L. was founded in 1998, and as of 2023 has 220 collaborators providing health services to a population of 72,427 people (*Coopesiba*, n.d.). Approximately every ten years, the co-operative competes for a contract from the Costa Rican Social Security Fund (CCSS) to operate two 'basic comprehensive health care teams' (EBAIS), providing primary health care services as well as dentistry, laboratory services, public health, and 'technical primary care assistants' (ATAPs) - similar to community health workers. ATAPs ensure each household covered by the EBAIS is visited at least annually, traveling by foot and horseback to provide primary health care in rural and remote communities.

(2) Cooperactiva R.L., a small co-operative of approximately 20 artists founded in 2020 in the capital city, San José. The group collectively produce *La Otra Calle* (<https://revistalaotracalle.com/>), a digital magazine where co-operative members can share and promote their art, but where they also seek to engage in cultural dialogues.

(3) Coopesantos R.L., an energy co-operative providing renewable energy as well as internet and cable services to approximately 40,000 associate members across eleven cantons. Situated in the rural mountainous coffee growing region of *Los Santos*, the co-operative provided direct employment to 224 collaborators in 2022.

(4) Coope San Marcos R.L., a credit union founded in 1973 in the highlands of *Los Santos*, which emerged in response to rising needs for credit among small-scale coffee growers. Coope San Marcos R.L. has since grown to serve more than 5,000 associate members in the region, providing credit and loan services, administering pensions, facilitating the online payment of utilities, and more (*Coope San Marcos*, n.d.).

Qualitative, semi-structured interviews were conducted with co-operative members and key stakeholders from the co-operative movement in Costa Rica. Interviews were conducted in Spanish, audio recorded, and transcribed verbatim. In the 35 interviews conducted, the mean age of participants was 45 years, ranging from 24 to 68. Of the 35 participants, 16 self-identified as cisgender women while 19 identified as cisgender men.

In collaboration with participating co-operatives, a small honorarium of ₡7,500 (approximately \$20 CAD) was offered to co-operative member participants. Most participant interviews were conducted in-person; however, three interviews were conducted via telephone based on recommendations from Coopesantos R.L., as associate members often live in rural communities and long distances from the co-operative. In-person interviews were held either in private spaces within each co-operative, or in the *Edificio Cooperativo* (Co-operative Building), a building located in downtown San José housing the offices of INFOCOOP, the Centre for Co-operative Studies and Training (CENECOOP), the National Co-operative Council (CONACOOOP), and the National Union of Co-operatives (UNACOOOP). Interviews with co-operative members explored the challenges and processes of collective decision-making, workplace health and safety protocols implemented amid COVID-19, and health and social assistance programs. Stakeholder interviews investigated how, if at all, dynamics of power, collective decision-making, and shared governance arrangements influenced co-operative responses to COVID-19 related challenges.

Interviews were completed with ten stakeholders across six institutions within Costa Rica's co-operative movement, including INFOCOOP, CENECOOP, the Universidad Nacional de Educación a Distancia (UNED), Universidad Fundepos, and the Co-operative Training Centre at Oikoumene.

Interviews were also conducted with 25 members across four co-operatives. Of those, 18 were collaborators (worker/members at the co-operative), while 7 were associate members (recipients of services from the co-operative).

## 2.4. Analysis

The lead author of this paper <sup>3</sup>, who is fluent in Spanish, conducted all interviews, which were audio recorded and transcribed verbatim and all identifying information was removed. Analysis was guided by an iterative approach (Borkan, 2022) that included close reads of the raw data followed by the identification of themes, categories, and patterns to inform the creation of a codebook. Once a codebook was created, transcripts and documents were reviewed line-by-line to assign codes. Qualitative analysis software Dedoose was used to conduct all analyses. Data were triangulated across sources by comparing codes and drafting memos to expand on relationships identified in the coded text (Flick, 2007).

## 3. Results

Across interviews, the core theme was how co-operative workplace arrangements - and their underlying principles and politics - are inextricably linked to health and well-being. Results are presented in three parts to situate co-operatives within local, regional, and national economies in Costa Rica, and underscore co-operative contributions to employment generation, decent work, and democratic decision-making. The first section explores the role of co-operatives in providing economic stability, as well as a shared commitment to member economic well-being, amid the economic volatility accompanying COVID-19. The second section investigates strategies employed by co-operatives to facilitate access to COVID-19 prevention, including workplace health and safety protocols, access to testing and vaccination, as well as physical structure changes. The third section documents co-operative commitments to addressing COVID-19 holistically, by first responding to the immediate needs of members and

## HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

communities, then embedding prospective supports for members such as paid sick leave and relief on loans, and finally through advocacy with local municipalities and other political institutions to ensure long-term protections for members and communities.

