Techno-Politicizing Pandemic Scales: The Impacts of COVID-19 on the Interior of Southern Brazil

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Abstract

This article contributes to an understanding of the multidimensional impacts of the COVID-19 pandemic through a reflection on the dimensions and scales involved in the dissemination and combat of the virus in two towns in the interior of Rio Grande do Sul, Brazil's southernmost state. It draws on a sociotechnical timeline of the events that characterized the pandemic in the town of Picada Café during a pivotal moment— the so-called "first wave" from March to September 2020. Additionally, the article discusses the results of a socioeconomic survey conducted in October 2020 among small business owners in the towns of Picada Café and Nova Petrópolis. As COVID-19 sprawls through the farthermost hinterlands, the pandemic unveils how political, economic, and social predicaments in these areas differ from their urban counterparts. They deserve to be studied independently so as to promote more effective and target-driven public policy responses.
Keywords: Covid-19; pandemic; interiorization; scale; technopolitics; Rio Grande do Sul.

Tecno-Politizando Escalas Pandêmicas: Os Impactos da Covid-19 pelo Interior do Sul do Brasil

Resumo

Este artigo contribui ao entendimento dos impactos multidimensionais da pandemia a partir de uma reflexão sobre as dimensões e escalas envolvidas na difusão e enfrentamento à doença em duas cidades do interior do Rio Grande do Sul. Ele recupera a cronologia sociotécnica da pandemia em Picada Café durante um momento crítico—a chamada "primeira onda", de março a setembro de 2020. O artigo também problematiza os resultados de um *survey* socioeconômico conduzido em outubro de 2020 entre pequenos comerciantes (proprietários e funcionários) situados nas cidades de Picada Café e Nova Petrópolis. No processo de *interiorização* do Covid-19, está em jogo um amplo conjunto de negociações políticas, econômicas e sociais que difere de seus mecanismos urbanos e que merece ser estudado em detalhes para subsidiar respostas mais efetivas e escalares para o enfrentamento da doença.

Palavras-Chave: Covid-19; pandemia; interiorização; escala; tecnopolítica; Rio Grande do Sul.

Techno-Politicizing Pandemic Scales: The Impacts of COVID-19 on the Interior of Southern Brazil [1]

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Introduction

The COVID-19 epidemic that has been unfolding since early 2020 is perhaps the first major event of truly global proportions of the twenty-first century, whose political, economic, and social consequences will be felt for decades to come. Besides the biological issues, which include the spread and lethality of the virus, the pandemic underscores the kinds of societies we want to build in the future (Leonhardt, 2020). More than any other phenomenon, the pandemic destroys existing future orientations to rewrite them in the accelerated time of the present (Bryant & Knight, 2019; Salazar et al., 2017).

Despite its universal scope, the pandemic produced consequences with varied local impacts. As localities devised their own responses, they rewrote the global contours and action guidelines of national and transnational organizations. In practice, pandemic-related disruptions conflated with many pre-existing problems, including political conflicts and socioeconomic inequalities, crystallized over decades of exclusion. The politics of counting and recognizing individuals infected with the virus mapped onto the unequal geography of urban centers and *favelas* and the institutionalized necropolitics (Mbembe & Corcoran, 2019) of "letting [people] die." This became popularized in the controversial death of a housekeeper in Rio de Janeiro after contracting the illness from her employer.[2] Throughout the interior of the country, the advance of the pandemic has posed specific issues and created particular populations at risk. This is illustrated in the high transmission rates in indigenous reserves in western Santa Catarina,[3] among immigrant communities, and even among workers in base and supply industries, as is the case of meat processing plants.[4]

This article explores the multidimensional impacts of the pandemic by interrogating the *dimensions* and *scales* involved in the dissemination and combat of the disease. Anthropology is particularly apt to understand processes of interaction and friction between global, regional, and local scales. If, historically, the discipline developed the concept of culture as a response to the notions of acculturation and homogenization (Sahlins, 1997), more recent developments have analyzed the productive effects of scale-making on the production of

2   Available at: https://noticias.uol.com.br/saude/ultimas-noticias/redacao/2020/03/19/primeira-vitima-do-rj-era-domestica-e-pegou-coronavirus-da-patroa.htm. Accessed on: July 7, 2020.

3   In June, for example, at least two deaths of indigenous people had already been registered in the municipalities of *Entre Rios* and *Ipuaçu*. The latter is where the largest indigenous reserve in southern Brazil is located (*Reserva Chapecó*). Available at: https://g1.globo.com/sc/santa-catarina/noticia/2020/06/18/avanco-de-covid-19-nas-aldeias-indigenas-do-oeste-de-sc-preocupa-ministerio-da-saude.ghtml. Accessed on: July 24, 2020.

4   There are Kaingang populations, for example, who work in a meat processing plant in *Xaxim*, a city that also hosts a huge contingent of Haitian immigrants employed under the same conditions by the same industries. Available at: https://www.bbc.com/portuguese/amp/brasil-53477319. Accessed on: July 24, 2020.

the locality (Appadurai, 2013). They have also paid attention to the meanings, practices, and materialities involved in this process and the conflicts arising from this juxtaposition of varying scales of interest (Comaroff & Comaroff, 2003; Tsing, 2000, 2005).

The pandemic – understood as a complex multi-sited assemblage of variables – is a privileged empirical window for understanding the construction of scalar distinctions. This includes how people who enforce such distinctions perceive them and their effects on their agency (Briggs, 2004; Carr & Lempert 2016; Marston 2000; Neveling & Wergin 2009). The challenge, according to Tsing (2005: 153), is to understand processes of "scale-making" through which "the spatial dimensionality necessary for a particular kind of view" is "brought into being: proposed, practiced, and evaded, as well as taken for granted." As localities reorganize in the wake of trans-local disruptive events, they also participate circumstantially in the production of global scale-making projects, claiming and contesting scales in cultural and political projects.

"There is something disturbingly beautiful about precision, even when we know it fails us," writes Tsing (2012: 505) on the interplays of scale and the controversies underlying their production. "As in digital media, with its power to make the great tiny and the tiny great in an effortless zoom, *scale* has become a verb that requires precision; to scale well is to develop the quality called *scalability*, that is, the ability to expand – and expand, and expand – without rethinking basic elements." However, as the anthropologist also indicates, systems are intrinsically prone to failures in execution and coordination. Through these contingencies and their techno-politics, we can better observe how interplays of scale affect and produce localities. Drawing on the anthropology of infrastructure, I define techno-politics as the practices of translating eminently political issues into matters of technical and abstract knowledge (Larkin, 2013; Mitchell, 2002; von Schnitzler, 2013).

Thus far, the pandemic – and its prevention and containment measures and sociopolitical effects – have been analyzed as an urban phenomenon. However, the dissemination of the virus affected regions of Brazil's vast interior – including rural and underpopulated areas, which often lack the tools and infrastructure needed to deal with the disease. At play in the process of *interiorization* of COVID-19, there is a wide range of political, economic, and social negotiations. These differ from urban mechanisms and deserve to be studied in detail to support more effective and focalized responses to combat the disease.

To shed light on these issues, the article retrieves the pandemic chronology of Picada Café, a small town in the interior of Rio Grande do Sul, initially considered one of the states with the lowest incidence of SARS-CoV-2 cases. From early on, the State Secretariat of Health produced quantitative indicators for measuring and controlling disease dissemination. As part of these efforts, the Secretariat devised a centralized system – called the *Sistema de Distanciamento Controlado* [System of Controlled Distancing] – to assess the degree of risk in each microregion of the state. This method assigned color codes (yellow, low risk; orange, medium risk; red, high risk; and black, very high risk) based "on criteria for health and economic activity, always prioritizing life."[5] Advertised as a model technology to fight the pandemic,[6] the system lasted for more than a year until being replaced in May 2021 by a more decentralized structure for issuing warnings, alerts, and action plans in which municipalities directly assumed responsibility for proposing appropriate measures. By contrast, the color-coded system imposed the adoption of specific protocols for the behavior and functioning of public establishments by the municipalities; risks were distributed and administered through co-management, in which associations of municipalities presented their technical adaptation reports on a weekly basis, based on the overarching guidelines of the color-coded model.

5   Available at: https://distanciamentocontrolado.rs.gov.br. Accessed on July 12, 2020.

6   See, for example: https://www.project-syndicate.org/commentary/brazil-rio-grande-do-sul-covid19-exit-strategy-lessons-by-ngaire-woods-and-leany-lemos-2020-05. Accessed on: May 31, 2021.

With this context as the backdrop, the article problematizes how Picada Café dealt with the technical recommendations and regulations imposed by the system at a critical moment—the so-called "first wave," from March to September 2020—when adjustments to the model and structural uncertainties dominated public debates. It asks: how were risk rating systems appropriated, implemented, or challenged, and what types of actions have been put in place, either to implement guidelines or to challenge the indicators that informed the attribution of the system's color codes? The anthropological research that serves as the basis for the analysis was conducted between July and December 2020 and involved in-person interviews with residents and political authorities (such as mayors and representatives of the tourism and trade sector), as well as media surveys and online research.

