Care in Social Exclusion: Community Organization in the Fight Against COVID-19 Pandemic

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Abstract: The consequences of social inequality exacerbated by the pandemic of the coronavirus disease (COVID-19) remain a major challenge to the effectiveness of public health and social policies. The valorization of intersubjectivity by social-historical psychology and Latin and feminist ethics approaches contribute to a better understanding of care produced in the daily life and the affections of people who experience social exclusion. The objective is to comprehend the different ways of coping and producing care promoted by community-based organizations in vulnerable territories affected by the COVID-19 pandemic. In using participatory qualitative research, community leaders were approached and interviewed about their daily lives thus conducting participant observation and field diary entries. Results indicate that appreciating and understanding intersubjectivity expressed by the sense of community and others aspects guide possibilities to politicize health practices and care following the production of ethical-political care, which would contribute to strengthening forms of social participation, solidarity, the exercise of citizenship, and the fight for rights.

Keywords: Social exclusion, COVID-19, Intersubjectivity, Community, Care.

Cuidado em Meio à Exclusão Social: Organização Comunitária na Luta contra a Pandemia da Covid-19

Resumo: As consequências da desigualdade social exacerbadas pela pandemia do novo coronavírus (Covid-19) permanecem como um grande desafio para a efetividade das políticas públicas sociais e de saúde. A valorização da intersubjetividade trazida pelas abordagens da psicologia sócio-histórica e da ética latina e feminista contribuem para uma melhor compreensão do cuidado produzido no cotidiano e nos afetos das pessoas que vivenciam e enfrentam a exclusão social. O objetivo é compreender as diferentes formas de enfrentamento e produção de cuidado promovidas pelas organizações de base comunitária em território vulnerável, afetado pela pandemia de Covid-19. Por meio de pesquisa qualitativa participativa, lideranças comunitárias foram entrevistadas com o uso da observação participante e de registros em diário de campo. Os resultados indicam que a valorização e a compreensão de aspectos da intersubjetividade expressos pelo senso do comum e pelo senso de comunidade, entre outros, apontam para possibilidades de politização das práticas de saúde e de cuidado, referenciadas pela produção de um cuidado ético-político. Isso contribui para o fortalecimento de formas de participação social comprometidas com a solidariedade e o exercício da cidadania e da luta por direitos.

Palavras-chave: Exclusão social, Covid-19, Intersubjetividade, Comunidade, Cuidado.

Cuidados en la Exclusión Social: la Organización Comunitaria en la lucha contra la Pandemia de la Covid-19

Resumen: Las consecuencias de la desigualdad social agudizadas por la pandemia de la enfermedad por coronavirus (covid-19) siguen siendo un gran desafío para la eficacia de las políticas públicas sociales y de salud. La valorización de la intersubjetividad aportada por los enfoques de la psicología sociohistórica y de la ética latina y feminista contribuye a una mejor comprensión de los cuidados producidos en la vida cotidiana y los afectos de las personas que experimentan y enfrentan la exclusión social. El objetivo de este texto es comprender las diferentes formas de afrontamiento y producción de cuidados promovidas por organizaciones de base comunitaria en territorios vulnerables, afectados por la pandemia de la covid-19. A partir de una investigación cualitativa participativa, se entrevistaron a las líderes comunitarias realizando la observación participante y las anotaciones en diarios de campo. Los resultados indican que la valorización y la comprensión de aspectos de la intersubjetividad expresados por el sentido común y el sentido de comunidad, entre otros, señalan posibilidades de politización de las prácticas de salud y del cuidado, referenciadas por la producción de cuidados ético-políticos. Esta acción contribuye al fortalecimiento de formas de participación social comprometidas con la solidaridad, el ejercicio de la ciudadanía y la lucha por los derechos.

Palabras clave: Exclusión social, Covid-19, Intersubjetividad, Comunidad, Cuidados.

Introduction

Vulnerability and COVID-19: challenges for the Brazilian Unified Health System

Socio-economic and historical-cultural factors permeate the production of health care, making its implementation via public social policy actions more complex. We use the perspective of care as an "ethical-political tool" or "issue" to construct new horizons in health based on citizenship and rights (Meertens, 2018; Zirbel, 2017; Pintasilgo, 2011; Camilo, Kanhale, Ferreira & Schveitzer, 2021; Gonzalez, 2020). An "ethical-political issue" is something painfully common to millions of people in Latin America who are deprived of full citizenship (Gonzalez, 2020, p. 140). This study considers citizenship in its legal sense, in which a citizen is an individual who possesses the civil and political rights of a state and, consequently, is a subject of rights and duties. This concept lacks reflection when it involves socially excluded groups, considering critical questions about racialization, which has promoted racism and a perverse inclusion of Black and Indigenous people (Rocha, 2021).

The field of interest lies in the ways of life and actions of people who try daily to improve living conditions in the territory and public health policies (Barros, 2021). Lives marked by social exclusion are complex due to the lack of a State, which should provide the population with their basic rights, while contemplating ethnic/racial, gender, and class diversity (Becker & Bandeira, 2000; Dardot & Laval, 2016).

