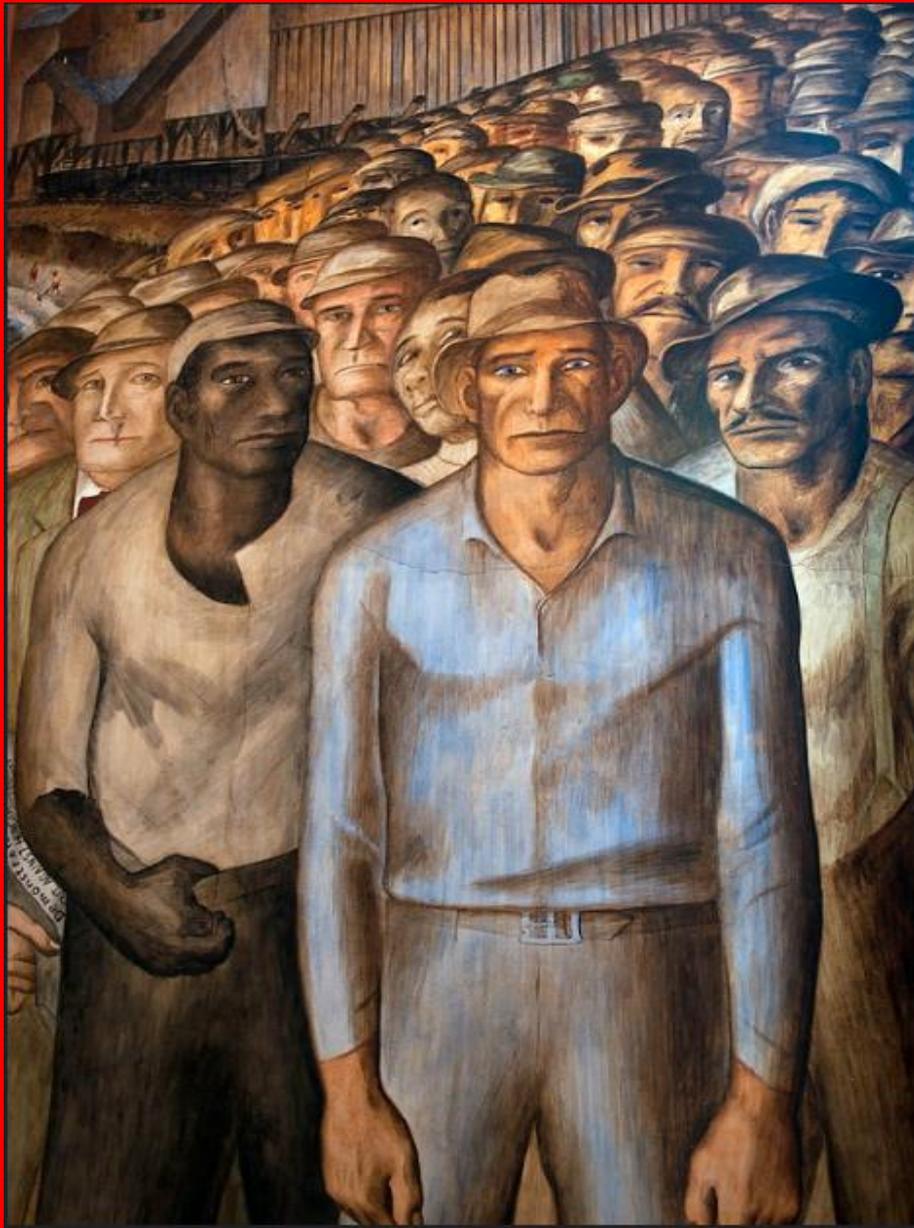


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**Capitalism and the New Coronavirus Pandemic: State Policy
and Possible Workers' Resistance to the Iron Heel**



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Abstract

The text analyses the emergence, dynamics and challenges posed by the new coronavirus pandemic to the workers' struggle. The intervention of national states has the role of "saving" capitalist economies and keeping as many workers active as possible. Even with the vaccination against Covid-19, the pandemic may continue and the economy will be subjected to greater or lesser restrictions, which constitutes a way of evaluating the degree of worker exploitation by the bourgeoisie. In Brazil, the imposition of governmental and private companies' measures, such as the suspension of the employment contract and the reduction of wages and hours allows capitalists to assess the productivity and intensity of work in the production process in terms of extracting surplus value; to identify the areas or positions of efficiency/inefficiency; and to verify the number of workers to be hired/fired. In the context of global capitalism, the pandemic may be the "new normal" in which the possible resistance of workers as a class is placed in order to overcome the deep, prolonged and broad defensiveness in which the labour forces against capital find themselves. The workers' mobilizations and organizations endowed with political class independence will have to be reconstructed, a possibility present in the conjunctures since the workers never stopped defending their specific demands and the contradictions of capitalism continue to develop.

Cover: Striking Miners', by John Langley Howard (1902-1999)

Introduction

The new coronavirus (severe acute respiratory syndrome coronavirus 2, SARS-CoV-2) pandemic is a current public health, social and political event surpassed only by the tragedies of the two World Wars and the Spanish flu pandemic, all of which took place in the twentieth century.

However, one should ask whether the pandemic affects everyone the same way. After all, there are those who can refrain from coming into contact with others and physically self-isolate at home, while others find themselves in the position of having to work, very often even more than usual, and having to use public transportation, which is crowded most of the time, as is the norm in large Brazilian cities.

Since the global expansion of the pandemic, in January 2020, the very high number of disease cases and deaths, the brutal retraction in economic activities, and mass unemployment were, among other aspects, cause of panic and revolt in many parts of the world.

The present essay analyzes the emergence, dynamics, and challenges posed by the new coronavirus pandemic in the context of current history, between the second half of December 2019 and the second half of May 2021.

After some notes on the approach adopted, the article considers, in the topic "Determination and origins", the ways in which capitalist production is organized during outbreaks of deadly viruses.

The disclosure of the nature of the relationship involving the public health, economic and political spheres during the global state of emergency faced by capitalism in its current phase is the subject developed in the topics "Brief historical records and political aspect of the pandemic" and "Capitalism, quarantine and vaccines".

Finally, in the topic "Pandemic, economics and politics: the case of Brazil" and in the ones that follow it, we address the interconnection of the public health economic and political spheres in Brazil and analyze, in particular, the situation of workers subjected to an increase in workload and a consequent higher degree of risk to their health.

Approach adopted in the study

Each form of production and social organization known in human history includes a specific relationship dynamic between human populations and microorganisms, with the corresponding expression of morbi-mortality collective phenomena. This dynamic implies the existence of representations regarding the disease, death, and the ways of dealing with these events, which are always determined by the fundamental social conflicts present in each of these forms of organization.

In the society organized based on the capitalist mode of production, the attempts to control epidemic processes resulted in a division between contagionists and anticontagionists in the nineteenth century. The former considered mandatory the quarantine of people and goods, an ancient measure put into place since the age of the black death pandemic in Europe in the fourteenth century, and acknowledged as paramount to stop the epidemic outbreak and its expansion. As an alternative, the latter defended the cleansing of urban communities, and opposed quarantines. Terris (2005) cites a highly-enlightening excerpt by Erwin Heinz Ackernecht on the relationship involving science, public policies, and economic interests, quoted here:

Quarantines meant, for the rapidly growing class of merchants and industrialists, a source of losses, a limitation for their expansion, a weapon of bureaucratic control that they were no longer willing to tolerate, and this class was, very naturally, with their press and their deputies, their material, moral and political resources, behind those who showed that the scientific grounds for quarantines did not exist, who, in turn, were, in any case, usually the offspring of this same class. Contagionism became, through its association with the old bureaucratic powers, suspicious for all liberals who attempted to reduce State interference to a minimum.¹

In spite of all the interests at stake, diseases were always regarded from a point of view removed from the process of capital accumulation. An exception must be made for the thinkers of Social Medicine (Virchow, Guérin, Villermé), who proposed public health reforms during the 1848 revolutionary period, defending the principle of the relevance of the effects of economic and social conditions on health and disease and, as a consequence, the idea that measures to fight disease should be social as well as medical in nature (Rosen, 1994). But this position was defeated together with the bourgeois democratic revolutions in France and Germany.

