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Disasters and emergencies: the production of contemporary suffering and possibilities for network-based action

Desastres e catástrofes: produção de sofrimento contemporâneo e possibilidades de atuação em rede

Desastres y catástrofes: producción de sufrimiento contemporáneo y posibilidades de actuación en red

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Abstract:
This article analyzes disasters and emergencies as processes that socially produce suffering, rejecting the assumption that harm follows naturally from a hazard. Through a critical theoretical essay and documentary analysis of legislation, official reports, scientific studies, and psychological literature, it examines the interaction among hazard, exposure, vulnerability, and response capacity. The 2024 floods in Rio Grande do Sul and the Covid-19 pandemic show that territorial decisions, inequality, and barriers to access distribute risk, illness, death, and reconstruction unevenly. The analysis deliberately and critically extends disaster criteria to lethal state violence and slow-onset processes of extermination, while preserving the language of criminal responsibility. The May 2006 Crimes and the 2025 Operation Containment reveal that a date, magnitude, and collective trauma are not sufficient to mobilize public protection. The article argues that neoliberal rationality, biopower, necropolitics, differential grievability, and epistemicide form a single apparatus of selective investment in lives and territories. It therefore proposes intersectoral, territorial, and permanent psychological action, coordinated with health and social assistance systems, civil protection, and community networks. Psychosocial care should encompass prevention, emergency, reconstruction, and permanence; produce disaggregated data; care for response workers; and combine support, reparation, and accountability.

Keywords:
Disasters. Emergencies. Ethical-political suffering. Necropolitics. Psychosocial care.

Resumo:
Este artigo analisa desastres e emergências como processos de produção social do sofrimento, recusando a ideia de que o dano decorra naturalmente da ameaça. Por meio de ensaio teórico-crítico e análise documental de legislação, relatórios oficiais, estudos científicos e referências da Psicologia, examina-se a interação entre ameaça, exposição, vulnerabilidade e capacidade de resposta. As enchentes de 2024 no Rio Grande do Sul e a pandemia de Covid-19 demonstram que decisões territoriais, desigualdades e barreiras de acesso distribuem diferencialmente risco, adoecimento, morte e reconstrução. A análise estende, de forma deliberadamente crítica e sem apagar a responsabilidade penal, os critérios de desastre a eventos de violência letal de Estado e a processos de extermínio de curso lento. Os Crimes de Maio de 2006 e a Operação Contenção de 2025 revelam que a existência de data, magnitude e trauma coletivo não basta para acionar proteção pública. Sustenta-se que racionalidade neoliberal, biopoder, necropolítica, enlutabilidade diferencial e epistemicídio integram um mesmo dispositivo de investimento seletivo em vidas e territórios. Como implicação, propõe-se uma atuação psicológica intersetorial, territorializada e permanente, articulada ao SUS, ao SUAS, à proteção e defesa civil e às redes comunitárias. A atenção psicossocial deve abranger prevenção, emergência, reconstrução e permanência, produzir dados desagregados, cuidar dos trabalhadores da resposta e combinar acolhimento, reparação e responsabilização.

Palavras-chave:

Desastres. Emergências. Sofrimento ético-político. Necropolítica. Atenção psicossocial.

