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"Stay at Home" Inhabiting Public Space During the COVID-19 Pandemic: Social Productions of Care with People Experiencing Homelessness in the Autonomous City of Buenos Aires

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Abstract
Living on the streets is a global public health problem that is institutionalized in different local contexts. After the coronavirus disease of 2019 (COVID-19) pandemic was declared in the Autonomous City of Buenos Aires (CABA), the care coverage for Persons Experiencing Homelessness (PEH) was reduced to a few social and community organizations. This paper presents the preliminary results of participatory research using a network research design. We worked with referents from community organizations and PEH, combining synchronous and asynchronous actions through digital media and face-to-face strategies. The COVID-19 pandemic scenario generates challenges for interventions with PEH by revaluating narratives of risk. The relationship between self-care and collective care is problematized in the responses generated by civil society to ensure continuity of care in this socio-health emergency.

Keywords
COVID-19, pandemic, homelessness, care, community organizations

Introduction

Homelessness: A Global Public Health Issue

Homelessness is configured as a complex field of global public health problems, which is expressed in the heterogeneity of the local. It is one of the ways in which the processes of vulnerability and exclusion are institutionalized in urban contexts. Characterized by economic disparities, legal inequalities, and social disaffiliation, it is the product of a series of intersections, such as housing instability, labor informality, the tendency towards permanence or chronicity of the street situation, less strengthened social support networks, the presence of pre-existing physical and psychological conditions, as well as exposure to multiple forms of violence (Di Iorio et al., 2016; Di Iorio & Farias, 2020).

Homelessness is not a condition, but a social relationship in which the ephemeral becomes permanent, in which forms of social suffering and resistance emerge that are linked to expressions of inequality and social injustice. The problem is not limited to those who use the public space as a place to live but includes all other people who use the network of temporary

night shelters -homes and shelters- and those who are at risk of homelessness[1].

PEH constitute a hidden or difficult-to-access population (Lambert & Wibel, 1990) due to the experiences of discrimination, violence, and stigmatization because their daily lives are organized in uses considered "inappropriate" or "not legitimate" by the public space; they do not have access to the health system, which deploys a series of geographical, economic and cultural barriers. However, there are perspectives (Rodríguez, 2015) that make this idea more complex and show that PEH are hyper-visualized by the social control system, making them the target of much of the violence it generates. What seems to be hidden are the living conditions of the PEH and the violence they suffer, which is naturalized in the everyday life of the city. The term "hidden populations" (Abal & Gugelmin, 2019) allows to reveal the tension between invisibilization/hypervisibilization, but also highlights the political nature of repressive practices or hygienist expulsions, whose aim seems to be to broaden the social consensus on hegemonic values, avoiding the questioning of the rules of the game that produce social inequality. This produces "subjects without rights" or assisted citizenship. That is, subjects for whom their rights become mere formal recognitions, *nuda vida* or bare life (Agamben, 2004) or precarious lives (Butler, 2009) deprived of rights, to be expelled, such as PEH. This is a chronic phenomenon in the urban context that generates permanent inequalities that are addressed in terms of a continuum of exclusion-inclusion or perverse inclusion of marginality (Sawaia, 2011).

According to Martín-Baro (1989), recognizing the existence of certain ways of feeling and being in the social world, as an expected social function in certain conditions of existence, constitutes a relational way of understanding inequalities in urban contexts. Like urban landscapes, experiences - psychosocial landscapes - can also be mapped in terms of movements and transformations that integrate physical space (how urban scenarios are inhabited), subjective spaces (in terms of the processes of subjectivation and identity construction), and intersubjective spaces (in terms of the dynamics of recognition and social differentiation) are integrated (Di Iorio et al., 2021). The experience of homelessness is not only an issue of access to work and housing, but it should also be understood at the intersection with the field of mental health, from a perspective that avoids pathologizing certain subjective effects and that configures the "normal abnormality" in which their daily lives unfold. However, approaches that psychologize complex sociocultural processes or underreport mental health conditions predominate[2]. Their living conditions are made invisible, they are blamed and the socio-historical (and structural) nature of the multiple rights violations to which they are subjected is concealed. At the same time, their self-care strategies and other practices that demonstrate their agency are ignored.

