Care in a territory of social exclusion: Covid- 19 exposes colonial marks[1]

Cuidado em território de exclusão social: covid-19 expõe marcas coloniais

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Abstract

The intersection of gender, race and class marks the territories of social exclusion, especially in a country that carries scars of a patriarchal and capitalist colonialism in its structures, as is the case in Brazil. The objective was to understand care in this territory of exclusion in Cubatão, São Paulo, Brazil. The research, conducted between 2017 and 2020, included the pandemic of COVID-19, which overloaded care in this territory. The method was qualitative research, with workshops, participant observation and in-depth interviews. The care delivered by community leaders and primary health care professionals from the Brazilian National Health System was mostly performed by women. For data analysis, depth hermeneutics was used. The theoretical reference was the perspective of feminists: ecofeminist, intersectional and Care Ethics. The study showed several challenges and the ethical-political care as an axis in the search for social and environmental justice.

Keywords: Ethics; Public Policy; Social Exclusion; Intersectionality; COVID-19.

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Resumo

A intersecção de gênero, raça e classe marca os territórios de exclusão social, especialmente em um país que carrega cicatrizes da colonialidade patriarcal e capitalista em suas estruturas, como é o caso do Brasil. O objetivo deste trabalho é compreender o cuidado em um desses territórios: a cidade de Cubatão/SP. A investigação, feita entre 2017 e 2020, incluiu a pandemia da covid-19, que sobrecarregou o cuidado no território. O método foi a pesquisa qualitativa, com oficinas, observação participante e entrevistas de profundidade. O cuidado era majoritariamente oferecido por mulheres, líderes comunitárias e profissionais da atenção primária do Sistema Único de Saúde. Para analisar os dados, utilizou-se a hermenêutica de profundidade. O referencial teórico foi a costura das teorias feministas da ética do cuidado, ecofeministas e interseccionais. A pesquisa revelou diversos desafios e potencialidades, como o cuidado ético-político, eixo da busca por justiça socioambiental.

Palavras-chave: Ética do Cuidado; Políticas Públicas; Exclusão Social; Interseccionalidade; Covid-19.

Introduction

The Brazilian society is marked by coloniality, patriarchalism and capitalism (Chaui, 2009). These marks place a specific group at the base of the social pyramid: women, the majority of the Brazilian population, making up a total of 52%. Within this group, black, "brown" and indigenous women occupy the lowest places, while, conversely, white men, heirs to a wealth amassed since the time of slavery, are still at the top of the pyramid (Souza, 2019). It concerns "coloniality",[2] the inseparability between patriarchy, capitalist exploitation, racialization and gender (Lugones, 2014). In this process of dehumanization as a strategy of exploitation, objectification is how the colonized are made less than human beings (Lugones, 2014). Today, these people live in territories of high social exclusion.

In these places, the state of not having "possessions" leaves the population vulnerable to capitalism (Shiva, 1988), and this is the case of the territory of social exclusion studied here, located in Cubatão, a town in the Baixada Santista region of São Paulo State. In this territory, people build fragile housing, at the risk of sinking, on expropriated land. They do not have electricity or basic sanitation, and they live on very low or zero income. There are no basic human rights in a place forsaken by the public authorities, and most of the dwellers and care givers there are black women.

In such a context, with social and intersectional inequality of gender, class and race (Hale, 2004), the constitutional guarantee of free and universal healthcare provided by the Brazilian National Health System (SUS) was an advance. Primary care at the units for family health (USF, *unidades de saúde da família*) is thus available in the territories of social exclusion, where comprehensive care actions are delivered via the Estratégia Saúde da Família (*Family Care Strategy*, Brazil, 2012).

However, in 2016, Constitutional Amendment 95 (EC 95) was passed, freezing investment in healthcare, science and education for 20 years.

2 "Coloniality" refers to Eurocentric patriarchal epistems and practices used in the pre-colony, colony and post-colony. "Decolonization" is the transition from the colonial to the postcolonial period. "Decoloniality" is the continuous process of breaking with coloniality that favors non-Eurocentric epistems and practices.

