

## Pandemic solidarity: society's responses to state insufficiency

Priscila Cardia Petra (<https://orcid.org/0000-0003-3468-2030>)<sup>1</sup>

Flávia Thedim Costa Bueno (<https://orcid.org/0000-0002-4154-4448>)<sup>2</sup>

Claudia Lopes Rodrigues Chagas (<https://orcid.org/0000-0002-9918-7877>)<sup>3</sup>

Leandro dos Reis Lage (<https://orcid.org/0000-0002-3718-7003>)<sup>4</sup>

Marisa Palácios (<https://orcid.org/0000-0001-6507-4199>)<sup>5</sup>

**Abstract** *The COVID-19 pandemic reached Brazil in a context of political and economic crises that have exacerbated existing inequalities and vulnerabilities. Individuals and organizations undertook actions to support others to mitigate the pandemic effects. Thirty-four interviews were conducted from October to November 2020 to identify the supportive actions to help others, analyzing them concerning (pandemic) solidarity. Solidarity and individualism frequently appeared in the interviews as qualifiers of such actions. Furthermore, we identified three cores in which these actions were staged: the family, the condominium, and the community. The family was mentioned as mutual support based on kinship. On the other hand, condominium actions were subdivided into intramural (mutual support actions among similar people) and extramural actions (which reveal the differentiation between the condominium and more impoverished places). The community emerges as a more powerful type of action, with self-management, mutual support, and shared vulnerability experiences. In this sense, the results encourage us to understand solidarity as a way of transforming society, regardless of the State's presence.*

**Key words** *Solidarity, Pandemics, COVID-19, Self-management*

<sup>1</sup> Programa de Pós-Graduação em Bioética, Ética Aplicada e Saúde Coletiva, Escola Nacional de Saúde Pública Sergio Arouca, Fundação Oswaldo Cruz. R. Leopoldo Bulhões 1480, Manguinhos. 21041-210 Rio de Janeiro RJ Brasil. [priscilacpetra@gmail.com](mailto:priscilacpetra@gmail.com)

<sup>2</sup> Fundação Oswaldo Cruz. Rio de Janeiro RJ Brasil.

<sup>3</sup> Programa de Pós-Graduação em Bioética, Ética Aplicada e Saúde Coletiva, Núcleo de Bioética e Ética Aplicada, Universidade Federal do Rio de Janeiro. Rio de Janeiro RJ Brasil.

<sup>4</sup> Programa de Pós-Graduação em Bioética, Ética Aplicada e Saúde Coletiva, Instituto de Saúde Coletiva, Universidade Federal Fluminense. Niterói RJ Brasil.

<sup>5</sup> Núcleo de Bioética e Ética Aplicada, Universidade Federal do Rio de Janeiro. Rio de Janeiro RJ Brasil.

## Introduction

The first Brazilian COVID-19 case was recorded on February 26, 2020<sup>1</sup>. Since then, the increased transmissibility of the virus has been accompanied by conflict and lack of coordination between the spheres of power, embodying a health and political crisis scenario and exacerbated social inequalities<sup>2</sup>. While the Federal Government advocated the “Brazil cannot stop” campaign, encouraging the end of preventive measures against COVID-19<sup>3</sup>, states and municipalities adopted disparate actions, sometimes aligned with scientific guidelines, others with vertical isolation or herd immunity by contagion<sup>4</sup>. In this setting, the Brazilian population experienced the lack of official information and COVID-19 public policies while waiting for vaccines, without estimated dates and volumes.

From this situation, this paper aims to characterize and understand the solidarity actions of Brazilians from different regions and household income classes in the Brazilian COVID-19 pandemic. This exploratory qualitative study promoted thirty-four semi-structured interviews and aimed to innovate by associating the collected reports with the social and political context of the country and the production on solidarity by Barbara Prainsack, Alena Buyx, and Jodi Dean.

Prainsack and Buyx<sup>5</sup> define solidarity as a *practice that expresses the willingness to support others with whom we recognize similarity in a relevant respect*. Jodi Dean<sup>6</sup> reflects on how the appeal to solidarity can be significant when traditional values have lost their integrating force. Thus, she proposes solidarity with an inclusive ideal and contemporary validity that she calls reflective solidarity. From both perspectives, the COVID-19 pandemic is convenient conjunction for identifying similarities and catalyzing solidarity actions.

