

## The pandemic exacerbates health inequalities

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**Abstract** *We live in a global pandemic unprecedented in our generation. These are challenging times for healthcare workers. We are all in the same storm and join the same collective effort against COVID-19. However, we are not in the same boat. Inequality determines how each category of the health workforce is affected by the new coronavirus in Brazil. Exposed to the disease on the frontlines, nursing technicians and assistants suffer disproportionately the dire effects of the pandemic. More than 1.3 million technicians and almost 420 thousand nursing assistants provide essential care in health units and do not have the assistance and financial backing to mitigate the effects of COVID-19 on themselves and their families. Eight in every ten of these professionals are women, who are providers and also assume, in most cases, the role of primary caregivers for children, older adults, and the sick in their families. Low wages make hinder access to safer transportation and care alternatives for dependents, which is the reality of most professionals who keep the health system running throughout the pandemic.*

**Key words** *Pandemic, COVID-19, Inequalities, Health*

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We live in a global pandemic unprecedented in our generation. We are traversing a sanitary storm, guided by experimental guidelines – extracted from rudimentary, under construction, scientific knowledge – as we try to contain the death drive of those who boycott social distancing, with the spread of fake news that encourages the population to ignore health recommendations, and are reluctant to ensure the necessary investments to face the pandemic. These are challenging times for healthcare workers.

We are all under the same storm and participate in the same collective effort not to let the population go adrift. However, we are not in the same boat. Brazilian social inequality is a fertile ground for the dissemination of COVID-19, hindering social distancing, restricting access to essential supplies for hygiene and protection, and hindering assistance to health services themselves. The disparity between the number of beds and per capita respirators in public and private networks generates distortions that hamper the efficient distribution of resources, contributing to mortality.

Inequality also influences how each Health category is affected by the new coronavirus. The Federal Nursing Council (Cofen) accounts for more than 13,000 COVID-19-associated sick leaves and 101 casualties of nursing professionals<sup>1</sup>. The risk is exacerbated by the scarcity of Personal Protective Equipment (PPE), team undersizing, and the non-removal of professionals who are among the most at-risk groups on the frontline of care. The data collected is just the tip of the iceberg, warns the Council, which points to underreporting. Many cases of coronavirus among nurses, technicians and nursing assistants go unaccounted for without access to tests. The data processing capacity itself varies by region.

Exposed to contagion on the frontlines of the fight against the new coronavirus, technicians and assistants feel, disproportionately and alarmingly, the dire effects of the pandemic. More than 1.3 million technicians and almost 420,000 nursing assistants<sup>2</sup> provide essential care in health facilities and do not have the assistance and financial backing to mitigate the effects of COVID-19 on themselves and their families.

The situation is even more severe when we consider that eight out of ten of these professionals are women, providers, and assume, in most cases, the role of primary caregivers for children, older adults, and the sick in their families. Low salaries hinder access to safer transportation and care alternatives for dependents and sometimes

border food insecurity. This is the reality of most professionals who keep the health system running amid a pandemic.

It is indecent to see that professionals over 60 years and part of risk groups have not yet been removed from duty that requires direct contact with suspected and confirmed COVID-19 cases, contrary to guidelines from the Ministry of Health itself. The legal victory guaranteed, outright, the removal of those working in hospitals and institutes administered directly by the Federal Government. They are a tiny portion of the contingent. Do we really need to judicialize the obvious?

We follow on together in the storm, but we are not in the same boat. The most fragile vessels take those that are, almost always, the first to receive patients at health facilities, and stand at their side 24 hours a day. Those who, after long shifts, travel in public transport to the suburbs, where they face a double shift, even harder with the necessary closure of schools. The old law of the sea, incorporated into all subsequent conventions and legislation, obliges vessels to provide mutual assistance.

Let us be supportive!

## Collaborations

MCS Minayo and NP Freire participated in the conception and design of the study, drafting and reviewing intellectual content until the final version of the opinion paper.

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