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Right to health during COVID-19 pandemic: Colonial sociability and pathways for emancipation

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Abstract

The paper deepens the right to health in COVID-19 pandemic, analyzing its impact in terms of social inequalities. The first section introduces concepts drawn from the global risk society approach, pointing out some of its limitations for an effective analysis of the forms of social exclusion during the pandemic. The main statement is that the logic of inequalities emerged in COVID-19 pandemic can be interpreted more effectively in the light of postcolonial and decolonial sociology, with reference to the concepts of coloniality of power (Quijano) and – specifically – colonial sociability (Santos). The way proposed is bringing into dialogue these concepts along with those of advanced marginality and territorial stigmatization (Wacquant). These approaches are useful in understanding some data on the spread of contagion and deaths due to COVID-19 in the contexts of Brazil and the United States of America, contagion and deaths that have particularly critically affected specific territories of advanced marginality and exposed to stigmatization processes. Analyzing specific pathways for territorial de-stigmatization – the paper also discusses the emancipatory task of a sociological analysis of inequalities in COVID-19 pandemic era.

Key words

Colonial sociability; territorial stigmatization; COVID-19 pandemic; right to health; emancipatory social science; global risk society

Resumen

Este artículo profundiza en el derecho a la salud durante la pandemia de COVID-19, analizando su impacto en términos de desigualdades sociales. La primera sección introduce conceptos extraídos del enfoque de la sociedad de riesgo global, señalando algunas de sus limitaciones para un análisis efectivo de las formas de exclusión social

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durante la pandemia. La principal afirmación es que la lógica de las desigualdades surgidas en la pandemia de COVID-19 puede ser interpretada más eficazmente a la luz de la sociología poscolonial y decolonial, con referencia a los conceptos de colonialidad del poder (Quijano) y, concretamente, de sociabilidad colonial (Santos). El camino propuesto es poner en diálogo dichos conceptos junto con los de marginalidad avanzada y estigmatización territorial (Wacquant). Dichos enfoques son útiles para comprender algunos datos sobre la propagación de contagios y muertes por COVID-19 en los contextos de Brasil y Estados Unidos de América, contagios y muertes que han afectado de manera especialmente crítica a territorios concretos de marginalidad avanzada y expuestos a procesos de estigmatización. Analizando caminos concretos para la desestigmatización territorial, el artículo también reflexiona sobre la tarea emancipadora de un análisis sociológico de las desigualdades en la era de la pandemia de la COVID-19.

Palabras clave

Sociabilidad colonial; estigmatización territorial; pandemia de COVID-19; derecho a la salud; ciencia social emancipatoria; sociedad del riesgo global

Table of contents

1. Introduction

The right to health, understood both as a fundamental human right – according to the Universal Declaration of Human Rights – and as a constitutive element of social protection in modern welfare societies, has been strongly challenged during the recent COVID-19 pandemic. From a sociological perspective, what we are interested in exploring here is the impact of the COVID-19 pandemic in terms of social inequalities. More specifically, the right to health is explored – in relation to the COVID-19 pandemic – with reference to the different possibilities of prevention from contagion and of treatment of the disease, based on social stratifications.

In analyzing these issues, in the first section we will delve into some concepts drawn from the global risk society theses (Giddens 1990, Beck 1992). Although the COVID-19 pandemic presented social phenomena consistent with this theoretical approach, the main statement is that the logic of inequalities emerged at that time can be interpreted more effectively in the light of the concepts of coloniality of power (Quijano 1991, 2000) and colonial sociability (Santos 2018, Ricotta *et al*. 2021). In this sense, as already highlighted by Beck, one of the prominent founding sociologists of the global risk society perspective (Beck and Grande 2010), we need to go beyond the western centric premises of this approach.

To do this, the way proposed in the second section of this paper is bringing into dialogue the concepts of advanced marginality and territorial stigmatization processes (Wacquant 2008), with the concepts of colonial sociability and abyssal social exclusion (see also Clerici 2022, Ricotta 2023). Linking the effects in terms of socio-spatial exclusion caused by neo-liberal policies together with the decolonial and postcolonial critique of the long-standing nature of inequality in the modern world-system (Wallerstein 1979), we can read more clearly the dynamics of exclusion from the right to health in COVID-19 pandemic. We will deepen these arguments in the light of some data on the spread of contagion and deaths due to COVID-19 in the contexts of Brazil and the United States of America (Ricotta 2022).

