PUBLIC HEALTH AND SOCIAL INEQUALITIES: BRAZIL IN PANDEMIC TIMES

SAÚDE PÚBLICA E DESIGUALDADES: BRASIL EM TEMPOS DE PANDEMIA

SALUD PÚBLICA Y DESIGUALDADES: BRASIL EN TIEMPOS PANDÉMICOS

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ABSTRACT: The COVID-19 pandemic has impacted the world in different social, economic, and political spheres. Because of the current pandemic, it is still difficult to predict the long-term impacts it will have. However, in the Brazilian society of profound social asymmetries, the pandemic has assumed its perverse character. The old structural problems that plague a significant portion of Brazilians, such as hunger, the lack of treated water and the difficulty of accessing public policies, now add to the new risks inherent to the virus, causing a class pandemic in Brazil.

KEYWORDS: Social inequality. Public health in Brazil. COVID-19.

RESUMO: *A pandemia do COVID-19 tem impactado o mundo nas diversas esferas social, econômica e política. Pela atualidade da pandemia, ainda é difícil prever os impactos que ela deixará em longo prazo. Entretanto, na sociedade brasileira de profundas assimetrias sociais, a pandemia tem assumido seu caráter perverso. Os antigos problemas estruturais que assolam parcela significativa dos brasileiros, como a fome, a ausência de água tratada e a dificuldade de acessar políticas públicas, somam-se agora aos novos riscos inerentes ao vírus, ocasionando uma pandemia de classes no Brasil.*

PALAVRAS-CHAVE: *Desigualdade social. Saúde pública no Brasil. COVID-19.*

RESUMEN: *La pandemia de COVID-19 ha impactado al mundo en diferentes ámbitos sociales, económicos y políticos. Debido a la pandemia actual, aún es difícil predecir los impactos a largo plazo que tendrá. Sin embargo, en la sociedad brasileña de profundas asimetrías sociales, la pandemia ha asumido su carácter perverso. Los viejos problemas estructurales que afectan a una parte importante de los brasileños, como el hambre, la falta de*

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agua tratada y la dificultad de acceder a las políticas públicas, ahora se suman a los nuevos riesgos inherentes al virus, causando una pandemia de clase en Brasil.

***PALABRAS CLAVE**: Desigualdad social. Salud pública en Brasil. COVID-19.*

Introduction

In the midst of the global pandemic of COVID-19, still ongoing in Brazil, it is difficult to predict what its long-term impacts on Brazilian society will be. In this sense, the objective of this paper is to discuss social conditions that can aggravate the pandemic crisis in the country, such as social asymmetries in their broadest economic, racial and quality of life aspects. Despite the advances in the social field - mainly from the construction of rights foreseen in the Federal Constitution of 1988 and the financing of other assistance projects - the reality shows that these were not able to have a profound impact on unequal structures. The social inequalities accumulated throughout Brazilian history now add to the pandemic. The effects of COVID-19 have shown class character, since social, economic and racial asymmetries have determined the so-called "risk group" of the disease.

The data on the impact of COVID-19 presented in this article can be modified until the final outcome of the Coronavirus in Brazil, this is because the pandemic is growing in the country at the time of completion of the work. The data survey was based on the mapping of news from the press, federal decrees, data from bulletins offered by the Health Departments and from scientific research bodies committed to identifying the real conditions of victims in Brazil. Thus, the surveys of information are preliminary, since the work was developed in the first half of 2020 and the pandemic is still ongoing.

In addition to this introduction, the article is divided into four more sections. In the first, we bring data about the pandemic in Brazil, relating it to the issue of our structural inequalities. In the second section, we reflect on the paths that have been traced in Brazil to face inequalities. In the third, we deepened the discussion about the Unified Health System (SUS) showing how the pandemic unveiled its potential while revealing its limits and challenges. The fourth section is dedicated to making some concluding remarks.

The *class virus*: when the pandemic crisis adds to social inequality

The pandemic opened up Brazil's structural problems. Thus, envisioning the post-pandemic future is also envisioning the possibility of changes that face the structure of social

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inequalities by designing a more egalitarian and fair country. The current health crisis is becoming more serious for the peripheral, riverside, indigenous and quilombola populations, highlighting that, although many intone the phrase “we are all together and in the same boat”, Brazilian reality opens its most cruel face: inequalities social.

