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Interfaces between global health and social inequality in pandemic times: The (un)protection of Brazilian slums in the face of Covid-19

Interfaces entre saúde global e desigualdade social em tempos de pandemia: A (des)proteção das favelas brasileiras no enfrentamento ao Covid-19

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Resumo

O presente artigo tem como objetivo abordar a problemática da pandemia do Covid-19 no Brasil a partir das reflexões sobre saúde global e desigualdade social, tendo como estudo de caso as favelas brasileiras e a (des)proteção dessas comunidades. Desta forma, o questionamento pertinente à pesquisa é o seguinte: como têm se dado o enfrentamento à pandemia nas favelas brasileiras e as políticas públicas por parte do governo federal, em um cenário de intensa desigualdade social? Para tanto, o método utilizado foi o dedutivo, a partir de pesquisa bibliográfica, documental e de estudo de caso, com a coleta e análise de dados, utilizando como objeto do estudo de caso as favelas brasileiras, de modo a demonstrar as interfaces entre saúde global e desigualdade social e seus reflexos em tempos de pandemia. A partir do estudo pode-se concluir que mesmo em um cenário de pandemia, não há uma proteção efetiva às favelas brasileiras por parte do Estado, de modo que milhões de brasileiros encontram-se em situação de vulnerabilidade – agravada pela pandemia – sem respostas efetivas no enfrentamento ao covid-19, tendo que se organizar por conta própria e deixados à mercê da própria sorte – o "Direito de Pasárgada" se reproduz, hoje, em um contexto em que os ares do autoritarismo e do negacionismo insistem em retornar.

Palavras-chave: Covid-19; Favelas brasileiras; Saúde global.

Abstract

This article aims to address the problem of the Covid-19 pandemic in Brazil as of reflections on global health and social inequality, taking the Brazilian slums and their (un)protection as a case study. This research thus leads to the following question: how has the pandemic been tackled in Brazilian favelas given the scenario of intense social inequality? For this purpose, the deductive method was used, based on bibliographic, documentary and case study research, with the collection and analysis of data, using the Brazilian favelas as a case study object, in order to demonstrate the interfaces between global health and social inequality and its effects in pandemic times. The study allows us to conclude that even in a pandemic scenario, the State guarantees no effective protection for the Brazilian slums and its inhabitants. This implies that millions of Brazilians have had their situation of vulnerability aggravated by the pandemic, with no effective response by the authorities. These populations face the need to confront Covid-19 on their own – leading to the rule of the so called "Law of Pasárgada", in a context in which authoritarianism and denialism insist on rising again.

Keywords: Covid-19; Brazilian slums; Global health.

Introduction[1]

This article seeks to address the issue of the Covid-19 pandemic in Brazil, especially concerning the fight against the virus in Brazilian favelas, considering matters of social inequality and global health. Globalization has produced changes in society that have also impacted the field of health, leading to a radical decrease in quality among several healthcare systems. The guarantee of health as a human right thus became a distant reality for many societies, giving space to an environment of privatization and lack of public funding.

The occurrence of several economic and health crisis, added to the intense social inequality around the globe, lead us to consider the measures countries have been adopting to provide their population with healthcare, especially the most vulnerable communities. Reflection upon this issue is thus fundamental to identify the interfaces between global health, social inequality and public policy. Therefore, this research used the deductive method, recurring to bibliographic, documental and data analysis research, using the Brazilian favelas as a case study.

In a context of precarious health systems, the most affected individuals are those who already live in more vulnerable conditions and do not have effective access to healthcare. However, it is noteworthy that access is not the only issue when discussing the matter – multiple factors, such as social, economic, cultural, environmental and housing aspects are also relevant to this discussion. From this perspective, it is made clear that the intense social inequality in Brazil accentuates the state of vulnerability to which millions of favela residents are subjected to, since they do not have the same access to the goods necessary for a dignified life as those residing in other parts of the city.

In this sense, Covid-19 has demanded us to reflect upon several issues that range from those related to facing the pandemic itself to those linked to the social aspects that greatly affect vulnerable populations. In a scenario in which social inequality and vulnerabilities are aggravated, the public authority must act through elaborating public policies to minimize the impacts on society. The urgency of the situation requires equally urgent responses.

[1] Research supported by CAPES.

Therefore, for a better view on the topic, this article is organized into two thematic axes. The first, entitled “A dialogue between global health and social inequality”, seeks to demonstrate the interface between global health and social inequality, based on brief considerations about health and the multiple factors that influence the field. The second, called “Revisiting the Law of Pasárgada and the (un)protection of favelas in Brazil: reflections on coping with the Covid-19 pandemic”, intends to revisit the concept of “Law of Pasárgada” by Boaventura de Sousa Santos. It aims to determine if the scenario of State omission in Brazilian favelas still persists, and whether it has led to a need for a local and independent organization by the residents. Finally, this paper will investigate how did the fight against the pandemic happen in Brazilian slums and whether public policies were or were not developed. This study was conducted based on the daily publications on the federal government's official online portal aimed at reporting their actions regarding the pandemic.

1. A dialogue between global health and social inequality

The various transformations that arise from globalization and the emergence of capitalism have also had their impacts on the field of health. Health, regarded from a global perspective and considered in its multiple aspects, requires responses from various actors with regards to its protection as a human right and, above all, as a human need for a dignified life.