In the final remarks we will discuss the emancipatory task of a sociological analysis of inequalities in COVID-19 pandemic era: analyzing the emergence of social practices of struggle and resistance under conditions of abyssal exclusion, according to sociology of absences and sociology of emergences (Santos 2002), it is possible to put at the center of sociological discourse: (i) those who are made invisible and outcast from the social contract of the global risk society and, consequently, by the right to health, and (ii) their struggle for territorial destigmatization and social emancipation.

2. COVID-19 pandemic, inequality, and global risk society

In its traditional and best-known formulation, the global risk society thesis highlights specific elements for understanding contemporary society since the second half of the 20th century (Giddens 1990, Beck 1992, Beck *et al.* 1994): (i) The main aspect refers to the adverse unintended consequences of the industrial development model. We refer to the dynamics of a joint creation of wealth and risks related to the complex and difficult-to-control nature of large technologies (such as those employed in large chemical plants, or in the war industry). This means that the social production of wealth is accompanied by the social production of risk. (ii) In the risk society the logic of social stratification and

conflict move from class conflicts over the distribution of wealth (first modernity), to conflicts related to the distribution of risks (second modernity). Social inequalities continue to have a strong influence on the distribution of the harmfulness produced in the risk society. However, in the face of catastrophes such as nuclear and environmental disasters that can affect entire populations and territories, the weight of social and national differences is lessened. Moreover, many risks are inherently global and can give rise to boomerang effects: no one, whether understood as an individual, group or social class, nation or continent can ultimately be said to be entirely safe from the spread of risks. (iii) The analysis of risks and their prevention requires a strong involvement of expert knowledge. Scientists and experts are called upon to respond to citizens' fears; at the same time, they cannot realistically fully meet this demand. On the one hand, due to the nature of this kind of risks toward which it is almost impossible to assess long-term consequences (consider, for example, the debate about the healthiness of GMO food), on the other hand, because of the economic and political influences on which the experts are subjected: in the risk society, the political character of expert knowledge emerges clearly. (iv) In the risk society, consequently, the dimension of reflexivity is characterizing. In this sense, Beck uses the definitions of reflexive modernity, underlying the reflexive activity on the adverse effects of our social, economic, and cultural model. This reflexivity on the consequences of radicalized modernization (Giddens 1990) challenges the myth of linear progress characterized the first modernity.

The COVID-19 pandemic, due to its global impact in terms of its social, health, and economic consequences, its solicitation of expertise, and its production of public policy and rhetoric, provides a privileged topic for sociology that recalled core elements in sociological theses on risk society and second modernity. The risks and insecurities related to the circulation of the virus were amplified by factors typically found in contemporary society. High transnational human mobility and the frequency of close interpersonal contacts in urban contexts, enhanced by the growing dynamics of acceleration in technology, social change, and living habits (Rosa 2010) were all elements that encourage the contagion. National and local governments, international institutions, civil service executives, experts, and journalists have debated, defined, and organized – according to their different roles – forms of management and countering against these and other negative consequences related to structured social dynamics. In addition, more or less organized antagonistic forms of criticism of the definition given by the experts and of the consequent policies of contrast and prevention have developed in countries where these have been particularly restrictive of freedom of movement (think, among others, of the case of Italy) as well as – conversely – in countries where instead the pandemic has been downplayed in public discourse and in government practice in its risky elements (see, for example, the case of Brazil). In this respect, the pandemic of COVID-19 can be traced back to a typical phenomenon of the global risk society, with reference to the category of reflexivity and transformations affecting the arenas of politics, science, and public opinion (Eyal 2019).

The rhetoric of "we're all in this together" *vis-à-vis* the virus has been dominant in the public discourse, especially in the early moments of acknowledging the riskiness of the pandemic situation. In the Italian case, for example, at the beginning of the pandemic emergency the idea of a community under siege by the SARS-CoV2 virus has been a hegemonic topic. Political and media discourse has, in fact, focused on the vulnerabilities

of those exposed to the contagion based on age and pre-existing pathologies. This what we might call organicist and a-conflictual view of the pandemic emergency clashed with early evidence regarding differential contagiousness and mortality with reference to subaltern social groups (i.e., those groups characterized by socioeconomic marginality, social exclusion, and stigma) (Ricotta 2022).