Resumen:
Este artículo analiza los desastres y las emergencias como procesos de producción social del sufrimiento y rechaza la idea de que el daño derive naturalmente de la amenaza. Mediante un ensayo teórico-crítico y un análisis documental de legislación, informes oficiales, estudios científicos y referencias de la Psicología, examina la interacción entre amenaza, exposición, vulnerabilidad y capacidad de respuesta. Las inundaciones de 2024 en Rio Grande do Sul y la pandemia de Covid-19 demuestran que las decisiones territoriales, las desigualdades y las barreras de acceso distribuyen de forma diferencial el riesgo, la enfermedad, la muerte y la reconstrucción. El análisis extiende, de manera deliberadamente crítica y sin borrar la responsabilidad penal, los criterios de desastre a eventos de violencia letal del Estado y a procesos de exterminio de evolución lenta. Los Crímenes de Mayo de 2006 y la Operación Contención de 2025 revelan que la existencia de una fecha, magnitud y trauma colectivo no basta para activar la protección pública. Se sostiene que racionalidad neoliberal, biopoder, necropolítica, duelabilidad diferencial y epistemicidio integran un mismo dispositivo de inversión selectiva en vidas y territorios. Como consecuencia, se propone una actuación psicológica intersectorial, territorializada y permanente, articulada con los sistemas de salud y asistencia social, la protección y defensa civil y las redes comunitarias. La atención psicosocial debe abarcar prevención, emergencia, reconstrucción y permanencia; producir datos desagregados; cuidar a quienes trabajan en la respuesta; y combinar acogida, reparación y responsabilización.

Palabras clave:
Desastres. Emergencias. Sufrimiento ético-político. Necropolítica. Atención psicosocial.

1. Introduction

The expression production of suffering, rather than impact, consequence, or effect, rejects the reading of disaster as a natural accident that indiscriminately affects a population. Socially produced suffering has agents, enabling conditions, and responsibilities. A natural, technological, biological, or intentional hazard becomes a disaster when it encounters a society that is unequally exposed and made vulnerable, in which the possibilities of avoiding harm, leaving the territory, obtaining care, and rebuilding life are not equivalent. Disaster, therefore, is not exhausted by the event: it results from the conjunction of hazard and social structure.

This formulation supports three propositions. The first states that describing as natural what is socially produced shifts responsibility from the political to the meteorological sphere. The second recognizes that Brazilian phenomena involving mass mortality, precise dating, displacement, destruction of ties, and collective trauma meet analytical criteria for disaster, although they are not institutionally counted in this way. The third identifies a common rationality underlying the climate crisis, pandemic risk, the unequal production of vulnerabilities, and the nonrecognition of certain forms of mass destruction.

From this perspective, biopower, necropolitics, differential grievability, and epistemicide are not merely juxtaposed critiques. They describe moments in an apparatus that distributes protection, exposure, recognition, and knowledge unequally. The consequence for Psychology is direct: disaster response cannot be restricted to the acute phase, assume a homogeneous society, or depend exclusively on administrative recognition of the event. It must be intersectoral, territorialized, and permanent, especially because, in unrecognized disasters, suffering does not end when cameras and extraordinary teams leave.

2. Theoretical and methodological approach

This study is a qualitative, critical-theoretical essay supported by documentary analysis. It brings together Brazilian civil protection and defense legislation; international risk-reduction terminology; reports by governmental and scientific organizations; epidemiological and climate studies; human-rights documents; and references from Psychology and political philosophy. Sources were selected for their relevance to the article's propositions and, whenever possible, compared with primary documents and peer-reviewed publications. The approach is not intended as a systematic review or as an original causal estimate.

The comparison among different events serves an analytical purpose: it examines whether the elements used to define disasters are applied consistently. Causes, intentions, and legal regimes are not equated, nor are the categories of massacre, crime, or human-rights violation replaced. Rather, the analysis tests whether access to protection and psychosocial-care mechanisms can be expanded without diluting authorship and accountability. Indicators are presented with the corresponding period and source; when official totals vary according to the update date, that limitation is noted.

3. Catastrophes, disasters, and the social production of risk

3.1 Current definition and typologies

United Nations terminology defines disaster as a serious disruption of the functioning of a community or society resulting from the interaction between hazardous events and conditions of exposure, vulnerability, and capacity, with human, material, economic, or environmental losses. Brazil's National Civil Protection and Defense Policy adopts a convergent logic by relating disaster to an adverse event affecting a vulnerable setting and to damage that may exceed local response capacity (UNDRR, 2017; BRASIL, 2012). Catastrophe

usually designates a disaster whose intensity compromises the response structure itself and requires external mobilization.