In this scenario and from these understandings, we aimed to address the respondents’ opinions and stories on shared vulnerability, selfishness, and charity. Moreover, we have analyzed the support actions cited to mitigate the various limitations brought by the pandemic. These actions were located in several social organizations, and we identified three cores of action through the lens of solidarity: the family, the condominium, and the community, which will be explored below.

## Materials and methods

This paper is nested in a Latin American consortium of researchers from 13 countries in collaboration with the University of Vienna, who agreed on common lines of work to study solidarity during a pandemic. To this end, the Brazilian team held thirty-four semi-structured interviews through online platforms from October to November 2020, following a roadmap with guiding questions and a sociodemographic questionnaire<sup>7</sup>. A codebook was prepared for the consortium through an inductive approach based on the Grounded Theory method<sup>8,9</sup>, from what emerged from the interviews. The interviews were processed in Atlas-ti software.

We recruited respondents in three stages: convenience sampling, based on the research group’s contact networks, followed by the snowball and quota techniques to cover possible sociodemographic gaps<sup>10</sup> (p. 418). Eight states, namely Alagoas, Maranhão, Minas Gerais, Pernambuco, Santa Catarina, Rio de Janeiro, Rio Grande do Sul, and São Paulo, were chosen to obtain answers from different contexts of the pandemic – without outlining a representative picture of solidarity among the Brazilian population as a whole, but accessing different possibilities of understanding and actions in the face of the pandemic.

We analyzed the answers referring to the support actions that people describe doing in their surroundings, including the family – related to help, collaboration, compatible with solidarity, or, in the opposite direction, non-support, associated with individualism and non-collaboration. The sociodemographic data collection tool covered aspects of the study population such as age, sex, ethnicity/skin color, schooling, profession/occupation, total household income [Minimum wage (MW) of R\$1,000.00 (one thousand reais)] (Table 1).

All respondents accepted and signed the informed consent form, and the Research Ethics Committee ethical, National School of Public Health, Oswaldo Cruz Foundation, approved the study (36569120.0.0000.5240).

## Results and discussion

**Context: so, what? I’m sorry!  
what do you want me to do?**

We must talk about social inequality, the lack of coordination between federative entities, and,

**Table 1.** Socioeconomic and demographic characteristics of the population studied, 2021.

Characteristics	Total participants	Male (M)	Female (F)
Gender	34	14 (41%)	20 (59%)
Mean age	43.02 ± 14.89	40.57 ± 14.59	44.75 ± 15.23
Region of residence			
Northeast	6 (18%)	2 (14%)	4 (20%)
South	9 (26%)	3 (22%)	6 (30%)
Southeast	19 (56%)	9 (64%)	10 (50%)
Race			
White (W)	26 (76%)	11 (79%)	15 (75%)
Black/brown (BB)	7 (21%)	3 (21%)	4 (20%)
Other (O)	1 (1%)	-	1 (5%)
Household income			
Extremely high (ExtHigh)	1 (3%)	> 20 MW	
Very high (VHigh)	4 (12%)	10-20 MW	
High	1 (3%)	4-10 MW	
Medium	15 (44%)	2-4 MW	
Low	5 (15%)	1-2 MW	
Very low (VLow)	5 (15%)	0.5-1 MW	
Extremely low (ExtLow)	3 (9%)	< 0.5 MW	

Source: Authors.

in particular, the stance of the Federal Government to understand the Brazilian pandemic scenario. The virus first spread among the middle and high-income population<sup>11</sup>. However, one of the first fatal victims was the domestic worker Cleonice Gonçalves (Miguel Pereira/RJ), who was infected by her “employer” who recently returned from Italy<sup>12</sup>.

*[...] the virus was not brought by a domestic who traveled to the United States but through her employer. So, I have many friends whose mother was infected because she was a day worker; the father was the caretaker and took it from people who had money and had traveled outside the country, you know? (M, 26, W, ExtLow, Paraisópolis, São Paulo/SP).*

The story of this worker announced what would happen in Brazil: the virus affects everyone differently.

