

Reflection Article/Essay

Social vulnerability and Covid-19: considerations based on social occupational therapy

Vulnerabilidade social e Covid-19: considerações com base na terapia ocupacional social

Magno Nunes Farias^a , Jaime Daniel Leite Junior^a 

^aUniversidade Federal de São Carlos – UFSCar, São Carlos, SP, Brasil.

How to cite: Farias, M. N., & Leite Junior, J. D. (2021). Social vulnerability and Covid-19: considerations based on social occupational therapy. *Cadernos Brasileiros de Terapia Ocupacional*, 29, e2099. <https://doi.org/10.1590/2526-8910.ctoEN2099>

Abstract

Social occupational therapy has been located throughout history as a subarea that is built in Brazil, mainly on the emergence of studying, researching, and questioning themes related to the social contradictions and injustices of capitalist society, proposing occupational therapy's actions that seek to face them. In the context of the COVID-19 pandemic, the chasms created by these contradictions have become increasingly evident, nationally and globally, given the existing structural inequality. The population in social vulnerability is the most impacted by its effects, given the absence and/or insufficiency of resources, prevention strategies, and/or treatment of the disease in their everyday lives, associated with the difficulties of executing social isolation, maintaining employment, and income, as well as less access to health and basic sanitation. Given this, it is understood that macrosocial issues are directly related to the development of the disease and the way it affects different groups. In this way, it is emphasized the importance of the contributions of occupational social therapy, within the scope of research and/or intervention, based on thinking/doing that embraces the wants and needs of individuals and groups, which problematizes the impacts of structural inequalities in everyday life, what strengthens life-affirming movements, autonomy, citizenship, and rights. Finally, promoting strategies for equality and recognition, in the democratization of the possibilities of continuing life in the pandemic and beyond.

Keywords: Occupational Therapy/Trends, Coronavirus Infections, Pandemics, Social Vulnerability, Social Occupational Therapy.

Resumo

A terapia ocupacional social se localiza ao longo da história como subárea que se constrói no Brasil, principalmente na emergência de estudar, pesquisar e questionar temas

Received on May 11, 2020; 1st Revision on June 10, 2020; Accepted on Aug. 18, 2020.



This is an Open Access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

relacionados às contradições e injustiças sociais da sociedade capitalista, propondo ações terapêutico-ocupacionais que buscam o seu enfrentamento. No contexto da pandemia da COVID-19, os abismos postos por essas contradições têm ficado cada vez mais evidentes, nacional e globalmente, tendo em vista a desigualdade estrutural existente. A população em vulnerabilidade social é a maior impactada pelos seus efeitos, dada a ausência e/ou insuficiência de recursos, estratégias de prevenção e/ou tratamento da doença em seus cotidianos, associados às dificuldades de realizar o isolamento social, a manutenção do emprego e da renda, bem como o menor acesso à saúde e ao saneamento básico. Frente a isso, compreende-se que as questões macrossociais têm relação direta com o desenvolvimento da doença e a forma como afeta os diferentes grupos populacionais. Desta forma, destaca-se a importância das contribuições da terapia ocupacional social, no âmbito da pesquisa e/ou intervenção, baseadas em um pensar/fazer que acolha os desejos e as necessidades dos indivíduos e grupos, que problematize os impactos das desigualdades estruturais na vida cotidiana, que fortaleça movimentos de afirmação da vida, da autonomia, da cidadania e dos direitos. Por fim, fomentando estratégias de igualdade e reconhecimento, na democratização das possibilidades de dar continuidade à vida em meio e após a pandemia.

Palavras-chave: Terapia Ocupacional/Tendências, Infecções por Coronavírus, Pandemias, Vulnerabilidade Social, Terapia Ocupacional Social.

Introduction

Social occupational therapy has focused on the problems that limit the social participation of those individuals and collectives who experience everyday lives marked by social, economic, and cultural vulnerabilities - in a global context of injustices. Thus, it seeks to contribute theoretically, methodologically, and operationally to the transformation of these issues, proposing actions to tackle situations of poverty and inequality, in favor of expanding the possibilities of life and access to social assets and citizenship (Lopes, 2016; Barros et al., 2007).

Thus, this subarea of knowledge and practice is located throughout history as a theoretical-methodological reference built in Brazil, especially in the emergence of studying, researching, and questioning themes related to the contradictions and inequalities of capitalist society, proposing therapeutic- occupational action that seek to cope with them (Lopes, 2016; Barros et al., 2007). In the context of the COVID-19 pandemic, caused by SARS-CoV-2¹ (Organização Pan-Americana da Saúde, 2020), the chasms of these social disparities have become more evident, nationally and globally (Lima et al., 2020; Pires, 2020). The poor population is the most impacted by its effects, given the absence and/or insufficiency of resources, prevention strategies, and/or treatment of the disease in their everyday lives, “[...] due to the greater difficulty of maintaining social isolation, employment, and income, or for less access to health and basic sanitation [...]” (Pires et al., 2020, p. 1).