The State actions, in the neoliberal perspective, guide certain worldviews, ethical-political and moral values governed by the exacerbation of individualism and competitiveness to the detriment of sociability modes based on solidarity and citizenship. We may wonder about the quality of care necessary for people who live in such adverse situations given their constant experiences of helplessness and abandonment (Dussel, 1986).

The COVID-19 pandemic has sharpened the consequences of social inequality, even questioning the measures of protection and prevention of infection, highlighting the social isolation, distancing, and the use of masks and sanitizer gel. A community's way of life in vulnerabilized places follows a logic unlike the parameters of wealthier classes (Capella, 2022; Cataia, 2020; Lotta, Wenham, Nunes & Pimenta, 2020). The struggle for survival of informal workers, with precarious ways of obtaining income, often occurs in the territory. Vulnerabilized workers lack the conditions that favor home office activities or access to internet and the possibility of readjusting family and work activities (Sakamoto, 2020).

These situations of social vulnerability during the pandemic have even further impacted the practices of primary health care (PHC) because professionals

experienced the worsening of people's precarious living conditions (Camilo et al., 2021). Such situations reaffirm the importance of this care level since besides being the entry to the system, it is the equipment that operates in the logic of health promotion and disease prevention. It also shows the consequences of dismantling policies toward the Brazilian Unified Health System[1], specifically from 2016 to 2022, highlighted by the 95th amendment during the Temer administration, which referred to the expenditure ceiling (Cabral et al., 2020; Nedel, 2020).

The integrative review by Lobo & Rieth (2022) pointed out that, in the first year of the pandemic, most reported symptoms included depressive anxiety and stress, and that the most affected population were healthcare workers, individuals with lower income and education, those with some type of psychiatric disorder or comorbidity, women, and those most exposed to the media. To reduce harm and damage, these authors recommend that psychological interventions should be made available to the population and that health teams should include psychologists, ensuring support for professionals on the front line. On the other hand, from a community perspective, Lima, Guedes, and Silva (2021) state that solidarity actions during the pandemic stand out as a historical expression of human cooperation, reflecting both the denial and affirmation of the capitalist system. They pose the following question: can these one-off practices inspire social change? To explore this possibility, the authors propose that it is useful to consider the community as a space for developing awareness-raising strategies. Thus, for the authors, we must analyze how community organization and solidarity actions contribute to facing the reality of the pandemic and become effective in this context.

Intersubjectivity and ethics of care: contributions to strengthening public health policies

Based on social-historical psychology studies, we have directed our gaze to intersubjectivity, which values the importance of affective and social bonds in health practices relations (González Rey, 2011). Intersubjective dynamics potentiate or diminish subjects' power of action (Spinoza, 1989; Sawaia, 2001).

Considering affections and bonds as the beacons of distinct forms of care reinforces the ethics of care as the cornerstone of health practices as it is in line with a broader perspective of an integral subject and the need for the other and for a social environment to form full human beings and citizens with the right to good, humanized care (Sarti, 2006) as its ideological basis. Maria de Lourdes Pintasilgo (2011) states that public policies should focus on care (health, education, housing, food distribution, care for older adults, and other forms of care), rather than on means of obtaining gains in a mercantilist neoliberal logic (Pintasilgo, 2011). Gonzalez (2020) argues that this is a question of human rights, rather than a product to be bought and sold for a lucrative business, as it covers millions of vulnerabilized people who had been enslaved and exploited for many generations, such as Black, Brown/Mixed-race, and Indigenous people.

In the same way we qualify affections, we indicate how care can become an axis to analyze the politicization of health practices and care itself. A feminist ethics of care, especially considering the contributions of Latin American and Black Feminism theorists who recognize the intersectionality of gender, class, and race (Akotirene, 2019) in territories of social exclusion, has proven to be a helpful tool to understand ideological and cultural assumptions that support care practices, above all because care, when associated with women's social role, acquires a subordination that excludes it from the public space, legitimizes it in the family space, and removes its work status and, as such, its rights (Camilo et al., 2021; Biroli, 2015; Zirbel, 2017; Camilo, Yagiu, & Silva, 2023).

This perspective of valuing the ethics of care enables the further psychosocial development of the subjective/affective dimension and contributes to re-signifying struggles against various forms of oppression and power asymmetries and to de-ideologizing everyday life. It strengthens the understanding of macropolitical phenomena as it offers parameters to evaluate how public policies respond to the micropolitical needs of people in their daily lives (Montero, 2003, 2010; Martín-Baró, 2017).

Over many years of working in PHC, especially under the Family Health Strategy in Baixada Santista, São Paulo, we have realized the relevance of affective

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[1] The Brazilian Unified Health System or *Sistema Único de Saúde* – SUS is the universal and public health system in Brazil. It targets the whole population and is free of charges and divided in three levels of care: primary, secondary, and tertiary.

and social bonds in practices carried out in territories under social exclusion and the production of different forms of care involving healthcare workers and community leaders. This study stems from research in such a territory in the Baixada Santista.