### 3.1. Democratic decision-making to support economic stability amid COVID-19

In line with existing literature documenting the importance of co-operatives in generating decent work (Cheney et al., 2023; Filippi et al., 2023; Spear, 2000; Vieta & Lionais, 2015), participants repeatedly underscored the key role of co-operatives in providing economic stability. Prior to COVID-19, several participants described Coopesiba R.L. as an important source of income for them and their families. One participant depicted the aim of Coopesiba R.L. as "generating work. Not so much generating profits as generating jobs in the communities where we are". Similarly, a dentist and collaborator at Coopesiba R.L. shared that "it's a stable job. It provides a monthly salary that allows me to pay for my house, my car, and for my daughter to go to school. For me this job is very important. The co-operative gave me that". Another participant elaborated how Coopesiba R.L. contributes to health and well-being "by providing a workplace that is satisfying, motivating, with a decent income and the possibility for the members to manage their lives". Economic stability is also enshrined in Cooperactiva R.L.'s mandate, which describes the co-operative as "a group of people seeking to achieve economic stability for ourselves and for our families". Such economic stability afforded by employment in co-operatives can therefore be linked to target 8.5 of the SDGs, to "achieve full and productive employment and decent work" (United Nations, n.d., sec. 5).

The generation of stable employment was described by participants as particularly crucial in Los Santos, where the regional economy is built almost entirely on the production of coffee, whose volatility in pricing can leave small-scale producers vulnerable to international price fluctuations. This was reiterated by a stakeholder, who emphasized how a strong network of co-operatives can act as a 'buffer' to protect regional economies from international coffee prices. They described how in the 1980s, a drop in international coffee prices could have devastated the economy in the small community of Santa Maria de Dota, but because of diverse co-operatives across sectors in the region, the local economy was stabilized. An associate from Coope San Marcos described co-operatives as "performing a very important role in development in communities like [Los Santos] because there are lots of benefits, lots of services. Aside from that, it generates many jobs, so it gives stability". Similarly, a stakeholder with over 20 years' experience in Costa Rica's co-operative movement described the impact co-operatives have on communities, saying:

*the co-operatives that are doing it well, truly show that they have an incredibly important impact on society. When you look at Pérez Zeledón<sup>[4]</sup>, when you look at CoopeAgri R.L.<sup>5</sup> and all they offer - even a health clinic, you start to see the impact this has on the population and the community, not just the members. You start to really understand that these impacts are significant for communities.*

Amid the economic volatility accompanying COVID-19, co-operatives sought alternative mechanisms to support member economic needs. In Coopesiba R.L., when the Ministry of Health prohibited in-person odontology appointments to prevent pandemic spread, rather than "tell us 'Go home because we don't need you'...and they don't have to pay us", the co-operative opted to maintain the salaries of dentists and support staff, who were shifted to other areas of the health centre where support was needed.

*We were stationed at the door taking the temperatures of everyone who came into the building, we were called to the pharmacy to help count pills, we helped in the lab, we gave vaccines...we called COVID-19 patients. We went all over the clinic - Odontologist at Coopesiba R.L.*

The participant described this job stability amid the economic hardships of COVID-19 as "very important, thankfully". Reiterating the importance of stable employment amid COVID-19, another member of Coopesiba R.L. said:

*Imagine, we are talking about 250 jobs. And not just 250 jobs, but 250 people who would have been without work. No, 250 families that would be without a source of income...because you*



*must look at what is behind the co-operative as-such, right? It's not just a growing co-operative service operation. It's for all these people.*

They then further elaborated describing Coopesiba R.L. as "seeking to generate employment, generating well-being for our members, seeking to fight so that the co-operative stands the test of time for the families that are behind our members". This job security for members, and the resulting financial security for families, can be directly linked to SDG target 11.5, which seeks to mitigate the economic impacts caused by disasters such as floods, but which can also be extended to the present context of COVID-19.

