

Social protection and therapeutic-occupational experiences: life during the Covid-19 pandemic

Proteção social e experiências terapêutico-ocupacionais: a vida na pandemia de Covid-19 (resumo: p. 17)

Protección social y experiencias terapéutico-ocupacionales: la vida en la pandemia de Covid-19 (resumen: p. 17)

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This text elaborates some reflections regarding the responses that have been undertaken by the sectors: health, social security and social assistance, which make up social security in Brazil. It assumes its centrality, to face the pandemic caused by SARS-CoV-2. Considering this context and assuming a professional action for social participation with autonomy, we share experiences in Social Occupational Therapy with young people who live in urban peripheries, certainly poor for the market/consumption, but rich in life, in the Covid-19 pandemic. The aim was to produce care that is consistent with social protection and is directed, in defense of the non-negotiable value of each life and of its pulse, towards the promotion of an emancipatory circulation, an issue that existed prior to the pandemic, albeit now aggravated, and always present among this group of young people.

Keywords: Pandemic. Social protection. Social vulnerability. Care. Occupational therapy.



Pandemic Covid-19: ways of being ill, ways of living

The pandemic caused by SARS-CoV-2 has pointed out structural inequalities in our society and brought to the fore the centrality of the State in implementing social protection policies that ensure life, the importance of professionals for its effectiveness, and their understanding and support by civil society. This paper intends to weave some reflections in this direction and report part of our experience in the production of care in Social Occupational Therapy.

The way the virus spread around the world and arrived in Brazil, at the end of February 2020, implied a notion of a “rich people’s disease”^(f), in the sense that people who had access to circulation in foreign countries would be the ones exposed to contamination. With the increase in contagion, as it happened in other countries, the idea of a certain “democracy of the virus” was introduced, suggesting that we were all equally exposed to it and to getting sick. However, what we saw during the months of the pandemic’s evolution was also the social mark of Covid-19, with infection and death rates much more linked to the lower classes.

The precautions of social distancing and what has become popular as “stay at home”, the main recommendation of the health authorities to contain the transmission of the virus, have exposed the social inequality in Brazil. This has become evident in the abyss between those who depend on work and those who are bound by employment ties¹ that ensure protection measures, whether with adaptations for remote work and work from home, or with respect to health guidelines, such as the mandatory use of masks and non-crowding, and those who are in a situation of social vulnerability¹ and with little choice when faced with the concrete needs of maintaining life.

According to data gathered by the Solidarity Research Network², in April 2020, 83.5% of the workers were in a situation of vulnerability, with 36.6% of them linked to informal jobs and 45.9% who, although they had formal jobs, were linked to sectors affected by the economic crisis that, present earlier, has taken on proportions as alarming as the SARS-CoV-2 contagion.

This state of affairs, coupled with inequalities in territory, access to information, and resources for hygiene care and disease prevention, led to a distribution of Covid-19 throughout the country that distinctly marks population groups³, affecting the poorer strata more intensely.

The ramifications of this landscape, in a context that opposes economy and social security, exacerbating the contradictions between the demands of financial capital, of a production parameterized by consumption, and the social demands⁴, have intensified the experiences of violence along with the possibilities of contamination and death^{5,6}, deepening a pre-existing state of being socially unprotected^(g). Given the extreme gravity of the situation, the sectors encompassed by social security in Brazil (health, welfare, and social assistance) need to be strengthened and in the front line of the required confrontations, ensuring and mediating the survival and dignity of the population’s living conditions.

^(f) Expression used by one of the participants in our interventions.

^(g) According to Sposati⁶, “experiencing social lack of protection is an expression of the social issue that materializes inequalities in the terms of living and living conditions of humans” (p. 10).



Specification of some responses of social protection systems to the demands of the pandemic

To approach social security, we resume the history of the organization of rights to aid for vulnerable people and groups in Brazil, with characteristics largely marked by colonization, slavery, by private religious initiatives and interests, and authoritarian and/or populist governments⁷, and now added to the rise of neoliberal capitalism⁸. In this journey, the 1988 Constitution stood out as a milestone for social protection in the country, establishing a social security system defined as “an integrated set of actions of the initiative of the Public Powers and of society, aimed at ensuring the rights to health, welfare and social assistance”⁹.