The usual typology distinguishes disasters associated with geological and climatological hazards; technological disasters, such as the dam collapses in Mariana and Brumadinho; biological disasters, such as epidemics; and intentionally human-caused disasters, such as armed conflicts. It also distinguishes sudden-onset events from slow-onset events, including prolonged droughts and desertification. The latter category will be revisited because, although recognized in the literature, it is rarely applied to ongoing processes of violence.

3.2 Why the expression 'natural disaster' is insufficient

Classifying a disaster by the type of hazard can conceal how harm is produced. The hazard alone does not determine who lives in a flood-prone area, who receives a warning, who has transportation, income, and alternative housing, or who gains access to reconstruction resources. For this reason, the international risk-reduction campaign summarizes that disasters are not natural: certain physical phenomena may be natural; the distribution of exposure and vulnerability is social (UNDRR, n.d.).

The floods of April and May 2024 in Rio Grande do Sul make the distinction concrete. The event affected 478 of the state's 497 municipalities and caused more than 180 deaths, although the total varies according to the reporting cutoff. The Special Survey on the Floods estimated 6.33 million residents in the areas studied, 349,400 address changes caused by the event, and, among those displaced, approximately one quarter subsequently living in worse conditions. This scope is broader than the initial administrative count of 2.4 million affected people because the household survey also captured direct and indirect repercussions (ANA, 2025; IBGE, 2026).

The decisive point is causal. A forensic investigation identified eleven root causes, including low-resilience land occupation, socioeconomic inequality, weak social memory, climate denialism, governance weaknesses, and the low political priority given to prevention. The report highlights the historical role of human and institutional decisions in producing and disseminating risk (RIBEIRO et al., 2026). Infrastructure also failed to operate as neutral protection: between 35% and 40% of the affected population in the Porto Alegre Metropolitan Region was located in areas covered by flood-protection systems that failed, creating a false sense of security (ANA, 2025).

If most causes accumulate in decisions about land use, financing, drainage, maintenance, and housing location, describing the disaster as 'natural' is descriptively limited and politically convenient. Rain is natural; disaster is constructed. This conclusion does not deny the materiality of the physical phenomenon. It restores to the center the choices that transform extreme precipitation into unequally distributed destruction.

4. Contemporary causes and paths identified by specialized research

4.1 Climate crisis

The Sixth Assessment Report of the Intergovernmental Panel on Climate Change unequivocally attributes observed warming to human greenhouse-gas emissions, especially those from fossil-fuel combustion, deforestation, and emissions-intensive production systems. Changes affect not only average temperatures but also the frequency and intensity of extremes such as concentrated rainfall, droughts, heat waves, and conditions conducive to fire (IPCC, 2023). In Brazil, approximately 30 million hectares burned in 2024, 62% above the 1985-2024 average, demonstrating the simultaneous scale of climate emergencies (MAPBIOMAS, 2025). In the same year, geo-hydrological disasters associated with rainfall caused 251 deaths, making 2024 the fourth deadliest year in the series beginning in 1991 (DEUTSCHE WELLE, 2025).

In Rio Grande do Sul, a peer-reviewed attribution study estimated that 1.2 °C of global warming made the extreme precipitation approximately twice as likely and about 12% more intense; El Niño also increased its probability and intensity, with wide uncertainty intervals (CLARKE et al., 2026). The methodological caveat is indispensable: attributing a single event to climate change is a probabilistic, not deterministic, operation. Science does not claim that warming is the sole cause of a flood; it estimates how warming changes the probability distribution. Preserving this precision prevents both undue simplification and denialist exploitation of uncertainty.