Precisely in this state of social dismantling, the Covid-19[3] pandemic showed the error in the amendment, which worsened the wounds left by colonialism (Dantas, 2020). In the territory of exclusion studied, the population increased as result of growing unemployment starting in 2015, with an abrupt growth in 2020, which worsened the already existing social, economic, political and health crisis (IBGE, 2020).

The territory studied here, severely affected by Covid-19, had its woes and challenges intensified, but it also showed potential in the face of the socio-health crisis. This study is a result of research on care in this community. The theoretical framework comprises feminist theories of care ethics, ecofeminism and intersectionality that reinvigorate ethical-political care, supported by the democratic state of rights and public policies aimed at reducing inequalities and repairing the exclusions of coloniality maintained by neoliberal capitalism.

Thinking of care in territories with intersectional diversities requires tying together different subjectivities. The category "cuidado" (*care*) is associated in the Portuguese language with the idea of attention, empathy, zeal, responsibility, protection, and love. These are affections that involve oneself, others and the environment. The verb "cuidar" (*to take care of*) meant in archaic Portuguese "to love, to like"; in the macro-jê language tree[4], it means *tiçuánácênató*, "zelar" (*to zeal*); in guarani (Mbyá) there is "cuidar" (*to take care - arõ*, *nhangareko*, *pena*, *ereko*), "cuidar-se" (*to care for oneself - jepoyvu* or *enénãntende* in *Kaiowá*), "ficar cuidando" (*to be caring - pota*) and "ter cuidado" (*to be careful - nheangu*), denoting that there is care for oneself and care for the others or the environment.

In the African philosophy of *Ubuntu* (Bantu origin), humanity relates to others: "eu sou, porque nós somos" (*I am because we are* - Carvalho, 2016). Therefore, *Ubuntu* suggests solidarity, cooperation, respect, receptivity and generosity, among other actions in tune with oneself, with others and with the environment, in search of well-being. Nelson Mandela summarizes the ancient African ethic where my progress serves the progress of my community as being the most important in life; if a person can live like this, he will have achieved something admirable (Carvalho, 2016).

When considered as responsibility, care is an action for survival, and it is provided mostly by women. We thus approach the "ethics of care", as coined by feminist scholars. By valuing the work of care done by women, these theoreticians underscore the responsibility of caring for oneself, others and the environment, relating care to political representation, public policies and democracy. Joan Tronto, for example, in *Caring Democracy* relates democracy to care. She notices an interdependent relationship: the quest for justice must be discussed from a central element, care (Mota, 2015).

Questioning from the moral, political and economic point of view the patriarchal structures that devalue the work of care, feminist theoreticians reflect on the possibility of an ethical care that is guaranteed as a public policy. The category "ethical-political care" is then outlined, combining ethics and politics in such a way that one cannot think of one without the other (Pintasilgo, 2011).

Faced with the coloniality maintained by the neoliberal capitalist system, which leaves women at the base of care, reflecting on the ethics of care requires considering, besides gender, imbrications of race and class through the intersectionality proposed by black feminists such as Lélia Gonzalez (1984) and Beatriz Nascimento (2018), who propose the structural inseparability of the capitalist, sexist and racist patriarchy.

The "amefricanidade" (*amefricanity*) proposed by Lélia Gonzalez in the 1980s inspires the decolonial approach, consolidated in the 2000s by Catherine Walsh, María Lugones, Julieta Paredes and other Latin American thinkers who criticize coloniality, neoliberalism and Western epistemic monopoly (Akotirene, 2019). In the United States, inspired by Gonzalez (1984), Kimberlé Crenshaw (1989), Angela Davis (2016) and Patricia Hill Collins (2017) research the intersectionality of gender, race and

3 The World Health Organization describes the Covid-19 pandemic as one of the biggest health crises in recent decades (WHO, 2020).
4 ISA - SOCIAL-ENVIRONMENTAL INSTITUTE. *Dictionary.* 2020. Available at: <https://bit.ly/3uuRfAz>. Access on: October 9, 2020.

class and delve into activism against the killing and incarceration of black people. In Brazil currently, Carla Akotirene (2019) rescues and reinterprets the concept for the Brazilian reality, in a constant decolonial exercise.