Indeed, early data on infections and deaths have highlighted the worsening of pre-existing social inequalities due to the pandemic. These data do not contradict the theses of the risk society: according to Beck (2008), global risks conform to and reinforces prevailing class patterns: "There is a fatal attraction between poverty, social vulnerability, corruption, the accumulation of dangers, humiliation and the denial of dignity fast growing in the age of globality of information" (Beck 2008, p. 7). The underlying thesis is that conditions of poverty are subject to greater exposure to risks, as opposed to privileged social categories, which can not only purchase security and freedom from risks, but profit from the same risks as they are able to produce and/or sell technologies and expertise for risk prevention.

At the same time, one of the defining aspects of the second modernity is, as anticipated, the global dimension of risks: humanity can be entirely affected, regardless of class and national boundaries. In this sense, as early as 1986 Beck wrote that (1992, p. 36), "Poverty is hierarchical, while smog is democratic". The risks of second modernity have impacts that go far beyond the contexts in which they are generated. Global risks leap out of local and national boundaries to invest in some cases the entire globe. One cannot remain entirely immune to the harmful feedback of certain phenomena such as poor air quality due to industrial pollution or climate change caused by the emission of climate-altering gases. In the face of global risks, while facing obvious inequalities in the greater or lesser ability to escape their most harmful effects, ultimately "we're all in this together".

Summarizing this key aspect of the risk society approach, while it is true that class has a relationship with risks, since they abound especially among the lower classes, no one is fully safe from the boomerang effect in the global risk society. This effect is a consequence of the substantial difference between industrial risks typical of early modernity and global risks of late or second modernity. A global risk transcends borders, involves subaltern classes and hegemonic classes, and its harmful effects are ultimately uncontrollable and end up affecting all of humanity.

However, the dystopia associated with the boomerang effect should not lead to analytically underestimate the deep inequalities that characterize contemporary society. The pandemic of COVID-19 has forcefully re-proposed the persistence of those forms of social exclusion that are grounded in specific patterns of social stratification rooted not only to early modernity (modern class stratification), but in the "Long" Sixteenth Century with the structuring of the modern system-world and its logic of stratification started by European colonial enterprises (Wallerstein 1979, Quijano and Wallerstein 1992). Our argument is that second modernity does not register, globally, a change in the dominant logic of social stratification, but rather a strengthening of inertia and stability in the field of inequality. It is to analyze the persistence of forms of exclusion based on social stratifications typical of the modern world-system structured from the hierarchical interconnections generated by European colonial enterprises, that here we introduce concepts drawn from the postcolonial and decolonial critique. This is to define

those forms of production of subalternity that still act as powerful factors of exclusion from social and human rights, including the right to health. The next section is devoted to an exploration of these concepts, with reference to colonial sociability and abyssal exclusion. The perspective of the coloniality of power (Quijano 1991, 2000) allows the interpretation of inequalities during the COVID-19 pandemic to be refined also from the standpoint of emancipatory social science (Massari and Pellegrino 2020).

3. Colonial sociability, abyssal exclusion, and the right to health

To analyze the persistence of processes of social exclusion structurally anchored in stratification patterns of the modern world-system, we delve in this section into specific elements of postcolonial and decolonial critique. As anticipated, the COVID-19 pandemic can be read as an event that radicalizes trends already taking place at the level of global society, Western democracies included: growing inequality, a crisis of central and local government, a crisis of public regulation and core public services (health, education, training, and employment). In this reading, typical risks of industrial modern society (first modernity) and new global risks (second modernity), rather than passing the baton, mix and add up. That is, while ultimately the boomerang effect remains an ever-possible dystopia in the face of potentially catastrophic events – think of the possibility of a nuclear world conflict – the everyday harms caused by a risk-producing social model not only distribute themselves inequitably but do so since pre-existing social stratifications. As such, in this paper concepts from postcolonial and decolonial critique are used for a specific analysis of the unequal consequences of the COVID-19 pandemic and the right to health.

