

Reflecting on the pandemic period*Reflexionando sobre el período de la pandemia**Refletindo sobre o período pandêmico***Abstract**

The aim was to reflect on the nursing work process, care on the front line of COVID-19, in which epidemiology, actions taken to control the disease, and professional dissatisfaction are discussed. This study starts from a reflection and seeks support through publications and official institutional documents about the events, doubts, sadness, feelings of guilt, depreciation of the disease, feelings of abandonment and neglect suffered by nurses, the protagonists of this research. The social impacts of COVID-19 in Brazil, and around the world, were disastrous. Outbreaks occurred in several countries, each with its intensity in different spaces, contexts, and languages. People over 60 years of age were also considered a risk group. But unfortunately, it's not over yet. The virus continues to circulate and there are people hospitalized. Yesterday, during the pandemic, nursing was glorified, exalted, applause and congratulations. Today, post-pandemic, a great sacrifice to survive and support the family. Salary floor dragging. And nursing professionals, still hoping to receive a decent salary, are forced to agree.

Descriptors: Nursing; Pandemic; Coronavirus Infections; COVID-19; Vaccines.

Resumen

El objetivo fue reflexionar sobre el proceso de trabajo de enfermería, atención en la primera línea de la COVID-19, en el que se discute la epidemiología, las acciones tomadas para el control de la enfermedad y la insatisfacción profesional. Este estudio parte de una reflexión y busca sustentarse a través de publicaciones y documentos institucionales oficiales sobre los acontecimientos, dudas, tristezas, sentimientos de culpa, minimización de la enfermedad, sentimientos de abandono y negligencia que sufre la enfermería, protagonista de esta investigación. Los impactos sociales de la COVID-19 en Brasil y en todo el mundo fueron desastrosos. Los brotes se produjeron en varios países, cada uno con su intensidad en diferentes espacios, contextos y lenguajes. También se consideró grupo de riesgo a las personas mayores de 60 años. Pero lamentablemente esto aún no ha terminado. El virus sigue circulando y hay personas hospitalizadas. Ayer, durante la pandemia, la enfermería fue glorificada, exaltada, aplausos y felicitaciones. Hoy, pospandemia, un gran sacrificio para sobrevivir y sostener a la familia. El piso salarial se arrastra. Y los profesionales de enfermería, que todavía esperan recibir un salario decente, se ven obligados a aceptar.

Descriptores: Enfermería; Pandemias; Infecciones por coronavirus; COVID-19; Vacunas.

Resumo

Objetivou-se refletir sobre o processo de trabalho da enfermagem, o cuidado na linha de frente da COVID-19, em que se discute a epidemiologia, ações executadas no controle da doença e a insatisfação dos profissionais. Esse estudo parte de uma reflexão e busca embasamento através de publicações e documentos oficiais institucionais sobre os acontecimentos, dúvidas, tristeza, sentimento de culpa, minimização da doença, sentimento de abandono e descaso sofridos pela enfermagem, os protagonistas dessa pesquisa. Os impactos sociais da COVID-19 no Brasil, e no mundo, foram desastrosos. Surto aconteceram em vários países, cada um com sua intensidade em diferentes espaços, contextos e linguagens. Foram também constituídos como grupo de risco, pessoas com mais de 60 anos. Mas, infelizmente, ainda não acabou. O vírus continua a circular e existem pessoas internadas. Ontem, durante a pandemia, a enfermagem foi glorificada, exaltada, palmas e cumprimentos. Hoje, pós-pandemia, um grande sacrifício para sobreviver e sustentar a família. Piso salarial se arrastando. E a enfermagem ainda com esperança de receber um salário digno, se vê obrigada a concordar.

Descritores: Enfermagem; Pandemias; Infecções por Coronavírus; COVID-19; Vacinas.

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Introduction

When we consider the power of infection by Coronavirus 19, it becomes very clear how quickly the COVID-19 disease moves, and we can see the need for nursing work, which makes it essential for patient care.

The dedication, commitment, efforts, and competence of nursing professionals in intensive care for people infected with SARS-CoV-2 are emphasized. It is essential that the population and the State understand that there is no health service without nursing, and many lost their lives to provide this care.