In addition to economic stability, co-operatives demonstrated workplace solidarity and shared commitments to member economic well-being, reinforcing their potential as viable alternatives to capitalist exploitation and oppression. One participant shared that "it's important to be able to be heard...votes are taken on certain issues. So I think that helps ensure that if a decision will affect the entire co-operative, the voices of the people who are doing the work are listened to". Similarly, another health worker and member of Coopesiba R.L. articulated that "we are own bosses, our own owners, so we understand that our work benefits not only ourselves but the 200 or more colleagues that work here". At Oikoumene, a self-managed co-operative operating a hotel, campground, restaurant, and hiking trails as well as a training centre for the co-operative movement, virtually all activities halted in March 2020 with the arrival of COVID-19 in Costa Rica. To ensure some degree of economic stability for members and avoid layoffs, Oikoumene members voted collectively to reduce salaries to 50 percent, demonstrating a shared buy-in to foreground job security. This is a strategy commonly employed by co-operatives in other settings to prioritize member job security through democratic decision-making (Vieta, 2020), and which directly relates to SDG target 16.7 regarding inclusive and participatory decision-making. As described by one participant,

*we always made an effort to maintain salaries at 50 percent, because it was either that or lay off everyone. And thanks to God, to date we have retained everyone we entered the pandemic with. So this was something that for us helped us feel calm and not so worried.*

### **3.2. Co-operatives facilitated access to COVID-19 prevention**

Across the participating co-operatives, a recurrent theme was the rapid adoption of health and safety practices and access to personal protective equipment (PPE). Measures implemented in co-operatives often exceeded Ministry of Health mandates, demonstrating a strong commitment to preventing pandemic spread and protecting both members and communities. Even before COVID-19 was declared a pandemic and months before the first case arrived in Costa Rica, participants from Coopesiba R.L. described the formation of a sub-committee on COVID-19 in January 2020 to study the SARS CoV-2 virus and prepare workplace health and safety protocols in the event of community spread. Led by the co-operative's epidemiologist, protocols were developed collectively surrounding capacity limits in clinic spaces, plans to shift to virtual appointments, and efforts to secure PPE. This particular focus on health promotion and COVID-19 prevention was further reiterated by a member of Coopesiba R.L., whose experience working in both government-run primary health centres and health co-operatives revealed a much greater focus on health promotion in co-operatives. She described that while health centres operated by the CCSS include community health promotion "on paper", she noted a much greater emphasis on holistic approaches to well-being within health co-operatives, a direct result of their embeddedness within local communities. When asked about health centres administered by private corporations, she described a predominantly disease-specific approach that largely neglected the underlying determinants of community health and well-being, which she noted as the primary difference between private health centres and health co-operatives.

In Coopesiba R.L., although the Ministry of Health mandated the use of PPE in health centres in September 2020 (Ministerio de Salud, 2020), Coopesiba R.L. described shortages of masks distributed by the CCSS, leading the co-operative administration to purchase masks, gloves, and hand sanitizer for health care workers at the co-operative. The adoption of PPE in workplace protocols was also often accompanied by donations to communities. At Coope San Marcos R.L., masks, hand sanitizer, and other personal PPE were donated to a local nursing home to prevent the spread of COVID-19. Similarly, collaborator participants from Coopesantos R.L. described visiting communities on weekends to distribute masks.

## HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

In addition to workplace health and safety protocols, co-operatives also invested in COVID-19 testing and vaccine access. A member from Coopesantos R.L. described how COVID-19 tests were not available in many rural communities, so the co-operative invested more than ₡1.555.000 (approximately \$38,000 CAD) to offer private transportation to San José (an hour and a half drive) so collaborators could be tested when they developed symptoms or were suspected of having COVID-19. The participant commented that while one might wonder “was this excessive?”, her response would be “never. Excessive would have been to allow [COVID-19] spread, for the business’ operations to become paralyzed and the consequences this would have for our members”. She described how reliable internet is an essential service, particularly for the large numbers of people working and studying remotely during the pandemic. She reiterated how devastating disruptions in internet access would therefore be in rural and remote communities where the co-operative operates, further justifying the co-operative’s investments in COVID-19 testing and prevention.