As Schwarcz (2019) warns, the crucial problem that remains on our Republican agenda is the maintenance of shameful social inequality. The 2018 Oxfam Brasil Report shows that in 2016 the country occupied the 10th position in the global ranking; in 2017 it moved to the 9th position. The 2018 IPEA Study shows that Brazil ranks among the 5 most unequal countries on the planet, in concentration and income distribution (SCHWARCZ, 2019, p. 126).

IBGE data show that the difference between the income obtained by the richest 1% and the poorest 50% in 2018 is a record in the historical series of the PNADC (National Continuous Household Survey), which started in 2012. The average monthly income obtained with work by the richest 1% of the Brazilian population reached, in 2018, the equivalent of 33.8 times the gain obtained by the poorest 50%. At the top, the average income was R$ 27,744, while in the poorest half, R$ 820[4].

Slave labor, land ownership, corruption and patrimonialism are among the main reasons for the scandalous social inequality that we carry throughout our history, an inequality that has several faces: economic and income; opportunities; racial; regional; of gender; generation; and social inequality, present in the different accesses to health, education, housing, transportation and leisure (SCHWARCZ, 2019, p. 126).

Another factor that defines inequalities, which is widely discussed today, is that which concerns very unequal tax contributions in Brazil: 2017 data from Oxfam show that the richest 10% pay 21% of their income in taxes; the poorest 10% pay 32%; indirect taxes consume 28% of the income of the poorest and only 10% of the richest. Other distortions of our taxation, when compared to other countries: the inheritance tax rate in SP is 4% while in the United Kingdom it is 40%; the collection with patrimonial tax in Brazil represents 4.5% of the total, while in Japan, Great Britain and Canada it is more than 10%; in the country, the same rate of IR is practiced for those who earn 320 minimum wages per month and for those who earn 5 minimum wages and more, considering OECD member countries and partners, only Brazil and Estonia do not tax profits and dividends (SCHWARCZ, 2019, p. 130-131).

As can be seen, the concept of inequality adopted in this paper is not restricted to monetary inequality. According to Arretche (2017, p. 4), “it is convenient to preliminarily

[4] Available at: https://www.eco.unicamp.br/noticias/que-pais-e-este-dimensoes-da-desigualdade-social. Access: 10 Mar. 2020.

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distinguish monetary inequality from non-monetary inequality", this is because, the first refers to income and the second concerns "dimensions that go beyond income, such as access to services, living conditions and capacities". Still according to the author, the question of income occupied the centrality of the political science debate of the 20th century, shaken by the conception proposed by Sen. In the work "*Desenvolvimento como Liberdade*" (Development with freedom), Sen (1999) theorizes the idea of freedom as the whole social, economic and political devices. The national development indicators hitherto, purely economic, masked deprivation of freedom in the context of individuals: lack of information, educational problems, authoritarianism, inequalities, etc.

In this sense, to theorize about Brazilian society in the context of a pandemic is, necessarily, to theorize about the diverse faces of inequality and deprivation of liberty, such as access to public health, treated water, the real conditions to protect against the virus, isolation conditions housing, *cohabitation*, etc. The *silencing* of indicators in the data on deaths by COVID-19 - such as race, gender and class - impacts, above all, on the formulation of effective government responses to serve those who, in addition to the pandemic, suffer from the failure to achieve full citizenship . As we will show, the pandemic is being crueler to the poor, expressing the perversity of a 'class pandemic[5]' *a la Brazil*. The right to dream of a 'prosperous tomorrow' after the pandemic is not universal: factors of race, gender and social class inequalities can create different narratives about 'tomorrow' after the pandemic.

The difficulty in accessing health and other basic rights, such as food and treated water for consumption and hygiene, are even greater challenges for the marginalized classes and punished by the order of capital and the accumulation of political choices - which, throughout history, little has changed the social structure of the subordinate strata of Brazilian society - naturalizing the abysmal differences in living conditions between the richest and the poorest. The invisibility of social problems, with tragic consequences in the context of a pandemic, has caused other *invisibilities*, especially in the difficulty of finding data collected about class and race in the bulletins of deaths by Coronavirus. This problem, as will be demonstrated throughout this article, not only silences the class character of the virus, but also prevents the construction of effective public policies for its containment.