The ethical-political care, as seen from Nascimento (2018), points to the alternative for the neoliberal capitalist model of necropolitics (Mbembe, 2018) by the example of the quilombos, of the unity. To cite one example, a woman, Tereza de Benguela, was one of the greatest quilombola rulers in Latin America. Tereza took care of the population that freed themselves from the slave owners' atrocities and developed a political administration, offering care of a libertarian, ethical-political, community-based and conscious nature. A kind of care where production, distribution and consumption are self-managed; politics is democratic; goods are distributed equitably; and humans and the environment are valued, as is the case with native Latin American and African peoples.

Vandana Shiva (1988), in an ecofeminist approach, proposes the socio-environmental care of the common house. She highlights the role of women in resisting the invasion of large economic patriarchal monopolies and shows ways to fight neoliberal globalization, which relegates farmers to poverty and dependence on grain-producing companies (Shiva, 1988). The populations that fed on corn cultivated by women made their homes and their clothes and consumed nothing from the big companies (Shiva, 1988). This type of social environmentally sustainable care is proposed in Brazil by the solidarity economy, which tries to fight unemployment and social inequality (Singer; Souza, 2000).

This study presents the hypothesis that care exceeds SUS equipment and is also performed by families and community leaders themselves, whether in the domestic space, churches, kindergartens, schools, community-based organizations and so on. Investigating care from this hypothesis, before and during the Covid-19 pandemic, contributed to verifying public policies in the territory in order to acknowledge, economically and morally, the group that has been practicing care throughout history: women. The objective was to understand the facets of care in this territory of social exclusion affected by the coloniality kept in force by neoliberal capitalism, starting from the perceptions of people who resist, care and fight for better living conditions.

Method

The qualitative research, carried out *in loco* in a territory in which the Universidade Federal de São Paulo (Unifesp) develops projects, actions and research, consisted in listening to narratives by inserting researchers from the Laboratório de Estudos sobre a Desigualdade (Leds, *Inequality Studies Lab*). The criteria for selecting the participants were: residing in the territory and performing care practices. The approach and penetration took place out of the local USF. In all, there were 11 participants in the study: 8 community health agents (6 women and 2 men) and 3 community leaders (2 women and 1 man). All ethical precautions were taken, and the study was submitted to the Unifesp Research Ethics Committee.

Between 2017 and 2020, there were in-depth interviews and workshops with participant observation, and field diaries were produced. The interviews, conducted by six Leds members, took place initially in workshop situations and, after the arrival of the pandemic, remotely. The guiding questions were: how do you perceive the current life situation here? Where do you receive care? Do you take care of someone? What types of care do you see here? What happened after the arrival of the pandemic?

The interviews were digitally recorded and transcribed. The data, organized in the Atlas.ti software, which assists systematization in qualitative research (Forte et al., 2017), underwent intensive reading and had excerpts selected and classified into codes, which were grouped into three areas of meaning.

Supported by deep hermeneutics (Thompson, 2011), the analysis dealt with multiple dimensions: the socio-historical context of the territory; the narratives of the interlocutors; and the interpretation and reinterpretation of the authors. Thus, the method allowed a diversified analysis

of the data, capable of relating the context of the territory, the accounts of the interviewees and the gaze of the authors, interweaving references of the ethics of care, intersectionality and ecofeminism.

Discussion of results

Presenting the territory: intersectional, socio-historical and environmental situation

The extractivist, patriarchal, sexist and racist capitalist system is represented by white men who invaded lands and enriched themselves by using labor from black people, indigenous people and women stolen from their cultures and enslaved (Souza, 2019). The excluded always resisted, built the country and, after the abolition, were abandoned. Without housing, income, property or food, they pushed to "territories of social exclusion" (Anhas; Silva, 2017).

The category "territory of social exclusion" is explored by Shiva (1988). Private property is an alien category to indigenous, aboriginal, Indian, African, quilombola traditions and other peoples living in community structures. However, neoliberal privatization excludes these populations, forcibly relocating communities to peripheral territories with no living conditions and sustainability. Progress is the pretext used to exterminate or expel millions of people from their territories, aggravating poverty in the Global South and shaping the geopolitics of power (Becker, 2005; Shiva, 1988).

