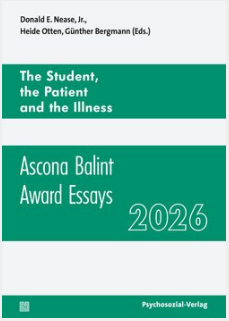
Pedro Henrique Docema Rodrigues

Between the Flood and the Farewell



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The rain had never truly stopped. Even two months after the beginning of the floods that devastated southern Brazil, it lingered in a thin drizzle, as if the sky itself had not yet decided to release what it was holding. When we arrived at the indigenous village of *Tekoa Porã*, the Guarani name resonated with a painful irony. *Tekoa*, the place of being, where life unfolds; *Porã*, good, beautiful, worthy. A "good place to live," they would say. Yet the original land that gave meaning to that name lay submerged somewhere beyond our reach, claimed by waters that had redrawn maps and erased certainties. What remained was a provisional settlement, assembled in haste, where existence itself seemed suspended between what had been lost and what could not yet be rebuilt.

I had come as a medical student and humanitarian coordinator, though neither title felt adequate that morning. Just months earlier, alongside close friends, I had refounded the *Bandeira Científica*, a traditional academic project of the University of São Paulo's Medical School, born in 1957 to bring humanitarian health expeditions to neglected regions of Brazil. Dormant since the pandemic, it had been revived with the conviction, perhaps the naïveté, that medicine could and should respond when institutions falter. In the face of the largest climate disaster ever recorded in southern Brazil, a catastrophe in which floods displaced more than 2.4 million lives and left over 180 people dead, we mobilized ourselves to the Brazilian state of Rio Grande do Sul.

The *Tekoa Porã* community had been forced to move when the floods swallowed their territory. Families now lived beneath blue plastic tarpaulins donated by relief agencies, fragile membranes separating them from the cold. Our improvised clinic was no more than one of those tarps, generously lent by a family who insisted on hosting us. Inside, a small fire burned

continuously, fed by the little dry wood they had managed to save. It was lit, they said, to welcome us properly. The gesture carried a dignity that felt largely undeserved. Outside, the tarp deflected the drizzle; inside, it trapped the smoke, which mingled with the smell of damp earth. Our pharmacy and supplies remained in the open bed of a pickup truck, exposed to the same cold that stiffened our fingers. Winter in the south is unforgiving, and the rain seeped everywhere, silently, persistently.

The settlement itself was an archive of loss that mixed all my senses. Blue tarps stretched across uneven ground; along the road leading there, entire neighborhoods had been reduced to heaps of debris, piled like mute testimonies to lives interrupted. What struck me most, however, was not what I saw but what I did not hear. In Indigenous villages, I am accustomed to the sound of children running, laughing, calling out to one another. Here, there was silence. A dense, reverent quiet that seemed to press against the ears. My senses were overwhelmed in contradictory ways: the smell of mud and wet dust carried by the drizzle; the acrid smoke curling around our faces; the cold rain beading on my hands and cheeks, the only parts of me not shielded by boots, heavy trousers, and a thick coat. And, unbidden, a bitter taste rose in my mouth: a mixture of helplessness and shame at witnessing a suffering so disproportionate, so undeserved.

The community endured. They were still there, physically present, yet an absence lingered in the air, of places, of homes, of familiar paths, and, though I did not yet know it, of bodies that should have been laid to rest. It was in this setting that he appeared.

He was a man in his fifties, tall and broad-shouldered, with a build that spoke of strength shaped by years of physical labor. And yet his posture betrayed him. His shoulders sloped forward, as if bearing a weight invisible to the eye. He approached with measured steps, his gaze steady but guarded, carrying a seriousness that bordered on suspicion. Dark circles framed his eyes, giving his face an exhaustion that felt incongruous with the few signs of age etched into his skin. It was as though the fatigue of recent weeks had eclipsed the vigor that once defined him. The man spoke little. When he sat down across from me, he did not offer his name, nor did he introduce himself in any formal way. Only later would I learn, after discreetly asking a local collaborator, why no one had objected when he moved ahead in the line. He was the indigenous leader, the *cacique*, though he never claimed the title. Authority clung to him not by declaration, but by recognition.

Our exchange began almost awkwardly. He avoided eye contact at first,

then fixed his gaze on a point somewhere beyond my shoulder. When I asked what had brought him to see us, he paused for a long moment, as if weighing the value of words. "My body is tired," he finally said. "But it is not just my body."