In times of global pandemic, there is no way to have historic patience to act, since the health crisis, combined with the economic crisis, demands urgency and responsibility from the authorities to provide effective responses to help the population. The sociologist Walter

[5] Term used by David Harvey in his article "Anti-capitalist policy in Covid-19 times" published in the book "Coronavirus and Class Struggle" to refer to the social differences in the impacts of the pandemic.

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Benjamin (1892-1940), observing the changes that occurred in the beginning of the 20th century, opposed the Marxist maxim that the revolution is the locomotive of history to defend that, in fact, it would be the brake. Benjamin's analysis, mentioned by Löwy (2005, p. 94), defends the concept that revolutions are the act of pulling the emergency brakes of the train on which humanity travels. If the virus is understood more broadly - not just as a 'natural disaster' - and inherent in the system and way of reproducing life within *radicalized modernity*, the growing number of victims of COVID-19 seems to represent the 'edge of abyss'. It becomes necessary to pull the brakes on the train before the tragedy is even greater in the Brazilian case, in which social inequalities deepen the pandemic crisis.

To exemplify, in Brazil, 47.8% of children have a low income household condition, with 25.2% being on the poverty line and 22.6% on extreme poverty, according to the alarming data from the report Childhood and Adolescence in Brazil (2019). Amidst the necessary measures to contain the virus, federal, state and municipal decrees requested the closure of schools since March 2020. In practice, this means that thousands of children have had their school meals compromised, which often corresponded to the main meal of the day. In a report published by the Secretary-General of the United Nations, António Guterres, the pandemic represents a serious threat to the food and nutritional security of the most vulnerable populations. According to the report, 49 million people can emerge in the extreme poverty scenario due to the economic and social impacts of COVID-19.

Another relevant data is that of the IBGE Agency (2017): in Brazil, 11.4 million people live in favelas, the so-called 'subnormal agglomerations', generally of little infrastructure, whose access to essential services (basic sanitation, garbage collection and treated water) vary by region of the country. In this scenario, one finds precarious housing, reduced hygiene conditions, families that share one or two rooms among themselves. During the pandemic, residents of the Paraisópolis community in São Paulo went to the media[6] to denounce the lack of water supply. Sabesp (Basic Sanitation Company of the State of São Paulo), in an attempt to alleviate the situation, distributed 2,400 water tanks in the capital. Residents of Paraisópolis - a community that received at least half of the tanks - claim they are unable to afford the installation, in addition to suffering from the lack of water in the taps.

In the capital of the state of São Paulo alone, it is estimated that more than 24,000 people are homeless, according to the Census of Homeless Population (2019) released by the City Hall. The penultimate census, carried out in 2015, pointed to an estimated 15 thousand people in this

[6] According to news published by Uol, the Paraisópolis community suffers from the lack of water in the taps in the midst of the pandemic of COVID-19.

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situation, and in four years, almost ten thousand more people went to live on the streets. The global trend of neoliberalism has driven the dismantling of social policies and emptied the State of its role as provider. This trend has built exclusion criteria and the offer of selective social services. According to Bauman (2008), the *residual population*[7] - which was marginalized by the labor market - is produced on an increasing scale within the *archipelago of exceptions*.

According to Costa (2019, p. 60, our translation), “reconstructing the links between past and contemporary inequalities found in Latin America remains a challenge”, because, according to the author, the social needs that persisted throughout history have taken on new characteristics , interrelating past and present inequalities. Thus, "the inequalities that emerged at a certain historical time are superimposed by new social disparities, but not replaced, that is, they do not disappear" (COSTA, 2019, p. 60, our translation). Hunger has not been eradicated, nor have access to treated water, basic sanitation and literacy become universal - even with significant advances in the past two decades. Such problems are added to the *uberization* and precariousness of work, the withdrawal of rights and, at this moment, to the pandemic of the Coronavirus, directly reflecting on the number of deaths by income, race, and ethnicity. In this way, constitutional retractions make the problems of the so-called “first modernity” add to the problems of “radicalized modernity”.

According to a study carried out by the *SoroEpi MSP Project*[8], the number of people contaminated by COVID-19 in the city of São Paulo decreases as the level of education increases, reaching 4.5 times more individuals who did not complete elementary school, when compared to those who completed Higher Education. In addition, the study shows that the number of contaminated individuals who identify themselves as *black* is 2.5 times greater compared to whites, and individuals living in dwellings with 5 or more individuals represent 2 times more than those who live with 1 or two individuals . This means that the virus has relapsed with a greater incidence on individuals with less education, blacks and individuals who live in *over-inhabited* houses, that is, with five or more residents.