Let us start, then, from those traits common to the postcolonial and decolonial debate useful to analyze precisely the dynamics of contemporary exclusion from the right to health (Pellegrino and Ricotta 2020): (i) the critique of the Eurocentric view of modernity understood as an ideology; (ii) the close link between the development of global society, i.e., contemporary global capitalism, and colonialism; (c) the theses on the persistence of relations of domination, at the global level, derived from historical colonialism; (d) the focus on the dynamics of hierarchization among human groups and the analytical and political emphasis on "subaltern" social groups; (e) the epistemological critique of Eurocentric rationality and the need to look through new lenses (and with new methods) at both relations of domination and social exclusion and at forms of resistance and struggles for emancipation.

Santos (2002, 2016, 2017, 2018; Ricotta *et al.* 2021) has explored these issues, proposing the concept of the abyssal line. The abyssal line can be understood as a boundary that, born with the colonial era, separates metropolitan forms of sociability from colonial forms of sociability. It is primarily a symbolic boundary, which can also take on spatial connotations and which determines a division that came about because of colonialism and structured these two different and interconnected social realms of rule and sociability.

The first type of sociability and domination, the metropolitan type, is typical of Western modernity (and its ideological representation in its presumption of universality and superiority). It is based on a principle of equivalence and reciprocity, in which all those who are part of society – even in the presence of social stratification, inequalities and

power disparities – are recognized as fully human. The tensions between social regulation and social emancipation are regulated by mechanisms typical of Western modernity (the liberal state, the rule of law, human rights, democracy), making this kind of social exclusion not abyssal. In metropolitan sociability, in fact, despite the existence of social stratification and inequalities based primarily on class, a path to inclusion is always possible. Not only that, but it has also been considered legitimate and desirable especially in some specific historical epochs, among them the three decades following World War II (Castel 2003). This means, that – ultimately – everyone is considered part of the social contract and is interpretable as a citizen in his or her own right: they can have mechanisms through which to assert their demands for emancipation – as much at the collective/group level as at the individual level. With reference to the field of health care, in a metropolitan sociability context every citizen is formally in the right to health, even though there are inequalities in access to care or exposure to health risks.

In the second type of domination, the colonial type, the exclusions are abyssal. Indeed, colonial sociability is governed by the tension between violence – understood as physical, material, cultural annihilation – and appropriation – understood as incorporation, co-optation, assimilation (Santos 2016). In colonial-type social relations, social exclusion is abyssal because the excluded cannot realistically claim their rights, precisely because they are not considered fully human. Brought back into the realm of the right to health, this refers to all those situations of severe exclusion in which specific groups-characterized by subalternity and processes of invisibility and/or stigmatization – do not have the opportunity to assert the same mechanisms of the Western modernity. This results in structural forms of increased exposure to health risks and limited or no access to care from public and/or private health services.

Eurocentric social theory has defined the *idealtypus* of metropolitan sociability, its favored object of analysis, either by ignoring colonial sociability or by treating it as a form of pre-modern sociability belonging to the past and destined to make way for more evolved forms – precisely because they are modern/metropolitan – of sociability. And yet colonial and metropolitan sociability are the two sides of the process of global capitalist modernization. Colonial sociability is produced by the same dynamics structuring metropolitan sociability in the West. Moreover, although born with colonialism, the abyssal line does not end with the end of historical colonialism; on the contrary, it persists in the postcolonial era, transforming and making its way into European societies themselves. The abyssal type of exclusion causes a specific type of socio-political absence: the invisibility of those who are excluded through a process of inferiorization that places subaltern social groups outside the symbolic field of the social contract.

This line of interpretation of exclusion processes is not only useful for analyzing the different impacts of the COVID-19 pandemic between areas of the planet, such as the dramatic inequality of access to vaccination between Europe and Africa, or in national/continental contexts where colonial heritage strongly conditions the social structure (Gleckman 2021). The process of dislocation of the abyssal line in the core of the modern world-system (Pellegrino and Ricotta 2020) has created the conditions for abyssal forms of exclusion within European borders themselves and represents a key that can also explain the different degrees of vulnerability in the face of the virus SARS-

CoV-2. In this sense, it represents an interpretive framework for understanding the links between COVID-19 pandemic and severe forms of exclusion, that is, for focusing on those contexts of extreme marginality.