Isolated in Public Space: Inhabiting Streets During the COVID-19 Pandemic

In March 2020, the World Health Organization (WHO) declared the SARS-CoV-2 or COVID-19 pandemic (WHO, 2021). Immediately, due to the socio-health emergency, a response focused on limiting contagion and transmission of the virus was organized around the world through restrictive measures on public mobility and the promotion of physical distance under the narrative argument of "staying at home". Faced with the lack of housing, to "quarantining" in the street reinforces the sense of survival in a continuous process of the material, symbolic, and affective possession/dispossession: the street implies shelter - the place where one is "housed" - as well as a way of life, as a complex network of relationships. The Covid-19 pandemic does not renew the logic of surveillance that operates on the bodies of those who live in the streets, but it does generate a process of aggravation of systematic violations (Marcon et al., 2021).

[1] Law 3706 on the Protection and Integral Guarantee of the Rights of Persons in Street Situations and at Risk of Street Situations. BA, Argentina.

[2] Neither in Argentina nor in Latin America are there any epidemiological studies on the intersection between mental health and homelessness. The lack of empirical evidence produces generalizations on the subject, deepening stigmas towards this population and lack of inputs for the design of public policies that result in the expansion of rights.

The deterioration of the socio-economic indexes as a result of the debt and the emptying of the state during the previous government's mandate led to an increase in the number of people living on the streets. In the Autonomous City of Buenos Aires social and community organizations are registering a constant increase in the number of PEH. Organized in a network called Censo Popular de Personas en Situación de Calle (CPPSC), with a participatory methodology, they counted 4394 PEH in 2017 and 7251 in 2019 (CPPSC 2017 Preliminary Report, CPPS 2019 Executive Report). Of those voluntarily interviewed in the last census (n=3085), 52% reported experiencing homelessness in 2018, with the main reasons being socioeconomic (loss of job, inability to pay, family expansion). Similarly, 39% (n=1188) reported having a physical health problem and not seeking health care.

Infectious disease epidemics and pandemics have a disproportionate impact on people experiencing poverty, marginalization, stigma, and discrimination (Leung et al 2008; Bedford et al., 2020). This disparity is particularly relevant for PEH who are at increased risk of infection, symptom development, illness and/or death because: a) they have a high prevalence of chronic health conditions[3] that increase the risk of poor outcomes if they develop COVID-19 (Perri & Hwang, 2020); b) they present physical and psychological conditions similar to those of older populations as a result of their social and material living conditions (Brown et al., 2016); c) they often find it difficult to adhere to public health directives, such as physical distancing, isolation, and quarantine due to housing conditions and other challenges (Tsai & Wilson, 2020); d) other deficits related to the social determinants of health, such as housing instability, lack of access to sanitary conditions, nutritional deficits, job instability, lower social support networks (Di Iorio et al., 2016).

As a global socio-systemic event, the pandemic reveals and deepens inequalities and injustices. In other words, it represents a "Big Event" (Friedman et al., 2009; Xu, 2021). As Friedman et al. (2009) argue, "Big Events" have the potential to cause profound changes, ranging from damage to physical infrastructure to social conflict, with varying degrees of impact: while a hurricane may cause instability in one city, the effects of an economic recession may be global. These "major events", among which we include the COVID-19 pandemic, disproportionately affect vulnerable and marginalized groups and communities, whose social precariousness makes them more vulnerable to the psychosocial effects of these major disturbances. According to de Sousa Santos (2020), the current pandemic is not a crisis as opposed to a normal situation, since Latin America and the Caribbean have lived in a state of permanent crisis since the 1980s. However, it is a doubly abnormal situation, exacerbating the crisis and generating specific psychosocial risks and consequences. Therefore, it is necessary to identify how the experiences of suffering are deepened at the institutional, collective, and individual levels for PEH in terms of the psychosocial impact. What is the impact of the social and health emergency on PEH in Buenos Aires City? How do preventive measures to reduce the spread of COVID-19 affect their mental health and other areas of their daily lives? What community-based and self-care responses have emerged to cope with these impacts?