The survey results demonstrate that social asymmetries and inequalities in access to basic health services are crucial in this pandemic moment. This does not mean that the virus has a social prevalence, but that precarious housing, exposure to the virus in the continuity of the work routine, without the possibility of isolation, condition of public transport, among

[7] The term 'residual population' refers to the text by the Polish thinker Zygmunt Bauman, entitled “Archipelago of exception” (2008), whose theme deals with the radicalization of modernity and the emptying of the role of States in the face of the impositions of global neoliberalism.

[8] *Serial soroepidemiological survey to monitor the prevalence of SARS-CoV-2 infection in the Municipality of São Paulo*.

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others, are in the factors that cause the vulnerable population to be more exposed and becomes a victim of the new Coronavirus. The number of victims by COVID-19 in the city of São Paulo has brought to light the uneven spatial structure of the state capital: data collected by the Department of Health on 17 April, a time when experts pointed only to the beginning of the spread of the virus among the so-called peripheral neighborhoods, Brasilândia, in the North Zone, had 89 confirmed cases of the disease and 54 deaths. Meanwhile, the neighborhood of Morumbi, in the South, had 297 cases (three times more than in Brasilândia) and only seven deaths.

With the figures updated by the Health Department of São Paulo in June, the neighborhoods of Brasilândia and São Miguel Paulista are among the neighborhoods with the highest number of deaths in São Paulo, as well as neighborhoods with a low average household income. According to the Map of Inequality, carried out by *Rede Nossa São Paulo* (2017), the capital has huge inequalities in family incomes from the richest to the poorest neighborhoods. The peripheries still have precarious conditions that directly impact the contagion and deaths caused by the pandemic: precarious housing that makes isolation difficult, agglomerations in public transport between work routes, precarious hygiene conditions in the face of lack of treated water and basic sanitation, difficulty accessing health services and insufficient devices for all patients are among the factors.

Data from the Municipal Health Department, published on 29 July 2020, show that, in the city of São Paulo, the incidence of the disease is higher in the black and brown population (14.1%), whose monthly income is lower; it is the population that makes up class E (17.7% compared to 4.6% of class A) and with low education (36.7%)[9].

The production of geographical space ends up solidifying the production of inequalities and imbalances within the capitalist system, since “space reproduces social totality insofar as these transformations are determined by social, economic and political needs” (SANTOS, 1982, p. 33, our translation). The massive number of victims in the socio-economically disadvantaged districts of the city of São Paulo highlights the asymmetries in the exploration and appropriation of the geographical space and the indivisibility through the productive, economic and cultural sphere. Therefore, the unequal production of space is put in function of the spatial dialectic from the perspective of market reproductions, creating and appropriating the structural and inherent contradictions in the functioning of the system.

[9] See. Folha de São Paulo Newspaper, “Presença do vírus na classe A é ¼ da classe E”, 29 July 2020.

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The fact that the number of deaths by Covid-19 in São Paulo is concentrated geographically on a larger scale in the poorest neighborhoods demonstrates the effects of this *inseparability* between space, forces of capitalist production and the alarming reproduction of social inequality. Research carried out by the *Pólis Institute* has mapped the pandemic in the outskirts of São Paulo and has shown that, according to data from the Health Departments, the number of deaths is higher in the peripheral regions due to the sum of several other social needs, due to the lack of services or the need that the population has to leave home to work, facing displacements, public transport and agglomerations.

The researches call for the lack of more detailed data on race and social class, which has made it difficult to identify the profile of deaths by COVID-19. According to data presented by the Pólis Institute, the relationship between deaths and race can be shown in the fact that about 63% of the black population lives outside the most central areas of São Paulo and are in the districts most affected by COVID-19. Also, according to the Pólis Institute, only 20% of deaths occur in the region where access to health services is greater, which shows the inequalities in the distribution of the service. There is an urgent need to develop systematic data that can bring to light the complete relationship between the pandemic and territories, race and social class. Only with accurate diagnoses can progress be made not only in facing the disease, but also in public policies that have an impact on the transformation of the structures that produce social inequalities in Brazil.