Among the most severe forms of abyssal exclusion is certainly exclusion from the right to health care. The issue of the link between access to care and the social phenomenon defined as "othering" is a specific area of investigation for the analysis of the dynamics of health care and socio-medical exclusion (Grove and Zwi 2006, Akbulut and Razum 2022). Regarding the Italian context, for example, recent studies confirm specific dynamics of exclusion and discrimination in health related to immigrant status (Quaglia *et al.* 2021). More generally, data on the spread of diseases and access to care at the global level testify to the persistence of the forms of social stratification and inequalities typical of the contemporary world society: as has been effectively observed (Dentico 2021) prior to the arrival of the new coronavirus, the unequal effects of the HIV/AIDS, Ebola, and Zika epidemics had already shown that the world's "therapeutic geographies" have been profoundly shaped by histories of race, colonial legacies, and postcolonial geopolitics.

As I have already analyzed elsewhere (Ricotta 2022), the unequal effects of the pandemic, can be inferred from data on infections and deaths caused by infection. The results highlighted – among other things – that in contexts such as Brazil and US, where European colonialism, slavery, apartheid, and the intersection of class, gender, and racial[1] inequalities structurally determine today's hierarchical relations between hegemonic and subordinate classes, the COVID-19 pandemic had unequal effects precisely considering these pre-existing forms of stratification (Bambra *et al.* 2020). Similarly, in Europe, immigrant status was leading to a more negative set of consequences in relation to the pandemic emergency, not only in health terms but socio-economically in a broader sense (OECD 2020). More generally, the available data showed the increased vulnerability of migrants and ethnic minorities globally (Jaljaa *et al*. 2022).

For the purposes of this paper, we will briefly focus on the U.S. and Brazilian cases. Regarding the U.S. context, data on economic and racial disparities in the U.S. population infected with and dying from COVID-19 have emerged since the beginning of the virus' spread (Abedi *et al.* 2020): The African American population was relatively more affected by the virus than the White (non-Hispanic) population in terms of both infection and mortality. In a focus devoted to the city of Chicago and again related to 2020, Kim and Bostwick (2020) highlighted the disproportionate effects of SARS-CoV-2 virus infections and deaths from COVID-19 in African American communities, consistent with pre-existing racial inequality. Structural factors such as poverty, segregation, and discrimination influenced the exposure of Black communities to higher risk in terms of infections and deaths.

Ray (2020) emphasized in this regard the relationship between health, space, and race. In particular, the racial composition of neighborhoods has been interpreted as the key element in understanding the unequal effects of the COVID-19 pandemic. A composition fostered by specific discriminatory practices for access to housing, including so-called

[1] Adopting the definition proposed by Desmond and Emirbayer (2009, p. 336), we mean by race "a symbolic category, based on phenotype or ancestry and constructed according to specific social and historical contexts, that is misrecognized as a natural category".

"redlining" promoted by the Home Owners' Loan Corporation in the 1930s New Deal era (Faber 2020). Blacks, compared to non-Hispanic Whites, are more likely to inhabit neighborhoods deprived in terms of opportunities for healthy food options, green space, recreational facilities, lighting, and safety. The areas of residence of Black communities have higher housing density. Blacks are also overrepresented among those who use public transportation and have relatively less access to medical care due to less proximity to efficient hospitals and pharmacies. In terms of working conditions, the Black community is also overrepresented in the jobs most susceptible to infection: public transportation drivers, food service workers, doormen, cashiers, and warehouse workers. In this sense, according to Ray, remote work at home has come to be seen as privileged based on race.

Bowleg (2020) also criticized the "we're all in this together" rhetoric considering thirty years of experience studying and researching the spread of HIV in the United States of America. A rhetoric that "obscure the structural inequities that befall Black and other marginalized groups, who bear the harshest and most disproportionate brunt of anything negative or calamitous: HIV/AIDS, hypertension, poverty, diabetes, climate change disasters, unemployment, mass incarceration, and, now, COVID-19" (Bowleg 2020, p. 917). Again, with reference to 2020, finally, among White Hispanic U.S. citizens, hospitalization rates caused by COVID-19 were proportionately five times higher than those for non-Hispanic Whites (Shaaban *et al.* 2020).

