



Heroes and villains: The adverse context of medical staff during the COVID-19 pandemic in Latin America and Spain

Héroes y villanos: el contexto adverso del personal médico durante la pandemia de COVID-19 en América Latina y España

Heróis e vilões: o contexto adverso do pessoal médico durante a pandemia de COVID-19 na América Latina e na Espanha

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Abstract

In this article, we look to comprehend how the pandemic context impacted sanitary staff, not just on their mental and physical health and working conditions, but also how they became the subject of, paradoxically, marginalization and social acknowledgment. What was the discourse usage in both cases? To attack or praise the labor of medical staff during the pandemic, and what actions were organized by the medical workers to surpass the glitches and the adverse context in which they were forced to work? The Fieldwork focused on the analysis of news shared on the Internet. We emphasize media coverage because it was through the media that these maltreatments were widely broadcasted, but the media also focused on how the public hofocused medmediaeven the sbecause demonstrations of medical staff protesting the attacks and asking for better equipment also focused on combating the virus. The geographic scope includes cases from Mexico and Spain during the first semester of 2020, but we also include news from other Latin American countries. The final outcomes will show how the pandemic context placed the medical workers in a confronted state: considered as pariahs and villains, they were the subject of aggressions or praised as heroes receiving public cheers. However, as it will be possible to observe in the conclusions, none of these positions helped to improve their labor and health conditions during the pandemic, but worsened.

Keywords: Pandemic; Medical workers; Hate rhetoric; Social media

Resumen

En este artículo buscamos comprender de qué manera el contexto de pandemia impactó al personal sanitario, no sólo en su salud física y mental o condición laboral, sino también cómo se convirtió en sujeto, paradójicamente, de marginación y reconocimiento social ¿Cuál fue el discurso utilizado en ambos casos: para atacar o elogiar la labor del personal médico durante la crisis sanitaria? ¿Qué acciones organizaron los trabajadores médicos para superar el contexto adverso en el que se vieron obligados a laborar? El trabajo de campo se centró en el análisis de noticias compartidas en Internet. Destacamos la cobertura mediática ya que fue a través de los medios que se difundieron ampliamente estos ataques, pero también los medios dieron difusión a los actos públicos donde honró a los médicos, así como a las manifestaciones del personal médico protestando por los

ataques y exigiendo mejores condiciones para combatir el virus. El alcance geográfico se enfoca en el análisis de casos de México y España, pero también incluimos algunas noticias de otros países de América Latina. Los resultados finales mostrarán cómo el contexto de la pandemia situó a los trabajadores médicos en un ambiente complejo: considerados parias y villanos, fueron objeto de agresiones en la vía pública, pero también fueron elogiados como héroes y recibieron reconocimientos públicos.

Palabras clave: Pandemia; Trabajadores sanitarios; Retórica de odio; Redes sociales

Resumo

Neste artigo procuramos compreender como o contexto pandêmico impactou os profissionais de saúde, não só na sua saúde física e mental ou na sua condição de trabalho, mas também como se tornaram sujeitos, paradoxalmente, à marginalização e ao reconhecimento social. Qual foi o discurso utilizado em ambos casos para atacar ou elogiar o trabalho do pessoal médico durante a crise sanitária? ¿Que ações os trabalhadores médicos organizaram para superar o contexto adverso em que foram obrigados a laborar? O trabalho de campo centrou-se na análise de notícias partilhadas na Internet? Destacamos a cobertura mediática uma vez que foi através dos meios de comunicação social que estes ataques foram amplamente divulgados, mas os meios de comunicação social também divulgaram os eventos públicos onde os médicos foram homenageados, bem como as manifestações do pessoal médico protestando contra os ataques e exigindo melhores condições de combate ao vírus. O âmbito geográfico centra-se na análise de casos do México e de Espanha, mas também incluímos algumas notícias de outros países da América Latina. Os resultados mostrarão como o contexto da pandemia colocou os trabalhadores médicos num ambiente complexo: considerados párias e vilões, foram submetidos a ataques em público, mas também foram elogiados como heróis e receberam reconhecimento público.

Palavras-chave: Pandemia; Profissionais de saúde; Retórica de odio; Redes sociais.