Therefore, we believe that health units and their managers have the obligation and seriousness to prepare in anticipation of greater protection, both for the teams that have worked or will still work on the front line, whether for COVID-19 or any other Epidemic. As for patients, it is customary to follow the precautionary principle, in which we should not wait to be sure of the facts, but rather, seek immediate solutions to protect the health of the community, healthcare professionals, patients, and employees.

In this sense, the nursing team needs protection and support, as they enter the patient's room every day to begin an exquisite treatment, even when encountering obstacles, whether due to material or the work process itself, which is distressing for the exercise. of practice.

The objective was to reflect on the nursing work process, care on the front line of COVID-19, in which epidemiology is discussed, actions taken to control the disease, and the dissatisfaction of professionals.

Methodology

This study starts from a reflection and seeks support through publications and official institutional documents about the events, doubts, sadness, feelings of guilt, minimization of the disease, feelings of abandonment and neglect suffered by nursing, the protagonists of this research. The following keywords were used to gather documents and research: "Pandemic Period", "Nursing Care", "COVID-19 Cases" and "COVID-19 Vaccines". The search was carried out between September and October 2022.

Results and Discussion

In Brazil, to date, October 20, 2022, there are 34,746,462 confirmed cases and 687,144 deaths, and in the world, according to the World Health Organization (WHO), the real number of deaths from COVID-19 may have reached 15 million¹.

According to the director of the Pan American Health Organization (PAHO), Carissa F. Etienne, "across the Americas, nursing professionals bravely faced the weight of the pandemic, and many struggled with burnout and mental health conditions, with some leaving the area and others leaving the workforce"².

One of the biggest problems in nursing today, added to the daily challenges, is the devaluation of professionals, outdated salaries, and unsatisfactory continuing education. Emotional fatigue and dissatisfaction

remain, without forgetting the sizing that continues to be precarious.

Reporting to researchers³, in a study that highlights the importance of reflecting on the mental health condition of nursing team professionals and developing strategies capable of identifying their feelings, however small they may seem, valuing their efforts, to alleviate the impact of these sensations unpleasant and that interfere with the care process.

Epidemiology at the time

Coronavirus is one of the main pathogens that mainly targets the human respiratory system. In previous outbreaks, coronaviruses (CoVs) caused severe acute respiratory syndrome (SARS)-CoV and Middle East respiratory syndrome (MERS)-CoV, which are characterized as agents of zoonotic origin, pose a major threat to public health⁴.

The virus that causes COVID-19 is transmitted primarily through droplets generated when an infected person coughs, sneezes or talks, and these droplets are too heavy to stay in the air, falling quickly to floors or surfaces. It is possible to become infected by inhaling the virus if it is less than 1 meter from an infected person, or by touching a contaminated surface by touching your hands to your eyes, nose or mouth without first cleaning them⁵.

According to the United Kingdom Government, on December 31, 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in the city of Wuhan, Hubei province, China, and on 31 January 2020, this epidemic spread to 19 countries becoming a pandemic⁶.

Nevertheless, on January 12, 2020, it was announced that a new coronavirus had been identified in samples obtained from cases, and that initial analysis of the virus's genetic sequences suggested that this was the cause of the outbreak. This virus is known as SARS-CoV-2 and the associated disease is COVID-19⁶.

As of April 24, 2020, more than 2.66 million cases have been diagnosed globally, with more than 190,000 deaths. In April, more precisely on the 24th, more than 1.1 million cases were reported (European Center for Disease Prevention and Control), with the situation being updated daily around the world⁶.

According to published media, Italy was the most affected country in the world in the COVID-19 pandemic, known as the epicenter of the pandemic. For every million Italians, there were 521 confirmed cases of coronavirus and, according to the health system in Italy, on April 26, 2020, there were 106,103 positive cases, 26,644 deaths, and 64,928 recovered cases⁷.

It is worth remembering that the United States Centers for Disease Control and Prevention (CDC) states that it does not know the exact number of cases, hospitalizations, and deaths from COVID-19 for several reasons. COVID-19 can cause mild symptoms, symptoms may not appear immediately, there are delays in reporting and testing, not everyone who becomes infected is tested or seeks medical attention, and there may be differences in the way states



and territories confirm numbers in their jurisdictions. Currently, the country has a total of cases of around 928,619 and deaths of around 52,459 at the time of this research⁸.