There was no mention of pain in the usual sense, no clear symptom to guide a differential diagnosis. Karaí, as I will call him, spoke of weakness, of restless nights, of a heaviness in his chest that came and went without pattern. Yet none of it sounded quite medical. As he spoke, I had the unsettling impression that his complaint exceeded the confines of the clinical vocabulary I had been trained to use. He sat there, contained and composed, yet somehow too complete, too whole, to fit into the narrow boxes of a medical form. I sensed, without being able to name it, that something was profoundly out of place. And in that quiet, smoke-filled space beneath a blue tarp, I realized that whatever had brought him to me would not be resolved by prescriptions or protocols alone.

* * *

The floods that engulfed the Brazilian state of Rio Grande do Sul in the autumn of 2024 were not a single event but a slow, cumulative collapse. Rain fell incessantly for weeks, saturating the soil, swelling rivers beyond their margins, and exposing the fragility of infrastructures that had long been assumed to be stable. Dikes failed, hillsides slid, roads vanished, and entire neighborhoods were rendered uninhabitable. What unfolded was not merely a natural disaster, but a systemic one: water invaded homes and buildings, while the routines that sustain everyday life (transport, sanitation, access to care) were abruptly suspended. The scale was unprecedented, as the waters of Lake Guaíba rose higher than any recorded level in more than eight decades. Nearly four out of five municipalities in the state declared a state of emergency or calamity, and 2.4 million people found their lives abruptly reorganized around loss, displacement, and uncertainty.

Far beyond the capital, rural and peripheral territories suffered silently, often without the visibility that mobilizes rapid response. Indigenous and quilombola communities were among the most affected. Located in low-lying areas or along riverbanks, many saw their lands swallowed entirely, their homes destroyed, and their dead left without proper burial. Health services collapsed at the very moment they were most needed. Clinics were flooded, supplies lost, and professionals themselves became victims, displaced from

their own homes and struggling to maintain care under extreme conditions. It was within this fractured landscape that our presence took shape.

At that time, I was still, above all, a third-year medical student at the University of São Paulo. Yet I also carried the responsibility of coordinating an expedition that had been assembled in urgency. Months earlier, together with colleagues, I had participated in the refounding of the Bandeira Científica, a long-standing academic initiative that promotes humanitarian health expeditions throughout Brazil. Faced with the disaster, and aware of the limitations of institutional responses, we organized an emergency action through its framework and created the Humanitarian Health League to sustain it, relying on partnerships with the Brazilian Air Force, the Brazilian Red Cross and the NGO Xingu+Catu. The decision to prioritize Indigenous and quilombola territories did not stem from idealism, but from recognition: these original and traditional communities had been disproportionately affected and, at the same time, insufficiently reached by the state's response. Our role was not to replace local services, but to support them, to work alongside Indigenous health teams whose capacities had been deeply compromised by the floods.

The days quickly settled into a demanding rhythm. We were housed in the event hall of a sports club, sleeping on the floor in sleeping bags, sharing a locker-room shower where the water temperature mirrored the near-freezing air outside. We returned late each evening from the field, and worked into the night organizing medications and supplies for the following day. Sleep was brief and fragmented; at dawn, we prepared our meals for the day. There was a constant pressure for the operation to function, so we could honor the trust placed in us by our partners and by the university we represented. As the coordinator, many of those responsibilities converged on me, though they were sustained, in practice, by the goodwill, discipline, and commitment of students and volunteer physicians who endured much without complaint.

Still, fatigue was not what weighed on us most. What unsettled us was the daily proximity to communities whose losses far exceeded any discomfort. Each encounter carried the awareness that we were entering lives abruptly interrupted, spaces where grief had not yet found words or rituals. There was an unspoken expectation that we had come to "help," an idea both unavoidable and inadequate. We knew we would not resolve what had been broken, nor restore what had been taken. Our presence was necessarily limited. Yet within those limits, we hoped to offer something modest

but essential: attentive care, careful listening, and a form of support that acknowledged suffering without attempting to simplify it. More than interventions, what we carried with us into the field was the understanding that, in such contexts, medicine begins not with answers, but with the willingness to remain present where certainty has already been washed away.