It can be said that although the phenomenon of globalization has enabled economic growth and changes at an international level, it has also deepened asymmetries between nations and contributed to the economic, political and social marginalization of dozens of countries and billions of people. We are thus confronted with the most brutal and neoliberal phase of capitalism, whose main concern resides in maximizing profits. In this new phase, that of global capitalism[2], the power of companies has been

[2] The most antisocial version of capitalism has prevailed: neoliberalism increasingly dominated by global finance capital. This version of capitalism subjects all social areas – especially health, education and social security – to the capitalist business model, that is, private investment must be managed in order to make maximum profit for investors. This model puts aside any logic of public service, and thus ignores the principles of citizenship and human rights (SANTOS, 2020, p. 24).

overwhelmingly reasserted (COBURN; COBURN, 2014) – leaving the concern with social issues aside (BUSS; TOBAR; FEO; MATIDA; HOIRISCH, 2017).

In this sense, the western model for development and expansion has resulted in the production of a great level of wealth, whilst also increasing inequalities. Political agents working in health found themselves confronted with this model that neglected not only sustainability, but also social equity, and was even built on the basis of such exploitation. It should be noted that, from the beginning, international public health policies were conditioned by the economic interests of countries (FRANGO-GIRALDO; ÁLVERAZ-DARDET, 2009; KICKBUSH, 2017).

When it comes to the area of international health, the first actions ever taken by governments with the purpose to articulate efforts were related to the emergence of pandemics during the 19th century. A pandemic can be understood, in this case, as an "epidemic that affects vast regions of the planet". Along these lines, the second cholera pandemic (1827) demanded the greatest number of coordinated actions between governments. These measures and responses became a priority worldwide only once they began to affect the richest nations, which at the time were European countries (CUETTO, 2015). It is therefore possible to observe that, ever since the first pandemic, issues regarding health can only trigger a state of alert once it affects the most privileged and affluent classes. For those in power in this globalized world, providing healthcare matters little when only the most vulnerable populations are affected[3].

Within this context lies the concept of *international health*, which contemplates health-related problems beyond the borders of each nation-state. However, the international health approach faces some limitations, among which it is possible to highlight a few. A primary limitation originates from assumptions that the international approach to health regards strictly underdeveloped countries and poor and marginalized populations, whom are often considered "fatefully sick". This idea is an obstacle in identifying the influence that social relations and modes of production have over the field of health in a more comprehensive way. Another difficulty derives from the excessive dependence on power circles, economic interests and commercial alliances; as well as the perception of health problems as a result of the North-South conflict. These sorts of

[3] In this sense the author states: "Epidemics of which the new coronavirus is the most recent manifestation of only become serious global problems when the populations of the richest countries in the global North are affected. This is what happened with the AIDS epidemic. In 2016, malaria killed 405,000 people, the overwhelming majority in Africa, and that was not news. Examples could multiply (SANTOS, 2020, p. 26).

limitations have led to the development of a broader view of the health sector, which has started to take various factors into consideration when evaluating the international scenario, thus giving rise to the concept of global health (FRANGO-GIRALDO; ALVERAZ-DARDET, 2009).

Therefore, in recent decades, especially since the 1990s, the connection between globalization and health began to receive increasing attention worldwide[4]. A new outlook on international health – this time, based on globalization – was thus inaugurated, giving rise to the concept of global health. This branch emerged from the globalization process, long after the creation of the concept of international health established in 1913. It aimed to overcome some of the limitations faced by international public health. International health legislation had then been expanding at the pace of globalization, thus increasingly incorporating global health into foreign policy agendas. This fact generated new and greater challenges in governance, as well as in the process of defining health policies. Therefore, now seen as a global problem, health begins to entail the involvement of a series of public and private international actors, state-owned or not, that place themselves in the field of debate, production and application of the law that impacts at the local level (ALMEIDA, 2017, p. 41; FRANGO-GIRALDO; ÁLVERAZ-DARDET, 2009; MADIES, 2020;). Indeed:

> Arisen in the 1990s, the expression "global health" mobilizes a diverse range of actors, such as the World Health Organization (WHO), the World Bank, the Bill and Melinda Gates Foundation, the States, the pharmaceutical industry, universities, and various non-governmental organizations, today equipped with unprecedented financial and technological resources (VENTURA, 2015, p. 57-64).

For that matter, the problem of global health, often related to new events such as international epidemics, emerged as part of a broader political and historical process. In the context of a neoliberal world order, the role of the World Health Organization itself began to be questioned and repositioned within a changing set of power alliances. It was

[4] The perspective change that consists of inserting health in the global scenario is due to at least two fundamental changes: a growing world humanitarianism that expands the notion of inalienable human rights and the conviction that bad health and any other avoidable deprivation that affects any set of people is a matter that concerns all of humanity; and the recognition that the health of one part of the world impacts health and other aspects of human well-being in other parts of the planet. Today, health is an indivisible dimension, an issue for all, in which complex matters of national and international policy are intertwined, economic aspects conflict with sectoral aspects and where it is necessary to make decisions and negotiate in contexts of rapid change (TOBAR; COITIÑO; KLEIMAN, 2017, p. 589).

in this scenario that global health emerged as a broader perspective than international health (CUETTO, 2015).

For Franco-Giraldo (2016), in addition to being understood as a new theoretical field, global health is conditioned by the international political context. The author warns us about the fact that globalization is able to intensify the transnational nature of phenomena whilst also demonstrating a negative prospect regarding the health problem. That is, it is able to trigger the decay of sanitary conditions due to global warming, as well as the increase of poverty, the spread of diseases and enhance inequalities in their multiple forms.

International health operates as a precedent to global health. Both share the issue of health across borders and public health, but global health which focus on the health of the community, as well as on actions to prevent diseases, promote and recover health. It is therefore possible to attest the interdisciplinary and diverse character of global health. What differentiates global health from classic forms of international health is its ability to acknowledge "the regional and the local (dimensions), the political, economic, social and cultural differences between countries and within themselves, as well as the consequences and diversified responses to global events (FORTES; RIBEIRO, 2014, p. 370)".