At the present moment, in face of the growing number of sick people, deaths, and different kinds of precariousness as a result of the pandemic, the guarantee of the “social minimums” foreseen by the social security system, agreed upon in 1988, is urgent. Nevertheless, Sposati⁵ warns that social protection policies are not a priority for governments that, on the basis of a neoliberal agenda, have organized their actions by emphasizing market transactions, making the State subservient to the economy.

Tavares, Silveira and Paes-Sousa¹⁰, in an analysis of the Brazilian governmental responses to the pandemic, contrasting them with information from five other Latin American countries (Argentina, Chile, Colombia, Mexico, and Peru), point out that although Brazil quickly declared a state of emergency in relation to the pandemic, it took a long time to forward measures related to social protection:

Factors such as response time, sufficiency, coherence, and coordination are essential in social protection policies. Even if at an adequate level, measures adopted too late may have limited effectiveness. In turn, the lack of coordination of public agents and coherence in their orientation undermine any undertaken effort¹⁰. (p. 124)

Fifteen months have passed since the Ministry of Health declared a Public Health Emergency of National Importance due to the Covid-19¹¹. In late May 2021, Brazil trespassed the mark of 450,000 deaths, making it the second country in the world with the highest number of deaths from the disease^(h). In this period, initiatives and mobilizations by workers of the services that make up the social assistance network of the social security systems have sought to respond to the complex dimensions of the demands that the pandemic scenario presents.

As a part of the social security, the Brazilian National Health System (SUS) had its importance recognized by its technical background used in the efforts to minimize the dissemination and increase the chances of recovery from the disease. SUS has undertaken, through health professionals, intensive follow-ups with the sick and attitudinal recommendations for the population. In the political conjuncture of the pandemic times, the SUS was already in a process of disinvestment and precariousness, markedly materialized by Constitutional Amendment 95, of 2016, and weakening of the conditions of supply of its services, when it found itself beset by the demands of the pandemic.

^(h) COVID – 19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU) – 05/25/2021. Available at: <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>.



Among the measures indicated in Law 13,979 of 2020, to face the “public health emergency”, are social isolation and quarantine¹². Although there was no consensus, representatives of the sector vehemently oriented those who could keep themselves in social isolation to do so, in order to avoid contagion, mass illness, and the resulting collapse in health care, particularly with regard to the capacity of care and beds in tertiary health care. These among other orientations were immersed in tensions and technical and political disagreements about their implementation and the need to keep the economy going, in a clear dispute for “economy over disease prevention measures”¹⁰ (p.113), configuring a policy of death.

It is worth noting, as already pointed out in different debate spaces that the health recommendations were, and are, scarcely accessible to the population as a whole, particularly to people living in urban agglomerations⁶. Thus, the situations of vulnerability were immediately exposed in the pandemic by the impossibility of adopting, in an equitable way, the measures of self-preservation.

From slums to villages, the marks of inequality increase the challenge to prevent and control Covid-19 and require intersectoral strategies adapted to different contexts. The use of alcohol gel and masks, hand hygiene, and even the recommendation not to leave the house are measures that are out of reach for Brazilian realities, or the absence of basic rights, such as health, employment, and housing¹³. (p.10)

The poor, those who live in slums, the homeless, those in the prison system, traditional indigenous people, are all examples of groups that have come up against the limits of health recommendations due to their social and structural conditions and ways of life.

The extension of the crisis situation obviously encompasses demands and challenges prior to the pandemic that are not centralized in the health systems and affect societies in multiple and diffuse ways, calling with other urgencies, the aid of social protection systems as a whole.