* * *

We had just arrived at *Tekoa Porã* community and started receiving the patients when that man emerged. I will call him Karaí. The name serves, first, to protect his anonymity, but it also carries a meaning that felt inseparable from his presence. In the Guarani world, *Karaí* (or *Karai*) refers to spiritual leaders and healers, who guide their communities through prayer, chants, and ritual, mediating between the visible and the invisible, between illness and balance, between life as it is lived and life as it should be. In Tekoa Porã, those functions had been exercised for decades by his father, a respected spiritual leader whose voice once organized rituals and collective mourning. Karaí himself did not claim such a role. Yet the silence that surrounded him suggested a lineage of responsibility that had not been extinguished, only interrupted.

He sat down slowly across from me, without urgency or ceremony. His presence was firm, but there was a visible tension in the way he occupied the space, as if his body were both there and elsewhere. When I asked what had brought him to the clinic, he did not respond immediately. His gaze wandered beyond my shoulder, resting for a moment on the smoke rising from the fire beside us, before returning, cautiously, to the narrow circle of our encounter. His complaint, when it came, resisted precision. He spoke of pain that did not settle anywhere in particular, of a tiredness that seemed to inhabit his entire body, of headaches that arrived without warning and receded without explanation. Sleep, he said, had become fragmented: nights passed in brief intervals of rest, interrupted by awakenings that left him more exhausted than before. There was no single symptom to grasp, no narrative of progression that could anchor a diagnosis. Everything felt diffuse, dispersed, almost deliberately evasive.

I examined him carefully, guided by habit and training. His vital signs were stable. Cardiac and pulmonary auscultation revealed nothing remarkable. His neurological examination was normal; muscle strength preserved despite the weakness he described. With the limited resources available

to us, we performed basic assessments that yielded little. If anything, the absence of abnormal findings intensified the discomfort. His body, as medicine measures and names it, appeared intact. I conferred with the physicians working alongside me. We considered dehydration, anemia, infectious processes, depressive syndromes, somatization. We reviewed what little medication he had taken, questioned nutrition, exposure to cold, the physical strain of displacement. Each hypothesis could be entertained, yet none truly held. The reasoning moved forward only to fold back upon itself, tracing a circular path that never quite reached a point of intervention. There was no clear place to begin, nor a convincing justification to proceed.

What unsettled me was not diagnostic uncertainty itself, which is familiar territory in medical training, but the sense that the complaint did not belong entirely to the clinical grammar we were trying to apply. Karaí did not speak of illness as a malfunction of parts. He spoke of exhaustion as a condition of existence, of a body that no longer sustained him in the way it once had. His words carried weight, but little specificity, as though exactness were beside the point. Much of what transpired between us unfolded without words, and silence occupied large portions of the consultation, not as absence, but as presence. However, Karaí did not appear uncomfortable with it; on the contrary, it seemed to be his preferred mode of communication. He would pause, sometimes for long stretches, his eyes fixed on the fire or on the rain pressing softly against the tarp. I felt the harmful impulse to intervene, to redirect, to clarify, and just as consciously resisted it. Something in his stillness demanded restraint.

Despite that, the setting itself seemed to speak where language failed. The smoke, the cold, the improvised walls of plastic separating us from the flooded land outside, all of it framed the encounter in a way that made the usual boundaries of the clinic feel strangely irrelevant. The territory pressed in on the consultation, refusing to remain a backdrop. Karaí's furrowed brow, the heaviness in his posture, the measured cadence of his voice seemed to echo the landscape itself: saturated, displaced, unsettled.

It was within one of these silences that the narrative shifted, almost imperceptibly. Without emphasis, and without inviting response, he mentioned that some had not returned when the waters rose. The river, he said, had taken people quickly. There had been no time to prepare, no warning, no chance to gather what was needed. Bodies were carried away, some found days later in unfamiliar places, others not found at all. There had

been no conditions for farewells, no space for the rituals that usually guide their dead.

He did not name anyone then. He spoke as though recounting a fact rather than a wound. Yet the restraint in his voice felt charged, as if holding something in suspension. I sensed that this fragment, offered almost incidentally, was not peripheral to his complaint but central to it, though neither of us articulated it as such. As the consultation drew to a close, the inadequacy of my tools became increasingly evident. I could offer symptomatic relief, such analgesics and advice on sleep, but each option felt provisional, insufficient, almost evasive. To act decisively felt premature; to do nothing felt negligent. I stood, uncomfortably, between action and listening, uncertain which constituted care in that moment.

