COVID-19 and times of crisis: between risk and care

Covid-19 e tempos de crise: entre o risco e o cuidado

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Abstract

The article reflects on the notions of risk and care in crisis contexts, taking into account the social experience of COVID-19. The focus is to understand how the institutions and individuals who took part in the public debate dealt with the notion of danger. The article is based on the following axes of reflection: the media discourse, the pronouncements of the then-president Bolsonaro, the positioning of health professionals and the perspective of subjects in the daily care and illness. The analysis of journalistic material, statements by government authorities and scientific papers on the first two years of the pandemic revealed the polysemy of these conceptions. There was tension around the notion of severity since the pandemic was seen as both an ordinary and an exceptional event; and care was formulated as an individual and collective dimension; in which caregivers were marked by vulnerability, anguish, and exhaustion. The pandemic experience in this context took place under the aegis of state and institutional helplessness, in the face of political conditions marked by the rise of the far-right and the Bolsonaro government.

Keywords: pandemic, risk, care, crisis.

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Resumo

Este artigo reflete sobre as noções de risco e cuidado em contextos de crise, tendo em vista a experiência social da covid-19. Trata-se de compreender como as instituições e os sujeitos que protagonizaram o debate público lidaram com a noção de perigo. O foco do artigo incide sobre os seguintes eixos de reflexão: o discurso midiático, os pronunciamentos do então presidente Bolsonaro, o posicionamento de profissionais de saúde e a perspectiva de sujeitos no cotidiano dos cuidados e do adoecimento. A análise de material jornalístico, pronunciamentos de autoridades governamentais e trabalhos científicos sobre os dois primeiros anos da pandemia revelou a polissemia dessas concepções. Observa-se uma tensão em torno da noção de gravidade, uma vez que a pandemia tanto era vista como evento ordinário quanto excepcional; e o cuidado formulado como dimensão individual e, também, coletiva; na qual os cuidadores estavam marcados pela vulnerabilidade, angústia e exaustão. A experiência pandêmica nesse contexto se deu sob a égide do desamparo estatal e institucional, diante de condições políticas marcadas pelo recrudescimento da extrema direita e o governo Bolsonaro.

Palavras chave: pandemia, risco, cuidado, crise.

Introduction

In the context of different illness processes—acute or chronic—two concepts are central: risk and care. They acquire special density when thought of in the context of *critical situations*—understood as *quality of reality.* These situations are historical and social constructs that also refer to forces that trigger processes beyond control, and which impose limits that condition ideas, decisions, and actions. They give rise to different conceptions of crisis, calamity, catastrophe, or other terms - signs of destruction, damage, suffering, affliction, and death (Visacovsky, 2011).

With the emergence of the new coronavirus in the late 2019, the COVID-19 pandemic was a critical event of great magnitude, a common globalizing experience, when all countries lived under a certain level of control of circumstances, with a medicine of control. The health crisis interrupted the predictability of the flow of life, immediately causing the emergence of different feelings, such as anguish, fears, uncertainties, insecurities, and embarrassment (Rezende, 2020).

Previous environmental catastrophes, disasters, and/or epidemics, such as the Spanish flu, HIV/Aids, Chernobyl, tsunamis, among others, were events that did not reach such a significant number of countries and people affected. On the other hand, COVID-19 has involved a significant number of cases and deaths, as well as the overlapping of diseases resulting from economic and political macro-processes, with interactions not only between diseases (at an individual level), but also between epidemics (at a population level), considering the context of social, racial, environmental, political, and economic inequalities in force, especially in Brazil. The interactions between comorbidities (diabetes, hypertension and COVID-19) and with harmful social and biological conditions have led to what some authors call a *syndemic* (Almeida-Filho, 2021), which has aggravated social suffering in individual and collective health. In addition, this health scenario has been marked by a new communication configuration, with the production, circulation, and consumption of information at an unprecedented volume, speed, and reach, characterizing what the United Nations (UN) has called the *infodemic*, a pandemic of disinformation

that has led to major challenges in managing and coping with the crisis (Almeida-Filho, 2021).

Disasters are usually accompanied by destruction, threats to existence, insecurity, and distress. In this sense, the pandemic was a critical event, out of control and unplanned, a condition that demanded forces in the search for balance and the possibility of the future (Visacovsky, 2011, p. 16). In Brazil, these forces were operated by a heterogeneous set of actors, starting with international organizations, such as the UN and its health bodies, including the World Health Organization (WHO); the government at different levels—federal, state, and municipal—with emphasis on the Ministry of Health and the state and municipal secretariats; and also those who were on the front line of dealing with the crisis: health professionals. The media also stood out by giving visibility to its occurrence, disseminating epidemiological data and forms of prevention and coping.