The article first provides a chronology of the sociotechnical events of the pandemic as they unfolded in Picada Café. I define sociotechnical events as the intertwined set of activities traceable by their concurrent material and technological nature (Dorrestijn, 2012). Based on official posts from the *Prefeitura Municipal de Picada Café* [Picada Café Town Hall] on their Facebook profile and on the reactions of engaged citizens, the session retrieves how preventive measures to combat the virus reverberated among the citizenry. Through the digital footprints of these interactions, we see how global and national scales interact with local contexts as tools to control the pandemic are created and put into circulation, producing zones of interest with their specific frictions and controversies.

The second part of the article is based on data collected through an online survey in October 2020 involving eight small businesses (owners and employees) located in the towns of Picada Café and Nova Petrópolis. The questionnaire contained 44 questions involving multiple choice and open opinion and was sent to dozens of commercial representatives from the clothing, health, tourism, accounting, and dollar store sectors.[7] Questions addressed social, economic, and political issues related to the pandemic and its disruptions. The survey complements the qualitative data discussed in the previous section, pointing to the techno-politicization of pandemic scales.

By exploring how everyday controversies are translated in technical and moral terms (Boltanski & Thévenot, 2006), we gain an empirical grasp of the scopes and interplays of scales involved in the indigenization and management of the pandemic. In the conclusion, I reflect on three axes of controversy: the negotiation of local moralities, the management and attribution of responsibilities, and the politics of controlling and counting COVID-19 cases and victims in the region. Through these, I highlight the technopolitical maneuvering behind the production of pandemic scales in the interior of Brazil.

Sociotechnical Chronology of the Pandemic in Picada Café

This section recreates the sociotechnical chronology of the pandemic as it unfolded in the town of Picada Café. Located at the foot of the Serra Gaúcha, 80 km from the state capital Porto Alegre, the municipality has an estimated population of 5738 inhabitants. It belongs to the Caxias do Sul microregion[8] in the *Sistema de Distanciamento Controlado,* developed by the state government. Picada Café was emancipated from

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7 Potential participants were approached through the author's existing network of contacts. This strategy is justified insofar as it was important to capture the immediate impacts of the pandemic on social and economic life. The sample is therefore not statistically representative of the population, but it still offers relevant elements from different sectors of the economy that complement the qualitative analysis.

8 The Caxias do Sul microregion encompasses dozens of municipalities in the Serra Gaúcha with varying profiles, including: Alto Feliz, Antônio Prado, Bento Gonçalves, Boa Vista do Sul, Bom Jesus, Bom Princípio, Campestre da Serra, Canela, Carlos Barbosa, Caxias do Sul, Coronel Pilar, Cotiporã, Esmeralda, Fagundes Varela, Farroupilha, Feliz, Flores da Cunha, Garibaldi, Gramado, Guabiju, Guaporé, Ipê, Jaquirana, Linha Nova, Monte Alegre dos Campos, Monte Belo do Sul, Muitos Capões, Nova Araçá, Bova Bassano, Nova Pádua, Nova Petrópolis, Nova Prata, Nova Roma do Sul, Paraí, Picada Café, Pinhal da Serra, Pinto Bandeira, Protásio Alves, Santa Tereza, São Jorge, São José dos Ausentes, São Marcos, São Vendelino, União da Serra, Vacaria, Vale Real, Veranópolis, Vila Flores, and Vista Alegre do Prata.

Nova Petrópolis in 1992 and has since expanded the leather footwear industry. Due to the strong influence of German culture brought by immigrants in an effort to colonize distant regions during the nineteenth century, Picada Café has recently invested in the expansion of natural and cultural tourism. As part of the *Rota Romântica* [*lit.* Romantic Route] tourist itinerary, in 2004, the town placed a group of historic buildings under governmental trust, thus creating the Jorge Kuhn Historical Park, which currently functions as a center of events that attracts thousands of tourists from different parts of the state and the country.

I trace the trajectory of the pandemic in Picada Café in 2020 from posts made on the official Facebook profile of the town hall[9] and comments posted by residents and other interested parties.[10] Data were collected from the beginning of March until the end of the first half of September (roughly the end of the "first wave"). This rich framework of information provides an overview of the scalar strategies developed by the municipality to combat the virus, such as indicators, regulations, forms of calculation, and the presentation of numbers. It also shows how the locality iteratively absorbed these metrics, indicators, and protocols as the meanings attached to them changed. Digital platforms, including Facebook, constitute a significant new arena of political articulation—the challenge here is to apply existing analog ethnographic tools to the qualitative analysis of these networks (Dalsgaard, 2016; Miller & Venkatraman, 2018). The symbiotic relationship between governments and citizens in a digital environment illuminates the exercise of democratic accountability. As we shall see, such a process entails the construction of a democratic voice around common interests that transcend the typical political mistrust of our times and instead focus on the performance of pandemic solidarities.

The First Months

The first trace of the pandemic appears on March 30th, 2020, in a publication on the flexibilization of business hours and closing rules and the "gradual return to economic activities." It is worth noting that the *Sistema de Distanciamento Controlado*, which provided a unified color-coded model for business operation rules, only entered into force on May 10th of the same year. Until then, prevention measures were managed and enforced through municipal and state decrees. A so-called "Crisis Committee" was created in the same month, composed of the mayor, municipal secretaries, and businessmen, to manage and deliberate on the control measures to be adopted.

Assembled in Jorge Kuhn Historical Park, political authorities and small and medium businessmen deliberated on returning to commercial activities after two weeks of forced stoppage. Decree no. 67/2020 provided for incursions to monitor compliance with the restriction rules, "and it may even suspend the activities of enterprises that do not respect them in full." The decree also authorized the return of industrial workers, initially limited to 25 people allocated in the same production area, and the return of businesses with an occupancy limit of 50% of maximum capacity.

Comments from locals made it clear that there was a mismatch between the various sectors managing the pandemic. While companies resumed activities, schools and daycare centers remained closed. "We all have to work, but we have to think about where to leave our kids. Relatives are not obliged to stay with our kids if daycare centers and schools don't work either."[11]

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9   In an interview with the mayor of Picada Café, held in October 2020, I was informed that posts made on behalf of the town hall were written by their press office. Some responses from the town hall to questions from residents were also signed by doctors who work in the town's primary care units.

10   Around 30 to 40 residents commented on town hall posts over the months of the survey. Some names, generally women between 30 and 50 years old, appear more frequently in the original posts. Finally, post were not written anonymously but signed by actual residents.

11   Individual quotes were anonymized throughout the article to preserve the individual's privacy. The texts of the comments were translated as closely as possible, with the minimum of modifications to help preserve meaning.

To these and other questions, the town hall replied that the return to work was optional and that the decree only "opened up the possibility" of returning to everyday life. "There is no other side right now. There is the side of everyone willing to give a little more of themselves for the good of all. The issue of [reopening] schools is being studied as well."

Other issues addressed by citizens in response to the publication of the decree included calls for caution "so that these early measures do not create a climate of 'everything is fine already.'" "IT'S NOT!" they argued in bold letters. "I think it's too soon; we're not at the peak of transmission yet," others said, "but the authorities are in charge." To the latter, the town hall replied: "Your opinion is valid, everyone has their parameters; certainly you do, to conceptually express your ideas! The Crisis Committee has been working day-to-day to get it right. It has not been an easy task, believe me. These people deserve our credit and respect for all their effort and dedication, especially for the transparent and democratic way they are dealing with this issue. Let's forge ahead!"

In some comments, the early reopening was also associated with the presence and circulation of outsiders as a risk factor: "But what about those who come from other towns to work here, will they be allowed to come? Because there aren't any cases here, thank God, but there are towns that do, and will people come here to work normally??" In response to these comments, the town hall affirmed the unconstitutionality of restricting the movement of "outsiders." "It violates the right to freedom of movement. Municipalities do not have jurisprudence on the subject." But the circulation of locals was also associated with the morality of work and seen as a potential problem. In the words of a middle-aged man: "There are a lot of people walking on the street, but when it comes to working, they want to stay at home."

In early April, a new post from the town hall announced changes in the municipal decree due to adjustments made by the state government regarding the opening of trade, services, and industry. Attending the public was prohibited for two weeks for companies in the trade sector and service providers. Only activities considered essential could continue to attend in person.

The repercussions among the citizens were, again, catastrophic. "Put a coat on, take it off, put it on, take it off," a man quipped. Residents also complained about the hygiene conditions and the absence of hand sanitizer in supermarkets and around ATMs. Debates erupted over whether bars were essential services, reviving the moral issues of earlier days. "That's why I say… Half a dozen shops and salons can't resume activities… while bars are in full swing around here. Is this minority the only ones who could be putting the town at risk?" In a later post, the same person suggested: "That's why I defend the theory… Either only the essentials work, or they all do. Because like this is unfair."

