

## Inequality, geographic situation, and meanings of action in the COVID-19 pandemic in Brazil

Desigualdade, situação geográfica e sentidos da ação na pandemia da COVID-19 no Brasil

Desigualdad, situación geográfica y sentidos de la acción sanitaria durante la pandemia de COVID-19 en Brasil

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### Abstract

*This Essay reflects on how socio-spatial inequalities and geographic situations condition the COVID-19 pandemic in Brazil, as well as actions to deal with the pandemic, with arguments backed by the literature. Socio-spatial inequality is defined as a process and structural condition of a territory marked by inherited and updated vulnerabilities, resulting from a relationship of exploitation, spoliation, and oppression in the current period of globalization. The authors argue that the COVID-19 pandemic can have more serious repercussions in contexts of greater socio-spatial inequality, with systemic and chronic deepening of the economic and social crises in places. Still, actions matter, including collaboration between different groups, institutions, and sectors. The analysis of geographic situation contributes to understanding the inherited territory and different experiences with COVID-19, inextricably linked to the conditions and meanings of action in the face of the pandemic in each place. Geographic situation expresses the tension between freedom and the condition for action. The crisis is not only a health crisis, but a manifestation of the current time, and inequality proves to be the most serious emergency of the 21st century.*

COVID-19; Vulnerability; Health Policy

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## Introduction

When the first case of COVID-19 in Brazil was confirmed on February 26, 2020, there was speculation on how the virus would behave in a highly populous and densely urbanized country with a tropical climate. There was a certain expectation that warmer temperatures might decrease transmission of the virus. It was also expected that the country would take better advantage of the Brazilian Unified National Health System (SUS) and primary care, with a capillary distribution throughout the territory through the community health workers and endemic control workers. However, one of the main problems that has been aggravated in Brazil is the way the COVID-19 pandemic is conditioned by the country's enormous socio-spatial inequalities and the ways the pandemic has further exacerbated such inequalities.

Even considering other important factors that influence the exacerbation of the disease and the occurrence of deaths, which are not limited to socioeconomic status, it is quite illustrative that the first confirmed case in Brazil was a white male, 61 years of age, a resident of the São Paulo metropolis, recently arrived from Italy, and admitted to the Albert Einstein Israelite Hospital. By March 13 he had already recovered. The Brazilian Ministry of Health reported the first three deaths from COVID-19 on March 12 and 17. The first death was a cleaning lady, 57 years of age, with diabetes and hypertension, a resident of the Cidade Tiradentes neighborhood on the far outskirts of São Paulo's East Zone, admitted to the Doutor Cármino Caricchio Municipal Hospital. The second was a 62-year-old retired doorman with diabetes and hypertension, living with his parents and three more siblings, admitted to the Santa Maggiore Hospital in the city of São Paulo, with no history of international travel. He did not appear in the official statistics of confirmed cases. The third death was a 63-year-old woman with diabetes and hypertension, resident of Miguel Pereira in the state of Rio de Janeiro, a domestic worker in the upscale Leblon neighborhood of Rio de Janeiro, 125km from her home. In this case, her employer had just arrived from Italy, with a confirmed diagnosis of COVID-19 and quarantining at home with the help of this worker.

The narrative of the first cases reveals the daily and banalized perversities of Brazilian life. Inequality as a process of spatial selectivity and concurrent production of abundance, wealth, and comfort on one side and scarcity, poverty, and vulnerability on the other, illustrating the meaning of the history of the COVID-19 pandemic, is expressed geographically in the country and its selectivity, both in the spread and the case-fatality of the disease.

Various analyses have addressed the inequalities expressed by the pandemic in Brazil and the world. The point of departure for this *Essay* is the understanding that socio-spatial inequality is one of the main conditioning factors of the COVID-19 pandemic in Brazil and is expressed in the risks and actions and relations – territorially situated – for confronting the pandemic's consequences.

From the theoretical perspective of geography, the *Essay* reflects on how the concepts of socio-spatial inequality and geographic situation can help understand COVID-19's spread in Brazil, as well as to build prospects and meanings of actions for confronting the pandemic.