One of the almost contiguous consequences of the pandemic in Brazil is the worsening of poverty and inequality, as “more people become unemployed and informal workers have their activities restricted”¹⁰ (p.112), and record reductions in the number of employed people¹⁴ have been achieved. Unemployment was compounded by precarious working conditions during the pandemic, as Yazbeck, Raichelis, and Sant’Ana outline¹⁵:

The centrality of financial capital and its dominance over productive capital brings serious consequences to the “class that lives from work” [...], with the maintenance of high unemployment rates, job insecurity and instability, growth of informal and precarious work, wage reductions, precarious labor relations, including outsourcing and fixed-term contracts, harassment, suffering and illness, among other aspects¹⁵. (p. 208)

Filho and Fernandez¹⁶ highlight legislative changes in this period, such as the Provisional Measure 927/2020¹⁷ and the law 14.020/2020¹⁸ which, respectively, provided for changes established “unilaterally by the employer”¹⁶ (p. 12), as telework, anticipation of vacations and holidays, granting of collective vacation, besides “a peculiar configuration of the working hours’ bank (a reserve for flexibility)”¹⁶ (p. 12), with the addition of the authorization for proportional reduction of working hours and wages and suspension of the contract. The increased emphasis on offering sustainability and security to the employer reiterates the painful consequences for the worker¹⁵.

Regarding more specifically the sphere of Social Security responses to the pandemic, Nahas and Martinez¹⁹ described that the Ministry of Economy, supported by Ordinance 373 of March 2020, made it possible, through the National Institute of Social Security - INSS, to interrupt the blocking, cancellation and suspension of benefits, such as Bolsa Família (conditional cash transfer) and Benefício de Prestação Continuada (old age and disability benefits), for up to 120 days. This was an important strategy for the beneficiary families in the first months of the pandemic, in face of the reduction of work and income. The suspension of blockades to programs that have interfaces with social assistance would also enable the services to organize task forces for the development of other social assistance actions related to Covid-19, but this is not what happened.

The Unified Social Assistance System (SUAS) has been identified as a very relevant structure for facing current challenges. It is a capillary network of units, services and programs with a socio-territorial perspective, social assistance protection and surveillance systems, multiprofessional teams specialized in basic and special social protection, with the possibility of managing regular and occasional benefits, among others. Its scope of intervention encompasses a multiplicity of social situations. Following Sposati⁶, the different expressions of social lack of protection in the country constitute “the field in which SUAS workers operate” (p. 13).

The Decree 10.282⁽ⁱ⁾, which defined essential public services and activities in the context of a pandemic, mentions social assistance and care for the vulnerable population²⁰. Despite affirming social assistance as a network of services, essential in their nature, the decree and its developments have proven to be scarcely (or not at all) precise in terms of effective directions in the understanding of what is incumbent upon the SUAS²¹. There are a number of misunderstandings (or not) about the place/role of social assistance in confronting Covid-19. Pursuant to Agenor²², the National Secretary of Social Assistance and SUAS were not inserted in the publications of the Ministry of Health and the Presidency of the Republic related to the pandemic, and:

The absence of a norm ended up having dual repercussions among SUAS operators and even led to the closure, in some municipalities, of CRAS and CREAS, which is now being reviewed. Some collective actors in society have played a leading role in these guidelines, as is the case of the National Front for the Defense of the SUAS, [...], among other local and regional SUAS forums²². (p. 72)

⁽ⁱ⁾ Regulating Federal Law Nº13.979.



This author refers to a “narrowing of the scope of SUAS, reducing its horizons and possibilities”²² (p. 82). It can be ascertained, for example, that the granting of emergency aid^(j), one of the answers attributed to the federal government to get around a social collapse (as a result of the organization of social movements to reach the value of R\$600.00, the imposed reality and, in fact, despite the federal executive), was operationalized without articulation with this system that aggregates, with greater appropriation, the demands around the social vulnerabilities of the Brazilian population.

The establishment of this benefit via bank branches ran into limits in its operationalization that generated barriers to access, disregarding the capillary network of SUAS, that is closer to the realities of specific population groups, implying a failure to guarantee the offer in cases known to be necessary²³.