The social in Brazil: case of *police* or *politics*?

The concept of citizenship can be understood, according to Arretche (2015, p. 103, our transaltion) as the “citizens' right to a minimum of economic well-being and security” capable of allowing these individuals to live “as civilized beings according to current standards in society in order to expand their real freedoms ”. The “well-being” item, inserted in the definition, encompasses the provision of essential services to the individual's life, apart from income, such as equity in access to rights, social policies and respect for dignity and life. In the widespread work of Carvalho (2001) on the path of citizenship in Brazil, the author highlights the existence of three orders of citizens in Brazilian society almost two decades since the publication of the work, such a finding still deserves attention due to the current hierarchy of citizenship.

Among the hierarchy of citizens, the author mentions the class of "doctors", individuals who have no obstacles in guaranteeing civil, political and social rights, counting on economic

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privileges, in education and in the treatment and enforcement of the law. There are also "second class" individuals, the "simple citizens", who are subject to the rigors and benefits of the law. They do not always have an exact notion of their rights and even if they do, they often lack the necessary means to enforce them. Finally, the author highlights the order of the "elements", individuals on the margins, whose civil, social and political rights are almost unattainable, often experiencing only the Penal Code (CARVALHO, 2001, p. 215-217).

At the critical moment in the rise of the Coronavirus contagion curve on the poorest population, especially in the peripheries, researches start to point out that, in cities like Greater São Paulo, the so-called 'risk group' condenses to the question of income. The so-called "second class" individuals and the "elements" fill in the numerical statistics: a survey carried out by the Urban Observation Laboratory - Medida SP, published in June 2020, was responsible for crossing the data on deaths by COVID-19, provided by the Ministry of Health, with the Postal Address Code (CEP) and data on average income per residence in each region (2010 Census). The result shows that 66% of the victims lived in peripheral neighborhoods, with estimated household income from zero to R$ 3,000.

As Carvalho (2001) showed, on this side of the tropics, the construction of citizenship has a complex path and inversely proportional to the linearity generally attributed to European countries in building the political-economic model of the *Welfare State*. The social protection system is being consolidated in Europe, to the extent that, with the consolidation of the capitalist mode of production, in which the growth of poverty goes beyond the limits of charitable actions and *focused policies*.

The greater state interference in the economic sphere emerges, in the cases of advanced democracies, after the effects of the systemic crises aggravated by the damage caused by the Second World War. States, with particularities in the models, made efforts to replace the notion of "social insurance" with the notion of "social security", which, in practice, enabled the construction of universalist social policies that started from the notion of social policies as rights, enriching *citizenship status*[10], a term used by TH Marshall. In this way, the State and public institutions "become the producers of policies aimed at guaranteeing broad social rights for all citizens, configuring what has been called social welfare states" (VIANNA, 2002, p. 05, our translation).

[10] The idea of enriching *citizenship status* was formulated by the thinker T.H. Marshall to explain the reconciliation between citizenship and social class from the construction of universal social rights for all individuals of society, without distinction.

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Despite the different types of *Welfare Stat*e, it can be said that, to a greater or lesser degree, this model was able to provide provision for citizens of the countries of the social democracy. Based on *Keynesianism*, the protagonism assumed by the State built the protection system by mediating the action of capital through the collection of taxes and tributes, offering, in exchange, social security. The relative balance between the productive forces of capital and the social and political forces of workers was able to change, albeit timidly, social structures based on universalist public policies. However, in the face of the economic slowdown of the 1970s, the welfare status came to be questioned.

The economic powers of the 1980s and 1990s also began to exert influence over countries that had not converted to the new global dynamic, driving institutional reforms, privatizations, withdrawal of rights, depoliticization of the economy and the resumption of *laissez-faire*. It is observed that, in times of economic crises, the protection system of the "engine" of growth starts to be considered the "brake" of growth. The end of the "Golden Age" showed that the general wealth never reached the eyes of the majority of the world population (HOBSBAWM, 1997, p. 255). This is because, while 'well-being' was guaranteed status for the countries of *Welfare*, the countries of the "periphery of capitalism", as in the case of Brazil, suffered from the problem of hunger, child malnutrition, illiteracy and other structural obstacles.

