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EDITORIAL

Health Crisis, Territories And Poverty

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What's true of all the evils in the world is true of plague as well. It helps men to rise above themselves. All the same, when you see the misery it brings, you'd need to be a madman, or a coward, or stone blind, to give in tamely to the plague. (Camus, 2017, p.120).

Since ancient times, in different contexts and in the most diverse regions of the planet, illnesses have had major impacts on the processes of social reproduction. From the great migrations of prehistoric societies to the expansion of empires, with the globalization of armed conflicts, the displacement of large numbers of people and the uncontrolled advance of men over nature favored the spread of all kinds of diseases, “leaving behind a trail of death, destruction, and misery” (Esteves, 2021, p 14).

This endless list of outbreaks, epidemics, and pandemics faced by humanity has fatefully followed its course in this first quarter of the 21st century, marked since its beginning by the epidemic outbreaks of SARS-1, cholera, Ebola, Zika Virus, and others. However, none was more devastating and terrifying than the Covid-19 pandemic, caused by the spread of the SARS-COV-2 virus, or Coronavirus, as it became known worldwide, causing a global health crisis of catastrophic dimensions (Lara, 2020; Abrasco, 2022). Not since the Spanish flu, which tragically struck humanity between 1918 and 1919, has there been a disease of such massive proportions on a global scale, becoming the main historical health event of the century, and perhaps of human history.

The environment in which the Covid-19 pandemic occurs far exceeds the relevance and impact of the previous major events. The acceleration of global warming and climate change, the spread and duration of droughts, the rise in the intensity and frequency of torrential rains, urban pollution, natural and technological disasters are worsening the living conditions of thousands of people. This scenario is further exacerbated by the imperialist war between Russia and Ukraine, whose shocks in the world economy have had a repercussion on the price of essential products such as energy and food, and also by the drastic drop in real monthly wages in several countries, reducing the purchasing power of the middle classes and severely affecting low-income families.

The structural crisis of capital, prior to the pandemic, with low growth rates, fiscal restraints derived from adjustment policies, austerity, and various economic restrictions, reduced the “capacity” of national governments to respond to the demands needed for the reproduction of social life. In much



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of the world, as the World Health Organization (Who, 2021) found, the healthcare systems had enormous deficits in facing a sanitary emergency of this magnitude, especially in the poorest countries, which were also disadvantaged in terms of access to vaccines to fight the virus. Rich countries were the first to be supplied, in some cases far above the local demand, compared to the scarce offer in the poorer countries. There was a real “sanitary apartheid”, while in May 2021, still at the height of the pandemic, rich countries, which represented 15% of the world’s population, held 45% of vaccines, while low- and middle-income countries, representing almost half of the world’s population, had access to only 17% of the available vaccines. Moreover, it is in the richest countries that the pharmaceutical industry oligopolies are concentrated, less committed to preserving lives than to setting up trade agreements more in tune with the interests of the global financial elites.

In Brazil, the Covid-19 pandemic has exposed regional inequalities in the availability of health care and vaccination. According to data from OXFAN (2022), by the end of July 2022, 80.1% of the population was fully vaccinated, being the fourth country in the world with the highest number of administered shots, behind only China, India, and the United States. However, the richest state in the country, São Paulo, was the only one to meet the goal of 90% complete coverage established by the Ministry of Health. In the South region, only 16% of the municipalities achieved more than 80%. The cities with low Human Development Index (HDI) had lower vaccination rates, which confirms the unequal distribution of immunizers, a result of the country’s structural inequality, our weak democracy, and, consequently, the poor level of access to the right to healthcare.

In addition to the shock caused by the pandemic, there was the economic stagnation already underway in the country. The health crisis only aggravated the previous conditions, amplifying the expressions of the social issue. The new configurations of capitalism, the expansion of the financialization process and its links to the production of superprofits led to a sharp increase in inequalities, already growing in recent years, widening the abyssal social and economic gap between rich and poor (Lara, Mota, 2022). The growing de-industrialization has caused a dramatic increase in unemployment, precariousness, income losses, and poverty. The “gap between income and labor in relation to capital revenue” (Sorrentino, 2021, p.475) widened the asymmetries that mark the various axes of the inequality pattern in Brazilian healthcare and in other areas, not only among regions, but also among the municipalities that compose them. Beyond that, “all the structural contradictions of the Brazilian economic formation, of a deeply conservative national state under the control of the internationalized financial groups with whom the Brazilian economic sectors are entangled” (Ibidem, p.476) worsened.

As a result, the already unstable working conditions have deteriorated, with an increase in informality, intensive exploitation of the labor force, and high rates of work-related illnesses and deaths. Compared to other countries, the basic requirements for social reproduction, the inequalities in wages and housing, and the lack of investment in public policies make Brazil one of the countries with the worst living conditions for the majority of its population. According to data from the IBGE (2022), extreme poverty set a record in our country in just two pandemic years. Between 2020 and 2021, the number of people living in extreme poverty rose by almost 50%. In the same period, three out of ten Brazilians fell below the poverty line, an increase of 22.7% compared to 2020. The number of people living in extreme poverty regrettably climbed 48.2% in the same period. According to the 2nd National Survey on Food Insecurity in the Context of the Covid-19 Pandemic in Brazil (II Vigisan), between the end of 2021 and the beginning of 2022 the number of Brazilians living in hunger will reach the shameful figure of 33 million, indicating the country’s sad return to the hunger map.