Introduction

In 2020, the world witnessed an outbreak of a global pandemic, which caused huge negative social and health impacts only one century ago with the Spanish flu (Berkeley, 2020). People were compelled to follow strict quarantines that restricted free transit at a local and international level, but it also had a great economic effect by only allowing the performance of essential businesses and workers, which had a profound impact on people's emotional health, which observed how the new context shifted their daily lives. The arrival of COVID-19 was also accompanied by panic and anxiety among the population (Kar, Yasir Arafat, Kabir, Sharma, & Saxena, 2020). This was caused not only by the events that were taking place, but also by the

uncertainty of the future that was to come. The pandemic context nourished an environment of animosity towards social distancing ordinances and the cessation of non-essential activities, measures that many people considered excessive and unfair. This discontent and uncertainty led people to commit irrational acts that, just a few weeks before the pandemic, would be unthinkable, such as the absurd hoarding of food, weapons, and toilet paper. Some groups have attempted to burn down hospitals where patients are treated and some 5G antennas have been destroyed (Satariano & Alba, 2020). These devices were blamed for affecting their health and spreading COVID-19. There were also abandoned corpses in the streets because of the overcrowding of funeral services. The medical staff across the globe were subject to contradictory social behavior by people, considering both heroes and villains. They suffered physical and verbal attacks, blamed for being a source of contagion (Bhatti, Rauf, Aziz, Martins, & Khan, 2021). In other cases, they were publicly praised as heroes (Wood and Skeggs, 2020). These contradicting public reactions towards health workers were extensively broadcasted on local and international media, as well as on social media. The purpose of this work is to understand in what way the adverse context of the pandemic affected the medical staff, not just their health and labor conditions, but how they became the subject of, paradoxically, marginalization and social acknowledgment. What was the rhetoric employed in both cases: to condemn or idealize the labor of medical staff during the pandemic, and what actions were organized by the medical workers to surpass the glitches and the adverse context in which they were forced to work? Fieldwork centers on the content analysis of news shared on the Internet. We focus on mediatic coverage since it was through the media that these maltreatments were widely broadcasted, but the media focuses as well on how the public honored medics and even the street demonstrations of medical staff protesting the attacks and asking for better equipment and conditions to combat the virus. The geographic scope includes cases from Mexico and Spain during the first semester of 2020, but we also include some news from other Latin American countries, such as Colombia or Ecuador, and news that provides an international perspective on the subject. We chose a comparative approach among contrasting contexts since we intend to understand if cultural differences have a significant impact on treatment of medical staff during the irruption of the pandemic, or otherwise if the staff suffered similar aggressions regardless of the cultural, economic, and social differences between Mexico and Spain. The final outcomes will show how the pandemic context placed the health staff in a confronted situation: considered as pariahs and villains, they were the subject of aggressions or praised as heroes receiving public cheers. However, as it will be possible to observe in the conclusions, none of these positions helped improve their labor and health conditions during the pandemic but worsened them instead. Many health workers suffered from not only burnout, but more drastically experienced adverse psychological effects as well.

An adverse context to be a health worker

A remarkable characteristic that differentiates COVID-19 from past pandemics is that it occurred in an interconnected global context shaped by the widespread use of the internet, social media, and smart devices. This interconnectivity helped governments gather and deliver information among their dependencies to identify, in real time, details about the advances of the virus and propose strategies to combat the spread. Thanks to technology, the scientific community has made synergies to propose treatments and achieved advances in the development of diverse vaccines. People were also favored by this massive connectivity, helping them become aware of the new pandemic and prevent contagion. They also were able, thanks to social media and mobile

devices and apps, to gather and publish information, share their opinions and personal testimonies with other users, and even manifest their complaints about the social restrictions, or ask for medical and economic help among the communities. COVID-19 was, without a doubt, an informatized pandemic because of the great mediatic treatment that covers practically every aspect of the pandemic. Suddenly in the first semester of 2020, communication media was flooded by a mammoth quantity of news, multimedia elements, opinions, and reactions related to the pandemic. Information about casualties, infections, overwhelmed hospitals, economic setbacks, scarcity, public repression, among other topics (Pulido, Villarejo-Carballido, Redondo-Sama, & Gómez, 2020). There was even an online interactive map that tracked COVID-19 infections and deaths worldwide. However, not all the data that circulated were reliable. This massive flow of information translated into an infodemic in which scientific data, value strategies to avoid the contagion and relief of patients, humoristic memes, alarmistic rumors, conspiracy theories, and fake news all converged (Lin, 2020).