While some people argued that snack bars should be considered essential services insofar as they supported other essential activities, such as truck driver work, others considered opening bars morally problematic. "How many elderly people are going to leave the house to go play cards or have a beer," a 35-year-old woman asked, "because they live alone and don't have young people to instruct them to stay home or keep them inside? We live in a region where most of the older folks don't understand and, excuse the tone, they're stubborn!!"

The moral debate about opening up certain types of services to the detriment of others gave way to the controversy over the circulation of infected people from neighboring towns. One woman, who apparently owned a local business, pointed out that "many of us find this current decree unfair. We either close everything or open everything up with due care." Implicit in this statement is the idea of an indeterminate collective ("many of us find") that reveals the desire to build momentary solidarities with other citizens (real or imagined) in order to produce a consensus on the subject. Then she added: "if an industry with a large number of staff who even come from another town (that possibly has cases of COVID-19) are allowed to work here, I feel wronged in not being able to serve an individual customer who lives and works in Picada Café." To the embodied collective

(the "individual customer who lives and works in Picada Café"), this woman opposed the Other collective, vaguely constructed as dangerous and detrimental.

Throughout April, the town hall published sparse bulletins to highlight the initiatives taken to deal with the virus. Thus, on April 11th, it was announced that the Secretariat of Health had set up an exclusive office for respiratory diseases on the ground floor of the Primary Care Unit in the town center (there are two PCUs in total in the town). The unit had a doctor who would treat only mild flu cases. The announcement was accompanied by photographs with medical care equipment and a team consisting of a doctor with two nurses wearing personal protective equipment (PPE). About a week later, the town hall posted another message accompanied by a video in which the doctor on duty appears offering instructions to residents on how to wash their hands and properly sanitize their environments—recommendations in line with the discourse of the mainstream television media at that time.[12] In the comments, many residents celebrated the initiative. Still, some used the space to seed new complaints, like this woman:

> That's good because apparently, the quarantine has ended in Picada Café, with so much movement in the street, the town center is full everywhere. Folks are using the mini-mart and the pharmacy as if they were a bar, going out with the whole family and chatting in the aisles. This is the exact opposite of what the WHO advised. Someone from Picada will have to die before the penny drops for these folks. I hope it's not any of my relatives because I'm doing my part!

On April 16th, the town hall announced new flexibility in the measures to open up commerce and services, which, following a state decree, were now subject to the absence of COVID-19 cases in the municipalities. The Crisis Committee also established as reopening criteria the observance of hygiene rules and the offer of hygiene products to customers, with clear guidelines to avoid crowding, such as the limit of one person per 1,5 m², individualized care, and by appointment only in beauty salons. Many residents applauded the resolution, urging their fellow citizens to wear masks in public spaces. "We also hope for the good sense of tourists, since in big cities, shops are still closed," a woman added. Another person pointed out that, despite being closed, at the municipal park, "many people entered leaving their cars outside. No one respects [the rules], all folks from elsewhere."

As of May, the town established a daily posting system for cases being monitored. The initiative was supported by the Crisis Committee and followed the implementation, by the state government, of the *Sistema de Distanciamento Controlado*.

Example of a graph released by the town hall (original in Portuguese) containing daily updates on the pandemic numbers in Picada Café
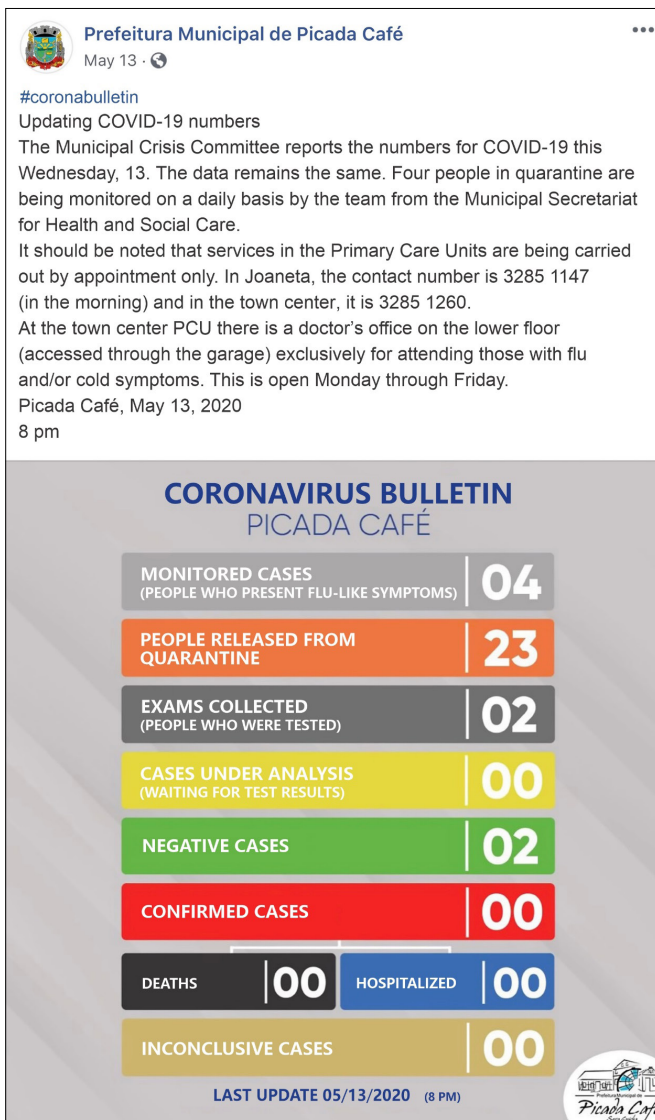
Source: Facebook

The chart was updated daily throughout the month of May, although most of the indicators remained at zero. At first, the initiative was well accepted by the public. Again, however, the problem was redirected against outsiders. "Happy that our town is taking care of itself, but what worries me is these people who enter the town on weekends and generate agglomerations. Passing through the town yesterday [Saturday], I was terrified of how many people there were in some establishments, and worst of all, without masks!"

Meeting of the Municipal Crisis Committee in front of the town hall

Source: Facebook

On May 19th, a new post from the town hall about a meeting with the Crisis Committee stated that "in general, the numbers prove [that] the municipality is very well aligned in its dialogue with the community, especially concerning the widespread hygiene measures. (…) The next step is to carry out public awareness actions for the external public. This will be done through educational blitzes on the streets and incursions into commercial spaces, especially on weekends, when there is a greater flow of visitors." It was a response from the town hall, articulated through numerical scales, to the anxiety manifested by several citizens to deal with the circulation of outsiders.

Locals praised the decision. "I liked the 'exponential awareness actions with the population'! There are many people out there still denying the virus and failing to take care of themselves! We really need to make the population aware so that this virus does not reach our town!" Others, however, added that "last weekend's crowds at the town's tourist spots exceeded all limits. These individuals don't even wear masks…." A woman pointed out that "Jorge Kuhn Park had several cars from far away cities; they leave their cars on the street and walk in the park without any care." Still, others suggested that residents were also involved in agglomeration practices: "We need to inspect the riverbanks on Sundays. At Morro Pelado, there was a party last Sunday." A woman recalled that the neighboring town of Nova Petrópolis already had its first case: "now we need to be more careful, because (…) many people from here go and come back every day."

The mandatory use of masks also generated controversy among residents. "There are people who still pretend they forgot [their mask] or left it in the car," a shop owner suggested, adding that "if it's me, I say right away, GO GET IT FROM THE CAR." Others reported that "people walk freely without a mask, including in front of the Police, and nobody does anything." Resistance to the effectiveness of wearing masks was also expressed: "Have you ever thought about people who suffer from anxiety, rhinitis, or any respiratory allergy? (…) Don't give me a speech that it's to protect us from the virus. What's the use of being protected from the virus and dying of suffocation[?] But now healthy people can go to the beach and walk by the sea. Townhall employees can walk nonstop up and down too, and no one complains. What hypocrisy…" The comment was not responded to or liked by any profile.

Liquid soap distributed by the municipal government in an action
to raise public awareness on the BR-116 in May 2020.[13]

Source: author.

The month of May continued without significant changes. It ended with a controversy between the town hall and a citizen regarding the protocols for handling the virus and the attribution of legal responsibility for transmission. The episode gives a good idea of the interplay of scales between local morality and state and national pandemic response protocols.

It's good that we don't have cases in Picada Café, but I disagree with how care is being dealt with. The person goes to the Primary Care Unit with a cold or a sore throat, then they treat it as if it were COVID. They tell the person to isolate for 14 days without being able to work or even taking the test. This is nonsense. And on top of that, they threaten the person with a fine and other things if they leave the house. This is very disrespectful to the citizen who pays their taxes on time. If you have symptoms, do the test and if it's negative, release the patient, and that's it.