Health is thus considered a public global good that must encompass the entire community. That is, it is understood that no one should be excluded from its "consumption" and from the right to health –, and so its benefits must be available to all (everywhere)[5] (FORTES; RIBEIRO, 2014). Therefore, one sees the relevance of considering health at a global level, in a way that accommodates all individuals. It is also important that this issue be addressed taking the problems that involve the globalization process and the reflexes of health-related issues beyond borders into consideration.

In the mid-1980s, reforms took place in the health sector, which have since spread throughout the world. Restrictive agendas were elaborated, fostered by the then hegemonic neoliberal ideology. As a result, health expenditures were submitted to the requirements of macroeconomic adjustments, considering the neoliberal principles of privatization, deregulation, decreasing State influence and flexibility, in a way that

[5] The right to health is the right to an efficient public system, with universal and free access, it is not about paying for a health plan and hoping that it fulfills what it promises. At each cut in the health budget, the right to health comes closer to being reduced to mere words on paper (VENTURA, 2016, p. 11).

disregarded social problems. Neoliberalism[6] revolutionized relations between the State, society and large corporations, with repercussions on public health. At the same time, Dallari (2017) warns us that amid this environment which privileges the economic and financial aspects of health activities, it has been shown that adjustment programs were not successful in producing "health". Such programs are known for cutting down on public spending in the health sector, thus giving space to the profit-seeking private sector. By these means, the author addresses the need to face the "disease market", in which the economic and financial aspects of health-related activities are privileged (ALMEIDA, 2017; CUETO, 2015).

At that moment, access to health practically ceased to be considered as a human right. Along with this process there was considerable neglect regarding the field of health and epidemiologic and public health issues. The service provided to the population has worsened because of privatizations, responsible for subverting the concept of health as a public good, which led to an increase in private spending, even among the most vulnerable populations (ALMEIDA, 2017).

Consequently, the rich live longer and healthier lives than the poor. In the United States, for example, people from the poorest families are four to five times more likely to die than those from rich families. Thus, the application of the neoliberal doctrine inhumanly increased social inequalities (COBURN; COBURN, 2014).

Furthermore, it can be said that "the class structure of capitalism – neoliberalism – produces and increases these inequalities" (COBURN; COBURN, 2014, p. 26). It is in this environment of social inequality that the vulnerabilities of those who are already in more precarious conditions are accentuated, whilst the privileges of those who are sheltered by the system are intensified.

These neoliberal systems both encourage inequalities and benefit from them. "It can be said that neoliberalism not only generates inequality, it needs it. It is "anti-equity" (COBURN; COBURN, 2014, p. 94). Thus, neoliberal systems do not care about the social conditions in which populations live in, or about the connections between these

[6] In short, neoliberalism can be understood as the acceptance of the ideology of the market – or the promotion of the market in all possible areas of society. This model opposes to government action in all but the most essential aspects, hoping that the government will not influence the economic area. As an ideology, it brings the idea that economic growth is good for everyone and, for the good of citizens, governments must grant the maximum possible autonomy to individual agents, especially companies (COBURN; COBURN, 2014).

conditions and the problem of health in an unequal environment. There is no real interest in seeking equity between rich and poor, including in the field of health.

Accordingly, it is understood that any debate on inequality in health needs to confront the neoliberal doctrine concerning the connection between socioeconomic factors and health. This dominant doctrine is driven by developed nations such as the United States and Great Britain, as well as international organizations such as the World Bank, the World Trade Organization, and the International Monetary Fund (COBURN; COBURN, 2014).

Due to these neoliberal changes, many health systems and global health agencies have been left with smaller budgets and less staff to work with[7]. These systems have managed to survive global and neoliberal transformations, however, with limited budgets, while the needs of vulnerable communities remain constant – especially in unequal societies. (CUETTO, 2015).

In this context, the problem around health involves different aspects. A series of structural problems have worsened, highlighting poverty and social inequalities in developing countries and also in some developed countries. Even if understood as an issue rooted in biological factors, health is a complex phenomenon with multiple ramifications. Evidence points to the fact that changes in the social, economic, political, cultural, and environmental context can directly affect the health conditions of populations. (BARRETO, 2017).

In the same sense, the idea that a population's health conditions are a product of the environmental and social context in which they live in has been around since at least the 19th century. Precarious housing conditions, poverty, inadequate urban environment and hazardous work are examples of circumstances that negatively affect the health conditions of a population (BARRETO, 2017).

As stated, one cannot understand health inequalities without an investigation of the social factors that produce and accompany differences in health and living conditions. At the same time, there is not much that can be done about social inequalities without taking into account existing power structures. These structures influence the prevailing

[7] On the weakening and cuts in the health sector: "It is above all a demand from the market, which wants to grab the health sectors that were public in these countries. Just like the market needs to sell weapons, build walls, sell security inputs. What I mean is that each of these changes in priority is accompanied by or caused by market pressures. The moment we are experiencing, on the international level and in Brazil, is one of enormous market advancement, of empire of market needs. The market today is king. Managers, the political class and economic actors perceive collective health as a large market (VENTURA, 2016, p. 7).

ideas both on national and international levels, as well as the development of public policies and whether they will be implemented or not (COBURN; COBURN, 2014).

In addition, Barreto (2017) warns us about several studies in the field of public health and epidemiology that point out that – with few exceptions – the occurrence of different diseases and health problems is aggravated among communities that live in socially unfavorable conditions. This fact can be observed among the most vulnerable groups, such as the poor, ethnic minority groups or other groups that suffer some type of discrimination[8].

Therefore, it is essential to reflect upon health inequalities as both a part of and a reflection of the neoliberal economic globalization. These inequalities intertwine with others, thus forging a connection between the struggles faced in the field of health to broader causes, producing echoes in the agendas interests of minorities. It is important to understand that neoliberal doctrines that impact global health are not concerned with inequalities –, on the contrary, their prevailing discourses and interests consider them to be ephemeral (COBURN; COBURN, 2014).