The pandemic context was shaped by social polarization. The confinements, economic recession, and massive job loss further stressed the disbelief of traditional media and political institutions. Far-right political parties and leaders catalyzed these elements into electoral wins to the detriment of democracy (Brainard & Hunter, 2020). Authoritarian governments in both rich and developing countries used the pandemic as a justification to gain control and set repressive measures towards minority groups and their political opposition. Additionally, the ambience of fear and incertitude triggered civil disobedience, protests, and vandalism. There were acts that just a few months ago were unthinkable: the hoarding of amenities and attempts to destroy health facilities (Seal 2020). People swallowed Lysol and other exotic remedies to combat COVID-19. Due to the severe, spontaneous, and vertiginous expansion of the pandemic at the beginning of 2020, health systems worldwide were overwhelmed. Corpses were abandoned on streets and crematories because of insufficient capacity to dwell with casualties (Faiola & Herrero, 2020).

The COVID-19 uncovered and worsened traditional glitches associated with the medical staff's labor conditions: a shortage of equipment, deficient health facilities, and the absence of planned strategies to protect their mental health (Abdul Rahim, Fendt-Newlin, Al-Harahsheh, & Campbell, 2022; Llerena, 2022). The staff members were compelled to work for long journeys without proper protection, risking their lives. This situation had grave consequences for their emotional and mental health (Boluarte Carbajal, Sánchez Boluarte, Rodríguez Boluarte, & Merino Soto, 2020). They suffered "hysteria, fear, and anxiety" (Rana, Mukhtar, & Mukhtar, 2020, p. 01), addiction to technology, a condition that translated into an excessive use of social media and the Internet causing sleep disturbance (Eka Prasetya & Kusuma Wardani, 2023), burn-out, depression, suicidal tendencies, and post-traumatic stress disorder (Gupta, Dhamija, Patil, & Chaudhari, 2021). Along with these adversities, health workers were subject to verbal and physical attacks on the streets and their homes. They suffered hostility and repulsion from the same people they were trying to help at hospitals. These workers also first-handedly experienced the negative effects of the virus on patients and the deaths it caused along with the aftermath.

During the pandemic, violence towards health workers rocketed. In August 2020, a study from The Red Cross registered approximately 600 incidents worldwide (ICRC, 2020). In Latin

America, during 2020, there were about 111 episodes, Mexico was the country with 40, Colombia with 20, and Argentina with 10 (Valdés, 2020). A later survey conducted in 2022 about violence towards healthcare providers in Latin America confirmed this generalized ambient of hostility towards medical staff during the first semester of 2020. In the case of some workers, the incidents were not an aisled event, but on the contrary, about 26.4% of the surveyed reported that they suffered an incident per week (García-Zamora et al., 2022). This hostile atmosphere towards medical staff was nourished by the huge media attention that surrounded the pandemic. An infodemic in which trustworthy data with partial and fake news about the disease converged (Makri, 2021). Medical staff were victims of stigma and discrimination (Valdés, 2020; Singh & Subedi, 2020; Bhatti et al., 2021). Paradoxically, this verbal and physical violence was caused by countered hoaxes: (a) medical staff were a huge source of contagion and danger and (b) COVID-19 was an invention, and the government just wanted to control people, using the argument of the virus (Devi, 2020). In the first type, health workers suffered physical attacks in public transportation and on the streets, such as the throwing of hot coffee or cleaning substances such as chlorine, Uber drivers refusing to provide service to people using some kind of medical uniform, and their neighbors delivering death threats if they did not relocate their residency. Regarding type (b), medical staff faced the anger and frustration of relatives at hospitals and health facilities who did not want to comply with the safety protocols and questioned the COVID-19 diagnosis of their relatives (Bhatti et al., 2021; Stekelenburg, Cauwer, Barten, & Mortelmans, 2023).