From Research to Involvement: Research on the Pandemic with Marginalized Populations

Since 2018, the UBACyT research project 20020170100523BA, based at the Faculty of Psychology of the University of Buenos Aires, develops qualitative research to understand the sociogenesis of urban social marginalization, particularly with PEH in the Autonomous City of Buenos Aires. This research project promotes processes to reduce stigma and discrimination against PEH by creating spaces for participation and collective reflection that lead to the expansion of rights with a type of action-research or participatory research (Sirvent, 2011), where research and participation are moments of the same process. By including PEH as actors in the process of knowledge construction, knowledge is

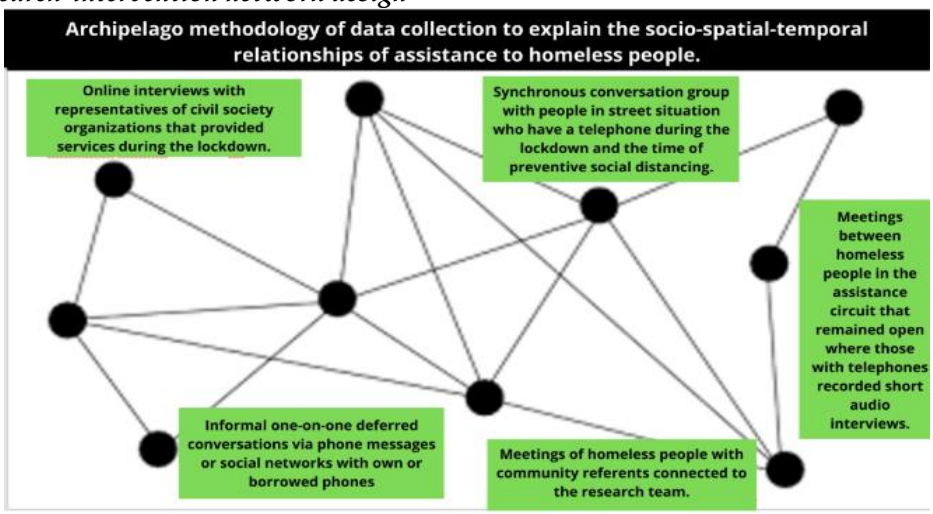
[3] Compared to general population PEH have a higher prevalence of tuberculosis, hypertension, asthma, diabetes, HIV, Hepatitis C and other STIs, problematic drug use, depression, and post-traumatic stress disorder (Giano et al., 2019; Doran et al., 2019; Friedman et al., 2003; Salomón et al., 2014)

generated collectively by identifying possibilities for transformative action. Understanding participatory research as a social practice of knowledge production that seeks social transformation, participatory methodologies are used that articulate the processual approach of Social Representations Theory and others specific to community social psychology (Di Iorio, 2018). These are *in-mundo* studies (Marcon et al., 2021) that seek to produce knowledge within the experience of the interventions themselves, taking the research field as a space of interweaving that activates and produces the research process.

The outbreak of the COVID-19 pandemic and the restrictions on mobility required a reorientation of our research-intervention work. We focused on identifying challenges, obstacles, and facilitators to generate remote encounters with those who would remain isolated in the public space, but with an ethical-political commitment to invent other ways of being in the distance. New specific objectives were defined: 1) to describe the socio-spatial-temporal relations of assistance to adult PEH in CABA during the pandemic, distinguishing impacts at the level of subsistence, interpersonal ties, and relations with institutions-community (subsistence, psychosocial, affective, and legal), 2) to describe the community-based and self-care responses and build a strategy of accompaniment at a distance. For this purpose, we redesigned our methodological strategy of networked research intervention.

Figure. 1

Research-intervention network design



Research Methodology

An exploratory qualitative research was conducted with the intention of highlighting how COVID-19 and the measures taken by the local government[4]. Based on the previously described fact that PEH are a hidden or difficult-to-access population (Bastos & Bertoni, 2014), a snowball sampling (Patton, 1990) was used to reach PEH during the pandemic lockdown. At the same time, the design of this action-research implies an archipelago methodology in which a network of actions was generated to delve deeper into the research problem. This design includes synchronous activities through virtual platforms and social networks with referents from community organizations and PEH who had access to mobile devices. As well as asynchronous activities in which referents from organizations or other PEH facilitated the meeting and the possibility to give meaning to the experiences on the street during the pandemic. Both synchronous and asynchronous activities that took place in this research design can be visualized in Figure. 1.