As an example, we can remember the so-called Brazilian "economic miracle" (1968-1974). The data show that, in addition to the recession in the economy in the following years, the 'miracle' in numbers did not represent a 'miracle' in the quality of life of the Brazilian population: in addition to reconcentrating income, it increased the degradation of life for those who were away from benefits generated by economic growth, as stated by several studies. According to data from ENDEF (National Study of Family Expenses), about 67.0% of individuals had an energy consumption below the minimum nutritional needs recommended by WHO. Child malnutrition at the time affected 46.1% of children under five. The malnutrition factor also extended to 24.3% of adult and elderly men and 26.4% of women. Therefore, it can be said that "the difference between countries at the center of capitalism and those on the periphery, in terms of social protection, is stark. In the periphery, it was difficult to complete the Social Welfare State, just as the local elites stopped the advances of democracy" (POCHMANN, 2004, p. 03, our translation).

In Brazil, the issue of full citizenship only comes up in the moment of democratic opening. Before this period, Brazilian political history, marked by authoritarian interruptions and dictatorships, allowed the repressive apparatus to treat the social as a "police case". As

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Carvalho (2001) attests, the order of rights conquered in Brazil can be seen inversely proportional to the countries of the social democracy. The rights march, started in the Varguista period, was marked by suppressed political rights and limited civilians. The advances in the social field of the 1930s were marked by the creation of labor rights, creating the status of citizens to those who had a formal contract. In this sense, political scientist Wanderley Guilherme dos Santos coined the term "regulated citizenship" (CARVALHO, 2001).

Therefore, in the Brazilian context, the recognition of the State's responsibility towards the social obligations of its citizens does not occur at the same time as it develops in the countries of European *Welfare*. Social vulnerabilities have been incorporated into government agendas, which have ceased to be the object of *public charity* to become *public responsibility*. In this sense, it seems that the Coronavirus arrives to collect the account of the social asymmetries in the country of slave tradition that, even with the advent of the Republic (1889), went in the opposite direction of the construction of rights, when compared to the European countries.

The deepening of the social gaps in recent years, added to the problem of COVID-19, shows that although constitutionally social policies are universal, in practice, the perpetuation of inequalities makes access to rights difficult, including, for the so-called 'risk group' of the virus, the question of social class. Individuals who need to deal with the old risks and uncertainties daily start to deal with the new risk of exposure to the virus. The routine of the "quarantine" or so-called *home office* has a class divisive character, since the less favored and underemployed - with precarious jobs, informality, unprotected by labor laws or affected by the *uberization*[11] of work - continue to risk their lives. As David Harvey points out:

> This "new working class" is at the forefront and bears the brunt of being the workforce most at risk of contracting the virus through their jobs or being unfairly fired because of the economic downturn imposed by the virus. There is, for example, the question of who can and who cannot work at home. This aggravates the social division, as well as the question of who can isolate or be quarantined (with or without remuneration) in case of contact or infection (HARVEY, 2020, p. 21, our translation).

As Pires and Lotta (2019) point out, "power, knowledge, income and opportunities are often distributed unevenly in societies, and the relationship between public policies and forms of inequality is extremely complex" (PIRES, 2019, p. 27, our translation). This is because,

[11] The term 'uberization' of work has been used by many scholars to describe the new work relationships in the world that stem from worker informality and flexibility. Among the determinants, there has been a growing unemployment rate and changes in labor laws, a neoliberal trend that affects several countries.

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according to the authors, government efforts can design policies in order to reduce social inequalities, however, other policies can exacerbate existing social gaps, such as a regressive tax system. In the midst of the Coronavirus pandemic, the discussion on the effectiveness of health policies, especially with regard to financing, reveals the need to think about the relationship between public policies, public investment and social inequalities. That's what the next section will talk about.

A stone in the way: the problem of universalization and financing in the fight against inequalities

The Covid-19 pandemic in Brazil opens up not only the aggravating picture of the country's social inequalities, but, in addition, it becomes the 'perverse pandemic', since it adds to the conditions of the political crisis and democratic values, economic crisis and the high number of unemployment - which already affects around 11.8 million people, according to data from the IBGE in June - and, finally, the public health crisis. At this moment, it is necessary to think about the *inseparability* between democracy and public health in Brazil: considered by several experts to be the largest public health system in the world, SUS (Unified Health System) is the result of the process of democratic opening and popular mobilization around the Constituent, after more than two decades of military dictatorship, authoritarianism and years of a state of exception.