Based on this idea, and based on data from Wuhan, China, around 80% of deaths occur in people aged 60 or over, while less than one in a thousand occurs in children and adults under twenty. Therefore, an extremely severe age distribution and, the elderly, there are three main theories, according to the Rio de Janeiro City Hall:

"The first is that one of the receptors involved in this virus is also associated with cardiovascular diseases and may be exacerbating these diseases; a second theory is that older adults are simply more fragile and precisely the population most affected; A third theory is that it could be some kind of immunological preparation, where people of a certain age may have been exposed to a version of the coronavirus earlier in their lives that somehow provoked a more severe reaction to the current virus"⁹.

Actions taken to control the pandemic in Brazil

The Oswaldo Cruz Foundation considers that there is no point in asking for urgency in the development of vaccines if the conditions for this have not been created in time. Furthermore, distrust regarding the safety of vaccines, encouraged by government officials, generates limitations that must be faced in controlling and mitigating the damage caused by the epidemic¹⁰.

The Ministry of Health has supported institutions and daily monitored research that aims to identify an effective treatment for COVID-19. Among them, in particular a consortium of studies that will use convalescent blood plasma from patients who have recovered from the disease. The procedure consists of transfusing plasma (the liquid part of the blood) from a cured patient to an infected person. In this therapy, antibodies present in plasma are expected to provide immunity to people with the disease¹⁰.

It is also emphasized that these studies seek to reduce the symptoms of infection and the viral load in the body, resulting in less use of beds in Intensive Care Units. There is still no proven treatment that can cure patients with COVID-19. The care currently offered is support and treatment of signs and symptoms, such as fever, cough, and body aches. There is no specific medication for the virus. Treatment is based on each patient's symptoms¹⁰.

It is necessary to highlight that, on February 3, 2020, the Ministry of Health declared a Public Health Emergency of National Importance (ESPIN) due to human infection by the new Coronavirus (COVID-19), through MS Ordinance No. 188, and according to Decree No. 7,616, of November 17, 2011. MS Ordinance No. 188 also established the Public Health Emergency Operations Center (COE-COVID-19) as a national mechanism for coordinated management of the response to emergencies at the national level, with the management of COE-COVID-19 being the responsibility of the Health Surveillance Secretariat^{11,12}.

Measures that were adopted by the Ministry of Health in attention to surveillance

- Monitor events and rumors in the press, social networks, and health services.

- Review surveillance definitions systematically considering new evidence or WHO recommendations.
- Strengthen health services for the detection, notification, investigation, and monitoring of probable suspected cases of human infection with the new coronavirus (COVID-19).
- Coordinate with the network of public and private health care services to improve and detect possible suspected cases in health services.
- Issue alerts to the State Health Departments about the global epidemiological situation, with guidelines for response preparation, with prevention and control measures for human infection by the new coronavirus (COVID-19).
- Monitor the behavior of cases of flu syndrome (FS) and severe acute respiratory syndrome (SARS), in the network's information systems, to enable risk assessment and support decision-making.
- Develop and disseminate health education materials for healthcare workers¹².

Regarding the assistance provided

- Promote the organization of the care network to respond to FS and SARS cases.
- Mobilize/encourage those responsible for health services, who are part of the care network, to develop and/or adopt protocols, standards, and routines for reception, care, prevention, and control measures, among others.
- Standardize the regulation and clinical management of suspected cases of human infection with the new coronavirus (COVID-19).
- Support and guide on prevention and control measures for the new coronavirus (COVID-19).
- Stimulate the organization of the clinical management network and develop training for workers on the flow of patients suspected of human infection with the new coronavirus (COVID-19).
- Guide the monitoring of SG and SARS cases in health services.
- Mobilize reference hospital services to prepare/update contingency plans.
- Ensure reception, early recognition, and control of suspected cases of human infection with the new coronavirus (COVID-19).
- Strengthen with states and municipalities the importance of implementing precautions for droplets/aerosols in special situations when dealing with suspected cases of human infection with the new coronavirus (COVID-19).
- Conduct a survey in the federated units (UF) to identify the capacity for specialized care for suspected cases of human infection with the new coronavirus (COVID-19).
- Carry out a survey of medical and hospital supplies and equipment to care for patients suspected of



human infection with the new coronavirus COVID-19.