This article was designed to reflect on the intertwining of the notions of *risk* and *care* in crisis contexts, taking the context of COVID-19 in Brazil as a reference. In particular, we are interested in understanding how the institutions and individuals who took part in the public debate dealt with the notion of danger. To this end, we have focused on the following axes of reflection: the media discourse, especially mainstream corporate journalism, due to its importance in the pandemic context; the government discourse, due to the relevance of the pronouncements of then-president Bolsonaro, in the construction of the idea of safety/insecurity in the face of the new virus; health professionals, due to their strategic position in the field of care and risk management in the pandemic; and the perspective of subjects in their daily experience of the disease. These axes will be explored less for their concrete practices and more for the symbolic dimension they brought, for what they showed in terms of the conceptions of risk and care they engendered.

To carry out this investigation, we took the first two years of the pandemic as a time frame, which included the emergence of the virus, the period of most intense social distancing, and the relative control with the availability of the vaccine. Our empirical object was a national newspaper, *O Globo*, due to its scope and social and political importance as a communication vehicle, based on the texts published on the newspaper's website, collected using the search tool of the Data Science Platform Applied to Health/Icict/Fiocruz. We also analyzed some of Bolsonaro's pronouncements, accessed through news articles in *O Globo* or in his live broadcasts; we also consulted various articles published in the mainstream media, which addressed the experience of health professionals and individuals during this period. This corpus allowed us to access the perspective of some of the main actors who were at the forefront of the management of the pandemic, and who led the public debate on the privileged topics[1].

About risk and care

Associated with the idea of danger, *risk* is a modern notion and, according to some authors, one of the founding aspects of contemporary sensibility. Although societies have their own conceptions of what is "dangerous"/"not dangerous," "safe"/"unsafe," its emergence in Modernity emphasized an opposition to the ideas of fatality and fate. It is about a new attitude towards the future, no longer as a "mirror of the past" or the domain of oracles, but as a condition that could be colonized, with the strengthening of belief in human action and the notion of *control*. Used in different dimensions of social life, such as science, law, health, and the economy, the category of risk is also present in the everyday vocabulary of ordinary people (Lupton, 1999).

One of the main authors to theorize about risk was the sociologist Ulrich Beck. He points to a rupture within modernity, in which classical industrial society is giving way to what he calls "risk (industrial) society." This is characterized by

1 Kátia Lerner would like to thank CNPq for the Productivity Grant (PQ2) and CAPES for the support given to the research "Obstáculos à comunicação de risco na pandemia de COVID-19: infodemia, desinformação, algoritmos e desconfiança em contextos de polarização política e de crise dos sistemas peritos" [Obstacles to risk communication in the COVID-19 pandemic: infodemic, disinformation, algorithms and mistrust in contexts of political polarization and crisis of expert systems].

a progressive awareness of the damage caused by its own development, leading to criticism of science, technology, progress, and new social movements, characterizing a *reflexive modernity* (Beck, 2016). The patterns of globalization resulting from late modernization would have made risks increasingly difficult to calculate and control, crossing national and socio-economic borders. By giving centrality to the environmental issue, the author argues that contemporary risks are characterized by the fact that they are manufactured (by science, the market and the government), are invisible to the human senses (as in the case of radioactivity, toxins and pollutants in food, water and air) and have no spatial or temporal boundaries. By being experienced collectively, they would affect everyone, including those who generated them or profited from them.

Beck's work has been important in the sociological discussion on modernity, and has also been the subject of numerous criticisms, such as its Eurocentric and evolutionist character, whose development model did not take into account the imperial structures that gave worldwide proportion to modernization or that distributed global risks unequally. The case of the pandemic is exemplary, as it reveals an event that affected the whole world, whose capacity to react and cope was unequal, as observed at the time of production and distribution of test materials, masks, and vaccines against COVID-19. Another important point of criticism was the fact that it ignored "the local materiality of risk, the culturally localized interpretations of them and the immanent diagnosis of potential for emancipation" (Bosco; Ferreira, 2016, p. 249).