Also in the Brazilian context, the racial connotation of inequalities, originating in colonialism, is embodied in the socio-spatial segregation that characterizes (also) urban areas. According to the analysis produced by Nassif Pires *et al.* (2021), the prevalence of COVID-19 cases in Brazil is associated with racial, spatial and class dimensions. In the racial classification produced by the Instituto Brasileiro de Geografia e Estatística (IBGE) there are five groups identified: *Brancos*, *Pretos*, *Amarelos*, *Pardos*, and *Indígenas* (Whites, Blacks, Yellows/Asians, Browns/Mestizos, and Indigenous/Amerindians). Most vulnerable to SARS-CoV-2 were found in the analysis presented to be those in the intersection of disadvantaged racialized group (*Pretos*, *Pardos*, and *Indígenas*) and poverty status. Mortality is also affected by the country's wide inequalities in access to health care due to the duality between the private and public systems.

Turning to the situation in the city of Rio de Janeiro, it is interesting to delve into the *asfalto/favelas* dichotomy that characterizes this metropolis. The favelas developed informally and diffusely throughout the city throughout the 20th century, mainly through the initiative of poor, migrant workers, mostly ex-slaves, or descendants, with the need to reside close to the areas where they were and are employed serving the middle and upper classes. Nearly a quarter of the city's inhabitants today reside in these realities – which are, moreover, very diverse, both in terms of the number of dwellings and resident population, and the level of less or greater urbanization and access to services. Their spontaneous but tolerated genesis has resulted in serious deficits in terms of basic public services that still characterize all favelas. In addition, it has fostered the widespread representation of unhealthy places and refuge for criminals (Ricotta 2017). Developed for socio-economic reasons synchronously with the rest of the city (defined as asphalt), at the same time they became its "negative", the place of absence, contexts subjected to processes of stigmatization and criminalization, and in which the modes of

public regulation changed profoundly, often adopting patterns typical of colonial sociability.

The analysis produced by Bernardo *et al.* (2021) is based on data on total confirmed cases and deaths due to COVID-19 in reference to the top ten neighborhoods of Rio de Janeiro for a specific social development index (all placed in the asphalt) and the top ten most populous favelas in the city. Mortality rates were significantly higher in the poorest areas of Rio de Janeiro, reaching an average of 9.08 percent in the most populous favelas and an average of 4.87 percent in the ten richest neighborhoods. Underlying these disparities, the ricos identify poverty (and consequent malnutrition), unequal access to health facilities with intensive care units, and population density (ranging from 17,000 inhabitants per km^2 in the favela Complexo Acari, to 4148 in the Lagoa neighborhood).

The COVID-19 pandemic, considering the data briefly presented here, can be interpreted as having deepened the furrow of abyssal lines separating metropolitan and colonial sociability.

4. Spaces of social exclusion, territorial stigmatization, and pathways for emancipation

Colonial sociability can be interpreted as a fully modern type of sociability, a sociability produced by the process of modernization that emphasizes specific mechanisms for producing radical subalternity: the structuring of abyssal-type forms of social interaction, that is, forms of interaction that produce radical social exclusion through processes of de-humanization and invisibility are the other side of the process of generating a metropolitan sociability in which all those who are part of society are recognized, at least in principle, as citizens. In urban contexts, the abyssal line can be detected as a spatially structured boundary, a line separating specific territories from others, contexts in which colonial-type sociability has been structured from contexts characterized by metropolitan-type sociability.

Coloniality, in short, is one of the most powerful mechanisms through which modern socio-spatial segregation is structured. The COVID-19 pandemic has followed these abyssal lines in its negative consequences: the data on COVID-19 contagions and deaths that we summarized in the previous section showed how the groups suffering most from socio-spatial inequality and exclusion have paid the highest price precisely from greater exposure to contagion and/or less access to health care.

Wacquant delved into the emergence of an advanced urban marginality connected to the contemporary neo-liberal era. A socio-spatial exclusion that is also structured through forms of stigmatization. The analysis of territorial stigmatization and its theoretical definition are specifically related to Wacquant's work on Black American ghettos and French urban suburbs (Wacquant 1993, 2008). Although the topic has been dealt with before, his theoretical effort in combining Bourdieu's perspective (Bourdieu 1991) with Goffman's studies on stigma (Goffman 1963) seems particularly interesting to us for the purpose of investigating unequal socio-spatially connoted forms of access to health services and care (Ricotta 2023).