4.2 Pandemics and the production of zoonoses

The emergence of zoonoses is also related to socioenvironmental transformations. Land-use change, deforestation, agricultural expansion, wildlife trade, urbanization, and intensive farming increase interfaces among humans, domestic animals, and wild reservoirs; high animal densities also favor the circulation, recombination, and selection of infectious agents. Mobility and global supply chains can turn local outbreaks into international emergencies within a few weeks. Scientific reports estimate that most emerging infectious diseases are zoonotic in origin

and associate pandemic risk with the same drivers of biodiversity loss that intensify the climate crisis (IPBES, 2020; UNEP; ILRI, 2020).

Climate crisis and pandemic risk, therefore, do not merely coincide in time: they share determinants. The One Health approach recognizes the interdependence of human, animal, and environmental health and proposes multisectoral coordination for prevention, surveillance, and response (WHO, 2023). This convergence supports the thesis that events cannot be understood in isolation from patterns of territorial occupation and economic production.

4.3 Mitigation, adaptation, and risk reduction

Responses are organized around three axes that must be distinguished. Mitigation addresses climate causes by reducing emissions, advancing the energy transition, and containing deforestation. Adaptation reduces exposure and expected harm through infrastructure, warning systems, territorial planning, and contingency measures. Disaster-risk reduction addresses vulnerabilities, including safe housing, sanitation, income, social protection, and community organization.

The third axis is the most neglected and, at the same time, the most decisive. Mitigation and part of adaptation can be handled technically without substantive redistribution; reducing vulnerabilities requires confronting income concentration, territorial segregation, and unequal access to public policies. For this reason, the subject often appears as a generic recommendation and disappears from budget execution. The diagnosis in Rio Grande do Sul confirms that inequality and limited recovery capacity reinforce the social production of risk (RIBEIRO et al., 2026).

5. Covid-19 as a demonstration

5.1 The virus's social trajectory

The pandemic makes it possible to observe the unequal production of disaster as it unfolds. The biological agent remained the same, but the social axis of mortality shifted as the virus moved through Brazil's social structure. The country's first confirmed case was a man returning from Italy, reflecting the initial entry through international travel accessible to higher-income groups (BRASIL, 2020d). Domestic worker Cleonice Gonçalves, infected by her employer who had recently returned from Italy, was not Brazil's first death, as has sometimes been claimed, but she was among the earliest victims and was the first confirmed death in Rio de Janeiro. The factual correction preserves the social meaning of the scene: the virus arrived

through privileged circuits and soon became lethal among workers who could not protect themselves.

Epidemiological bulletins recorded the reversal. In epidemiological week 21, 49.0% of hospitalizations for Covid-19-associated severe acute respiratory syndrome occurred among White people, 42.0% among Brown people, and 7.1% among Black people; among deaths, Brown people already accounted for 49.6%, White people for 41.0%, and Black people for 7.4%. In Bulletin 20, the reversal also appeared in hospitalizations: 47.9% among Brown people and 43.1% among White people; among deaths, 53.5% were Brown and 36.9% White. Interpretation requires caution because thousands of records listed race/color as unknown and were excluded from the percentages, but the series documents the spread of the crisis into the country's interior and peripheries (BRASIL, 2020b, 2020c; ARAÚJO et al., 2020).

Estimates of excess mortality in 2020 reinforced the pattern: excess mortality was 28% among Black and Brown people and 18% among White people, a difference calculated at approximately 36,000 deaths; among Black men, excess mortality was 55% higher than among White men, and among Black women it was 57% higher than among White women (RAÇA E SAÚDE PÚBLICA, n.d.). In a national analysis of 2.46 million adults hospitalized between March 2020 and September 2022, Black, Brown, and Indigenous patients had higher adjusted odds of death and lower use of certain hospital resources compared with White patients (CARDOSO; GOMES; SILVA, 2023).

5.2 Social structure and pathways of inequality

The explanation for this shift is not biological. It operates through four interconnected pathways. The first is differential exposure: Black and poor populations are concentrated in essential services, informal work, and occupations incompatible with remote isolation. The second concerns housing, because household density, inadequate sanitation, and collective transportation make recommendations formulated as if everyone had the same conditions impracticable. The third is unequal access to care, expressed in delayed referrals, the territorial distribution of beds, and vaccination inequalities. The fourth encompasses socially produced comorbidities, which accumulate the effects of the other three over the life course. The virus does not distinguish race; social structure distinguishes exposure, protection, and treatment.