The exclusion territory studied here is located in Cubatão, in the Baixada Santista region of São Paulo State. According to the São Paulo Social Vulnerability Index[5] (IPVS), in 2010 21.2% of the population of Cubatão was in a situation of high vulnerability, and 21% were in a situation of very high vulnerability, in a state of complete social exclusion (São Paulo, 2010). Cubatão was built on mangroves, which posed a challenge to urbanization. The city's economy relies mainly on petrochemical industries, installed in the in the late 1940s and early 1950s, the same period when major highways, such as the Anchieta highway, were constructed. With no other choice, workers stayed there and the first worker villages emerged (Anhas; Silva, 2017).

In the territory, there is an USF with three family care teams. The City Health Council records shows around 40 thousand families in substandard housing, such as stilts or houses without basic sanitation or electricity, with precarious or zero income. There is a daycare center, community-based organizations and a church (Anhas; Silva, 2017).

There is an underwater cave, a crater 400 meters in diameter and 25 meters deep, open in the middle of the mangrove, a source of contamination and hazard (O que..., 2018). Community leaders point out the severity of the environmental situation in the territory, where, in addition to the quarry, there is no garbage collection, which results in garbage being disposed of anywhere:

> *It is interesting to talk about the environment in a normal place, but in the stilts... The people living in shacks there have no place to store their recycling material. It is a considerable distance to bring everything to dumpsters.* [But] *now we have two women heads of the association, so* [that] *might improve.* (Ángeles)

The lack of garbage collection increases the existence of synanthropic animals, causing diseases and outcomes such as amputations of limbs in babies bitten by rats. These are consequences of the necropolitics of the capitalist system because, in the process of neoliberal globalization, the weight falls on children and their mothers (Shiva, 1988), in a typical situation of intersectionality. Ángeles hopes that the new elected leaders will succeed in bringing about socio-environmental improvements with the public authorities.

As Abdias, one of the interlocutors, points out, "*everything interferes with health and living conditions. People living in the stilts, when the tide comes in, it floods the shacks. When the tide comes, the rats come inside.*" The testimony shows that health is below the standards set as basic rights,

5 Census sector: vulnerability to extreme poverty (income and living conditions).

a situation that was further aggravated during the pandemic (Marques et al., 2020). The socio-political and economic complexity of this territory of social exclusion demonstrates the colonial marks kept in force by neoliberal capitalism and the geopolitics of power, with little reparation over the centuries.

Challenges of coloniality that undermine care

Coloniality and capitalism affect care in the studied territory. The undermining can be seen to begin with the EC 95, which shifted healthcare, science and education budgets to the economic sector, compromising public policies and cutting primary care programs (Fiocruz, 2020). The budget cuts in the Extended Family Care Centers (Nasf), based on Technical Note Number 3/2020-DESF/SAPS/MS, explain the restriction to multidisciplinary care (Fiocruz, 2020): *"an elderly man in my area fell and he needs a home physiotherapist. I said to him: "Look, your turn in physical therapy has come, but you have to go to* [the clinic in] *Cubatão.' How is he going to get there?*" (Amy).

Community agent Minerva shows political awareness by questioning the cuts in public policies and denouncing worse conditions for workers and the excluded, comparing the situation with the salaries of the rulers and the privileges of the elites: "*They cut the budget, right? The health and education budgets, which we need the most. Why don't they cut their own?*"

Due to the restrictions to stop contagion, Covid-19 has aggravated existing intersectional frailties related to care and the environment. The pandemic has exposed the impossibility of complying with sanitary measures in substandard housing and crowded public transport. The problems prior to the pandemic also increased, such as unemployment, hunger, poverty, violence and disease (Portela et al., 2020).

> *It is heart-breaking, we leave here devastated. If you are going to help everyone who needs food... we went to a woman's house. The house had no door. The girl is alone there, they steal things from her. She says, "I can only work as a housekeeper. If we don't eat...". It hurts and we can't do anything! The city hall gives no support!* (Benguela)

The population's illness is due to precarious conditions, exposure to various forms of violence and lack of public policies, and it may even culminate in suicide. In the face of poverty and abandonment by authorities, suicide appears as a way to stop the pain caused by the lack of basic rights that guarantee good living: food, housing, employment and future prospects (Pintasilgo, 2011). Hence, in this context self-extermination results from the lack of care that annihilates the existence of the subject.