¹ The beginning of the spread of COVID-19 occurred in the province of Hubei, China, and has been spreading rapidly across all continents. The World Health Organization (WHO), on March 11, 2020, characterized outbreaks of the disease as a pandemic. Worldwide, 9,473,214 cases and 484,249 deaths were confirmed by June 26, 2020 (Organização Pan-Americana da Saúde, 2020).

Based on this scenario, this essay seeks to contribute to the debate on the population in social vulnerability and the pandemic of COVID-19, aiming to carry out a critical reflection about the injustices and inequalities in this situation, and also to think about the possibilities of contributions from social occupational therapy, both in the scope of practices and in the production of knowledge regarding these issues.

Structural Inequality in Capitalist Society

For Castel (2000, p. 238), the social issue is

[...] a central difficulty, in which a society wonders about its cohesion and tries to conjure up the risk of its fracture. In short, it is a challenge that questions the ability of a society to exist as a whole, as a set linked by interdependent relationships.

In this way, we are within the complexity of the broad social structure, especially in the relationships of exploitation based on the capital-labor dynamic, and it is an inseparable manifestation of capitalism. Its causality is due to historical, political, cultural elements, etc., based on the antagonistic and controversial relationship between the *social capacity to produce wealth and a large contingent of members without material living conditions* - it is the result of a socially produced scarcity, erected under the command of capital (Netto, 2006; Castel, 2000).

These unequal arrangements are structured based on the “general law of capitalist accumulation”, and occur in mediation with cultural, geopolitical, and historical elements (associated with class, ethnic-racial, gender, sexuality, territory, generational aspects) that are established worldwide, but with the specificity of each national constitution. The consequences of the globalization of capital, neoliberalism, the uncertainty of the world of work, and the dismantling of social protection systems characterize the new manifestations of the social issue in modern society (Netto, 2006), which exposes a contingent of individuals and groups to social vulnerability, understood as a result of precarious work and the fragility of the relational and institutional support network (Castel, 2000).

For Nosella (2008, p. 267), “[...] the main ethical problem today is due to the contradiction between an overconcentration of wealth and the excessive increase in poverty. On one hand, few centers of wealth and on the other, huge regions of misery”. Thus, we corroborate the author in the understanding that these social injustices are an ethical issue in contemporary society since the desire to resolve them is a political option, considering that resources are existing.

Based on Fraser (2006), the social issue produces injustices in the economic and cultural spheres, marked by the exploitation of workers, marginalization of the economy and deprivation of access to material life, and by the logic of cultural domination, disqualification and disrespect. These aspects are present in the poor economic distribution and distorted recognition, which mark the everyday lives of populations in social vulnerability.

In the contradictions of capitalist society, the construction of citizenship and social rights, in dialogue with civil and political rights, is configured as strategies to reduce such injustices and inequalities (Lopes, 2016). These depend, to a certain extent, on the consensus of society and collective demands - including the working class - to provide better conditions for the

survival of socially disadvantaged groups. Thus, public policies, especially social policies, are ways that States build “[...] for the redistribution of social benefits aimed at reducing structural inequalities produced by socioeconomic development [...]” (Höfling, 2001, p. 31). However, this logic is still based on the capitalist reason that, through a neoliberal structuring, causes these policies to still be produced inadequately and insufficiently, considering that there is a population contingent that suffers everyday from the lack of health services, education, sanitary facilities, among other things, ending up maintaining social inequalities - bearing in mind that the sphere of citizenship is still limited for many (Costa & Costa, 2016; Höfling, 2001).

The data in the report *Piecing Together the Poverty Puzzle* show the gaps in this social inequality, indicating that almost half of the world's population - 3.4 billion people - still live in poverty, struggling everyday to satisfy basic needs - such as access to sanitation, clean and drinking water, electricity and education and health services (World Bank Group, 2018). The *Tracking Universal Health Coverage: 2017 Global Monitoring Report* indicates that at least half of the people in the world do not have access to essential health services, and each year a large number - about 100 million - of families are brought into poverty because they have to pay for these services, demonstrating the deficit of global social policies in this context (World Health Organization, 2017).

This scenario is no different in Brazil, remaining one of the most unequal countries in the world. In 2015, the sum between the population below the multidimensional poverty line² and the population vulnerable to poverty represents almost 50% of the country - 100 million people (Silva et al., 2020). These are a consequence of barriers to access to education, health, basic sanitation, employment, and income (Pires et al., 2020; Costa & Costa, 2016; Pires, 2020).