Among the highlights of the 1988 Federal Constitution formulation is the "8th National Health Conference", which took place in March 1986. The Conference aimed to develop, based on organized civil society, a national public health policy based on the problems experienced in the everyday reality. The national climate of democratic opening had a positive influence on health reforms at the time of redemocratization. According to the reports of the *8th Conference*, more than four thousand citizens composed 135 working groups to think about the formulation of the Brazilian health system. The theses conceptually supported experiences taken from social democracy, '*Brazilianizing*' the provision proposals. The concept of health that founded the bases of SUS was complemented with other rights that aimed to impact on social disparities. The reports organized at the 8th Health Conference were based on the concept of quality of life, widely disseminated by the Health Reform Commission within the National Constituent Commission.

Among the important political actors to put health demands on the government agenda is Sérgio Arouca, one of the main theorists of the "sanitary movement" and president of Fiocruz

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in 1985. Arouca defended the need to think about health in the broad sense of social well-being and political, as the right of the individual and the duty of the State. The Constitutional Carta of 1988 absorbed the proposal expressed by the health movement, sacramenting the guarantee of citizenship rights to health, becoming the most comprehensive proposal that has ever been seen in a Magna Carta, when compared to that of any country. The State assumed the role of direct producer of services and the main agent of financing and regulation in the health sector, combining its role with rules of decentralization and municipalization.

The years following the creation of SUS started the mismatch between the transfer constitutionally provided for the Unified System (CF 88) - 30% of the Social Security Budget - and government measures, which disregarded the minimum percentage to be allocated. According to Pereira (2012, p. 743, our translation), the Fernando Henrique Cardoso government initiates the "incompatibility between the governmental agenda and the social rights provided by in the 1988 Constitution. By privileging monetary, exchange and fiscal policies implicit in its Real Plan to the detriment of a socially referenced economic policy". The neoliberal reforms initiated, above all, in the 1990s had an impact on social policies, and then, in the transfer of financing to SUS.

However, in spite of the entire definancing process, aggravated by Constitutional Amendment 95/2016, which freezes investments in public policies in the areas of health, education and social assistance for 20 years, SUS has been, throughout its three decades of history, granting, even with disabilities, health for all in Brazil: currently 162 million people depend exclusively on SUS for any assistance, from primary care to high complexity. At the other end, 47 million Brazilians have private health plans, although they also use SUS indirectly, with regard to health surveillance policies and actions, for example; and directly with mass vaccination campaigns or using advanced public transplant programs (DANTAS, 2020).

Although SUS advances in public health are unquestionable in the face of data from the most diverse programs offered - such as Family Health, Smiling Brazil, vaccination and medication program, Samu-192 (free ambulances), UPAs (ERs), the extension of ICU beds, the system of organ transplants and blood transfusion, etc. - the spending ceiling maintained by successive governments' political decisions demonstrates the difficulty of sustaining the System in the long term. In the current pandemic moment, SUS financing comes to the fore and is directly related to the responses given to the crisis. According to Reis:

> SUS's indisputable underfunding stems from the fact that its generous constitutional mandate was not accompanied by provisions that guaranteed, from an economic point of view, its principles. The implementation of new

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> social rights coincided with a period of hyperinflation and macroeconomic restrictions. The worldwide movement of State Reform, guided by the objectives of the financial system, is expressed in Brazil with great growth in the private sector and strengthening of market rules in health and social security, through private insurers, and high growth in the public debt, which prevented the increase of budgets in the social area, including health (REIS, 2016, p. 125, our translation).

The post-Constituent political and economic developments had a direct impact on the collection and implementation of the universal project proposed in the institutional design of SUS. The difficulty of approving effective increases in social expenditures, especially in the area of health - at a time when medical technologies become more complex and require greater technological investments - has raised questions about the functioning of SUS in the long term. Still according to Reis (2016, p. 132, our translation), “the conservative changes that point to the end of SUS are fomented and produce a symbolic basis in the corporate construct from the insidious and permanent destruction of its image produced by the mass media”.