As reported in Delica and Hansen's (2016) literature review devoted to this concept, territorial stigmatization, and the social, symbolic, and political processes through which

it is produced have involved researchers from different disciplines, confirming that it is a versatile concept that has become central to the study of spatial exclusion and urban inequality.

The aspect of territorial stigmatization process that interests us here is the impact it has on various actors (collective and individual): "it affects how myriad agents feel, think, and act as it percolates down and diffuses across the social and spatial structures of the city", and specifically on:

> (1) the residents of defamed districts by corroding their sense of self, warping their social relations, and undercutting their capacity for collective action, as it sparks strategies of coping that tend to validate, amplify, and proliferate the discredit at its core, even as some strive to disregard or to resist spatial stigma; (2) the surrounding urban denizens and commercial operators, as evidenced, for instance, by patterns of avoidance among neighbors and 'address discrimination' by employers; (3) the level and quality of service delivery of street-level bureaucracies such as welfare, health care, and the police (who are wont to deploy intensive surveillance and aggressive tactics that would be unacceptable in other sectors of the city); (4) the output of specialists in symbolic production, including journalists, scholars, policy analysts, and politicians; and, last but not least, (5) the beliefs, views, and decisions of state officials and, through them, the gamut of public policies that, combining with market and other forces, determine and distribute marginality and its burdens. (Wacquant *et al.* 2014, p. 1275)

By bringing into dialogue this perspective related to the advanced marginality fostered by neo-liberal policies and their effects on territorial stigmatization processes, with the critique based on the concept of coloniality and the persistence of forms of colonial sociability, there is a theoretically oriented interpretation of why in the COVID-19 pandemic era certain territorial contexts and the people who inhabit them have suffered a dual exclusionary dynamic, combining colonial sociability that governs their relations with institutions (from the lack of services guaranteed in other neighborhoods, to the violent posture of institutions, such as the police force, see Ricotta 2017, 2019), a process of territorial stigmatization that decisively impacts residents' life chances (Weber 1978).

In the perspective of an emancipatory social science, in addition to the analysis of conditions of disadvantage that help to understand the production and inertia of forms of stratification and inequality about even the right to health, the analysis of practices of resistance emerging from the same contexts characterized by colonial sociability and stigmatization is equally indispensable. Following Santos, to rethink social emancipation, a post-abyssal thinking is needed that can question social rights also from the perspective of those who are not considered fully citizens, human rights also from the perspective of those who are considered sub-human or non-human. Indeed, those who live on the other side of the abyssal line resist humiliation, discrimination, and extreme social exclusion and are in search of solutions because they want to survive in the present.

Post-abyssal thinking is based on a cosmopolitan reason that aims to expand the present and contract the future through what are called three sociological procedures: the sociology of absences, the sociology of emergencies, and translation work. We delve into the first two sociological procedures in this paper: the sociology of absences and the sociology of emergencies.

The sociology of absences allows for the expansion of the present by turning its interest to what it produces as non-present and therefore invisible, nonexistent. Non-existence is generated whenever a given entity is devalued and made invisible, unintelligible, or irreversibly negligible. Sociology's task is then to subject the hierarchies produced by Eurocentric thought to critique and thus transform absences into presences; the dilation of the present is, in fact, possible when it enlarges what can be considered contemporary.

The sociology of emergencies, for its part, aims to contract the future by subjecting its linear conception, the idea of limitless progress and an infinite future that does not need to be thought about, to criticism. In anticipating a better world, Eurocentric theories contract the present and disproportionately expand the future. Instead, it is necessary to contract this future to think about it, this is to eliminate or at least attenuate the distance that exists between the social system's conception of the future and that of individuals, for whom the future is limited to their own lifespan, or at most that of their children. This future depends on care and caregiving. The goal is therefore to replace the void of the future inherent in the linear conception of time, in a future of plural and concrete possibilities, which are being built in the present through the activities of struggle and care.