[4] To know Argentine mitigation strategies for PEH see: Bachiller, S. (2021). Covid-19 y personas en situación de calle en CABA: viejos y nuevos desafíos para las políticas públicas. Ciudadanías. Revista De Políticas Sociales Urbanas, (8). Recuperado a partir de https://revistas.untref.edu.ar/index.php/ciudadanias/article/view/1119

The methodological design included synchronous activities through virtual platforms with those who had communication devices and were living in isolation in a hotel or in one of the facilities generated within the contingency plan designed in the City of Buenos Aires. Communications were also made through asynchronous contacts mediated by referents of community organizations and by other peers experiencing homelessness who were attending the community centers that guaranteed the continuity of care in the context of the pandemic. To achieve the proposed objectives, three research-intervention stages were defined, with different data collection techniques, as shown in the following table:

Table 1

Intervention-research stages

	Stage 1	**Stage 2**	**Stage 3**
Techniques	10 in-depth, non-face-to-face interviews with community organizations members that continued providing assistance to PEH during the lockdown Informal phone conversations with PEH; synchronous or asynchronous through messages.	2 focus group discussions Secondary research: collection of existing data in the form of texts, images, audio or video recordings. Informal phone conversations with PEH, synchronous or asynchronous through messages.	Weekly WhatsApp meeting with PEH-HP- (6 participants) After the lockdown, face-to-face meetings were held in public spaces. 20 short interviews from PEH with other PEH through WhatsApp messages. social support survey (MOSS - n=50)
Main Themes	no roof, no quarantine	no one takes care of themselves	social distance, but not affective

Ethical considerations

The project was evaluated by the Commission for the Evaluation of Responsible Conduct of Research, Faculty of Psychology, University of Buenos Aires[5]. Participation in this study was authorized by informed consent, with the possibility of withdrawal at any time, and with guarantees of confidentiality and anonymity. In the case of asynchronous conversations, it was requested that the willingness to participate and the acceptance of the use of voices and narratives were made explicit orally. In the case of the synchronous virtual interviews, the same was done by e-mail to be sent with a digital signature. In all cases, but especially in the case of PEH participation, special attention was paid to assent, a relational process through which participants express both nonverbally and verbally their willingness to continue participating throughout the study. Two instances of participatory validation and partial return of results were planned with people in street situations based on feedback groups that could not be carried out in the framework of the COVID-19 prevention actions to be carried out during 2021. The results were discussed with the team of co-researchers, made up of PEH and who were part of the data collection team.

[5] June 2020

Stages and Results

In order to describe the psychosocial impacts of COVID-19 and of the prevention measures, three phases were defined, each one with different data collection techniques, under the ethical-political principle of making the voiceless visible and strengthening social support networks.

Table 2.

Research-intervention stages

	Stage 1	Stage 2	Stage 3
Objectives	- Describe the socio-spatial-temporal relations of assistance to adult PEH in CABA during the pandemic, distinguishing impacts on subsistence, interpersonal bonds, and relationships with institutions-community (subsistence, psychosocial, affective, and legal). - Describe community-based and self-care responses and build a strategy of support from a distance.		
Techniques	10 non-face-to-face in-depth interviews with representatives of community organizations that continued to provide support in the context of the lockdown. Informal conversations with PEH via landlines and/or mobile devices, synchronous or asynchronous through messaging.	2 group feedback interviews Documentary tracking of community actions to assist the to PEH. Informal conversations with PEH via landlines and/or mobile devices, synchronous or asynchronous through messaging.	Weekly WhatsApp meetings with PEH (6 participants). During the period of preventive social distancing, face-to-face meetings were held in public places. Short interviews from PEH to other PEH via WhatsApp messages.
Results	- Closure of social assistance services. Reduction to minimum coverage. Historical community services only. - Increased PEH: "they come out from everywhere" "very hungry" and "resources are not enough". - No access to sanitation services - Lack of housing facilities for quarantine. - Little information and low-risk perception - Being "isolated in the public space": increase in institutional violence, discrimination, stigma	- Emergency of self-constituted solidarity groups to ensure food supply - Hygiene access points/stations: hand washing, access to toilets - Distribution of protective items: distribution of masks, alcohol, and sanitizing kit. - Peer-to-peer education: problematization of risk perception, distribution of information on the disease and contagion. - Citizenship points: orientation and access to programs, reporting of institutional violence.	- Suffering from the relations with institutions: homelessness due to closed places, rejection of shelters. - Irritability, feelings of loneliness, fear of sickness/death, insecurity, anxiety, changes in consumption habits. - Vigilance is a continuum - "*We are survivors*", "*we die of other things*": denial as a defense mechanism. - "*Making a place for oneself*": organizations as a supportive -affective network. The need to be heard. How to be with others