Thus, the everyday lives³ (Galheigo, 2020) of vulnerable populations involve social, cultural, economic, political, and territorial problems, with difficulties in social inclusion and participation. Their experiences are marked by difficulties in accessing social assets necessary for the *maintenance of life, individual and collective*, limiting the experience of significant activities for themselves and their group of belonging. These aspects are even more evident in extreme situations, such as those imposed by the context of the pandemic of COVID-19, in which precarious lives within an inequality policy, are even more susceptible to death, and oppression in eminence is placed as necrophilic (Freire, 1987), in addition to the symbolic meaning, stating which lives are likely to die.

Pandemic Impacts on Populations in Social Vulnerability

The relationship between epidemic/pandemic and social vulnerability has already been seen in other historical moments such as in the cases of the Spanish influenza, H1N1 (Swine Influenza), and SARS (Severe Acute Respiratory Syndrome), noting that social inequalities “[...] are determining factors for the rate of transmission and severity of these diseases [...]” (Pires et al., 2020, p. 1). We seek to think about the impacts of COVID-19 on socially vulnerable populations, breaking with the idea of a democratic

² Multidimensional poverty involves issues beyond income, such as access to treated water, sanitary conditions, an indicator of property, among others (Silva et al., 2020).

³ It is the broader processes that involve individuals to understand everyday life. The everyday life category does not adhere to objective models for understanding social reality, seeking to understand everyday life as a place of subjective, cultural, political, economic and historical circulation, within the lived experiences, desires and dreams (Galheigo, 2020).

disease (Calmon, 2020). It involves social isolation and other prevention recommendations⁴, but it focuses mainly on understanding how macrosocial issues are directly related to the development of the disease and how it affects different population groups.

In this sense, groups that experience the daily lives of greater poverty are more exposed to COVID-19. For example, data collected by the *New York City Department of Health and Mental Hygiene* show that the city's poorest urban neighborhoods are being affected the most, not necessarily by the number of cases, but by a greater severity index given other weaknesses associated with access resources needed for treatments or other comorbidities that already affect this population (Pires et al., 2020).

Studies such as in Pires et al. (2020) have pointed out how COVID-19 impacts the poorest countries and regions in the world differently since low-income populations use public transport more frequently, have a higher number of residents per household, have less access to basic sanitation and health, and have the difficulties of maintaining social isolation due to their characteristics of employment and income. The authors also analyzed data from the *National Survey of Health (PNS)*, carried out in Brazil in 2013, by the *Brazilian Institute of Geography and Statistics (IBGE)*, relating a connection between age, education, and chronic diseases and the most serious cases of COVID-19 in the country.

If we consider risk factors to be over 60 years old, to have been diagnosed with diabetes, high blood pressure, asthma, lung disease, heart disease, or chronic renal failure, the *PNS* suggests that 42% of the population is at some risk group. However, the risk factors do not seem to be equally distributed among the population (Pires et al., 2020, p. 2).

In the Brazilian scenario, the lowest levels of education are directly linked to the poorest strata. Thus, based on data from the *PNS* from 2013, the research showed that the highest proportion of Brazilians with one or more risk factors (54%) attended elementary school. Also, regardless of age, the incidence of comorbidities (chronic diseases associated with the most severe cases of COVID-19) is higher in people with less education level (42%), considerably increasing the risk of this group.

Highlighting the black Brazilian population, which still occupies the places of greatest poverty in the country, the *Agência Pública* published a study based on data from the Ministry of Health (MH)⁵, showing that the number of black people who died of COVID-19 in Brazil between the weeks of 11 to 26 April 2020, increased fivefold⁶. Also, it reported a 5.5-fold increase in black Brazilians hospitalized with SARS motivated by COVID-19, with one death after every 3.1 hospitalizations⁷. This reality is different from the white population, in which the

⁴ The preventive measures of COVID-19 involve isolation and social detachment, washing hands with soap and water or with appropriate alcohol-based disinfectants (Organização Pan-Americana da Saúde, 2020).

⁵ As reported by the *Agência Pública*, the MH did not include the notification forms with ignored race/skin color information. Specific information about the black population began to be released only on April 11, 2020, at the request of Working Group about Black Population Health of the Brazilian Society of Medicine of Family and Community.

⁶ According to the *Agência Pública*, the number went from just over 180 to more than 930.

