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“We Are in Quarantine but Caring Does Not Stop”: Mutual Aid as Radical Care in Brazil

FEMINIST SCHOLARS HAVE LONG ARGUED THAT A “CRISIS OF CARE” is characteristic of capitalist societies — capitalism has a tendency to jeopardize and destroy the very process and conditions of social reproduction upon which it depends.¹ A consequence of capitalism’s systemic orientation toward unlimited accumulation, the crisis of care has expressed itself in different forms throughout history. In the current regime of globalizing financialized capitalism, care work has been externalized onto families and communities along with a drastic downsizing of public provisions. For those who can afford it, all kinds of care activities are available as commodities to be purchased in the market. Those unable to pay for care need to find time and energy to do it for themselves and their dependents.

The COVID-19 pandemic has thrown the deadly consequences of the accumulated capitalist erosion of care into sharp relief. Working mothers, unable to juggle work, children, and household chores, have left their jobs to respond to the increased need for care work at home.² Underfunded healthcare systems have collapsed in the face of an unprecedented

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1. Nancy Fraser, “Contradictions of Capital and Care,” *New Left Review* 100 (2016): 99–117.
 2. EJ Dickson, “Coronavirus Is Killing the Working Mother,” *Rolling Stone*, July 3, 2020, <https://www.rollingstone.com/culture/culture-features/working-motherhood-covid-19-coronavirus-1023609>.

demand.³ Frontline and low-wage essential care workers, particularly those in the gig economy, endure overexploitation and burnout even in the cases where they are able to keep their jobs.⁴ These are just a few examples of how the current public health crisis further exposes the contradictions of care and capital. While fundamental, these examples nonetheless speak to dimensions of care that are often neglected, but not altogether ignored by mainstream discourse and policy.

There are, however, populations whose care work and needs remain unacknowledged, both in “normal” and exceptional times. As states across the world adopt lockdown and social distancing measures to contain the spread of the coronavirus, entire sectors of the informal economy are left with no work and no social protection. Street sex workers are one of them. Worldwide, sex workers face barriers to access financial relief for immediate needs, to benefit from recovery plans, or to enjoy temporary forms of labor protection devised to respond to the socioeconomic consequences of the pandemic.⁵ Particularly those living in the so-called red light areas not only are incapable of following social distancing and other public health orders, but they are also targeted with greater stigmatization and other forms of discrimination.⁶ Stigmatization of sex work through its association with the spread of infectious disease is not a new phenomenon, but it finds renewed severity in studies that purportedly seek to investigate the potential impact of closing red light areas in response to COVID-19.⁷

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3. Vicente Navarro, “The Consequences of Neoliberalism in the Current Pandemic,” *International Journal of Health Services* 50, no. 3 (2020): 271–75.
 4. Alexandra Mateescu, “Carework under Crisis: COVID-19 is Exacerbating the ‘Care Crisis’ in Society,” *Data & Society*, April 15, 2020, <https://points.datasciety.net/carework-under-crisis-6b8521fda056>.
 5. Priyanka Tripathi and Chhandita Das, “Social Distancing and Sex Workers in India,” *Economic and Political Weekly* 55, no. 31 (2020): 21–24; International Committee on the Rights of Sex Workers in Europe, “Policy Demands: The Impact of Covid-19 on Sex Workers in Europe and Central Asia and Recommendations for Policy Makers,” 2020, https://www.sexworkeurope.org/sites/default/files/userfiles/files/Policy_brief_ICRSE_COVID19.pdf (accessed on September 20, 2020).
 6. Tripathi and Das, “Social Distancing and Sex Workers in India,” 21–24.
 7. Abhishek Pandey, Sudhakar V. Nuti, Pratha Sah, Chad Wells, Alison P. Galvani, and Jeffrey P. Townsend, “The Effect of Extended Closure of Red-Light Areas on COVID-19 Transmission in India,” *Physics and Society* (2020), <https://arxiv.org/abs/2006.10488>.