## Socio-spatial inequality and the production of places' vulnerability

The growth of inequalities is an intrinsic phenomenon of globalization, with various degrees according to countries and societies <sup>1,2</sup>. Globalization is a period in which the world is more connected and fluid due to the unicity of technical systems and the growing interdependence of production, communications, information, and finance between places, thereby producing surplus value that is likewise global <sup>1</sup>. Globalization is a period marked by crises: since the 1970s, the crises have become systemic and structural, increasingly frequent, intense, routine, and globalized. Such neoliberal globalization, perverse, centered on money and information, generates widespread poverty resulting from the growth of competitiveness and spatial selectivity of investments, production, circulation, and consumption.

In this sense, it is important to reflect on the ways the socio-spatial dimension of inequalities both conditions and is conditioned by the COVID-19 pandemic in Brazilian territory. According to Cataia <sup>3</sup> (p. 235), "*socio-spatial inequalities are at the middle of the crossroads in which we live in the current*

*period aggravated by the pandemic*". The COVID-19 pandemic can be analyzed as a geographic event, a bundle of events whose occurrence and duration vary between places, regions, and countries. As they play out geographically, they alter the dynamics of places and generate a series of different risks, vulnerabilities, and responses for dealing with them.

Brazil is the world's 7th most unequal country <sup>4</sup>, and its historical inequality has been exacerbated <sup>5</sup>. Studies analyzing data on wealth conclude that income concentration in the wealthiest portion of the Brazilian population has not shown a downward trend in recent years, but the opposite <sup>6,7</sup>. The richest 1% of the population concentrate 48% of all the national wealth, while the poorest 50% of the population hold only 3% of the country's total wealth. Of all of Brazil's wealth, 68% consists of nonfinancial assets, such as land, real estate, and other property, a similar proportion to that of Latin America as a whole and the Caribbean, where 71% of the wealth is in nonfinancial assets <sup>8</sup>.

Material and immaterial wealth is socially produced but selectively distributed, used, and appropriated according to classes, groups, and places. Such is the fundamental contradiction of capitalism, which socializes risks for everyone but privatizes rewards and wealth for some. Added to inequalities of income and wealth are inequalities based on gender, ethnic group, race, and education, among others.

Socio-spatial inequality expresses the principle of differentiation and asymmetric relations between places, with specific combinations of conditions and circumstances that vary qualitatively and quantitatively in each place in the entire world <sup>9</sup>. Socio-spatial inequality is not limited to variation or segregation, but is the product of selectivity. It results from the concurrent production of abundance and scarcity within an order of unequal development, combined on all scales <sup>10</sup>. The production, extraction, and transfer of value from one place to another and between classes reveal the forms of unequal accumulation of capital in space and the State's apparently paradoxical action <sup>11</sup>.

The prolific debate on iniquity <sup>12</sup> as a value judgment on situations of social injustice shows that no form of inequality can be devoid of political meaning. Health expresses inequalities and injustices that result from the combination of different determinants and dimensions of individual, social, structural, and conjunctural conditions, bearing a direct relationship to the characteristics of the social and environmental milieu in which persons live <sup>13,14,15</sup>.

In Brazil, there is a direct relationship between health problems and income concentration and growing violence, accentuated by the lack of investment in social policies and difficulties in access to social services <sup>16,17</sup>. Health problems are also more related to situations of inequality than to poverty itself, as a consequence of increasing vulnerability imposed on persons, bodies, places, and conditions of housing, work, consumption, and commuting <sup>18,19</sup>.

The COVID-19 pandemic clearly expresses unequal situations. Globalization has expanded the inequalities and health risks associated with the vulnerabilities of populations in entire regions and countries. Analyses of a wide variety of aspects, approaches, and contexts indicate that inequalities matter to the risks and to the capacity to confront the pandemic. The numbers of cases and deaths differ according to regions or groups of individuals when one analyzes gender, income, ethnicity, skin color, schooling, occupation, housing conditions, work, and commuting. The virus spreads rapidly, but not democratically, and it is not indifferent to social class, gender, race, ethnic group, or place <sup>20,21</sup>. Individuals' preexisting living and health conditions in each place largely explain their capacity for prevention, access to health services, and survival from the health, economic, and social consequences of COVID-19 <sup>22,23</sup>.