Before the pandemic, the health staff were associated with diverse “imaginaries” on one side, the enjoyment of social appreciation because of their effort in saving lives; on the other hand, they were linked, particularly in the United States and Europe, with health insurance, medical health bills, and company-client contracts (Bellieni, 2020). However, during the pandemic, this rhetoric changed, and they were not associated with malpractice or “cold treatment,” but were described in the media as heroes or soldiers. This “heroic” rhetoric has permeated the public discourse about the medical staff during the pandemic, “with ‘militaristic’ language and images comparing them to soldiers in a war against the virus.” (Abdul Rahim et al., 2022, p.11). President Donald Trump mentioned “they were at war against an invisible enemy” (ThePrint, 2020) and Emanuel Macron announced that “Nous sommes en guerre, en guerre sanitaire certes” -We are at war, in a sanitary war- (Le Monde, 2020). In this militaristic rhetoric, all subjects involved assumed a role (Rojas et al., 2020). The infected and casualties are the “victims,” the enemy is Covid-19, the “villains” are minorities who are to blame for the spread of Covid, and the heroes are the medical staff that are prepared to sacrifice their lives to destroy the enemy. However, cases around the world have demonstrated how this rhetoric eventually twisted and then the government and the medical staff, became the “villains” that “invented Covid-19” to control people and reduce individual rights or, on the contrary, medics and nurses are a focus of infections that are a menace to the community, then they are harassed to leave their home or are forbidden to use public transportation (Silistraru, 2021).

This rhetoric spread into the academic literature as well, in where the employment of words such as “hero,” “combat” “frontline soldiers” or “COVID warriors” are recurrent (Chhablani, Choudhari, Chhablani, & Choudhari, 2022, p.1), which covered the real struggle of nurses and doctors during the irruption of the pandemic. It gives an “ambient” of sacrifice and

endurance, leaving aside the lack of proper equipment, infrastructure, and the personal and health affections that they had to face (Jones, 2021). This heroic discourse has served as a justification for governments to overlook hard and even dangerous conditions in which medical staff were compelled to work.

Method

This study's methodology was based on content analysis techniques to collect and analyze news related to medical staff during the 2020 pandemic. The instrument design was based on the methodological proposals of Krippendorff (2004) and Neuendorf (2017). This technique seeks to formulate inferences from the collection, classification, and analysis of news (Riffe, Lacy, Fico, & Watson, 2019). We focused on four main aspects: (a) news related to aggression and hostile attitudes towards medical staff; (b) news in which nurses, medics, and other health workers were praised for their actions; (c) public demonstrations and protests of medical staff to complain about their situation, asking for the improvement of their labor conditions and the cessation of attacks and harassment; and (d) the situation after the outbreak of the pandemic, from the first semester of 2020 to the present day. We will be especially focused on the "heroic narrative" employed by the media or the public and, in the case of the incidents, the spotlight centered on understanding the arguments used by the people to justify the aggressions. We are particularly interested in comprehending how this counterrhetoric is nourished. We also wanted to know how health workers stand and protest about this adverse situation and what kinds of actions they organized to complain about and improve their labor conditions. Finally, we focus on the aftermath, the situation after the irruption, and whether the pandemic changed the labor conditions of health staff. To capture the content and conformation of the study corpus, a database was built using Excel software. The sampling criteria for the unit of analysis (news) were news published by Latin American and Spanish media related to those countries that were freely accessed on the Internet. We used Google search to collect the news. We conducted a series of searches related to the four categories mentioned previously in Spanish and Portuguese. After the selection process, avoiding repetition, since the same information appeared in different media, we selected 38 news items (see Table 1). This database includes the following fields of information: 1. Nationality of media; 2. The source, 3. Description of the content, 4. The rhetoric employed. The fieldwork covers dates from January 2020 to May 2023, and it was possible to gather a base of news fragments (unit of analysis). We selected 97 fragments that were arranged into the following categories: from the sample, 41 fragments corresponded to Mexico, Spain (24), Latin America (Colombia), Brazil, and Ecuador (13), and International (19).

