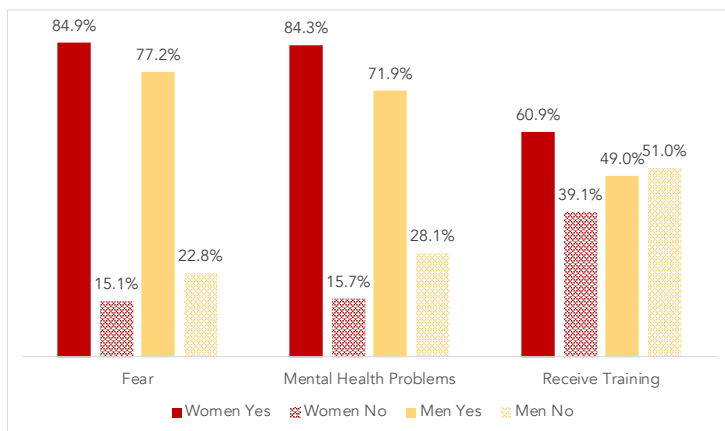


EXACERBATED VULNERABILITIES: PROFESSIONALS OF BRAZIL'S UNIFIED HEALTH SYSTEM DURING THE COVID-19 PANDEMIC (*)

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In Brazil, according to the 2000 census, women represent almost 70% of the total number of professionals in the health sector, making up 62% of professionals in careers that require higher education and 74% in those that only require high school and/or middle school education. In nursing and psychology, they represent over 80% of the professionals, whereas amongst physicians they represent only 36% (Pires et al., 2020). Consequently, these women who are health care professionals are constantly exposed to the risk of being contaminated by the new coronavirus, given their proximity and direct contact with infected patients (WHO, 2020). The epidemiological bulletin of the Ministry of Health as of October 2020 indicated that 58.2% of the cases of hospitalization of health professionals for Severe Acute Respiratory Syndrome (SARS/SRAG), caused by COVID-19, were female professionals (Brasil, 2020). As of January 2021, one-third of the world's nursing professionals who died because of COVID-19 were Brazilian (Cofen, 2021a). According to the Federal Council of Nursing, in September 2021, 68.1% of deaths among nursing professionals were female (Cofen, 2021b).



Graph 1. Experiences/training received by health care professionals according to survey data (March 2021).

Given this scenario, we briefly present the situation of vulnerability of professionals working in Brazil's Unified Health System (Sistema Unico de Saude or SUS) during the COVID-19 pandemic. We use data from a survey collected in March 2021, during the second wave of cases and deaths from COVID-19 in Brazil. Bearing in

mind that the Brazilian health workforce is mostly female (Cofen, 2017; Milanezi et al., 2020; Schaeffer et al., 2020), seeking to understand the situation of these workers is to recognize the inequities and vulnerabilities of Brazil's health system as a whole. Therefore, our findings provoke us to question the conditions of SUS health professionals and the supply of health services during the COVID-19 pandemic in Brazil.

Graph 1 illustrates a comparison on some survey questions based on the distinction between male and female health professionals. The data exposes the extreme and tragic situation in which health professionals live in the context of the pandemic. They show, in general, the variation of the variables "Received training," "Mental health" and "Feeling of fear" among health professionals. By comparing the data for men and women, we see how female health professionals are experiencing an even more vulnerable situation in the context of the pandemic.

In addition to the risks inherent to their work, women are also more subject to work overload, both in the health sector and in their domestic activities. Additionally, according to the data, 35% of the professionals point to an increase in moral harassment in the workplace during the pandemic, much of which is directly related to gender issues (such as harassment of pregnant women, nursing women and mothers, because of their concern for their children). As a result of government policies introduced to control the pandemic, women have taken on the additional burden of domestic work. Data collected in March 2021 indicate that women health professionals had an average of more than 30 hours per week of domestic activities during the pandemic, besides their own professional activities (Lotta et al., 2021).

The lack of national coordination in this process is a significant characterization of Brazil's response to the crisis. Measures of social distancing varied over time and across Brazilian macro-regions, which aggravated the vulnerability of informal work. In the context of formal work, alongside paid employment, many women took unpaid leave to assume the domestic function, corroborating the already existing cycle of care based on gender inequality (Wenham et al., 2021). Despite not being a completely new phenomenon, widespread remote work due to the pandemic blurs



the boundaries between paid work and unpaid domestic work (Fares et al. 2021), creating a routine that seems never-ending.

In addition, 75% of professionals point out that the federal government has not given them the necessary support to properly work during the pandemic. Federal policies for the management of health workers further exposed these professionals to the dangers of the pandemic. The lack of purchase and transfer of protective equipment to municipalities, the lack of testing, and the lack of standardized guidelines and recommendations for health professionals are just some of the deliberate actions and omissions of the Ministry of Health that directly and negatively affected SUS workers (Ferigato et al., 2020). Besides, the constant attacks by the president and by various other public figures and politicians on the services provided by SUS resulted in general hostility toward SUS workers (Nasi et al. 2021). The recommendation of an ineffective drug, Hydroxychloroquine, also had direct impacts on these workers, who were pressured by patients seeking to be treated with a drug recommended by President Jair Bolsonaro (Lima & Cardim, 2020).

Considering the data presented above, it is essential to analyze the COVID-19 pandemic through a gender-informed lens, considering the different consequences of the health emergency for men and women working in Brazil's Unified Health System.

Notes

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