As described, Coopesantos R.L. decided democratically to invest in testing to prevent pandemic spread, both for the health and well-being of members and to ensure communities would not be left without power and internet. In addition to testing, once vaccines against COVID-19 became available, co-operatives prioritized vaccination of members and the promotion of vaccination in communities. Coopesiba R.L. collaborated with local municipalities to coordinate COVID-19 vaccination clinics, at times vaccinating as many as 500 to 600 patients daily. Coordinators of vaccination clinics described great efforts to reduce barriers to COVID-19 vaccination, including vaccination campaigns in schools, local markets, as well as door-to-door efforts targeted in communities with high populations of migrants from Nicaragua and Panamá. According to *La Voz Cooperativa*, a magazine publishing co-operative news in Costa Rica, the co-operative-run National Consortium of Electrification Companies reported achieving a 95 percent rate of vaccination against COVID-19 among members. They accomplished such a high vaccination rate by coordinating transportation, allotting paid time off, and providing education and up-to-date public health information (La Voz Cooperativa, 2021). The promotion of vaccination was also evidenced by posters throughout the co-operative sites visited and online via social media, where COVID-19 vaccination information was frequently shared. In this way, co-operatives were found to contribute to SDG target 3.8 and universal health coverage, including vaccines for all.

Enacted changes to further reduce the risk of infection also included changes to the physical structure of the co-operative. For example, Coopesiba R.L. constructed tents (see Figure 1) outside the entrance to the health centre and hired a 'rapid response team' to attend to patients with respiratory symptoms or suspected cases of COVID-19.

These investments were described by leadership in Coopesiba R.L. as "coming out of our own pockets", but as "what needed



*Figure 2: a handwashing station located outside the entrance to Coopesiba R.L. in San Pedro de Herdia*



*Figure 1: tents constructed outside the health centre in San Pablo de Herdia where Coopesiba R.L. attends to patients with respiratory symptoms.*

to be done...because we owe it to our communities". In addition to mask-

wearing and the use of PPE which the Ministry of Health mandated in June 2020, members of Coope San Marcos R.L. also described taking additional measures to protect members, including the installation of plexiglass barriers, cleaning procedures to sanitize automated teller machines, and capacity limits placed on indoor spaces. As described by one participant, "it was a time, at least initially, of many abrupt changes. And the co-operative adapted very quickly. I think that is one of the key values of a co-operative, the ability to adapt quickly to circumstances, to situations that are perhaps foreign to the co-operative". Coopesantos R.L. also described investing in the installation of handwashing stations (soap dispensers,

sinks, and paper towels) at the buildings' entrances. Similar handwashing stations were observed across numerous sites, including the entrances to Coope San Marcos R.L., Coopesiba R.L. (see Figure 2), and the offices of CENECOOP and INFOCOOP. The enactment of physical changes coupled with mask-wearing, physical distancing, and access to COVID-19 testing and vaccination were seen as important measures to protect members and prevent the spread of COVID-19, and thus contributed to SDG target 3.3 to prevent communicable disease.

### 3.3. Care commitments to address COVID-19 holistically

Across interviews and documents analyzed, co-operatives were described as reacting quickly to meet the immediate needs of members, their families, and communities amid the health and economic crises of COVID-19. One participant from Coopesiba R.L. described initiatives to support members "who fell on tough times" with food drives facilitated by human resources, saying "if someone needs help... human resources requests aid for that colleague", collecting donations of food staples, diapers, or other goods. At Coopesantos R.L., the CEBS donated money to the families of 268 members of the co-operative who died due to COVID-19, as well as donating over ₡4 million (approximately \$10,000 CAD) to local nursing homes and pain clinics in 2022 (Coopesantos R.L., 2022). Coopesantos R.L. also fielded requests for economic aid from community members, and the co-operative granted 149 requests for donations in 2022 for a total of ₡12 975 478 (approximately \$32,500 CAD) (Coopesantos R.L., 2022), underscoring the commitment of co-operatives to respond to community needs.

Co-operatives also embedded supports for members and their families, both prior to and during the COVID-19 pandemic. Participants described that while the CCSS guarantees three sick days at 100 percent salary, followed by another 12 days at 60 percent, many co-operatives provide a top-up to 100 percent of the collaborator's salary, saying "when you're insured by the CCSS, you can be sick and even hospitalized and you will always receive a part...you won't receive your full salary, but you will get part. Through the co-operative, people who are incapacitated receive an additional economic support". Such supports allowed members to take needed time off due to COVID-19-related illness or quarantine, while limiting the economic impacts due to lost wages. A participant from Coopesantos R.L. described how a colleague became severely ill with COVID-19 and even upon recovery they were unable to return to their previous job due to a short-term disability, so the co-operative transitioned them to a different role that better suited their needs. Community members from *Los Santos* described receiving extensions on existing loans from Coope San Marcos R.L., saying "when all my sales were lost, I obviously had no way to pay [my loan]. I survived thanks to Coope San Marcos R.L., because if they hadn't given me an extension on my loan, I don't know what I would have done". Many co-operatives also offered private dental insurance to their members, which participants from Coopesantos R.L. and Coope San Marcos R.L. described as a pathway to fill an important health care gap in rural communities without access to publicly funded dental care.