The town hall's response did not take long:

I understand your point, but things don't work that way. In fact, all cases of flu-like symptoms should be treated as suspected COVID. There is no way to know, at first, if they are not, through physical examination. And isolation is necessary and fundamental. By the way, a sore throat or any cold could be COVID too! As for the test, it is only valid if it is done from eight/ten days after the onset of symptoms and not at the beginning of the disease. Unfortunately, we have to wait (at home!) and then test. What is absurd is to have COVID and run the risk of transmitting it to an entire town for lack of care. As a matter of fact, it can even be seen as a crime, and this is not my position, nor
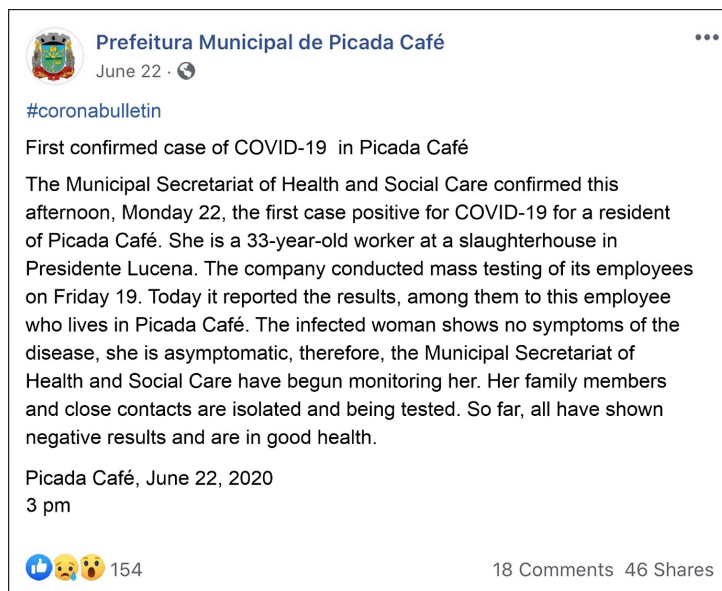
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13 The label reads: "Wash your hands and stay healthy – Liquid soap 60 ml [2 fl. oz.] / Valid: Feb/2022."

yours, nor the town hall's. *It is a decision of the judiciary*! No one is threatening anyone here; everyone is being guided and assisted! And that is how it should be. In addition, all conducts and guidelines given in the town follow the protocols and guidelines of the Ministry of Health. Nothing was *invented* here! I suggest accessing these protocols on the Ministry of Health website; it is in the public domain. [Emphasis added]

The Politics of Testing

The month of May ended amid mass vaccination of the older adult population against the common flu, with a table of ten individuals monitored, 27 people released from quarantine, and four tests (either PCR or rapid test) collected and analyzed. The town continued without a single documented case of infection, only performing rapid tests and quarantining people with flu symptoms. On June 4th, the town reported the first hospitalization of a patient with flu-like illness.

This picture would only change significantly in the second half of June.

> **Prefeitura Municipal de Picada Café**
> June 22 · 🌐
>
> #coronabulletin
>
> First confirmed case of COVID-19 in Picada Café
>
> The Municipal Secretariat of Health and Social Care confirmed this afternoon, Monday 22, the first case positive for COVID-19 for a resident of Picada Café. She is a 33-year-old worker at a slaughterhouse in Presidente Lucena. The company conducted mass testing of its employees on Friday 19. Today it reported the results, among them to this employee who lives in Picada Café. The infected woman shows no symptoms of the disease, she is asymptomatic, therefore, the Municipal Secretariat of Health and Social Care have begun monitoring her. Her family members and close contacts are isolated and being tested. So far, all have shown negative results and are in good health.
>
> Picada Café, June 22, 2020
> 3 pm
>
> 👍😢😮 154   18 Comments 46 Shares

"Yes, now it has started"; "it would be a miracle to get through this without anyone getting it," the comments followed. Among the reactions to the publication, many started to "tag" people from their personal network in an attempt to spread the word. The comments mentioned that "it's certainly not the first nor the only one!" There were also new references to the unrestricted occupation of public spaces and essential businesses, followed by disbelief. "As everything passes, this too will pass," one lady wrote, "may God protect us and let everyone do their part."

The month of June showed a jump in the number of tests collected. On the 8th, the municipality had performed a total of 13 tests; the next day, that number jumped to 46 (44 rapid tests and 2 RT-PCR). A few days later, a female resident questioned the rationale for collecting tests – which, in her opinion, should only be administered to symptomatic people. "I'd like to know how this analysis is done? Only for health workers?" One of the doctors at the health unit promptly replied: "It's being done! All patients who are in isolation for flu-like symptoms are being tested. And if they test negative, there is no reason to test their contacts!" In the same thread, another citizen intervened using technical language: "the main question is why only test 15 patients,

when there are more than 40 who were submitted to quarantine (and who are, from an epidemiological point of view, important actors in the survey of incidence). And why, since there is no record of infection, use tests on asymptomatic health workers in the first place (which brings to light the management and expenditure of supplies)[?]."

Almost defensively, the same doctor argued in his response that:

(…) the tests were only made available by the government a few weeks ago, in small quantities and with priority indication for symptomatic health professionals. We implemented this! As we received more tests, we increased the inclusion criteria to perform them. It was decided (not by me, but by the health committee!) not to perform the tests on patients retrospectively (merely for epidemiological records but with no practical value, since they were already cured of the flu syndrome). About performing tests on health professionals, it seems obvious to me, due to contact and because they can be asymptomatic transmitters. I understand your concern about management and spending, but it seems less difficult to analyze the situation in retrospect. For now, we keep fighting and doing what we can!

While the patient hospitalized in early June tested negative, another patient admitted to the same hospital in Nova Petrópolis was transferred to an Intensive Care Unit (ICU) in Caxias do Sul on June 24th, without yet having received the test results. At that juncture in the pandemic, results took at least seven days to return to the municipality after being examined at the *Laboratório Central do Estado* [State Central Laboratory], in Porto Alegre.

The Specter of Tourism

More public awareness actions were carried out throughout June. On the 27th, in partnership with other municipalities in the Hortênsias Region, the town hall organized what it called an "educational blitz," promoting guidelines on prevention and the distribution of items, such as hand sanitizer and masks. The action was supported by the Police and the Fire Department volunteers and was carried out along the BR-116, the access route to the "Serra Gaúcha" tourist region. Locals applauded the initiative, but also highlighted that the sanitizer could have been distributed instead to the population of Picada Café: "… because from what I saw, [there were] only imported cars and those with money, :(raise awareness, yess, wasteeee no." In response, the municipal government stressed that the actions did not "target a social class, because the virus also does not choose whom to attack" and recalled that previous actions were aimed exclusively at the local population.

In this post, the issue of the municipal park and who has access to the town's public infrastructure in times of pandemic reappeared with force. Suggestions were made for sanitizer and masks to be made available in the municipal park. "A lot of tourists go there. They leave their cars on the street and walk around the park without masks." In response, the town clarified that the park was not open for visitation and that, therefore, the entry of vehicles was not authorized. "It is fundamental that the park's vendors themselves be the watchful eyes warning about those who circulate [without a mask]. Taking care of each other is more than a gesture of solidarity; it is everyone's duty. Help us!"

"Unfortunately, it doesn't do any good for the vendors to say anything because the visitors say 'but the town hall doesn't even provide sanitizer in the park itself, so why do we have to wear masks?'" replied the complainant. The town hall, in turn, countered that in the park, only the commercial tents were open based on a "pick up, pay and leave" system and that *they* should offer hand sanitizer to their customers. "Insisting on a connection between the use of masks and the availability of sanitizer scares us. One thing does not make the other unfeasible. Moreover: the use of a mask is mandatory statewide. Not offering sanitizer does not

authorize the person to walk around without a mask. This kind of vision is worrying. (…) Requiring the use of a mask and the offering of sanitizer is a co-responsibility of the park's commercial spaces because – we stress again – they are the only ones with the prerogative of receiving an external public. Let's be vigilant, everyone!"

The month of June ended with the fourth case of COVID documented on the 29th. It was a citizen hospitalized in Sapiranga in serious condition. In the same post, the town hall dealt with the consequences of non-compliance with social isolation rules for individuals who presented flu-like symptoms without covid testing, the so-called "quarantined": "leaving home is only authorized in emergencies. Complaints can be made by phone [town hall officials] or through the ombudsman on the website." In the comments, residents highlighted the importance of these people remaining isolated at home and provoked: "it's known that some do not comply," or even "I know of many," to which the town hall replied, "Report them! Help!"

Other residents preferred to ask for more details about the fourth COVID case in town. "Is this the case of the young man who had his house burnt down and was hospitalized in Sapiranga?" one of them asked. "Is this information relevant to you?" the town hall countered. "It is strictly forbidden for us to report who the infected people are. We suggest that we concentrate our efforts and hope for the prompt recovery of these people so that they can soon be back here in Picada Café." The same individual replied: "It isn't relevant, but it is curious. There's no more news about this case (neither in official media nor in journalistic media), and then, out of nowhere, this information with the same profile as happened before. I agree with not informing the identity of those infected! But like I said, it's curious!" Another person responded in that same thread with a facepalm emoji in disapproval and disbelief. The post was deleted just a few days after collecting this material, in September 2020.

