

EDITORIAL

The scenario of the Covid-19 pandemic and the role of health workers

The Covid-19 pandemic made social injustices in Brazil much clearer, which are far from being solely related to poverty. In this scenario, it is explicit the dynamic between capitalist society and human frailty, uncertainty and fear, in which the health area has not been recognized as a national priority, or even a global one.

It also made evident how important health professions are. Such activities are historically disregarded by the State in their training condition, work, salary and related situations. In other words, with Covid-19, the relevance of healthcare and health work for the proper functioning of society has never been more disseminated.

However, since the creation of the Unified Health System (*Sistema Único de Saúde - SUS*), in the Brazilian Federal Constitution of 1988, underfunding has compromised the implementation of its organizational principles and guidelines, with strong impacts on the precariousization and deconstruction of the predicted model. Above all, health work has never been considered a priority, although it is assured in the legislation. The neoliberal project underway in the country since the 1990s has strategies to reduce the role of the State, privatization and focus of health policy¹; with an overwhelming mentality, which reveals the barbarism of this sociability that seeks to maintain a pattern of accumulation and guarantee of reproduction of capital, with consequences in deepening poverty and inequalities.

It is essential to contextualize the Declaration of Emergency in Public Health of International Concern (PHEIC), by the World Health Organization (WHO)², on January 30, 2020, which is the highest level of alert and reserved for issues that require a coordinated international response, and it is up to national governments to make consistent decisions and protective measures based on scientific evidence.

PHEIC announced concern about the potential for the spread of COVID-19 and warned that strategies indicated for contagion containment (social isolation and quarantine) could have a great social and economic impact, and thus recognized preparation and organization of health services for the care of the population as fundamental measurements for the control of the disease.

On the day of the PHEIC announcement, the Ministry of Health (MH) of Brazil publishes Decree 10.211/2020, which activates the Interministerial Executive Group of Emergency in Public Health of National Importance, then Decree 188/2020, aiming to establish the National Contingency Plan and the Center for Emergency Operations in Public Health of the novel Coronavirus, and such measures define the level of response and corresponding structure, for coordinated action within the scope of SUS³.

In March 2020, WHO announces the Covid-19 pandemic recognition alert, guiding protective measures and appropriate conditions for its management, especially the preparation of health workers in the frontlines, 24 hours a day and seven days a week, again bringing attention to social isolation strategies and hygiene measures as essential.

It is noteworthy that the National Contingency Plan indicates measures and responses that prioritize the actions of SUS in Primary Health Care (PHC), from the region and municipalities. However, PHC recognized as the system's gateway suffers the impacts of a privatist project of scrapping and deconstruction, especially with the current government.

It took a situation of public calamity to "recognize" that PHC is the point from which measures should be adopted, since it has national coverage and is present in the most diverse places in the country, such as Basic Health Units (*Unidades Básicas de Saúde - UBS*), Family Health Units (FHU), mobile UBS in the form of boats, in accordance to characteristics and particularities of each region, seeking to provide the population's access to health.

In these spaces, there are health workers who know people, their families, groups and communities, and situations of social vulnerability. However, recognizing the extent of the country, the measures did not receive the appropriate coordination of the Brazilian State since the very beginning, and the impacts on the health situation worsens daily. It is noted that, until April 2020, the vast majority of municipalities did not have specific financial resources for the measures adopted, mainly, of Personal Protective Equipment (PPE).

It is important to highlight that health workers are all people directly or indirectly involved in actions which main intention is improvement, protection and promotion of health, which collectively and in all its diversity form the workforce, according to WHO (2006)⁴.

They are also the people who help the Healthcare System to work, but do not provide services directly to the population, perform essential activities such as maintenance of buildings and equipment, distribution of medicines, planning and establishment of directions. They are the invisible backbone of SUS, which is in administration, management, statistics and support as a whole. Everyone is experiencing situations and emotions of insecurity, fear, sadness, pain, death, that is, the unpredictability to which they are subjected with the demands and decisions to be made and that directly influence the lives of these workers.

In Brazil, the health crisis caused by the Covid-19 pandemic is deeply associated with the economic, political and ethical crisis, since it is disqualified by the State, in the person of the president of the Republic, who positions himself against the recommendations of WHO and MH, and prioritizes financial profit with the opening of the market, neglecting technical and scientific analyses and, especially, the experiences of other countries.

From the established plan, the measures should have resulted in the immediate organization of the other ministries in the demands of the pandemic, since it is an interministerial group, but the government focuses on bureaucratic issues, partisan political disputes, not implementing the appropriate measures. The pandemic shows that, in view of the significant social inequality and extreme poverty, its confrontation will only be possible from political, collective and ethical responses, uniting efforts and actions of the whole society, to the demand for emergency social policies and the role of the State in the defense of the life of the population, and not the capital market⁵.

It is considered that, in this scenario of neglect and disregard for the health of the population, on the part of the State, the mobilization capacity of the Brazilian society has been highlighted, with the organization of groups, communities, institutions, from expressive solidarity and collaborative actions. Above all, the leading role of health workers who have been committed to care since the beginning of the pandemic, even with no protection provided.

Coping with the Covid-19 pandemic evidences the expanded conception of health, related to working conditions, income, housing, education, leisure, transportation, security, culture, access to socially produced goods and services⁶. This view of totality shows the social meaning of activities and professions, little valued in this neoliberal project and shows that health is a fundamental resource and depends on all areas and sectors of society.

Therefore, health as the right of all and the duty of the State, materialized in SUS, demands the defense against the current authoritarian, centralizing, conservative, prejudiced, excluding project; that is, a defense based on participation, democratization, equality, freedom and social justice.

REFERÊNCIAS

1. Boschetti I. Impactos da crise contemporânea na seguridade social: desafios postos aos assistentes sociais na saúde. *Seminário Nacional de Serviço Social na Saúde*. CFESS, Conselho Federal de Serviço Social: Brasília, 2017.
2. Organização Mundial de Saúde. *Declaração de Emergência de Saúde Pública de Importância Internacional*. OPAS/OMS. Available from:

- https://www.paho.org/bra/index.php?option=com_content&view=article&id=6101:covid19&Itemid=875 Access: 30 Jan 2020.
3. Ministério da Saúde (Br). *Portaria nº 188 de 03 de fev. de 2020*. Declara Emergência em Saúde Pública de Importância Nacional (ESPIN) em decorrência da Infecção Humana pelo novo Coronavírus (2019-nCoV). Brasília, DF, fev. 2020. Available from: <http://in.gov.br/web/dou/-/portaria-n-188-de-3-de-fevereiro-de-2020-241408388> Access: 25 Feb. 2020.
4. Organização Mundial de Saúde. Trabalhando juntos pela saúde. Relatório Mundial de Saúde 2006. OMS/OPAS. Brasília: Ministério da Saúde, 2007. Available from: https://www.who.int/whr/2006/06_overview_pr.pdf?ua=1 Access: 13 Mar 2009.
5. ABEPSS. Associação Brasileira de Ensino e Pesquisa em Serviço Social. *Em defesa do SUS público, 100% estatal e sob comando dos/as trabalhadores/as*. Disponível em: <https://www.abepss.org.br/noticias/7-abril-dia-mundial-da-saude-369> Access: 07 Apr. 2020.
6. Bisco GCB, Sarreta FO. A construção do direito à saúde e do SUS no cenário neoliberal e a contribuição do Serviço Social. *Textos & Contextos* (Porto Alegre) 2019; 18(1):78-90.

Good reading!

Fernanda de Oliveira Sarreta

Social Worker. Master and PhD in Social Work. Professor of Undergraduate Course and Graduate Program in Social Work of the Universidade Estadual Paulista (UNESP), Franca, SP, Brazil.
ORCID: 0000-0001-8001-3060 E-mail: fersarreta2009@yahoo.com.br