Before leaving, Karaí finally spoke more directly. His voice did not break, nor did his posture change, but the words themselves altered the weight of the encounter. He told me that the body of one of his cousins had been recovered. The bodies of his two sons, however, had not. The waters had taken them, and they had not returned.

He added, quietly, that the community had not been able to return to their original land. The territory where their ancestors were buried remained submerged, inaccessible. Without the land, there could be no proper farewell. Without the farewell, something remained unresolved. He rose, nodded slightly, and left the tarp. I remained seated for a moment longer, aware that what had just been revealed did not fit within the confines of the consultation I had been trained to conduct. The complaint had finally found its contours, but not in the way medicine had prepared me to recognize.

What stayed with me was not a diagnosis, nor a plan of care, but the unsettling clarity that Karaí's suffering could not be disentangled from the loss of land, of ritual, and of continuity. The medicine I carried with me did not yet know how to name that pain. And so the encounter ended, not with resolution, but with a question that would follow me far beyond *Tekoa Porã*.

* * *

I carried Karaí's words with me after he left the tarp, like an unresolved echo. I attended other patients that afternoon – children with respiratory infections, elders with poorly controlled hypertension, women asking qui-

etly for sleeping pills – but my attention drifted repeatedly back to that encounter. Each complaint I heard seemed, in some way, to brush against the same question I had avoided answering with him. By the end of the day, the sense of impotence had grown intolerable. It was not merely professional frustration; it was an ethical unease, the feeling of having witnessed something that demanded a response, yet not knowing what form that response could take without doing harm. When the flow of patients slowed, I asked one of the local collaborators where I might find Karaí. He was sitting some distance from the improvised clinic, near the edge of the settlement, looking toward what had once been the path to their original land. I approached slowly, uncertain whether my presence would be welcome. He acknowledged me with a slight nod. There was no urgency in his posture, no sign that he expected anything from me. Still, I sat on the wet ground beside him.

This time, he spoke more freely, as if the initial boundary had already been crossed. He began not with his own pain, but with the night the water came. The rain had been relentless for days, he said, but no one expected the river to rise so fast. It was still dark when the water invaded the houses. People woke to shouting, to the sound of walls giving way, to the confusion of moving through water that climbed quickly from ankle to waist to chest. In the chaos, his sons, one eighteen, the other twenty-three, had gone out to help the elders. They moved from house to house, breaking doors, lifting people onto higher ground. They were strong, he said, and they knew the river. The water, however, was merciless.

He described the moment without drama, without embellishment. A sudden surge, stronger than the others. A loss of footing. Hands that slipped. The current carried them away before anyone could reach them. When morning came, the village was already unrecognizable. One body was found downstream in the days that followed. Others were not. His sons were among those who did not return.

As he spoke, his voice remained steady. There were no tears, no visible tremor. The absence of visible grief did not lessen the weight of his words; if anything, it intensified it. He spoke as someone stating facts that had become irreversible, as though emotion itself had been exhausted by the effort of survival.

They searched for months, he told me. They walked along the riverbanks, questioned neighboring communities, followed every rumor of a body found. Time passed, seasons shifted, but the water kept what it had taken.

Without the bodies, there could be no burial. Without burial, there could be no proper ritual. And without ritual, the dead could not be guided.

Death, for Karaí, was not something that simply ended. It required accompaniment. Their songs, prayers and collective rites would anchor the dead to the land and open the path toward the *Yvy Marã Ey*, the "Land Without Evil". He explained what happens when those gestures cannot be performed. "The dead do not find their path. They remain close.".

After one more long pause, Karaí whispered "The water took the living and the dead". The sentence lingered between us. It named something that exceeded loss as I had been taught to understand it. The floods had not only killed people; they had dismantled the conditions that allow death to be integrated into life. The land where their ancestors were buried, the place that held memory, lineage, and continuity, remained submerged. They could not return to their *Tekoa Porã*, their place of being, their good place to live. Joy, ritual, mourning, and daily life were all tethered to a territory that no longer existed in accessible form. In that context, the notion of an "unburied dead" acquired a density that resisted translation. The spirits, Karaí explained, were unsettled. Without farewell, without proper guidance, they remained close, restless. This unrest was not metaphorical. It was experienced in dreams, in sleeplessness, in the persistent sense that something essential was unfinished. The ancestors themselves, displaced by water and silence, no longer had a place to rest.