5.3 What the measurement instrument conceals

The way data are measured also participates in recognition. In the municipality of São Paulo, the crude mortality rate through July 2020 appeared higher among White people: 134

deaths per 100,000 inhabitants, compared with 121 among Black people. After age standardization, the result was reversed, to 172 per 100,000 among Black people and 115 among White people, with an estimated excess mortality of 1,221 Black people, nearly 30% above the expected level (INSTITUTO PÓLIS, 2020).

The reversal occurs because the White population is demographically older and Covid-19 is more lethal at advanced ages. Without age adjustment, the greater youthfulness of the Black population—which is itself related to lower life expectancy—masked the risk. Applied uncritically, the instrument produced a conclusion opposite to the reality it was intended to describe.

Data availability was also contested. Race/color-disaggregated information began to appear in national bulletins in April 2020, after social pressure, and remained marked by incompleteness. In Bulletin 17, for example, 19,226 hospitalizations and 6,245 deaths were excluded from racial distributions because the variable was recorded as unknown (ARAÚJO et al., 2020). Thus, the information system is not neutral: an absent or poorly completed category helps produce nonrecognition and restricts the formulation of specific responses.

6. Unrecognized disasters

6.1 Criteria and analytical extension

If disaster results from the interaction between hazard and vulnerability, one must ask why certain phenomena involving mass mortality, forced displacement, destruction of territorial ties, overwhelmed local response, and collective trauma do not receive that name. The article proposes applying these elements, analytically and without replacing other categories, to lethal state violence against Black and peripheral populations and to the extermination of Indigenous peoples. In both cases, preventable death, territorial expulsion, and community destruction are concentrated in groups identifiable by race, age, and territory; in the Indigenous case, attacks on languages and knowledge systems are added.

The proposal does not ignore that Brazilian legislation classifies and recognizes disasters through its own administrative procedures. Its aim is to expose an asymmetry: large-scale harms may require protection, health services, and psychosocial care even when they do not fit or are not recognized within the civil-defense system. The vocabulary of disaster should expand access to care without replacing the legal and political vocabulary that names crime, authorship, and rights violations.

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6.2 The date objection and counterexamples

The most immediate administrative explanation for nonrecognition would be the absence of a discrete event. Extraordinary mechanisms are commonly activated by an emergency situation or a state of calamity, which presupposes temporal demarcation (BRASIL, 2020a). Without a datable event, there would be no decree, resource mobilization, or psychosocial task force. However, two counterexamples of extraordinary magnitude demonstrate that dating is necessary in many procedures but insufficient for social and institutional recognition.

The May Crimes occurred between May 12 and 21, 2006, in the state of São Paulo. In nine days, 564 deaths were recorded, including 505 civilians and 59 public agents. An analysis of investigations found evidence of police participation in at least 122 deaths and documented serious investigative failures. The total exceeds the 434 political dead and disappeared officially recognized from the period of the military dictatorship, without the comparison erasing the historical differences between the events (JUSTIÇA GLOBAL; INTERNATIONAL HUMAN RIGHTS CLINIC, 2011). There are a start date and an end date, a count, an investigation, and the Independent Mothers of May Movement, created by relatives who incorporated the temporal marker into their own name.

Operation Containment took place on October 28, 2025, in the Alemão and Penha complexes in Rio de Janeiro. Official sources documented 117 civilian deaths; in a later count, the total reached 122 deaths, including 117 civilians and five police officers. It was the deadliest police operation in the country's recent history. The episode has an exact date, national and international repercussions, and challenges before the Federal Supreme Court. In the absence of immediate state assistance in forested areas, residents recovered more than sixty bodies and took them to São Lucas Square before they were transferred to the Forensic Medical Institute (CONSELHO NACIONAL DOS DIREITOS HUMANOS, 2025; MINISTÉRIO PÚBLICO FEDERAL, 2025; HUMAN RIGHTS WATCH, 2025).