Beck and other authors point out that the idea of risk as a way of avoiding unwanted events is present in many dimensions of social life. Among them, the field of health stands out, especially after the middle of the 20th century, when the idea of disease was re-signified by epidemiology through the notion of risk factors. At that time, this concept became strategic in assessing danger in everyday life.

From the modern conception that indexed the manifestation of a symptom to the search for the injury and the diagnosis, we began to live with a new regime that investigated the anatomical or physiological alteration prior to the symptom, shifting the focus from the already constituted disease to its probable future manifestation (Vaz; Portugal, 2012). People considered healthy began to act preventively, incorporating practices relegated to those classified as sick; disease criteria became stricter, expanding those who could be categorized as sick; or even those who were *already sick* became the object of intense scrutiny, to avoid worsening their condition. The reconfiguration of the boundaries of "normal" and "pathological" has led to a growing inseparability between health, illness, and cure, impacting the ways in which people deal with their bodies, professionals configure their therapeutic practices and institutions outline their policies (Aronowitz, 2009).

The notion of *risk* is therefore closely linked to the idea of *care*, since the perception of danger will potentially lead to actions aimed at preventing and dealing with misfortune, aimed at "maintaining, continuing and repairing our 'world,' so that we can live in it in the best possible way" (Tronto, 2007, p. 287, our translation). Caring involves a plurality of practices, it necessarily involves subjects and social institutions, as well as classification systems that define the elements and subjects recognized as deserving attention, by classifying them as vulnerable or at risk, and networks of relationships, arrangements, circuits and regimes[2] from which these practices are carried out (Groisman, 2015; Fazzioni, 2018). In the field of health, care can be analyzed from three main perspectives: as an ontological category (understanding of care practices); as a genealogical category (self-care), and as a critical category (as the main mode of practical interaction in health) (Ayres, 2009). In practice, the same concrete activity of caring can take on various forms of meaning: as a profession, an

2 We use the concept of 'care arrangements' in the terms of Natalia Fazzioni (2018): the "relationships established around the person with a sick and vulnerable body, with the aim of maintaining it, repairing it and managing its sensations" (Soneghet, 2022, p. 235, free translation). Fazzioni (2018, p. 145) refers to the term in reference to the concept of 'family arrangement,' which refers to what is 'organized' in a certain way, in order to solve, even if improvisationally, a daily problem. The idea of 'care arrangements' is not restricted to the formal organization established with the state and the market, but encompasses them. We understand care regimes as "the way in which welfare states understand, regulate and direct their public policies with regard to care" (Groisman, 2015, p. 61, free translation).

obligation or as help (Guimarães, 2024). By assuming that care is a social constant, the questions of who cares for whom, under what conditions, and who is eligible (or not) for care become constitutive of the social order. In this sense, the presence or absence of care is especially visible in the context of crises, whether due to external factors (wars, economic, or health crises) or internal factors (illness, loss, or other). In crisis situations, the asymmetry between those who provide care and those who receive it becomes especially acute (Guimarães, 2024, p. 7)[3].

Care and risk in the pandemic: clashing conceptions

Although risks—and care—are intertwined with the social, economic, environmental, political, and historical contexts that engender them, in the concrete production of situations that are harmful to individuals and collectivities (poverty, hunger, contamination, social inequality), they also have a more abstract dimension, linked to meanings and perceptions. Neves points out that the notion of risk is always polysemic and, being in the realm of cultural matrices, admits "attributions of different meanings when mobilized in different symbolic systems" (Neves, 2008, p. 33, free translation). The evaluation of a situation as negative and the options for certain forms of coping and care are thus linked to the value system of the social groups in which they arose and constitute elements of classification and ordering of social life, engendering certain perceptions and the prescription of certain actions (Neves, 2008, p. 34). Accompanying the discursive production of risk and care, taking into account their contexts, is thus a way of accessing the social world in which they were produced, in order to understand their values and positions in the face of catastrophe.

The outbreak of the pandemic occurred during the Bolsonaro administration, which came to power after intense opposition to the PT governments, involving legal and moral disputes that led to the imprisonment of members of the Workers' Party and President Lula. The unexpected rise of Bolsonaro, who served as a federal deputy from 1991 to 2019 (https://www.camara.leg.br/deputados/74847/biografia), without much prominence on the national political scene, relied on the use of anti-system rhetoric and represented the strengthening of the far right in the country. With a populist profile, he questioned the institutions of representative democracy and made use of technological devices in his contact with society; he affirmed his rejection of "old politics" (institutions and mediations) and his distrust of the media, especially the *O Globo*, *Folha de S. Paulo,* and *O Estado de S. Paulo* groups.