Outcomes and debate

Table 1. The News

Country	Aggression	Heroic Rhetoric	Activism	Aftermath
Mexico	01, 02, 03, 04, 05, 06, 09,10, 11,12,13,14,18,19,20,21,22, 23,26, 27,28,29,30, 49, 50, 51, 52	37, 38, 39, 53	40, 46, 47, 48, 54, 55, 56, 57	24,25
Spain	61, 62, 72	07, 08,16, 63, 64, 65	17, 69, 70, 71, 72, 73, 74, 75, 76	15, 58, 59, 60, 66, 67, 68
Latin America	31(Br), 32(Br), 36(Ec), 41(Col), 43(Col), 44(Col), 96(Col), 97(Col)	42(Col)	33(Ec), 34(Ec),35(Ec), 45(Col)	
International	92, 94	79, 80, 81,82, 83,	85, 87, 88, 93	77, 78, 84, 86, 89, 90, 91, 95

Soruce: Authors

a) Aggressions and hostile actions towards medics

The analysis of news fragments showed how medical staff were verbally and physically attacked. For example, in Mexico, there was a case related to a nurse in Sinaloa to whom someone followed her and spilled this liquid over her face (frag22). Similar events were reported in the southern state of Yucatan (frag19), where another nurse was assaulted and insulted by a person who threw hot coffee and yelled out “va a contagiar a todos’ (you are going to infect us). However, insults and aggressions occurred in hospitals and at medics and nurses’ homes. On April 10, 2020, relatives of a COVID-19 victim attacked sanitary personnel who stopped the family trying to reach the deceased’s body and become infected (frag10). Medics were harassed by functionaries that wanted the preferred treatment (frag11). However, most hostile behaviors occurred at hospitals or in the form of verbal and physical assaults. In some cases, nurses and other medical staff were harassed at home. Their neighbors left notes asking them to move to another place, owners asked them to rent in another place, and on diverse occasions, platform and public bus drivers denied them service (Frag12 and frag 36).

The rhetoric employed by the aggressors to justify the attacks and unfriendly conduct shows an interesting vision of how the pandemic context, shaped by incertitude, disinformation, and fear, triggered social violence towards health staff. Attackers complained that nurses, medics, and paramedics were the “foco de infección” (source of

infection) (Frag27 and Frag29), “estás contaminando” (you are contaminating), “Eres el COVID” (You are COVID) and "si tuviera una pistola te mataría" (If I had a gun, I would kill you) (Frag13). These phrases show how, because of mediatic exposure, the image of medics and nurses changes from people who are cured to people who come before some sectors to represent the virus itself. They were, then, the subject of incidents from different levels: verbal insults (04), splits (frag05), spilling of hot coffee and similar liquids (Frag06), chlorine (Frag02) (Frag03), and injuries such as physical abuse and broken bones (frag01) (frag14). What is remarkable about medical staff during the pandemic is how the adverse context created by the new disease converted them into social groups that not only have to deal with a new disease and work with inadequate equipment and extended labor turns, but they also become the subject of peoples' fear and frustration (Frag20 y frag21).

While many of the news fragments related to aggression correspond to cases that occurred in Mexico, it is possible to observe other cases across Latin America. In the Colombian cities of Bogotá and Barranquilla, for example, public transportation denied the service to people using scrubs (Frag41). In the city of Cali, a medic was forced to leave his apartment after the growth of hostility from a neighbor (frag43). In Medellín, fake news spread on social media alerted the population of the existence of a group called “Covid Cartel,” a band of medics and hospital administrators that infect people and earn money.

b) The heroic rhetoric

The first public acknowledgement demonstrations to medical staff began in March 2020. In Spain, these actions translated into a massive applause session for people in their balconies (Frag07). Social media played a key role not only in organizing public appreciation (Frag07), but also in registering and giving widespread attention to these events (Frag08). This coverage of social media, such as Facebook or YouTube, inspired the replication of these events in other countries in Europe and Latin America, such as Mexico (Frag38) and Colombia (Frag42). The widespread public recognition through the digital and analogic press encouraged the irruption of a heroic rhetoric in which the medical staff were transformed into abnegate heroes that combat COVID-19 despite the labor conditions, lack of resources, and high probability of getting infected and dying (Frag37)(Frag53)(Frag70)(Frag81)(Frag84). This discourse contrasted, as it was possible to observe, with the harassment and attacks that the medical staff received at the same time by the same person they were trying to help.