This research aims to understand the ways of coping and producing care of community-based organizations in vulnerable territories affected by the COVID-19 pandemic and the antisocial agenda of the government.

Methodology

The qualitative approach of this study was grounded in participant research methods. This combination can apprehend parameters that contribute to intersubjective construction, highlighting the quality of the bonds and the psychosocial aspects, cultural contexts, and degrees of commitment to the living condition. These parameters prove to be a necessary basis for understanding the territory and to provide structural transformations and greater effectiveness of social public policies (Schmidt, 2008).

This methodological perspective has guided the research group Laboratory for Studies on Social Inequality since 2010, and it was possible to register it in the directory of the National Council for Scientific and Technological Development in 2015, which has contributed to organize and catalyze initiatives in vulnerabilized territories of Baixada Santista for over a decade. It is worth remembering that the guiding questions of this study emerged from the researchers' diverse insertion in education, extension, and research activities in line with the political-pedagogical project of the Health Society Institute at the São Paulo Federal University and search for shared senses about the understanding of health, care, and participatory processes (Anhas & Castro-Silva, 2018).

The developed research was called "Social inequality and subjectivity: life trajectories and struggles for better living and health conditions in a vulnerable territory of Baixada Santista"—CNPq (N.407836/2016-0), Ethics of Brazil Platform (N. 2.047.444)—and "Ethics of care and construction of rights: psychosocial embracement in family health practices in situations of social exclusion"—FAPESP (N.2016-23973-2), Ethics of Brazil Platform (N. 2.198.202). The former aimed to understand the psychosocial and political processes in the life trajectory of leaders and people engaged in the community, the meanings of care, of self, the other, and the Family

Health Strategy actions in the territory. It focused on increasing proposals for psychosocial intervention that contributed to strengthening the community and the forms of social participation from the viewpoint of intersubjectivity woven within the life experiences.

In addition to the data from these research projects, information from another project was also used, this one for a master's degree, called "Social participation of community leaders in the search for better living conditions: experiences for the promotion of citizenship," financed by CAPES n. 88882.430741/2019-01 with the approval in Brazil Platform n. 4.530562, from which it was possible to update the information about the consequences of the COVID-19 pandemic in that territory (Yagiu, Castro-silva, Euzebios Filho, & Martin, 2021).

The research was developed from June 2017 to November 2020. The following techniques were used to collect information: research of sociodemographic and epidemiological data; thematic workshops; semi-structured and in-depth interviews; participant observation; and field diaries. The interviews were carried out with active community leaders in the territory: three Black women, one with incomplete primary education, one with complete secondary education, and another with a complete higher education, with ages ranging from 30 to 65 years. These interviews were guided by the experience of COVID-19 and the main strategies for coping with the situation in the territory. The selection criteria used the snowball sampling method (Baltar & Brunet, 2012), associated with the main actions developed by community leaders working to face COVID-19 in this territory. Moreover, access was limited due to social isolation rules. The interviews lasted an average of one hour. Furthermore, information was collected from participant observation on the community, and health service dynamics were documented in 24 field diaries.

All interviews were recorded and transcribed according to the informed consent form approved by the Research Ethics Committee at the Federal University of São Paulo — REC/UNIFESP # 66235417.3.0000.5505, # 68720217.8.0000.5505, and RECs # 2.108.711 and # 2.198.202. The first stage of data analysis skimmed the interviews and field diaries, followed by data coding and subsequent grouping into discussion axes. This analysis was organized on Atlas.ti (Hwang, 2008), systematizing the empirical categories. The hermeneutics of depth (Thompson,

2011) was used to analyze the data in three stages: the first of which considers the socio-historical and cultural contexts in which participants are inserted; the second formally analyzed the narratives; and the third interpreted and reinterpreted the obtained information. The systematizations and analyses of the results by the hermeneutics of depth generated the analytical axes that guided the discussion of this study.

Results and discussion

The results brought aspects that establish relations between the already vulnerabilized context and its worsening due to the COVID-19 pandemic and government negligence since the care point of view evinces the many obstacles regarding social health determinations (Capella, 2022). Such results also occur in studies on the relation between social determinants and the impact of COVID-19 in southern European countries due to disinvestment in health systems since 2008 (Serapioni & Hespanha, 2023). The discussion of results followed these analytical axes: social exclusion and social health determinations, forms of organization and community confrontation, social participation and forms of care, and ethical-political commitment to care and solidarity for the common good.

Social Exclusion and Care: The Sense of the Common in the Community and in Coping with COVID-19 and Government Neglect

Cubatão is one of the nine municipalities in the Metropolitan Region of Baixada Santista (MRBS). According to data from the Brazilian Institute of Geography and Statistics ([IBGE], 2018), its estimated population totaled 128,748 inhabitants. As the only non-coastal municipality in the region, its main economic activity is the petrochemical industry, which settled in the municipality in the 1950s concomitantly with the construction of the Via Anchieta Highway in 1947. Cubatão has a strategic geographic position since it lies between the Santos Port and the São Paulo capital and has an enormous hydric potential, which culminated in the construction of one of the main steel mills in Brazil, the Steel (Siderurgical) Company of São Paulo, which was privatized in the 1990s and bought by the Usiminas Group (Ferreira-Filho, 2015).