The comparison of magnitudes makes the asymmetry visible. The floods in Rio Grande do Sul caused more than 180 deaths and mobilized a state of public calamity, response forces, a national campaign, and a specific household survey. The May Crimes caused approximately three times that total in nine days; Operation Containment, approximately two thirds of it in a single event. Neither activated an equivalent psychosocial-care apparatus or population survey on affected people. The comparison does not equate causes: it questions the distribution of protection after collective destruction.

6.3 Grievability and the undeclared clause

The dating was produced by the families themselves. The Mothers of May hold annual events, sustain memory, and demand investigation, federalization, reparation, and justice. If the obstacle were merely chronological or administrative, this work of demarcation would have sufficed. What the persistence of nonrecognition reveals is a prior mechanism, named by Butler (2015) as differential grievability: a life is fully recognized as life when its loss can be socially apprehended as loss.

Lives whose destruction does not become public mourning do not generate, with the same intensity, decrees, task forces, surveys, or national memory. The absence of formal recognition does not create this inequality; it manifests it. In institutional practice, the apparently neutral definition of disaster operates as if it contained an undeclared clause: the mass destruction of lives previously recognized as worthy of protection and mourning counts as disaster. The appearance of neutrality is part of the mechanism's effectiveness because exclusion occurs without being stated.

6.4 Slow-onset processes

There are also processes whose lack of a date heightens the obstacle. Continuous lethal violence against young Black people and the preventable mortality of Indigenous peoples are not necessarily concentrated in a single episode. Disaster literature, however, already includes the slow-onset category for droughts and desertification. Consistently applying the criterion of interaction between hazard and vulnerability requires explaining why continuing processes of death, expulsion, and territorial destruction should remain outside the field solely because of their speed.

In these cases, the lack of a single milestone even prevents the self-managed temporal demarcation undertaken by the Mothers of May. Nevertheless, creating a date would not solve the problem, because dating alone does not change which lives are recognized in advance. A policy limited to datable events of violence would leave intact the operation that decides which deaths count.

7. The unifying rationality

7.1 Neoliberal rationality and differential government

In the reading of Foucault (2008) and Dardot and Laval (2016), neoliberalism designates not only economic policies but also a governmental rationality that extends the competitive

form and the calculation of return to the spheres of existence. Its operation on populations and territories is not limited to repression: it distributes investment and protection differentially.

Two consequences follow from this rationality. The same logic of accumulation that sustains fossil fuels, deforestation, and the expansion of production frontiers simultaneously increases the climate crisis and zoonotic risk. The same logic produces the inequality that determines who occupies floodplains, works in person during a pandemic, and has resources to rebuild. These are not independent side effects but interconnected outcomes of a common operation.

7.2 Biopower, necropolitics, and grievability

Foucault (2010) describes biopower as the management, regulation, and optimization of population life and identifies racism as a mechanism that introduces death into this management, separating those whose lives should be fostered from those whose exposure to death becomes acceptable. The power to make live is complemented by letting die. The state need not execute people directly to produce this pole: it can fail to maintain drainage, demarcate territories, install hospital beds, or guarantee income and shelter.

Mbembe (2018) shifts the analysis to societies shaped by colonialism and asks who holds the power to define killability—that is, who may die without the death generating mourning, explanation, or accountability. In this argument, biopower and necropolitics can be read as poles of the same calculation: investing in some implies disinvesting from others. The protected neighborhood and the floodplain without drainage; the available hospital bed and the underserved territory; the recognized calamity and collective death treated as routine are faces of a single distribution.