The then president codified the pandemic and care according to his assessment of the dangerousness of the disease. Characterized as a "small crisis" or "little flu" (March 24, 2020)[4], it was understood as an *ordinary* event, with a risk recognized as real, but of little threat. After all, who hasn't had the flu? Added to this is the fact that it is an event over which human action would have limited influence. Bolsonaro's discourse semanticized it as an *inevitable event:* "So what? I'm sorry. What do you want me to do? I'm the Messiah, but I'm not a miracle worker. *It's life*" (March 29, 2020, emphasis added). Normalized, the danger was shifted to the economy, and the risk at stake was the worsening of poverty and unemployment, defining the prioritization of economic protection.

This perspective entailed certain conceptions of care. In a context in which health authorities pointed to the use of masks and social distancing as the main ways of dealing with the disease, with debates on the development of vaccines, Bolsonaro bet on the spread of contagion, even though he was pressured by mayors, governors, and health authorities. This stance can be seen in the encouragement not to wear a mask, the defense of "vertical isolation" (only for groups considered "at risk", such as older

3 The act of providing care is associated with attributes such as capacity, potency, or social power, while the act of receiving care tends to denote vulnerability and need, while at the same time it means being deserving of inclusion and protection.

4 See https://g1.globo.com/politica/noticia/2020/03/10/bolsonaro-diz-que-questao-do-coronavirus-e-muito-mais-fantasia.ghtml. Available at: Mar. 24, 2020. https://www.youtube.com/watch?v=rcxB7DsEAFQ. Access on: Apr. 15, 2024.

adults), incitement to crowding and the use of the "covid kit"[5]. The same happened in relation to the vaccine; although it acted ambiguously, due to social pressure to respond to the crisis, at the same time the government invested large sums in the purchase of AstraZeneca's immunizer and incited resistance to the vaccine, warning that it could "turn into an alligator," in addition to the former president's refusal to show his vaccination card or stating that he would not vaccinate his daughter[6].

Bolsonaro's stance on the state's position regarding care in the pandemic is relevant, because for him, "Each family has to protect their elders, not throw it to the state. It's about leaving older people at home and the rest going to work, because jobs are being destroyed." This statement, made in an interview with the program "Brasil Urgente" (Band TV, 2020), makes explicit a debate about care, which Groisman calls *familism*: the idea of attributing care to the family, relieving the state of responsibility (Groisman, 2015). It also reveals a different perspective from the one that prevailed in the history of Brazilian public health, when the fight against epidemics was linked to efforts to build and consolidate public scientific research institutions and health actions.

Contrary to what happened with Bolsonaro, the pandemic was constantly seen in the media coverage as an exceptional phenomenon; the place of risk, however, varied. In the first moments of insecurity, some elements emerged as sources of tension: the possibility of a stock market crash and the "Chinese virus," a nomenclature that reveals the symbolic position of that country. This perspective was in line with the fears circulating on social media, unlike what happened in Mexico with the H1N1 epidemic, or even in Italy, at the time a major epidemiological focus of the disease. Gradually, the risk was shifted to the management of the federal government and, as the debates on social distancing progressed and the president's opposition to these guidelines grew, *O Globo* stepped up its stance, undermining the president's arguments, highlighting his critics, emphasizing the *panelaços*, the comments on social networks from anonymous people and politicians, government officials and the international media that contradicted his position. The use of chloroquine and drugs with no scientifically or clinically proven efficacy was a source of tension, which peaked in April 2020 with the resignation of the then Minister of Health Luiz Henrique Mandetta[7].

Thus, a look at the news coverage reveals how, from the start of the health crisis, the pandemic was coded as an extremely serious, *extraordinary* event, which can be illustrated by the transformations in the first three months of coverage after the health emergency was declared, when the newspaper reconfigured its news structure in an unprecedented way. The change was expressed by the full dedication of the front page to the topic and the creation of the "Coronavirus Special" section, which gradually incorporated the World, Country, and Rio sections.

Another way in which the newspaper constructed the idea of "crisis" was through the recurrent use of medical-scientific sources, such as epidemiologists. However, this severity was constructed from the centrality of the biomedical model, obscuring other approaches such as the humanities and social sciences, whose problematization of social,

5 Use of drugs with no scientific proof of efficacy against the new coronavirus. The kit basically consisted of two drugs: Ivermectin, used to treat parasitic infections, and hydroxychloroquine–used to treat malaria, both with a high probability of side effects. It is worth mentioning the adherence or refusal of health professionals to use and prescribe this kit at an early stage of the pandemic and, at a later stage, their position in favor (or not) of vaccination.