			"*Passing on information*" and "*we have to wake up, we are asleep*" as peer care.
Narrative storylines	#SinTechoNoHayNoCuarentena - Institutional helplessness. - PEH hypervisibility through confinement. Restriction of socio-affective exchange: the digital divide.	#NadieSeCuidaSolx - Disobedience of organizations:" I did not stay at home". - Pedagogy of tenderness: Being as a form of care - Reducing risks	#EstarAlaDistancia - What to expect in the face of the pandemic vs. what is appropriate for the street situation How to care without guardianship: peer-to-peer actions

Analysis of the results: The social production of care

As shown in Table 2, the results were organized based on the construction of emerging categories, that made it possible to identify the socio-spatial relationships of care for PEH, distinguishing: 1) responses of community organizations to institutional neglect (#SinTechoNoHayNoCuarentena and #NadieSeCuidaSolx), and 2) forms of subjective suffering of the PEH in the context of the pandemic and strategies to cope with these emotions (#EstarAlaDistancia).

The community representatives express that, in the face of a government response reduced to the dimension of housing - the expansion of massive accommodation places such as shelters or integration centers, even against the recommendations of international organizations, and the relaxation of the requirements for beneficiaries of the housing subsidy - the community and social organizations have, from the outset, readjusted their work to the task of assistance - food and hygiene - through the implementation of several territorial actions.

> *I think the most important thing is the impossibility of contact (...) we can no longer give them a hug, a kiss, and it was very difficult for them to understand (...) it was very difficult for them to understand because the phrase was "no, not me. We have so many pests. If we live with rats and cockroaches... What's going to happen to me?" So, it was difficult to institutionalize a new way of approaching (...) we left, knowing with choice and a decision that we could probably get infected because we don't know well, and nobody knew well and we tried to implement as many care measures as possible (...) it was all a learning process*. (M, woman_referent of community organization, May 2020)

> *I rent in Avellaneda and at the beginning, you could not move to the Capital (...) also with the people from the community cooking pot in the Park every 15 days, now that it has opened a little more, I go there to help in the kitchen. Every 15 days I go out and I save 14, every other Monday I go there and it also helps me to talk to people because here I do not talk to anyone* (V, male_PEH August 2020)

Although in some cases, intervention practices were configured in such a way as to position people as mere recipients of care, placing them as objects of control and normalization, both the referents interviewed and the PEH emphasized the relational-affective dimension since when encounters with others became dangerous due to the possibility of contagion, they chose to "go out to meet them anyway". During the lockdown and the period of preventive social distancing, the social assistance circuit was mainly supported by non-governmental organizations (NGO)s which provided material care for the real needs of the PEH and as a response to the absence of public policies and state institutions. This cannot be read in terms of assistance, but in its ethical-political dimension because faced with the possibility of "staying at home", they turn the street into a space of organization, denunciation, and resistance.

Care that ignores the ethos of the culture of the person being cared for, leads to ignoring the human being as a product and producer of culture and abolishing the relational character of care. In this sense, based on the question "How do

you deal with quarantine?", practices of self-care and peer care were identified, not only to avoid the spread of the virus but also to reduce the subjective discomfort such as loneliness, anxiety, fear, anger, associated with the interruption of interpersonal contacts imposed by the pandemic. One participant stated, "*the relationship with my grandchildren, I can't go visit my children. What happens to all of us is that we are locked up and can't go out. You go into the shelter and you can't get out (H, male_PEH, July 2020).* Another participant added*: "you can't eat well now, in the community kitchens and churches you can't bathe like before, everything is closed. They don't give you clothes anymore (G, female_PEH, June 2020).*

For PEH, care includes a practical dimension linked to being alert and a cognitive aspect associated with cognitive skills used in the decision-making processes in the context of the pandemic. Caring, as well as exposure to risk, constitutes for the participants an individual practice of self-care -taking care of myself, being alert- but also in this "being with others" "passing on information" "going to wake them up because they are as if they are anesthetized", collective practices of caring appear. Caring, then, means facing an infinite number of potential dangers and constitutes a permanent vigil. The encounter with others, in addition to offering a place of protection and security, allows for the exchange of experiences, learning, and discomfort. Without ignoring the consequences and the impact that the systematic violations of rights produced by neoliberalism have had and continue to have on the construction of identities and the processes of subjectivation, it is important to emphasize that even in the most hostile social conditions, people do not cease to be subjects with histories, with desires, wishes, and ideas. The stories of PEH show how certain weekly meetings lead to the problematization and denaturalization of aspects of their trajectories. Faced with the configuration of stigmatized identities, subjectivities that resist become visible, bodies that defy being denied (not recognized) and negativized (perceived as a dangerous and threatening other), subjects that have knowledge about their suffering and who put into practice, for themselves and with their peers, practices based on solidarity, respect, and dignity.