*[...] The poorest people suffer more. They are more exposed and have fewer opportunities to remote work [...]. Alternatively, employers ask or request their presence and people with higher incomes are safer. [...] we are in the same storm but in different boats, right? (F, 29, BB, Hight, Menino Deus, Porto Alegre/RS).*

In March 2020, the Federal Government defended the non-suspension of economic activ-

ities<sup>3</sup>, conflicting with the measures some states and municipalities had been adopting<sup>13</sup>. In April, when Brazil had 5,017 deaths, the President of the Republic, Jair Bolsonaro, said about the advance of the pandemic in the country: “So, what? I’m sorry! What do you want me to do?”<sup>14</sup>. At this point, National Congress members<sup>15</sup> articulated to approve emergency aid<sup>16</sup> to mitigate economic impacts caused by the pandemic<sup>17</sup>.

What ensued was typical: people most exposed to COVID-19 were from the group of people whose deaths were apparently unimportant<sup>18</sup>. The mortality of black people was higher (and they were initially less vaccinated)<sup>19,20</sup>, isolation was only possible for those who could work remotely<sup>21</sup>, and insufficient prevention policies exposed those most vulnerable to public transport<sup>22</sup> and housing<sup>22</sup> without social distancing conditions, resulting in thousands of preventable deaths<sup>4,24</sup>. Thus, the performance of the Brazilian State can be considered as “necrobiopower”<sup>25</sup>:

*[...] a set of techniques to promote life and death based on attributes that qualify and distribute bodies in a hierarchy that strips them of the possibility of being recognized as humans and that, thus, must be eliminated and others must live<sup>25</sup>.*

The State “refrained” from developing public policies, and deliberately<sup>24</sup> promoted the death

of part of the population, generating a feeling of abandonment by this respondent:

*So, everything closed [...], and people were left unattended* (F, 41, BB, ExtLow, Benedito Bentes, Maceió/AL).

This contradictory conduct of government policies motivated the actions of civil society and social movements in building strategies<sup>18</sup> for the public calamity period, showing support actions that can be related to solidarity.

### Solidarity despite...

When mentioned by the respondents, solidarity was perceived as caring for the other:

*I saw many people from whom I did not expect solidarity showing this, donating food, helping people in the neediest regions [...] In the beginning, [...] you saw people singing at the window. You saw more cases of solidarity. You thought, “no, the people will take care of each other”* (M, 34, BB, Medium, Praia da Armação, Florianópolis/SC).

When reflecting on the subject, Jodi Dean (p.40)<sup>26</sup> defends the existence of different stages of solidarity: affective, conventional, and reflective. The affective would be shaped by strong bonds of love and friendship, referring to a restricted circle of people. The conventional one alludes to the mutual support of people who identify with specific values and goals. Although the latter is more inclusive than the former, the emphasis remains on the internal similarities of the group as opposed to the differences of others. In reflective solidarity, *we recognize the other in a way that is neither immediate nor restrictively mediated. We recognize her in her difference, yet understand this difference as part of the very basis of what it means to be one of ‘us’*<sup>6</sup>. While Dean considers different types of solidarity, Prainsack and Buyx<sup>5</sup> distinguish solidarity at different levels: interpersonal, group, and related to institutions and norms. The interpersonal occurs from person to person, the group occurs when mutual support actions are normalized, and the one related to institutions and norms occurs when the first two are consolidated as structural<sup>5</sup>.

Dean<sup>25</sup> states that solidarity must result from an active struggle to build based on differences. The author’s proposal conceives of “we all” as “[...] solidarily bound members of an ideal communication community” who seek “[...] the recognition of our interdependency and shared vulnerability [...]” (p. 46)<sup>26</sup>. In the interviews, the idea of shared vulnerability was mentioned based on the perception that the disease affects everyone:

*[...] I see a little more solidarity. Having an illness that plagues everyone [...] puts us in a closer place* (M, 32, W, Medium, Santa Helena, Juiz de Fora/MG).