Marginalized, stigmatized, and often denied their full citizenship status, street sex workers develop their own informal networks of care and self-care, which prove essential for their survival. Trapped between feminist and right-wing conservative denial that the services they provide are indeed care work, sex workers have historically struggled. They struggle to work, to be recognized as workers, and to create safe work and life environments around and for themselves. Because of the care work they do in “normal” times, sex workers have also proved crucial in responding to health crises, as the history of the HIV/AIDS epidemic tells us. Beginning in the late 1980s, female sex workers around the world implemented a comprehensive public health agenda to contain the spread of the disease, even while facing stigma and criminalization. They also knew that much of that agenda brought along biopolitical strategies of surveillance and control.⁸ And yet, female sex workers ran healthcare clinics and savings cooperatives and promoted HIV/AIDS health education, STI management, and harm reduction strategies, reaching beyond their own communities and indeed responding to the health emergency more effectively and humanely than the state.⁹

Care has thus long been central to sex workers, particularly street sex workers, both in their individual and collective actions. This is no different in the current pandemic. Across the world, sex workers are organizing to respond to their immediate needs and to make themselves and their communities visible in the midst of yet another global health crisis. They have instituted emergency funds, created informational hotlines, collected donations, and strategized about new forms of work and

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8. Deanna Kerrigan, Luis Moreno, Santo Rosario, Bayardo Gomez, Hector Jerez, Clare Barrington, Ellen Weis, and Michael Sweat, “Environmental-Structural Interventions to Reduce HIV/STI Risk among Female Sex Workers in the Dominican Republic,” *American Journal of Public Health* 96, no. 1 (2006): 120–25; Deanna Kerrigan, Paulo Telles, Helena Torres, Cheryl Overs, and Christopher Castle, “Community Development and HIV/STI-Related Vulnerability among Female Sex Workers in Rio de Janeiro, Brazil,” *Health Education Research* 23, no. 1 (2008): 137–45; Ishika Basu, Smarajit Jana, Mary Jane Rotheram-Borus, Dallas Swendeman, Sung-Jae Lee, Peter Newman, and Robert Weiss, “HIV Prevention among Sex Workers in India,” *Journal of Acquired Immune Deficiency Syndromes* 36, no. 3 (2004): 845–52.
 9. Smarajit Jana, Ishika Basu, Mary Jane Rotheram-Borus, and Peter A. Newman, “The Sonagachi Project: A Sustainable Community Intervention Program,” *AIDS Education Prevention* 16, no. 5 (2004): 405–14.

political organization at a time when the streets have become even more unsafe. In this article, we present and discuss one of these networks of care established by street sex workers in Brazil. Created by Tulipas do Cerrado (or Tulipas), a collective based in the Federal District, this network intends to respond to consequences of the COVID-19 pandemic in the context of a government that not only denies sex workers' rights and dignity, but also the public health crisis itself. A consequence of their disenfranchisement in one of the most unequal cities in the country, street sex workers engage in practices of care and self-care as a survival strategy. They extend those resources to members of other equally disenfranchised communities, such as drug users and homeless people. We claim that the autonomous care structures created by street sex workers should not only be recognized and appreciated, but they also provide us a valuable example of what transformative, self-organized mutual aid looks like.

SEX WORKERS ARE CAREGIVERS

Exposing the sexual division of labor, feminist scholarship shows that the experience of all women — taking into account race, class, sexual orientation, and geographical location — is marked by the accumulation of unpaid work, usually care activities.¹⁰ There is a long, ongoing debate about whether the services provided by sex workers count as care work. Examined from a multidimensional approach, care includes cognitive, bodily, power, and moral engagement, but emotional or affective connection is also central.¹¹ Indeed, a caregiver dedicates “brain, emotions and body” to ensure that the recipients of their care feel good.¹² If care work is thus understood as producing and maintaining the well-being of others, sex workers are caregivers.¹³

10. Silvia Federici, *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle* (Oakland, CA: PM Press, 2012).

11. Analía Soria Batista and Lourdes M. Bandeira, “Trabalho de cuidado: um conceito situacional e multidimensional,” *Revista Brasileira de Ciência Política* 18 (2015): 59–80.