By analyzing the narratives of PEH through WhatsApp audios, different forms of subjective suffering were identified[6]. Some strategies for coping with these afflictions were also found. Although these afflictions. Even though those affections are perceived as new for PEH during the pandemic, it is not possible to claim that they "emerged" in that context. However, pre-existing forms of suffering were deepened:

- Concerns about where to meet subsistence needs due to the minimal coverage of services and the loss of income due to the inability to engage in informal economic activities.
- Increased police violence
- Feelings of loneliness and sadness due to interruption of interpersonal contact with program/service providers, family, and friends.

They report feeling more irritable, anxious, and uncertain about the future, feelings associated with the pandemic. One participant mentioned: "*Emotionally I am too disturbed, scared and psychologically I feel very confused. Because I don't know how far this is going to go, how it's going to continue. It's very complex. Honestly quite affected.*" (M, male_PEH. May 2020). Another participant added,

> *Look, no... As well as things that I feel personally harmed is the issue of being locked up, of not being able to go out, not being able to work, something that I did before. And well, that doesn't make me feel good. I am very anxious about these issues* (O, male_homeless person. June 2020).

Community-based organizations that provide services for PEH have identified the following particular problems: lack of timely and ongoing public health communication, difficulties in maintaining adequate infection control measures due to limited staff and physical facilities, lack of sufficient personal protective equipment, and challenges in achieving effective screening of clients. In addition, if community-based organizations staff had been recognized as essential workers, they would have had earlier access to COVID-19

[6] Only preliminary findings on the subjective effects on homeless people in the context of a pandemic are presented, since the final results are being worked on in another publication.

testing and vaccination, as well as PEH. Furthermore, the obvious difficulty of maintaining self-isolation or quarantine in shelters or drop-in centers makes it essential to plan early and proactive planning to create isolation sites for people experiencing homelessness.

Final Reflections: Pedagogy of Encounter, Care Without Guardianship

Bonding is configured as the central axis of psychosocial interventions in contexts of psychosocial vulnerability. In this sense, in the face of a welfarist framework, it is necessary to build other positions, that focus on the need for people's participation, supporting their positive qualities, and promoting their capacities, to achieve transformations that improve their quality of life and their access to goods and rights, from which they are constantly excluded (Montero, 2003).

Psychosocial vulnerability, both in the material and symbolic sense, has a negative impact on the development of alternatives for social integration, favoring passive participation within a broad care network (Di Iorio et al., 2016). However, the perspective of self-care (Haro Encinas, 2000), is part of a process of empowerment aimed at providing answers to health-related needs from an integral perspective. This type of care, generated in intersubjective spaces of social interaction, provides useful tools for everyday life in situations of social vulnerability and emerges in the processes of encounter and collective discussion.

Face-to-face interactions are central to a community mental health approach to homelessness, which means that being with others is one of the pathways to health care. In contrast, taking care during the pandemic was isolation and social distancing. As was seen in the article, PEH found it more difficult to adhere to public health guidelines, such as physical distancing, isolation, and quarantine because of shelter conditions and the closure of regular services. Moreover, the pandemic has highlighted the importance of housing as a social determinant of health and raises the question of whether current approaches to addressing homelessness should be re-evaluated.

Certain challenges have been identified to address the psychosocial impact of the pandemic with PEH:

- Promoting mental health in terms of access to rights, while ensuring access to mental health care from a comprehensive perspective.
- Distinguish between the socio-institutional anchors of subjective suffering (institutional abuse, violence, stigmatization, abandonment due to closure of facilities: the community produces damage) and the biographical-subjective anchors (singular subjective affectations).
- Integrate approaches that focus on individual behavior with those that focus on the collective community, facilitating processes of participation and organization: the community as a producer of health.
- To justify policies for processes of social transformation: health, housing, and work. Mental health as full access to social, political, economic, and cultural rights.

The COVID-19 pandemic as a "Big Event" invites us to problematize the limits of hegemonic psychosocial practices by describing the technologies of normalization by which vulnerable bodies are governed. That is to say, to problematize the moral treatment that reproduces subaltern positions, with the intention of (re)constructing other territories of existence that promote subjective and collective transformations, and that translate into the expansion of rights and the recognition of desire.

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