> *I believe that the environment makes people depressed! People do not have legal homes, they do not have parental support, they are looking for work and cannot find any, they have children but do not get alimony. I think that is enough to make a person sick!* (Gamarra)

The increase in mental illness during the pandemic has shown the importance of the comprehensive network of SUS and multidisciplinary care in the territory.

Major challenges to ethical-political care are violence and hunger, a colonial patriarchal heritage kept in force by neoliberal capitalism. Community leader Ángeles reports that the women, mostly black women, were forced to carry on with their double shifts during the pandemic because they had no one to take care of their children and families. Their employers did not release them, and they were forced to use crowded transport, often having to take their children to the workplace and exposing their families to the risk of contagion:

> *You see women going out to work in the morning, getting phone calls: "I have to go." They never stopped working. Their bosses did not give that kind of support, like "Stay home." Many people lost their jobs in this pandemic.* (Ángeles)

Hunger and violence, aggravated by the pandemic, are often mentioned by leaders and community health agents, corroborating United Nations data (UN..., 2020). There are cases of domestic violence that go on for years and cause suffering so unbearable that they lead the victims to suicide, since public authorities and current policies

fail to reach them. Intersectionality shows several women at the crossroads of patriarchal exclusions of coloniality (Akotirene, 2019). Most are black with zero income (IBGE, 2020).

> *They get tired of being beaten and some take medication. And we know why they take medication: to kill themselves because of their husbands. We had an employee, Argelia. Her husband whipped her with a belt. He would tell her to undress and whip* [her]*. She never told us. She just cryed while doing the dishes.* (Petra)

Community leaders and agents report that the silencing of victims of domestic violence poses difficulties for care interventions. *"And we say, 'Mother, why didn't you ask for help?'. 'I'm ashamed, I didn't want to expose myself.'"* (Petra). There is a sense of powerlessness also in cases of femicide, the murder of women for being women. The victims, abandoned by the public authorities, are left without any care:

> *She would say, " Don't kill me, let me raise my daughter, don't kill me, let me raise my daughter." He killed her. He raised the girl. The daughter still does not know.* [She] *is 12 years old. She was told that her mother disappeared. Her father did it.* (Petra)

Operationalizing ethical-political care in cases of domestic violence and femicide, which had a sudden increased, is a challenge for the patient intake network (Marques et al., 2020): *"The number of assaulted women has increased a lot during the pandemic. There is nowhere to turn since the* [care] *facilities are closed. They get assaulted and get silent. They could go to the USF before. Now, they do not have those places*" (Ángeles); "*It is difficult being a woman in this neighborhood because of the violence. One way out is to get engaged in religious life*" (Barreto). However, the religious alternative is not without patriarchal judgment.

Another challenge is violence against children, such as pedophilia. Since the schools are closed, the victims are isolated with their attackers. "*Pedophilia happens a lot! I see many cases I can't even think about. Then I think: I will not interfere, I can't do anything about it*!"(Amy). The pandemic has restricted services, reducing the number of intake places for victims of child and gender violence. Community health workers feel powerless:

> *We saw* [that] *the boy arrived here all bruised. One day, he was playing with his little sister and stepped on* [her] *foot. The stepfather beat him up and his body got bruised all over. I said, "My God, I can't let this [go unreported]." In the meantime, I told the boy that I was not going to tell anyone.* (Petra)

After five months of pandemic, Law number 14,022/2020 was passed, providing for actions to fight domestic violence and femicide (Brazil, 2020). With the law in force, intake of occurrences began to work nonstop, whether in person, online or over the phone, and awareness campaigns were organized.

Another problem reported is racial prejudice. Although it is a non-bailable offence with no time limitation for prosecution, according to Law number 7,716/1989, it persists as a structural violence against blacks and indigenous people (Brazil, 1989). *"The problem is when the police comes. They came the day before yesterday and fired some shots. The boys ran around like crazy*" (Petra). The state is supposed to protect us, but it acts as an aggressor, tearing families apart:

> *Somebody has a little stilt house, lives alone, and closes it to go to work. The police comes in, the boys run to the mangroves and hide! The police see the little stilt house and break in thinking there are people hiding inside.* (Abdias)

There is also the violence of drug trafficking: "*conflicts are settled by the trafficking. There is a limit to how far the community can go to solve problems so as not to call the attention of the police" (Barreto)*; *"When something happens, we cannot call the police. For us Christians, it gets difficult*" (Petra). The code of silence forbids residents to contact public security agents, making it difficult to fight crime and violence, making impunity the norm and undermining ethical-political care. The absence of state care opens the doors to other forms of patriarchal power, such as religion and drug trafficking.