⁷ In the state of Amazonas, most deaths are of black people. More than 13 black people died for each white person's death. Around 850 sick black people in serious condition and more than 340 deaths were registered by the Health Department. Regarding the white population, there were 81 serious cases and 25 deaths, according to updated data on April 29, 2020 (Muniz et al., 2020).

number of deaths and hospitalization increased slightly more than three times, with one death every 4.4 hospitalizations (Muniz et al., 2020). Rita Borret, coordinator of the *Working Group about Black Population Health of the Brazilian Society of Medicine of Family and Community* points out that there is no biological issue for greater incidence in black people. The central issue is racism and the way it operates, hindering this population to access health services (Muniz et al., 2020).

This reality is not only in Brazil. In the United States of America (USA), COVID-19 has also been more lethal in the black and poor population. The country offered little transparency in the racial information of the pandemic, which was later changed due to the map produced by John Hopkins University (Johns Hopkins Coronavirus Resource Center, 2020), identifying the USA states that were producing racial clippings. The subsequent data provided a concrete picture, attesting to the greatest impact on the black population (Muniz et al., 2020). Thus, when analyzing the virus's relationship with the ethnic-racial issue, we cannot forget the understanding of structural racism (Almeida, 2018), which integrates the social, political, economic, and cultural organization of society and is responsible to give meaning, logic, and technology to the processes of inequality and violence. This unfolds in a reality in which the black population is the poorest due to the historical exploitation of this group in the social division of labor.

Therefore, when relating the dimension of racism and social class with the current scenario, there is a need that, while tackling the pandemic should occur in general, actions will only prove effective if there are strategies that consider that the social organization is based on social inequality. Thus, there is an urgent need to build and strengthen policies that address the specificities of the different social groups that are in this situation.

Understanding the specificities of these groups in social vulnerability is, for example, recognizing that the possibility of washing their hands frequently, the use of alcohol, among other hygiene and safety recommendations are extremely complex measures to be adopted, especially in countries where there is a deficit in basic sanitation coverage. In Brazil, according to 2018 data from the *National Sanitation Information System (SNIS)*, almost 35 million people have no access to treated water and 100 million have no sewage. Then, it is exposed as “[...] the conditions of prevention and care are imposed in different ways on different social segments, and the potential for the lethality of the virus [...]” (Calmon, 2020, p. 131).

Extreme poverty is an open wound. There are thousands of people living in precarious conditions, underemployed, who depend on movement, circulation, to earn some income, something that guarantees survival (Calmon, 2020; Muniz et al., 2020). Most of these individuals are subalternized people (black, women, dissidents of genders and sexualities, people with disabilities, and others), historically at a disadvantage in the labor market dispute. In the outskirts, *favelas*, and other spaces of life of these people, there is a large group of male and female workers who make up the said *priority services* during the pandemic. Unlike health professionals, these services do not receive prestige or social recognition such as: the cleaners, street sweepers, couriers, domestic workers, drivers, supermarket

workers, gas station attendants, and others. In general, these people depend on social policies for income redistribution and/or who live in employment situations so fragile that negotiation with bosses is not a possibility.

The *uberization* expansion process is directly linked to this. Franco & Ferraz (2019) explain that the concept was used to say about the weakening of labor relationships. Socially unstable people who are under this regime, at times like the present, are even more vulnerable since they have no employment relationship and are separated from enjoying the rights of formal workers. As self-employed workers, they take a variety of risks so that they can provide the service and they have to hold - and be responsible for - almost all the tools necessary to perform the task.

Other populations also have an increase in their risk within this uneven structure. In common periods, the *homeless population* already faces several challenges in the search for citizenship and the guarantee of their rights (Brasil, 2011). Especially now, it has the denial of the State in proposing effective and targeted strategies that favor the necessary care to prevent the contamination and spread of the disease, including among peers.

Indigenous people are also directly affected. Oliveira et al. (2020) point to the possible devastating scenario that may occur with the entry of COVID-19 in indigenous territories, given the high transmissibility of the disease, the social vulnerability of isolated populations, and the scarcity of medical assistance and logistical transportation for patients. The research findings point to underreporting in these places as a complicating factor for the control of transmission (Oliveira et al., 2020).

Domestic violence is also a point of attention during the pandemic since women, people dissident of genders and sexualities, children, elderly people, people with disabilities, among other groups, have a greater potential for exposure. Indicators from countries like Brazil, China, and Spain show a worsening of already existing cases, in addition to new cases. Campbell (2020) states that in Brazil, complaints of domestic violence have increased between 40 and 50%, and in France, the index is at 30%. The numbers of cases in China are three times higher, and in Italy, among other countries, the numbers of complaints are also on the rise.

Thus, the pandemic has caused severe changes in the everyday life of the population, regardless of age, being necessary to activate strategies, services, and resources available in the prevention and resolution of the problems, and requiring professionals and researchers to foster strategies. Among them, social occupational therapy is an important subarea of knowledge and practice in this struggle and can offer support to groups in social vulnerability that are differently affected by the social impacts of the disease.

Social Occupational Therapy: Articulating for Social Justice

The *World Federation of Occupational Therapists (WFOT)* published a statement entitled *Occupational therapy response to the COVID-19 Pandemic*, recognizing the impacts of this phenomenon on people's everyday activities in the

context of access to resources, communication, mobility, mental health, and well-being. It also affirmed its professional commitment, together with the development of theoretical and methodological strategies, which contribute to reduce the impacts of the disease and enable access to the necessary and significant activities of the individuals and groups (World Federation of Occupational Therapists, 2020). The Brazilian Association of Occupational Therapists (*ABRATO*) supported this position, expressing in a note the ethical duty of the profession to contribute in this moment of a health emergency (Associação Brasileira dos Terapeutas Ocupacionais, 2020).

Thus, the therapeutic-occupational actions are important in the conjuncture, especially to minimize the impacts on the lives of the most vulnerable ones, reaffirming that “[...] the work in occupational therapy, in the individuals' everyday lives, only materializes in the fight for possible life for everyone, in all the strength and differences that give them meaning and reduce inequalities” (Malfitano et al., 2020, p. 4). Given the context that deepens the social issue and narrows the chances of life for those historically marked by inequalities and injustices, social occupational therapy has an important repertoire to assist and contribute to the search for social justice. We understand social justice based on the parity of social and everyday participation of the individuals, based on the recognition and respect for differences, access to social assets and decent work, based on an ethical, collective, and political commitment, offering the necessary resources to guarantee social insertion (Freire, 1987; Fraser, 2006; Nosella, 2008).

The actions of social occupational therapy take place within the social area, based on a socio-historical macro and microsocio reading, apprehending structural and everyday life issues, individually and collectively (Malfitano, 2016). Therefore, these professionals seek to carry out interventions “[...] articulating, technically and politically, citizenship, universalization of rights, social policies, and the radicalization of democracy [...]” (Lopes, 2016, p. 46), in favor of expanding access to social rights and assets that reach and make life worthy for the population (Malfitano et al., 2020).

Therefore, the central parameter is to approach everyday life from the perspective of the rights to basic social assets for citizens, those in Brazil for example, through the Social Security system, signed in the Brazilian Constitution of 1988 (Brasil, 1988), enunciating the set of actions that must ensure the right to health, social security and social assistance for all individuals, based on social policies that reach and make the population's dignified life possible (Malfitano et al., 2020). Thus, ensuring, strengthening, and articulating this security system and the maintenance and formulation of social policies at all times but especially in times that make disparities explicit, are guiding aspects for taking action in social occupational therapy.

With these issues as an axis in the pandemic, we can act to establish, map, demarcate and think, together with fragile groups, repertoires of everyday possibilities for overcoming barriers that hinder social participation and access to the necessary care for *maintaining human life*. Also, we can prevent and treat the disease in the ways of articulating political, social, relational, instrumental, and financial mechanisms for those who are subject to greater vulnerabilities, such as

those who have lost their sources of work and income and/or are subject to precariousness and violence in an intense way.

Therefore, contributions are needed in the field of research in social occupational therapy on the pandemic, producing and disseminating knowledge and practices based on the demands imposed on concrete and emerging realities, denouncing injustices and proposing forms of care, for example, the social impacts of the pandemic in the everyday lives of populations, the use of virtual technologies to assist the individuals, the centrality of public policies for professional action, the construction of tools and policies for acting in extreme situations, among others.

In the intervention in the different social equipment, we can act using the methodologies of the subarea, called social technologies (Lopes et al., 2014). Although not formulated for periods of the pandemic, we bet that they can favor support for vulnerable groups at these times. This can be done by working with *Workshops from Activities, Dynamics and Projects* within the scope of working with individuals and groups in different services to think about the impacts of the pandemic and prevention and awareness strategies; *Singular and Territorial Follow-up*, with those who need more care in their territories, given the individual difficulties of mobility, circulation, relational, family and access; *Articulation of Resources in the Social Area*, providing efforts in the search for sufficient resources for care - whether coming from public agencies, social movements and the community - for those who have lost their support networks due to the new social dynamics, in their relationships and work. For example, to publicize and guarantee access to emergency public cash transfer policies⁸; and, finally, *Dynamization of the Attention Network*, guiding its teams, strengthening the debate on public policies and the specificities necessary for the current situation, and encouraging that the notifications of COVID-19 be carried out completely, with data about the territory, race, gender, among others, enabling to map who are the most affected individuals and what are the political needs in face of this. However, we also need to think about the construction and improvement of tools so that they can be used remotely due to the challenges that concern the domain of technological devices (smartphones, computers, internet access) by professionals and people who need interventions, but, above all, considering the inequality of access to these assets by the target population of social occupational therapy.

We should also highlight the challenges of acting in a global context of social, economic crisis, and democracy, and particularly affecting Brazil. We have a policy of dismantling social rights. On December 15, 2016, the Constitutional Amendment 95 (EC 95) was approved, with a new tax regime for the next 20 years, placing a limit on federal government spending, leading to the scrapping of social policies. Currently, the federal government - represented by Jair Messias Bolsonaro - has strengthened this dismantling, benefiting the interests of dominant elites at the expense of decent living conditions for the population.

⁸ The Emergency Aid, instituted by Law N° 13,982 of April 2, 2020, is a financial benefit aimed at informal workers, individual microentrepreneurs (MEI), self-employed and unemployed, with the objective of providing emergency protection in the period of facing the crisis by the COVID-19 pandemic (Brasil, 2020).

During the pandemic, this attitude is no different. The president's speeches prioritize the economic issue, not human lives, advocating for the end of social isolation, legitimizing the "sacrifice" of thousands of male and female workers in favor of the stability of the financial market (Lima et al., 2020). Occupational therapy needs to fight against these narratives, radicalizing thinking/doing that privileges human lives - and resist neoliberal, conservative, and necrophilic rhetoric.

Based on the social perspective, "[...] occupational therapy must contribute to the solution of issues imposed by social and cultural contradictions [...]" (Barros et al., 2007, p. 351), using its skills in working with problems developed based on social conflicts, deepened in the context of COVID-19. An *action + reflection* is important that welcomes the desires and needs of the individuals and collectives, that problematize the impacts of structural inequalities in everyday life, in favor of resistance movements, life-affirmation, autonomy, citizenship, and the rights of people in situation of social vulnerability, and the construction and strengthening of social policies.

Furthermore, the strategies do not end when the pandemic ends. We should consider an agenda for social occupational therapy for the subsequent period. Some projections show that the number of the population in social vulnerability is expected to increase worldwide (Comissão Econômica para a América Latina e o Caribe, 2020), including in Brazil (Pires, 2020). There will be an increase in unemployment, underemployment, and informal jobs, leading several families to poverty and difficult access to services and consumer assets. According to the Economic Commission for Latin America and the Caribbean (ECLAC), "[...] the crisis will have the greatest impact on the most vulnerable: people with underlying health problems, the elderly population, unemployed young, underemployed, women, unprotected and migrant workers, with the consequent increase in inequality [...]" (Comissão Econômica para a América Latina e o Caribe, 2020, p. 5). Thus, there is an urgent need to reinvent, using the broad theoretical and practical reference built but recognizing the need to think about new ways of work. So, we will seek to foresee and build propositions in face of the upcoming scenario, in the scope of social care technologies - in the sphere of therapeutic-occupational interventions, in the formulation and articulation of new social policies and programs for socioeconomic stabilization and in the debate on the role of the State in the social protection of populations, which in our view is also the struggle for the guarantee of social security, through the widening of access to public funds by the people, which would happen, for example, with the revocation of EC 95.

Finally, this text expects a think/do social occupational therapy based on social justice and the emancipation of the individuals, to go beyond the conditions imposed by hierarchical domination that engenders and entrenches multiple oppressions (Galheigo, 2016; Fraser, 2006; Nosella, 2008; Freire, 1987). We should foster strategies for equality and recognition, in the democratization of the possibilities of continuing life, autonomously and as citizens, during the pandemic and after - glimpsing a reality that is less and less unequal and believing, as Freire (2000, p. 20) says, that "[...] changing the world is as difficult as possible [...]"

References

- Almeida, S. L. (2018). *O que é racismo estrutural?* Belo Horizonte: Letramento; Justificando.
- Associação Brasileira dos Terapeutas Ocupacionais – ABRATO. (2020). *Nota da ABRATO sobre a Portaria do Ministério da Saúde nº 639, de 02 de abril de 2020*. Recuperado em 1 de maio de 2020, de <https://www.facebook.com/abratonacional/>
- Barros, D. D., Lopes, R. E., & Galheigo, S. M. (2007). Terapia ocupacional social: concepções e perspectivas. In A. Cavalcanti & C. R. C. Galvão (Eds.), *Terapia ocupacional: fundamentação & prática* (pp. 347-353). Rio de Janeiro: Guanabara Koogan.
- Brasil. (1988). *Constituição da República Federativa do Brasil*. Recuperado em 1 de maio de 2020, de http://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm
- Brasil. (2011). *Orientações técnicas Centro de Referência Especializado para população em situação de rua - Centro POP: SUAS e população em situação de rua*. Brasília: Gráfica e Editora Brasil.
- Brasil. (2020). Lei nº 13.982 de 02 de abril de 2020. Altera a Lei n. 8.742, de 7 de dezembro de 1993, para dispor sobre parâmetros adicionais de caracterização da situação de vulnerabilidade social para fins de elegibilidade a benefício de prestação continuada (BPC), e estabelece medidas excepcionais de proteção social a serem adotadas durante o período de enfrentamento da emergência de saúde pública de importância internacional decorrente do coronavírus (Covid-19) responsável pelo surto de 2019, a que se refere a Lei nº 13.979, de 6 de fevereiro de 2020. *Diário Oficial [da] República Federativa do Brasil*, Brasília, seção 1. Recuperado em 1 de maio de 2020, de http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2020/lei/L13982.htm
- Calmon, T. V. L. (2020). As condições objetivas para o enfrentamento ao COVID-19: abismo social brasileiro, o racismo, e as perspectivas de desenvolvimento social como determinantes. *NAU Social*, 11(20), 131-136.
- Campbell, A. M. (2020). An increasing risk of family violence during the COVID-19 pandemic: strengthening community collaborations to save lives. *Forensic Science International Reports*, 2, 1-3. <http://dx.doi.org/10.1016/j.fsir.2020.100089>.
- Castel, R. (2000). As transformações da questão social. In M. Belfiore-Wanderley, L. Bógus & M. C. Yazbek (Eds.), *Desigualdade e a questão social* (pp. 235-272). São Paulo: EDUC.
- Comissão Econômica para a América Latina e o Caribe – CEPAL. (2020). América Latina y el Caribe ante la pandemia del COVID-19: efectos económicos y sociales. Informe especial COVID-19. Recuperado em 1 de maio de 2020, de https://repositorio.cepal.org/bitstream/handle/11362/45337/6/S2000264_es.pdf
- Costa, R. F. R., & Costa, G. C. (2016). Pobres no campo, ricos na cidade? uma análise multidimensional da pobreza. *Revista de Economia e Sociologia Rural*, 54(3), 537-560.
- Franco, D. S., & Ferraz, D. L. S. (2019). Uberização do trabalho e acumulação capitalista. *Cadernos EBAPE.BR*, 17(spe), 844-856. <https://doi.org/10.1590/1679-395176936>.
- Fraser, N. (2006). Da redistribuição ao reconhecimento? Dilemas da justiça numa era “pós-socialista”. *Cadernos de Campo*, 15(14-15), 231-239. <http://dx.doi.org/10.11606/issn.2316-9133.v15i14-15p231-239>.
- Freire, P. (1987). *Pedagogia do oprimido*. Rio de Janeiro: Paz e Terra.
- Freire, P. (2000). *Pedagogia da indignação: cartas pedagógicas e outros escritos*. São Paulo: Editora UNESP.
- Galheigo, S. M. (2016). Terapia ocupacional social: uma síntese histórica acerca da constituição de um campo de saber e prática. In R. E. Lopes & A. P. S. Malfitano (Eds.), *Terapia ocupacional social: desenhos teóricos e contornos práticos* (pp. 49-68). São Carlos: EdUFSCar.
- Galheigo, S. M. (2020). Terapia ocupacional, cotidiano e a tessitura da vida: aportes teórico-conceituais para a construção de perspectivas críticas e emancipatórias. *Cadernos Brasileiros de Terapia Ocupacional*, 28(1), 5-25. <http://dx.doi.org/10.4322/2526-8910.ctoAO2590>.
- Höfling, E. M. (2001). Estado e políticas (públicas) sociais. *Cadernos CEDES*, 21(55), 30-41.

- Johns Hopkins Coronavirus Resource Center – CRC. (2020). *Racial data transparency. Which states have released breakdowns of COVID-19 data by race?* Recuperado em 1 de maio de 2020, de <https://coronavirus.jhu.edu/data/racial-data-transparency>
- Lima, J. C., Rangel, F., & Pires, A. S. (2020). Combate à COVID-19 e a falácia da política economicista. *Boletim Coletividade - Sociologia na Pandemia - PPGS/UFSCar*. Recuperado em 1 de maio de 2020, de <http://www.ppgs.ufscar.br/sociologia-na-pandemia-1>
- Lopes, R. E. (2016). Cidadania, direitos e Terapia Ocupacional. In R. E. Lopes & A. P. S. Malfitano (Eds.), *Terapia ocupacional social: desenhos teóricos e contornos práticos* (pp. 29-48). São Carlos: EdUFSCar.
- Lopes, R. E., Malfitano, A. S., Silva, C. R., & Borba, P. L. O. (2014). Recursos e tecnologias em terapia ocupacional social: ações com jovens pobres na cidade. *Cadernos de Terapia Ocupacional da UFSCar*, 22(3), 591-602.
- Malfitano, A. P. S. (2016). Contexto social e atuação social: generalizações e especialidades na terapia ocupacional. In R. E. Lopes & A. P. S. Malfitano (Eds.), *Terapia ocupacional social: desenhos teóricos e contornos práticos* (pp. 117-133). São Carlos: EdUFSCar.
- Malfitano, A. P. S., Cruz, D. M. C., & Lopes, R. E. (2020). Terapia ocupacional em tempos de pandemia: seguridade social e garantias de um cotidiano possível para todos. *Cadernos Brasileiros de Terapia Ocupacional*, 28(2), 401-404. <https://doi.org/10.4322/2526-8910.ctoed22802>.
- Muniz, B., Fonseca, B., & Pina, R. (2020). *Em duas semanas, número de negros mortos por coronavírus é cinco vezes maior no Brasil*. Pública – Agência de Jornalismo Investigativo. Recuperado em 1 de maio de 2020, de <https://apublica.org/2020/05/em-duas-semanas-numero-de-negros-mortos-por-coronavirus-e-cinco-vezes-maior-no-brasil>
- Netto, J. P. (2006). *Capitalismo monopolista e serviço social*. São Paulo: Cortez.
- Nosella, P. (2008). Ética e pesquisa. *Educação & Sociedade*, 29(102), 255-273.
- Oliveira, U., Soares Filho, B. S., Oviedo, A., Moreira, T., Carlos, S., Ricardo, J., & Piaz, A. (2020). *Modelagem da vulnerabilidade dos povos indígenas no Brasil ao COVID-19*. Instituto Socioambiental (ISA). Recuperado em 1 de maio de 2020, de https://www.socioambiental.org/sites/blog.socioambiental.org/files/nsa/arquivos/nota_tecnica_modelo_COVID19.pdf#overlay-context=pt-br/noticias-socioambientais/vulnerabilidade-social-e-motor-da-pandemia-de-COVID-19-em-terras-indigenas-mostra-estudo
- Organização Pan-Americana da Saúde – OPAS. (2020). *Folha informativa – COVID-19 (doença causada pelo novo coronavírus)*. Recuperado em 1 de maio de 2020, de https://www.paho.org/bra/index.php?option=com_content&view=article&id=6101:COVID19&Itemid=875
- Pires, L. L., Carvalho, L., & Xavier, L. L. (2020). *COVID-19 e desigualdade no Brasil*. Recuperado em 1 de maio de 2020, de https://www.researchgate.net/publication/340452851_COVID-19_e_Desigualdade_no_Brasil
- Pires, R. R. C. (2020). *Os efeitos sobre grupos sociais e territórios vulnerabilizados das medidas de enfrentamento à crise sanitária da COVID-19: propostas para o aperfeiçoamento da ação pública*. Instituto de Pesquisa Econômica Aplicada – IPEA. Recuperado em 1 de maio de 2020, de <http://www.ipea.gov.br/porta/publicacoes>.
- Silva, J. J., Bruno, M. A. P., & Silva, D. B. N. (2020). Pobreza multidimensional no Brasil: uma análise do período 2004-2015. *Brazilian Journal of Political Economy*, 40(1), 138-160. <http://dx.doi.org/10.1590/0101-31572020-2924>.
- World Bank Group – WBG. (2018). *Poverty and shared prosperity - piecing together the poverty Puzzle*. Recuperado em 1 de maio de 2020, de <https://openknowledge.worldbank.org/bitstream/handle/10986/30418/9781464813306.pdf>
- World Federation of Occupational Therapists – WFOT. (2020). *Public statement - occupational therapy response to the COVID-19 Pandemic*. Recuperado em 1 de maio de 2020, de

<https://www.wfot.org/about/public-statement-occupational-therapy-response-to-the-COVID-19-pandemic#entry:22326>.

World Health Organization, & World Bank Group. (2017). *Tracking universal health coverage: 2017 global monitoring report*. Recuperado em 1 de maio de 2020, de <http://documents.worldbank.org/curated/en/640121513095868125/pdf/122029-WP-REVISED-PUBLIC.pdf>

Author's Contributions

Both authors were part of the conception, formulation, writing, and review of the text and approved its final version.

Funding Source

Coordenação de Aperfeiçoamento de Pessoal de Nível Superior - Brasil (CAPES) - Finance Code 001; São Paulo Research Foundation (FAPESP).

Corresponding author

Magno Nunes Farias
e-mail: magnonfarias@hotmail.com

Section editor

Ana Paula Serrata Malfitano