Models or classification of socio-spatial risks and vulnerabilities in the context of the pandemic in Brazil combine diverse social, economic, work market, urban infrastructure, and health services indicators (Instituto Votorantim. Índice de Vulnerabilidade Municipal – COVID-19. <http://institutovotorantim.org.br/municipioscontraocoronavirus/ivm/>, accessed on 21/May/2020) <sup>24,25,26,27,28,29,30,31</sup>. The results show the places with the greatest risk or vulnerability to the pandemic and mainly that the socio-spatial inequalities bear a direct relationship to the spread and case-fatality of COVID-19 on various regional and intraurban scales. Thus, the experience with the pandemic and the capacity to confront it vary according to the country's geographic situations.

## Geographic situation and different experiences with the COVID-19 pandemic

The spread of the novel coronavirus across the territory has occurred in geographic situations as diverse as they are unequal. Beyond individual health conditions, genetics, comorbidities, and age profile, geographic situations help understand the shaping of different experiences with the COVID-19 pandemic<sup>32</sup> in the country.

Geographic space is an indissociable system of objects and actions<sup>9</sup>, and its use involves infrastructures, technical systems, economic and social dynamism, productive specializations, policies, norms, and regulations<sup>33</sup>. Geographic situation can be defined as a spatial and temporal coherence of events in a place, as an intersection of verticalities and horizontalities, modulated by inherited structures and by uses of the territory, both in the present and anchored in the future<sup>34</sup>. It stems from a set of forces that govern events in the places and that can be analyzed for their coherence over time. *“The participants in the location do not necessarily have explicitly coinciding intentions, but their activities have a common theme that defines the nature of their effort”*<sup>34</sup> (p. 22-3).

In the context of the pandemic, the luminous spaces, i.e., wealthier, more fluid, and more densified, that constitute hubs in the networks of circulation and communication on the national and global scales, served as the platforms for the entry and spread of COVID-19 in countries<sup>35,36</sup>. Examples are Wuhan (China), Milan (Italy), New York (United States), Mumbai (India), Cape Town (South Africa), and São Paulo (Brazil).

The first confirmed case of the novel coronavirus in Brazil was precisely in São Paulo, Latin America's largest metropolis and the principal economic hub in Brazilian territory. Other metropolises such as Rio de Janeiro, Manaus (Amazonas State), Brasília (Federal District), and Fortaleza (Ceará State) also served as key gateways into the country for COVID-19<sup>23</sup>.

Processes of metropolization facilitate the spread of the virus, since they are characterized by high population concentration and circulation, diversification of resources, infrastructure, commerce, services, fluidity, and regional, national, and international connections, in addition to the simultaneous production of poverty, shortages, and contradictions. Meanwhile, they concentrate a good public and private supply of ICU beds, healthcare workers, and mechanical ventilators when compared to the country's other cities and regions<sup>27,37,38,39</sup>. In these situations, the municipal governments generally have the administrative and financial capacity to quickly organize and provide more beds and field hospitals and hire healthcare workers and purchase the necessary equipment and inputs. The population's constant flux from other cities to the central metropolitan areas increases both the risk of transmission and the demand for use of healthcare services. This favors the boomerang effect of growth of cases in the metropolises<sup>26</sup>.

Geographic situations marked by intense metropolization pose greater risk of viral spread because they combine vulnerabilities with high population density and circulation on a national and international scale. Metropolises concentrate and reproduce inequalities through intensified processes of production of wealth and scarcity, polarizing and draining values, energies, and resources. They thus present major vulnerabilities to the pandemic, including loss of work and income<sup>24,40,41</sup>.

The development of urban peripheries and favelas expresses logics of competitiveness, concentration, and selectivity of investments, infrastructures, and mobility, differentiating the risks and possibilities for confronting the pandemic according to the neighborhoods. The poorer and more densely populated neighborhoods of the metropolises, with shortages of sewage disposal, running water, personal hygiene products, food, electricity, information, income, and health, less served by opportunities for income, work and mobility, are where the population experience the greatest difficulties to practice social isolation, to prevent and care for themselves and access health services<sup>24,27,29,42</sup>. Not by coincidence, the risks of illness and case-fatality are greater among black and poor Brazilians, the most vulnerable population, living in the most vulnerable places<sup>18</sup>. In the metropolises, socio-spatial inequality aggravates the pandemic's repercussions and tends to be further exacerbated in this context.