In the first few days of July, with the confirmation of three more positive cases – including the young woman admitted to the ICU in Caxias do Sul and two meat processing plant employees who worked in the town of Morro Reuter – reactions among residents began to change. "So, are the tourists still to blame?" one of them asked. "Jeez! What a thing, huh?" another person retorted, "I've read so much 'shit' here since this pandemic started. I even read the phrase 'pity this virus is not selective.'" "Of course, it's not [the tourists, but] people [who] live in Picada and work in other towns; the blame can't fall on us, tourists." At the same time, the town hall announced that one of the beds in the patient observation area of the town center PCU would be isolated "to provide a spectrum of greater security for the work team."

In the first few days of August, the confirmation of three more COVID-19 cases in a single day rekindled debates over the role of tourism in the region. "Those three new cases came by helicopter," a resident argued. Another person asked: "From the information I have, the hospitalized person has been in the hospital for a few days. Was it a tourist who infected them?" Criticism of the inspection of agglomerations also followed. "People are playing with their health; on weekends, the streets are full of cars with plates from other towns heading towards Morro do Vento. Nobody's wearing a mask; where's that thing about no crowds? Let's wake up, people." Another person agreed: "What's the use of the town's population taking all the necessary precautions, if on the weekend the town is full of people from outside, and they don't care about the pandemic… I think it's time to rethink the events that happen on the weekends.…"

The first death from COVID-19 in Picada Café was announced on July 8th. It was a 63-year-old man admitted to the ICU of Caxias do Sul General Hospital on June 23rd. All 41 comments were of solidarity with the victim and his family. At the same time, amidst the shortage of PCR and rapid tests, the health department continued to opt to quarantine patients with flu-like symptoms and, as soon as the two-week period was fulfilled and the symptoms had disappeared, to consider them "cured."

The Arrival of Chloroquine

On June 9th, a local inquired about the use of hydroxychloroquine and azithromycin in response to the town's daily numbers update. One of the resident physicians at the town center's care unit promptly replied that "the protocol is available for use by physicians, always following discussions with their patients regarding the needs and risks." The doctor also highlighted that, up until that moment, the medication had not been used in any case of flu-like illness. Social isolation and medical monitoring continued to be the preferred solutions in the treatment of COVID-19 symptoms.

Despite this, beginning in August – only two months before the municipal elections – the town hall's disposition seemed to change in favor of adopting these medication practices, which had already fallen into disuse in much of the world due to their serious side effects.[14] A municipal bulletin released on the 4th, entitled "Secretariat of Health has the medications for COVID-19 treatment," provided more details:

> Azithromycin, Tamiflu, Prednisone, Ivermectin, and Chloroquine. These are the drugs that are currently used to control COVID-19. They are available at the pharmacy at the town center Primary Care Unit. The provision to patients is solely and exclusively through a medical prescription.

Excerpt from a town hall post concerning the presence of medications seen at the time as effective in the treatment of COVID-19.

Source: Facebook.

The post received 413 likes (counted in early September 2020), 154 shares, and 120 comments praising the initiative. "Congratulations to the responsible people there in Picada Café. Wish we would copy that here in Nova Petrópolis." Another person said: "Congratulations, finally someone shows us the medicine…." In a short time, the issue became political: "Look at that, the NP [Nova Petrópolis] councilors don't care about these medications. Congratulations to Picada Café's Secretariat of Health because these NP assholes are only good for closing squares etc. But their day is coming." The critical comment was followed by praise: "Let them come

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14 The insistence on adopting an emergency medications kit, including hydroxychloroquine, azithromycin, ivermectin and nitazoxanide – the so-called "COVID kit" – as early treatments for COVID-19 has become one of the hallmarks of the Bolsonaro administration. Several national and international bodies have taken a stand against the recommendation of these drugs due to their proven inefficacy and serious side effects. Despite this, between March 2020 and January 2021, at least four federal measures directly promoted or facilitated their use, according to a survey by the *Centro de Estudos e Pesquisas de Direito Sanitário* [Center for Studies and Research on Health Law] at the University of São Paulo (USP).

and ask for votes, bunch of bums, shameless living at our expense, and THEY DON'T DO ANYTHING, NOR ARE THEY GOOD FOR ANYTHING!!! WORST THAN MAGGOTS!!!!" And, suggestively, "I find it commendable that town mayors are concerned about their *voters*" [Emphasis added].

In general, the responses followed the idea that the medications would make it possible to extinguish uncertainties concerning the virus and lead to the reopening of economic activities as soon as possible. "My congratulations concerning the attitude. Now you have to end this 6-month quarantine and let Brazil move on." There was also the idea that neighboring municipalities should copy the medication provision model. Only one person was willing to question the initiative, noting that the use of the drugs mentioned was not yet proven to be effective, which was followed by timely reactions from other residents: "If your father is drowning in the middle of the river and beside him, there's a boat. You wouldn't take the boat to save him because the boat isn't approved?" Another citizen replied that the analogy was wrong. "The right thing would be: 'if your father is having a heart attack, are you going to give him a remedy for diarrhea??'" To not miss the point, the author of the first metaphor responded by saying, "if there is any possibility of helping, yes."

Counting Disputes

In this subsection, I map some of the long-term controversies generated by the use of a system to count and monitor cases (the "*Boletim Coronavírus*" [Coronavirus Bulletin]) among citizens. As we have seen, every day, the town of Picada Café presented a table with the current count of the number of confirmed and suspected cases, patients admitted to hospitals, deaths, and cases considered "cured." However, these statistics were not always peacefully accepted by the community. On July 2nd, for example, a citizen asked: "Why did the health agent say today that he had no confirmed case when the table shows 4 cases?" In response, a community health worker stated that the health professionals had not yet been updated and that the "data will soon become clearer."
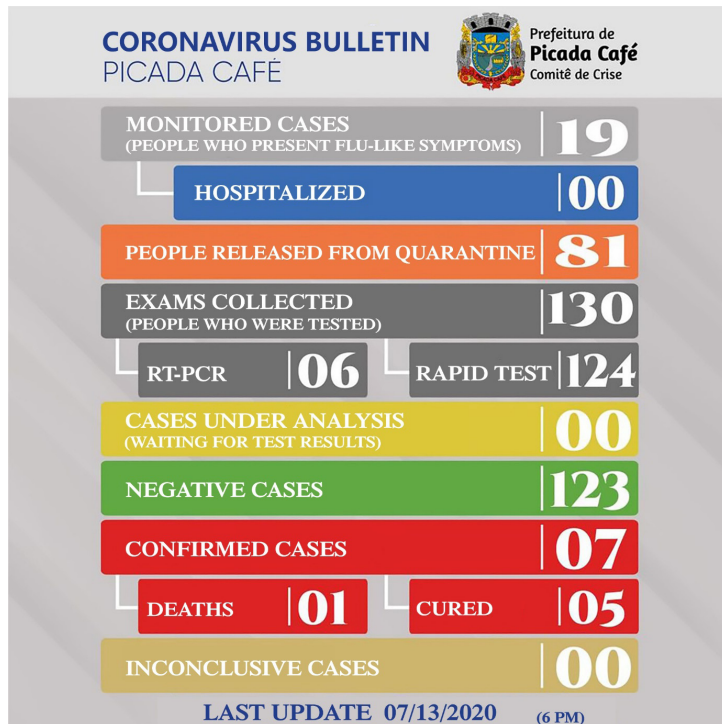
Citizens also expressed their opinion on how to improve the accounting system for cases and victims. On July 9th, for example, it was suggested to put "the number of those cured in blue, or another vivid color, because red is the number of those infected; when they're all the same color, those cured don't draw as much attention, and *it's a very important number*" [Emphasis added].

The system also proved to be prone to human failures, which were quickly criticized by residents. "This count [of tests performed] is not quite correct," one citizen wrote on July 11th; another joined in: "That's been wrong for a long time, lack of information! If you don't know, don't post!" In response, the town hall was quick to say that "due to a typing error, a negative result was not added to the negative exams. There are 120 in total. We don't make mistakes due to a lack of information. In fact, information is not lacking. We publish daily, even on weekends, updated data on the COVID-19 pandemic in Picada Café. We apologize if anyone felt violated by this small hitch. This is no reason to discredit the voluntary work in combating the coronavirus. We forge ahead, strong and safe!"

As the examples above demonstrate, residents quickly distrusted the transparency of the counting and monitoring process in the face of the slightest miscalculation by town officials. "It's bullshit," one of them said on another occasion, to which the town simply replied, "follow the channel for complaints," sending a link from the town's ombudsman. The reason for the divergence was that the table indicated a total of seven confirmed cases, which were then distributed between deaths (1) and cured (5). Many citizens, including a town councilor, then decided to "demand" explanations from the town about the seventh case. Given the number of questions, the town hall issued another clarification note about its monitoring system, stating that the seventh case referred to "a COVID-positive person who has not yet ended their period of social isolation. As soon as she completes this protocol, she will be added to those cured." Even before the town hall manifested itself, other citizens who had already deduced the misunderstanding sought to answer individual questions,

saying that 'there are 5 cured, 1 active and 1 death, 5+1+1=7." One of the complainants seemed to be irritated with the response and replied: "It's just a question of explaining things better, and everything will be fine; I studied math, and I know that 5+1+1=7." The day after the controversy, the case accounting system received a new update in its design, now incorporating the category "active cases" to avoid new interpretation divergences.