Reiterating this perspective, the report from the Federal Audit Court, in monitoring the implementation of the emergency aid recommended, “that it should be used the Unified Social Assistance System (SUAS) network more effectively in the process of registering emergency aid to reach workers with socioeconomic barriers. Reaffirming, that it “should have a greater role in overcoming this difficulty in covering this most vulnerable population group”²⁴ (p. 37).

The standpoints that disregard the system, councils and forums of social assistance seem to be close to the voluntarism tendencies that lurk in the sector through incentives to individual actions, welfare assistance and disorganized support, almost always influenced by private interests of various kinds^(k). Admittedly, the tensions around SUAS propositions, such as social assistance as a citizen’s right, a duty of the State, to be performed by public services, do not start in the pandemic, but the critical moment seems to unveil strategies of invisibility and disqualification of one of the important pillars of social security.

With the advent of vaccines, when the contagion curve is reversed and the decreasing of the number of cases and illnesses, the health sector will gradually be relieved and the demands on social assistance will be maintained and/or tend to increase. Although this does not bring direct implications to the initiatives to strengthen this sector, it is essential to point out that the recognition of its robustness and the attribution of responsibilities would not be enough, without first instrumentalizing the workers, units, services, and programs that make up the social assistance network.

Given this framework, tracing future settings is somewhat risky, given the dystopian nature of the pandemic and the political, economic, and social directions of this Brazil under the government that is now in place. In any case, the direction that societies in this second decade of the 21st century have taken under the aegis of performance-driven individualism in compressed times and under neoliberal capitalism²⁶, allows us to foresee the deepening of its contradictions, the social inequalities that result from them, and the struggles for access to the public funds of a State that is weakened to effectively respond to the needs of the majority in its diversity. Hence:

^(j) Law 13.982 of April 2, 2020 expresses in its article 2: to grant emergency aid in the amount of R\$600.00 per month to workers over 18 years old, with informal employment, monthly *per capita* family income below ½ minimum wage, and other requirements established by law.

^(k) As an example, we can cite the embezzlement of R\$7,500,000.00, destined for the purchase of CoVid-19 rapid tests, for the Homeland-Volunteer program, led by the current first lady Michelle Bolsonaro, in benefit of evangelical missionary institutions, without any articulations with SUAS²⁵.



Increasing the degrees of freedom of choice and decision-making capacity, and broadening the range of possibilities for choice, is therefore a crucial source of empowerment and individual freedom that embodies the realization of the civilizational project of modernity. This is the great political and civilizational challenge of our times⁴. (p. 271)

With this context reading and taking the assumption of a professional action for social participation with autonomy, we share experiences in social occupational therapy with young people from popular groups, from the urban periphery and, certainly, poor for the market/consumption, but rich of life, in the Covid-19 pandemic.

Experimentation, virtuality and presence: ways of living and doing

Malfitano, Cruz and Lopes²⁷ pointed out the effort of the professional categories regarding the positioning on “their roles in dealing with Covid-19, reaffirming and even repositioning the potency of their contributions before the complexity of the demands posed by the moment we live in” (p. 401), dealing specifically with occupational therapy and the area’s manifestations about the subjects’ daily lives and lifestyles in the pandemic. They highlight the relevance of thinking in terms of social security, something uncommon in the area, “addressing social situations that involve the important differences and inequalities that most people, groups and communities with whom we work experience, especially in Brazil”. (p. 401). They state that “the work in occupational therapy, in the daily lives of the subjects, is only realized in the struggle for the possible life for all, in all the powers and differences that give them meaning and reduce inequalities” (p. 403).

In this direction, questioning ourselves about the possibilities of contribution from our place as a university and in the field, from the METUIA/UFSCar⁽¹⁾, we have sought to build technical, ethical, and solidary actions, based on the notion of social protection and non-negotiable defense of life.