Although the virus does not distinguish between social classes, the subalterns are undeniably the most severely affected. As Harvey (2020) writes, this pandemic displays all the characteristics of the class, gender, and race regime, and its consequences fall incisively on the poorest and most vulnerable populations, such as the elderly, indigenous, quilombolas, informal workers, people deprived of freedom, refugees, unsheltered, slum dwellers, ribeirinhos and periphery communities. Moreover, according to WHO (2021), more white people than black people are vaccinated against the coronavirus in Brazil, despite the latter being the majority, which demonstrates the direct impact of inequalities and structural racism in the lives of thousands of Brazilians denied of their rights and access to services. The Agência Pública (2021) also pointed out the vaccination discrepancy between whites and blacks. By March 2021, 3.2 million people who declared themselves white had received the first dose of the immunization against the new coronavirus; among blacks, this number drops to 1.7 million. Although the first Epidemiological Reports (BE) released by the Ministry of Health during the pandemic virtually ignored the “race/color” aspect, data from the Brazilian Obstetric Observatory COVID-19, reported in the Influenza Epidemiological Surveillance Information System (SIVEPGripe) until March 23,

2022, reveal that among pregnant and postpartum women killed by Covid-19, 54% were black. Pregnant black women were also the majority of those contaminated by the virus (56%), of those with more severe cases of the disease (48% of all hospitalizations), and of those who required ICU beds (47.5% of the beds among women in this group). Such evidence proves that racism, together with inadequate conditions of livelihood, food security, working standards, income, and housing, are not only social or epidemiological determinants, but structural and structuring factors of inequalities in our country.

Another fact worth mentioning is “the geography of deaths by COVID-19”, which parallels the map of social inequality in the country. According to a research carried out by the Brazilian Association of Public Health (ABRASCO), the cross checking of mortality data against municipal socioeconomic indexes and the address of the deceased revealed that the quilombolas, the indigenous, the blacks, the poorest, and the residents of the countryside and the suburbs of the big cities suffered most directly from the consequences of the pandemic. The mortality rate in Brazil shows, therefore, “that most COVID-19 deaths have a clear age, address, skin color, and financial status” (Abrasco, 2022, p.87).

Additionally, moralistic conservatism and science denialism aggravated the difficulties in containing the pandemic and the health crisis, with indisputable repercussions in the ideological, cultural, and political fields, incubating, in Gramsci’s (1999) expressions, “bestial passions”, “instinctive and violent impulses” that were ingrained as a way of life and became common sense. The federal government, with its anti-scientific ideology and a clear absence of national coordination, has openly undermined the fight against Covid-19. By denying the seriousness of the pandemic, it minimized the importance of public policies, exempting the government from its duties. The denialist rhetoric associated with the ultra-conservative and reactionary moral values and customs was boosted by the “multiple private apparatuses of hegemony”, by the social networks, through the ideological “war” instrumentalized by the Trump administration in the United States, against the “Chinese virus” and the menace of communism. The denialism and indifference of government authorities, especially in Brazil, in the face of a disease that has claimed thousands of lives, reveal the most morbid and cruel traits of a political project in its neo-fascist lines.

From Temer to Bolsonaro, the dictum of the free market as the organizer of social life has been sanctioned, and the counter-reforms have led to the breakdown of public policies. The demolition of the Brazilian social protection system and its affiliated social policy branches, notably Social Assistance (SUAS), the Unified Health System (SUS), with emphasis on Primary Care and Mental Health, and the National System for Food and Nutritional Security (Sisan) has deepened the health crisis, rendering large layers of the class dependent on state care uncovered. Despite the PNSS/Covid-19 guidelines to use the pandemic as a subterfuge to strengthen the supplementary health market, the effective response came from the SUS and the legacy of public policies structured in previous decades, not from the private market and health insurance companies. Even crippled by chronic underfunding over the years and the defunding due to Constitutional Amendment No. 95/2016, the SUS has reassumed its relevance as a public policy, based on the principles of universal access, equity, integrality, and regionalization, structured in all Brazilian municipalities (Abrasco, 2022). Furthermore, the Emergency Aid of R\$600 approved only after enormous pressure from the progressive forces in parliament, was one of the cornerstones to face the unprecedented humanitarian crisis and recover the rights of an eroding citizenship.