Care in adolescence is another challenge. Unsupported abortion, as in the entire Global South, is a serious public health problem and the main cause of maternal mortality. The majority of women affected are black (Coelho, 2019). "[Teenagers] *have a lot of pregnancies, some of them have abortions*" (Barreto). Since abortion is a crime, children carry on with the pregnancy and end up becoming mothers while still childs. Others, who try clandestine abortion, often end up dying. "[In] *trafficking, drug use and early sex life* [are common]. *If you go to a [Brazilian] funk concert*, [you] *will see young girls having sex. Syphilis... Lélia got pregnant at 13. Mara* [at] *13*" (Petra). In this context, missionary culture, tied to patriarchal moral precepts, rises as a purported way to salvation, so that young people do not join crime: "*I asked myself this question: 'What am I here for?'. Then when one comes and says 'Auntie, I made it', I tell myself: If you couldn't save them all, at least you saved one'. He* left [crime] " (Petra). Churches act as restricted temporary shelters with their own internal rules. They can take advantage of vulnerability to increase their profit and impose behaviors submissive to violence and patriarchy.

The statements show that investment cuts in health, care and welfare have undermined the care and operationalization of public policies, thus increasing the burden on community leaders since the state fail to take charge of ensuring democratic political care. The problem became worse in the pandemic, with the restriction to SUS care and the end of the government-funded emergency aid in January 2021, and there are no forecasts for mass vaccination.

Ethical-political care and the powers in the territory

As a tool for fighting coloniality, care welcomes the excluded, values local knowledge and practices and weaves solidarity networks in the community. The search for ethical-political care, with a guarantee of rights, a responsibility of the State and the population, potentiates effective, humanized, transformative care of structures based on SUS guidelines and principles.

By asserting that care is important to society, socioeconomically and morally, feminist theoreticians highlight the value of this work and remove women from invisibility. Therefore, including intersectionality - gender, ethnicity, class, colonial history, and politics - is critical. Valuing care as a right is to ensure social well-being, in contrast to coloniality and neoliberal capitalism, which see it as a product, or a duty, of women.

The potentialities observed in the studied territory were collective articulations, search for public equipment, efforts to overcome social exclusion, awareness about rights, intersectionality and public policies, and appreciation of local knowledge and practices. Care permeates ethical-political actions in community organizations and in intervention with state facilities.

Access to information regarding public health, through law and legislation, would bring about structural transformations to the territory:

> *Community leaders have stressed the importance of raising awareness of the hazards to which they are exposed due to the existence of pits for disposal of heavy metal waste by companies that purport to seek progress, but damage the environment and affect life.* (Field Diary, February 1, 2018)

> *To know our rights, to receive this aid* [reward for the contamination of the fishermen's water]*. People do not care about knowing their rights.* (Barreto)

Capitalist extractivist colonialism exploits and destroys the environment. Populations are deprived of natural resources and have their existence annulled in favor of capital (Shiva, 1988). Information about care would make people aware of environmental destruction, disease prevention and vaccination campaigns. Covid-19, in this context, updates the discussion on the harm of neoliberal narratives and science denialism, which contribute to spreading the disease (Lima et al., 2020): "*You get vaccines because there was a group of people who got sick, they went to that hospital, they made that report* [a report was made], *which was forwarded to the Ministry of Health* [the report was forwarded to the ministry], [and] *there they took the measures*" (Barreto).