On the one hand, understanding the urgency of the moment and the worsening of the life situation of many people, articulated with what was being pointed out as a demand in the communities through which we pass in urban peripheries, we defend the engagement in the production of solidarity “right now”, carrying out and supporting campaigns to collect basic-needs grocery packages, in partnership with individuals and groups from the communities, with public and private organs of the city. As previously mentioned, the worsening living conditions of a large part of the Brazilian population, as a result of the economic crisis and aggravated by the Covid-19 pandemic, associated with the precarious public investment in social security policies, especially at this time, brings back the debate on the importance of civil society organization, despite the State’s omission²⁹.

Regardless of the fact that donation campaigns raise the debate around the assistentialism that has historically marked social assistance in Brazil and hindered its recognition as a right that makes up social protection, and it is of utmost importance that

⁽¹⁾ The Metuia Project, created in 1998 and currently under the name Metuia Network - Social Occupational Therapy, congregating centers in seven universities in the country and occupational therapists with different institutional affiliations, propose the development of projects in teaching, research and university extension in Social Occupational Therapy and in its interconnection with different sectors, aimed at people and population groups in processes of disruption of social support networks²⁸. At UFSCar, since 2004, the main focus has been on youth.



this criticism be made, as the moment calls for the construction of solidarity networks to guarantee the most basic thing that each and every person should be able to access. We affirm, therefore, an action in line with the principles of social security.

In parallel, and following Farias and Leite Jr (2021)³⁰ on the possibilities of Social Occupational Therapy contributing to face the consequences of the pandemic, the effort turned to the continuity of the work that, since 2004, we have developed with young people from urban popular groups in different social equipments³¹⁻³³ with the challenge of using digital communication technologies following health guidelines of social distancing, and proposing interventions remotely.

With the onset of the pandemic and the suspension of face-to-face university activities, we seek to continue producing care³⁴, through a WhatsApp® group that had been created in 2019 by one of the young people participating in our interventions, as a collective communication channel between us.

Through the social technologies developed by social occupational therapy, we have started, as early as March 2020, to adapt these intervention methodologies, developed for face-to-face proposals, for their use through communication applications. Especially the social technologies named Activities Workshops, Dynamics and Projects and the Singular and Territorial Accompaniment³² have been the basis for thinking about our actions.

We initiated these activities with moments of conversation about the pandemic, approaching the Covid-19 and the idea of it being a “rich man’s disease”, the importance of complying with the measures to prevent the transmission of the virus, where the contagion and, until then, the disease itself were not perceived, but also of the difficulties and the impossibility of most of them following the orientation to stay at home, both due to work needs and housing conditions, family relationships and even the desire to “move around”.

Aware that the situation would extend further than initially projected, we also proposed moments named Virtual Workshops. Remote meetings were held twice a week, with fixed days and times and an average duration of two hours, at night, for the convenience of the young people. The days and times of the workshops were defined through a poll in the WhatsApp® group. We understand that this strategy, in addition to fostering a dialogic and participatory process, favored the participation of a greater number of young people, since it did not conflict with their daily activities, which, in general, were maintained.

Nevertheless, there was a difficulty in accessing some of these young people, who participated in the face-to-face meetings, because they did not have access to adequate equipment for connection (computers, tablets, and cell phones) and/or had little or no access to the internet. Not infrequently, young people had many restrictions on their internet packages, which, besides limiting the number of participants, also limited the participation of those who were present, restricting the possibility of video calls and/or changing the dynamics of conversations and other activities (online games, for example), as the precariousness of the connection sometimes implied an increase in response time. So, with failed attempts to make collective video calls, we were creating and adjusting proposals for the WhatsApp® group space itself.



The Virtual Workshops proved to be favorable to the experimentation of a space for exchanges and sociability, given the possibility of free conversations, dynamics, and directed debates, whose weekly planning selected current themes of social relevance and transversal to the meetings. We carry out playful activities, such as a number of games and interactive play through voice and text messages; audiovisual creation, with photos/images and music; a virtual talent show, and dialogues about specific themes - family and children, study and the lack of it, with the sharing of experiences and feelings.