Neoliberal claims and pressures – “The economy cannot stop!”, “The minimal state is enough!”, “Lockdown gets in the way of well-functioning markets!” - that is, the accounting between life and economy, as Žižek (2020) wrote, guided the choices of various governments, undermining the state’s commitment to democracy and citizenship. The state, however, has again inevitably taken center stage in confronting the dramatic consequences of Covid-19 in both central and peripheral countries. Hayek’s motto that the state should focus on general regulations, leaving individuals free to carry out their choices, was aggressive in the tropics, with the demonization of the public and the supremacy of the market with no limits and no social boundaries. And once again Žižek (2020, p.9) warns us, in his hopeless prognosis: “One thing is sure: isolation alone, building new walls and further quarantines, will not do the job”. The preparation for the probable, and already foreseen, future health emergencies requires the support of science, the fight against the denialism instilled in the various layers of the class and against the reactionary and antidemocratic mentality ingrained in our reality, but, above all, to make the state’s presence effective in the definition of a proactive agenda of public policies, and not only in healthcare, in order to anticipate future challenges and the steps to be taken, despite the high degree of uncertainties and fears that the present time imposes on us.

The set of articles gathered in this issue of *Katálysis Journal* moves in that direction and presents, from different angles, instigating reflections on the deleterious effects of the social and civilizing crisis aggravated by the health crisis that has assaulted the various continents. Simultaneously, the themes approached offer precious elements to propel the necessary and urgent strengthening of democratic institutions, the rule of law, and popular forces in the constant struggle for the preservation and consolidation of democracy, citizenship, social and human rights, indispensable in the making of another civilizational project, based on truly substantive freedoms and equality.

Referências

- AGÊNCIA PÚBLICA. Brasil registra duas vezes mais pessoas brancas vacinadas que negras. Disponível em <https://apublica.org/2021/03/brasil-registra-duas-vezes-mais-pessoas-brancas-vacinadas-que-negras/>. Acesso em 28 de dez. 2022.
- ABRASCO. Pandemia de COVID-19. Dossiê. Rio de Janeiro, 2022. Disponível em [Abrasco_Dossie_Pademia_de_Covid-19_versao2.pdf](#). Acesso em 30 de nov. 2022.
- BRASIL. IBGE. Síntese de indicadores sociais. Disponível em: Em 2021, pobreza tem aumento recorde e atinge 62,5 milhões de pessoas, maior nível desde 2012 | Agência de Notícias (ibge.gov.br). Acesso em 05 dez. 2022.
- CAMUS, A. A peste. Rio de Janeiro: Record, 2017.
- ESTEVES, A. As crises sanitárias: uma perspectiva histórica. Revista Sociedade e crises. Minho, 2022. Disponível em: <https://repositorium.sdum.uminho.pt/> Acesso em: 04 dez. 2022.
- GRAMSCI, A. Cadernos do cárcere: Introdução ao estudo da filosofia. A filosofia de Benedetto Croce. Trad. Carlos Nelson Coutinho, Luiz Sérgio Henrique, Marco Aurélio Nogueira (Org.). v. 01, Rio de Janeiro: Civilização Brasileira, 1999.
- LARA, R. Pandemia e capital: as repercussões da Covid-19 na reprodução social. Revista Libertas. Juiz de Fora, v.20, n.1, p.53-69, jan./ jun. 2020. Disponível <https://periodicos.ufjf.br/index.php/libertas/article/view/30657/20731>. Acesso em: 27 dez. 2022.
- LARA, R. MOTA, A. E. Desigualdade, fome e produção de alimentos. Revista Katálysis. Florianópolis, v.25, n. 3, p. 437-442, set.-dez. 2022 <https://periodicos.ufsc.br/index.php/katalysis/article/view/89701/51464>. Acesso em: 27 dez. 2022.
- HARVEY, D. La política anticapitalista em la época del COVID-19. Observatório de la crisis, 2020. Disponível em <http://www.relats.org/documentos/FTLecturas.Harvey.abril.pdf>. Acesso em: 15 dez. 2022.
- OBSERVATÓRIO OBSTÉTRICO BRASILEIRO COVID-19. Sistema de Informação de Vigilância Epidemiológica da Gripe. Disponível em: <https://portaldeboaspraticas.iff.fiocruz.br/atencao-mulher/conheca-o-observatorio-obstetrico-brasileiro-covid-19-oobr-covid-19/>. Acesso em: 2 jan. 2023.
- OMS. (WORLD HEALTH ORGANIZATION - WHO). Independent Panel for Pandemic Preparedness and Response. Covid-19: make it the last pandemic. Geneva: WHO, 2021. Disponível em: https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf. Acesso em: 27 dez. 2022.
- OXFAM. Desigualdade no acesso às vacinas. Disponível em: www.oxfam.org.br. Acesso em 27 dez.2022.
- REDE BRASILEIRA DE PESQUISA EM SOBERANIA E SEGURANÇA ALIMENTAR E NUTRICIONAL. PENSSAN. II Inquérito Nacional da Insegurança Alimentar no Brasil no Contexto da Covid-19 (II VIGISAN), 2022. Disponível em <https://pesquisassan.net.br/>. Acesso em: 10 jan. 2023.
- SORRENTINO, W. As travessias. In: MARINGONI, G. (Org.). A volta do Estado planejador: neoliberalismo em cheque. São Paulo: Contra a Corrente, 2021.
- ZIZEK, S. Pandemia: Covid-19 e a reinvenção do comunismo. São Paulo: Boitempo, 2020.

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