

World Crisis Caused by the Advance of the New Coronavirus: Stripping Social Ills and Taking a Place in the Struggle

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Crises reveal our values. The world crisis caused by the advance of the new Coronavirus (which causes COVID-19, a disease characterized by respiratory infection) has contributed to the unveiling of the values cultivated in capitalist societies, as well as the ills generated by an unjust social order, based on exclusion. In this editorial in Volume 2 Number 4 of *EC Nursing and Healthcare*, we invite readers to reflect on what the crisis - caused by the advance of the new coronavirus - highlights and to what attitudes the situation calls us, as professionals in the health field. Social distancing measures are recommended by the World Health Organization (WHO), aiming at slowing the progression of the disease in countries with confirmed cases. They are also measures to prevent the disease, washing hands with soap and water or using 70% alcohol in gel.

Now, social detachment requires people to remain in their homes. Question number one: Does everyone have a home? In addition, considering that the disease in question is transmitted through the respiratory tract, the reduced number of rooms in a house increases the possibility of people gathering in the same room, which forces people to get closer to each other, increasing the chances of home contagion. Question number two: What percentage of families live in houses with less than three rooms? In addition, to wash your hands with soap and water, you need soap and water. Here is a third question: Does everyone have clean water for hand washing? Still a question: Between buying food to feed five children and purchasing soap to prevent a disease caused by a new virus - this invisible one, while hunger is painfully perceived in the faded faces of those who feel it - what you, reader, hope that do families buy? In addition: Wouldn't expecting families in this social condition to buy alcohol in gel would be something like expecting those same socially disadvantaged families to buy caviar instead of beans and rice? Therefore, we think that the crisis caused by the advancement of the new coronavirus exposes the social differences created within a social system founded on injustice: the capitalist social system.

Within this system, individualism and competitiveness make up the axiological axis of support. For the incorporation of these values into the subjects' cultural repertoire is what guarantees the unrestrained search for accumulation, which is a pillar of the capitalist social system. The crisis caused by the pandemic of the new coronavirus shows that many of us, (faithful) members of capitalist societies, have mastered these values. If not, let's see: 1- We run to supermarkets and empty the shelves (especially those stocked with cleaning and personal hygiene items), in fear that the situation will evolve into a global shortage crisis; 2- People fought in rows of supermarkets because one of them was taking home the last packages of toilet paper, while the other did not even have a roll to take; 3- In the face of advertisements for drugs in the testing phase, with the possibility of therapeutic efficacy against COVID-19, people went to pharmacies and stocked these drugs in their homes (note that some of these are drugs used by chronic patients).

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The crisis caused by the advance of the new coronavirus also seems to signal an understanding misconception of the concept of health advocated by international organizations, such as WHO itself. According to the Organization, health is defined as a state of complete well-being, which is not limited to the proper functioning of the body and mind, but involves social well-being. We understand that the conditions of a social welfare state involve housing, food, basic sanitation, transportation, income. Now, if we consider income as a condition for social well-being and this state, as a requirement for health, why do some authorities (like Brazilian President Jair Messias Bolsonaro) seem to induce workers to choose: maintenance of income (staying in the work outside the home during the pandemic) or social isolation that can preserve the citizen from infection by the SARS-CoV2 virus? Aren't both physical and social well-being necessary for health? Or is there some kind of hierarchy between those welfare states? Therefore, considering income as a condition of social well-being, and at the same time, with physical well-being threatened by a pandemic, staying at home and having your income subsidized by governments or states would not constitute the same package of measures to preserve health, with a minimum of human dignity?

Moving towards the end of this Editorial, we propose to think about how we, health professionals, can interfere in the unfair social macrocosm, based on "save yourself if you can". How can health care be produced under a disease-centered concept of health, in which governments seem to invest heavily in the purchase of equipment and in the expansion of health services infrastructure, only when something of the magnitude of a pandemic is installed? In short: How to be a health professional within a social system in which almost everything has become a commodity, and almost everyone seems to have lost their love for others?

Far from the intention of offering manuals of conduct or motivational phrases, we think it is opportune to outline some possibilities of (re) action in this scenario in which we live. One of the possibilities we envision is to create opportunities for discussion - with fellow health workers, users, institutional managers - about the intersection of different social segments in the design of health. Note that to start discussions like this, it is not necessary to be in public political positions, but it is necessary to recognize oneself as a political subject, capable of influencing people to a way of thinking that potentiates collective and transforming actions in the world. However, the possibility of holding political positions to fight for health as a state of complete well-being, accessible to all individuals - regardless of ethnicity, gender or social status - should not be viewed with disgust by us, health professionals. Now, if we need to occupy those places to help achieve social advances in health... why not? In quarantine times, it is quite possible that some of us will have time to consider this issue. Why not?

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