Listening to him, I began to understand that his body was not merely expressing psychological distress, nor failing in isolation. It had become a territory in itself, bearing the marks of a broader devastation. His pain, his fatigue, his insomnia were not private symptoms but inscriptions of a collective wound, where individual suffering, communal loss, and territorial destruction collapsed into a single experience. Until then, I had been trained to read the body apart from its surroundings, to isolate symptoms from the world that produces them. Yet before me, the body revealed itself as a continuation of the land: flooded, displaced, deprived of its rituals. Karaí's chest heaviness echoed the weight of unspoken farewells; his sleeplessness mirrored spirits unable to rest; his exhaustion reflected the endless search for what could not be found. His suffering did not belong solely to him. It was shared, distributed, relational. As he spoke, I felt the tension of my own position acutely. I feared interrupting, asking the wrong question, violating something sacred through the clumsiness of clinical curiosity. Each word I considered felt inadequate. There was no prescription for

unburied dead, no guideline for displaced spirits. The silence between us became a form of care in itself, fragile but necessary.

I realized then that my earlier sense of impotence had been misplaced. The problem was not that I could not act, but that I had assumed action must take a familiar form. What Karaí required was not intervention but recognition. Not solutions, but the acknowledgment that his suffering made sense within his world.

As he continued, his composure did not waver. He did not cry. His face remained firm, his gaze steady, as though emotion had condensed into something heavier than tears. I, on the other hand, felt my restraint dissolve. The weight of his words, the clarity of his loss, and the humility with which he shared it broke through my professional defenses. I lowered my head and wept, quietly, without spectacle. It was not an act of empathy I had planned; it emerged despite my efforts to remain composed. Karaí did not react. He did not move any muscle, nor did he seem surprised. He allowed the moment to pass, as one allows the rain. In that asymmetry, his contained grief and my visible emotion, I sensed no embarrassment, only a shared recognition of something irreparable.

When we parted, nothing had been resolved. His sons remained missing. The land remained submerged. The rituals remained suspended. Yet something had shifted in me. I understood that mourning, in that context, was not a process with stages to be completed, but a condition imposed by catastrophe. A mourning that could not be finished because the material and symbolic conditions for its completion had been destroyed. Karaí's grief did not ask to be cured. It asked to be witnessed, as it grasped that care, in such contexts, often begins precisely where medicine no longer fits.

* * *

After that conversation, there was nothing more to do in the sense I had been trained to understand action. No new information demanded clarification, no clinical decision awaited formulation, no protocol could be activated. Yet I was acutely aware that I was still being demanded of. The demand, however, was no longer technical, but ethical.

What Karaí had exposed to me was not a problem awaiting resolution, but a reality asking not to be reduced. My action therefore took shape not through intervention, but through positioning. I chose, deliberately, to remain present within the limits that had become evident. Presence, in that

context, was neither passive nor neutral; it required restraint, vigilance, and sustained attention. Likewise, listening became the primary form of action; not the strategic listening aimed at extracting data, but a patient attentiveness that tolerated pauses, ambiguity, and silence. I resisted the urge to redirect his narrative toward clearer causal chains or more "useful" formulations. I allowed his words to arrive at their own pace and to stop where they stopped. Waiting, rather than questioning, became my way of respecting the internal logic of his grief.

I did not medicalize his suffering. Although insomnia, fatigue, and chest heaviness could easily have been reframed as anxiety, depressive disorder, or somatic symptomatology, such translations would have offered a false sense of mastery while stripping his experience of its meaning. I did not prescribe medication as a way of closing the encounter, nor did I reinterpret his account of unsettled spirits into language more compatible with biomedical discourse. To translate everything would have been to appropriate it, making his loss intelligible only insofar as it conformed to my own epistemology. Still, this refusal was not comfortable. On the contrary, it generated unease. I felt exposed by the absence of a clear role, unsettled by the sense that my usual competencies were not only insufficient but potentially intrusive. Remaining silent demanded constant attention. Silence, in that setting, was not emptiness; it was a charged space in which words could either wound or honor. Each interruption avoided felt like a relinquishment of control, but also like an ethical necessity.

That discomfort did not belong to me alone. It reverberated within the team. When I later shared the encounter with the physicians and students working alongside me, the unease was palpable. Some expressed frustration at the impossibility of doing something; others worried about neglecting care by not intervening more actively. We were accustomed to responding to suffering with action; here, action required stillness.