This heroic speech was criticized by the medical community. They complained that they were not heroes or villains, referring to the attacks (Frag42) (Frag65) (Frag96). They were health professionals who wanted to help people. (Frag66). They refused to call themselves heroes not just for humble principles, but because it covered a long problem in public sanity shaped by poor labor conditions and the lack of infrastructure, medical supplies, and medicines for patients (Frag81). This issue is discussed in the following section. COVID-19 did not carry these issues, but uncovered them. This rhetoric helped

public administrations to evade their responsibilities regarding health system problems and compelled health workers to work in very hard conditions without complaints because, after all, that is what heroes do. The following extracts manifest well this discomfort: “When leaders call health care workers heroes, they abdicate responsibility” (Frag82), “When people began calling me a hero, I struggle to describe how angry this makes me” (frag82), and “Heroes are a symptom that our system has failed” (Frag84). This epic image of the medical workers fighting against the virus, besides the goodwill of people and the media that wanted to recognize their labor in facing a new disease, caused the opposite. Medics and nurses at hospitals were not just under physical pressure, but also under emotional pressure. They suffered burnout and anxiety because of responsibility and social stress on the “frontline, ” regardless of their risks.

c) Health staff protests.

With the COVID-19 virus becoming a pandemic, the labor and health conditions of medical workers have worsened. They suffered anxiety, depression, and panic attacks (Frag33), exposure of a new highly mortal disease without the proper protection and facilities to work, they were among the first victims (Frag34). However, despite the adverse situation, medics and nurses did not remain quiet and uncomplaining. Nurses in Ecuador, for example, used social media to disclose their problems, such as lack of supply and protection (Frag35). In Colombia, medics emphasize the fact that they were health workers with rights and duties, not “Héroes de Guerra (Heroes of War)’ (Frag90). They complain about the contradictory public reactions about their labor during the pandemic (Frag56) “nos aplauden desde los balcones y las ventanas, pero nos discriminan en el transporte público y en nuestras casas.” (People applaud us from the balconies and windows, but they discriminate against us on public transportation and in our homes) (Frag91).

Alongside the pandemic, diverse medical organizations in diverse countries have enhanced these complaints against the rising acts of discrimination and attacks, and have claimed to improve labor conditions to effectively face the advances of the pandemic (Frag54 and 55). “El mejor aplauso que se puede recibir es el del respeto y la consideración” (The best praise that can be received is respect and consideration) (Frag45 and 46)(Frag52). In order to improve their condition during the irruption of the pandemic, medical staff made use of social media (Frag40) to protest the lack of surgical masks, gloves, and scrubs, and in many cases, they had to buy their own protection equipment (Frag47 and 48). They also put under the spotlight the traditional shortages and needs of public sanitary systems that exacerbated even more with the arrival of the pandemic (Frag57). They manifested their worries about the insufficient resources to support the sanitary campaigns towards COVID-19 and the inadequate strategies that some governments used to control the pandemic (Frag76-78). However, above all, they emphasized, as in the case of Spain, the uncertain social ambience in which the medical workers passed from heroes to villains (Frag68) (Frag75), from endorsements to attacks

and from promises of better salaries to precarization "Vamos a pasar de héroes a villanos" (We are going to pass from heroes to villains) (frag71).

d) The Aftermath

More than four years after the arrival of the pandemic, the world has shown little economic recovery (OECD 2023), and people have resumed leisure activities, such as going to massive music concerts or traveling overseas. However, for the health sector, the pandemic has not yet disappeared (Fragment 85 and 89). Pondering the whole impact of the pandemic on the health systems at a regional level, or even at a country level, is difficult because many of the problems, labor precarization, shortage of medical supplies, and inadequate infrastructure existed, to a greater or lesser extent, for years, even decades, before the COVID-19 outbreak. Regarding the human factor, the arrival of COVID-19 caused huge casualties in the health sector. In 2021, the World Health Organization "estimated that between 80,000 and 180,000 healthcare workers could have died from COVID-19 in the period between January 2020 to May 2021" (WHO, 2021)(Frag98). Other workers, whose numbers are still uncounted, faced mental effects such as anxiety, sleep disturbance, and posttraumatic stress (Frag24) (Frag29) (Frag60) (Frag80) (Frag86). Other issues, such as violence, remained a problem after the end of the pandemic (Frag64). In Spain in 2021, about 612 medical workers were subject to certain types of violence (Frag59); this tendency remains for the next year (Frag74). This problem is visible in other contexts such as the USA, "31 percent of hospital nurses have reported a recent increase in physical violence by patients" (Frag97).