¹ Ackernecht, Erwin Heinz. Anticontagion between 1821 and 1867. *Bull. Hist. Med.*, 22:462-93, 1948, apud Terris (2005). See Rosen (1994).

When a point of view contrary to the miasma theory of disease – and to the Aristotelian conception of spontaneous generation of life, which was inherent to it – emerged along with bacteriology, the unity of capital and science took shape and became hegemonic. Louis Pasteur was the most renowned representative of the beginning of the era of scientific medicine in which we still live today. However, he was not the only one. Latour (1988) pondered on the reasons for Pasteur's success, and devised his "science in action" theory. He highlighted a network of forces acting in the same direction as Pasteur, namely, the public health movement, physicians, and colonial interests. To these, we must also add capitalist interests.

Bacteriology, with the administration of vaccines to counter specific etiological agents, and focused on monocausality, enabled disease prevention, a technical solution to social issues, as well as issues regarding State legitimization. However, the emergence of new infectious diseases, the re-emergence of diseases once deemed to have been eradicated, and the increase in the rate of noncommunicable chronic diseases highlights the reductionism of the prevailing scientific tradition in Public Health, which is founded on Epidemiology, and focuses on the identification, understanding, and intervention on isolated elements (etiological agents) and risk factors at an individual level, detached from the historical changes and circumstances that determine the means of human production and reproduction and the changes in the relationships with pathogens, vectors and the environment (Levins, 2000). Although Social Medicine suffered a defeat in 1848, social reformists and physicians remained active in Europe and in the Americas. The struggle of English workers to reduce the number of working hours and to guarantee the protection of women and children in textile factories in the 1850s was supported by these reformists, and their demands were eventually enacted into laws, showing that the assumption that healthcare was (and still is) the result of struggle is valid.

When the health-disease process is considered in terms of prevalence and distribution throughout society, it is crucial to understand the relationship of this public health process with the means of exploitation of the workforce, as well as the role played by the reserve army of labor in the accumulation of capital. As we are addressing this type of social relationship, we must admit its contentious character. The determination of health and disease by capital is always overdetermined by class struggles. Evan Stark (1977) highlighted

this aspect very clearly as he observed how epidemics add tension to the relationship between capital and labor and lead to state intervention.

This issue resurfaces whenever epidemic infections force the establishment of public health control measures. The fight against the pandemic resides in the field of politics, which, in turn, implies the public perception of the health hazards caused, on the one hand, by healthcare conditions (especially in hospitals), and, on the other hand, by the defense of the interests of different social groups in a capitalist society. Stark (1977) stated that the measures to counter a public health crisis are adopted following the political conflicts that arise over the course of an epidemic.

Determination and origins

Early information provided by the World Health Organization (WHO) indicated that the origin of the pandemic was related to workers of the Huanan market, in Wuhan, China. However, arguments to the contrary supported by Wallace (2020) on January 29, 2020, suggest a more complex determination. The author accepts the epidemiological evidence in favor of the official hypothesis; after all, a small part of the samples collected from the Huanan market (5.64%) tested positive for coronavirus disease 2019 (COVID-19), but he observes that only 41% of these positive samples came from the streets of the market that held wild animals in cages. More importantly, "a quarter of the original infectees never visited the Wuhan market or appeared directly exposed. The earliest case was identified before the market was hit."

Many of the early cases were associated to the Huanan market, but a similar number of cases was associated to other markets, and some were not associated to any market at all. A more widespread transmission within the community in December may be responsible for cases not associated to the Huaman market, which, together with the presence of early cases not associated to this market, could suggest that the Huanan market was not the original source of the outbreak.

More than a year after Wallace's 2020 article, the study on the origins of the SARS-CoV-2, organized by the WHO (2021) and released on March 30th, 2021, included the aforementioned considerations without reaching any conclusion regarding the role played by the Huanan market or any other market in Wuhan as the origin of the outbreak or on how the infection was introduced in these markets.

Based on Wallace (2016), the explanation refers to the relationship between the etiology of recent epidemics (such as the avian flu, in 2003, and swine flu, in 2009) and the capitalist system in two levels: agribusiness (the capitalist organization of agriculture for large-scale markets) and the expansion of agricultural frontiers and extractive industries (such as logging and mining). The author highlights the importance of the interrelationship between these levels in countries whose rural landscape is characterized by an unregulated agribusiness in which the relationship between large and small farms tends to expand the agricultural frontier into the forest, working as an “evolutionary pressure cooker” (Chuang, 2020) when wild animals (viral reservoirs) come into contact with domesticated ones, prompting the so-called zoonotic transfer to human beings.

According to Wallace et al. (2020), the focus on areas of outbreaks hinders the identification of the relationships shared by monopoly and financial capital on a global scale, which “shape epidemiologies”. This capital promotes intensive and extensive forms of agro-industrial production (such as the food industry, mainly the meat industry, especially poultry and swine), causing alterations in the use of the land, especially through the expropriation and displacement of large contingents of native peoples, the construction of roads, and the spread of urban development with environmental degradation, all favoring the appearance of new pathogens and diseases.

Prepping bushmeat and home burials are two practices blamed for the emergence of new pathogens. Plotting relational geographies, in contrast, suddenly turns New York, London, and Hong Kong, key sources of global capital, into three of the world’s worst hotspots instead. (Ibid.)

It is crucial to take on the challenge of analyzing the pandemic in the context of capitalist production, namely farming (ibid.). Advocates had already raised this issue, though without all of the necessary consequences, but their voices were heard again in July 2020, when the subject of the causes of the pandemic was put in the spotlight. One example is Delia Grace, an epidemiologist and veterinarian at the Natural Resources Institute of the University of Greenwich, London, and a member of the International Livestock Research Institute, with headquarters in Kenya. She is one of the minds behind the report “Preventing the next pandemic: Zoonotic diseases and how to break the chain of transmission” (UNEP, 2020). In Delia Grace’s opinion, unless the causes of this public health crisis are identified, other pandemics will rise.

Extending the period and the results of a research by Kate Jones et al. (2008), of University College London, Delia Grace et al. (2012) state that 75% of infectious diseases that emerged between 1934 and 2011 are zoonotic in nature and originated in wild animals. These diseases successfully affected human beings using domestic animals as a bridge, in particular chickens, pigs and other kinds of livestock. What boosts the emergence of pandemics such as that of the new coronavirus, which was preceded by the avian and swine flu, according to Delia Grace, is the demand for animal protein, which results in an increase in industrial-scale livestock farming. These animals are genetically selected, they have similar genetic types, are vaccinated, fed in such a manner as to grow as quickly as possible, and are so stressed by these conditions that they endure a life of agonizing pain due to lesions in their legs and paws. And stressed animals suffer, have their immune systems weakened, and, like in human beings, this decrease in immunity leaves them more prone to contracting diseases. Moreover, the long-distance trade of swine, with the transfer of animals born or raised in one region and slaughtered in another, either within the same country or between countries (for instance, among Mexico, the United States, China, and Europe), contributes to boost the interaction of different viruses and therefore viral evolution, with the emergence of new pandemic viruses. In addition, in several countries, such as Mexico during the swine flu (2009) and China during the avian flu (2003), biosafety measures have proven to be very ineffective, enabling the contact with and spillover of viruses from wild animals to industrial livestock and human beings. This process is also ongoing in Brazil, as was observed with the emergence of a new variant (H1N2) of influenza A with pandemic potential, identified in June 2020 by Fundação Oswaldo Cruz (Fiocruz, in Portuguese) after the case of a 22-year-old female worker at a pork processing plant in the southern state of Paraná. She fell ill in April 2020 and later recovered.