The activities were part of the more general goal of providing care to young people during the pandemic period, but it is important to say that our actions were directed according to the content brought by them. In this regard, we identified favorable moments for offering leisure, strictly; for listening; for problematizing some issues, when we gained more evidence for bringing information and elements for their reflection and critical analysis; for mediating dialogues among them, based on their experiences, among several other designs that were being built.

From this collective space and understanding its limits, such as, for example, the difficulties in following up on all the messages, to encompass many people in a dialogue, the different possibilities of interpreting what is written, and the lack of physical and visual contact, we have also developed Singular and Territorial Follow-ups. Stemming from the collective spaces provided by the now virtual “Workshops of METUIA”, and aimed at subjects and/or groups in situations in which their demands require a more singular attention in the search for and joint construction of possibilities and paths in the life that they live^{31,32}, The accompaniment has been offered as a more individualized support space to the young people in the group; even though being together is placed in the virtual space, it has allowed the strengthening of bonds, support for the demands presented, and creative experimentation.

In the workshops and follow-ups, we could count on undergraduate extension students who, involved with the project, contacted the young people individually and weekly to offer specific listening and support in their daily lives, despite and with the pandemic.

There were many processes searching for adaptation to offer attention and care in a context that had not been imagined until now, with positive developments in professional education, through the training of students who followed and also participated in this process.

As a consequence of the exchanges in some of these individual accompaniments, the idea of a space for sharing content to be produced together emerged. The result was the creation of a blog and the use of social networks, especially Facebook®, as a tool for dissemination and visibility of the posts and interaction among participants.

This has been a way to articulate the individual and collective dimensions of the action, since such content is produced singularly, in the relationship between one or one young person with someone from the team, but, at the same time, it is shared with the entire collective and used as triggers for debates during the Virtual Workshops. We would like to mention a call for photos created by one of the young people, called “Pandemic Times: the world from our windows”:



Figure 1. Photo by Caio that promoted the call for photos “Pandemic Times: the world from our windows”, for the Virtual Workshops.



**PANDEMIA:
O MUNDO PELA
JANELA DE CASA**

2020 está sendo complicado, mas há momentos bons e únicos.

Apesar de o isolamento social ser algo que afetou bruscamente nossa rotina e interferiu em nossos planos, ter esse momento em casa e admirar uma paisagem tão linda como esta da foto, me possibilitou momentos alegres e inspiradores, carregando um sentimento de calma para continuar seguindo adiante.

Porém, para continuarmos tendo momentos bons de apreciar a natureza, é importante que cuidemos dela tanto para nosso bem-estar quanto do planeta.

O isolamento social de certa forma contribuiu com a mesma, pois a baixa atividade humana nos últimos meses trouxe a diminuição da poluição ambiental, no entanto, o número de queimadas aumentou.

Se você também teve momentos de conexão com a natureza compartilhe sua foto conosco!!!

Figure 2. METUIA/UFSCar Workshop.

Hence, we invited the other young people to share with us their photos of nature and from the windows of their homes, implying dialogues and reflections about the impacts of the pandemic on the circulation through spaces, the longing felt for places and people.

Given all the contradictions related to social media, we have started from its insertion in the daily life and lifestyles of young people³⁵ and evaluated its potential at this time, as a resource for remote practices and access to this audience. Although in a restricted way, we observed that this has been a possibility of maintaining and strengthening



the relationships built among the participants themselves and between them and the team, towards the constitution of social support networks to face situations of social vulnerability¹, as well as promoting care and fostering forms of social participation.

The workshops maintained the premise of action in Social Occupational Therapy, putting on the agenda the possibility of creating not only spaces for interaction, but also for learning about collective life and democratic experiences of participation, discussing the role of young people and their co-responsibility in virtual meetings, in their community and territory, stimulating and supporting strategies for the equation of mishaps faced in everyday life, including the lack of compliance with health rules during the pandemic period.