There are also important differences in the pandemic between state capitals, metropolitan areas, and the hinterlands of Brazil. Brazil's territory is highly diverse and unequal. Classification of the municipalities (counties) as larger or smaller according to population size is not sufficient to explain the factors conditioning the pandemic. Several studies<sup>33,43,44</sup> have analyzed the diversities and

regional inequalities in Brazil's territory. A regional reading of the pandemic in Brazil can be enriched by an understanding of the meaning of the territory's uses and the different geographic situations.

There is a range of geographic situations that condition the risks and the possibilities for confronting COVID-19. Such situations are structured on the relations of concentration and shortage of resources and of the territory's political, cultural, informational, and financial power, which produce more or less corporate, competitive, and precarious uses<sup>33,34</sup>. This is further complexified by the places' degree of adherence to the neoliberal agenda, which further increases the vulnerability of living conditions, functioning of public systems, and the organization, distribution, and use of available resources.

In the context of the COVID-19 pandemic, the available information reveals important differences in the spread across Brazilian territory in space and time (Instituto de Comunicação e Informação Científica e Tecnológica em Saúde, Fundação Oswaldo Cruz. Monitora COVID-19. Painel Brasil. <https://bigdata-covid19.icict.fiocruz.br/>, accessed on 10/Jul/2020)<sup>45</sup>. The spread has mainly followed highways, roads, and flows of the classic urban hierarchy (polarization)<sup>46</sup>. Waterways, small airports, and landing strips in Amazonia and the Central also facilitated the spread of COVID-19. There have also been cases related to geographic connections<sup>47</sup> that do not follow the classic urban hierarchy<sup>45</sup>, in locations in the countryside linked directly to the dynamics of the domestic and global markets.

Considering the necessary supply of healthcare services, workers, and equipment to care for COVID-19 patients, publications point to major regional inequality in Brazil<sup>37,38,45,48,49,50</sup>. In the North and Northeast regions, the supply of healthcare services is more concentrated in the state capitals and in a few regional hubs in metropolitan areas and those with consolidated de urbanization. In the Central and part of the Northeast, the areas with the necessary healthcare services are those with consolidated urbanization or in the process of expansion and consolidation, linked especially to agribusiness hubs. In the country's most concentrated regions (South and Southeast), the healthcare services network is well distributed across the interior of the states. Meanwhile, in the analyses of the 450 Health Regions currently existing in Brazil, or those formally established for planning purposes in the SUS, studies of the regions defined according to the population's travelling distance in search of healthcare based on data from the IBGE show alarmingly that a major portion of these regions lack the necessary resources to respond to the pandemic<sup>45,48,49,50</sup>.

Geographic situations and regional inequalities condition the concentration or scarcity of healthcare services, organization and management of networks and flows, the demand's profile, and coordination and implementation of health policies<sup>51,52,53,54,55,56,57,58,59</sup>. Places marked by metropolization concentrate a large share of the healthcare resources and services, especially those involving greater specialization and complexity and with a regional and national scope, and even so they may not present the entire supply and complexity of necessary healthcare services or those properly accessible to the population. The dialectic and unequal conditions of the metropolises show that the concentration and diversification of healthcare resources and services are often insufficient to meet the demands or are not accessible to everyone due to processes of spoliation and increased vulnerability. Other places, characterized by greater invisibility, due to the corporate use with strong spoliation or in conservation areas, are those where the supply of healthcare services tends to be scarcer and with lower complexity, thus less attractive to healthcare workers.

In Brazil, certain places may be especially vulnerable to the COVID-19 pandemic. First, the metropolises and areas with consolidated urbanization, that is, historically constituted regional hubs and urban arrangements, where the hubs hold major influence and polarization on the national or regional scales. They concentrate networks and flows, income, more complex and specialized public and private health resources and services. Counting on high population density and flow, these places concentrate the national and regional elites and represent a greater risk of COVID-19 spread. They are also home to a large share of the poor Brazilian population, invisible and vulnerable, whose greater risk is associated with their precarious conditions in terms of social protection and access to healthcare during the pandemic.