This explanation for the determination of the origins of the pandemic was obviously rejected by the establishment. While still in his term as President of the United States, Donald Trump pointed to the laboratory origin of the virus, sparking controversy with the government of the People's Republic of China. The accusation made by the American government at the time – that the virus may have accidentally leaked from the Wuhan virology laboratory – was ruled out by the study of the genomic characteristics of the SARS-CoV-2 virus, carried out by researchers from universities in the United States, Australia and the United Kingdom: "SARS-CoV-2 is not a laboratory construction or a purposefully

manipulated virus" (Andersen et al., 2020), which rejected "any type of laboratory scenario" as a plausible explanation for the origin of the virus. However, although the international team of researchers in charge of the study organized by the WHO in 2021 considers the lab-leak hypothesis "extremely unlikely", when the report was released to the public, the WHO director-general emphasized that "this hypothesis requires further investigation".² In a letter published in *Science* magazine, Bloom and 17 other researchers (2021) reasserted the position of the WHO director-general and agreed with the joint statement of the United States and 13 other countries, and with the European Union statement requesting a wider, more transparent and independent investigation on the origins of the pandemic.³ Behind the demand for research on the origins of the pandemic lie the ongoing developments of the imperialist disputes between the United States, now under Biden administration, and China for economic leadership and the development of 4.0 technologies in the production with a geopolitical and military interface (Stotz; Pina, 2020a).

In the current international scenario, these conflicts face the political challenge represented by the measures to fight this public health crisis, as well as the production of scientific knowledge on the understanding of the phenomena over the course of the pandemic.

Brief historical records and political aspect of the pandemic

In spite of the reports (rumors) of the occurrence of a severe epidemic in the city of Wuhan, in the province of Hubei, China (Chuang, 2020), the WHO was officially alerted by the Chinese government of cases of pneumonia only on December 31st, 2019. A week later, Chinese authorities confirmed the identification of a new kind of coronavirus. In late January 2020, the WHO declared that the outbreak of the new coronavirus was a Public Health Emergency of International Concern. The number of cases grew rapidly in China and in Asia, expanding to the United States, Canada, and reaching the European continent. On February

² WHO Director-General's remarks at the Member State Briefing on the report of the international team studying the origins of SARS-CoV-2. Geneva, March 30th, 2021. Available at: <https://www.who.int/director-general/speeches/detail/who-director-general-s-remarks-at-the-member-state-briefing-on-the-report-of-the-international-team-studying-the-origins-of-sars-cov-2>. Accessed: April 26, 2021.

³ US Department of State. Joint Statement on the WHO-Convened COVID-19 Origins Study. Washington, DC, March 30th, 2021. Available at: <https://www.state.gov/joint-statement-on-the-who-convened-covid-19-origins-study/>. Accessed: May 5th, 2021. European Union External Action Service. EU Statement on the WHO-led COVID-19 origins study. Geneva, March, 30th, 2021. Available at: https://eeas.europa.eu/delegations/un-geneva/95960/eu-statement-who-led-covid-19-origins-study_en. Accessed: May 5th, 2021.

11th, 2020, the virus was named SARS-CoV-2, and was considered responsible for causing the disease now known as COVID-19. It was not until March 11th that the WHO declared a new coronavirus pandemic.

The reluctance of the States with the world's largest economies in adopting effective control measures was emphasized by Dardot and Laval (2020). The authors highlighted the wave of chauvinism, and showed how countries turned their backs to one another, to the delight of the European and global far-right. Thus, they recognize that the European Union has acted as a multinational organization based on generalized economic competition among countries under German hegemony. Rebellions, strikes,⁴ and the threat of collapse of health care systems are necessary so that measures such as quarantine, social distancing, and lockdown with the interruption of economic activities can finally be adopted by governments.

We then observed the characteristics of the political dynamics of epidemics as noted by Evan Stark (1977) in the case of yellow fever in New Orleans in 1853, which he studied: outbreak; denial on the part of the authorities, and flight of the bourgeoisie; a collapse of authority and a challenge posed by the working class, in an attempt to rebuild health care in their own terms; and declaration of the epidemic by the authorities to restore bourgeois order, making the temporary closing of businesses official and implementing governmental measures of control. Thus, authority is finally restored, including the formalization of the least threatening popular initiatives, which are incorporated into the actions taken by the government (Iturri, 1994); then, society can return to the "normality" of its oppressive everyday life.

⁴ In Italy, when the country was the epicenter of the pandemic in the world and the victims' bodies were piled up and transported in Army trucks, in the region most heavily hit, countless industries, such as the arms and petrochemical industries, did not suspend their production. It was the workers who, in spite of the slow negotiations between the government and trade unions, rose up and suspended activities in these sectors. (Will Morrow and Alex Lantier. *Greves selvagens estouram na Itália exigindo fechamento de fábricas durante pandemia do coronavírus*. Wildcat strikes erupt in Italy demanding factory closure during the coronavirus pandemic. *Centro Victor Meyer*, March 17th, 2020. Available at: <http://centrovictormeyer.org.br/greves-selvagens-estouram-na-italia-exigindo-fechamento-de-fabricas-durante-pandemia-do-coronavirus/>. Accessed: March 17th, 2020. Alba Sidera. *Enquanto corpos enchem caminhões do Exército, as fábricas ficavam abertas: um relato de Bérgamo, na Itália..* As bodies filled army trucks, factories stayed open: an account from Bergamo, Italy *Revista Contexto y Acción*, April 16th, 2020. Available at: <https://operamundi.uol.com.br/coronavirus/64192/enquanto-corpos-enchiam-caminhoes-do-exercito-as-fabricas-ficavam-abertas-um-relato-de-bergamo-na-italia>. Accessed: April 17th, 2020. A similar process occurred in Spain, for instance, with protests and strikes of workers of the automotive industry. (Dani Ramos. Mercedes Benz: la vida de las personas por delante de los beneficios. *Viento Sur*, March 21st, 2020. Available at: <https://www.vientosur.info/spip.php?article15737>. Accessed: March 21st, 2020.

The intervention of nation-states plays the significant role of preventing the bankruptcy of economies in order to “preserve as much as possible the numbers of the active labor force”, leaving aside all scruples regarding limitless public expending to “save” the economies. Wallace et al. (2020) pertinently observe:

The failure to prepare for and react to the outbreak did not just start in December when countries around the world failed to respond once COVID-19 spilled out of Wuhan. [...] The failures were actually programmed decades ago, as the shared commons of public health were simultaneously neglected and monetized.

This is also noted by Raquel Varela (2019) as she associates the gradual crisis of the Welfare State, created in 1945, with the strengthening of the European Union, established in 1993, and the adoption of financial conditioning through “fiscal responsibility”, for the quantitative and qualitative expansion of healthcare provided by governments as a social right.⁵

Capitalism, quarantine, and vaccines

The nature of public health interventions and their relationship with the economic and political measures adopted in the current global emergency can only be understood in the context of capitalism in its current phase.

As mentioned by Wallace et al. (2020), the “circuits of capital” in the current forms of organization of production and circulation of goods in a just-in-time regimen, structured in global value chains (GVCs), constitute the accelerated means of propagation of the epidemic. In just a few weeks the new coronavirus spread into population clusters in large urban centers, and, from these, into medium-sized cities and the hinterland of each country.

The initial projections for the United States pointed to the need to adopt intermittent social distancing measures until 2022, and to the extension of disease surveillance up to 2024 due to the possible resurgence in contagion (Kissler et al., 2020). This projection is based on the mitigation strategy meant to “flatten the epidemic curve” and to avoid an overload in the health care system, which was adopted by the governments of European countries and of the United States.

⁵ World Bank. The Economy in the Time of Covid-19. LAC Semiannual Report, April 2020. Washington, DC: World Bank, 2020. Abstract available at: <https://openknowledge.worldbank.org/handle/10986/33555>.