12. Laura Agustín, “Sex as Work and Sex Work,” *The Commoner* 15 (2012): 262–72.

13. Nadya Araujo Guimarães, “Home and Market, Love and Work, Nature and Profession: Controversies Regarding the Commodification of Care Work,” *Cadernos Pagu* 46 (2016): 59–77; Rhacel Salazar Parrenas, “Trafficked?”

It turns out that sex workers are caregivers in yet another way. The condition of marginalization, vulnerability, and non-recognition by society and state, particularly of street sex workers, has led them to operate, politically and collectively, in a more care-oriented fashion than others. This is true even for sex workers who do not identify caring as central to their profession, including many Brazilian sex workers who understand their work as encompassing several dimensions that include pleasure, freedom, autonomy, and prestige.¹⁴ The legitimacy and recognition these sex workers attribute to their work does not necessarily originate from its meaning as care, either for their clients or society. And yet, care, and specifically healthcare, have been central issues in Brazilian sex workers' activism, playing an important role in their political claims and engagement with the state.

In the 1980s, disenfranchised groups such as sex workers, injection drug users, homosexuals, and people socially characterized as promiscuous, were targeted as responsible for the HIV/AIDS epidemic, including their own disease, despite the lack of any consistent evidence. Rather than retreating in the face of this stigmatizing association, politically organized sex workers took on a central role in the responses to the epidemic in Brazil, confronting demeaning stereotypes with a consistent platform of care actions for themselves and others. Organized in networks initially formed to fight against police violence—starting with state and international NGO funding, and later, with their own resources—sex workers engaged in large nationwide information campaigns about HIV/AIDS, distributing condoms, teaching people how to use them, and reporting cases of sexual exploitation.¹⁵ Since then, sex workers have become responsible for ensuring their own health through peer education, spreading messages that also contribute to their own self-esteem.¹⁶ Through the collective learning of the last thirty years,

Filipino Hostesses in Tokyo's Nightlife Industry," *Yale Journal of Law and Feminism* 18 (2006): 145.

14. Amanda de Mello Calabria, "EU SOU PUTA: Lourdes Barreto, História de Vida e Movimento de Prostitutas no Brasil" (PhD diss., Universidade Federal Fluminense, Brazil, 2020): 134–35.
15. Bill Hinchberger, "Support for Sex Workers Leaves Brazil without US Cash," *The Lancet* 366, no. 9489 (2005): 883–84.
16. Laura Rebecca Murray, "Not Fooling Around: The Politics of Sex Worker Activism in Brazil" (PhD diss., Columbia University, 2015).

they have developed and expanded the meaning of health, demanding access to integrated care beyond STD prevention and learning to care for themselves.¹⁷

The knowledge acquired in building those informal structures of care and self-care has proved critical during the current pandemic. The case of Tulipas do Cerrado, a collective of street sex workers based in Brasília, is a good example. In 2014, a group of working women — including eight sex workers (among them Juma Santos), harm reducers, a social worker, and a psychologist — founded the collective. Today, the group assists around 800 street sex workers, most of whom are the heads of their families, in addition to drug users and homeless people.