Differential grievability is the moral operator that makes the calculation tolerable. For disinvestment not to appear as injustice, certain lives cease to be apprehended as public losses. The effects are material: ungrievable lives mobilize less protection, data, care, and memory. Indifference is not merely a psychological antecedent to unequal distribution; it is produced and reproduced by that distribution (BUTLER, 2015).

7.3 Epistemicide and articulation of the apparatus

Carneiro (2005) defines epistemicide as a systematic process of nullifying and disqualifying the knowledge, identities, and subjectivities of dominated groups, operated both through the denial of access to education and through the imputation of intellectual inferiority. In disasters, it appears when territorial knowledge of prevention is disregarded, when

communities are treated only as recipients, and when information categories erase the racial distribution of harm.

The four concepts thus form an apparatus: neoliberal rationality organizes differential investment; biopower and necropolitics name the poles of promoting life and exposing it to death; grievability produces the indifference that makes them bearable and conditions which forms of destruction are recognized; epistemicide eliminates counternarratives and protective knowledge. The populations pushed into risk areas are also those unable to isolate during the pandemic, whose mass deaths mobilize less response, and whose knowledge has been disqualified. The repeated coincidence is the signature of the apparatus.

8. Actors, care, and network-based action

8.1 Actors and fragmentation

Care involves civil protection and defense, the Unified Health System (SUS), the Unified Social Assistance System (SUAS), education, housing, sanitation, public safety, and justice. It also includes humanitarian organizations, universities, professional councils, social movements, residents' associations, and preexisting community networks. Brazil's main problem is not the absolute absence of actors but their fragmentation and discontinuity: each institution is activated according to its own logic and timing, producing overlap in the acute phase and a vacuum during reconstruction. In unrecognized events, the problem arises earlier because extraordinary mobilization never begins.

Psychology's technical references recommend comprehensive risk management, intersectorality, social participation, and a critical reading of vulnerabilities, rejecting the normalization of rights violations. This guidance converges with the need to articulate public policies and territorial knowledge rather than import a protocol that assumes a sudden disaster and a homogeneous population (CONSELHO FEDERAL DE PSICOLOGIA, 2021).

8.2 Four times of care

During prevention, Psychology can contribute to social risk perception, community preparedness, accessible communication, collective memory, and the fight against denialism. This includes mapping networks, vulnerable groups, routes, resources, communication barriers, and existing community strategies.

During the emergency, Psychological First Aid offers humane, practical, and nonintrusive assistance: observing needs and safety, listening without pressure, facilitating

access to basic needs, providing clear information, and connecting people to support networks. It is neither psychotherapy nor emotional interrogation; confusing it with clinical treatment can pathologize expected reactions and disrupt survival priorities (WHO; WAR TRAUMA FOUNDATION; WORLD VISION INTERNATIONAL, 2011).

During reconstruction, care accompanies grief for deaths and for material, territorial, and symbolic losses; supports routines, ties, and projects; and identifies trajectories that require specialized attention. Work with loss does not end with brief protocols, and death education helps professionals remain in contact with finitude and grief without reducing the experience to a diagnosis (KOVÁCS, 2003).

There is also the time of permanence, which receives little attention in models centered on sudden disasters. It is required by unrecognized or recurrent processes in which there is no clearly delimited 'after.' The notion of ethical-political suffering prevents the individualization of pain produced by inequality and makes it possible to articulate subjective experience, material conditions, and social recognition (SAWAIA, 2014).

8.3 Requirements for the network

Action must be territorialized and permanent, not expeditionary. If vulnerability is cumulative, a team that arrives with the event and leaves with it acts on only one moment. Primary Health Care, because of its longitudinal character and knowledge of the territory, occupies a strategic position, articulated with the Psychosocial Care Network and social assistance. National guidelines for floods recommend reception from the first hours, guaranteeing basic needs, activating community networks, stepped care, and continuity of prior treatments (BRASIL, 2024).