Reflecting Bloch's (1986) thought, Santos invites sociology to focus on the alternatives contained in the horizon of concrete possibilities: the emergence of new anti-hegemonic experiences is based on a symbolic expansion of knowledge, practices, and agents. The expectations legitimized through the sociology of emergencies are contextual and local and can open new paths of concrete and radical social emancipation. From this point of view, the task of a sociological analysis of inequalities in access to care in times of pandemic becomes that of combining the critical reading of the data of contagions with the emergence of social practices of struggle and resistance under conditions of severe exclusion. To this end, there are numerous experiences that can be selected as cases of emergencies of resistance to social and health exclusion and the production of knowledge on how to pursue concrete paths of social emancipation. Just as an example, we can refer here to the experiences of activation from below in the favelas of Rio de Janeiro during the pandemic of COVID-19 which, in the absence of effective public policies for contagion prevention and treatment, united by the motto "we for us" organized collective services and means of consumption necessary for their well-being.

Researchers who have investigated these movements (Fleury *et al.* 2021, Fleury 2023), have pointed out how, in a phase of dismantling the state apparatus responsible for public policies, activation from below in the favelas of Rio de Janeiro has been an essential practice of access to health. Despite the existence of the world's largest national health system (SUS-Sistema Único de Saúde), the creation of which in 1989 was considered the most democratic and inclusive policy built since democratization in Brazil, the populations of the favelas and the most marginal urban peripheries were not effectively included within a protection system capable of addressing the health, economic, and social crisis caused by the pandemic.

Community organizations responded to this situation by mobilizing internal and external resources. Many actions were based on mobilization and social organization in collective measures to compensate for the government's inaction. Other initiatives developed within the framework of insurgent citizenship, demanding the protection of

rights, and demanding the government's effort to meet the needs of the people. Activists from social movements and urban collectives in Brazil's favelas and suburbs have worked together with residents to provide the collective services and means of consumption necessary for the well-being of the people in these territories, in the absence of public policies dedicated to them. The process of articulation and mobilization in the pandemic context can also be interpreted as producing changes in the meanings historically attributed to the inhabitants of these localities. A process of de-stigmatization capable of showing a multifaceted set of experiences that claim and express the different potentials of life existing in these territories (Fleury *et al.* 2021, Fleury 2023).

Activities for socio-territorial emancipation that also pass through pathways of de-stigmatization I was able to observe directly during a research conducted in Complexo da Maré (Rio de Janeiro), which investigated urban security policies in times of mega-events (Ricotta 2019). In that case, too, the activity of NGOs in Maré in defending the safety of residents and their *empoderamento* had as a key strategic objective the questioning of the symbolic production that devalues and stigmatizes the inhabitants of favelas. As NGO activists and Complexo residents have repeatedly pointed out, it is a devaluing social construction of the favela resident that sets the conditions for a disrespectful posture on the part of institutions, which erodes the image of the inhabitant of favelas as a citizen, and this is why counterhegemonic initiatives become essential to lay the groundwork for a critique of the assumptions of a colonial sociability that produces abyssal social exclusions.

5. Conclusions and final remarks

If the virus is "democratic", echoing what Beck wrote in *Risk Society* about smog, the chances of countering its most harmful effects and preventing contagion are deeply unequally distributed. To this end, we proposed in this paper an interpretation of the unequal effects of the pandemic in the light of critical sociology with reference to Santos' concept of colonial sociability on the one hand and Wacquant's concept of territorial stigmatization on the other. Human groups that are definable as characterized by colonial sociability were found to be the most exposed to the negative consequences of the virus. At the same time, territorial stigmatization processes make the forms of activating those mechanisms typical of metropolitan sociability to foster social emancipation more complex.

Certainly, there are boomerang effects in contemporary global risks that transcend national, regional, and class borders – effects that are also observed with respect to the COVID-19 pandemic. However, these same effects operate differently on this side and on the other side of the abyssal line: between metropolitan and colonial types of sociability, differences persist and are reproduced that affect not only the likelihood of experiencing the negative consequences of the pandemic, but more importantly the likelihood of being considered part of the global risk society, of being considered as targets of treatment and prevention policies.

The processes of de-humanization result precisely in invisibility and exclusion from the social contract. From these considerations, echoing Santos' theses, it is useful to rethink social research as a sociology of absences and a sociology of emergencies to make the

invisible socially and politically visible and to intercept the voice and meaning of emerging forms of social struggle and resistance even in the face of the unequal effects of the pandemic. These same modes of resistance and meaning-making about the prevention and management of health risks under emergency conditions can be seen – at the same time – as pathways for destigmatization, involving new narratives about urban spaces characterized by advanced marginality.

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