A shared vulnerability was observed when some respondents realized that people close to them with similar living conditions were struggling. They perceive the abnormal situation of the other “equal” and start to consider the greater possibility of finding themselves in vulnerability.

*[...] People who never imagined themselves in this situation of asking for takeout food, depending, waiting, and sleeping waiting for takeout food: people who thought they were middle-class. This occurred on the second day of isolation because the number of people working in unsafe conditions is enormous* (M, 34, BB, Medium, Praia da Armação, Florianópolis/SC).

*[...] Everybody knows someone; everybody has a relative who sees that situation and says: I’ll help. [...] As it was something collective, something that we could be affected by, I think this was something that touched the hearts of these people [...]* (M, 26, W, Medium, Campo Limpo, São Paulo/SP).

On the other hand, putting oneself in the other’s shoes was a reason for the rising sense of responsibility for some respondents who stated not being in need:

*[...] there were other changes in the relationships [...] with the students. I suddenly found myself in need, for example, to be providing much more receptive support. [...] I felt almost that I have to make myself present [...], to try to be close somehow, emotionally and affectively [...]* (F, 33, W, High, Madalena, Recife/PE).

*[...] as much as the moment is challenging for me, [...] I am not in need, but the other is. I don’t know people who are directly without food, electricity, or any access to some essential items because of the pandemic. So, this is important to me socially and as a social duty of all [...]* (F, 25, W, High, São Pedro, Juiz de Fora/MG).

We also identified reports of selfishness and individualism in the interviews, such as the attitude of one who thinks of himself to the detriment of the community.

*[...] as much as we see some cases of solidarity, they are much inferior to cases of [...] selfishness [...] a society that showed itself to be very selfish at a critical moment in the country, when thousands of people were dying. We also have a bizarre economic crisis we are already experiencing, which will be profound [...]* (M, 34, BB, Medium, Praia da Armação, Florianópolis/SC).

*[...] We are divided. [...] I’m thinking from the perspective of individualism of some in which they*

*first thought of themselves. So, I'm going to close myself off. I will take care of myself, and what's around me doesn't matter much* (M, 34, BB, High, Centro, Juiz de Fora/MG).

Thinking about solidarity, thus, transcends speaking of mere actions to support other people. It is thinking about different forms of existence that value cooperation between beings and collectivist actions, targeting the well-being beyond individualism. With this approach, we identified cores of actions from which the respondents were organized: the family, the condominium, and the community, from the most restricted to the most comprehensive. We will approach these cores and the potential of solidarity found in them under the theoretical framework already mentioned.

### **Is there any solidarity in the family?**

In Brazil, the 1988 Republican Constitution provides, in its article 226, that family is the pillar of society, with special protection from the State. The constitutional text brought legislative adaptations to the Brazilian reality at the time (protection of common-law marriage), while other adjustments occurred later [recognition of LGBTQIA+ marriage by the Federal Supreme Court (STF)]. Thus, the norms and their interpretations were changed based on the variability of kinship relationships and how the family system is socially built. Therefore, the family must be understood historically (p.35)<sup>27</sup>. Considering the family core, its members stood out as support in cases of infection during the pandemic, a unit to be protected, and a foundation on which social distancing measures should be followed:

*[...] if we here at home and had COVID, we would maybe get support, I think from our closest friends, both mine and my mother's and my family's. [...] Do we need something, a doctor, medicine, or food? [...]* (M, 34, BB, High, Centro, Juiz de Fora/MG).

*That's right. My sister cooked food and brought it to us in the first five days when we were exhausted; my husband had a very strong cough. We even slept separately* (F, 27, W, Medium, Paraisópolis, São Paulo/SP).

The family was also considered a mutual care core, especially for older adults, a risk group. In this sense, we identified some reports on the strengthening of family bonds, the limited coexistence, and performing small services:

*Somehow, a great bond of protection for the family emerged [...]* "No, dad, we don't go to your house because you are part of a risk group" [...]

(M, 67, W, ExtHigh, Vila Leopoldina, São Paulo/SP).

*Another thing that surprised me [...] was the care for older adults. [...] For example, my grandmother, you know, is 80-85 years old and I haven't seen her for eight months. The other day, she tried to run away from home, and the neighbors put her inside* (M, 34, BB, High, Centro, Juiz de Fora/MG).