6 "If you become an alligator, that's your problem. If you turn into Superman, if some woman grows a beard or some man starts talking fancy, they won't have anything to do with it" (Dec. 17, 2020) (Lopes, 2022). See also https://g1.globo.com/sc/santa-catarina/noticia/2021/12/27/bolsonaro-diz-que-nao-vai-vacinar-filha-de-11-anos-contrariando-indicacoes-da-ciencia.ghtml.

7 The Ministry of Health under Bolsonaro has had four ministers: Luiz Henrique Mandetta (from January 2, 2019, to April 16, 2020), Nélson Teich (from April 17, 2020, to May 15, 2020), Eduardo Pazuello (from September 16, 2020, to March 23, 2021), and Marcelo Queiroga (March 23, 2021, to December 31, 2022). This turnover was motivated by tensions in the conceptions of care at play, on issues such as social distancing, chloroquine, mass testing, dissemination of epidemiological data, and the critical situation in Manaus at the end of Pazuello's term. The announcement of Mandetta's departure was surrounded by outcry, with the population "banging pots and pans" in protest. These tensions also concerned several governors and mayors, generating another source of tension.

economic, racial, and political aspects could shed light on dramatic elements of the COVID-19 experience in certain social groups.

Also noteworthy is the daily use of infographics monitoring the number of suspected cases, infected people, and deaths in the country. Using figures, infographics and projections, the newspaper put on a rhetorical performance in which it underlined biomedical scientific authority and, consequently, its own. According to Giddens (1991), expert systems, systems of technical excellence or professional competence that have taken on a prominent role in modernity, have their effectiveness linked to the trust of consumers, most of whom are lay people, which is due to "faith" in their competence to control risks (Giddens, 1991). This condition was expressed through the recurrent use of scientists by these media outlets, which even incorporated them into their permanent structure, such as the creation of a fixed column in *O Globo, A hora da ciência.* This alliance reinforced the place of newspapers as a space for the production of truth and also for science itself. With the new communication scenario on the internet, newspapers have sought to reposition themselves as a reliable source and have strived to assert themselves as bearers of authority to point out risk and, therefore, in a position linked to care.

Health professionals: between risk and care

In all countries, the pandemic situation has led to a search to organize health systems to mitigate the disease. This effort has highlighted the weaknesses and shortcomings of health care structures, especially with regard to the protection and physical integrity of health professionals. Since the beginning of the pandemic, Brazil has had a special situation, due to the denialism of its president and the tensions between the Ministry of Health and state and municipal governments.

During the pandemic, the vulnerability of health professionals became increasingly visible, whether due to the overload and precariousness of their work or the difficulty in accessing personal protective equipment (PPE). Awareness of this condition generated anguish, heightened by the peculiarity of this work, marked by the unexpected, with specific risks in the face of the (un)availability of testing, scarcity of medicines and resources to deal with the virus, with a high transmission rate, whose infection produced various effects and a very painful dying process, with limited possibilities for relief (Grossi; Toniol, 2020; Matiuzo, 2022).

From March 2020 to January 2021—the start of the vaccination of health professionals in Brazil—therapeutic approaches changed, based on scientific exchanges with researchers. This instability of scientific knowledge at a time of uncertainty was compounded by the circulation of fake news, to which doctors and other professionals also had access, leading to increased insecurity among health teams.

In Brazil, care for people infected with COVID-19 has gone through different phases: after March 2020, there was little knowledge about the virus, its forms of transmission, the clinical changes it produced, and the means of controlling the infection. The main theme was surprise and the search for understanding, as well as measures to protect against contagion. With the scarcity of tests, during this period it was essential to use and access (not always possible) PPE, whose use caused great discomfort and there was concern about the possibility of contamination of family members[8].

After the initial phase, proposals emerged for preventive care and for conducts considered "appropriate" in care, developed and disseminated in scientific circles, such as the use of anti-inflammatory drugs (corticosteroids); technological resources (artificial respirator and non-invasive ventilation); as well as changing the posture of patients in bed (Matiuzo, 2022, p. 156). The work of health teams undergoes transformations in the quest to control the imponderable.