Second, the places marked by corporate uses with intense spoliation of the territory, modernizations, and selective investments linked to certain productive specializations (mining commodities, agribusiness, energy, and logistics). The uses may be consolidated or in areas of expansion frontiers,

highly attractive to the population seeking work, but in which the jobs do not necessarily generate significant improvement in the families' income. Sometimes these places are unable to meet the growing demand for healthcare services, since they are generally areas with precarious urbanization, with low complexity and limited diversification of services.

Third, places of conservation use and lands occupied by traditional populations, such as environmental conservation units and sustainable-use areas and indigenous lands, maroon communities, and settlements of small farmers and extractivists. Such places may be more or less linked to productive activities and global connections and thus at high risk of coronavirus circulation. These places are generally marked by land disputes and intense spoliation, with low income and precarious networks of commerce and urban services, including healthcare.

The combination of socio-spatial inequalities and distinct geographic situations contributes to the understanding of the conditioning factors, as well as for knowledge of the conditions for confronting the COVID-19 pandemic in Brazil.

### Geographic situations: conditions and meanings of action

Countries, regions, and places have adopted different measures to fight the pandemic, in different times. This takes into account the available information and knowledge, but especially the particular conditions to act, that is, the situation in each place.

Geographic situation expresses the tension between the freedom and the condition for action<sup>60</sup>. Meanwhile, site and action contribute to analyzing conjuncture and structure indissociably, especially in this period marked by the drove of events and systematic crises, which demand understanding and action minute by minute. Situation combines conditionalities of the inherited territory and actions aimed at the objectives, meanings, and projects. Geographic situation is defined by its internal coherence and as the relationship between the place and the world according to the meanings of the events expressed geographically in the place vis-à-vis the existing possibilities on the global scale. Thus, situation is both the condition for action in a given place and the meaning of action in the relationship between the place and the world.

Conjuncture is increasingly critical, and inequalities are increasingly evident. The succession of events is dizzying, and the crises are aggravated. The unequal distribution of ways and opportunities for living and dying<sup>61</sup> and the conditions for action show that individuals' worth can also be measured by the place where they are and that they inhabit<sup>62</sup>. And both competitiveness and cooperation are deepened in distinct contexts in the pandemic<sup>63</sup>.

The wealth produced in today's world is ten times greater than the estimated amount needed to confront the social and economic consequences of the COVID-19 pandemic, but there is no evidence that these resources will be employed with solidarity on the global scale<sup>64</sup>. The countries, regions, companies, institutions, and persons that drain and concentrate resources become even more competitive and accumulate power and the capacity for action during the COVID-19 pandemic. And *"this frenzy for accumulation is in response to the panic, but is also associated with an attempt to extract profit from the crisis"*<sup>23</sup>.

It is evident that the responses are not only different, but express unequal conditions for confronting COVID-19. Hence the contribution of the concept of geographic situation to analyze responses to the pandemic as a technical and political fact, indissociably, based on the conditions presented in the inherited and currently used territory.

The meaning of action refers to intentionality, intentions, and projects that govern the actions of social subjects, agents, and personas, transcending the immanent<sup>65</sup>. It is consistent with Santos' notion of "psychosphere"<sup>9</sup> (p. 124), namely: *"the reign of ideas, beliefs, passions, and place of production of a meaning"* which, as part of the *"environment, this life's surrounding"*, furnishes the *"rules for rationality"* and stimulates *"the imaginary"*.

Successful responses to the COVID-19 pandemic have varied between countries. They are generally based on agile and coordinated actions, backed by scientific knowledge, epidemiological surveillance, and case tracing, in an updated and capillary system with transparent communication between government and society, sheltering-in-place and social distancing, quality and timely healthcare, and

adherence to social participation, in addition to guaranteed income and hygiene and food products. Action by political leaders has proven crucial in promotion and cooperation to overcome the pandemic <sup>66</sup> and to avoid leaving political sequelae that would compromise trust and common policies and actions in the future <sup>67</sup>.