Sample chart (original in Portuguese) showing the daily case count in July 2020.

CORONAVIRUS BULLETIN
PICADA CAFÉ

Prefeitura de
Picada Café
Comitê de Crise

MONITORED CASES
(PEOPLE WHO PRESENT FLU-LIKE SYMPTOMS) | 19

HOSPITALIZED | 00

PEOPLE RELEASED FROM QUARANTINE | 81

EXAMS COLLECTED
(PEOPLE WHO WERE TESTED) | 130

RT-PCR | 06   RAPID TEST | 124

CASES UNDER ANALYSIS
(WAITING FOR TEST RESULTS) | 00

NEGATIVE CASES | 123

CONFIRMED CASES | 07

DEATHS | 01   CURED | 05

INCONCLUSIVE CASES | 00

LAST UPDATE 07/13/2020   (6 PM)

Source: Facebook

On July 29th, there were new inquiries about the Coronavirus Bulletin. "These data here are strange." In response, the town hall provoked: "Hello, can we help with your strangeness so that there are no doubts?" Another resident posted that her husband was admitted to the hospital and incited: "or is he not [considered to be] from the municipality?" followed by an angry emoji. In response, a citizen asked whether his exam had not been negative, to which the complainant replied: "no one has contacted us; they said that the test will be ready on Friday, and he's hospitalized." After a few more comments that followed in the same thread, the town hall reacted, saying that a hospitalized patient had tested negative that day. "If your husband is the patient, you can remain calm and happy. His illness is not related to coronavirus. Regarding the exam deadline, the results have been sent in UP TO 72 hours. If it comes before this, it is thanks to the efficiency of the analysis laboratories. The information was sent to the hospital at the end of the day, and the hospital should pass it on to the patient." The complainant replied: "But so far, I have not received anything, much less the patient. He doesn't know anything." Finally, another citizen joined in the responses: "I thought there were 00 hospitalized from the data in the table. But I hope your husband improves. I went through this, and I know well what they are going through. But my case was confirmed, and thank God I'm home and cured! May everything be fine. I'm rooting for his exam to be negative. [Have] faith."

What do Small Businesses Think about the Effects of the Pandemic?

In this section, I present the results of the socioeconomic questionnaire conducted among small business owners in Picada Café and Nova Petrópolis in October 2020. As discussed in the conclusion, these results help to understand and locate behaviors and reactions observed in the previous section among residents of the interior of Brazil during the first cycle of the pandemic.

Eight responses were obtained, of which three were from business owners and five from employees. The areas of activity of these businesses included clothing, tourism, lumber, accounting, healthcare, dollar stores, and retail trade in general. Two businesses had only one employee each; four businesses had between two and four employees, one business had nine employees, and one business had ten or more employees. Among the 40 employees of these establishments, only one did not have a formal contract; 21 were men, and 19 were women; 14.3% were aged between 16 and 21 years, 19% between 22 and 28 years, 19% between 29 and 35 years, 19% between 36 and 42 years, 9.5% between 43 and 49 years old, 9.5% between 50 and 56 years old, 4.7% between 57 and 63 years old, and 4.7% between 64 and 70 years old.

Most of the businesses interviewed were quick to apply isolation or social restriction measures at the onset of the pandemic. As of March 2020, seven establishments had already aligned themselves with the health recommendations to keep their doors open. Among the protective measures, the mandatory use of masks by employees and customers was incorporated by all the establishments. The minimum distance between customers of at least 1.5 m was observed by five businesses, while the minimum distance between employees, by four. Six establishments worked reduced hours, and five worked with reduced customer capacity.

The use of technologies and alternatives to keep businesses open has also become a reality: two firms adopted home delivery, and one adopted remote work. In addition, six attended customers via social networks (Facebook, WhatsApp, or others). The use of these platforms was already a reality for all the establishments surveyed, but five stated that the demand via these channels increased during the pandemic. In the case of home delivery, only two companies reported an increase compared with the pre-pandemic period; three did not perform this type of service, and three continued to meet the exact demand prior to the pandemic.

Although all respondents rated the adoption of these measures as important or very important, they stressed that it was not always possible to maintain official distancing norms between customers and employees. Evaluating the open responses regarding the importance of the measures adopted, I observed the formation of a kind of health awareness in relation to the effects of the transmission of infectious diseases, which is evident in this statement: "it's prevention not only for the virus that appeared like a bomb but also for much more common everyday illnesses. (…) These are hygiene issues."

As of October 2020, six businesses said they were still following these guidelines. When asked which of the current measures they would like to maintain in the future, regardless of the pandemic, many mentioned the practices of cleaning the environment and the people through the use of disinfectants and sanitizer. Social distancing and the use of masks were also mentioned, although in lower numbers. However, uncertainty about the future prevailed among the responses due to fluctuations in the official guidelines of public bodies and because employees depended on the owners to implement procedures, which often put them in an uncomfortable position. This dollar store employee aged between 16 and 21 stated:

> I don't know if [the measures] will be maintained, as the owner is very liberal. Up to now, during the pandemic, if the customer doesn't want to use a mask, he says he doesn't need to, totally disregarding the recommended sanitary protocols. As an employee, I'd continue with the mandatory use for employees to wear masks and use sanitizer since there's a lot of movement of people from other towns. It's a protection for yourself and for others.

During the pandemic, between March and October 2020, to remain in operation, all the businesses interviewed had to shelve employees, and one had to fire employees (five in total, rehired months later). Three businesses shelved one employee, one shelved two employees, one shelved three employees, and one shelved ten or more employees. On the other hand, two businesses were also able to hire one employee each during the same period. Six of the eight establishments interviewed closed their doors for at least two weeks during the first quarantine period in April 2020. Three businesses reported periods of closure that totaled three, four, and up to twelve weeks, respectively.

Four respondents rated the impact of the closure on their business as bad or very bad, while three showed indifference. The reasons listed for the responses varied according to the profile of each establishment. One owner, for example, reported her concern that since it was a small family business, "once the doors are closed, we don't have any income during this period, while some bills always need to be paid." Others suggested that "it could have been worse." "Even though the store is closed, we continue to attend to customers, but with the doors closed, very carefully. I can risk saying that it was somewhat better than when we were open." And finally, some reported earnings after reopening: "Everyone closed at the same time, and so people were idle at home; upon return after closing, many customers were still in lockdown and thus the sale of products increased."

Six businesses also reported seeing changes in their consumer profile. Some pointed to the fact that they were now "buying what they really need." Others indicated that people "began to consume more locally instead of going to shopping malls," which presumably implied traveling to cities nearby, such as Novo Hamburgo or Caxias do Sul. Still, others reported the arrival of new customers "who didn't even know about us or have any idea of our products for sale in the store. Our customers have increased."

In the respondents' evaluation, the economic sectors that suffered the most from the measures to restrict movement and the closing of stores were: hotels and accommodation (100%); bars and restaurants (87.5%); sales in goods and services in general (75%); parks and squares (75%); the textile and furniture industries (37.5%); tanneries (25%); and even electoral campaigns (12.5%). Of these, it is essential to remember that the leather tanning and textile and furniture industries play a predominant role in the economy of Picada Café, and the tourism sector (active in bars, gastronomy, hotels and parks, and squares) is one of the pillars of the economy of Nova Petrópolis.

In the respondents' opinion, the primary vectors for disseminating the virus in the region were the movement of tourists (87.5%), the movement of outside visitors (75%), the opening of sales in goods and services in general (75%), the opening of bars and restaurants (62.5%), the opening of meat processing plants (50%), and the conducting of electoral campaigns (37.5%).[15] Two people considered primary care units and hospitals as important centers of disease transmission. Two people viewed parks and squares and the movement of residents as dissemination vectors. Among the items on the same list, respondents considered that the movement of tourists (50%) and the movement of outside visitors (50%) needed to be prohibited; hotels and lodgings needed to be closed (37.5%), and the circulation of older adults (37.5%) needed to be banned. One person also considered that election campaigns needed to be canceled because of the pandemic. However, two out of the eight respondents thought that "it's not necessary to ban activities if precautions are taken and protocols are respected."

Three out of the eight respondents emphasized their businesses' revenue losses during the pandemic and estimated them to be between R$1,000 and R$7,000, or the equivalent of three months of sales. According to respondents' evaluations, these economic losses occurred due to reduced customers and the compulsory closure of businesses. Two other respondents evaluated gains due to the pandemic, as sales increased considerably when the stores reopened. Finally, two firms reported not having noticed any difference in income.

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15 Respondents were presented with a list of fifteen variables, from which they could select up to five options.

The representative of the tourism sector stated that this sector "was certainly one of the most affected since it's not an essential activity. Still, many people did not respect the recommendations of isolation and distancing and continued their tours anyway, which ended up helping maintain the business and the gradual resumption later."