Interviews with health professionals who have worked in the care of people infected with COVID-19,

8 Available at: https://catracalivre.com.br/saude-bem-estar/tecnico-de-enfermagem-que-dormia-no-terraco-e-vacinado/#google_vignette. 20/01/2021. Access on: Mar. 29, 2024.

whether on the so-called "front line" or in ICUs, studies[9] on stress and burnout among health professionals or even media reports[10] point to work overload, fear of contagion and the possibility of transmission to family members, exhaustion, suffering, and a sense of powerlessness in the face of the seriousness of the cases and the number of deaths, especially in the first two years of the pandemic (Matiuzo, 2022). Brazil was one of the countries with the highest number of deaths among nurses and, in general, among health professionals (Machado et al., 2022).

During the period of coping with pandemic, ambiguous messages circulated about immunization and health professionals were considered "heroes" and also suffered criticism and attacks. Similar to the idea of turning vaccinated people into alligators, health professionals themselves sometimes expressed opinions against vaccination, the use of masks, and social isolation.

The case that occurred in Rio de Janeiro in June 2020 is illustrative. It involves a doctor who worked in a field hospital for people infected with COVID-19, and lived next to a plot of land where parties were organized. One night, coming back from consecutive shifts, she warned those attending an event about the risks of contamination and asked them to leave. As she was greeted with laughter and insults, she lost control and damaged a car's rearview mirror and windshield. She was then beaten, dragged, had her hair pulled out and suffered fractures. Her neighbors reported it to the police, who stopped the violence. The episode illustrates two readings of the context: a denialist one, from those attending the event; and the other, concerning the doctor's concern about the risk of contagion, illness, and even death.

According to several researchers (Ariès, 2003; Foucault, 1999; Menezes, 2004), a long historical process resulted in the growing social delegation of the care of the sick and dying to the medical institution and its professionals. The attribution of the burden of care to health professionals came to be recognized in the 20th century, especially in the West, with the creation and standardization of the World Health Organization, to be followed by the Ministries of Health of each country.

The distress and indignation of the doctor who was attacked can be understood according to a number of hypotheses: physical exhaustion, due to consecutive shifts in stressful conditions; emotional suffering, due to monitoring serious cases, with many deaths of suffering patients. Finally, based on the idea of moral suffering, resulting from the social delegation of care to the figure of the doctor, combined with the lack of individual protection for the party-goers.

According to the WHO, as of May 2021, at least 115,000 healthcare workers have died from COVID-19 worldwide, and this number may be higher due to underreporting. In Brazil, this situation is confirmed, as there has been no systematization of the numbers of contaminated people and deaths among health workers. According to Machado et al (2023), there are few exceptions: the Federal Councils of Medicine and Nursing have counted the number of professionals who have died since the beginning of the pandemic[11]. For reasons of institutional policy, the country does not have reliable and stable sources to determine the extent of the devastation of those infected and killed in the population and among health professionals. The scarcity and systematic absence of data on the deaths of health professionals in general during the pandemic is a serious fact, which implies the erasure of history.

Based on the assumption that the decisions of the then president of Brazil and his health ministers can be encompassed in a biopolitics of death[12] or in a necropolitics (Mbembe, 2018), the actions of health

9 vailable at: https://portal.fiocruz.br/noticia/pesquisa-analisa-o-impacto-da-pandemia-entre-profissionais-de-saude.

10 For example: https://www.bbc.com/portuguese/brasil-56937231. Access on: Apr. 06, 2024.

11 Machado et al.'s (2023) study highlights some findings about deaths caused by the new coronavirus, such as: the majority of doctors who died were men over 60; the nursing professionals with the highest number of deaths were Black and Mixed-race women, under the age of 60; four states in two regions were the most affected by losses of health professionals: Pará and Amazonas - in the North region; and Rio de Janeiro and São Paulo - in the Southeast region. The data shows the inequalities between the different professional categories in the health sector.

12 In the sense of models of regulation and power used to regulate human death or create 'worlds of death,' in which certain people, with specific characteristics, such as skin color or belonging to certain ethnic groups, are configured as less worthy of life or, ultimately, as 'less human' than others (Mbembe, 2018; Lupton, 2022, p. 63).

professionals in the pandemic can be understood according to this framework. Thus, because they are responsible for decisions concerning the life, suffering, and death of patients, doctors can be an instrument at the service of necropolitics, by refusing care; by selecting who will have access to oxygen or even by transmitting discrediting messages about the vaccine. On the other hand, when caring for people infected with COVID-19, health teams who did not have PPE or adequate working conditions were more vulnerable to contamination. Therefore, in carrying out their work caring for people infected with the new coronavirus, health professionals acted on the threshold of a difficult equation between risk and care. This position highlights the tensions between being an object and, at the same time, an instrument of necropolitics.

During the pandemic, the pressures on health teams came from different sources: from users of the health system, for care and access to therapeutic and technological resources; to protect their families from the risks of contamination; to comply with the rules of government agencies—which sometimes has paradoxes and tensions—and, finally, from individual suffering itself, due to moral issues associated with decisions. In critical times, such as the pandemic, the boundaries between self-care, caring for others and exposure to risks can be transformed and erased, especially in the presence of different logics, in tension and paradox.

The pandemic shaped a health care landscape that highlighted existing social differences, such as marked social inequalities—in access to health services and care in the broad sense—and structural racism (Grossi; Toniol, 2020). The organization of social life, self-care, and the care of others has undergone transformations, according to guidelines for distancing from family members, among other measures. Below we discuss the ways of caring for oneself and others, based on the risks present in the pandemic.

Care for oneself and others

The emergence of COVID-19 has reconfigured the sense of relative security present in the 20th century, marked by control medicine. Faced with the limits of biomedicine and the unpredictability of the coronavirus, individual routines were guided by exacerbated feelings of fear and risk, when once trivial gestures such as touching, breathing, and being physically close were considered potentially fatal.

The concept of individualized health/disease, characteristic of the logic of risk from the perspective of epidemiology (advocating individual care as a way of prolonging life: screening, good diet, exercise, medication, among other practices), was confronted by the new scenario, which put the prioritization of collective care on the stage, expressed by the idea of "flattening the curve." It was necessary to reduce the circulation of the virus in order to reduce contagion and relieve the health system, thereby demonstrating a tension between individual and collective risk.

COVID-19 emphasized the idea of the fragility of the course of life and a common destiny for humanity, initially motivating speeches that celebrated the emergence of the crisis as a possibility for building new utopias. However, time has shown the presence of inequalities that marked the situation, due to the different material conditions of existence and the different conceptions of risk and care at stake. The defense widely disseminated by the media and scientific authorities of measures seen almost as social and health imperatives—"stay at home!", "wash your hands!"—was, for many, unfeasible. Without running water, with scarce material resources, food insecurity, living on collective arrangements, such practices were sidelined by the difficulties of implementation. For some, COVID-19 was "just another struggle."

In each context, risk and care management took on different forms. Research data from the Public Security Forum/Datafolha points to an apparent reduction in violence against women during this period, due to a drop in police records, accompanied by an increase in lethal violence against this group (2.2%) and in calls to official help channels (Bueno et al., 2021). The document points out that the reduced numbers indicate difficulties in reporting, probably "due to being in closer contact with the aggressor and the consequent increase in physical and psychological manipulation of the victim; and the difficulties of travel and access to institutions and protection networks" (Bueno et al., 2021, p. 8, free translation), which have been impaired during the pandemic This panorama is compounded

by a drop in family income and an increase in alcohol consumption. In response to the "stay at home" guidelines, the question arises: which home? What is home? Staying with whom? Under what conditions? Care is constantly faced with the public-private relationship and, consequently, is marked by the context of political concerns (Tronto, 2007).

The ways of classifying risk and care can vary according to age group and generational position. In the 21st century, many people over the age of 60 support and/or help their adult children financially, and this support can span two generations. In the face of rising unemployment and informal work, the parental/grandparental home has become a place of socio-economic and emotional support for children and grandchildren. As people live longer, older adults are reaching over 80, especially in the middle classes, and family members are given responsibility for care. There has therefore been a restructuring of the Brazilian age structure. During the pandemic, in middle-class urban areas in Brazil, the care of older people was undertaken by the next generation, with concerns about contact with hired caregivers and the use of public transportation (Heilborn et al., 2020). The urgency of the situation led to a reworking of family relationships, sometimes despite the subjects' wishes.