Reading in retrospect the news about the first gatherings to recognize the labor of health workers to help patients during the pandemic (Frag16), it seems unconceivable to see how, after three years, many medics and nurses feel like forgotten heroes or, at least, they have realized that people disremembered their crucial role during the emergency (frag68) (Frag92 and 93). Many of them have manifested their discomfort about this situation, "Esos aplausos suenan muy huecos ahora" (Those claps sound so hollow now) (frag15) or "Fuimos héroes pero ya nos olvidaron" (We were heroes, but they already forgot us) (Frag85). They not only left the pandemic with sequels but (Frag89)(Frag94), some of them returned to work, particularly in the case of public sanity, dwelling with traditional health system problems: precarious labor rights, bad infrastructure, and public spending cuts. However, after three years, they are still fighting to improve their conditions and the quality of sanitary services (Frag17)(Frag69). In a recent manifestation of nurses in Italy, some nurses chained themselves and put on plastic bags on their bodies as a symbolic reminder of how they had to improvise in hospitals due to a shortage of personal protective equipment during the pandemic (Frag87). Symbolic action of how they continue to fight.

Conclusions

In this study, it was possible to perceive two contradictory attitudes towards medical staff during the outbreak of the pandemic. On the one hand, there were reactions of anger, protest, and frustration; however, at the same time, it was possible to find statements praising the great work carried out by medics and nurses during the contingency. It was also possible to perceive in the news the representation of medical staff as heroes, but this kind of rhetoric had adverse effects on workers. It served as a justification for straining themselves in a way that affected their emotional and physical health. In the construction of this contradicted discourse, heroes, or pariahs, the infodemic around the pandemic played a key role. In this communication phenomenon, there is disinformation, fear, and uncertainty about the potential impact of an unknown and fatal virus. This lack of truth and the circulation of partial and biased information served to elaborate conspiracy theories that blamed medical workers of being “un foco de infección” (source of infection) or that were infecting people and making money with COVID-19.

As it was possible to observe in fieldwork, heroic rhetoric was counterproductive. Since it covered systemic sanitary deficiencies, the labor precarization of personal staff allowed politicians to evade their responsibility in the sanitary crisis. However, it was also through the employment of media, particularly social media, that sanitary workers mobilized and protested against the lack of supplies and protection to combat the pandemic at hospitals. They emphasized that they weren't “Héroes de Guerra” (Heroes of War) but professionals with duties and rights. They also criticized the contradictory treatment they had received during the pandemic “People applaud us from the balconies and windows, but they discriminate against us on public transportation and in our homes”. What the 2020 pandemic teaches us about public health strategies during sanitary emergencies is that along with the search for vaccines and the establishment of health measures that stop the propagation of the virus, it is equally important to set efficient communication channels that provide trustworthy information to avoid the spread of fake news. However, to combat disinformation, it is also mandatory to apply other strategies, such as detecting and quickly shutting bots and surreptitious organizations that operate online and generate social and political polarization, particularly during social and sanitary crises.

Finally, this article recalls the importance of raising public consciousness of violence against healthcare workers (Brigo et al., 2022). This is not only in the case of the pandemic but also in areas shaped by structural violence or in conflict zones. In times of social sanitary emergencies, healthcare workers deal with the effects of people's frustration, but at the same time are given responsibility for people's lives. What the pandemic brought to light during the first semester of 2020 was labor precarisation, overload, and, in many cases, the lack of empathy from the patients and their families. Medical staff across the globe must overcome obstacles such as the overwhelming number of hospitals and the lack of medicines and sanitary equipment. In addition, they were among the first infections and casualties caused by COVID-19 because of the lack

of appropriate protective equipment to carry out their work safely. Not to mention the negative effects this adverse context had on workers' mental health.

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