Finally, co-operatives engaged in advocacy with local municipalities, governments, and other institutions to coordinate care for communities. A nurse at Coopesiba R.L. described collaborating with the municipal government and the Ministry of Health to organize economic aid in communities. She described how as part of community monitoring of infectious diseases, social workers at Coopesiba R.L. visited the homes of patients with COVID-19, monitoring not just their physical health but also noting whether the family might need financial support. Social workers from Coopesiba R.L. then collaborated with the Ministry of Health and the local government in San Pablo to distribute monetary or food donations, as needed. Another participant commented that "many people were able to eat" because of this collaboration. Another initiative, the *con vos podemos* [with you, we can] campaign (Presidencia de la República de Costa Rica, 2020), involved a collaboration between the federal government and public and private banks, co-operatives and credit unions, as well as phone companies to coordinate approximately ₡725 million (approximately \$1.8 million CAD) in donations for made-vulnerable communities amid COVID-19. This included donations to older adults, families in extreme poverty, and people with disabilities.

When odontology services were unable to operate due to pandemic restrictions, Coopesiba R.L. collaborated with the municipal government in San Pablo de Heredia as well as the National Learning Institute, who donated cars so that essential medicines could be delivered to patients who were ill or isolating due to COVID-19. This and other initiatives often involved co-operative members working extended hours. A leader of Coopesiba R.L. described the "great sacrifices" made by collaborators who worked evenings, holidays, and weekends, saying "you have no idea the sacrifices made here. I remember *Semana Santa* [Holy Week, or the week leading up to Easter] in 2021, our

## HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

people were working Thursday and Good Friday driving ambulances to deliver medicines". Together, these initiatives demonstrate the holistic ways in which co-operatives engaged with health and well-being in communities.

### 4. Discussion

Findings underscore the diverse ways co-operatives contributed to health equity and community well-being in Costa Rica. Particularly, democratic decision-making processes and a shared commitment to member well-being allowed co-operatives to provide economic stability for members amid COVID-19 uncertainty. Participants described job stability as extremely important in the wake of COVID-19, given that the economic impacts were felt more acutely in 2021 than in 2020. While data is not currently available on unemployment and job loss in the co-operative versus private sectors amid COVID-19 in Costa Rica, findings suggest that co-operative prioritization of job security played an important role in preventing layoffs and staving off unemployment. In part, co-operatives managed to avoid layoffs by finding alternative supports for members, at times shifting members to other positions or roles, and simultaneously ensuring continuity of service while also affording job security to members. These supports were possible through members' shared commitment to economic well-being, with votes and democratic decision-making processes utilized to adapt to COVID-19 related challenges as they emerged. In addition to economic stability, co-operatives facilitated access to COVID-19 prevention and treatment for members and communities, including workplace health and safety protocols and access to PPE, as well as testing and vaccination. When needed, physical changes were enacted to co-operative buildings to further protect members and communities against COVID-19. Beyond prevention and treatment, co-operatives enacted holistic approaches to care amid COVID-19, responding to immediate economic and social needs, while also embedding member supports such as paid sick leave, private health insurance, and financial aid. Compared with private or government operated health centres, health co-operatives were more likely to adopt holistic approaches to well-being rooted in community needs, which supported collaborations with local, regional, and national governments and other institutions to advocate for member and community needs.

Findings also suggested that larger, more established co-operatives were better equipped to support members and communities amid COVID-19. Conversely, smaller, and newer co-operatives may be constrained in their capacity to provide economic or other forms of member or community aid. The capacity of CEBS to support members and communities was illustrated as constrained by profit margins, as they are financed through a portion of co-operative profits. This was evidenced at Cooperactiva R.L., where co-operative leadership was in the process of planning initiatives to support member well-being, but which had not yet been implemented due to a lack of profits. In this way, co-operatives were obliged to first generate profits prior to being able to implement certain supports for members.

Coope San Marcos R.L. and Coopesantos R.L. both reported initiatives to promote access to health and dental care for members and their families. Yet, ongoing challenges reported included a lack of primary health centres and dental care in rural and remote communities, for example: "we can offer dental insurance, sure, but there are no dentists here in the region. So even if we offer dental insurance, people must travel to San José which costs gas, food, and time". Another tension that emerged with community members of Coope San Marcos was that while some participants described extensions on loans granted by the co-operative during COVID-19 as a "lifesaver", others noted loan extensions as inadequate without also forgiving interest:

*We received a 'grace period' on our loan...but in reality, this didn't help at all. It didn't help me. Why? Because I didn't have to make payments on my loan, sure. But when I resumed payments, the debt was even higher than when I took out the loan... So no, no it did not help me.*

Together, these findings demonstrate several pathways through which co-operatives contribute to the SDGs. The economic stability and alternative member supports enabled co-operatives to prioritize member job security and contribute to SDG 1 to end poverty and increase social protections, as well as SDG 8 to promote decent work. The horizontal and collective decision-making processes enacted by co-operatives contribute to SDG 16 and targets surrounding inclusive and participatory decision-making. Moreover, several participants described co-operatives as integral to community, regional, and national economic and social development. This was evidenced in the region

of Los Santos, where a robust co-operative network was noted as contributing to creating a middle class and reducing inequities, thus also contributing to SDG 10 to reduce inequalities. The rapid adoption of policies and protocols to facilitate access to COVID-19 prevention and care, above and beyond Ministry of Health mandates and facilitated by co-operative commitments to member needs, also contributes to SDG 3: good health and well-being. Several co-operatives provided top-ups to paid sick leave available through the CCSS, evidencing commitments to member well-being.

While findings underscore several contributions of co-operatives to the SDGs, health and well-being must also be understood as inextricably linked to the social production of health and illness. However, absent from the SDGs is a discussion of the oppression and exploitation that generate unequal power relations in capitalist development models, as well as a lack of alternative models presented. A key contribution of this research is therefore not just the myriad of ways in which co-operatives can contribute to the SDGs, but also how they represent an alternative model of workplace solidarity that challenges capitalist exploitation and oppression. Throughout the research, co-operatives demonstrated commitments to reducing inequities and promoting health and well-being, and prioritizing member needs over profits. Collective decision-making afforded members greater decision-making latitude, which amid COVID-19 uncertainties led co-operatives to prioritize economic security for members, as well as the holistic care needs of communities.

#### 4.1 Limitations

A current limitation of this paper is that while it presents findings surrounding co-operative contributions to reducing economic and social inequities broadly, further research could explore how co-operatives can contribute to SDG target 10.2 and the social, economic, and political inclusion of made-marginalized communities (stratifying for example by age, disability, class, gender, and sexual orientation). While the co-operative principles include "open and voluntary membership", and one participant from Coopesiba R.L. emphasized how this principle is enacted through employment opportunities for gender and sexual minorities, further research is needed to comment on co-operative contributions to health equity for gender and sexual minority communities.

## 5. Conclusion

Co-operatives and solidarity economies represent accountable, non-profit peoples' alternatives countering capitalist accumulation and oppression. This research highlights experiences of workplace solidarity and democratic decision-making as key motivators in co-operative responses to shifting member and community needs amid COVID-19, contributing to health and well-being specifically, and the SDGs more broadly. More than private corporations or even public entities, co-operatives implemented holistic approaches to COVID-19 care that responded to members' ever-changing needs and emerged from their rootedness in local communities. This research allows us to 'see' the dots, so we can then theorize connections between co-operatives and SSE movements rooted in solidarity, justice, and worker rights, and contributions to collective health and well-being.

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## HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

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## HOLISTIC APPROACHES TO COVID-19 CARE: LESSONS FROM COSTA RICAN CO-OPERATIVES

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## Notes

<sup>1</sup> All translations are the corresponding author's own

<sup>2</sup> Names of participating co-operatives included with permission.

<sup>3</sup> DCH was the lead ethnographer and led the data gathering, analysis, and writing.

<sup>4</sup> A canton in the province of San José whose economic activity is driven primarily by agriculture, including coffee, as well as rural tourism. Pérez Zeledón was described by participants as having a high density of co-operatives which have contributed greatly to the region's development.

<sup>5</sup> A large, predominantly agricultural co-operative in the region of Pérez Zeledón that produces sugarcane, coffee, cacao, and plantains, processes and packages these goods, and operates several grocery stores (*CoopeAgri*, n.d.)