Cubatão was built on mangroves and has had a poorly planned urbanization. Despite its great water potential, it still has places without basic sanitation as is the case of the Fishermen's Village, in which about 36% of its population have no access to water (PMC, 2021).

In addition to the concept of social vulnerability according to the São Paulo Social Vulnerability Index, the data of which show that 31% of the population of Cubatão live under very high vulnerability, Alves (2013) works with the concept of socio-environmental vulnerability, having conducted a survey on the territory of Cubatão. He defines socio-environmental vulnerability as "[…] the coexistence, cumulativeness, or spatial overlap of situations of poverty/social deprivation and situations of exposure to risk and/or environmental degradation" (Alves, 2013, pp. 354-355). Socioeconomic factors and socio-environmental vulnerability show a close relation, in which almost a third of the population (42,916 inhabitants) live in high socio-environmental vulnerability. Also, most residents being Black configures environmental racism (Pacheco & Faustino, 2013). Based on Beck (2011), the issue of risk distribution reinforces the idea of class society so that wealth accumulates at the top and risks at the bottom.

This precarious infrastructure in the neighborhood generates depreciative self-perceptions and feelings because the day-to-day reinforces a humiliation that contributes to shape the way of perceiving oneself and others (Martín-Baró, 2017; Dussel, 1986; Pacheco & Faustino, 2013). Long-time residents were known in the municipality by pejorative nicknames that referred to the precarious living conditions in which they lived: "People were known as 'mud feet' people" (Field Diary, 29.11.2017). Besides, public authorities only visit the region near municipal elections. This began to change when women began to mobilize themselves to organize the community in the mangroves, alleys, and streets of the municipality. This type of attitude from the community organization regarding the provided psychosocial support and the supportive stance toward others is in line with the recommendations from the InterAmerican Society of Psychology. This has shown that the consequences of the pandemic for socially vulnerable populations are linked to loss of income, precarious housing, among others. Moreover, they may suffer stigmatization and discrimination due to poor access to quality public services, highlighting their lack of rights (Gallegos de San Vicente et al., 2020; Nasser et al., 2021).

The streets in the Fishermen's Village were only built during election periods. The Village received streets but it was not urbanized, and only so through this (exchange of votes) as this is the time when people are most likely to invest. Urbanization generates a little bit of concern for us about how it will happen. Back then it was 'let's talk with the neighborhood. Let's build with the neighborhood,' but, with this current government, we don't even know what will be done. Soon the eviction notice will arrive, and we'll be a bit lost. Speaking of eviction orders during the pandemic, several people from the housing complex . . .were evicted and people migrated to the Fishermen's Village. . . .The number of shacks increased in the Village, especially in the part that shouldn't be occupied . . .There were many people who came to the Village looking for cheaper rents. Other people, who were in other housing developments and couldn't afford them anymore, sold them at the price of a banana (bargain). (Potira, October 1st, 2020)

Regardless of the improvements due to the exchange of favors for votes — a remnant of a society with a colonial, patrimonialist, exploitative, and dependent past (Camilo et al., 2021; Camilo et al., 2023) —, the community's population, descendants of violent exploitation, got together and, by joint efforts and as a form of *aquilombação2*, improved the territory. When the neighborhood was formed, we witness manifestations that included people who later became engaged community leaders in the territory, evincing the power of collective action, of the multitude triggered by common desires, according to Espinosa (2019). This potency made it possible to overcome fear and suffering by companionship and solidarity (Dussel, 1986; Nascimento, 2006). However, the process has left marks as the calluses on their hands represent the effort to change and the hope for better days. Today, people who have been evicted from other places during the COVID-19 pandemic know they are welcome in the Fishermen's Village and that it is easier to negotiate their situation of misery due to the "sense of common" (*sentido do comum*) and

the sense of community and communal life (Sawaia, Albuquerque, & Busarello, 2018).

On January 30th, 2020, the World Health Organization declared that the outbreak due to the new coronavirus, COVID-19, occupied its highest alert level, i.e., a public health emergency of international concern. On March 11th, 2020, it was classified as a pandemic (Freitas, Napimoga, & Donalisio, 2020). As this COVID-19 pandemic travelled around the world, reaching Latin American countries, the structural problems of the latter became visible, such as cuts in social areas, their lack of investment in public health and their lack of basic resources for sustaining life, as per Constitutional Amendment no. 95 of December 2016 (Werneck & Carvalho, 2020; Capella, 2022; Gallegos de San Vicente et al., 2020).

The main strategies to cope with the COVID-19 pandemic included the use of masks, social isolation, and distancing to contain its spread and provide adequate care for the sick as the capacity of the public and private health systems to support such a contingent of patients was considered inadequate. However, places with precarious living conditions; without basic sanitation; lack of adequate public services; small and unhealthy dwellings; and permanent tension under violence situations, such as gender or racial violence (sometimes associated with the drug trade, police abuse, and confrontations), showed particularities that questioned the recommended prevention model of COVID-19 pandemic (Sakamoto, 2020; Capella, 2022).

These dwellings housed many people who usually have no privacy or conditions to preserve themselves from social contact. Moreover, social distancing, being associated with the contagion curves and the expansion of the COVID-19 pandemic, significantly changed people's ways of life, impacting the economy. Many people work as service providers in informal activities with low income; work conditions that worsened during the COVID-19 pandemic. Some lost their jobs and others still depend on receiving the aid granted by the federal government, which was permeated with interruptions, leaving the population completely abandoned. Thus, we observed that leaders realize that social vulnerabilities generate demands and strategies that must be met according to the reality. This suggests the importance

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[2] *Aquilombação* or Aquilombing is the movement of seeking, forming, and becoming a *quilombo*, a place of refuge, education, and resistance formed by people who escaped the slavery to which they were violently subjected as an act of counter-hegemonic resistance, emancipation, and of working and living from a collective political body and for the common good (Nascimento, 2006).

of an ethical-social dimension to understand limits and alternatives related to specific social distancing measures, for example (Dine, 2020):

> You see, in the morning, the women going out to work. Even today, they are getting phone calls from their bosses who didn't let them stop working. The people who work in the companies ended up going to work out of fear of being fired. But there were also many people who were unemployed in this pandemic. The pandemic had an impact on the dismissal of people from USIMINAS. Several people from the Village worked there. People were starving, but we didn't let it continue. We learned that this or that family needed help and we ended up supporting them. (Potira, October 1st, 2020).

During the COVID-19 pandemic, precarious housing conditions made preventive measures such as social isolation and distancing very difficult. Housing precariousness and the lack of sanitary conditions proved to be a major obstacle for preventive care. As in Nasser et al. (2021), a study carried out on the outskirts of São Paulo with socially vulnerable populations, community-based organizations made a great effort to raise awareness among people about the risks of COVID-19. They provided information on prevention methods daily since no reliable information came from official sources. Moreover, they paid attention to the demands of this population and, more than that, created alternatives that could guarantee the delivery of basic food baskets.

> We are in this anguish. We ask people not to go to the streets, but during the delivery of basic food baskets, they make a crowd. People in the streets were lining up and crowding. There was a lack of communication for these basket deliveries. The city hall doesn't inform. (Potira, October 1st, 2020)

This situation reinforces the social exclusion that many of these families experience daily, experiencing feelings of not belonging and anguish. Sawaia (2001) understands that such feelings qualify what she calls ethical-political suffering because it stems from these people's and community's conditions of precarious existence.

The strength of community-based organizations has been expressed during the pandemic by awareness about the importance of people caring for themselves. In many places, as we see in the literature, community organizations were very responsive and present for the needs of the people in communities (Nasser et al., 2021; Capella, 2022; Yagiu et al., 2021; Camilo et al., 2023). Partnerships were made with public services, non-governmental organizations, companies, and civil society to distribute food baskets, sanitizer gel, masks, and liquid soap, which were hung on posts in the neighborhood. "We had frequent meetings to help focus on the demands of the people" (Yara, December 13th, 2020).

> I partnered with organizations to donate sanitizer gel, masks, liquid soap, then we started to fill up bottles and hang them in strategic points in the Village along the streets and we made posters saying "wash your hands here"… We did this work so that people would become aware. . . . With other organizations we got food baskets to help people who had nothing to eat. At the peak of the pandemic, we cooked meals to distribute on the streets for the homeless and we continue with this work till today. (Potira, October 1st, 2020)

The possibility for the community to address the constraints due to the COVID-19 pandemic and government negligence had its pillar in community organization following a sense of the common (Sawaia et al., 2018). A political notion of the commons inspires this feeling as it addresses the quest to establish a good relationship with others and preserve the well-being and peace of each person (Spinoza, 2019). This perception of the common contributed to the ability of the mobilization of meeting the food needs of a population with few resources and with restrictions regarding work conditions since many depended on informal jobs. The State's actions in this locality have been inadequate or even negligent to the demands of the population, corroborating the literature for other territories (Capella, 2022; Nasser et al., 2021).

In a scenario that dismantled the National System for Food and Nutrition Security from 2016 onward and approved Constitutional Amendment no. 95, Jair Bolsonaro was elected to the presidency of the Brazilian Republic in 2018. One of his first acts was to extinguish the National Council for Food Security and Nutrition—a strategic agency for developing food and

nutrition security policies—exposing the State's omission and negligence in tackling food and nutrition insecurity across Brazil during the pandemic, leaving families even more vulnerable to hunger (Ribeiro-Silva et al., 2020).

The power of community organization gained more strength in the articulations it promoted with other organizations, reinforcing the importance of forming networks, especially in actions to alleviate hunger. Studies with populations in vulnerable situations in the state of São Paulo also found these actions (Furtado et al., 2020; Nasser et al., 2021).

> The Ribeira Valley Quilombo[3] brought natural organic food in little bags and everything. Then, they brought fish with a recipe for people to make . . .The lunch box from Bomprato[4]. Imagine, you pay R$3.40 to go, R$3.40 to come back, and R$1 in the lunch box, there's no way. So, I go there and then we must beg a little bit, saying "I know it is only one per person, but I need to take five because we managed to split the transportation costs up to here." So, we did not feel much support from the city government . . . Many people went to live under the bridge . . . Inside the Salvation Army, they delivered several food baskets, together with the education staff of UNEGRO (and other Black and social movements) in São Paulo, we were able to deliver food baskets and vegetables, hygiene material for the women, pads, books for the children. . . . The Federal Institute of Cubatão gave support on the issue of education and on the matter of food too . . . There was an initiative by SESI, there was an initiative by the churches. The churches also kept doing soup kitchens. (Potira, October 1st, 2020)

The only representation of public power in this locality refer to its primary healthcare unit[5] (PHCU) and, occasionally, violent police actions. The pandemic severely affected the PHCU performance, and although the professionals remained in the unit, its services were restricted, such as care for pregnant women, almost configuring non-incentives for healthcare providers and low use of PHCU by users during the COVID-19 pandemic, due to the increase in the number of infected people and hospital admissions. The leaders took on the care neglected by the State that needed to be fulfilled, showing their collective awareness of care.

In the pandemic, the attendance at the PHCU in the Fishermen's Village was even more restricted due to security measures, including that of PHCU workers. "Only emergency and so, you do the exam, if there is any change they call, otherwise they do not call, then it is kind of difficult… And with the pandemic it got even worse" (Kauane, October 16th, 2020). The situation worsened due to the lack of basic medicines. This unit also prioritized care for pregnant women. Despite the difficulties in the participation of primary healthcare providers in this location, it was possible to aid more vulnerable groups, especially pregnant women and older adults. Furthermore, the importance of understanding the dynamics of the territory and the participation of leaders in monitoring and partnering with the development of health service actions is emphasized (Fernandes, Frank, Mendes, Araújo & Barbosa 2022; Nasser, et al. 2021).

> Regarding the PHCU, they stopped consultations but they attended pregnant women, taking every measure. They come in one by one in the PHCU. The elderly . . ., taking care a little bit, the (community) agents didn't stop working . . . You go there, you don't go to the doctor but you get a copy of your prescription. Get the medication and so on. There was a lack of basic medication, even before the pandemic. Then, it only got worse . . . Everything must be shouted (popular struggle) . . . Once in a while, the COVID-19 truck came by. (Potira, October 1st, 2020)

The situation of the State's inefficiency due to defunding by neoliberal forces repeats itself, as in the early days of the construction of the neighborhood

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[3] *Quilombos* were communities formed by Black and Indigenous people who were racialized and enslaved and who managed to escape or free themselves from this condition. These places became centers of resistance, empowerment, and emancipation. Today, several quilombos with the remaining people cultivate ancestral traditions, ways of life, and knowledge and practice exchanges.

[4] Bomprato are popular restaurants with very cheap meals. To receive one, one must have a card registered by the city hall. The cards are only given to adults. Only one meal is given per person.

[5] *Unidade Básica de Saúde* – UBS or *Unidade de Saúde da Família* – USF, primary healthcare unit in English, the gateway to the public health system in Brazil (SUS), to which everyone can be admitted for free.

when state support was also ineffective, relegating the improvement of basic conditions to community mobilization. The participation of the leadership created the first medical, dental, and social service station in 1988 (Anhas & Castro-Silva, 2018).

Thus, the ethics of care (coined by feminist scholars) offers a category that delves into the responsibility of caring for the self, the other, and the environment. Reviewing Joan Tronto's book Caring democracy (2013), Mota (2015), relating democracy and care, notes an interdependent relationship in which the search for justice should be discussed from a central element: care. This category promotes reflections on ethical care as a guaranteed public policy, outlining the category of ethical-political care, i.e., care in which ethics and politics come together to relate one to the other (Pintasilgo, 2011) as it is common to millions (Gonzalez, 2020).

Ethicists of care and researchers in Latin America and the Caribbean show that the colonial past and the consequences of enslavement in the ethno-racial dimension shape inequities for Indigenous and Black people, who represent most caregivers, healthcare providers, and beneficiaries of care. Moreover, neither ethics nor interdependence relations fully reach these territories (Gonzalez, 2020; Camilo et al., 2021, 2023; Guimarães & Hirata, 2021). Latin America researchers have placed more emphasis on the dimension of care as an ethical and political category (Gonzalez, 2020; Guimarães & Hirata, 2021). Guimarães and Hirata (2021) question the place of the care crisis in the Latin American perspective, with realities of extreme poverty, social exclusion, and vulnerabilities with structural features. Gonzalez (2020, p. 140) questions also whether society politically and academically considers the contributions of *"Amerindian and Amefrican"* women (Indigenous and Afro-American women in *Pretoguês*, Black Brazilian Portuguese). The caregiving itineraries in the studied community show us important paths.

According to one leader, a Black sexagenarian woman, her social role in the community is to organize care actions, despite being aware of the infection risks due to her age. Moreover, highlighting her place as a Black woman, she problematizes the role of care in our society, which is marked by stereotypes that reinforce a segmentation and certain instrumentalization, reducing care to invisible actions performed by women in the domestic environment.

I see an explosion of recognition, gratitude, human warmth. This pandemic served to bring people together. In the beginning, it was reinforced that you couldn't leave your house. I thought, 'people, I can't stay indoors' (I have duties to help the community). Then comes the awareness because of the concern for other people, for my children and grandchildren . . . I got sick at home, with a sore throat, and I couldn't eat. My daughter-in-law made hot broth. My son brought me some coconut water.' (Yara, December 13th, 2020)

This affective basis promotes care as concern for human improvement and favors social participation based on a commitment to collectivity. We believe that the identification between people's needs and expectations fosters a type of participation by coexistence. Such coexistence strengthens the sense of community, generating belonging and greater closeness among people (Montero, 2010; Oberg, 2018).

I went to teach a class for children because the mothers were reacting in a violent way, maybe because they didn't feel prepared to help in the school activities, maybe because the school was demanding too much. So, we talk about suffering and violence against women. Well, since the children were staying inside their houses most of the time, all closed and everything, this happened, but now they are back on the streets to play ball, swim in the mangroves, play football in the square. They are not on the streets only when they are doing Salvation Army activities, when they are doing Fundão Association activities. There is no way of asking them not to do it and to stay at home . . . I call it harm reduction. (Potira, October 1st, 2020)

This concern with the other and with their care brings us back to a history of social movements seeking to improve the living conditions of the community. This movement in favor of the community is associated with the protagonism of women. The emblematic health movement in eastern São Paulo shows a form of social participation stemming from the concern of women, and especially mothers, for the well-being of their families (Oliveira, 2007).

The affective dimension represents a motto for community organization via care. This history of social movements offer an important lesson on

the centrality of care in unleashing social participation practices. Broadening the discussion of women's social role from private family care to the public sphere care evinces the ethical-political dimension of care to the extent that care becomes the touchstone for constructing public policies by and for society, as per the ethicists of care and Latin theorists (Pintasilgo, 2011; Gonzalez, 2020; Guimarães & Hirata, 2021). Thus, the same women who lead caregiving activities in the community try to occupy positions of power and decision-making in municipal politics.

> We have arrived at the election period. So, in the Fishermen's Village, there are almost twenty candidates for councilmen and councilwomen. There is a campaign to renew the board of councilors. There are those who defend the racial agenda. There is Mirabela, who people think is completely new, like . . . she is a trans woman? I think that's it. And she is putting herself out as a candidate to be a councilwoman and people are accepting it. Then there is Marilda who defends the environmental issue. (Potira, October 1st, 2020)

Caregiving activities must also be done in a way that pays attention to the needs of others and one's own needs and be responsive, engaged (to discern the precise nature of needs and monitor the responses to the received care), and respectful, treating other and oneself to avoid degrading anyone. This respectful relationship must include the environment. This means that caring requires dialoguing between the involved parties to determine the best course of action (Zirbel, 2017, p. 57).

These questions, raised by the care ethics from feminist philosophers, contribute to a deeper discussion of the liberation ethic proposed by Dussel (1986; 2000) by seeking a humanized (Sarti, 2006) and emancipated relationship with each other and respect as citizens. Dussel, according to Oliveira & Dias (2012), when proposing a critical ethics, indicates important moments to understand this social exclusion process, highlighting the recognition of others' pain, the critical awareness of the negativity in life as a victim, the critical awareness about the system as causing victims' negativity, the ethical-critical awareness of subjects (others) denied by the system, and finally the ethical-critical commitment to transforming the victim-causing reality.

In the 1970s, 1980s, and 1990s, scholars Gonzalez (2020) and Saffioti and Almeida (1995) pointed out that gender violence in Brazil, especially against women and girls, occurred in a social context engendered by gender, class, and race/ethnic cleavages. In this context, many women suffer repression and violence at different stages of their lives from their own families and people from various socializing agencies. Since the 1990s, the category intersectionality has been used and reinterpreted to address the inseparable intersection of Black and impoverished women (Akotirene, 2019), who form the basis of society. Caring for this social group is fraught with structural and structuring challenges.

Social movements led by women have played an important role in confronting the increase of domestic violence in the pandemic (Vieira, Garcia, & Maciel, 2020; Camilo et al., 2021). In this community, Fishermen's Village, Black female community leaders show, at the same time, indignation and clarity of the need to combat misogyny, *machismo* (patriarchal practices of male chauvinism and sexism), and different types of violence, rape, and feminicide that destroy the dignity, health, and lives of many women and their sons and daughters.

> Regarding the leaders, during the pandemic we had the inauguration of the Fundão Association's space, Fundão United. There they are taking at least 10 children at a time. They offered classes for the children to help with their homework, tutoring activities, boxing classes for children, youth, and adults. Dance . . . and focus on sports. (Potira, October 1st, 2020).

The main victims of violence in this territory during the pandemic consisted of women and children. Martín-Baró (2017) points us to the importance of collective work as a strategy to face violence against women as they can share these experiences and become stronger at the same time (Castro-Silva, 2019; Souza & Castro-Silva, 2022). In fact, the cases of violence against women during the pandemic increased and shelters decreased in this territory.

> The number of beaten women has grown a lot. The spaces have closed. So, they are beaten and silenced. Before they were beaten and went to the PHCU, but suddenly these spaces are no longer

available. And how do we know this? Through the boys from the fourth sector (drug dealers) that end up giving the order for the police not to enter. (Potira, October 1st, 2020)

Faced with this situation, the Black women in the community organizations created alternative methods. During the pandemic, they created virtual communication channels to report on the numerous difficulties faced by the community, especially hunger and violence. These actions included support to women who were victims of violence, usually committed by their own partners, in their own domestic environment. The women's organization has enabled the reporting of violence victimized women suffered, the exchange of information, and the facilitation of access to the families who need material and food support the most.

We made a group on the Internet called "the nice people." Mostly formed by young people, because here there is a lot of solidarity with each other. Everyone mobilizes and each one sees a way to help. . . . On the issue of food baskets, we registered people via WhatsApp, taking the person's name, address, and a document number. When the baskets arrived, we organized the schedules and the number of people who came to collect them. The level of stress increased; people became impatient, angry, aggressive. I witnessed three aggressions against women, seeing the person extremely violent, we had to interfere: 'stop there or else… You will hear from other groups that will not have the patience of a mother…' (Yara, December 13th, 2020).

During the COVID-19 pandemic, the capitalist model showed its inability to meet everyone's basic needs, exacerbating inequalities and profoundly affecting the economy, with rising unemployment and poverty. The inadequate response from the state intensified the crisis. To address these vulnerabilities, initiatives and practices (described by the media as solidarity networks) have sprung up all over Brazil. These self-organized, collective, or individual actions that strengthen the sense of community constitute ways of helping those in social vulnerability and reflect the coping methods individuals and groups adopted when they use their capacities and efforts for

the collective well-being. In many situations, these actions are carried out not to make a profit, but to promote common welfare. (Lima, Guedes & Silva, 2021)

We believe that the effectiveness of this community-based organization's actions stems from a strong sense of community and solidarity arising from the experience of such situations. We understand that ethical-political care results from a construction process of these affective bonds following the struggle for rights. Although the participation of the State in caring for the population in territories of social exclusion is necessary, State and population must build together truly effective forms of care for this territory, considering local knowledge and practices.

Final considerations

Coping with the repercussions of COVID-19 has been considered the greatest public health emergency the international community faced in recent decades (Schmidt, Crepaldi, Bolze, Nieva-Silva, & Demenech, 2020). Specifically in Brazil, the consequences of social inequality the COVID-19 pandemic and anti-social policies of the federal government from 2016 to 2022 exacerbated continue to greatly challenge the effectiveness of public health, care, and social policies because people live in an often inhumane reality that is deprived of achievements related to human rights. This shows that a large part of the Brazilian population, exploited by the neoliberal capitalist system known as 'developing countries,' are impoverished because of the capital accumulation by a few and the persistence of wealth maldistribution.

The practice of care by community-based organizations has evinced that tackling the pandemic must be based on principles of solidarity that unite and articulate people, groups, and communities. This enables, for example, isolation and social distancing measures, instead of encouraging people to stay apart, to reinforce the propositions of the ethics of care, i.e., the need to care for personal well-being and that of others. (Dine, 2020).

Interdisciplinarity is an important strategy in the search for ways of understanding and developing practices that value the experience of community leaders acting in social movements. The valorization of intersubjectivity by social-historical psychology and feminist ethics approaches, especially by the Black and Latin feminisms via intersectionality (gender, race, and class) (Akotirene, 2019; Camilo et al.,

2023)—which considers ethical-political categories—strengthen the daily life and affections of people who experience social exclusion. At the same time, such approaches evince the production of a praxis that contributes to improving public policies.

These reflections based on participatory research can acknowledge that ethical-political care is fundamental to producing forms of political and social confrontation that transform the reality of these people and communities. However, we consider that much still requires improvement in the approach to affective aspects, which are expressed in different forms of care, the change of mentality, and PHC still ruled by biomedical parameters and scarcely politicized and affected by the estrangement of the State. This study considers that new investigations valuing local popular experiences and knowledge will enrich and contribute to the formation of new paradigms based on respecting the intersectionality of gender, race/ethnicity, social class, and environmental diversities.

Furthermore, we consider it important to monitor and develop health practices in these territories post-COVID-19 as it would allow new knowledge to be added to the Unified Health System repertoire for actions in vulnerable territories. Moreover, we must be aware of the consequences in terms of health in general and specifically mental health as the COVID-19 pandemic has intensified the suffering of people, groups, and communities already ravaged by other types of violence.

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