Thus, from a neoliberal perspective, health inequalities are not considered a problem, since they are regarded as necessary or even inevitable. On the other hand, it is understood that "revealing inequalities that were previously overshadowed is the first step on the path towards reducing them" (COBURN; COBURN, 2014, p. 48).

In this context marked by a dialogue between health and social inequality, there are the social determinants of health (DSD). These are considered as indicators of the social and economic conditions in which individuals live, regarding housing, employment and wage levels, food supply, basic sanitation, class relations, among other aspects. Taking this concept into account, it becomes clear that "socioeconomic factors – regardless of the providence of health services – can increase or decrease the individual risk of contracting common diseases" such as respiratory infections (CUETO, 2015, p. 94).

[8] In this context, it is worth stating that: "Our way of living, our way of animal production, our relationship with nature will determine, and this is a consensus in the specialized literature, new diseases or the return of others that have already been eradicated. The intensity of the movement of people and the complexity of the evolution of these diseases prevent their isolation in a social class, a totalitarian utopia cherished by the elites. A high or middle-income person who values their health runs to get a vaccine when they hear about an epidemic. But this person needs to understand that in the absence of a public healthcare system, he or she will never be safe. In order for everyone be safe, anyone with no money needs to have access to efficient medical assistance. The only possible health security is equality, the right to health. If one depends on a private company, which seeks profit, which can go bankrupt and, above all, can corrupt the authorities, if one depends on that, one has no health security" (VENTURA, 2016, p. 11).

The concept of social determinants enabled a different perspective in the field of health. As a result, it is understood that the well-being of a population does not only result from their access to health and medical services, "but, above all, from the influence of the social conditions in which people are born and raised, and in which they work and age" (CUETO, 2015, p. 94).

However, even if the importance of social determinants in health is solid and there are political positions that seek to favor and implement actions related to inequalities in health, the concept has been scarcely used in the development of States' public policies (BARRETO, 2017). With individualism and economic interests prevailing over social issues that have an impact on health, governments are no longer interested in meeting the needs of the most vulnerable communities.

With regards to Brazil, the country is the sixth most unequal in the world, being the first, next to Qatar, among the democratic ones. According to the author, "Brazil is not a poor country, but it is a country of poor people" (SCHWARCZ, 2020). One can thus observe in Brazil a scenario of inequality that, as seen, impacts the health conditions of its general population, especially those who are already in more vulnerable situations.

Even in this context of intense social inequality, there is a public and universal health system in Brazil, namely the Unified Health System (SUS). However, it has also fallen a victim to neoliberalism, undermined by the freezing of public spending and underfinancing[9].

For Ventura (2016), the implementation of SUS was never completed. This is due to underfunding, as SUS never received sufficient funding or support for it to be fully implemented with universal access and the idea of being for everyone. The author indicates, in this sense, that when a system of this level and extent is underfunded, a vicious circle is initiated, since the system is unable to meet all of the demand and, as it does not, other alternatives are sought out. However, by promoting these alternatives, they end up defacing the system's main features.

Even though SUS is supposedly universal and public, public spending on health in recent years have fallen short on maintaining its complete network and have not even been able to make investments for improvements. Brazil ranks 37th in per capita health

[9] In that vein, for Deisy Ventura: "The process of veiled privatization of our SUS was already taking place. Distortions were already occurring, mainly tax exemptions granted to companies that were estimated at a quarter of the amount invested in SUS" (VENTURA, 2016, p. 8).

spending on the OECD. However, public spending per capita is exceeded by private spending, even though it is the only country with a universal health system. This data clearly demonstrates the underfunding of SUS (FLEURY, 2020).

In addition to the facts stated, in December 2016, Constitutional Amendment 95 was approved, freezing public spending on health. Since then, the budget for the health area has been progressively decreasing. In 2019, the loss of investments in the sector amounted to R$20 billion. This decrease in investments was reflected in the dismantling of programs such as *Mais Médicos* and *Farmácia Popular*, impacting the distribution of medication for chronically ill patients, among others (FLEURY, 2020).

This process of dismantling the health sector has been producing effects during the current pandemic of Covid-19 (or "new coronavirus"), a highly contagious virus that has spread around the world, causing the World Health Organization (WHO), which has been working towards to guide countries in the measures of confrontation, to decree the situation of "pandemic". However, not all countries have followed the WHO guidelines –, whilst some have adopted more restrictive measures, others opt for flexibility[10].

Regarding the coronavirus pandemic, the WHO was first alerted on December 31st, 2019, about cases of pneumonia in the city of Wuhan in China. On January 7th, 2020, Chinese authorities confirmed having identified a new type of coronavirus (SARS- CoV-2). The outbreak caused by the disease was declared a Public Health Emergency of International Concern (PHEIC) on the 30th of January 2020 by the WHO, as envisaged by the International Health Regulations (IHR), having been declared a pandemic on the 11th of March 2020. (PAES-SOUSA; SILVEIRA; TAVARES, 2020).

It is noteworthy that even in a scenario of precariousness and lack of funding, SUS was mostly responsible for sparing the lives of Brazilians in face of Covid-19, especially due to the service provided by health workers on the hospitals' front line. Unfortunately, these professionals are directly affected by the lack of investments in health, especially concerning the lack of safety equipment, respirators, and adequate working conditions amidst the pandemic, for example.

[10] It was in this context that UN Secretary-General António Guterres criticized countries – without mentioning them individually – that rejected the facts about the coronavirus pandemic and ignored WHO guidelines. He also warned that since the beginning of the pandemic, the WHO provided information and scientific guidance that should have been the basis of a coordinated global reaction, but that, on the contrary, many recommendations were ignored by several countries (G1, 2020a). The director general of the WHO, Tedros Adhanom, shared the same thought, mentioning that many countries are acting in the wrong direction. He also did not specifically mention any country but recalled that 50% of the recorded 230,000 new infections – in July 2020 – were from just two countries (G1, 2020b).