Impact Perceptions

Respondents were also asked about their perceptions of the social and economic impacts of the pandemic on the towns. In the table below, we see the degree of agreement among participants in relation to statements that aim to determine the dynamics of responsibility for the contagion, the dissemination of the virus, and its effects on specific populations.

Do you agree with the following statements?	Strongly Disagree	Partially Disagree	Neither Agree nor Disagree	Partially Agree	Strongly Agree
Businesses that do not respect social distancing protocols must be held legally responsible.	0% (0)	25% (2)	12.5% (1)	37.5% (3)	62.5% (5)
Not all businesses in the town should comply with social restrictions and/or isolation measures.	62.5% (5)	0% (0)	25% (2)	12.5% (1)	0% (0)
In the region, the pandemic has affected all types of business equally.	12.5% (1)	25% (2)	37.5% (3)	12.5% (1)	12.5% (1)
In the region, the pandemic has affected all people equally.	0% (0)	37.5% (3)	12.5% (1)	50% (4)	0% (0)
In the region, the pandemic has been affecting older adults in particular.	25% (2)	0% (0)	25% (2)	25% (2)	25% (2)

Respondents generally agreed with the idea that businesses that disrespected social distancing protocols during the pandemic should be held legally responsible. Likewise, respondents agreed that all businesses operating in these towns should comply with restriction measures or social distancing without distinction. At least three respondents disagreed with the statement that the pandemic affected different types of businesses equally, although half of them agreed with the statement that people were similarly affected by the pandemic in these towns. Older adults were especially impacted by the pandemic in the opinion of half of them, although the disagreement of two people may indicate that, even in small towns, the pandemic has reached populations in multiple age groups.

The questionnaire also sought to gauge the role of specific industry sectors in these towns, such as tourism and meat processing plants. In the table below, half of the respondents agreed, at least in part, with the statement that residents and businesses could not be considered mainly responsible for disseminating the virus. Regarding tourism, there was no clear definition of its importance during the pandemic as a dissemination vector, although at least three respondents agreed that it had become a problem for the region. Moreover, few agreed to apply restrictive measures to the sector, such as closing establishments until the conditions for reopening were feasible. Concerning meat processing plants, most respondents disagreed that they had become a critical dissemination vector or that they had to close their doors until sanitary conditions for reopening

were established. This can be explained, in part, by the absence of large meat processing plants in these towns, even though Picada Café has residents who work in this sector at a large plant in the nearby town of Presidente Lucena, one of the documented sources of transmission by meat processing plants.[16]

Do you agree with the following statements?	Strongly Disagree	Partially Disagree	Neither Agree nor Disagree	Partially Agree	Strongly Agree
Residents and businesses in the municipality are not those mainly responsible for the spread of the virus.	25% (2)	12.5% (1)	12.5% (1)	50% (4)	0% (0)
Tourism has become a problem for the region.	12.5% (1)	0% (0)	50% (4)	25% (2)	12.5% (1)
Tourism in the region needs to close its doors until the sanitary conditions for reopening are established.	12.5% (1)	25% (2)	37.5% (3)	25% (2)	0% (0)
Slaughterhouses have become a problem for the region.	12.5% (1)	50% (4)	25% (2)	12.5% (1)	0% (0)
Slaughterhouses in the region need to close their doors until the sanitary conditions for reopening are established.	50% (4)	25% (2)	25% (2)	0% (0)	0% (0)

Respondents were also heard regarding their evaluation of the *Sistema de Distanciamento Controlado*, initially developed by the state government to control dissemination of the virus. In the table below, it is evident that not everyone agreed with the effectiveness of the color-coded system to control the pandemic in Rio Grande do Sul. Likewise, we see that respondents were divided regarding whether such a system was the best option to prevent dissemination of the virus.

Do you agree with the following statements?	Strongly Disagree	Partially Disagree	Neither Agree nor Disagree	Partially Agree	Strongly Agree
The state government's color-coded system helped control the spread of the virus.	12.5% (1)	25% (2)	12.5% (1)	37.5% (3)	12.5% (1)
The color-coded system was the best solution to prevent the spread of the virus.	25% (2)	0% (0)	50% (4)	12.5% (1)	12.5% (1)

Three out of eight respondents said the impact of the color-coded system on their business was good or excellent, and three said it was bad or very bad; two people did not provide an opinion. Among the justifications presented for the positive evaluations was that "you can't think only about the good of the business; we must think about the good of who's behind it. Because without them, the business won't open." However, among those who presented negative evaluations, they said that "I believe my business wasn't the focus of agglomeration and, while I needed to close, other businesses that were focal points for the virus were allowed to continue operating." However, one of the responses highlighted that the *Sistema de Distanciamento Controlado* generated inconsistency and uncertainty for both customers and employees: "people were lost; they didn't know if places were open or not."

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16 See, for example, https://gauchazh.clicrbs.com.br/coronavirus-servico/noticia/2020/07/rio-grande-do-sul-tem-14-frigorificos-com-mais-de-cem-trabalhadores-infectados-pelo-coronavirus-ckckoop76ooo1o13gvavzs5i2.html. Accessed on Jan 20, 2021.

Regarding perceptions of the *political* response to the virus, respondents were asked about their assessment of the role of the town hall in controlling the pandemic. The table below shows that there was no agreement: three respondents disagreed, and three agreed with the statement that the town hall had taken all the necessary measures, which could also indicate political polarization. However, when asked whether the town hall of their town took all the steps to avoid economic damage, the answers were more pessimistic.

Do you agree with the following statements?	Strongly Disagree	Partially Disagree	Neither Agree nor Disagree	Partially Agree	Strongly Agree
The town hall took all measures to prevent the spread of the virus.	0% (0)	37.5% (3)	25% (2)	37.5% (3)	0% (0)
The town hall took all measures to avoid economic damage to the town.	12.5% (1)	25% (2)	37.5% (3)	25% (2)	0% (0)

The respondents were then asked whether they agreed with the assertion that corruption in politics had increased at the federal, state, and municipal levels. The table below shows a very similar response curve: half of the respondents said they neither agreed nor disagreed, which may indicate political apathy and distrust in political institutions. Among the remainder, the majority said they agreed with the statement. Finally, the vast majority (six out of eight respondents) agreed that the pandemic had increased the circulation of "fake news" in the public sphere. This perception is in line with the increase in the number of journalistic articles containing the expression in the context of the expansion of the pandemic between February and July 2020.

Do you agree with the following statements?	Strongly Disagree	Partially Disagree	Neither Agree nor Disagree	Partially Agree	Strongly Agree
There was an increase in political corruption due to funds allocated to fight the pandemic in the federal government.	12.5% (1)	0% (0)	50% (4)	25% (2)	12.5% (1)
There was an increase in political corruption due to funds allocated to fight the pandemic in the state governments.	0% (0)	12.5% (1)	50% (4)	25% (2)	12.5% (1)
There was an increase in political corruption due to funds allocated to fight the pandemic in the municipal governments.	0% (0)	25% (2)	37.5% (3)	25% (2)	12.5% (1)
There was an increase in the circulation of "fake news" due to the pandemic.	0% (0)	0% (0)	25% (2)	25% (2)	50% (4)

Information on corruption in politics at different levels is consistent with perceptions of self-interest in politics during the period. The table below shows that, for five out of eight respondents, interest in politics declined. On the other hand, confidence in science increased among six out of eight respondents.

	Decreased a lot	Decreased somewhat	Neither decreased nor increased	Increased somewhat	Increased a lot
Did your interest in politics increase or decrease during the pandemic?	37.5% (3)	25% (2)	0% (0)	25% (2)	12.5% (1)
Did your confidence in science increase or decrease during the pandemic?	0% (0)	12.5% (1)	12.5% (1)	25% (2)	50% (4)

It is worth remembering that, for months, several of the leading open television channels with national circulation in Brazil broadcast public interest programs that included the presence of specialists and researchers to discuss the topic, which may have influenced the responses. This is because at least 50% of respondents used television as a vehicle for information. Other sources of information were local print newspapers (used by half), scientific articles (used by half, which is perhaps outsized and could be explained as a response to academic research); Facebook (used by half); and friends (used by half). Three people said they were kept informed through coworkers, on the radio, and through speeches by the governor of Rio Grande do Sul, and two through speeches by their town mayors. Only one person mentioned staying informed through WhatsApp and YouTube networks. Perhaps most interesting, no one mentioned their neighbors, church, relatives, speeches by the President of the Republic, or national and international newspapers as a source of information.

When asked about the degree of trust in relation to a wide range of information sources, most said they trusted ("completely trust" and "partially trust") local newspapers (five out of eight) and national and international newspapers (five out of eight), coworkers (five out of eight), speeches by the governor of Rio Grande do Sul (five out of eight), and speeches by the town's mayor (six out of eight). However, few trusted WhatsApp (two out of eight), television (three out of eight), neighbors (three out of eight), their church (two out of eight), friends (three out of eight), relatives (three out of eight), or speeches by the President of the Republic (three out of eight). Other social networks, such as Facebook and YouTube, received an ambivalent assessment, with four out of eight respondents saying they trusted these services.