The Brazilian case is the opposite <sup>68</sup>. The denial of the pandemic's seriousness and of its repercussions by a minority of the population and mainly by the Federal Executive Branch has jeopardized coordinated actions at the national level and the adoption of necessary measures. The meaning of responses to the pandemic at the national level has caused the extension and exacerbation in time and space of the health, economic, and social crises resulting from the pandemic.

The pandemic's daily dynamics, combined with the extensive underreporting of cases and diversity and inequality of the geographic situations in Brazil bring enormous complexity to the fight against COVID-19. Since there was a delay in acting, lack of coordination, and fragmentation of government action on the national scale <sup>69</sup>, more and more regions of Brazil were affected by the pandemic. In addition, isolated actions and/or those without support and regional, state, and federal cooperation are already resulting in increasing regional inequalities in health <sup>70</sup>.

The fragmentation of actions in a context of severe inequality has even fueled competition between states and municipalities for inputs, equipment, public resources, and private donations for healthcare, social services, support for economic activities, and maintenance of government revenues. Without federal coordination, states and municipalities are forced to compete on international markets, marked by major price disparities due to scarce supply and high demand for medicines and equipment needed to care for COVID-19 patients.

Subnational entities have unequal capacities to responder to the pandemic, with greater difficulties to produce standards, organize scientific committees to guide their action, propose policies and action programs, and invest in or hire services to reprogram their healthcare systems and services <sup>71,72</sup>. Despite the difficulties in the government responses to the pandemic in Brazil, the Northeast Consortium has played an outstanding role as an example of coordination and integration of actions on a regional scale, strengthening the capacity for action by governments in an unequal and vulnerable context. The creation of the Scientific Committee to Fight Coronavirus reinforced political decisions based on science, information, and assessments of risks and vulnerabilities, as well as communication with the population <sup>73</sup>.

The capacities differ between states and municipalities, as do the meanings of the actions. Regional and local governments may base their approaches on the false dichotomy between saving the economy versus saving lives, thereby delaying decisions or precipitously relaxing preventive measures. Still, studies have shown that more than 70% of the Brazilian population support social distancing measures, despite the worsening economic conditions of families and small and medium-sized businesses, especially with hunger and bankruptcies <sup>74</sup>.

Since politics is also practiced by nongovernmental actors and institutions, the meanings of action in confronting the pandemic involve various grassroots initiatives. Social diversity in each place is an inestimable source of intellectual, informational, cognitive, and creative wealth. It allows the emergence of many solutions, approaches, and alternatives to the health and humanitarian crisis with a focus on people.

This highlights some actions coordinated "from the bottom up", horizontalities long present in daily life <sup>75</sup> that have been taking place mainly in situations of greater inequality, such as the metropolitan peripheries, conservation areas, and traditionally occupied lands. Such forms of solidarity have been decisive in confronting and overcoming the crises intensified by the pandemic, especially in vulnerable places and populations <sup>21</sup>.

Indigenous groups and quilombos (maroon communities) act to guarantee their rights and protection during the pandemic <sup>63,76</sup>. The COVID-19 Observatory in the Quilombos monitors nationwide data on the pandemic among members of the maroon communities, having been created by the National Coordinating Body for Quilombola Black Rural Communities (Conaq) and the Socioenvironmental Institute (ISA). The action by the Landless Workers' Movement (MST) with food distribution to peripheral communities, together with labor unions (like the oil workers from Campinas, São Paulo State) and associations of quilombola and caiçara peoples in Vale do Ribeira, São Paulo, has also assisted peripheral neighborhoods in the state capital of São Paulo. The programmatic document

*Periphery on the Move, 23 Proposals/Corona na Quebrada (São Paulo)* was launched on April 1st. Crisis cabinets were created in the favelas in Rio de Janeiro, for example in the Complexo do Alemão, created by the Voice of the Communities, Women in Action in Alemão and the Straight Talk Collective. The Unified Confederation of Favelas (CUFA) in Rio de Janeiro distributes food, personal hygiene products, and supplies in the favelas, intermediating outside donations and group purchases in the local commerce in the communities. The Maré Mobilization Front organizes the campaign Coronavirus in the Favelas for awareness-raising, communication, and distribution of donations of hygiene/cleaning products and food. The app called CoronaZAP was developed in the Borel favela by the Laboratory for Studies of Borel to tackle the mismatch of information and the invisibility of official statistics and has guaranteed the surveillance of COVID-19 cases in the community. A similar example is the Dashboard for Updates on Coronavirus in the Favelas of Rio de Janeiro, created by the Voice of the Communities. The dialogue between groups and movements in Rio's favelas and research institutions created the COVID Action Plan in the Favelas of Rio de Janeiro: A Catastrophe to be Avoided <sup>77</sup> and the *Boletim Socioepidemiológico da COVID-19 nas Favelas* <sup>41</sup>.

An outstanding case was that of the neighborhood of Paraisópolis in the state capital of São Paulo, with more than 100,000 inhabitants, sharing the same vulnerabilities as other urban peripheries (crowded housing, precarious sanitation, difficult access to running water, lack of information, loss of income due to workers' high informality, hunger). Still, this low-income community has displayed important capacity for grassroots organization in epidemiological surveillance, organization and access to healthcare services, income generation, donations and distribution of medicines, tests, personal hygiene products, food, information, and organization during social isolation. On May 18, the COVID-19 mortality rate was 21.7 per 100,000 inhabitants in Paraisópolis, well below the average for the city of São Paulo as a whole (56.2) and other vulnerable neighborhoods of the city, like Pari (127), Brás (105.9), and Brasilândia (78) <sup>78</sup>.

There are many such examples of action by the population, committees, fronts, and social movements in fighting the pandemic in Brazil. Such actions lend new meanings for people living in socially vulnerable places. They emphasize the need for greater accountability by the Brazilian State (Federal Government, states, and municipalities) in relation to the population's health and living conditions, as set out in the 1988 *Federal Constitution*, which established the SUS, among other measures. State policies and actions need to be increasingly informed by the actions and strategies forged by the population in its places and regions, in addition to scientific knowledge. Otherwise, plans and policies may not present the proper consistency or correspond to the country's different realities, vulnerabilities, and geographic situations.

More globalized and unequal places tend to be more vulnerable to the pandemic's consequences. The risks of a humanitarian crisis in many countries, including Brazil, and the actions to confront the crisis, which extend beyond SARS-CoV-2, pose major challenges given the inequalities and the weakening of institutions and capacities in global governance <sup>79</sup>.

The pandemic's repercussions increase inequalities in the world <sup>64</sup>. Places that become more unequal and with weak capacity to respond to COVID-19 will be more vulnerable for confronting both the current pandemic and possible new pandemics and other health emergencies.

In perverse globalization <sup>1</sup>, what predominates are financializing, devastating, polarized, and more unequal approaches, centered on the logic of entrepreneurial and individual competitiveness, exacerbated by the concentration of political, economic, and informational power in a few hands and in few places. However, what Milton Santos analyzed at the beginning of the 21st century is still current, since this period of crisis is generating many solutions, perspectives, and situations that are already being expressed. The reaction by part of the Brazilian population shows that action with greater solidarity is possible in the pandemic and in the socioeconomic crisis. Such action is centered on people, to save lives, with cooperation, redistribution, social protection, the common good <sup>80</sup>, and a decrease in socio-spatial inequalities. If it were not for such action, Brazil's situation would be much more dramatic.

The COVID-19 pandemic results from the crisis in the current neoliberal economic model and the process of growing globalized vulnerabilities, besides evidencing that resilience is not found in the market or in privatized health but "*from strengthening a public and universal system, based on the premise*

*of health as a common good and on social participation as an essential democratic mechanism for the health system's definition and implementation"* <sup>81</sup> (p. 3).

The conditions are very unequal and the meanings of the actions are in dispute in the pandemic's context. The humanitarian solution with solidarity and less inequality has been built by the most vulnerable places through networks of organized or spontaneous social movements, the State, companies, and other public and private institutions. This construction involves collaborations on different fronts and scales for action in Brazil and the world.

The political variable is crucial to the directions the pandemic takes and cannot be totally grasped by models and projections of risk and vulnerability. This also highlights the importance of analyzing geographic situations as meaning and condition for action by all persons, companies, and governmental and nongovernmental institutions in the territory.

## Conclusions

Socio-spatial inequalities and geographic situations relate to the degree of globalization and vulnerability for places and are conditioning factors for COVID-19 as well as for actions to fight the pandemic.

The pandemic's consequences tend to be aggravated in geographic situations marked by inequalities, that is, where there is greater exploitation, spoliation, and oppression. Vulnerable places suffer intense processes of increasing vulnerability and systemic and chronic deepening of the economic, political, and social crises associated with the COVID-19 pandemic's health crisis. Above all, actions whose community meanings and organized solidarity by various groups and movements "from the bottom up" confront the processes of growing vulnerability of bodies, groups, and territories.

Socio-spatial inequality, viewed as a relationship and process – more than disparity – of exploitation, spoliation, and oppression, exacerbates hierarchies, asymmetries, and vulnerabilities, both inherited and updated in each context.

The pandemic's risks and problems are not only conditioned by poverty or lack of healthcare services, but above all by the unequal conditions of risk, protection, and care in all dimensions of life. They reveal the perversity of forms of selectivity that generate inequalities and injustices. Action strategies in the common sense, with solidarity and social protection, aimed at reducing vulnerabilities, show that overcoming the pandemic and its consequences depends fundamentally on the decision to confront the socio-spatial inequalities on multiple scales – local, regional, national, and global – and the understanding and knowledge of the conditions for action. Thus, even under unequal structural and inherited conditions, decisions and actions matter, especially when performed through collaboration between different groups, institutions, and sectors.

The crisis is not only a health crisis, but a manifestation of the current times, and inequality proves to be the greatest emergency of the 21st century.

## Contributors

M. V. Albuquerque and L. H. L. Ribeiro contributed to the article's conception, analysis, and writing.

## Additional informations

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## Resumo

*Este Ensaio traz uma reflexão sobre como as desigualdades socioespaciais e as situações geográficas são condicionantes da pandemia da COVID-19 no Brasil, assim como das ações para o seu enfrentamento. A bibliografia de apoio fundamenta os argumentos. Compreende-se a desigualdade socioespacial como processo e condição estrutural de um território marcado por vulnerabilidades herdadas e atualizadas, resultante da relação de exploração, espoliação e opressão no atual período da globalização. Argumenta-se que a pandemia da COVID-19 pode ter repercussões mais graves em contextos de maior desigualdade socioespacial, com aprofundamento sistêmico e duradouro das crises econômica e social nos lugares. Contudo, as ações importam, incluindo as articulações entre diversos grupos, instituições e setores. A análise da situação geográfica contribui para a compreensão do território herdado e das diferentes experiências da COVID-19 indissociavelmente das condições e dos sentidos da ação frente à pandemia, em cada lugar. A situação expressa a tensão entre a liberdade e a condição para a ação. A crise não é apenas sanitária, é um dado do período atual, e a desigualdade se revela como a maior emergência do século XXI.*

COVID-19; Vulnerabilidade; Política de Saúde

## Resumen

*Este Ensayo plantea una reflexión sobre cómo las desigualdades socioespaciales y las situaciones geográficas son condicionantes de la pandemia de COVID-19 en Brasil, así como sobre las acciones para luchar contra ella. La bibliografía de apoyo fundamenta los argumentos. Se entiende la desigualdad socioespacial como un proceso y condición estructural de un territorio, marcado por vulnerabilidades heredadas y actualizadas, resultantes de la relación de explotación, exprolio y opresión en el marco del actual período de globalización. Se argumenta que la pandemia de COVID-19 puede tener repercusiones más graves en contextos de mayor desigualdad socioespacial, con una profundización sistémica y duradera de las crisis económicas y sociales en diferentes espacios. No obstante, las acciones importan, incluyendo la coordinación entre diversos grupos, instituciones y sectores. El análisis de situación geográfica contribuye a la comprensión del territorio heredado y de las diferentes experiencias de la COVID-19, indissociablemente de las condiciones y de los sentidos de la acción frente a la pandemia, en cada lugar. La situación expresa la tensión entre la libertad y la condición para la acción. La crisis no es solamente sanitaria, es un hecho propio de la era actual en la que nos encontramos, y la desigualdad se revela como la mayor emergencia del siglo XXI.*

COVID-19; Vulnerabilidad; Política de Salud

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