The activation of psychosocial care also cannot depend exclusively on a decree. If administrative recognition is unequally distributed, making care conditional on a declaration of calamity reproduces exclusion. It is proposed that events of mass lethal violence may trigger, based on objective criteria of magnitude, territorial concentration, service interruption, and community demand, an intersectoral assessment and psychosocial response, without prejudice to criminal investigation and the autonomy of affected people.

Community networks must be interlocutors, not merely target populations. Collectives such as the Mothers of May have produced memory, temporal demarcation, and mutual support. Recognizing this capacity does not authorize transferring state duties to them or naturalizing

unpaid care work extracted from those already harmed. Recovering territorial knowledge is a protective measure and a means of confronting epistemicide.

Producing data disaggregated by race/color, income, gender, disability, age, and territory must be understood as an intervention. Without completeness and methodological adjustment, inequalities remain invisible by construction of the system itself. Data must guide active outreach, priorities, resource allocation, and public evaluation, with ethical safeguards against stigmatization and improper surveillance.

Intervention must connect suffering and accountability. Welcoming someone who has lost a home, a loved one, or a territory without naming identifiable decisions may offer comfort while obscuring reparation. Psychology must sustain clinical listening and social critique, distinguishing care, reparation, and accountability without converting one dimension into a substitute for the others.

Finally, response workers are also affected. Professionals in health, civil defense, social assistance, education, forensics, and community organizations may experience losses in the same territory where they provide care. Sustainable shifts, rest, supervision, peer support, longitudinal follow-up, and access to specialized care are conditions for continuity of the response, not optional additions (BRASIL, 2024).

9. Unresolved tensions

The first tension opposes emergency response and structural transformation. Territorial permanence is necessary, but emergency action saves lives and cannot be relativized in the name of critique. The practical challenge is to ensure immediate response without allowing it to replace prevention, reconstruction, and redistribution of protection.

The second tension involves political critique and clinical care. Explaining social determinations does not, by itself, welcome the person asking to be heard. Structural analysis can hollow out clinical care if it offers theory where presence is needed; clinical care, in turn, can confirm as individual pathology what was socially produced. Each dimension must limit the other's excesses.

The third tension lies in the demand for recognition itself. Calling state violence a disaster may broaden access to protection and psychosocial care, but it may also suggest misfortune and dilute authorship. Therefore, the category must be claimed as an additional key to protection, never as a substitute for massacre, crime, or rights violation. The tension between vocabularies remains open and must be negotiated with affected families and communities.

10. Final considerations

There is no purely natural disaster: there is a hazard encountering a society that is unequally exposed and made vulnerable. The floods in Rio Grande do Sul demonstrate that accumulated human and institutional decisions—about occupation, infrastructure, governance, memory, inequality, and prevention—participate in constructing harm. Rain is natural; disaster is constructed.

If the definition rests on this interaction, Brazilian events with a date, magnitude, and collective trauma may satisfy its analytical criteria without receiving equivalent recognition or response. The May Crimes and Operation Containment show that chronology and counting are not enough. Differential grievability helps explain why certain forms of destruction produce national calamity while others remain framed as routine in racialized territories. The technical definition thus begins to operate with an undeclared clause concerning which lives count.

The same rationality links the climate crisis, pandemic risk, and inequality. Biopower and necropolitics describe the poles of investment calculation; differential grievability produces the indifference that sustains it; epistemicide destroys counternarratives and protective knowledge, including within the system that measures harm. Covid-19 made the operation visible: the agent remained the same, but exposure, care, and mortality shifted through the social structure.

This analysis leads to a proposal: psychological action must be network-based, territorialized, and permanent; it cannot arrive with the floodwaters and leave with them, nor remain conditional on a decree whose recognition is already unequal. Prevention, emergency, reconstruction, and permanence must articulate care, data, reparation, and accountability. Disaster is not merely what happens to society; it makes visible what society was already distributing unequally. Because that distribution results from decisions, other decisions can produce protection, recognition, and life.

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