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## The hero's mask: invisibility in times of pandemic<sup>1</sup>

### A máscara do herói: invisibilidades em tempos de pandemia

#### ***Helen Barbosa dos Santos***

Doutora e mestra pelo Programa de Pós-Graduação em Psicologia Social da UFRGS. Psicóloga em Saúde Mental no Centro de Atenção Psicossocial (CAPS) em Osório.  
E-mail: [helenpsi@yahoo.com.br](mailto:helenpsi@yahoo.com.br)

#### ***Aline Passuelo de Oliveira***

Doutora e mestra em Sociologia pelo Programa de Pós-Graduação em Sociologia da Universidade Federal do Rio Grande do Sul PPGS/UFRGS. Bacharela em Ciências Sociais pela mesma universidade. Professora da Área de Conhecimento de Humanidades da Universidade de Caxias do Sul/UCS.  
E-mail: [passueloaline@gmail.com](mailto:passueloaline@gmail.com)

#### **Abstract**

Through one of the images published by the media regarding the faces of health professionals represented as "real heroes" on the front lines in the fight against the Coronavirus, the facial protection mask will be problematized as a political artifact, which, by hiding certain skins, reveals the hierarchization of certain lives. The epistemological perspective is based mainly on authors, such as Michel Foucault, Giorgio Agambem and on studies on the subject with a focus on intersectionalities. The mask, an instrument of warlike discursive practices around living and dying, is positioned in the ambiguity of protection/segregation, sacred lives/non-crying lives, reiterating social, political and economic (in)visibilities of certain bodies.

**Keywords:** Protection mask; Pandemic; Intersectionalities.

#### **Resumo**

Através de uma das imagens veiculada pela mídia relativa ao rosto dos profissionais de saúde representados como "verdadeiros heróis" na linha de frente no combate ao Coronavírus, a máscara de proteção facial será

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<sup>1</sup> Tradução do Português para o Inglês realizada por Renata Dermenjian.

problematizada enquanto artefato político, que ao esconder determinadas peles revela a hierarquização de certas vidas. A perspectiva epistemológica é baseada principalmente em autores, como Michel Foucault, Giorgio Agamben e em estudos sobre a temática com foco nas interseccionalidades. A máscara, instrumento das práticas discursivas bélicas em torno do viver e morrer é posicionada na ambiguidade proteção/segregação, vidas sacralizadas/vidas não choráveis, reiterando (in)visibilidades sociais, políticas e econômicas a determinados corpos.

**Palavras-chaves:** Máscara de proteção; Pandemia; Interseccionalidades.

## Introduction

N95 masks, handmade masks, surgical masks or cotton-lined masks. Masks sold in drugstores, in Personal Protective Equipment stores, by street vendors or made-to-order. Mask and alcohol gel, on the one hand, turned into a primordial protective barrier against the Coronavirus. Despite being broadly disclosed by researchers and national and international public health agencies, such measures are disregarded in speeches of the government, and such disregard is reiterated by part of the Brazilian population.

Considering that speeches are practices and practices are speeches (FOUCAULT, 1995), objects such as language are underlined, which communicate about those who have and use them, classify and demonstrate social positions. It is indispensable to perceive the mask indissociably bound to the body, as analyzer of the relations of power and use thereof as a mechanism of protection. As Achille Mbembe wrote, “(...) Everything remits us, finally, to the body. We try to insert it in other supports, make it an object-body, a machine-body, a digital-body (...). And

it returns to us in the form of a huge jaw, a contamination vehicle (...)” (MBEMBE, 2020).

The mask is a political device which circulates through the city in multiple senses, establishing social interactions and placing in question the ethical-political plateau of taking care of oneself while taking care of another. The coupling of the mask to concrete bodies produces, beyond a supposed “neutrality” of a sanitary safety technique, a web of meanings and beliefs which are shared, but also disputed and negotiated; it is precisely from the interpretations that the intelligibility appears, which determines its use or rejection, and overall, the daily practices of its use (RIBEIRO, 2020; SANTOS; PEDRO, 2020).

Beyond the speech which places it as protection of an abstract subject, the mask has the potential of hiding and unveiling, of distinguishing and making equal; of segregating and grouping; which is not always immediately visible (MAIA; MAIA, 2020). The pandemic intensified the serration between pure and impure, risk management in health and the search for asepsis.

The virus acts “to our likeness”; the pandemic phenom implies the resurgence of the neoliberal paradox according to which, in order to “survive”, we must sacrifice ourselves (PRECIADO, 2020). It is then that the access to the mask as a care artifact is placed in question, when the use of basic tools such as water, food, dwelling has always been a question of survival (and still is, more than ever).

The political acknowledgment of the body and of the origins of suffering associated thereto is what FASSIN (2005) calls biolegitimacy. There resides the dissolution of the disease with the individuals affected deemed poor, black, homeless. Thus, the face becomes the territory of the body wherein such individual distinction takes place. Considering that no space of the body is more appropriate to mark the singularity of the individual and to make them a social being than the face, we shall return to Judith Butler (2015):

One example of that form of “capture” occurs when the evil is personified through the face which must supposedly be and contain the very idea it represents. In such case, we cannot hear the face through the face, which masks the sounds of human suffering and the proximity we could have to the very precariousness of life (...). The “me” who sees the face does not identify with it: The face identifies something with which no identification is possible, one realization of

de-humanization and one condition for violence. (BUTLER, 2015, p. 27).

Considering the aspects above, we shall analyze, through a publicity campaign about the skin of the face of health professionals, marked by the constant use of the protection masks, the discourse practices which consider certain faces as visible to the deleterious effects to the Coronavirus (suffering and death) while it makes so many other bodies invisible. Obviously, this reflection field includes the intersectionalities of race, social class and gender as social markers which privilege or prevent a certain social appropriation of the uses (and disuse) of the mas as a political acknowledgment of certain lives.

One understands the intersectionality of this article from the concept coined and diffused by black feminists of the 1980s, with the intention of granting meaning to the fight and to the experience of black women, whose specificities had no room for discussion, whether in the feminist debate or in the anti-racist debate (CRENSHAW, 1989; RODRIGUES, 2013). However, we must not look to the combination of the different social markers of the difference as a mere sum, but to perceive that the combination thereof is what produces singular experiences which cannot be ordered in scales and/or hierarchies (BRAH, 2006).

In the first section of this article, we analyze the representative dimension of the campaign which portrays the health heroes. In addition to authors from the anthropology field, the epistemological bias includes post-structuralist authors, like Michel Foucault and Giorgio Agamben. This is about problematizing the sacrificial dimension of health professionals positioned as “true heroes” of the actions and health services, deteriorated by the economic and social divestment, which must fulfill their messianic ideal of saving lives. Such rationality engenders tools of power of the State, which exempts itself from its responsibilities upon avoiding seeing and acknowledging death with the naked eye. Upon reiterating the discourse production of a “state of war”, health professionals must exceed the norm to decide who shall live or die (in case of systems of medium and high complexity – hospital and emergency).

However, the image which reveals the marked face of the heroes makes others invisible. The discomfort, risk to life, marks on skin, which are invisible for

those who have no access to protection masks, or to the formal job market or even to the economic subsistence, ends up exposing certain subjects to the risk of becoming ill and death by Covid. The pandemic has placed in evidence the deep socioeconomic and territorial inequalities. To many subjects, this is a non-choice: to die of hunger or of the Coronavirus?

(...) we need to remember the deregulation of work, which led black people, mainly women and young ones, to a very complicated situation of informal work, wherein, if they do not work, they do not get paid. Therefore, today, to tell that individual to stop working and stay home means to condemn them to not eating. (SANTOS et al., 2020).

In that work journey, the supernumeraries<sup>2</sup>, individuals expelled from the job market (CASTEL, 1998), are those who, historically, have only had access to medical care with the creation of the Sistema Único de Saúde [Unified Health System] (SUS) in 1990. In Brazil, in 2020, the Coronavirus arrives in a moment of economic stagnation, disassembly of health systems, of food and nutritional safety and social protection, accelerated increase of poverty and of the street population. Unemployment leads to the growth in the number of informal workers (salespeople, app drivers, and delivery workers) previously invisible in services which are getting more precarious. Now, such workers became indispensable (ANTUNES, 2020; FORTUNA, 2020).

Still about the intersectionalities, in the second section, the combating senses attributed to such various characters shall be replaced. “The issue which has always been at play, therefore, is enunciated: Which lives shall be sacrificed so we can protect ourselves?” (BECCARI, 2020, p. 9).

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<sup>2</sup>The new configuration of the work brought out disaffiliated men (CASTEL, 1998) which corresponds then to the “useless to the world” or the “supranumerics”. The “supranumeric” cannot even be exploited in the labour market; is a “superfluous” individual, who does not have a demarcated place in society precisely because he does not carry skills that are useful for the whole of this.

## **1. The super hero's mask: Sacrifices and sacralization of health professionals in Covid times**

Deities, supernatural beings, illustrious dead, super-heroes. Through the centuries, in all civilizations, masks have been used for the most varied purposes. Due to being broadly associated to ritualistic practices, their use implies their own spatial direction, emotional content, agencying and collective identifications.

Within the context of the pandemic, no mask carries the promise of super protection such as the N95, idealized by the epidemiologist doctor Wu Lien-teh, in order to protect doctors and the population from the pneumonic pest, the Manchuria pest, in the winter of 1910<sup>3</sup>. He verified through autopsy that the pest was spreading through the air, which caused him to remember the surgical masks he saw being worn in the East. He, then, developed a mask with more layers, with gauze and cotton to filter the air and block the transmission of the pest (FLOHR, 1996).

According to Flohr (1996), Wu directly supervised the production and distribution of over 60 thousand masks, with great repercussion in the press. In addition to the use of the N95, measures were established such as the cremation of the dead, quarantine posts in hospitals and travels restriction. Such actions were essential for the pest to be eradicated in April 1911. In 1935, Wu was the first Malayan to be nominated for the Nobel Prize of Physiology or Medicine due to his relevant work in the control of the pneumonic pest.

This is a historical event which shows how social medicine takes the bodies as objects of knowledge-power. From the family as a core of the medicalization measures, now the individual has a duty with their own health and with the general health of the population as well. Medicine works sustained by instances of social and moral control, such as the salvation of the ill. When health and its

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<sup>2</sup>Wu received instructions from the Ministry of Foreign Relations to travel to Harbin (China) to investigate an unknown disease which killed 99.9% of its victims. This was the beginning of the outbreak of the pneumonic pest of Manchuria and Mongolia, which caused 63 thousand deaths (CANAL HISTÓRIA, 2021).

technologies of saving lives replace the salvation of the soul, concludes Foucault, the biomedical power is drastically elevated (FOUCAULT, 2007).

To Agamben (2003; 2004), in order to comprehend the western policy in contemporaneity it is necessary to cross the following concepts: Sovereign power, naked life/*homo sacer* (sacred man), state of exception and concentration field. The sovereign would be in and out of the legal ordination, since it institutes it and exempts itself thereof. The sovereign power determines who shall be protected and who shall be exposed to death, and thus the phenom of life is politized. In that relation of disposability, the figure diametrically opposed to the sovereign is that of the *homo sacer*. According to Agamben (2004), this class of individuals was in the Roman law to the same extent in which it was not protected thereby. These are people reduced to their biological existence, whose lives are decided by others and whose deaths are not condemnable.

As long as there is sovereign power, there shall be lives devoid of rights, exposed to abandon and to death. This state of exception, as a suspension of the legal order, becomes a rule as a technique of governing rather than an exceptional measure. If the suspension of the norm does not mean its abolishment, it is clear that an anomy zone is installed, wherein one does not intend to rupture with the legal ordination. Such anomic zone is considered by the author as the paradigm of contemporaneity: the concentration field. The idea of a concentration field is central for the comprehension of the Brazilian conjuncture: certain social groups, holders of very little power in the social hierarchy, survive a non-effectiveness of rights. Their basic rights exist only as promises and their fulfillment does not seem to cause any disturbance to the Brazilian *status quo*.

The vulnerabilities to which such groups are exposed become even more dramatic within a pandemic context, and the implementation of such policies advances along with the legitimacy of the scientific doing. Science is not a neutral or abstract speech, its truths produce certain practices on the body which go beyond its materiality. Based on this, Ruiz (2020), from the readings of Agamben (2020), criticizes the biologist reductionism of life in the pandemic, which imposed as a medical truth that the patients suffered and died alone in the ICU and which were buried anonymously, causing dual pain: That of symbolic death of the meaning of

life. In the speeches of biomedicine, they disregard human life beyond biology, an existence which integrates all which is part of their living.

To Agamben (2020a; 2020b), in his various articles published by publishing company Quodlibet<sup>4</sup> about the social effects caused by the pandemic, medicine becomes associated to a religion and the fight against a virus becomes a crusade. The epidemic, as the etymology of the term suggests (*demos* is in Greek the people as a political body, and *polemosepidemios* is, in Homer, the name of the civil war) is above all a political concept. The world civil war took the place of traditional world wars. All nations and peoples are now in a long-lasting war against themselves, because the microscopical, invisible and elusive enemy is within us, and deaths are incorporated to a lost fight, as faceless victims.

In the hospital as a war front, we have the insufficiency of the health systems, of the number of beds, of the equipment for diagnosis and treatment and the slowness of the vaccination process. Overall, in its most serious cases, there is the dilemma of deciding who lives or dies, radicalizing the principle Foucault (2008) called biopolitics. In its most ancient meaning, biopolitics comprehends the regulation devices of society, public health, children's well-being, implied in the maintenance of the order and in the control of moral: Such utopic project of normalization of life initially imagined from the 18<sup>th</sup> century (HAN, 2018).

In the middle of a regime of biopower (power over life), one could not exercise the sovereign right of killing – exposing to death or multiplying to some the risk of death; publicly decreeing the political death, the expelling, the rejection (BIRMAN; SEIXAS, 2012). However, the Brazilian health services dwell in an extreme situation, easily confused with a legal state of civil war (LUIZ, 2016). The unprecedented absolutization of the biopower, conjugated with the generalization of the sovereign power and of the biopolitics, assumes an outline of tanatopolitics, i.e., the politics of death. In face of death, Agamben (2003) proposes a third formula

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<sup>3</sup>Publishing company's website available at: <https://www.quodlibet.it/>. We also indicate the article of authors CAPOVILLA, C; PALÁCIO, F. (2020), called "Visões da pandemia: as teses de Giorgio Agamben como idealizações do Ocidente". There, the authors analyze the main texts of Giorgio Agamben on the theme. Available at: <https://revistaprincipios.emnuvens.com.br/principios/article/download/102/31>. Accessed on Augusto 10<sup>th</sup>, 2021.



which would capture the biopolitics of the 20<sup>th</sup> century: “no longer causing to die or to live, but to survive” (AGAMBEN, 2003, p. 108). Neither life nor death, but only the production of survival.

The combating image, which reinforces the militarization of the political decisions related to the sanitary crisis, grants power to the possibility of declaration of war and sacrifice of human lives, i.e., the subjection to an unlimited and arbitrary political power (SCHMIDT, 2020). Thus, the war is to make policy through other means. According to Agamben (2003), the point in which these two aspects of power (sovereignty-biopolitics) converge would not have been clarified by the Foucauldian thinking, remaining as an “occult point” or a “zone of indetermination”.

In such combating production in pandemic times, dwells the sacralized figure of the hero. Ferreira’s article (2020) reflects on the direct association the society and media make of health professionals and superheroes, highlighting in the news words such as fight and combat. This heroization process, broadly disclosed by the media (printed/television, publicity and Internet vehicles), influences the subjectiveness of health professionals in the work relations and in the healthcare process.

Two examples may be taken in order to illustrate about the sacralization of the health professionals: One publicity campaign and action of production of masks to the Brazilian population idealized by *Beñ Educaçaõ*. The campaign by publicity agency McCann of Belgrade (Serbia), pays tribute to the health professionals who work in the fight against Covid-19. The marks on the faces of professionals, outlining the masks, remit to comics characters such as Spider Man<sup>5</sup> and Batman<sup>6</sup>.

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<sup>5</sup>Superhero of Marvel Comics, created by Stan Lee and Steve Ditko

<sup>6</sup>Superhero of DC Comics, created by Bob Kane and Jerry Robinson

**Figure 1** – Campaign transforms health professionals into super heroes<sup>7</sup>.



**Source:** Revista Exame (2020).

The action “Heróis Usam Máscaras” [Heroes Wear Masks], idealized by Instituto Beï, managed by Instituto Rede Mulher Empreendedora and supported by private banks Bradesco, Itaú and Santander. According to the action’s *site*, over 11 million masks were sewn until January 2021<sup>8</sup>. The non-government organizations present in various regions of the country were responsible for distributing the masks to health professionals working in various spaces and to the general population.

Some aspects may be observed from the image and action described. The health professionals, upon becoming heroes, become holders of a strength or knowledge which allows them to perform deeds impossible to the human man, in the distinction between the divine and the mere human, the mortal and the immortal. That imagery promotes the discourse practices which void rights to the worker’s health, such as, for instance, adequate biosafety conditions. Furthermore, it raises the hierarchization of lives and the idea of the passivity of the population in the middle of measures of prevention of virus transmission, as well as the cares related to the use of masks and social distancing.

Overall, it reveals that the heroes who care for everyone in the frontline are part of a greater rationality: The omission of the State in the biopolitical decisions around the living-dying of the population by Covid-19. Thus, the hero’s legacy lends itself to the agencying of a state of exception which delegates the power of letting

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<sup>7</sup>Available at: <https://exame.com/marketing/em-campanha-profissionais-de-saude-sao-transformados-em-super-herois/>. Accessed on: June 20<sup>th</sup>, 2020.

<sup>8</sup>Available at: <https://heroisusammascaras.com/>. Accessed on: January 10<sup>th</sup>, 2021.

die to health professionals, while makes illegitimate the suffering and death of certain subjects.

Joseph Campbell (2007), in the seminal work *The Hero with a Thousand Faces*, establishes the steps of the journey of this mythic figure. Upon applying such figure to the *homo sacer* of the Covid-19 campaign, it is evident that, for such subjects, their essentiality and pretentious heroism are configured in burdens which shall hardly turn into redemption: Despite saving lives, they shall be precarized in their political and social acknowledgment, even with the end of the pandemic.

Furthermore, the iconic representation of the hero who protects the population against evil is hegemonically male; transposed to the hospital setting, the one, heroic character, represents the medical power, called upon to exercise the divine power of life and death, while sacrificing his very soul. Thus, the combat terms are masculinist metaphors for power, considering that the decision-making agencying delete the health workers and the population living iniquities in health.

Thus, nurses, nursing technicians, social assistants, cleaning auxiliaries and receptionists become, in a professional hierarchic scale (and also from their race, their social class and their gender), supporters and figurants.

But if the hero had a face, would it not be that of a woman? (MOREIRA, et al, 2020). According to data of the Instituto Brasileiro de Geografia e Estatística [Brazilian Institute of Geography and Statistics] - IBGE (2018), they are 70% of the health professionals and 95% of the cleaning services. However, even in the frontline of health and of other services deemed essential, women have been placed in the background, overall in the federal government, removed from the decision-making (MOREIRA, 2020).

In the intersection among gender, race and social class, we find an especially vulnerable group: Women living in peripheral areas or slums (*favelas*) territories who exercise unpaid (caring for family members and friends) and paid (health workers) care work.

In the preface to the Brazilian edition of *A Decolonial Feminism*, VERGÈS (2020) describes how black and racialized women<sup>9</sup> “open the cities” of western

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<sup>9</sup>This category comprises women migrating from the global south. (VERGÈS, 2020).

countries in the first hours in the morning, in charge of opening, organizing and cleaning the spaces necessary for the capitalist functioning of the flow of people and whose bodies are invisible for society:

the medical body and everyone who guarantees the life of a hospital – therefore, also those who clean, maintain and administer, etc. - do not have sufficient masks and aprons and are exhausted. Confinement is a policy of the rich. It is only one example, among so many others, of an organization of the world grounded on the exploitation and the manufacture of superfluous lives. (VERGÈS, 2020, s/n.)

The social vulnerabilities also include the risks to the physical and psychological integrity of women, resulting of domestic violence and of the overload of the domiciliary work and of the work in the population's healthcare (PIRES, 2020, IPEA, p. 10). In such intersectional issues, one notices that the image of the masked hero in pandemic times rectifies the whiteness, the classism and sexism present in western culture.

## **2. Upon the background of the pandemic: The marks of the social iniquities**

Brazil did not perform a massive distribution of masks to the population, therefore, their scarcity is a fact. A small part of the people, holder of greater financial resources, is able to invest in masks considered more effective by biomedicine. But *"anyone can make their fabric mask and wear it, and thus help the health system,"* said the then Health Minister of Luís Henrique Mandetta in April 1<sup>st</sup>, 2020<sup>10</sup>, in a moment when the access to N95 or PFF2 masks was not guaranteed even to all health professionals of the SUS.

Accessible to the majority of the population, in the "do it yourself" of material scarcity, the production and sale of fabric masks moved the informal economy. Many workers saw in such artifacts a possible source of income, "producing and

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<sup>10</sup>Available at: <https://g1.globo.com/bemestar/coronavirus/noticia/2020/04/01/mandetta-diz-que-qualquer-pessoa-pode-fazer-sua-mascara-de-pano-contr-a-o-coronavirus.ghtml>. Accessed on: June 20<sup>th</sup>, 2020.

selling simple masks, with various designs (soccer teams, movie characters, beer brands, etc.) in order to attract different consumers” (MAIA; MAIA, 2020, p. 38).

However, through the type of mask used (or through the non-use thereof), the subjects are acknowledged/discriminated in the public and private spaces of collective use. Considering that objects and rituals of protection are a privilege of a restricted group of people, who do not need to leave their home to guarantee their income, the Covid-19 dissemination control measures reflect, according to Preciado (2020): “the frontier politics and the thorough measures of confinement and immobilization we have applied in the latest years to migrants and refugees, to the point of leaving them out of any community” (PRECIADO, 2020, p. 09).

Racism, domestic violence and poverty, the fragility of the health system and the vulnerability of the indigenous population are ancient problematics, amplified by the Covid-19 pandemic. However, there are faces which are not acknowledged in the dimension of the pain and of the iniquities, with or without a piece of fabric covering them. The forgotten face cannot be covered, because it was already hidden from their representativeness in the social and political life.

The mask which protects also shames, reiterating the invisibility intersected by race, gender and social class. In this list there is the street population (to be transmuted in “maskless”) and the rest of the economically and socially vulnerable population. The omission of the State with regards to the implementation of public policies to face that crisis can be seen, for instance, in the emergency aid requests. In an excluding dynamics such benefit requires from the population previous knowledge about their social rights, about smartphones and Internet access (CASSAL; FERNANDES, 2020).

If before the pandemic, they already caused disturbance whenever they were, the “maskless” are seen as a potential vector for the disease, receiving verbal warnings and interdictions from the governmental forces of safety and in their compulsory removal from the space due to non-fulfillment of the norm (MAIA; MAIA, 2020).

The fight against the terror raised by the transmissible diseases in Brazilian history always demanded compulsory social isolation of certain populations deemed as dangerous, because they bear a highly contagious disease. The

construction of the ill goes, before, through their degeneration: The eugenics, as the trigger which reissues ruptures and permanence about the diseases and social fears. The so-called leprous, the bearers of HIV, the tuberculous, bear social markers of exclusion which are not modified even when a certain disease becomes preventable and healable.

Under the sign of biosafety, policies and practices of asepsis and containment confuse cultural, biological and state frontiers. It is not for the least that the poor, blacks and indigenous, Latin-Americans, Asians or Africans, but also the microbes and other pathogens are considered a constant threat to the purity of the northern countries (SEGATA, 2020).

Upon disciplining the individual bodies, the modern State turns the disease into a central operator of the biopolitics, a trend reinforced by the pandemic phenomenon. Thus, an appropriate context for the creation of surveillance and control devices is created, devices which justify the limitation of individual and collective freedoms on behalf of the safety and health of the populations (RIBEIRO, 2020).

Within this context, it is relevant to mention the concepts of Foucault (2008) for the safety devices, modes of intelligibility of the integrated actions of the government for the protection of society in face of the deviating conducts. The safety devices seek to apprehend the point in which the things shall produce themselves, therefore, they do not involve only institutions such as the police, but all branched institutions and social functions in search of enforcing the state powers and regulations. They seek to strengthen the positive elements of society (favoring social acquaintanceship, laying out the constructions in an appropriate manner, allowing the outflow of water and circulation of air, etc.) and preventing the possible risks which may affect the population (diseases, thefts, accidents, etc.) (FOUCAULT, 2008, p. 26). The population, thus, is only indirectly affected by the safety devices, which occurs to the extent in which it relates to the space, to the medium (FOUCAULT, 2008, p. 27).

In the meantime, the mask is agencied as a technology apparatus of power in different modes. While, in Japan, it was already used as a cultural stamp of surveillance of oneself and of another, within the Brazilian context, the mask was

associated to crime and to popular insurrection. In the adscription of the contemporaneous and western city, the masked subject should be surveilled or even arrested. The new subjective adherences around the mask, raised in the pandemic, turn it into a symbol of citizenship and good behavior towards the population's health.

However, according to Santos e Pedro (2020), the use of masks in territories where racism is part of the society's organization mode produces specific effects which do not affect those who propose the masks as universal sanitary care: "We refer here specifically to their association to the black body, a body marked by racism, by the systemic vulnerabilization, by the social imagery bound to the black as a representation of danger and by the death politics." (SANTOS; PEDRO, 2020, p. 4).

It is, then, applicable to remember what Kilomba (2019) evokes as the mask of silencing. For centuries, the black body, when enslaved, was forced to wear a mask which prevented them from eating the product of the plantations while they worked: "it was comprised of a piece of metal placed inside the black individual's mouth, installed between the tongue and the maxilla and fixed on the back of the head by two strings, one around the chin and the other around the nose and the forehead." (KILOMBA, 2019, p. 33).

Thus, for the black individual, the mask would bring silencing and fear, muting them through torture. For the white individual, the mask would reaffirm the relationship of otherness with the black individual, since the white would be afraid of being seen as a thief, violent, a bandit. This is the masked face already on stretchers, oxygen tubes, by a population who lives iniquities of right to health:

Within the context of Covid-19, classes non-assimilable to the extent in which they have adequate means to protect from the virus, they are automatically transmuted into vectors of the disease to the extent they become their biggest victims. Although the generalized premise is that the virus is "democratic," considering that it is capable of infecting everyone, regardless of social class and race, we know that there are groups and areas in the city where it usually finds best conditions of contagion, provoking, equally, a greater mortality rate – including due to the impossibility of access to the basics for protection in face of such a lethal enemy, and due to the lack of investments of the State in public health. (MAIA; MAIA, 2020, p. 33).

The risk group for the novel Coronavirus is comprised of bearers of chronic diseases, such as diabetes, hypertension and asthma, individuals over 60 years of age and bearers of autoimmune diseases. In this list, hypertension and diabetes are comorbidities much more frequent in the black population, one of the factors which led to the creation of the Política Nacional de Saúde Integral da População Negra [National Politics of Integral Health of the Black Population] - PNSIPN in 2009, to better fulfill such specificities. (CASSAL; FERNANDES, 2020).

Paradoxically, the social markers as producers of disease flows upon analyzing the rationality supported by biology, which is, before, part of the field of morality. The biological is moral: the comorbidities are explicated without revealing the vulnerabilities producing them. Just due to the principle of race, one creates an intrinsically degraded subject, which already is and shall remain as such due to their biological heritage. Race, as inventory of racism, introduced the white man as a norm by medicine:

The biological-racist speeches about the degenerescence, but also all institutions which, inside the social body, cause the speech of races to work as a principle of elimination, of segregation and, finally, of normalization of society". (FOUCAULT, 1999, p. 73).

In this sense, resuming the explanations about what Giorgio Agamben dubs State of Exception, the death of such lives that do not matter is not classifiable neither as a sacrifice nor as homicide. They are subtracted from the sanctioned forms of human rights and divine (AGAMBEN, 2004; ROSA, 2007).

The sacrality of life is not, as one may think, an inalienable and fundamental human right – in modernity, it is devoid of the idea of sacrifice. The *homo sacer* is not part of the life to be preserved, but of the disposable life, comprising the structure of contemporaneous exception (ROSA, 2007, p. 5). In this sense, we understand why some lives are legitimate of being preserved and others exposed to the biggest exposure to the coronavirus.

No space of the body marks the individual, singularly and socially, like the face. In our face, we are recognized, called, judged, attributed a gender, an age, a skin color (BRETON, 2017). Upon complexifying the debate on the mask as a paradoxical allegory of protection/exclusion in times of Covid, we avoid reducing



that dimension to simplistic solutions like ensuring the availability of masks to socioeconomically unfavored groups.

We may think the same with regards to the ambiguities of the notions of social isolation. Social isolation and the use of masks are rearrangements of power, in the presumption that everyone have a place of residence, in minimally adequate conditions, for a relatively long period of isolation. However, the dwelling conditions of the Brazilian population are very distant from this expectation.

In a recent essay, Klintowitz, Moreira e Tavares, (2020 *apud* PIRES, 2020) made a compilation of indicators from different databases, demonstrating a very concerning scenario:

Brazil has a habitational deficit in a growing pace in the latest years, reaching 7.5 million in 2018. We have 4 million families living in households with no bathroom, 35 million living with no access to treated water (and an even greater number subject to intermittent access) and 100 million with no sewer network. A good part of such precarious habitational conditions is concentrated in *favela* territories, wherein other types of needs are added, such as adequate transportation services, health, education, safety, etc. (PIRES, 2020, p. 53).

Questions related to income, dwelling, territory and gender are intertwined by racial inequality. People of low income who inhabit the peripheral areas and favela territories are subject to a series of risks and immediate threats to their survival, such as access to food and to the minimum hygiene and health standards (PIRES, 2020).

The notions of social isolation also need to include the diversity of the individual-family relations; the very notion of family varies according to the social category we are dealing with. Fonseca (2000), in his book *Família, Fofoca e Honra*, noticed that in peripheral families, there is a care of sacrificing their personal projects or those of their family core to safe problematic individuals in the extensive network of relatives. Thus, in order to be a protection shield, the body of one is deemed as an event to the body of another, i.e., the frontiers between caring for oneself and for another are blurred beyond the few square meters, by the entrance of air circulation or access to mask. In this sense, it is extremely

important to analyze as families and communities reconstitute senses and motions within contexts of precarious territorialities in the pandemic.

### **Final considerations**

Thus, since the body does not end in its materiality, the sanitary mask is not only prophylactic, but it is previously a sociotechnical object with multiple senses<sup>11</sup>. This study, from the imagetic construction of the health professionals as heroes with their faces marked by the use of the mask in exhaustive work journeys, analyses the militarizes discursive practices which, upon sacralizing the health professionals, also expose them to the divine (sovereign) sacrifice of contagion and disease and, in the last case, specific to the professionals in hospital services, to the duty of choosing who is to die, relegating the individual to denying their own finitude and to retract the suffering which would be collective to the intimate sphere. Such initial problematizations, in a second moment, reveal the background of the mask: Which lives have been valuable and which are disposable; which are acknowledged as saviors of a nation and which are dangerous?

Between heroes and vectors of transmission, the uses and disuses of the mask expose various state violences. Between them is the “health x work” duality, due to the disassembly of the labor guarantees, the disorganization in the distribution of emergency income, the elevated unemployment and the consequent record increase of informality and lack of dwelling.

The article sought articulations between a specific protection measure and singular bodies of a part of the population exposed to various social vulnerabilities and marked by racial inequality, which increases the need of rethinking the possibilities of protection in the pandemic. The intersectional dimension in this field of analyses dissolves the supposed universality of the prescriptions of prevention of contamination, including aspects of consubstantiality, for the effects of such materiality imbricated among gender, race and social class. Therefore, we

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<sup>11</sup>A different sense was exploited in the essay *Próteses de Proteção* of Maria Lucas (2020). The author reports how trans bodies are already distanced from different forms of acquaintanceship in society and how masks in times of pandemic are responsible for protecting trans people, upon hiding part of their faces, they become one more shield (LUCAS, 2020).

must understand that the subjects comprised are placed in different social privileges and inequalities from their intersectional differences.

It should be stressed that this article did not have the intention of exhausting all aspects debated in the Brazilian public sphere around the Covid-19 pandemic, but to focus in the mask as a sociotechnical object. Thus, a series of other points could not be discussed. Among fundamental issues and which have not been approached there is the institution of the Plano Nacional de Operacionalização da Vacinação contra a Covid-19 [National Operationalization Plan of Vaccination Against Covid-19]<sup>12</sup>. With the disclosure of the document and its implementation from January 2021, the disputes and discussions around the pandemic in Brazil are even more deepened and complexified.

Finally, one suggests, for subsequent studies, especially those of ethnographic basis, the intelligibilities around the multiple social senses and repertoires adopted by individuals in precarious territorialities such as the street and those in peripheral territories.

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<sup>12</sup>Available at: <https://www.gov.br/saude/pt-br/coronavirus/publicacoes-tecnicas/guias-e-planos/plano-nacional-de-vacinacao-covid-19/view>. Accessed on: August 10<sup>th</sup>, 2021.

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