In fact, the lack of investment in the field has directly impacted the fight against the pandemic and the activity of medical professionals. Many of these professionals from different parts of the country denounced a shortage of Personal Protective Equipment (PPE) in hospitals dealing with Covid-19. The Federal Nursing Council had already received almost 3,600 complaints of absence, scarcity or poor quality of Personal Protective Equipment such as masks, gloves, and aprons, and the Brazilian Medical Association has already accumulated almost 3,000 complaints in 611 municipalities (COFEN, 2020).

Given the above, discussing health on a global level becomes even more urgent in times of a pandemic. It is also necessary to make the connections between health and social inequality in order to reflect upon an issue that is not new but has been long neglected. The coronavirus pandemic has affected different people severely, however, the health conditions of individuals and their access to health care varies according to several factors. As an example, policies recommended to control the virus contamination rates, such as quarantine and isolation, unfortunately cannot be followed by all.

As observed, health and social inequality are intertwined in a scenario in which the rich dispose of broad access to health care, dignified living conditions, basic sanitation, food and drinking water, hygiene and cleaning products, whilst disadvantaged people, such as those residing in marginalized communities, do not share the same conditions.

This is the unequal setting in which the Brazilian favelas are immersed during the Covid-19 pandemic. These communities were already subjected to more precarious conditions before the current health crisis and, as discussed, these circumstances impact the health of the population. This has all worsened with the pandemic, which is why it is important to investigate the challenges that have been posed to Brazilian favelas and how the Brazilian government, as the authority responsible for taking federal actions to combat the pandemic, has positioned itself, especially regarding favelas and the public policies elaborated (or not).

2. Revisiting the “Law of Pasárgada” and the (un)protection of favelas in Brazil: reflections on coping with the Covid-19 pandemic

The discussion on global health has become increasingly necessary for different areas and fields of research and investigation. Additionally, the current Covid-19 pandemic has

brought upon us the urgency to consider the various health-related problems and the multiple factors that influence this field, highlighting among them the connection between social inequality and the health of the population.

As noted, the economic-social-cultural-behavioral conditions of a population influence the field of health. In this context, those who have better living conditions and broad access to basic services and goods necessary for a dignified life have healthier living conditions compared to those who do not have a minimum of access to these same goods.

Considering this scenario of social inequality, people living in marginalized communities are constantly made invisible by the State when it comes to confronting these inequalities. When a pandemic occurs, the most vulnerable populations are the most affected, as they do not have the same capacity to respond to the disease as those who live under privileged conditions.

In this sense, as highlighted, with the rise of neoliberal agendas, the field of health was made precarious (COBURN; COBURN, 2014). Since the 1980s, the world has been in a constant state of crisis, as neoliberalism has imposed itself as the dominant version of capitalism. The pandemic has only enhanced the crisis that the world population had already been subjected to (SANTOS, 2020). As a result, privatizations and cuts in health-related expenditures occurred, as well as the prevalence of economic interests to the detriment of social aspects and the protection of marginalized populations, such as the favelas.

The reality that many people face in Brazil, and especially in the favelas, is that of living in a house with few rooms and sharing space with their family members[11]. It is therefore not unusual to find the elderly and children, members of risk groups, cohabiting in the same household, unable to fully isolate themselves from relatives. This situation is also faced by those who need to leave homes to work in order to make a living for themselves and their families[12] (CNN, 2020).

[11] For example: data produced by Casa Fluminense, based on the 2010 Census and the 2018 Social Progress Index, show that 300,000 homes in the Metropolitan Region of Rio de Janeiro have more than 3 people per room. The municipality of Japeri, in Baixada Fluminense, has the highest excessive housing density, with 14% of households in this condition. The Jacarezinho favela, in the north of Rio, leads among the administrative regions of the capital, followed by Maré, Rocinha, Cidade de Deus, Zona Portuária and Santa Cruz (CASA FLUMINENSE, 2020, p. 1).

[12] "What we realize is that there are two countries: Brazil where you can quarantine, work at home, use gel sanitizer and mask, and another where people are living over the stream and have no access to water," said one of the residents (CNN, 2020).

In this scenario, social isolation, an extremely important measure in the fight against the pandemic, is inconceivable for many Brazilians[13] – along with other measures that are also made impossible, especially considering that a part of the population does not even have access to water and basic sanitation[14]. At this moment, it is then important for the government to act effectively based on public policies to provide care and shelter for people experiencing more vulnerable conditions[15].

Based on this, it is worth revisiting Boaventura de Sousa Santos work *The right of the oppressed* in order to analyze the scenario of the pandemic in Brazilian slums and the challenges that have arisen. At the center of the author's investigation is a Brazilian favela and its community's modes of organization at the time, considering the State's omission, situation which has been perpetuated, in a way, to the present day.

In a study conducted in the 1970s during the Brazilian military dictatorship, Boaventura de Sousa Santos carried out a sociological analysis about informal systems of rule of law in a favela in Rio de Janeiro. The favela in question was that of Jacarezinho, to which the author attributed the alias "Pasárgada". The "Law of Pasárgada", as he refers it as, relies on the Association of Residents as its central agency. This type of organization is commonly responsible for dealing with the struggles of those who reside in the favelas, in order to seek better housing conditions, public order and security in the relationships between residents (SANTOS, 2014).