Access to secure sources of information enhances ethical-political care. In this sense, women's action to effect changes in the territory is immeasurable, from raising awareness to the organization of acts

and drafting bills for the City Council, demonstrating how the ethics of care, intersectionality and ecofeminism cross their practices. "*Talking to some women on this street, we are forming a commission to go to the drug corner* [trafficking territory] *to talk about the funk concerts they have here.*" (Petra)

The articulation of women potentiates ethical-political care also through state equipment:

> *Evangelina called* [and warned] *that her father was mistreating* [her] *and keeping her imprisoned. We reported it to the Guardianship Council. Rigoberta took the girl out of the house and checked her into the shelter home. Now the mother has contacted us.* (Petra)

Community leaders actively fight intersectional violence. Because they live in the territory, they know the history of the residents and can call state agents, follow up on cases and prosecute the emancipation of other women. "*We made her report it. She reported him, he was taken out of the house by the police. Today, Argelia is fine, working here with us*" (Petra).

In the care of the right to a home, the articulation of women began occupying land, building housing and the advancing into the territory through political and judicial routes:

> *She said that when she came here, it was all squats, it was bushland! A group of women got together and closed the old track that today is the Tancredo Neves highway. The mayor at the time provided cars with landfills and urbanized the area.* (Petra)

Unifesp interventions also enhance ethical-political care. From a decolonial point of view, different kinds of knowledge coexist. Lugones (2014) explains that decoloniality aims to liberate the sciences and practices of the Global South from coloniality and intellectual elites centered on European and North American epistems and capital. *"The Unifesp psychologist can come and do a* [conversation] *circle, we bring people and we end up using you for support that was supposed to be provided by the city hall*" (Benguela).

The USF is the space for ethical-political care guaranteed by law. "*We thank God for the USF, even with difficulties we have here*" (Petra). Professionals value the comprehensive network and teamwork of primary health care, with full care:

> *The family doctor emphasized that it is necessary to remove the doctor-centered view and acknowledge other professionals. Only in this way will it be possible to provide comprehensive care for the population.* (DiverSUS Workshop, held in 2019)

Community agents and leaders are aware of the importance of care practices, reinforcing the relevance of popular pedagogy and the role of family health: "*The importance of raising awareness of the population about the role of the family health service* [a SUS service]*, highlighting the health education factor"* (Abdias); "*It is necessary to invest in educating the people and breaking with favor politics* [clientelism]*. The community has to know its rights, legislation and duties*" (Ángeles). When people know what is best for themselves, they strengthen themselves as full citizens in the fight for a good life and for the structural transformation of this territory of social exclusion.

Final remarks

The understanding of care permeated three areas of meaning: the socio-historical, intersectional and environmental presentation of the territory; the challenges of coloniality that undermine care; and ethical-political care and the powers of the territory. The research of care allowed a reflection on human, environmental rights and public policies in the studied territory. The challenges encountered stem from the complete social exclusion of the people who live there (among them, black women are the most affected) without basic rights and abandoned by public authorities, in food and housing insecurity. Covid-19 aggravated the situation: domestic violence, femicide, pedophilia, mental illness and suicides.

It is observed that ethical-political care could potentiate the fight against Covid-19 and the other structural challenges of the territory. The multidisciplinary work of primary care needs to be strengthened. Community health leaders and agents were aware, eager to make propositions and

able to produce practices and knowledge specific to the demands of the community.

The feminist categories of care ethics, ecofeminism and intersectionality proved relevant in this context by helping to critically understand the modus operandi of care in coloniality. The feminist theoreticians in these fields propose that the act of care guarantees rights and a democratic policy, offering resources to reshape socio-environmental structures.

It is urgent to re-examine the coloniality kept in force by patriarchal capitalist modernity through the lens of care ethics, which relates socio-environmental, economic, legal and governmental issues to care knowledge and practices. These are lenses that allow us to see what is hidden from the understanding about intersectionality of race, gender and class, as well as the relations of normativity and hegemony of the great patriarchal capital, which structurally exploits and denies care. Thus, from an ethical-political point of view, it is necessary to recognize that women who care propose ways of living well through public policies and democracy.

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Contribution of the authors

Camilo collected and interpreted the data, deepened the concepts of decoloniality, intersectionality and exclusion territory and wrote the paper. Schveitzer helped to define the methodology and narrow down the subject matter, in addition to recommending articles for the bibliography. Ferreira helped deepen the categories care, care ethics and ecofeminism. Kahhale reviewed concepts and categories and gave suggestions for the discussion of the results, especially in the socio-historical part.

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