Tulipas do Cerrado disseminates information on relevant health protection measures among street sex workers and their clients, activating a network of health and sex education and developing life-saving security strategies for how to deal with violence as well as alcohol and drug consumption. They activate an interdisciplinary, multidimensional, and integrated approach to health, attending to the social determinants for street sex workers' wellness: "work environment, the availability of community support, access to health and social services, and broader aspects of the legal and economic environment."¹⁸

Because the Brazilian state treats these workers ambiguously, according to them precarious recognition in labor regulation but denying their full citizenship, Tulipas' actions are guided by an awareness that self-care practices for street sex workers are always territorialized and vary according to each context. Identifying sex workers who provide their services on the streets or in other places where they cannot seek help immediately, Tulipas has developed a self-care protocol. Based on harm reduction, this protocol includes some procedures that benefit from the public health system and lessons about PrEP (pre-exposure prophylaxis) and PEP (post-exposure prophylaxis). In addition, for day-to-day work, Tulipas shares guidance about hydrating customers, using female condoms

17. Carolina Bonomi de Menezes Guerra, "Mulher da Vida, É Preciso Falar': Um estudo do movimento organizado de trabalhadoras sexuais" (master's thesis, Universidade Estadual de Campinas, Brazil, 2019): 126–27.

18. Lucy Platt, Jocelyn Elmes, Luca Stevenson, Victoria Holt, Stephen Rolles, and Rachel Stuart, "Sex Workers Must Not Be Forgotten in the COVID-19 Response," *The Lancet* 396, no. 10243 (2020): 9–11.

when clients refuse them, and even masking drug or alcohol consumption when clients demand that sex workers ingest such substances.

In addition to this, Tulipas has developed a mutual aid project in collaboration with several other groups and institutions, such as the local Federal Prosecutor's Office, the Central Sex Workers Union Confederation, the National Network of Antiprohibitionist Feminists, the Brazilian Harm Reduction Movement, and the Network of Women Sex Workers of Latin America and the Caribbean. Successful in the effort of fulfilling some immediate needs of the population living and/or working on the streets (sex workers, drug users, and homeless people) through food donation, psychological support, cultural events, and provision of healthcare information, the Tulipas' mutual aid initiative has occupied and politicized a space previously limited to charity work carried out by churches.

Tulipas' initiative is fundamentally distinct from a paternalistic delivery of essential goods. They actively focus on the creation of spaces for debates and raising awareness while also answering people's most immediate needs. Thus, even in the distribution of donations, Tulipas ensures that the entire process, from the collection of funds to the decision-making about the public place where delivery takes place, is guided by the women's political perspectives. Also a fundamental distinction, Tulipas accommodates people's needs without any form of moral judgement—each individual trajectory is unique and worthy of respect and trust. In pursuing their mission, Tulipas unconditionally helps confront the ways suffering is imposed on those whom they support.

Sex workers, homeless people, and drug users' experiences with the formal healthcare system are marked by ill treatment, fear, and stigmatization, not only in Brazil but worldwide.¹⁹ Tulipas, by contrast, creates safe spaces where these populations share insights and knowledge, providing them information about lay health resources, forms of drug use that mitigate associated risks, and self-care practices. Their work is guided by political principles that connect the struggle for the rights of sex workers and people who use drugs, direct action to combat discrimination against sex workers and homeless people, and educational efforts in the health field. Mutual aid initiatives such as this one are transformative

19. Ana Carolina Oliveira Costa, "Putas mulheres: compartilhando saberes, construindo o cuidado" (masters thesis, Universidade de Brasília, 2018).

inasmuch as they confront stigma, break isolation, expose the limitations and failures of existing systems, embody clear alternatives, and build strong bonds of solidarity.²⁰

**SEX WORKERS' CARE,
AGAINST A GOVERNMENT THAT DOES NOT CARE**

In March 2020, just a few days after Brazil declared a state of public emergency due to COVID-19, the website *Mundo Invisível* (Invisible World), which has nationally known sex worker organizer Monique Prada as one of its editors, called for sex workers to adhere to protocols of online provision of service.²¹ However, not all sex workers have the means to shift to providing services online, as in the case of street sex workers organized by Tulipas do Cerrado. Indeed, for many sex workers, continuing to work on the streets in the midst of a pandemic is not a choice, but a necessity.