According to the author, the supposed flaws of the Unified System - mainly due to the lack of financing - would have been used to build a terrible image in the Brazilian imaginary about Brazilian public health and, consequently, to justify its dismantling. It is not possible to predict what measures will be adopted for SUS after the ongoing COVID-19 crisis. However, contradictory to the perverse image built around the failures of the Unified Health System, SUS has shown its real effectiveness at the time of calamity of the social body due to the pandemic. The ICU beds, field hospitals, Coronavirus serology tests, the supply of respirators and the whole apparatus offered by public health at this moment have exemplified the need and urgency to prioritize investments in the social area.

Despite its implementation being more than thirty years old, undergoing reforms and counter-reforms by the neoliberal agendas, SUS can be seen as one of the most important pillars of the Brazilian safety net. In the face of the Coronavirus, it is evident that health needs to be seen as a public good, therefore, it must be thought, designed and financed by political entities.

As noted by Bihr (2020, p. 25, our translation), “[...] health is, first of all, a public good: that the healthy or morbid state of each person's body depends in the first place on the healthy or morbid state of the social body”. To think of health as a public good to be valued, financed and thought by the State, it is necessary to resort to theories about the construction of the social provision network in Brazil and its impacts in this moment of global pandemic - of direct relationship with the Unified Health System (SUS), one of the fundamental pillars of the Brazilian social protection system. But beyond SUS, the social protection network in Brazil will have to be rethought, once its real weaknesses are brought to light.

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Several images have been constructed about Brazil and the world after the COVID-19 crisis. Many of them defend the idea of a “new normal”, marked by adaptation to life at a distance, with the routine of care and precautions against new infections. However, the idea of a “new normal” also exposes the state's weakness in protecting its citizens in the most diverse areas of public health, the economy and security. Perhaps this is the only positive consequence of the pandemic: the exposure of the urgency of the debate about the strengthening of the social protection system in Brazil to face the historical social inequalities.

Final considerations

As this is a pandemic still on the rise, it is difficult to list conclusive data on the topic and its impacts on Brazilian society, economy, and politics. Preliminarily, it can be said that in Brazil, COVID-19, in addition to posing a threat to the health of the population, opened up social asymmetries and the weaknesses of hierarchical citizenship. This is because in Brazil, structural problems overlapped over time, reflected in the abysmal differences within society, such as differences in income and race, housing conditions and access to public policies.

The pandemic has shown the urgency for the political community to rethink investments in the social field. SUS has shown its efficiency compared to COVID-19, but it also demonstrates the need to increase the ceiling on health spending, calling on society to understand it as a public good to be thought about, managed and financed by the State. Since the Unified Health System was implemented, health has become a constitutionally won right for Brazilian men and women to increase the quality of life, prevent and cure illnesses. The establishment of spending ceilings is in line with the institutional design of SUS and, consequently, with the democratic principles established by the Federal Constitution of 1988.

In addition to public health care in Brazil, the pandemic also brought to light the profound social asymmetries that can only be corrected from the field of social policy. The depletion of investments in this field, added to the regressive Brazilian tax policy, has increased data on the growth of poverty in the country. In the context of COVID-19, the most vulnerable population is more exposed to the virus, as demonstrated in the case of greater São Paulo. For several reasons - from the lack of treated water, precarious housing, the need to travel to work, the economic impossibility of isolating, etc. - the number of deaths increases according to the lower level of literacy and income, also increasing in relation to the black population of São Paulo. The little dissemination of concrete data with crossed data - such as race, CEP and

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income - has limited the answers that the public power could give to the crisis that, in the midst of the reality of Brazilian society, has become a *class virus*.

We hope that the current health crisis, which, in the Brazilian case, adds to the economic and political crises, can draw the attention of the population and politicians to the fact that the social inequality that insists on putting Brazil in a shameful position vis-à-vis other countries, is a matter of choice. As Schwarcz (2019, p. 150, our translation) states,

> inequality is not just any contingency or accident. Nor is it a 'natural' and 'immutable' result of a process that does not concern us. On the contrary, it is a consequence of our choices - social, educational, political, cultural, and institutional - which have resulted in a clear and recurrent concentration of public benefits for a small segment of the population.

May the harsh lesson of this pandemic lead all - voters, politicians, managers - to make better choices, prioritizing the agenda for facing unsustainable social inequalities, preparing Brazil, especially with regard to the most vulnerable, for more honorable exits from this and of the next crises you have to face.

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