We spoke cautiously about Karaí, with an implicit understanding that his story could not be handled lightly nor transformed into a teaching case stripped of its singularity. The team's discomfort was not resolved, but acknowledged, and from that shared awareness emerged a small but intentional gesture. No ceremony was planned, no explicit ritual proposed. Instead, we allowed space. When Karaí passed near the clinic, we did not hurry him. When he chose to sit nearby, we sat with him. When he was silent, we remained silent. In a context where words had already failed, that shared silence became a mode of validation, an acknowledgment that his

loss could not be resolved there, that its weight was recognized. It was a conscious choice to align ourselves with his tempo rather than impose ours, ensuring no premature closure would be imposed. His grief was neither minimized nor reinterpreted. It was left intact.

This posture demanded humility. It required accepting that our presence, however well intentioned, could not repair what had been broken. The floods had not only destroyed homes and taken lives; they had disrupted the very frameworks through which loss is made bearable. By remaining present without attempting to solve, we acknowledged the asymmetry of the relationship: we would leave; he would remain. Our responsibility lay not in erasing that asymmetry, but in not exploiting it.

In choosing to remain, to listen, and to refrain from reduction, I came to understand action in a broader sense. Action, here, consisted in sustaining a space where suffering could be expressed without being immediately transformed into a problem to fix. Each silence shared, each question withheld, each impulse restrained constituted a response to the demands placed upon me.

Despite my impotence, my action can be understood not as something done to Karaí, but as the position I chose to sustain with him. I remained where medicine faltered, without forcing it forward or translating his grief into terms that would have been easier to manage but unfaithful. Nothing tangible resulted from this stance; yet something essential was preserved: the integrity of his mourning, the dignity of his loss, and the ethical coherence of our presence in that place. By recognizing the limits of what could be offered, we avoided offering what would have been false, allowing the relationship itself to constitute the action.

* * *

Leaving Karaí that day did not bring relief. On the contrary, the encounter settled within me as an open question, persistent and unresolved. I had not failed in any technical sense, yet I felt wounded in a way that no checklist could capture. What unsettled me was not only the suffering I had witnessed, but the realization that my training had offered me few tools to inhabit it without resistance. I had been taught to approach illness as something to be addressed; however, here, suffering did not present itself as a deviation to be repaired, but as a condition to be endured. And that difference marked me profoundly.

For the first time since entering medical school, I confronted the limits of medicine not as an abstract notion discussed in ethics lectures, but as a lived boundary. Western medicine, with its emphasis on categorization, diagnosis, and intervention, suddenly felt narrow – not wrong, but insufficient. Karaí's grief did not expose a failure of technique; it exposed a mismatch of languages. Faced with unburied dead, displaced land, and interrupted rituals, medicine as I had learned it did not know how to listen without translating, nor diagnose without reducing.

This realization did not come gently. It was accompanied by a contained but intense anger. I felt anger at the catastrophe itself, at the water that erased lives and rituals with the same indifference. I felt anger at the structural neglect that left entire communities unprotected. Yet I also felt anger turned inward, toward my own impotence. I had arrived equipped with instruments and institutional legitimacy, and still I stood there unable to offer what truly mattered. That anger did not erupt; it settled, heavy and silent, amplifying a fatigue that no amount of rest could dissipate.

Alongside anger came fear, not the immediate fear of error, but the deeper fear of being useless. Medicine had always promised purpose, a way of acting meaningfully in the face of suffering. Karaí's story fractured that certainty. I feared that if medicine could not respond here, then its promise was more limited than I had believed. And yet, paradoxically, listening was all that remained.

I also became aware that listening exacts a cost. To listen without redirecting, without simplifying, without retreating into technical distance demands exposure. Karaí's grief did not merely pass through my attention; it lodged itself in my body. I carried it in the tightening of my chest, in restless nights, in the difficulty of returning to the ordinary rhythm of consultations. The encounter did not end when he walked away; it continued within me, silently, insistently.

This experience forced me to rethink my place as a future physician not only at the bedside, but within a broader landscape of health. Karaí's suffering could not be separated from the loss of territory, ritual, and collective continuity. Health, in that context, was inseparable from land and belonging. To ignore this was not neutrality; it was erasure.

I became acutely aware of how medical training privileges action over presence. We are taught to decide, to intervene, to move forward; stillness is rarely recognized as meaningful. Silence is often mistaken for omission. With Karaí, choosing not to act felt almost transgressive. It forced me to

confront the possibility that ethical care does not always align with professional instinct. This dissonance was deeply unsettling. I found myself oscillating between the fear of doing too little and the fear of doing too much, aware that either could constitute harm.