- Encourage public and private health services in the federated units to evaluate the available stock of personal protective equipment (PPE), as recommended by the National Health Surveillance Agency (ANVISA)¹².

Health surveillance - health measures adopted at points of entry (Ports, Airports, and Border crossings)

- Prepare informative material to guide travelers on the prevention and control of human infection with the new coronavirus (COVID-19).
- Guide teams at Ports, Airports, Borders, and Customs on updating contingency plans agreed locally on guidelines for preventing and controlling human infection with the new coronavirus (COVID-19).
- Publicize procedures to be adopted in the event of detection of suspected cases on board means of transport or at points of entry by ANVISA protocol.
- Issue an audible alert at airports advising travelers on prevention and control measures for human infection with the new coronavirus (COVID-19).
- Mobilize and guide the port and airport community and border areas to prepare and adopt measures to combat human infection by the new coronavirus (COVID-19), among other actions¹².

Measures and guidelines adopted to combat COVID-19 in prisons in Brazil

- Suspension of collective activities, services, professional courses, classes, and others. These actions contribute to further isolating prisoners, constituting an environment conducive to the development of various psychological problems, namely, stress, irritability, lowered mood, anguish, anxiety, and aggressiveness, to name a few.
- Broad dialogue with the entire prison community and prison staff about what COVID-19 is, how it is transmitted, what the symptoms are, what the risks are, and what care is necessary and possible.
- Deconstruct Fake News – have a reliable information channel with the entire prison community.
- Guide prison staff on the necessary precautions for handling prisoners and situations that require Personal Protective Equipment (PPE).
- Discuss the importance of inmates staying outside their cells for as long as possible (sunbathing), evaluating the possibility of moonbathing.
- Suspension of visits for at least 30 days, with the possibility of extending the period depending on the evolution of the pandemic in the country.
- Moving prisoners from overcrowded cells.

- Suspension of visits for at least 30 days, with the possibility of extending the period depending on the evolution of the pandemic in the country.
- Provision of PPE to all prison staff by prison management with training for everyone on correct use and indications for use.
- Prison management must maintain personal hygiene materials (mainly soap and water) for each person in prison.
- Prison management must provide sufficient hygiene material to clean cells and public spaces.
- Prison officers must measure the temperature using an infrared thermometer at each shift change. Pay attention to respiratory symptoms and/or increased body temperature, among other actions¹³.

Initiatives at the University of São Paulo during the pandemic

- Researchers from USP's Polytechnic School (Poli) are developing a project for a mechanical lung ventilator that can be produced by authorized manufacturers, quickly and at a lower cost, to respond to emergencies in patients affected by COVID-19. The expectation is to start producing in three weeks and have a few thousand produced in five weeks for hospital units¹⁴.

Government actions taken to mitigate the effects of the pandemic Federal District Government

- The “Everyone Against COVID-19” program donated 100 kits with alcohol gel and masks, for motorcycle couriers who are delivering food via apps, during the pandemic period. They also received lunch prepared by award-winning chef Mara Alckamin, who paid tribute to the professionals and drew the attention of other restaurants in the city to provide food to the delivery drivers.
- The health of the Federal District received a major boost in the fight against COVID-19. The Banco de Brasília (BRB) purchased 150 vital signs monitors, and 150 pumps, in addition to 18 thousand infusion equipment – types of hoses connected to the pumps and inserted into patients – and donated them to the GDF. All equipment is essential in ICUs and costs R\$6.3 million.
- In four days, the Department of Health carried out 14,617 rapid tests for coronavirus, detecting 128 new cases of the disease. Testing is carried out via drive-thru, in different parts of the DF. Starting next week, there will be ten locations for testing¹⁵.

Donations

- The PAHO donates oxygen cylinders, oximeters, thermometers and COVID-19 diagnostic tests to the state of Amazonas and the municipality of Manaus¹⁶.



Guidelines for sanitary measures adopted for crew members of aircraft and vessels in Brazil

- Before the flight, make sure that liquid soap and running water are available in the bathrooms and that alcohol gel is available at the aircraft entrance and near the bathrooms.
- Whenever possible, allocate passengers far from each other within aircraft, considering the current reduction in the number of travelers on flights.
- Wash your hands before and after in-flight service.
- Keep a dispenser with alcohol gel in the galley, to intensify the frequency of hand hygiene during on-board service.
- During the flight, the use of surgical masks is recommended for crew members who have direct and close contact with passengers.
- When disembarking, crew members must follow the general and local recommendations and guidelines transmitted to travelers within the airport environment and the city in which they are disembarking.
- Avoid wearing too many adornments, especially rings and bracelets, to facilitate correct hand hygiene when necessary.
- If the crew member has symptoms during the flight, they must distance themselves from other people as much as possible, wear a mask and no longer participate in passenger service activities¹⁷.