In this sense, the Law of Pasárgada aimed to solve same class conflicts in a social space considered to be marginalized. In this way, it represented a way of trying to minimize the effects that the application of capitalist property rights exerts on the favelas. This alternative system was made possible due to the action of such organization, elected by the residents themselves, whose creation can be explained by the fact that favela

[13] "How can an elderly person get into a situation of isolation in a house with ten people and two rooms? This isolation is isolation for the 'gringo to see', for the rich. The poor cannot afford to do it. We are going to have a lot of losses in the favelas, unfortunately" warned Gilson Rodrigues, a community leader from Paraisópolis, in an interview. He also goes on to mention that many favela residents have been without water for many days, which makes it difficult to apply yet another measure recommended by the government against the virus, that of adequate hygiene (BBC, 2020).

[14] Any quarantine is always discriminatory, more difficult for some social groups than for others and impossible for a vast group of caregivers, whose mission is to make quarantine possible for the population as a whole (SANTOS, 2020, p. 15).

[15] In this sense, according to a survey conducted by Casa Fluminense, "the context of excessive population density on the periphery" raises a flag for the problem that many residents are unable to follow the recommendations of social isolation guided by the WHO, since living in houses with rooms for more than three people is the reality of many families in Brazilian favelas.

residents face structural inaccessibility to the state legal system, and are not recognized as inhabitants of legal urban neighborhoods (SANTOS, 2014).

The Association of Residents was responsible for forwarding and solving numerous disputes involving residents, contributing to avoid further conflicts while seeking to organize the favela from within. In the course of its work, the author gives details on the Law of Pasárgada, as well as on the association's role in solving disputes and other matters involving residents (SANTOS, 2014).

The Law of Pasárgada is a consequence of the conditions to which favela residents were – and still are – subjected to, especially considering the ineffective rule of law that reproduces forms of social exclusion. Recalling the Law of Pasárgada can be useful to demonstrate that, even if decades have passed after Santos' study, the rule of law within the favelas remains just as dormant. Even if it does not happen in the same molds, considering the social transformations that have arisen, it has not much progressed. This is true especially with regards to the State's inability to guarantee protection to the residents of slums, or even to recognize them as subjects of rights and as legal occupants of our urban spaces.

What we intend to highlight Is the fact that, for years, Brazilian favelas have been – and continue to be – left to their own devices to face vulnerability and social inequality. Whilst at the "asphalt" citizens have access to far better living and development conditions, such as basic sanitation, access to drinking water, among others, including the State's rule of law, the residents in the favelas are not granted with the same scenario.

In pandemic times, history repeats itself. Just as what happens in Pasárgada, favelas are currently finding the need to organize themselves, now with regards to fighting the coronavirus, considering that the State has not developed public policies to assist the millions of residents in situation of social vulnerability. Thus, it is worth investigating how the fight against Covid-19 in Brazilian favelas has been carried out and to what extent the "Law of Pasárgada" can still be witnessed today.

With regards to the actions the Brazilian government has taken in the face of the pandemic, it is noteworthy that, from the beginning, economic issues have been prioritized, disregarding the impacts of Covid-19 and the measures recommended by health authorities. This posture can be attested if we consider the actions of the President of the Republic himself, Jair Messias Bolsonaro, who stated at times that "Brazil cannot

stop", that "Brazilians can jump into a sewer and still get nothing"[16] (EXAME, 2020). He has also said that the governors who support social isolation are "scared" of the virus (UOL, 2020), in clear disrespect and irresponsibility towards the population that has faced the impacts of the pandemic daily[17].

According to Schwarcz (2020), it is necessary to make the Brazilian population aware of the reality of the disease and the pandemic that society is facing worldwide. At a time when there are no clear guidelines from the government and the President of the Republic takes a position contrary to official recommendations, including supporting agglomerations of people and taking part in them, mere arguments fall short in containing the spread of denialism in part of the population, who ends up believing and, moreover, reproducing this vision. In this sense, the author follows:

> Inequality has many other dimensions to it, and the pandemic made ours crystal clear. The virus arrived in this country by plane, through part of the elite who was abroad and returned contaminated – so much so that the first data focuses on the most upscale neighborhoods. But what is happening now is that the virus has become widespread in the outskirts, in the suburbs, in the communities and slums throughout the country. In São Paulo, the pandemic is already much more concentrated in the periphery than in the central neighborhoods. For Rio de Janeiro, Manaus and Fortaleza this is also true, and in Salvador this tendency seems to be repeating itself. Moreover, data has shown how it has impacted on the black population, the most affected by the Covid-19 pandemic (SCHWARCZ, 2020, p. 4).

Thus, to identify the measures adopted by the federal government to combat the pandemic in relation to the favelas, a survey was conducted in the government portal, based on the daily publications that are released on the website with updates regarding the measures adopted to combat the coronavirus. In a second moment, based on the report of a research carried out by the Data Favela Institute, it was possible to identify the main challenges imposed to the residents of Brazilian favelas in times of pandemic, as shown below.

[16] "The President said, without presenting any grounds, that Brazilians will not be contaminated in the same magnitude as other countries because it is somehow different" (EXAME, 2020).

[17] In the present humanitarian crisis, governments of the far right or neoliberal right have failed more than others in the fight against the pandemic. They withheld information, discredited the scientific community, minimized the potential effects of the pandemic, used the humanitarian crisis for political chicanery. Under the guise of saving the economy, they took irresponsible risks for which, we hope, they will be held responsible. They suggested that a dose of social Darwinism would be beneficial: the elimination of part of the populations that is no longer of interest to the economy, either as workers or as consumers, that is, disposable populations, as if the economy could thrive on a pile of corpses or bodies devoid of any income. The most striking examples are England, the USA, Brazil, India, the Philippines and Thailand (SANTOS, 2020, p. 26).

3. Method and results

The methodology that guided this research is deductive in nature. Regarding the procedure, a case study was chosen, based on the investigation of the measures to combat the pandemic adopted by the federal government in relation to Brazilian favelas. For this, as a research technique with a mixed approach – quantitative and qualitative –, both research and data analysis were used. Data was first extracted from the official portal of the Brazilian federal government[18], in order to identify the measures taken (or not) and, later, from the report published by the Data Favela Institute, identifying the main challenges imposed on the favela residents in times of pandemic.

Therefore, the term used to search the publications was "favela", among the daily issues from March to June 2020. As the reports are divided by month, the search was carried out on all pages of the mentioned months. Among all the publications analyzed, a total of eight mentions of the researched term were found, of which only one concerns the promotion of federal government action to combat the pandemic in Brazilian favelas, as shown in the following table:

Table 01 - Term "favela" in the federal government's daily publications about actions taken in the pandemic

MONTH OF PUBLICATION	**OCCURENCES OF THE TERM "FAVELA"**
MARCH	0 mentions
APRIL	4 mentions, being: 3 on FIOCRUZ initiatives and research and 1 on the National Institute of Technology (INT).
MAY	3 mentions, being: 1 related to IBGE information on shanty towns; 1 on an interview with a journalist from the *Voz das Comunidades* news platform and 1 on an interview with a researcher at UFF.
JUNE	1 mention (05/06) about two strategies to face Covid-19 in SUS, one of them in favelas or slums.

* Table elaborated by the authors based on the publications investigated in the federal government's portal

[18] Available at: https://www.gov.br/casacivil/pt-br/assuntos/noticias/2020.

Therefore, in order to identify the challenges that Brazilian favelas have faced during the pandemic, the report of a survey carried out between June 19th and 22nd by the Data Favela/Locomotiva institute, covering 239 favelas, published on June 24th, 2020, was used as basis of investigation. Based on the analysis of the published document, the main factors investigated were identified and extracted, shown in the table below.

Table 02 – Research on the pandemic carried out by the Data Favela/Locomotiva Institute in 239 Brazilian favelas

People living in the slums	13,6 milions
Households with 4 or more people	50%
Houses with a maximum of 2 bedrooms	60%
Average number of people per bedroom	4 people or more
Residents without health insurance	96%
Families in which children stopped going to school and had increased spending at home	87%
Families who are surviving with less than half their original income	80%
Residents who claim they only have reserves to last a week at home without working	2/3
Residents who could not stay one day without working	29%
Families who lacked money to buy food for at least one day during the pandemic	76%
Families that received donations, with the main donors being NGOs, companies and friends	89%
Families who asked for emergency aid	Almost 7 out of 10
Families who had asked for aid but had not yet received any installments	41%
Families who could not have afford to buy food, hygiene products or pay basic bills had they not received donations	8 out of 10

* Table elaborated by the authors based on data extracted from the research “Pandemic in the Favela” conducted by the Data Favela institute (DATA FAVELA, 2020).

Discussion

As can be seen from the data researched in Table 1, there is only one mention of the term "favela" which refers to concrete action taken by the federal government in the fight against the coronavirus in the favelas. This mention took place on June 5th, 2020 and referred to the first measure taken by the federal government in relation to the coronavirus in these communities since the beginning of the pandemic in the country, which happened in February.

The action in question is constituted by two strategies that aim to reinforce assistance to the population through SUS, one of them in favelas. From this action, the Ministry of Health will transfer financial resources to municipalities that create Community Reference Centers and Service Centers to identify and treat cases of the disease. The investment is estimated to revolve around R$ 1.2 billion (BRAZIL, 2020). However, this action still depends on other measures to be effective and bring results in the fight against the pandemic in the favelas.

It is noteworthy that the federal government did not even mention favelas in their concrete measure plans to combat the coronavirus in the initial months of the pandemic, considering the publications researched. It also did not act to propose actions and strategies considering the peculiarities of these places. This reflects directly in the lives of millions of people who live in Brazilian favelas and have not had the assistance of the federal government, nor are they able to follow the recommendations of health authorities, such as isolation and quarantine[19].

In this scenario, as observed, SUS has been facing a situation of underfunding with consequent precariousness in services, in an environment where economic measures prevail to the detriment of social ones. In the midst of the pandemic, a moment when concrete actions and government investment in the health sector were expected, it can be seen that these actions are not being taken, especially for those who are in a situation of vulnerability in Brazilian favelas. This is because among the months surveyed, the government only referred to the promotion of actions in the favelas in June, based on a measure that depends on other factors for full implementation.

[19] "Pandemics do not kill as indiscriminately as it is believed. It is evident that they are less discriminatory than other forms of violence committed in our society against impoverished workers, women, precarious workers, black communities, indigenous people, immigrants, refugees, the homeless, peasants, the elderly etc. But they discriminate in terms of both prevention and expansion and mitigation" (SANTOS, 2020, p. 22).

As for Table 2, from this, several factors that are observed in the favelas and influence the fight against the coronavirus were identified. As a result, it was found that currently around 13.6 million Brazilians live in favelas. Among these, many live in households with 4 or more people and a maximum of 2 bedrooms. These residents, for the most part, do not have health insurance and have survived on less than half of their income, finding themselves unable to eat, buy hygiene products and pay for basic bills if they did not have help and donations from third parties. In addition, many residents have not been able to receive emergency aid, even when they asked for it.

Other data identified in the survey (DATA FAVELA, 2020) and not shown in Table 2 demonstrate that the health of older relatives and income are the main concerns of favela residents. Another factor pointed out is in relation to jobs, with which it was concluded that "formal employment among economically active residents in the favela is half that of those living in the asphalt". Unemployment is twice as high.

From what can be observed, the difficulties faced by residents of Brazilian favelas are severe. The data demonstrates the social inequality present in a society in which those who are in marginalized communities do not receive minimum assistance or attention from the government, which silences for months, even in the face of a pandemic. In addition, the difficulties experienced by these residents, according to the research, range from the impossibility of following the recommendations of social isolation to economic issues that make many families depend on donations for the basics of everyday life.