The emotional asymmetry of our interaction also left its mark. Karaí spoke of losing his sons without tears, his grief contained and austere. I, by contrast, could not maintain the composure expected of a clinician. That reversal unsettled me. My tears did not signal loss of control, but an encounter with something that exceeded my defenses. They revealed that vulnerability is not incompatible with care, even if it remains largely unacknowledged in medical spaces.

As part of a team, I was not alone in this experience, yet the transformation it provoked was deeply personal. Sharing the encounter did not dissolve its impact; it clarified the shared fragility beneath our professional roles. We were all circling the same question: what does it mean to care when one cannot cure, explain, or resolve? That question lingered, unanswered, shaping my perception of myself as a student and as a future physician.

What remained most vividly was the sense of being marked. Not transformed into certainty or direction, but altered. Karaí's grief became a formative wound, one that did not close, but reshaped the contours of my understanding. It revealed the cost of listening deeply and the inadequacy of pretending that such listening is neutral. I left without answers, but with questions that now belong to my formation: questions that insist that medicine's ethical depth lies not only in its capacity to act, but in its willingness to remain present where action fails.

* * *

In the weeks that followed *Tekoa Porã*, I often recalled the way Karaí looked toward the path that no longer led anywhere. The encounter did not return to me as a memory to be revisited, but as a tension that persisted. It accompanied me in other consultations, in classrooms, and in moments when clinical reasoning felt suddenly insufficient. What gradually became clear was that the encounter had not altered a technique or a skill, but the axis around which my understanding of medicine had been organized.

My relationship with listening was the first to shift. Until then, listening had been largely instrumental: a means to gather information, identify pat-

terns, and advance toward diagnosis or intervention. After Karaí, I became more attentive to listening as a space in itself, one that does not necessarily aim at extraction or clarification. I learned to tolerate pauses without rushing to fill them, and silences without interpreting them as failure. This did not weaken clinical rigor; it expanded it, allowing attentiveness to include discernment about when not to press further.

This transformation inevitably affected my relationship with diagnosis. Medical training privileges naming: to diagnose is to confer legitimacy, to make suffering actionable. Karaí's story revealed that diagnosis can also function as a form of premature closure, fixing meanings before they are ready to be fixed. Going forward, I understand diagnostic reasoning as an ethical act as much as a technical one, requiring humility to recognize when classification clarifies and when it obscures.

More fundamentally, the encounter reshaped my understanding of health itself. Health ceased to appear as a primarily individual or physiological state and came to be understood as inseparable from territory, ritual, continuity, and belonging. Karaí's suffering could not be detached from flooded land, interrupted burial rites, or the displacement of ancestral grounds. His body articulated what the territory had endured. This realization made visible the limits of models that isolate the individual from their social and territorial context, and the importance of collective, relational, and ecological aspects of health, especially in contexts shaped by structural vulnerability.

It was through this lens that my own professional aspirations took form. The encounter at *Tekoa Porã* sharpened a discernment that had been forming gradually and gave it direction. I came to recognize that the questions that most urgently mobilize me, those of prevention, collective vulnerability, environmental disruption, and structural determinants of illness, find their most coherent articulation within the field of Preventive Medicine and Public Health. The experience did not draw me away from clinical care; rather, it repositioned it within a broader commitment to health as a social and territorial process. In doing so, it crystallized my aspiration to work in this field, both as a researcher and as a future sanitarian.

This perspective also carries implications for medical education. Traditional training, especially in urban academic centers, often remains distant from territories most affected by climate change and social inequity. Yet climate-related catastrophes will increasingly force medicine into settings where infrastructure collapses and where loss exceeds what can be repaired.

In such contexts, technical expertise alone is insufficient. Training must include sustained engagement with affected communities and territories and with forms of knowledge that do not align neatly with biomedical frameworks.

Exposure to vulnerable territories should not be exceptional or peripheral, nor framed as heroism or charity. It should be integral to formation, cultivating ethical sensitivity, cultural humility, and an understanding of medicine's embeddedness in social and environmental realities. Without this, future physicians risk remaining technically competent yet ethically unprepared for the kinds of suffering that climate emergencies increasingly produce.

At a personal level, I also learned to accept that some pains do not ask for solutions. Karaí's grief did not seek resolution; it sought acknowledgment. Learning to tolerate this distinction reshaped my sense of usefulness as a medical student. Care, I came to understand, does not always culminate in improvement or measurable outcomes. Sometimes, it consists precisely in accompanying what cannot be fixed without violating its meaning.