Measures adopted by the City of Rio de Janeiro to avoid the pandemic in the city

- The Municipal and Urban Cleaning Company (COMLURB) began cleaning on the morning of April 27th in 300 communities in the South, North, and West Zones. They received a general wash with reused water and neutral detergent.
- The mayor of Rio de Janeiro, Marcelo Crivella, announced on April 27 that he expected authorization for the release of two Latam flights contracted in an effort by City Hall to speed up the search for 160 tons of equipment in China at any moment. In the cargo, there will be 300 respirators, 400 monitors, and 70 anesthesia carts, essential for the treatment of patients infected with the new coronavirus.
- Distribution of masks to shelters and employees of shelters and hotels of the Municipal Secretariat for Social Assistance and Human Rights (SMASDH)¹⁸.

In this sense, the State and City Hall did their part, taking measures to try to reduce the spread of the virus, which contributes to the protection of public health. It is hoped that the population will also continue to raise awareness and do their part so that they can reflect on and change behaviors that are harmful to their health. Given that there are still cases of deaths from coronavirus and many of them are not reported.

Assistance provided to patients in health units

There must be recognition of the daily efforts of those who work caring for coronavirus patients, that is, on the front line, especially because there needs to be stability between personal life and professional practice, as they are taking risks and suffering burnout and exhaustion in fighting the coronavirus.

Therefore, it has become important to flatten the epidemiological curve or minimize the rate of transmission so that, even if many people are still infected, infections spread over many months.

Health professionals, nurses, technicians, assistants and doctors. Precautions adopted to assist patients infected with coronavirus

- Wash hands before and after contact with the patient, put on and remove PPE.
- The institution must be careful to ensure that professionals do not lack hygiene materials.
- All professionals must be trained to put on PPE and properly dispose of contaminated equipment.
- Training professionals for immediate detection of suspected cases and must be qualified to screen these cases, isolating confirmed patients.
- Patients under suspicion must wait for care in an isolated, ventilated environment, with access to hand washing and supplies for hygiene and disposal of secretions.
- Adherence of all healthcare professionals to infection control measures.
- Preparation of emergency protocols in order to standardize measures.
- Follow the institutions' standard recommendations for disinfecting equipment for hospital use or use disposable equipment.
- Patient management in suspected cases must be planned, avoiding unnecessary traffic within the healthcare environment.
- Prohibited visits¹⁹.

Deaths from COVID-19 in the State of Rio de Janeiro and Brazil

Pedro Hallal, an epidemiologist and researcher at the Federal University of Pelotas, stated that more than 500,000 deaths from COVID-19 could have been avoided in Brazil, and four out of every five deaths from the disease in the country were avoidable if the federal government had adopted another stance — supporting the use of masks, social distancing measures, guidance campaigns and at the same time accelerating the acquisition of vaccines. In other words, according to his estimates, at least 400,000 people would not have died from the pandemic²⁰.

On the other hand, the data presented by Hallal converge with surveys by Alert Group, formed by civil society entities — such as the Brazilian Institute for Consumer Protection (Idec), Oxfam Brasil, the Brazilian Society for the Progress of Science (SBPC) and Amnesty International Brazil. Without considering the impact of vaccination, this group



points out, in another study, that the pandemic caused, in one year, 305 thousand more deaths than expected in Brazil. And that at least 120,000 lives could have been saved with non-pharmacological measures, testing, and tracking²⁰.

Creation of vaccines at the time

The doses of the vaccine against COVID-19 (recombinant) produced on Brazilian soil by Fiocruz, with the production of the national IFA, the input necessary to produce a 100% national vaccine began in July 2021. After the production of the first batches of IFA and internal control stages of Bio-Manguinhos, the input continued, still in October 2021, to external quality control stages, including international ones, for comparability tests between foreign and national IFAs, ensuring that the input produced at Fiocruz had the same standards as the original product²¹.