*Then on the 18<sup>th</sup>, it closed. I came home, only my husband and I live here [...]. Our daughters brought alcohol and said, "mother, don't go out; let us buy it". I have some younger cousins saying, "we'll buy whatever you want at the market", and they brought it [...]* (F, 64, W, Medium, Jardim São Pedro, Porto Alegre/RS).

The emphasis on the family as a care core in this historical context should not be seen "naturally". On the contrary, it must be understood from the viewpoint of cuts in social investments by neoliberal policies, resulting in new leading figures to manage the social issue, as explained by Pinheiro and Tomarozzi (p. 265)<sup>28</sup>:

*Civil society, based on solidarity, starts to intervene in the manifestations of social inequality, but above all, the family bears the greatest responsibility for protecting its members. Even in the face of the material and subjective incapacity of many impoverished households, they are still held responsible for care as a moral duty.*

Due to the family bonds that naturalize support actions, we observe disagreements about the possibility of naming them solidarity. On the one hand, Prainsack and Buyx (p. 153)<sup>5</sup> believe that family bonds are much stronger than solidarity, as these actions are based on love and other emotions; therefore, they should not be qualified as such. However, Dean<sup>27</sup> states that these actions can be understood as affective solidarity. They encompass a very restricted circle of people as they are actions based on love and friendship bonds.

### **Condominiums: solidarity in fragmented cities**

Condominiums are properties that have intensified since the 20<sup>th</sup> century in Brazil<sup>29</sup>. In general, they are privatized, closed, and monitored spaces for residence, consumption, leisure, and work (p. 211)<sup>30</sup> where there is a pacifying feeling of order and security<sup>31</sup>. In this sense, they are considered "[...] a way of life in which precariousness, risk, and indeterminacy would have been abolished" (l. 934/937)<sup>31</sup>, allowing coexistence and a sense of community among equals<sup>31</sup>.

The advance of condominiums in different Brazilian cities can take different forms: some-

times, they gather different social groups and simultaneously separate them through walls and security devices; in other cases, condominiums expand to popular neighborhoods and are used for housing the metropolitan middle and working classes (p. 169/170)<sup>32</sup>. The condominiums share a prominence over their surroundings, and this structure was provenly decisive in establishing relationships and planning actions by the respondents.

In the analysis of support actions, we noticed that some respondents differentiated the actions they received or conducted among their condominium neighbors and the support actions they provided outside. The former are characterized by establishing relationships, mutual help, and using the condominium structure to control the pandemic. Support actions involved dialogue or consensus established based on condominium rules:

*I see here in the group of our condominium, when infection cases occur [...] people always show solidarity, "ah, if you need anything" or sometimes make a cake and take it to someone, then this someone posts the photo, "I received a cake from my neighbor: thank you" (F, 39, W, Low, Jardim do Salvo, Porto Alegre/RS).*

We noticed that the condominiums where some respondents live, regardless of region and income, sought to fill the gap left by the Brazilian State, providing conditions for social distancing.

*Now my neighbors here would react normally. We should notify. It was something that we decided here so that there is help so that the condominium can help. The condominium helped in the following way: the administration knew there was a case notified; they bought groceries, did everything, and brought it to the door. Furthermore, all cleaning measures were also reinforced (F, 52, BB, ExtHigh, Ponta D'Areia, São Luis/MA).*

Another relevant factor is the mention that even people with presumed higher household incomes (such as doctors and engineers) performed jobs that are usually low-skilled personnel services to support their neighbors.