In a sharp contrast to the HIV/AIDS epidemic, when the Brazilian state-led response set an example and became a model of successful synergy with civil society, the current federal government's response to the COVID-19 pandemic is nothing short of murderous. Already famously known for its war against so-called "gender ideology" and pursuit of traditional family values that deny the lives of many, the executive branch has now openly exposed its complete disregard for the country's population, particularly the poorest.²² President Jair Bolsonaro has continually denied the seriousness of COVID-19, advertised the use of medicine with unknown efficacy and side effects, and actively disrupted initiatives of local governments and health ministers that imposed restrictions aimed at reducing the spread of infection. Indeed, an editorial in *The Lancet* has named the president the "biggest threat to Brazil's COVID-19 response."²³

20. Dean Spade, "Solidarity Not Charity: Mutual Aid for Mobilization and Survival," *Social Text* 38, no. 1 (2020): 131–51.

21. "Trabalho sexual em tempos de pandemia," *Mundo Invisível*, March 28, 2020, <https://mundoinvisivel.org/trabalho-sexual-em-tempos-de-pandemia>.

22. Ana Carolina Ogando and Mariana Prandini Assis, "Bolsonaro, 'Gender Ideology' and Hegemonic Masculinity in Brazil," *Al Jazeera*, October 31, 2018, <https://www.aljazeera.com/opinions/2018/10/31/bolsonaro-gender-ideology-and-hegemonic-masculinity-in-brazil>.

23. "COVID-19 in Brazil: 'So what?'" editorial, *The Lancet* 395, no. 10235 (May 2020): 1461.

Efforts to secure people's health in a country that, as of October 2020, is the third-worst hit by the pandemic, should not be as narrow as the terms designated by the state. The knowledge accumulated by Tulipas in years past has led them to cultivate a sense of mutual responsibility. While guidelines for individuals to stay at home and demands for the state to provide them with the means for doing so multiply, the slogan of Tulipas, "We're in quarantine but caring does not stop" (*"Estamos de quarentena, mas o cuidado não pode parar"*), sums up the principles and practices of their collective in the context of this pandemic. The poster below (figure 1) published by Tulipas at the beginning of the crisis, announces the return of their care activities and calls on others also to care by donating cash, personal care supplies, and food staples.

Since the beginning of the health emergency, Tulipas has focused on sharing information and guidance on how to prevent the new coronavirus as well as distributing essential survival items such as hygiene kits, masks, and basic food baskets for transgender women, homeless people, women who have incarcerated relatives, and sex workers in general. In addition, the collective administers two groups on WhatsApp, one with thirty-five cis women sex workers and the other with sixty-seven transsexual sex workers, through which they provide emotional support and information, maintain one-on-one relationships, identify common and individual problems, and pursue practical solutions. Finally, responding to the needs of those who are not connected through social media, Tulipas has organized public events on the streets to share self-care strategies and provide psychosocial support. Tulipas raises awareness that not everyone is able to maintain social isolation, but everyone must be taken care of as well as learn how to take care of

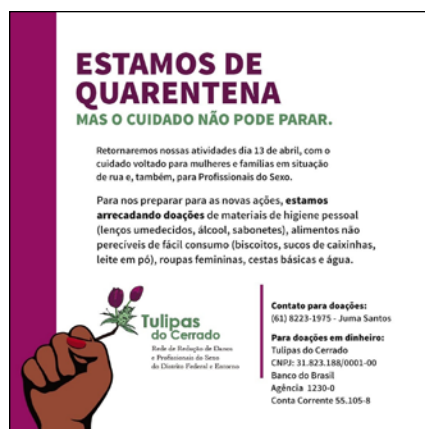


FIGURE 1 "We're in quarantine but caring does not stop." March 31, 2020. Used with permission by Tulipas do Cerrado.