Fiocruz submitted to ANVISA, in November 2021, the request for post-registration changes of the vaccine against COVID-19 (recombinant), requesting the inclusion of Bio-Manguinhos as a production unit of the Active Pharmaceutical Ingredient (IFA) of the immunizer. In January this year, Fiocruz obtained authorization from the Agency to produce the 100% national vaccine and continued the final processing and internal quality control stages of the finished vaccine²¹.

In this context, in 2021 Brazil received 1,022,400 doses of vaccines against COVID-19 through the COVAX Mechanism, a global effort by the Coalition to Promote Innovations for Epidemic Preparedness (CEPI), the World Alliance for Vaccines and Immunization (Gavi), the United Nations Children's Fund (UNICEF), WHO and PAHO. The delivery is part of the first phase of the distribution of doses to Brazil²².

Continuing with the PAHO Revolving Fund, responsible for the acquisition via the COVAX Mechanism of vaccines against COVID-19 for countries in the Americas, it sent 1,022,400 doses of the AstraZeneca/Oxford vaccine to Brazil – manufactured by SK Bioscience, from Korea. South. The product disembarked at Guarulhos International Airport, in the state of São Paulo, where the Coordination of Storage and Logistics Distribution of Strategic Inputs for Health (COADI) of the Brazilian Ministry of Health is located. Then, the vaccines will be distributed according to the National Vaccination Plan^{22,23}.

Then, the North American pharmaceutical Pfizer announced, in 2021, an agreement with the Brazilian Eurofarma for the local production of the company's mRNA vaccine against COVID-19, ComiRNAty, which was distributed exclusively in Latin America. In a statement, Pfizer stated that a letter of intent was signed with the Brazilian company, which was responsible for "manufacturing activities within Pfizer and BioNTech's global COVID-19 vaccine supply chain and manufacturing network"²³.

In this sense, about Pfizer, ANVISA approved the vaccine against COVID-19 for use in children aged 6 months to 4 years (4 years, 11 months, and 29 days) on September 16, 2022. Clinical, Phase 2/3 with the Pfizer/BioNTech vaccine against COVID-19 in children aged 5 to 11 years (i.e.

5 to less than 12 years of age), carried out in 2,268 children in the United States, Finland, Poland, and Spain, and presented robust responses in antibody production, in addition to a favorable safety profile²⁴.

Vaccines that were most used in Brazil

- **Coronavac**

Emergency use approved on January 17, 2021.

Emergency use for children on July 13, 2022. Children ages 3 to 5²⁵.

- **Oxford, Astra Zeneca**

Priority was recommended for healthcare professionals who were at high risk of exposure and elderly people, including people aged 65 and over²³.

- **BioNTech, Pfizer**

The priority was to start by vaccinating healthcare professionals at high risk of exposure and then older people, before vaccinating the rest of the population¹.

Final Considerations

The social impacts of COVID-19 in Brazil, and around the world, were disastrous. Outbreaks occurred in several countries, each with its intensity in different spaces, contexts, and languages. People over 60 years of age were also considered a risk group. But unfortunately, it's not over yet. The virus continues to circulate and there are people hospitalized.

Lots of scientific discourses, and lots of fake news, and we cannot forget unreported infections and changes in the means of socialization. There were days, weeks, months, and almost two years with many deaths and minimization of the disease, impact on the economy, and the search for a reinvention of one's own life, habits, and customs.

But what about nursing? What about those who died while carrying out their professional duties, who dedicated themselves 100%, who spent days without seeing their family due to exhausting and repetitive shifts, and their fear of infecting their loved ones? Nursing does much more than save lives and continues to be neglected by public and private managers. Excessive work, poor pay, little contingent.

Yesterday, during the pandemic, nursing was glorified, exalted, applause and congratulations. Today, post-pandemic, a great sacrifice to survive and support the family. Salary floor dragging. And nursing, still hoping to receive a decent salary, finds itself forced to agree.

After all, we would not like to end this conclusion with the jargon "this subject is not exhausted by itself", but we are hopeful that everything can improve, that large hospital managers work with scale, and that they can be prepared for new outbreaks, epidemics, or pandemics. May they work and receive decent wages, because what we have been suffering for many years without recognition is enough. And that this salary floor is really defined, voted on and that we can live with dignity.



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