Biological vulnerability, which is more present in certain groups, such as with older adults, people with chronic or rare illnesses, among other serious conditions, is a relevant dimension in the configuration of classifications. Neves (2023) points out how people living in situations of social and racial inequalities experienced aggravation of specific physical conditions. In this context, the category "comorbidity" has emerged as a means of biolegitimacy. In a scenario in which everyone is in danger, how do we deal with the most at-risk segments? These groups activated social and family strategies to ensure their survival, seeking recognition for their condition. For example, the rush to doctors' offices to obtain a "comorbidity certificate" for early access to the vaccine, in a context of denial of citizenship, when the absence of an official homogeneous standard for managing the pandemic generated profound helplessness. If, on the one hand, these strategies sought to maximize access to care, on the other, previously problematized issues emerged, such as the idea of a "risk group" and the stigmas associated with it, with a moralization of diseases and the use of accusatory categories (Neves, 2023).

Finally, we emphasize that care is never individual; each person is at the center of a complex network of relationships, marked by interdependence and reciprocity (Tronto, 2007). Family members, health professionals and caregivers all take part in this web, which has become more complex during the pandemic. In countries where the middle and upper classes rely on care characterized by the difference between *those who care* (doctors) and *those who serve*[13] (caregivers marked by gender, race, language, religion, migration), the pandemic has unveiled relationships of both solidarity and indifference.

The infection of a domestic worker contaminated by her employer who had recently arrived from Italy, marking the first death from COVID-19 in Rio de Janeiro, inverted the logic of danger: from the working classes, considered dangerous, to the object of contagion. As the pandemic progressed, workers were laid off and household chores were redistributed within the family. Despite this change, the tension over whether or not to define domestic work as an essential service revealed the care logics in force in a deeply hierarchical country. According to Cal (2023, p. 3), about the decree that included the category in the Pará context, "the apprehension of being 'without a maid' seemed to gain more importance than the risk of being contaminated by the worker." Although the decree was modified after pressure from unions and other sectors, this issue reveals "the lack of public concern for the people who carry out this activity, sustained by a culture of servitude, from which some cannot do without being served by others under penalty of loss of status and the lack of distance from poverty" (Cal, 2023, p. 10, free translation).

13In Brazil, they are often women, Black, poor, with low levels of education, and migrants.

Conclusions

Four years on from the outbreak of the pandemic, we are still reflecting on its individual and collective consequences. So far, there are no reliable numbers of deaths or people with sequelae from the new coronavirus. We need to assess the still unknown number of mourners and those affected by the health crisis. For many, their sense of security and stability has been deeply affected. In response, there is a search for oblivion or a desire to distance themselves from a time that has apparently been put *on hold.*

The pandemic has produced many challenges. For Lupton (2022), there has been an intertwining of macro- and micro-political planes and dimensions: contagion, death, risks, uncertainty, fears, social inequalities, stigma, and power relations. Each context had specific local conditions, in connection with globalizing forces. Different conceptions and ways of managing risk and care were at stake, sometimes in complementarity, sometimes in dispute. Lupton (2022) points out the marked differences between the global North and South, indicating the transformations associated with hope in each segment of the globe and according to social insertion. Distinctions in the management of care are also found in the Brazilian scenario, based on the recognition of the vulnerabilities present in each context—whether individual or collective, physical, psychological, social, or of kinds.

Times of crisis produce suffering, and social networks play an important role in risk management and, above all, in care actions. Here we would like to highlight certain types of social intervention, with the creation of sociability networks for support and protection (*favela* network and single center for *favelas*, among others)[14]. In the growing volume of publications in the social sciences, there has been an increase in studies on the field of mental health, with a focus on the concept of trauma. There is certainly a lot of research to be done, and even topics that have already been covered require further study and analysis, such as the arguments of dissenting health professionals.

The configuration of new forms of sociability and individual projects is underway, above all as a result of the loss of references that were previously in force, such as the possibility of control over one's own destiny. Collectively, the end of the health emergency and the change in Brazil's political scenario have eased some of the impasses, with management more committed to care. However, this did not mean the departure from the scene of the actors responsible for the dilemmas faced, such as which risks to prioritize and how to conduct care, for whom and how. The optimism resulting from the production of vaccines with proven efficacy and the overcoming of the crisis was accompanied by doubts about the ability to master new infectious agents or variants, as scientists warn about the likelihood of recurring endemics.

Finally, we point out the importance of conducting research with people and groups affected by the pandemic, accessing their narratives and contexts, in order to support the creation of strategies and ways of redefining and organizing life, suffering, loss and support. It is also fitting to investigate the meanings attributed to hope, based on the limits imposed by the pandemic and the national and international choices concerning the environment, life and, ultimately, the individual and collective future.

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