Mitigation measures preserve the circulation of the virus among the population and prolong the pandemic, an expression of the incompatibility of capitalism to employ wide and strict non-pharmacological measures to suppress or eliminate the virus. This typification (mitigation and suppression) involves different degrees of state intervention, with different levels of impact on the economy and on the numbers of people infected and of deaths over the course of the pandemic (Oliu-Barton et al., 2021). However, Wallace et al. (2020) warn that any type of action adopted ends up neglecting the need to also include structural causes in the set of emergency measures.

With mitigation, the measures adopted to fight the pandemic have been tightened or loosened according to the difficult task of balancing the capacity of healthcare systems, the increase or reduction in the number of cases, hospitalizations, and deaths, and the economic demands of capitalism in different countries, with different class interests involved.

Neither the pandemic nor the measures adopted to fight it affect all people in the same fashion. Workers kept in activity, in circulation, or devoid of conditions to actually practice social distancing or most of the necessary hygiene measures, are those most exposed to the virus, and consequently those who most often fall ill and die due to COVID-19. It is worth mentioning here the comment of Flora Espejo, a nurse at the Buenos Aires Health Center, in the working-class neighborhood of Vallecas, in Madrid, Spain, in a video posted on the website of the Spanish news program *La Sexta*: in the footage, while facing the overloaded primary healthcare systems, Espejo does not point a finger at healthcare professionals. Instead, she reports the true issue by asking: who are those who need to work, who need to commute, who are jobless, who must live in 45-square-meter apartments with 6 to 8 family members: who are these people? The working class, she answers. In addition, those in charge of public management – in reference to the president of the Community of Madrid, Isabel Díaz Ayuso, of Partido Popular, who is viewed by those who commented on the video as a supporter of “liberalism and the free market with a touch of glamour” – have no idea of how much these people suffer and how they are mistreated.⁶

Another example, this time from France, is that of the Parisian neighborhood of Saint-Denis, better known from the tourist point of view as the place where a national stadium was built for the 1998 FIFA World Cup than for the significant Maghrebi community currently

⁶ Available at: https://www.lasexta.com/programas/al-rojo-vivo/entrevistas/la-denuncia-de-una-enfermera-de-atencion-primaria-en-vallecas-estamos-absolutamente-desbordados-es-tremendo_202009175f6331f041cb4900015024cc.html. Accessed: October 17th, 2020.

residing in what was, prior to 1980, a working-class area. The high levels of informal jobs and unemployment, crime, and police brutality among the immigrant population in France led to a wave of youth protests in 2005, whose epicenter was Saint-Denis. The residents of the neighborhood still struggle with the same issues, which were made worse by the pandemic; it has one of the highest rates of COVID-19 mortality, and is now once more the target of political discrimination. Regarding the confinement of this population, the sociologist and professor of the Paris VIII University Hamza Esmili observed, in April 2020, that although confinement measures are necessary to counter the pandemic, they are detached from reality:

Confinement is a bourgeois concept. The idea is that we all have an individual home, a bit bourgeois, to which we can escape in the case of a pandemic or natural disaster. But this is not at all what I see in poor neighborhoods. Their reality is rife with unhealthy conditions, and not just that; in these neighborhoods, there are homes in which five or six people have to share a room, for example. There are also houses that are uninhabitable, in which one simply cannot spend the whole day because, in practical terms, the space is not suitable for that.⁷

Any similarity to the low-income neighborhoods and favelas in Brazil is not purely coincidental: we are talking about social reality in capitalism.

In this context, the COVID-19 vaccine represents the highest investment on the part of the governments of the main global economies; notably, after December 2020, it gained the status of a crucial measure to control the pandemic. Capitalist states, such as the United States, China, the United Kingdom, and the countries of the European Union, control the research, development and the global production of COVID-19 vaccines, as well as the production and distribution chains of the goods, ingredients and raw materials necessary to manufacture them. Further increasing the wave of chauvinism, vaccination as a pharmacological measure to control the pandemic is also part of the competition among the leading countries to more quickly achieve precedence in the rebound in economic growth. Moreover, the euphemism “vaccine diplomacy” hides the use of vaccines in productive, commercial, and geopolitical disputes, such as in the expansion of areas of influence and agreements in technological sectors (the issue of 5G technology, for instance), as well as in the dispute for larger chunks of global power, markedly between China and the United

⁷ BBC News Mundo, April 12th, 2020: “El confinamiento es un concepto burgués”: cómo el aislamiento afecta a las distintas clases sociales”. Available at: <https://www.bbc.com/mundo/noticias-internacional-52216492>. Accessed: October 16th, 2020.

States. The same situation that occurred during the 2009 H1N1 pandemic is now replayed in a larger scale, with fiercer interstate relationships.

Public investment, from research and development to the purchase of COVID-19 vaccines, together with the protection provided by these states to the monopoly of the pharmaceutical industry on the production and distribution chains of vaccines, ensure for them the acquisition of most of the manufacturing capacity available and precedence in receiving the doses, in addition to limiting the availability and delaying the provision of vaccines or of the ingredients to manufacture them by other countries (Callaway, 2020).⁸ Up to May 4th, 2021, 769.37 million doses (or 64.6% of the 1.9 billion doses of vaccines administered worldwide) were administered in the United States (247.77 million; 20.8%), China (284.6 million; 23.9%), and Europe (237 million; 19.9%), while only 79.43 million doses (6.6% of the total) were administered in countries in South America, and 19.01 million (1.59%) in African countries.⁹

In addition, vaccination by itself is unlikely to be sufficient to control the pandemic, let alone in the short term, due to the unavailability of vaccines for most of the world's population, to the unequal distribution and administration of doses in different countries and even within countries, to the uncertainty regarding the efficacy of vaccines to avoid transmission,¹⁰ and to the emergence of variants of concern or of new, more virulent strains. Not just vaccination, but many simultaneous and combined public health measures are necessary to control and contain a virus, as we have learned from the historical example of smallpox eradication (Bhattacharya, 2010). Estimates for the United Kingdom indicate that the early lifting of public health measures, such as social distancing and the use of masks prior to full vaccination, may lead to new waves of infections and deaths by COVID-19 (Moore et al., 2021).

The vaccination campaign is not free from inequalities, class cleavages, and sociocultural stratifications based on class. This can be observed in Washington, D.C., the

⁸ Oxfam International. Small group of rich nations have bought up more than half the future supply of leading COVID-19 vaccine contenders. September 17th, 2020. Available at: <https://www.oxfam.org/en/press-releases/small-group-rich-nations-have-bought-more-half-future-supply-leading-covid-19>. Accessed: May 4th, 2021.

⁹ Our World in Data. Coronavirus (COVID-19) Vaccinations. Available at: <https://ourworldindata.org/covid-vaccinations>. Accessed: May 5th, 2021.

¹⁰ Harris et al. (April 28th, 2021). Impact of Vaccination on Household Transmission of SARS-COV-2 in England. Pre-print downloaded on April 29th from: <https://khub.net/documents/135939561/390853656/Impact+of+vaccination+on+household+transmission+of+SARS-COV-2+in+England.pdf/35bf4bb1-6ade-d3eb-a39e-9c9b25a8122a>.

capital of the United States and the political center of capitalism: considering the same age group and the same period of vaccine administration, the vaccination rates were lower in the poorer areas (where most of the residents are black and from the working class, being the groups most affected by the pandemic), than in high-income areas.

This leads us to the role played by scientific knowledge in the clarification of the phenomena pertaining to the pandemic. Different scientists have raised their voices against the reductionist view of knowledge and the simplifying manner in which the actions to counter the pandemic are conducted. Richard Horton (2020), editor-in-chief of the prestigious scientific journal *The Lancet*, criticized the oversimplification contained in the idea of the risk of illness and death associated to comorbidities to highlight the interaction between the COVID-19 virus and noncommunicable diseases in the social and environmental context marked by "deep social inequalities". We should therefore be talking not about a pandemic, but about a syndemic, a neologism that combines synergy and pandemic, introduced by medical anthropologists (Singer; Clair, 2003) to explain the interaction mentioned by Horton (2020).

At the root of the intrinsic aspect of difficulty pertaining to the scientific field lies the reductionist approach historically supported by science, especially health sciences, isolating biological aspects from social aspects, and always leaning towards specialization. By contrast, we should aim to approach the phenomena regarding the pandemic based on the complexity, that is, on the actual and historical totality of the phenomena under study, considering different levels of determination and overdetermination, or conditioning and their diversity, such as pointed by Richard Levins (2000; 2016) and developed by Wallace (2020).

However, the establishment persists. And, in spite of all evidence to the contrary, the monopolistic interests of the health care industry and the biomedical perspective prevail. Maybe this is the reason why the editor-in-chief of *The Lancet* has made such a categorical declaration:

[...] no matter how effective a treatment or protective a vaccine, the pursuit of a purely biomedical solution to COVID-19 will fail. (Horton, 2020)

Even with vaccination, the pandemic is likely to linger, and there is no clear evidence that it will be overcome in the immediate future. Thus, the dynamics of the pandemic implies

that economic activities should be subjected to tighter or looser restrictions and interruptions. And the continuity of labor activities in more restricted conditions is a way of assessing productivity. The prolongation of the pandemic, or the pandemic as “the new normal”, means the bourgeoisie must learn to exploit the workforce in this indefinite and perennial context.

Pandemic, economy, and politics: the Brazilian case

In Brazil, the federal government declared the new coronavirus pandemic a Public Health Emergency of National Concern on February 3rd, 2020. Up to the date this article was concluded (May 18th, 2021), the statistics regarding COVID-19 in Brazil showed a pattern of evolution from the first case, confirmed on February 26th, 2020, and the first death, on March 12th, 2020, to 15,735,485 people infected and 439,379 deaths.

The determination of this social tragedy is outlined in the history of the unequal and combined development of capitalism in Brazil, and it is characterized by the reproduction of the acute public health situation, especially regarding the working class, which was worsened in the past decades and manifested from the perspective of healthcare in the epidemics of dengue fever, zika, chikungunya, yellow fever, tuberculosis (Koch’s bacillus, KB), and noncommunicable chronic diseases, as well as by the measures adopted (or not) by the federal, state and municipal governments and by companies. The same characteristics are present in the current pandemic.

Our focus on this topic lies on the analysis of the dynamics and of the challenges faced by workers in the current context, which is determined, from the governmental point of view, by the course of the pandemic.

Denial of the pandemic was assumed as a policy by the federal government. On March 16th, President Jair Bolsonaro made a revealing statement in an interview to Rádio Band: “If the economy sinks, Brazil sinks”. “If the economy sinks, the government is over. There is a power dispute there”. This last statement reveals his intention to blame the economic crisis on the measures to restrict activities adopted that same month by state and municipal governments, at a time when these regions were the main focuses of the epidemic in the country (São Paulo, Rio de Janeiro, Fortaleza, and Manaus).

Although the federal government initially adopted legal measures to counter this public health emergency, such as “isolation” and “quarantine”, included in Decree no. 10,212

of January 30th, 2020, and in Law no. 13,979 of February 6th, 2020, it refused to coordinate a national response in tandem with states and municipalities. On the contrary: the federal government opposed the actions to restrict circulation and contain the virus.

Even the Brazilian Minister of Health at the time, Luiz Henrique Mandetta, who, at first, publicly defended the recommendations of the WHO to “flatten the epidemic curve”, such as the social distancing implemented by states and municipalities, began to support the relaxation of these rules as early as April 2020, at a time of full expansion of COVID-19 in these regions (Aquino et al., 2020). The recommendation to loosen and lift social distancing based on the criteria defined on April 6th by the Ministry of Health is limited to the capacity of health services, ICU beds in particular, without considering indicators of epidemiological surveillance, such as COVID-19 transmission rates (Trs), the ability to perform diagnostic testing, the isolation of diseased individuals and quarantine of their contacts, and the evolution of cases and deaths in each part of the country (ibid.).

The problem is that the capacity of health services was also used as the defining criterion for the plans to fight the pandemic launched by state and municipal governments, including elected officials involved in a public clash with the federal government regarding the adoption of pandemic control measures. Let us examine, for example, the “São Paulo Plan” launched by the state government in late May 2020. The measures of restriction or authorization regarding the operation of shops and services, according to the region’s classification, are defined in terms of the average occupation rates of ICU beds for COVID-19 patients, the number of new hospitalizations, and the number of deaths. Therefore, the capacity of the health care services is assessed only in terms of the number of hospitals. These measures do not consider indicators of epidemiological surveillance, nor do they mention the work of primary health care services, community health agents, and the entire network of the Brazilian Unified Health System (Sistema Único de Saúde, SUS, in the Portuguese acronym), further weakening the already insufficient actions of surveillance in health.

In the plans issued by the government, restriction measures such as social distancing do not intend to effectively control the pandemic, but only to monitor the availability of health services (hospital beds). Even then, the relaxation of these flimsy and insufficient restrictive measures has been put into practice despite the high rate of occupancy of hospital beds exclusive for COVID-19 patients.

These indicators and criteria adopted in government plans make it possible to relax and then lift restriction measures, even while the pandemic is still widespread, that is, prior to a sustained and ongoing decrease in the rate of viral transmission, and a decrease in the daily rate of new cases and deaths at least for a few weeks, maintaining these indicators at very high levels.

This is what we have observed during the first wave of COVID-19 in the country. The curve of deaths reached a plateau close to 1 thousand per day in moving average (7 days) between the end of May and August 2020. After a drop to a little more than 300 deaths per day, the moving average of deaths once again began to rise in November, prompting a second wave before the first one was fully over. In mid-January 2021, the moving average once again exceeded 1 thousand deaths per day, a level that was maintained for 118 consecutive days, up to the conclusion of this article (May 18th, 2021). On March 16th, 2021, the moving average exceeded 2 thousand deaths per day and reached a peak of 3,125 deaths on April 12th, remaining above 2 thousand deaths per day for 55 consecutive days. In Brazil, the number of deaths by COVID-19 only in the first 4 months (195,949 deaths between January 1st and April 25th) of 2021 exceeded the same number for the whole year of 2020 (194,976 deaths).

Moreover, researchers warn of the possibility of an even more serious public health crisis as the rates of transmission, positive tests, new cases, hospitalizations, and deaths remain high.¹¹ Estimates made by national and international researchers considering the vaccination rollout project a new peak of deaths due to COVID-19 in the second half of 2021.¹²

Vaccination in the country began on January 17th, 2021, and has not yet succeeded (and most likely will not, in the short term) in containing the accelerated rates of cases, hospitalizations and deaths in a considerable way. This makes it even more important to maintain social distancing measures, especially considering the uncertainty regarding the fulfillment of deadlines for the delivery of ingredients for the internal production of vaccine

¹¹ Fiocruz. Observatório Covid-19. *Special Newsletter*, May 13th, 2021. Available at: https://portal.fiocruz.br/sites/portal.fiocruz.br/files/documentos/boletim_covid_extraordinario_maior_2021_1.pdf. Accessed: May 18th, 2021.

¹² Institute for Health Metrics and Evaluation. University of Washington. *COVID-19 Results Briefing – Brazil*. May 6th, 2021. Available at: http://www.healthdata.org/sites/default/files/files/Projects/COVID/2021/135_briefing_Brazil_17.pdf. Accessed: May 19th, 2021.

doses, for the acquisition and arrival of vaccines from foreign manufacturers, vaccination rollout, duration of immunity, and the appearance of variants of concern.

Social inequality and socio-cultural stratifications based on class also characterize the COVID-19 vaccination campaign in the country. The age group criterion adopted to define priority groups for vaccination fails to consider the context of the conditions of life, work, housing, and use of public transportation. Therefore, it prioritizes older segments of the bourgeoisie and petite bourgeoisie, people less exposed to the virus and with better conditions to protect themselves when compared with groups that are more exposed and fall ill and die more often – markedly, the immense mass of workers and the proletarianized population in peripheral and low-income neighborhoods. In Belo Horizonte, capital city of the state of Minas Gerais, mortality due to COVID-19 in 2020 among the elderly aged 75 years or older was of 409 deaths per 100 thousand in areas of low social vulnerability, but it reached 874 deaths per 100 thousand inhabitants in highly-vulnerable areas. Regarding the age group between 40 and 59 years living in these 2 different areas, this rate jumps from 12 (low social vulnerability) to 56 (high social vulnerability) deaths per 100 thousand inhabitants (Passos et al., 2021). A similar result was found in a study performed in the state of São Paulo: the probability of being hospitalized and dying is higher among patients who live in poorer areas when compared with inhabitants of richer neighborhoods (Li et al., 2021). In low-income areas, such as shantytowns, where there is a lower concentration of elderly people when compared with high-income neighborhoods, it is practically impossible to practice social distancing, especially for long periods of time, due to the need to go out to work using public transportation, the precarious living quarters, the higher rate of comorbidities, and the lower access to health services (ibid.; Passos et al., 2021). Therefore, the rate of vaccination in the high-income areas of the city of São Paulo can be twice as high or, considering only age as a criterion, even five times higher than those recorded in poorer regions (Marino et al., 2021).

Vaccination is considered the silver bullet against COVID-19, especially by the press, by the government, and even by a significant part of researchers (Guimarães, 2020). By the end of 2020 in particular, the prevailing political clash reported in the main media outlets, especially regarding state governors against the federal government, shifted from quarantine and social distancing measures to vaccination.

Although the pandemic worsened in 2021, with widespread and uncontrolled viral transmission throughout the country, its control continued to be seen by President Jair Bolsonaro as an exaggeration, as it would compromise economic growth. This has motivated several manifestations on his part, with the intention of issuing a decree or filing a case in the Supreme Court against the restrictive measures adopted by the states.

In turn, restrictive measures were adopted late in states and municipalities; they were also more relaxed, lifted prematurely, and were less effective in terms of increasing social distancing and reducing the circulation of people when compared with the (insufficient) social distancing implemented in March/April 2020. Thus, the intensification of the pandemic had milder effects on economic activity, and the financial market positively updated its estimates for GDP growth in 2021, highlighting the perspective of recovery of metallurgical, chemical, and pharmaceutical industries.

It should be pointed out that the "São Paulo Plan", even during its "emergency phase", which was more severe and restrictive, activities such as industry, construction, hotels, car rentals, street markets, and newsstands remained open. Together, the industry and construction sectors account for 22.38% of all employed workers in the state of São Paulo.

Industry and other production activities are crucial for capitalist accumulation. During the pandemic, keeping production adjusted to the dynamics of capital accumulation means, for companies, establishing an intermittence between moments of higher or lower acceleration and eventual stagnation due to supplier disruptions in one or more links of the GVCs. Restriction measures, with the partial and intermittent interruption in certain sectors of commerce and services, affect economic growth, but do not interrupt the process of valorization. In production, the workforce creates the surplus value appropriated and concentrated by capitalists, with later circulation and distribution among the fractions of capital (such as the financial, commercial, and service sectors) and the State by means of fees, taxes, and contributions.

However, allowing production to continue results in the propagation of the disease in the workplace and its expansion into the community, such as what happened with the meat industry (processing plants).

The workers of this sector are facing an intensification of exploitation, with an increase in production during the pandemic: a more intense workflow, employers kept clumped in slaughter lines and in meat processing lines, in closed spaces (under cold temperatures, with

low rates of air renewal), all of which favors viral transmission. With a high turnover and the use of migrant employees, the meat processing plants seek workers in surrounding towns, therefore becoming a “diffusion center for COVID-19” (Heck et al., 2020). In addition to being responsible for transmitting the virus to workers and their families in the towns where the company headquarters are located, meat processing plants cause the pandemic to advance into the countryside, to a network of small towns connected to these plants (ibid.). By late May 2020, workers at meat processing plants comprised 1/3 of COVID-19 cases in the state of Rio Grande do Sul. Then, 28 out of the 30 municipalities with the highest number of cases of the disease in the state were either the locations of the headquarters or the hometowns of the workers of these companies.¹³

The demands of capital regarding the workers’ struggle

With the interdependence of the pandemic and the economy, our analysis should focus on the demands of capital regarding the workers’ struggle. As aforementioned, control of the pandemic was rejected by the President because it would jeopardize the economic growth supposedly made possible by the reforms he had proposed. And the restriction measures, such as those adopted in March and April 2020 by state and municipal governments, certainly help obscure the lack of economic growth (stagnation between 2017 and 2019, after the country’s largest recession, in 2015-2016); at the same time, they justify the imposition of measures by the government and the companies to intensify worker exploitation and reduce social rights under the euphemism of protecting jobs.

This is what is expressed by Executive Orders nos. 92/2020 and 936/2020. The former stimulates individual agreements, remote work regardless of the existence of individual or collective agreements, the widespread use of banked hours, the suspension of demands regarding safety and health in the workplace, and the possibility of extending working days for health care workers. The latter institutes a reduction in wages in correspondence with the shorter working days, by 25, 50 or 70%, and the termination of employment contracts by companies. These two Executive Orders issued by the executive branch, approved by Congress and sanctioned by the Supreme Court, just like the validation of individual agreements between companies and workers, suggest a unified action between the branches

¹³ A similar scenario can be observed in countries such as the United States. Jessica Lussenhop. Coronavirus at Smithfield pork plant: The untold story of America's biggest outbreak. *BBC News*, April 17th, 2020. Available at: <https://www.bbc.com/news/world-us-canada-52311877>. Accessed: April 23rd, 2020.

of government. These two Executive Orders, which complement the labor reform approved during the Temer government (Law no. 13,467, of July 13th, 2017), were reissued in April 2021, by means of Executive Orders nos. 1,046, and 1,045 respectively.

Between April and December 2020, agreements that featured a reduction in wages and in working hours, as well as those featuring the termination of employment contracts, affected 9.8 million workers, almost 1/3 of the country's 30.6 million (the average for 2020) workers employed under contracts regulated by the Brazilian Consolidation of Labor Laws (henceforth, CLL workers).

Some years ago, the agreements for the termination of employment contracts, the so-called lay-offs, which can also include all or part of the active employees in a company, and the agreements with a reduction in wages and working hours, are part of the reality of workers, especially of those in the automotive industry. As in the 2015-2016 recession, but now in a markedly larger scope in terms of the sectors and workers involved, the implementation of these agreements in the context of the pandemic and of the economic crisis enables companies to assess work productivity, the gaps in the production process in terms of extraction of surplus value, and to identify areas or positions of efficiency/inefficiency, which will define the number of workers to be hired/fired in the future (Eberhardt; Pina; Stotz, 2019). Implementing these measures expands the freedom of companies regarding production and workforce management, that is: the use of working hours and of the number of employees per day during the week, combined with overtime banks or overtime pay, according to abrupt fluctuations deriving from the sudden interruption or speedy resumption of production, such as it occurred during the pandemic.

The subjection of the workers to this dynamic with "lessons" to improve productivity is remarkable in the oil industry, which is up to now controlled in Brazil by Petrobras.

Petrobras sent 90% of its administrative employees to work from home, reduced the number of employees in teams, and increased the hours of workers in operational activities: the number of working hours at refineries and terminals increased from 8 to 12, and, on offshore platforms, 14 x 21 shifts were prolonged to 21 x 14 shifts (21 days with 12 working hours each followed by 14 days off work). Reduced personnel and longer working hours intensify work overload and favor exposure to the virus and the expansion of cases of COVID-19 among workers during the pandemic.

The protocols adopted by the company, including testing prior to embarking on the platform, reported and questioned by oil workers unions, do not prevent the many and recurring outbreaks in operational areas. Since the beginning of the pandemic, among Petrobras workers alone, 6,498 cases of COVID-19 were reported, or 14% of the 46,416 employees, until May 3rd, 2021. Then, the incidence of cases of COVID-19 in the company was of 14 thousand cases per 100 thousand, twice the rate recorded in the country (7,032.9 per 100 thousand).

At the same time, the company increased the volume of oil extracted in 2020. The challenges faced by workers of this sector are expressed in the “positive” assessment of financial market analysts regarding the results of Petrobras, which includes the low costs of oil extraction as the amount extracted from the Pre-salt fields increases, and the profits and “lessons” of the pandemic period. In the words of Roberto Castello Branco, then president of Petrobras: “the pandemic is [...] helping speed up a strategy that was already in progress, of cost reduction and disinvestment”. Among the cuts is the reduction in the number of employees and outsourced personnel: “With the experience of remote work, we can work with only 50% of the staff in the offices. This will enable us to free up entire buildings and reduce costs [with] contract renegotiations”.¹⁴ The revision of contracts with the companies hired by Petrobras entails salary cuts, loss of rights, and dismissal of outsourced personnel, including layoffs and no new hires for workers belonging to risk groups for COVID-19.

From the perspective of capitalists, the changes in the organization of production and work introduced or intensified during this period, far from being temporary, may become permanent and may also be extended after the pandemic. This is what is advocated by the entrepreneur associations, with an emphasis on tax cuts and, in particular, the extension of the relaxation of labor laws put in place during the pandemic. The Brazilian National Confederation of Agricultural and Livestock Farming (Confederação Nacional da Agricultura e Pecuária do Brasil, CNA, in Portuguese) stated that: “During a crisis, many things are tested, with subsequent discussions as to whether these changes will become permanent”.¹⁵

¹⁴ *InfoMoney*, May 15th, 2020. Available at: <https://www.infomoney.com.br/mercados/nao-se-engane-pelo-estrandoso-prejuizo-de-r-485-bi-resultado-da-petrobras-foi-muito-positivo-dizem-analistas/>. Accessed: May 15th, 2020.

¹⁵ *Folha de S. Paulo*, May 7th, 2020. Available at: <https://www1.folha.uol.com.br/mercado/2020/04/empresarios-querem-manter-beneficios-do-governo-apos-fim-da-crise-do-coronavirus.shtml>. Accessed: May 7th, 2020.

This was also observed in 2020, with the increase in the share of contracts for intermittent employment among CLL workers: according to data from the Brazilian General Registry of Employed and Unemployed Workers (Cadastro Geral de Empregados e Desempregados, Caged, in Portuguese), 73.1 thousand of the 142,690 new formal jobs (hires minus layoffs) were under contracts for intermittent employment, that is, a share of 50%, in 2020, against 13.3% in 2019, and 9.4% in 2018. Intermittent employment also gains relevance in industry: two out of three workers hired in this modality in this sector work directly in factories.

The pandemic enables companies to impose individual contracts, intermittent employment contracts, cuts in salaries and in working hours, and the termination of employment contracts. Although these measures were already part of the practice of agreements in companies in certain sectors of the economy, and were later incorporated into broader legislation such as the labor reform, it was only in the current pandemic context that they were effectively expanded to all sectors.

Even more so considering the huge increase in the reserve army of labor. According to data from the Brazilian Institute of Geography and Statistics (Instituto Brasileiro de Geografia e Estatística, IBGE, in Portuguese), in the three-month period that began in december 2020 and ended in February 2021, the rate of “underemployment”, which includes open unemployment, discouragement, and part of unskilled employment, reached 29.2%, or 32.6 million workers, more than double the previous record of 14.4%, or 13.8 million openly unemployed people. In the first year of the pandemic, 7.8 million people lost their jobs.

The “emergency aid” implemented by the federal government had little success in relieving the situation of this mass of unemployed or informal workers who lost their income, either totally or in part, due to the restriction in activities regarding commerce, services, and others. The government aid was initially of R\$ 600 between April and August 2020, but was reduced to half of this amount between September and December. After its discontinuation in the first months of 2021, a period of increase in the pandemic, the government resumed its distribution in April, with even more cuts: only four payments ranging from R\$ 150 to R\$ 275 each, and a reduction in the overall number of people eligible for it (about 45 million, against 67.7 million in 2020).

Thus, once again government intervention grounded on the political control of financial capital imposes fiscal austerity to the detriment of actions to counter the pandemic.

This situation has led to a brutal loss in wages coupled with a rise in inflation, especially with food shortages for the mass of workers, the intensification of labor for those employed, massive unemployment, and discouragement among young people fit for work, with a dramatic scenario of absolute and relative impoverishment of the working class and increased food shortages and hunger. From the point of view of health, we know the consequence of all this: more people falling ill and dying due to all of these causes.

Workers fall ill and die more due to any possible cause and to COVID-19

Without an effective control of the pandemic by governments and companies, workers are kept in activity and in circulation, exposed to illness and death in factories and in other workplaces, in public transportation and in their own homes, frequently devoid of the conditions required to practice social isolation, as in the *favelas* and low-income neighborhoods.

Based on data from different sources regarding cases of illness and death by any possible cause and by COVID-19 among CLL or informal workers of different categories (such as the workers at meat processing plants, at the automotive industry, oil workers, gas station workers, supermarket cashiers, bus drivers, delivery app drivers, health care professionals), we have shown, in the debate articles of the *Intervozes* journal (Stotz; Pina, 2020a; 2020b) and in the note written in collaboration with researchers of the Workers' Health Research Network (Maxta et al., 2021), that the pandemic affects workers more severely, including those unemployed, than the population in general. This social condition has not been considered in the definition criteria for priority groups for COVID-19 vaccination, except for certain categories, such as health care workers.

Workers fall ill and die more due to any possible cause and to COVID-19, which reinforces the statement that COVID-19 is a work-related condition (Feliciano; Maeno; Carmo; Henriques, 2021; Maeno; Carmo, 2020).

However, the norm, within companies and the Brazilian National Social Security Institute (Instituto Nacional do Seguro Social, INSS, in Portuguese), is to disregard its relationship with work, thus keeping in line with what has been happening with other health conditions faced by workers. Of all causes, COVID-19 was the main reason the INSS granted sickness benefits in the first quarter of 2021: of the 13.259 people in leave, only 174 were

considered to be caused by accidents (related to work), while 13,085 fell in the non-work-related category.

Transmission, illness, and death by COVID-19 affect the entirety of workers and those unemployed.

Therefore, huge challenges are posed to the current organization of workers, be it in unions, associations, or in their political struggle.

Feasible resistance on the part of the workers

In our opinion, the assessment of the social and political developments that occurred during the pandemic, more than the existence of resistance movements, should consider the development of class struggles, and, therefore, of the degree of unification of these struggles, and the awareness and organization achieved by these movements in order to increase their weight in the correlation of forces among social classes.

This is what we should consider when analyzing the workers' struggle, such as the struggle of the health care workers, of those in the automotive industry, oil workers, subway workers, postal service workers, bank tellers, delivery app drivers and others. Regarding these different categories, we must shed light on the similarity of the attacks against workers by companies and the government, which enables us to grasp this context as a ruling-class offensive by the bourgeoisie against the working class, not as isolated events within each company, category, or sector. This general offensive by the bourgeoisie, in spite of the noisy clash involving the federal government and a few state governors and the Supreme Court present in the political and institutional scenario, expresses its unity of action within the State (in the context of the executive, legislative and judiciary branches of power) in their attempts to counter the workers' struggles.

In this sense, we must understand the government response to the strike of Brazilian Postal Service (Empresa Brasileira de Correios e Telégrafos, CET, in Portuguese) employees, with a rollback in rights obtained over the course of more than 30 years of struggle, expressed in the decision of the Superior Labor Court (Tribunal Superior do Trabalho, TST, in Portuguese) that extinguished 50 clauses from the collective agreement (such as reductions in overtime wages, hazard premiums, night-shift premiums, meal premiums, 180-day maternity leave, daycare benefits, and benefits for children with special needs). The TST has

approved the rollback in rights of the ECT employees over the course of the privatization process of the company conducted by the federal government.

The approval granted by the Supreme Court for the sale of Petrobras assets through the dismemberment and creation of subsidiaries, such as refineries, which were gradually incorporated into the privatization of the company, falls under the same category. If the cases of the ECT and of Petrobras seem to corroborate the understanding of the intensification of workers' exploitation as the foundation of the privatization process of state-owned companies, the interventions of the judiciary branch consolidate the long history of union protection in favor of companies, such as Supreme Court interventions on collective labor claims: validation of voluntary redundancy programs with full termination of contracts, validation of negotiations to the detriment of the law, and a series of restrictions to Union actions and obstacles to the right to strike.

Political, judicial and ideological actions are part of the bourgeois offensive against workers as a whole, in order to prevent the struggle of workers from becoming widespread, keeping these struggles segmented by company, sector, or category, especially in the context of the pandemic, with the intensification of exploitation (increased unemployment, salary cuts, termination of contracts etc.), which tends to increase the tension between capital and labor.

In addition, the fight against the pandemic, which is viewed as a global economic challenge by the World Bank and other multilateral international agencies, has been developed based on assumptions such as that of a distinction between "essential" and "non-essential" workers. This distinction, which represents a way of segmenting workers, has also guided the measures adopted over the course of the pandemic in Brazil.

It is important to point out the economic interests of fractions of capital, political disputes within the ruling class, and the ideology invested in this distinction. One of the actions of the federal government to counter the already flimsy social distancing measures implemented by state governments was to repeatedly expand the list of essential activities through many different decrees. With each update, the list includes a higher number of economic sectors and business activities, which, in turn, insist on a quicker return of economic activities, including those not listed, the so-called non-essential ones, due to the high level of connections and interdependence of these sectors.

Most Unions have failed to consider this context and have only followed isolated and fragmented actions of workers by company, sector, and category, as illustrated by workers' strikes in Renault-Paraná¹⁶ and in ECT, which became national news, so far without any initiative to expand, spread and unify the struggles among workers as a class. The context of public health and economic crises in course reaffirms and exposes the limitations in the organization of unions, which segregate workers by company and category, without any effective initiatives to incorporate outsourced workers and the unemployed, and other impositions of the current Union structure (Pina et al., 2020). It is a long trajectory, in which the defense of this policy expresses the encroachment of bourgeois ideology in the Union movement and the acceptance of class domination and capitalist exploitation (Stotz; Pina, 2017).

The continued bourgeois offensive implies worker resistance, and, in the process, the emergence of struggles and the possibility of restoring the independent organization of workers as a class. A possibility, for instance, present in the struggle of oil workers, both formally employed and outsourced, at the Petrobras refinery in the region of the Santos Lowlands, in the state of São Paulo. The Oil Workers, Metalworkers, and Construction Workers Unions, as well as the Commission for the Unemployed of the city of Cubatão, got together in a joint mobilization, with strikes before and during the pandemic, to pressure for the application of a unified wage table to fight the increasing salary reductions implemented by the companies hired at the refinery.

In spite of the restrictions to collective organization brought about over the course of the pandemic, resistance actions such as those aforementioned have characterized the situation in different countries, such as Chile, the United States, and Colombia. Class struggle became and remains latent throughout the pandemic. This last analytical perspective must be highlighted due to the simplifying view adopted by governments, and supported by the media and even by health care workers, of reducing the measures to counter the pandemic to the need on the part of the population to take on a "rational" behavior to "flatten the curve" of social contagion and thus avoid the collapse of health services.

¹⁶ Renault strike – lessons from a class point of view. *Centro de Estudos Victor Meyer*, August 14th, 2020. Available at: <http://centrovictormeyer.org.br/greve-da-renault-ensinamentos-do-ponto-de-vista-de-classe/>. The strike at Renault: workers fighting capitalist exploitation. *Centro de Estudos Victor Meyer*, July 29th, 2020. Available at: <http://centrovictormeyer.org.br/a-greve-na-reunault-os-operarios-em-luta-contra-a-exploracao-capitalista/>. Accessed: August 14th, 2020.

Final considerations

In conclusion: the characteristics of the pandemic persist, while uncertainties shed doubt on the current scientific knowledge as well as on the organizational and political traditions that have prevailed within workers' movements since World War II (Edelman, 2016).

As for the uncertainties and possible risks posed by the pandemic in the immediate future, it is worth highlighting that, as previously noted by Wallace et al. (2020), as long as government interventions do not address the structural causes of the pandemic, we will be facing new public health emergencies. According to the Centers for Disease Control and Prevention (CDC), in the United States, three out of four infectious diseases, be they new or reemerging, are zoonotic. The meat industry, especially poultry and swine, is one the most important breeding grounds for pandemics.¹⁷ Brazil, as the world's largest exporter of chicken meat and one of the largest producers, is one of the countries in which a new mortal virus may rise.

In this context, this (or any other) pandemic can become the "new normal" in which capitalist exploitation and the absence of social protection provided by the State will occur; therefore, it is another opportunity for the possible resistance of workers as a class.

Thus, we must point out, in this context, the profound, prolonged and intensely defensive situation in which workforces find themselves when faced with capital all over the world, especially in imperialist countries. It is profound because most organizations created by the workers' movement in the twentieth century (Unions, parties) are integrated into the capitalist system, limiting themselves to preserving the spaces indispensable to guarantee the renewal of the managing level of these organizations, or to reacting to quickly negotiate the end of "wild strikes". And it has been a prolonged defensive situation at least since the great struggles of 1968-1969 in Europe (mainly in France and Italy), but with qualitative differences regarding subordination to capital as the industrial automation process has advanced since the 1990s, with the establishment of contracts that divide the working class into a supposedly protected sector and another unprotected one, and with the emphasis on the fight for wages tied to production goals, which not only further widens the divide among workers, but also wear down the workforce, condemning workers to early ageing and the early onset of diseases.

¹⁷ Jonathan Safran Foer. The End of Meat Is Here. *The New York Times*, May 21st, 2020. Available at: <https://www.nytimes.com/2020/05/21/opinion/coronavirus-meat-vegetarianism.html?referringSource=articleShare>. Accessed: May 21st, 2020.

While in 2018 and 2019 collective protests and strikes reemerged, especially in France¹⁸ and in the United States,¹⁹ this process was interrupted in 2020 by the measures imposed to counter the COVID-19 pandemic. Despite some wild strikes and direct confrontations with employers, the massive layoffs and contracts featuring reductions in working hours and wages put into practice worldwide have kept the workers' movement in a defensive position.

Therefore, the organizational and political challenges are anything but small. The workers' mobilizations and organizations endowed with political class independence will have to be reconstructed, a possibility that is always put forward in situations in which workers have never stopped defending their specific demands. Because the contradictions of capitalism are still developing, and the world has not yet reached a point of stability (Linhart, 1981).



¹⁸ Gourgues, Guillaume, and Quijoux, Maxime. En Francia, la huelga y los sindicatos no pierden fuele. *El Salto*, January 24th, 2020. Available at: <https://www.elsaltodiario.com/movimiento-obrero/francia-huelga-sindicatos-no-pierden-fuelle>. Accessed: October 16th, 2020.

¹⁹ Yeats, M. COVID-19, Economic Depression, and the Black Lives Matter Protests. Will the Triple Crisis Bring a Working-Class Revolt in the United States? *Monthly Review*, v. 72, n. 4, Sept. 2020. Available at: <https://monthlyreview.org/2020/09/01/covid-19-economic-depression-and-the-black-lives-matter-protests/>. Accessed: October 16th, 2020.

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