É FICAR

O melhor cuidado **ISO LA DA**

Para quem pode

Realização:

Apoio:

E é pensando na nossa saúde mental nesse isolamento que convidamos você para a nossa primeira Roda de cuidado será dia 19 de junho às 10:00h na Administração Núcleo Bandeirantes.

Maiores informações: 061.982231975

FIGURE 2 “The best care is to stay isolated, for those who can.” June 13, 2020. Used with permission by Juma Santos.

OPPOSITE (TOP TO BOTTOM)

FIGURE 3 “Coronavirus Harm Reduction: Prevention Tips for Sex Workers.” March 20, 2020. Used with permission of Tulipas do Cerrado.

FIGURE 4 “Tips on how to use creativity to protect oneself from Coronavirus, for example, by wearing costumes that require masks and gloves during sex work and encouraging clients to also do so.” March 20, 2020. Used with permission of Tulipas do Cerrado.

FIGURE 5 “Harm reduction guidelines for drug use during the COVID-19 pandemic, for example, not sharing personal belongings, including cigars, pipes, and needles.” March 20, 2020. Used with permission of Tulipas do Cerrado.



REDUÇÃO DE DANOS EM TEMPOS DE CORONAVÍRUS: DICAS DE PREVENÇÃO PARA AS PROFISSIONAIS DO SEXO




Use a criatividade!

Use e abuse de fantasias que tenha máscaras e luvas no vestuário.

Mas tenha cuidado para não tocar o rosto para ajustar a máscara durante o atendimento.

E não deixe de trocar as roupas, máscaras e luvas entre um atendimento e outro.

Estimule seus clientes a participar dessa brincadeira e a usar máscara.




Não compartilhe objetos pessoais!

Inclusive baseado, cigarro, agulha, canudo e cachimbo.

Além disso, limpe com álcool a 70% as superfícies antes de usar para o preparo de substâncias.




themselves. In this poster, they announce a self-care activity, which was conducted both online and in person, to ensure broader participation.

The framing of the poster (figure 2) reiterates Tulipas' sense of mutual responsibility. Everyone needs care, and because care is not provided by the state and its institutions, they undertake part of this responsibility. In addition, the poster does not pass any moral judgment on those who cannot maintain social isolation, nor does it suggest that they should be held individually accountable. Leading a large and yet localized campaign that articulates "care and affection," as they themselves express it, Tulipas materially engages in collectively organized resistance strategies to confront the socioeconomic and health consequences of the COVID-19 pandemic. And while these strategies are tailored to the specific needs of populations particularly harmed by a government that clearly does not care, they use language and images that disrupt stigma, engaging a wider audience. For example, Tulipas developed and released a booklet containing guidelines on prevention and harm reduction measures to be taken by sex workers during the COVID-19 pandemic. In addition to providing information on how to reduce the risk of infection at work, Tulipas has developed an infection tracking system among the six hundred workers they support. Thus far, only four of them have tested positive for COVID-19.

By being public, colorful, and highly organized, the Tulipas campaigns have a wide impact, creating circles of dialogic peer education, which in turn reach other people outside the circles who also learn from this information. The images (figures 3–5) show sex workers being pragmatic, staying calm, and caring for their well-being, attentive to the guidelines. As such, they further realize the destigmatizing mission of the collective, seeking to normalize sex work and enable greater safety, protection, and dignity for those who dedicate themselves to this activity that is part of the informal economy.

Stigmatization of sex workers as careless, perverse, and vectors of disease happens not only in Brazil, but around the world. For example, a recent study conducted by scholars from Harvard and Yale measuring the potential impact of the extended closure of red light districts in India reproduces stigmatizing stereotypes that associate sex work with the spread of infectious diseases.²⁴ As a public health measure, the

24. Pandey et al., "The Effect of Extended Closure of Red-Light Areas on COVID-19 Transmission in India."

researchers suggest that other countries, such as Brazil, also close their red light districts as a strategy to prevent the transmission of COVID-19.