Living the pandemic: everyday dimensions

The multiple ways of living/surviving the pandemic are intensely crossed by economic, political, cultural and social structures. The social protection systems are far from reaching an equitable reach and even from effectively accessing a large part of the Brazilian population.

From different perspectives, oppression and domination are fundamental themes for those who turn their attention to social struggles^{36,37}, nevertheless, analyzing the pandemic and the quarantine from the perspectives of people who live its different expressions, Santos³⁸ questions:

How may they maintain interpersonal distance in the cramped living spaces where deprivation is almost impossible? Can they wash their hands frequently when the little water available has to be saved for drinking and cooking? Doesn't the confinement in such cramped quarters have other health risks as dramatic or more dramatic than those caused by the virus? Many of these neighborhoods are now heavily policed and sometimes besieged by military forces under the pretext of fighting crime. Is this not, after all, the toughest quarantine for these populations? Won't the young people from the slums of Rio de Janeiro, who have always been prevented by the police from going to Copacabana beach on Sundays so as not to disturb the tourists, feel that they were already living in quarantine? What is the difference between the new quarantine and the original one, which was always their way of life?³⁸ (p. 18)

The author's provocation brings into play the issue of the poor and peripheral population's access to public spaces, questioning the pandemic's impacts on a daily life already marked by "quarantines".

The experiments reported here are ongoing and in constant quest for improvement, guided by our reflections on social protection and our professional responsibility. Even if with a scope more related to the microsocal scope, and besides contributing to the confrontation of basic survival needs, they may guide a re-signification of daily life restricted in its emancipatory circulation. These restrictions, now aggravated by the pandemic, were and remain an issue in the lives of young people in Brazil and around the world. In a context of trivialization of death, it is all about the defense and action for the non-negotiable value of each life and its pulsing.



Authors' contributions

With the exception of the Oliveira ML, all the authors participated in the elaboration of the proposal of the university extension project from which this text derives, whose practical experience was developed by Pan LC and Silva MJ. All authors actively participated in all stages of preparing the manuscript.

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Conflict of interest

The authors have no conflict of interest to declare.

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São tecidas neste texto algumas reflexões em torno das respostas que têm sido empreendidas pelos setores da saúde, previdência social e assistência social, que compõem a seguridade social no Brasil, tomando-se a sua centralidade, que deveria ser assumida para o enfrentamento da pandemia causada pelo SARS-Cov-2. Com essa leitura de contexto e com o pressuposto de uma ação profissional para a participação social com autonomia, partilham-se experiências de intervenção em Terapia Ocupacional Social com jovens que vivem em periferias urbanas e, certamente, pobres para o mercado/consumo, mas ricos de vida, na pandemia de Covid-19. O intuito foi produzir um cuidado que se coaduna com a proteção social e se direciona, na defesa do valor inegociável de cada vida e do seu pulsar, para a promoção de uma circulação emancipatória, questão agravada, mas anterior à pandemia e sempre presente entre esses jovens.

Palavras-chave: Pandemia. Proteção social. Vulnerabilidade social. Cuidado. Terapia ocupacional.

En este texto se tejen algunas reflexiones alrededor de las respuestas que han emprendido los sectores de la salud, previsión social y asistencia social que componen la seguridad social en Brasil, tomando su centralidad, que debería ser asumida para el enfrentamiento de la pandemia causada por el SARS-Cov-2. Con esa lectura de contexto y con el presupuesto de una acción profesional para la participación social con autonomía, se comparten las experiencias de intervención en Terapia Ocupacional Social con jóvenes que viven en periferias urbanas, ciertamente pobres para el mercado/consumo, pero ricos en vida, durante la pandemia de Covid-19. El objetivo fue producir un cuidado que se une con la protección social y se dirige, en la defensa del valor innegociable de cada vida y de su pulsación, hacia la promoción de una circulación emancipadora, cuestión agravada por la pandemia, pero anterior a ella, y siempre presente entre esos jóvenes.

Palabras clave: Pandemia. Protección social. Vulnerabilidad social. Cuidado. Terapia ocupacional.