Conclusions: Pandemic Solidarities

As we look to generate explanations for the globalized problem of a pandemic, "an effort is made to name the experience of the virus and thereby somewhat pacify the uncertainties generated by this difficult experience" (Rui, Machado, & Rossi, 2021: 36). It so happens that the understanding of its actual effects inevitably begins from situated experiences since it is "an experience lived in bodies and collective sensibilities" (Segata, 2020). In other words, the pandemic does not map onto a social, racial, or gender vacuum (Harvey, 2020); rather, it radicalizes and modifies existing vectors of difference. In a world that is absolutely not reducible to universal scales of precision, we must think through "the mounting pile of ruins that scalability leaves behind" (Tsing, 2012: 506) and indigenize the scale mutations that remake local experience.

The material discussed here is illustrative of the interplay of scales set in motion by the COVID-19 pandemic in 2020, an event of global proportions, but which acquires its contours as we turn our gaze to the micro-sociological everyday existence. By analyzing the repercussions of the virus among citizens and small business owners in the towns of Picada Café and Nova Petrópolis, in the interior of Rio Grande do Sul, we can summarize the interplays of scale in three dimensions: a) controversies surrounding the negotiation of moralities; b) controversies surrounding the management and assignment of responsibilities; and c) controversies surrounding the politics of controlling and counting COVID-19 cases and victims in the region. These empirical controversies reveal how global concerns and phenomena rescale, acquiring local relevance and producing situated forms of legibility and biopolitical governance (Preciado, 2020).

As Larkin (2013) shows, the daily intersection of these dimensions is eminently a technopolitical fact, as actors defend and make decisions that are eminently political and moral in a technical language. In this process – which is also a process of preempting the public sphere of politics and morality – people construct specific typologies of pandemic solidarity. Pandemic solidarities are ephemeral social relations that emerge as people resignify the contours of social life through the experiences and senses of the pandemic.

Moral attributions were the basis of many of the controversies observed between citizens and public bodies during the unfolding of the pandemic and its events. Monitoring reactions to the online posts from Picada Café Town Hall during the first wave of the pandemic (March to September 2020), it was possible to infer that moral negotiations coalesced around the axis of "established" and "outsiders," in the classic terminology of Norbert Elias and John Scotson (1994), who discuss the justification of perceived differences and the power structures associated with such differences in Winston Parva. In the context of Picada Café during the pandemic, the category "outsiders" was modulated to encompass foreigners to the place, that is, individuals who should be blamed for the rampant and irresponsible dissemination of the virus because they did not work and/or reside in the town. As Elias and Scotson highlight, it is through common support, self-praise, and self-assertion that the established manage to prevail, representationally, over the outsiders, whom they come to define as lacking cohesion and the moral attributes considered valuable to navigate community spaces.

Thus, the tourist population and workers from outside Picada Café were consistently the targets of comments and criticisms by inhabitants who, in theory, appeared as "more" concerned—and consequently more legitimate—with sanitary measures, the government regulations, and ultimately the value of life itself (Fassin, 2018). Attributions of responsibility to tourists regarding the emergence of newly infected people abounded throughout the period. They were accompanied by constant criticism about who was authorized to make the best use of the municipality's limited resources and public infrastructure. This was present, for example, in the endless debates concerning access to the Jorge Kuhn Park, or even in public awareness actions and the distribution of soaps and sanitizer, aimed above all at tourists. However, non-resident workers were also the target of these exclusionary defensive moralities, particularly when they were included in official counts of infected or hospitalized cases. The moral issue appeared again strongly in the responses to the socioeconomic questionnaire when most respondents suggested that residents and businesses should not be considered mainly responsible for dissemination of the virus, although there was some reluctance to associate the phenomenon with tourism. Finally, moralities were present around the issue of what constitutes essential and non-essential work in times of pandemic, especially when closure negatively affected local businesses (run and attended by residents) to the detriment of businesses that remained open to tourism. But moral accusations have also been leveled against local bargoers, including the older adult male population, triggering moralities associated with the work ethic among German descendants in the town (Kopper, 2013).

The second axis of controversies gravitated around the management and attribution of responsibilities. It took on numerous facets and scales, depending on the moment. Questions traversed what was considered excessive and invasive in measures of social distancing, particularly the guidelines from the state government on the closure of businesses. From the viewpoint of the responses offered by the town hall, there was a constant return to the question of legal responsibility for what it meant to preserve life during the pandemic: in the name of this primary duty, isolation protocols, technical norms, and ambivalent testing procedures were justified.

Amidst the technopolitical game of responsibilities, different agents – whether public, private, or citizen representatives – were concerned with invoking translocal criteria to justify their positions. These criteria included sporadic appeals to consolidated public health standards established by the World Health Organization to legitimize difficult decisions. Alternatively, they included references to norms established at the state or federal level to deflect responsibility for decisions deemed unpopular. They even entailed decisions concerning the use and presence of controversial drugs, such as hydroxychloroquine, during key moments in the fight against the pandemic.

These various appeals to extra-local records again invoke the power to produce and rescale amid (catastrophic) events of global proportions, as is the case of COVID-19. Illustrative of this process is the politicization of controversies – or the making of politics through technical language – evident in the repercussions of the mayor of Picada Café's post announcing the arrival of chloroquine in town, supposedly to help treat the virus,

weeks before municipal elections. Many of the critics pointed to the neighboring town's politicians to refuse to offer such treatments, construing such refusals as affronts to citizenship and as reasons for their ambivalence toward politics. Rapidly (and perhaps dangerously), offering chloroquine became synonymous with responsiveness and "good politics" ("something must be done") and respect for elementary citizen rights.

As we can deduce, the techno-politicization of scales responds to political, economic, and social imperatives that underscore the production of new responsibilities and pandemic solidarities. New systems for the foundation of collective life emerge as engaged citizens scavenge for responsible parties and advocate for quick and responsive modes of reacting. The relentless search for daily surveillance, inspection practices, notification, and fines for businesses that do not comply with established guidelines exposes the new records in which the "ethics of self" unfold (Foucault, 1986). Here, the meaning of "caring"—its targets and contents—changes constantly and is actualized in the very political act of criticizing, demanding, and asserting its voice in the democratic accountability process of the pandemic.

This brings me to the third and last axis of problematization of the material presented here: the controversies surrounding the politics of controlling and counting COVID-19 cases and victims (Camargo, Motta & Mourão, 2021; Menezes, Magalhães & Silva, 2021) in the region. In the search for responsiveness and transparency (values deemed important in the translocal administration of the pandemic), the Picada Café Town Hall decided to create a daily chart for monitoring cases, the "*Boletim Coronavírus*" [Coronavirus Bulletin]. However, persistent controversies surrounding the numbers presented and the counting mechanisms characterized the social life of this sociotechnical instrument throughout 2020 so that technology itself was the target of criticism and constant restructuring. An illustrative example to which I should return to here is the criticism of the color used in the chart to count the so-called "cured" cases: "it's a very important number," according to one resident, one that ought to be highlighted by using a color other than red to confer political prominence to the count of those considered recovered from the pandemic and ready to resume the economic cycle.

Furthermore, the politics of large numbers exposes a vital debate that materialized during the pandemic: the concern, on the part of public bodies, to assert that (human) errors in the counting system are not the same as lack of information. "Information is not lacking," declared a Picada Café Town Hall representative in response to a complaining resident. In addition, at the end of 2020, the town incorporated the phrase "avoid misinformation!" in its daily charts. The terms used are suggestive and indicate a concern with controlling the circulation of rumors and popular beliefs that go against official protocols for individual behavior and control of the pandemic. Moreover, they seem to indicate an interest in producing epidemiologically based responses, that is, based on reliable indicators and solid evidence—in opposition, therefore, to the political field associated with the scientific denial of the pandemic, a fact that is also evinced by the concern of owners of small businesses with the circulation of "fake news" and the increased degree of trust in science during the pandemic.

Despite this, official logics of pandemic administration constantly rub shoulders with local systems of government and management of social life, generating frictions and unusual arrangements of moralities, responsibilities, and solidarities. At stake is the reformulation of life regimes, everyday normality, and the ethics of coping that offer local nuances to global problems. "I think we've learned a lot, and we have many measures that will remain forever (hand sanitizer for hygienization, for example). Business will likely normalize after this period and the vaccine arrives, but it will be an important lesson," one owner said. From another employee, however, I heard: "Without the recovery of the economy, a large part of small business owners will tend to close their doors. Because consumption is retracted and revenues are low. New entrepreneurs don't take chances with the instability of the color codes." Between life, economy, and politics, the resumption of a "new normal" is turning out to be a controversial project in constant construction, subject to the disruptive,

shifting temporalities raised by the pandemic and its aftermath. Paying attention to the production, reproduction, and reinvention of scales in this process helps understand how experiences were formatted and resignified to make post-pandemic futures palatable and habitable.

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