In times of globalization and the rise of capitalism, in which economic interests prevail, attention to social issues in a pandemic world is relegated to oblivion. Thus, the challenges that arise for those who are not welcomed by the hegemonic system are latent and serious. This can be seen in the situation that millions of favela residents have been experiencing in the midst of the pandemic, in which the main protection measures are not possible, while food and basic supplies are lacking for many families.

This allows us to visualize the interface between social inequality and health. While part of society is able to follow the recommendations of the health authorities without harm, millions of favela residents, in addition to not being able to follow the recommendations of isolation at home, find themselves in the need to go out to obtain the means to survive. For them there is no choice.

In the absence of State action, it is worth to observe how the favelas have organized themselves in the face of the coronavirus, which will be done, even if briefly, based on the case of Paraisópolis, a favela in São Paulo. There, residents protested demanding that public policies be elaborated by the federal government, due to the fact that even after 60 days of a declared pandemic in the state, there had been no public policy aimed at these communities. Residents also complained to have had to take measures on their own, given the government's omission[20] (G1, 2020).

Among the measures that the community of Paraisópolis has taken, 240 residents were trained to act as first responders in emergency bases. Even at the beginning of the pandemic, the community came together by hiring ambulances, doctors and nurses in order to minimize the impacts of the virus on the daily lives of residents (G1, 2020).

To better organize and fight the disease, 420 volunteer “street presidents” were chosen, responsible for taking care of defined regions, each being in charge of about 50 houses. These volunteers have the mission of monitoring the region’s residents in order to identify when and if any of them have symptoms and need medical assistance. The work of street presidents also helps to identify families who are experiencing hunger, which then begin to receive lunchboxes made by women from the community (G1, 2020).

As in Pasárgada, the residents found themselves in need to seek an organization of their own, from within, as once again the State silenced – even in the face of such an urgent situation. Thus, it can be observed that the Law of Pasárgada still persists in Brazilian favelas, communities constantly made invisible to society.

Far from romanticizing the actions of favela residents in the pandemic – as they occur in a context of absence of the State, which should be taking the lead –, those are the actions that have effectively sought to assist residents in situation of vulnerability and who cannot expect the good will of the government. The impacts of the pandemic also do not wait.

From this reflection, it can be observed that there is a clear link between global health and social inequality, which stands out in times of pandemic. Just as in the “asphalt” living conditions are better, so are the conditions of the residents to follow the

[20] "We don't want to live in two Brazils: one that is saved in the crisis with hand sanitizer and the other that is left to fend for itself, without water, food, employment and without health", said the Union of Residents in a note (G1, 2020).

recommendations of the health authorities. While in the favelas they do not have the same access to the goods necessary for a dignified life and, who will say, the same conditions to follow the recommended measures in times of pandemic.

Finally, it is concluded that the scenario of fighting Covid-19 in Brazil is worrisome, especially in relation to favelas and its residents who are placed at the mercy of their own luck. The urgency of the situation also requires urgent responses, in order to minimize the impacts of the pandemic on people's lives. However, unfortunately, the Brazilian State has been negligent before the suffering of millions of residents of Brazilian favelas, who have not had the necessary responses from the government. The “Law of Pasárgada”, today, is reflected, in a way, in the actions of favela residents who have come together in order to minimize the impacts of a failing State.

Conclusion

As noted, globalization has brought on several transformations that have also impacted the field of health. As a result, health systems were made progressively precarious, a tendency fostered by neoliberal policies, such as the privatization and underfunding of public systems. This all greatly affected the most vulnerable populations, who were already enduring precarious living conditions, which were aggravated by the emergence of the Covid-19 pandemic.

In this vein, in a scenario in which the prevalence of health as a human right decayed, we sought to demonstrate that the health conditions of a population are influenced by multiple factors. Among these are those related to to goods necessary for a dignified life, such as access to drinking water, decent housing conditions, basic sanitation etc. Considering that Brazil is a country of intense social inequality and that access to these goods is scarce for communities in vulnerable conditions, the impacts on health are severe.

This is what happens with Brazilian favelas. These communities are constantly made invisible by the government, which does not act effectively in order to minimize the impacts of social inequality. In times of a pandemic, when there is an urgent need to respond to Covid-19, the federal government shows itself to be negligent once again.

From the investigation of daily publications on the federal government portal, more specifically those related to actions taken in the fight against the pandemic, it can be concluded that since the beginning of the pandemic in the country, in February, there has been only one public policy directed towards the favelas, which still requires other actions to be effective.

This demonstrates how much the concept of “Law of Pasárgada”, by Boaventura de Sousa Santos, still resists in Brazil. Faced with the government's omission, favela residents have found it necessary to organize actions to combat the pandemic from within, with the work of volunteers, as happened in the Paraisópolis favela.

Furthermore, based on the data extracted from the research report carried out by the “Data Favela” institute, it was possible to identify the main challenges related to Covid-19 in Brazilian favelas. Thus, the interface between social inequality and health is clear in an environment in which millions of Brazilian favela residents are unable to follow the measures recommended by health authorities, in addition to having economic difficulties and depending on donations from NGOs and partners.

Even in times of pandemic, the airs of authoritarianism return, armed with denialist and irresponsible discourses, in a scenario of intensified social inequalities and precarious health. The ones who suffer are the millions of Brazilians who are in a situation of vulnerability and are constantly made invisible by the government. In addition to the Covid-19 pandemic, other matters of concern are the pandemics of exclusion, social inequality and the inertia of governments that prioritize economic aspects to the detriment of social concerns – even in the face of so many lives lost, after all, “Brazil cannot stop”.

Tradução

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