This awareness tempered my expectations of myself as a future physician. Effectiveness, I no longer believe, is measured solely by intervention. What I now seek to cultivate is discernment: the capacity to recognize when action is required and when restraint constitutes the more ethical response. Such discernment does not arise from protocols alone; it emerges from encounters that unsettle, resist resolution, and expose the limits of one's own frameworks.

Thus, what changed after *Tekoa Porã* was not a single belief, but an orientation: toward listening that does not rush, toward diagnosis that does not dominate, toward health that exceeds the individual, and toward a medical formation attentive to the realities of climate-induced suffering. These changes do not offer closure. They impose responsibility, and they continue to shape the physician I am becoming.

* * *

When the time came to leave Tekoa Porã, there was no clear moment that could be named as departure. Nothing in the territory itself signaled closure. The rain persisted, thin and relentless, blurring beginnings and endings alike. Our presence had always been provisional, and our exit would be no different. Still, as the last morning unfolded, I found myself attentive to

details with an almost painful acuity, as if the body sensed that something unresolved was about to be carried away.

We dismantled the clinic quietly, returning the blue tarpaulin to its family. The fire that had burned continuously since our arrival was allowed to die down on its own. Few words were exchanged. The community moved around us with the same restrained rhythm I had come to recognize, gestures measured, voices low. The settlement absorbed our movements without reacting, as if departure were already part of its grammar.

I did not see Karaí to say goodbye. I noticed his absence almost immediately, though I could not have said why I expected him to appear. Perhaps I had imagined, without admitting it, a final exchange: a nod, a word, some gesture that might retroactively confer a sense of completion. Instead, there was nothing.

At first, I felt a flicker of disappointment, quickly followed by relief, and then by understanding. A farewell, I realized, would have been an imposition. It would have suggested symmetry where there was none, closure where none existed. Karaí would remain; we would leave. His sons would remain missing; the land would remain submerged. To expect a parting gesture was to seek comfort for myself, not for him.

As we loaded the truck, I looked once more toward the flooded fields beyond the settlement. The water lay still, deceptively calm, reflecting the overcast sky. It was difficult to reconcile this surface with the violence it had enacted weeks earlier. Yet the consequences remained everywhere: in the tarps, in the silence, in the absence of rituals that had not yet found a place to return.

I thought of Karaí gazing toward a path that no longer led anywhere. I felt again the same heaviness in my chest that had settled there during our silence together. What persisted was not resolution, but interruption. As we drove away, the settlement receded slowly, swallowed by the same gray that had welcomed us. I resisted the urge to look back repeatedly, afraid that doing so would turn the place into memory too quickly, smoothing its edges. I wanted to carry it with its roughness intact. The road was lined with debris, remnants of houses collapsed into indistinct piles. Loss here did not announce itself; it lingered.

I realized then that what made the farewell impossible was not the absence of words, but the absence of conditions. Farewells require a place to stand, a future to imagine. In *Tèkoa Porã*, nothing had ended. The disaster had not concluded; it had merely settled into a quieter phase. Grief, unan-

chored by ritual or land, remained suspended, much like the community itself.

Medicine, too, had remained suspended. There had been no final act to perform, no intervention that could be framed as decisive. What we left behind was not treatment completed, but presence withdrawn. That, perhaps, was the most uncomfortable aspect of departure: recognizing that presence, once offered, cannot be neatly taken back without leaving a trace.

Long after the settlement disappeared from view, I remained aware of that trace within myself. The encounter with Karaí resisted closure. It remained, like the rain, thin but persistent. Therefore, I understood then that I would remember this experience not through an image, but through an absence: the man I did not see again, whose farewell did not take place.

We crossed a bridge where the river ran wide and opaque beneath us. For a moment, the vehicle slowed, and I watched the water slide past, carrying with it reflections of a sky that offered no answers. Somewhere downstream, it had taken lives, names, bodies. Somewhere upstream, it continued to rise and recede without regard for what it disrupted.

I did not cure Karaí. I did not help him bury his dead. I did not offer a farewell. Around me, the water remained. The asymmetry of that encounter endured: my trajectory shifted, while his grief remained.

The Author

Pedro Henrique Docema Rodrigues, Brazil
Faculty of Medicine of The University of Sao Paulo