However, in India, a country that effectively can be compared to Brazil in terms of the severe impact of the pandemic, sex workers' organizations have also actively responded to health needs created by the coronavirus. By redesigning their approach to community-led HIV/AIDS programs, they are targeting the imminent needs of sex workers, ensuring access to social protection, and confronting stigma, discrimination, and violence.²⁵ Tulipas, which confronts stigma while also creating an informal care network, is not an outlier; it reflects a larger trend in sex workers' organizing worldwide. Sex workers have been at the forefront of solidarity and community responses to the COVID-19 pandemic, creating emergency funds and mutual aid initiatives.²⁶

Indeed, both the loosely coordinated stay-at-home guidance that happened in Brazil and the violent top-down lockdowns in India become obsolete when there is no means of ensuring survival or no home in which to quarantine. The Tulipas mutual aid project offers conditions for staying alive that go beyond mere subsistence. Their actions contribute to maintaining community life, consolidating healthier environments, and furthering relationships between the groups they support—but they also reach beyond those groups. Examined as a whole, the actions of Tulipas produce an informal system of radical collective care, which has a ripple effect where it benefits not only those directly involved, but also their families, friends, and communities. It stands out as a promising alternative to the highly dangerous and potentially demobilizing conditions experienced by the Brazilian population at this historical juncture.

25. Sushena Reza-Paul, Lisa Lazarus, Partha Halder, Manisha Reza Paul, Bhagya Lakshmi, Manjula Ramaiah, Akram Pasha, Syed Hafeez Ur Rahman, KT Venukumar, MS Venugopal, Bharat Bhushan Rewari, and Robert Lorway, "Community Action for People with HIV and Sex Workers during the COVID-19 Pandemic in India," *WHO South-East Asia Journal of Public Health* 9, no. 2 (2020): 104–6.

26. For a list of sex workers' initiatives in response to the pandemic around the world, see "Sex Worker Community Responses," Global Network of Sex Work Projects, 2020, <https://www.nswp.org/page/sex-worker-community-responses>.

**CONCLUSION: WHAT RADICAL,
AUTONOMOUS, AND SELF-ORGANIZED CARE TEACHES US**

Within progressive circles organized against the injustices produced by capitalism, there is an old and ongoing debate about the political usefulness of mutual aid initiatives in transformative struggles. Easy arguments that these initiatives fill in the void of public policies, thus contributing to the maintenance of malfunctioning neoliberal states, however, fail to distinguish between mere charity and radical solidarity. Indeed, for populations historically disenfranchised and denied care by society and the state alike, such as the target group of Tulipas, mutual aid initiatives that provide emotional comfort, material relief, and a space for political and personal connection are a measure of survival that is also transformative. These projects emerge, as the case of street sex workers in Brazil shows, in the face of public services that are insufficient, exclusionary, or exacerbate state violence.

Based on the experience and activities of Tulipas do Cerrado, theoretical debates distinguishing between sex work and care work become moot. Sex workers are in fact key agents in sustaining life through an informal and eminently unpaid care network. And “providing for one another through coordinated collective care is radical and generative”: spaces of collective care and self-care, not only but particularly in moments of crisis, help break stigma and isolation, develop relationships of solidarity and mutual recognition, and play a central role in movement-building.²⁷ Tulipas produces alternative infrastructures of care, guided by principles other than profit, in which people fight for a new and more just world as they build it through their everyday activities. Self-care, indeed, is not self-indulgence, it is “necessary for collective survival within a world that renders some lives more precarious than others.”²⁸

27. Spade, “Solidarity Not Charity,” 136.

28. Audre Lorde, *A Burst of Light: Essays* (Ithaca, NY: Firebrand Books, 1988); Hi‘ilei Julia Kawehipuaakahaopulani Hobart and Tamara Kneese, “Radical Care: Survival Strategies for Uncertain Times,” *Social Text* 38, no. 1 (2020): 5.