*I needed someone to fix this panel here [...]. Then I posted it in the group, [...] neighbors, does anyone know an uncle, a cousin, a surrogate husband who might come here to do some work and stuff? Girl, that's how four of them came from the condominium, including the husband of one who is [...] [a doctor with an important position in a hospital], that people [...] are coming down from*

*the pedestal and doing everything. An engineer is painting inside the apartments [...] (F, 69, W, VHigh, Jardim do Salso, Porto Alegre/RS).*

However, the perception of similarity does not occur when the action is extramural. In this case, we identified reports of perceived differences between the respondents and nearby populations outside the condominium because they are supposed to be poor people and residents in crime-festered areas. Thus, the support action does not seem to be based on shared vulnerability:

*Here in our condominium, we have groups established to help because right here near the condominium where I live, we have some slums and villages with very decent houses – poor people but decent people, who work and also have what would be, I don't know what it would be called there in Rio... where is the Rocinha, in Morro dos Macacos, I don't know, where the bandits are, I forgot the name... which is called Bom Jesus here, and is a favela: we have shootings and continuously hear shots here. So, people here collected food for distribution and toys for the children, [...] thrift store, clothes [...] (F, 69, W, VHigh, Jardim do Salso, Porto Alegre /RS).*

*A girl here from my condominium group has an NGO. [...] Right at the beginning, she asked us for help to make masks and distribute them to vulnerable people. So, we contributed. [...] This is a specific case I know of here in the condominium [...] (F, 52, BB, ExtHigh, Ponta D'Areia, São Luis/MA).*

Solidarity within the condominiums can be considered both affective and conventional, both interpersonal and group, depending on the relationship built between the tenants<sup>5,26</sup>. What stands out in the reports is the recognition of similarities, fundamental for the solidarity defined by Prainsack and Buyx<sup>5</sup>, between the residents and the construction of relationships that sustain and consolidate supportive action. Even if the condominium structure is controlled and designed for a community among equals<sup>31</sup>, the solidarity found here is broader than the familiar one. In the opposite, extramural direction, a position of distinction, with actions that can be characterized as a charity, motivated by a moral duty or even self-protection by the most affluent people towards the poor. In this case, the asymmetry occurs in the socioeconomic difference and the fact that the most vulnerable do not participate in the construction of demand or the solution to their issues.

### Communities and their solidarity networks

For those who live in the communities, the idea was not a “mere” State abandonment but a government action that sought to “wipe out” the poorest (in dialogue with necrobiopower<sup>25</sup>). One respondent mentions forgetting the poorest to eliminate them:

*I think the government could have had a more affectionate look at the suburbs, right? Because we get the impression that they wanted to commit genocide. Like in the pandemic: people are dying. Who is affected? [...] Suburban people! [...] So, the impression [...] is that poor people were forgotten, and it was a way, I think it was really to “clear them off” (M, 26, W, ExtLow, Paraisópolis, São Paulo/SP).*

The Brazilian State’s action did not prevent self-management actions, such as initiatives managed by residents and non-governmental organizations, such as the Unified Union of Favelas (CUFA). The groups organized themselves to prevent residents waiting for government assistance from dying of hunger<sup>11</sup>:

*Here in Paraisópolis, the residents gathered, you know. The residents rented an ambulance and partnered with private companies [...] to serve the people in the community. So, the confrontation here was from the community for the community. Then there were two hospitals, which set up field hospitals in partnership with the state government, but only they were pressured to do so. There was no action by the State government, the Federal Government, and the Municipality for the suburbs (M, 26, W, ExtLow, Paraisópolis, São Paulo/SP).*

*[...] but CUFA was one I saw a lot in the region where I live. CUFA did a lot there in the region [...] (F, 37, W, Medium, Lins de Vasconcelos, Rio de Janeiro/RJ).*

Hunger was a fundamental agenda of community organization, showing that the experience of its residents articulated what was later measured by research: the pandemic exacerbated hunger in Brazil. The Penssan Network (2021)<sup>33</sup> argues that 55.2% of Brazilian households experience food insecurity, which was 36.7% in 2018.

*What surprised me was the matter of food for the favelas and the needy: many courts or samba schools organizing group efforts to collect food. [...] Paraisópolis is the biggest one here, both the Angela and Belenzinho: these places are getting legal assistance [...] (M, 22, BB, Medium, Jardim Santa Edwiges, São Paulo/SP).*

*We managed to collect 750 food baskets and donated them to the population [...] (F, 41, BB, ExtLow, Benedito Bentes, Maceió/AL).*

These reports are consistent with other initiatives by community-led organizations that involve constant tracking of reality, identifying urgent problems, and presenting solutions (p. 7)<sup>34</sup>. The support actions reported focus on the joint construction of demand and shared vulnerability. Thus, even with scarcity, people share what little they have:

*The Brazilian people proved to be very united and concerned about their people, right? Here in Paraisópolis, I saw a lot of that, right? People going after even staple food baskets, [...] I received two staple food baskets. I’m going to help my neighbor who didn’t get any (M, 26, W, ExtLow, Paraisópolis, São Paulo/SP).*

*My own family! My wife has been sewing masks to sell and donate [...] I even helped by buying a few pounds of groceries for my neighbor, who lost his job. Now she’s with the Parish people, you know? Like...being helped [...] (M, 45, W, Medium, Terreirão, Rio de Janeiro/RJ).*

As we have seen, in communities, actions seem to reach a larger group of individuals and mark a capacity for action beyond necrobiopower<sup>25</sup>, showing that solidarity is a path of community and practical construction.

### Final considerations

Reflecting on Jodi Dean’s stages of solidarity<sup>26</sup>, we can observe that the reports associated with the family core show relationships based on mutual feelings of care, described as affective solidarity. Thus, the solidary actions employed by the respondents, mainly for the care of older adults, appear restricted to a particular group and linked to affectivity. In the condominium, we noted differences between actions directed to neighbors and extramural actions. In the first case, the common interests and concerns that unite a group or community, characteristic of Dean’s conventional solidarity, were more evident. However, in the second case, support actions based on socio-economic and territorial differences are evident, without communicability between the groups, adapting more to what Prainsack<sup>5,35</sup> defines as a charity, since the characteristic that motivated the residents of the condominiums to act was, besides the desire to support the other, the discrepant circumstances of their lives (p. 54)<sup>36</sup>. Despite the differences, Dean indicates that both affective and conventional solidarity have limits that prevent their extension beyond certain groups (p. 20)<sup>26</sup>.

Stories within the community core brought the perception that the Brazilian State acted to

promote the death of the poorest, considering that the “coping measures disseminated by the health authorities targeted the most affluent population strata”<sup>11</sup>. The community was the most potent and comprehensive core of action, with actions closest to the reflective solidarity ideal. Dean<sup>6,27</sup> believes solidarity cannot be thought of as a pre-existing ethical concept but a continuous process that stirs us to communicate toward mutual engagement and recognition. Thus, solidarity as a practice, a path to follow, built from establishing relationships, brings us closer to the experiences of self-organization, perception of shared vulnerability, and recognition of interdependency in the community<sup>5</sup>.

Mentions of solidary actions in communities show the power of society to identify its needs, and organize and implement actions, even in an unfavorable scenario, which reinforces the idea that community-led organizations are an essential part of the public health infrastructure<sup>35</sup>. This conclusion differs from Prainsack’s think-

ing, which links institutional solidarity (State-borne) to interpersonal or group solidarities<sup>5,35,36</sup> since the interviews show a solidary population, regardless of and, sometimes, despite the State. Consequently, community views are essential for developing policies<sup>34</sup> to consolidate them based on empirical, popular, and accessible knowledge.

We should stress that the support actions described in all cores particularized policies that should be public and unrestricted in a pandemic setting, not replacing the government’s constitutional role nor erasing the criticisms formulated so far<sup>11</sup>. Finally, this work was developed as attentive listening to the participants’ voices, which stirred reflections on how solidarity stands as an essential element in people’s daily lives. The results encourage us to understand the transformative capacity of society when faced with adversity. In this context, solidarity builds bridges and is an essential reality-transforming tool, without which we would undoubtedly have had more COVID-19 victims in Brazil.

## Collaborations

PC Petra and FTC Bueno: article design and data collection and analysis. M Palácios: data collection, analysis and supervision. CLR Chagas and LR Lage: data collection and analysis.

## Acknowledgments

We are grateful to the researchers who contributed to conducting the interviews: Alexandre da Silva Costa, Fernanda Gomes Lopes, Sergio Rego, and Suely Marinho, and to the Atlas.ti® software that granted licenses to the consortium.



## Funding

Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES).

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Article submitted 04/05/2022

Approved 12/07/2022

Final version submitted 14/07/2022

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Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva