



## "My disease is living on the streets": The health-disease process from the perspective of homeless people

*“Viver na rua é a minha doença”: o processo saúde-doença sob a ótica de pessoas em situação de rua*

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### RESUMO

Analisar a percepção de pessoas em situação de rua sobre o processo saúde-doença, cobertas pelo Plano Emergencial de Atendimentos. Trata-se de um estudo de abordagem qualitativa, que realizou coleta de dados com entrevista semiestruturada envolvendo pessoas em situação de rua do município de Castanhal, no estado do Pará. A amostra foi por saturação. Adotou-se como técnica de análise dos dados o método de interpretação hermenêutico-dialética. Participaram 11 pessoas em situação de rua. Nas narrativas, constataram-se dificuldades vivenciadas na rua que interferem no processo saúde-doença, tais como: atenção às necessidades básicas (higiene, comida, água) e psicossociais, trabalho, saúde e os desafios diante da pandemia de covid-19. É necessário o fortalecimento do sistema de garantia de direitos para a população em situação de rua, visando melhorar as condições de vida e saúde desse público. O estudo revela a importância de construções científicas para favorecer a redução das iniquidades em saúde.

**Palavras-chave:** Pessoas em situação de rua. Processo saúde-doença. Vulnerabilidade social.

### ABSTRACT

To analyze the perception of homeless people about the health-disease process, covered by the Emergency Care Plan. This is a study with a qualitative approach. Data collection was carried using a semi-structured interview involving homeless people in the municipality of Castanhal, in the state of Pará. The sample was by saturation. The method of hermeneutic-dialectical interpretation was adopted as a data analysis technique. Eleven homeless people participated. Their narratives indicated difficulties experienced on the streets that interfered in the health-disease process, such as: attention to basic needs (hygiene, food, water), psychosocial needs, work, health, and challenges facing the COVID-19 pandemic. It is necessary to strengthen the system to guarantee rights for the homeless population, in order to improve the conditions of life and health of this public. This study reveals the importance of scientific constructions to favor the reduction of health inequities.

**Keywords:** Homeless people. Health-disease process. Social vulnerability.

*Received in August 06, 2022*

*Accepted on November 09, 2022*



## **INTRODUCTION**

The presence of homeless people in most Brazilian cities is an undeniable reality<sup>1</sup>. This is considered to be a clear manifestation of several social maladies caused by the overvaluation of capital and social inequality, to the detriment of human rights<sup>2</sup>. According with the National Policy for Homeless People (PNPSR)<sup>3</sup>, instituted in 2009, this population group is heterogeneous, but has in common their extreme poverty, weak or absent family ties, and lack of regular residence, all of which favor the emergence of diseases.

In 2020, the Institute of Applied Economic Research (IPEA), in 2020, through the Single Social Assistance System (SUAS), the Monthly Records of Social Assistance Attention (RMAS), and the database of the Single Catalog of Federal Government Social Programs (CadÚnico), found that there are 221,869 homeless people (HP) in Brazil<sup>4</sup>. Estimates presented in the technical scientific report elaborated by the transdisciplinary program Citizenship Hubs, by the Minas Gerais Federal University (UFMG), showed, based on data from the CadÚnico, that the north of the country has nearly 5,414 HPs<sup>5</sup>.

The homelessness process is an old phenomenon with a social base<sup>6</sup>. Since the necessary conditions for capitalist production in Europe were created, such as the appearance of pre-industrial- societies,

peasants were ousted from their lands, losing their place without being absorbed by the industrial sector<sup>2</sup>. As a result, HP are marginalized by the capital, become socially useless and extremely vulnerable<sup>7</sup>.

Vulnerability is a complex perspective. It can be understood as the superposition of material, political, cultural, juridic, and subjective conditions, which leads to collective and/or individual harm and susceptibility to disease, the solution of which is the focus of health knowledge and practice<sup>8</sup>. Therefore, the situation of vulnerability in which HP find themselves is the result of exposure to multiple factors, which hinder their capacity to deal with the adversities of daily life and lead to discrimination and the violation of rights - including the right of access to health<sup>9</sup>.

The dyad "health-disease" is understood in different ways, which vary depending on the context of enunciation. Health reflects political, social, cultural, and economic contexts. As a result, it is not always perceived as the same for all individuals. This difference in perception is also true for disease<sup>10</sup>. Therefore, the conditions of life and vulnerabilities of HP should be taken into account when public health policies are considered that target this population group<sup>11</sup>.

Considering this context, it is relevant to comprehend how HPs understand health and the disease process, since the social and cultural factors of living

in the streets, such as life conditions and social interactions, determine their unique perspective about health. Therefore, all actions and/or health policies must consider the beliefs, values, and attitudes of the social agents they are created for<sup>12</sup>.

According to the sociologist and philosopher Pierre Bourdieu, the ways of thinking, understanding, feeling, and doing are product from individual biographic experience, collective historical experience, and the interaction between the latter and the former<sup>13</sup>. The actions and thoughts of a population in regard to health issues, including their use of the health network, are elaborated according with the health-disease perception of this population, which is intimately tied to the sociocultural context<sup>14</sup>.

With COVID-19 pandemic setting, HP social maladies, so far invisible, were aggravated due to the inaction of public policies<sup>15</sup>. Therefore, the goal of this research was analyzing the perception about the health-disease process of homeless people from Castanhal, a city in the state of Pará (PA), Brazil, who received emergency shelter during the COVID-19 pandemic.

## **METHODOLOGY**

This is a qualitative study, based on the principles of dialectical hermeneutics. We chose this framework as it considers the universes of meaning, motives, aspirations, beliefs, values, and attitudes, which

corresponds to a more profound space in relationships, processes, and phenomena that cannot be reduced to the operationalization of variables<sup>16</sup>.

The research was carried out with homeless people from the city of Castanhal, in the state of Pará, 2020, during the period of the COVID-19 pandemic. We received technical support from the psychosocial team of the Specialized Social Approach Service (SEAS), a service for homeless people. This service allows the Specialized Social Work Referral Center (CREAS) and was a mediator between the researcher and the target audience for the collection of data.

The SEAS approached, on average, 29 HP per month in 2014. This number went up to 81 in 2015, a 179% increase<sup>17</sup>. It is noteworthy that the historical aspects of the creation of this city make it a space where work opportunities are to be found, due to the fact that it is peopled by a heavy influx of immigrants, who, to this day, make up a significant part of the homeless people in the territory<sup>17</sup>.

On January 30, 2020, the World Health Organization (WHO) declared the human infection by the new coronavirus (COVID-19) a Public Health Emergency of International Concern (PHEIC). As a result, the Municipal Social Work Secretariat (SEMAS) from Castanhal created the Emergency Plan of Action to Attend for HPs, housing this public in the Municipal

Sports Arena Loiola Passarinho, which was the field of investigation for this study.

During data collection (May and June 2020), it housed 26 HPs, 23 men, 1 woman, and 2 children. Nonetheless, throughout the study, this number decreased, due to the fact that the feeling of freedom, the nonacceptance or noncompliance with social isolation rules, and alcohol/drugs abstinence led these social actors to abandon the location.

Data collection took place respecting all preventive WHO recommendations in dealing with COVID-19 propagation, including: a minimum distance of 1.5m between individuals, alcohol 50% for hand hygiene, and the use of masks and/or face shields<sup>18</sup>. The most commonly used technique to generate data was the semistructured individual interview, which allows the participant to express themselves regarding the topic at hand without being restricted to answering a single question, while allowing the interviewer to make precise interventions to favor the discussion of essential topics<sup>19</sup>.

An interview script was created, including the items: personal history; health-disease perception; forms of care; health needs and factors of living on the streets that interfered in the health-disease process; and access to health services. The script was submitted to a pre-test with the homeless population attended by the SEAS, which confirmed that its language was accessible. Questions regarding eating in

the streets and access to health services in the intersectoral network were also implemented. It should be said that the pre-test aims to guarantee the validity and clarity of the terms, as well as their precision<sup>20</sup>.

The goals, methods, risks, and benefits of the study were made clear to the participants, as well as other pertinent information. They were presented the Free and Informed Consent Form (FICF), which, after these clarifications, they signed. The study included homeless people from Castanhal, from both sexes, who were 18 years old and older. One person was excluded due to the fact they were in transit, that is, absent from the territory of Castanhal.

The sampling was carried out by saturation, in order to establish the number of participants. The theoretical saturation is the interruption of the collection of data when it starts becoming redundant or repetitive<sup>21</sup>. Due to this, we interviewed 11 HP, 10 men and 1 woman. No participant refused participation.

The dialectical-hermeneutic method was used for data analysis. Hermeneutics seeks understanding, while dialectics attempts to be critical. Therefore, this method was chosen as it is a good fit for the object of our study as it can raise questions about the capacity of technicism thought to envelop reality, going beyond theoretical knowledge, that is, valuing praxis<sup>22</sup>.

Interviews were recorded in a Sony digital recorder, model ICD-PX240, and were later transcribed. The narratives were read carefully, to identify unique experiences from the streets and consider the meanings underlying the ideas reported. Then, data were classified based on theoretical frameworks and on the exhaustive and repeated reading of the texts, establishing questions to determine the relevant factors that guided the creation of the categories. Finally, we attempted to articulate data and a reference framework, connecting it with the socioeconomic and political context in which these social actors were placed.

To guarantee anonymity and humanize the reports, the social actors were identified in the texts using the names of gemstones. The participants of this study were Agatha, Amethyst, Emerald, Jade, Topaz, Turquoise, Diamond, Azurite, Amber, Ruby, and Sapphire.

This work followed the ethical precepts from the Declaration of Helsinki and the norms for research involving human beings in Brazil, according with Resolution 466/12 from the National Council of Health

(NCH). The research project was submitted to the Research Ethics Committee (CEP) from the Instituto Campinense de Esnino Superior, being approved under protocol number 4.521.783.

## **RESULTS AND DISCUSSION**

Most interviewees were men from 25 to 61 years old, self-declared as having brown skin and an incomplete elementary education. Family conflicts, family abandonment, loss of properties and job, personal tragedies, and psychoactive substance abuse were the main reasons to live on the streets. No respondent had an income or received any form of welfare. They had been living on the streets from 1 to 16 years.

The comprehensive analysis of the discourses called attention to the difficulties about living on the streets that influence the health-disease process, which are represented by the excerpts from their narratives that are interconnected to these challenges and shown in Table 1.

**Table 1.** Challenges of living on the streets that interfere in the health-disease process - Castanhal, 2022

TYPES OF DIFFICULTY		NARRATIVE EXCERPTS
Challenges related with basic needs	<ul style="list-style-type: none"> <li>-Hunger</li> <li>-Thirst</li> <li>-Sleep</li> <li>-Personal hygiene</li> </ul>	<p><i>"Eating, taking a shower and drinking are the hardest parts. [...] we're never sure where we'll sleep, or take a shower, you know?"(Agatha)</i></p> <p><i>"It's a said way to survive.... I've drank sewer water, I ate food that had gone bad for two days... it was so sour! [...] with that hunger, it was the only solution"</i> (Amethyst)</p>
Challenges related with psychological and social aspects	<ul style="list-style-type: none"> <li>-Prejudice</li> <li>-Stigmatization</li> <li>-Difficulties entering some social spaces</li> <li>-Violence</li> <li>-Use of alcohol and drugs</li> </ul>	<p><i>"I've been humiliated a lot... getting to a place where they say I can't sleep, afraid that I'd do something with their things. [...] people see the homeless person in a very negative way."</i> (Topaz)</p> <p><i>"Sometimes you're lying on a sidewalk and the person who lives in the house doesn't like it, they even through urine on the person there, you see? When they don't, they send the dogs to bite us... it all happens."</i>(Amethyst)</p>
Work-related challenges	<ul style="list-style-type: none"> <li>-Difficulties to access formal and informal work</li> </ul>	<p><i>"[...] feel like getting a job and leaving this pit. When I tried, I could never do it because everyone wants an ID and I don't have one."</i> (Jade)</p> <p><i>"When I ask for a job, a gig, no one wants to help [...] I get some money, without having to mess with other people's stuff by guarding the cards people leave on the streets."</i> (Azurite)</p>
Challenges in health	<ul style="list-style-type: none"> <li>-Difficulties of access to the services</li> <li>-Fear of getting ill on the streets and receive no care</li> </ul>	<p><i>"Homeless people don't receive the same type of care of other people. [...] there's prejudice... we know that's how it is."</i> (Topaz)</p> <p><i>"When you get to the health unit you must have the SUS [single health system] card so you can't get help if you don't have an electric bill [as a proof of residence]. [...] but if you live on the street you're never going to have this paper."</i> (Sapphire)</p>
Dealing with the COVID-19 pandemic	<ul style="list-style-type: none"> <li>-Fear going back to the streets after the pandemic</li> <li>-Positive perspectives about changes in life</li> </ul>	<p><i>"I don't know what will come of us when this is over, I suffered so much, I don't want to go back on the streets."</i> (Emerald)</p> <p><i>"The people here [shelter] helped us a lot with the [emergency COVID] welfare, and it's really good to get my things. [...] I'll organize myself to rent a house and give my children a home, everything will get better"</i>(Ruby)</p>

Source: The authors.

The Organic Law of Food and Nutritional Security (LOSAN), from 2006, states that the State is responsible to provide food in an amount and quality enough for individuals, since food is a fundamental human social right<sup>23</sup>. Not attending these measures leads to food and nutritional insecurity, which often manifests in a cruel feeling of hunger, which prejudices health and undermines human dignity. The statements of the HPs show the violation of the right to adequate diets:

*“Eating on the streets is complicated; often someone with a good heart will pay lunch for you, but often you can't even get lunch, sometimes they give you cassava flour and you drink xibé [a mixture of water and flour]. [...] when there's nothing you see a wagon [garbage truck]... it's old food, food gone bad, but you have to take it because you're hungry, right?”* (Sapphire)

*“I don't eat well on the streets...[crying]... I get hungry a lot. We call on people's houses to ask for food and they mistreat us, they say: “Get out of here! Get out of here! Or I'll call the police, you animal!” Once they even threw food gone bad on my face... it's said. They I went to another house to ask, until I got it, because some people are good.”*(Diamond)

Food is much more than nutrition: it has a social meaning and it is a basic right of citizens' bodies<sup>24</sup>. When basic needs are not attended, individuals suffer a lot of prejudice as they are disposed of their roles

as social actors, affecting critical capacity, and making social participation more difficult. The PNPSR prescribes that homeless people should have access to food and nutritional security. Nonetheless, guaranteeing this right is still a challenge.

Also concerning the basic needs of HPs, we found that they have difficulties finding access to drinking water, and to find places to carry out personal hygiene and clothes cleaning. From the perspective of the General Commentary No. 15, created in 2002 by the Committee on Economic, Social and Cultural Rights, water should be made available in a sufficient amount for domestic and personal use, while not representing risks to health<sup>25</sup>. Access to water and sanitary exhaustion was considered to be a human right in 2010, through Resolution A/RES/64/292<sup>26</sup>, by the United Nations General Assembly. Nonetheless, the statements of the HPs emphatically corroborate that they are still deprived of these rights:

*“You can't measure the thirst. [...] it's hard to find water, you have to go round searching for a faucet. [...] get there, ask for water and you can't have it then, so you look and see a bit of water on the sewers... and you have to drink it.”* (Amethyst)

*“I mean, we spend hours, sometimes there's no place you can take a shower, sometimes your clothes are dirty for four days because you can't find a place to*

*clean them, and that horrible smell comes, see?"* (Sapphire)

The difficulties accessing these resources affect both the health and quality of life of these individuals. The precariousness of their survival and the absence of hygiene services, including bathrooms and public laundry services, increase the occurrence of health issues such as dermatoses<sup>27</sup>. Society shows resistance against HPs due to their low personal hygiene and to their physical bodies and appearances, since their uncleanness and smell are not in accordance with an ideal model of a clean and capitalist society, leading to a process of social disaffiliation.

Social disaffiliation or disqualification prevents individuals from taking part in productive activities, leading them to feel useless because they do not follow adequate social standards. That increases their insecurity and makes it increasingly difficult for the disaffiliated to deal with this issue<sup>28</sup>. This process imprisons individuals, naturalizing the precariousness of life, as the following statement shows: *"The life on the streets affects a person, to the point they can't react anymore and end up imprisoned. [...] it becomes a vicious circle, and people find themselves unable to break it and leave this precarious life on the streets"* (Agatha).

The term "homelessness" clearly shows the ideas of imprecision, lack of permanence, precariousness, and

vulnerability these individuals experience<sup>28</sup>. On the other hand, there is a process of social production and of social determination of the place of each person in the social environment through the affirmation of identity. HPs are framed as having a subversive identity, which is strongly depreciated, frustrating the expectations of regular society<sup>29</sup>. This public is strongly stigmatized, oppressed, and marginalized, recognized as inferior when compared with others.

According to Goffman<sup>30</sup>, stigma is "the situation of an individual who is prevented from full-fledged social acceptance". From this perspective, HPs carry signs that form the stigma, such as: worn skin, unclean bodies, plastic bags in hand, strong smell, madness, and living in a public environment<sup>30</sup>. Stigmatization is noticeable in their statements: *"[...] you're a thief, a bandit, an addict, you're this and that. That starts hurting your heart, you can't forget it anymore. (Turquoise)"*, or *"A woman downtown... I wanted her to lend me a chair to give soup to the kids, it was raining a lot... she treated me with abuse, she called me filthy, smelly, she humiliated me and told me she wasn't lending me anything (Ruby)"*.

This incessant humiliation makes them feel despised and strengthen their social exclusion. *"It's like people on the streets are the old day lepers, who are excluded from society. Although we live among them, it's like we didn't exist*



(Sapphire)." In a sad reality, the intense aggressiveness of the system leads to the invisibility of these individuals: society simply effaces this public from their perception.

Our findings showed noteworthy distress regarding the precariousness of life on the streets, which has strong repercussions on mental health. "*We get nervous, our heart closes up, see? The mind doesn't work like it used to, you know?*" (Jade)." In the light of hermeneutics, this anguish shows the search for a new goal in existence. According with Heidegger, anguish shows that the world changes its meanings, interpersonal relationships lose their essence, allowing self-reflection to be accessed<sup>31</sup>. "*When I get worried about this life of misery, I feel in hell. I suffered so, so, so much that I even got to the point of hearing voices. Suffering can really affect your health*" (Diamond)."

Violence was found to be one of the greatest worries of life on the streets. This population experiences several types of violence, including symbolic violence, which can be seen as a more subtle form of social domination and exclusion, and physical violence, which can include beatings with or without sticks, poisoning, and other brutal forms of attack<sup>32</sup>. The fear of aggression was found to directly affect the sleep of HP.

*"Sometimes I don't even sleep, afraid that someone will come and do something bad to me. I*

*shouldn't, right? But people who like a fight, who are transformed by drug abuse, will do anything. Once, a guy who was sleeping with us in the bus stop was stabbed on the bench where he was sleeping."*(Jade)

These individuals are submitted to violence that emerges from all social sectors, including public security agents; public management with inefficient policies that directly violate rights; and society as a whole, who takes advantage of the lack of assistance to stigmatize these people<sup>33</sup>. A noteworthy case of urban violence in this context was the "Praça da Sé Massacre". On August 19, 2004, 15 homeless people were savagely attacked with blows to the head while they slept in Praça da Sé, a landmark public square in São Paulo. Seven of them died. This revolting fact was widely spread, and the date was chosen as the National Day of the Struggle of Homeless People<sup>33</sup>. The creation of channels to denounce the violence and the implementation of human right defense are some of the goals of PNPSR<sup>3</sup>.

The use of alcohol and other drugs was part of the statements of HP, who recognized these substances as harmful and as a relevant obstacle in their lives. The most commonly mentioned were crack and oxy, due to the fact they are easy to use and are strategies to deal with hunger. "*If you use crack, oxy, or paste, you won't want to eat. It's hard to get food, but easy to get drugs*" (Sapphire)." The use of psychoactive substances is clearly enmeshed with the

idea of escaping reality, as they create temporary barriers against human suffering and make them unable to feel their current disgrace<sup>34</sup>.

The use of toxic substances is a blunt but effective way to soften suffering and be able to cope with the precariousness of their life, often caused by the discomfort with civilization<sup>35</sup>. Therefore, there is a difference between "employing toxic elements" and "chronic intoxication", and no necessary similarity between using drugs and being addicted to these chemicals. While the first refers to seeking happiness and distance from suffering, the second is an extreme form of escape from reality for individuals who do not believe in happiness and have no perspective in their lives. *"I have been a drug addict for 34 years. I have struggled for four years, but I still haven't overcome this barrier and become completely free, but I left a zone where I used it nearly every day (Agatha)."*

Another finding was the inability to enter the formal job market due to the lack of documentation and the prejudice regarding their hygiene and physical appearance. *"It's very hard for me to work, I want to, but I can't. The only thing I can do to end my hunger is to weed the yards of houses. They never gave me an opportunity because I live on the streets, I was never contracted according to the law... I don't even have the necessary documents (Diamond)."*

The National Policy for the Social Inclusion of the Homeless Population established as a priority the insertion of these social actors in the job market through the articulation of social equipment, in addition to professional training, including courses and workshops, as well as the guarantee of worker rights<sup>36</sup>. Nonetheless, according with some interviewees, informal work is necessary for their survival, even if it is precarious, due to the lack of social protection and adequate conditions. Their age and the fact they live on the streets are challenging for their access to informal activities, since *"a white-haired person on the streets... if you ask for work, even with no contract or document, no one would help, they just judge (Azurite)."*

Regarding their understanding of health, statements went in two directions: the first is charged with the biomedical model of health, which understands health as nothing but the absence of disease: *"health is healthy person, with no disease or anything, right?"(Jade), "health is not to feel pain, if I don't feel pain, I'm well." (Agatha), or "health is no disease, right?" (Amber).* From this perspective, men is seen as a machine, a mechanical system; as a result, a disease is understood as a form of defect on the machinery<sup>37</sup>. This model is archaic, but its marks are still present in health care, and its perception that only signs and symptoms need to be determined to reestablish the individual.

The second way of understanding health is related with positive meanings and the need to leave the streets: *"health is having people there to help, you know? We get through a lot on the streets, [...] and we have nobody"* (Turquoise), *"health form e is having a better life, to be happy with my home, my family, working"* (Topaz), *"health is when everything is in its place in your head, you can eat well, do exercise [...] and people on the streets don't have that"*(Ruby). From an anthropological perspective, the health of an individual is related with the culture of the society and the belonging to a social group<sup>(31)</sup>.

Considering this precept, better life conditions, including the access to basic rights, such as housing, work, eating, among others, are part of the understanding of health of HPs. According with Gadamer, health cannot be measured, since it relates to the integral balance and harmony of each individual, which is why one asks if people feel sick<sup>38</sup>.

The understanding of disease from the perspective of the HP, in turn, is associated with the meaning of factors associated with threats to human dignity and life. According with these social actors, living in the streets is itself the disease: *"being in this situation [on the street] is a disease, because there is no place for you to rest, you have to walk day and night, right?"* (Azurita), *disease is the tiring way we lead or lives, is to be left on the streets, sleeping on the sidewalks with no support*

*from anybody"* (Emerald), or simply *"living on the streets is my disease, and I'd like to be cured, you know?"* (Diamond)

Disease, from the perspective of social science and anthropology, can be understood as a culturally determined product. From an anthropological perspective, culture is the union of behaviors, ideas and rules that are part of a social group (here represented by homeless people). It is a unique experience, since symbolic networks, metaphors, and other images associated with disease originate in culture<sup>31</sup>. In this regard, the perception of disease from these people is associated with weakness and vulnerability they experience on the streets.

Through the narratives, it was found that HP seek health services in cases of extreme urgency. *"As long as we can handle it, we stay. Now when we see the pain is too much, we have to go, right?"* (Sapphire). Nonetheless, according with the respondents, the worst problem is related with the quality of attention. Prejudice is a constant in social spaces, and that includes health services, from the reception to the attention from health workers, showing how some of them are unprepared to deal with this population:

*"Once, here in Castanhal, they took me to a UPA [medium complexity care unit]. The nurse said: 'You are ok, boy'. I said: 'Doctor, I'm not fine, my heart is beating too fast.' She said: 'You're fine.' She gave me a medicine and said I had to go, because homeless*

*people aren't received well. I said: 'Amen, God bless you for this, because God will cure me in the future.'* (Turquoise)

The bureaucratization of health services is one of the factors that determines the access of HP to the health care they seek. In the organization of the Single Health System (SUS), although the doctrine of the system includes principles such as equity and universal care, health units require the presentation of ID and proof of residence to attend its user, in order to have a specific territorial base<sup>39</sup>. The SUS, after becoming aware of this issue with the documentation, improved the access of this population to health care by creating the Medical Office on the Street Teams (eCR), to attend homeless people. Still, many cities did not adhere to this project, as is the case of Castanhal.

*"I would go to the health unit and say I was feeling real bad, that I wanted attention. They asked for my SUS card and my address... I said I didn't have it, that I live on the street, and ended up not getting any care. I felt bad for that. They said I had to find someone I knew and get an electric bill [as proof of residence], because, if something happens here, who would be the responsible... I'd be buried as a destitute. I left the place sad, right?"* (Sapphire)

The obstacles to the access to public services are intimately tied to the violation of the fifth to the city, which is essential for the renewal of urban life. The city is a place for realization that guarantees the quality of life of its urban population. The population

must have equal access to urban goods and resources, including environmental quality and sustainability of urban development, to state whether the city is healthy and, consequently, whether there is quality of life<sup>40</sup>.

This is a humane look towards collectivity, but when we deal with the actual life of HP, we find that this right is far from being guaranteed<sup>40</sup>. The fact that these individuals walk the streets as a strategy of survival, being deprived even from basic needs, such as food, water, and personal hygiene, corresponds to taking from them the right to the city.

The city should be a space where rights are guaranteed, based on social justice and equality. Its inhabitants, regardless of social class, should enjoy the conditions provided for people's wellbeing<sup>40</sup>. As a result, the right to the city should guide the formulation of public policies to elaborate sustainable cities, that can promote social inclusion, respect to the dignity of people, equality and democracy.

In general, due to their reduced access to health care and basic sanitation, the use of substances, and other social determinants, HP are, theoretically, under a greater risk of morbimortality due to COVID-19<sup>41,42</sup>. It was found that, during the pandemic, the cases of death associated with social vulnerability factors increased<sup>43</sup>. As an emergency, HP had their basic social rights guaranteed by the public administration, who provided them with

shelters to isolate them and avoid the spread of the coronavirus. *"The fact that I was on the streets, during the time of this disease [COVID-19], even walking around is already an issue. I'm glad they put us here [shelter]"* (Azurite).

The association of social inequalities and COVID-19 morbidities is intensified in the case of chronic respiratory conditions<sup>42</sup>. *"I was on the streets with tuberculosis and I didn't know it, I found out here [shelter] when I went through the triage and they gave me medicine"* (Turquoise). Therefore, the shelter gave the HPs access to health and specialized treatment targeted at individuals with COVID-19 symptoms.

*"This space of isolation is everything we didn't have: here I eat at the right time, I play dominoes, I watch movies, and I can even sleep in peace"*(Diamond). From this perspective, the sudden change in life caused by the pandemic was strange for the HP, as they noticed that things that should be normal and guaranteed by law, such as access to leisure, culture, health, and safety, were perceived as that which had been denied to them up to that point.

HP need a strong network that guarantee their rights so they can improve their conditions of life and health, not only during pandemics. *"If homeless people had what they should by right, maybe the world would be better, right? At least for us on the street"* (Amber). The violations of human rights or the lack of care for these rights lead

to the increase of health issues in the population, especially, the more vulnerable<sup>44</sup>. The pandemic highlights the relevance of widening homeless people access to health care. Also, it should be noted that this population has increased during the pandemic, according to studies by Fiocruz<sup>45</sup>.

## CONCLUSION

This research selected the north of the country, which is similar to other regions regarding the characteristics of HP. It was relevant to identify the perception of health of HP in the pandemic, which is intimately tied to the challenges imposed by the social context of deprivation of rights. Therefore, difficulties, prejudice, and violations are constant in the construction of their understanding of the health-disease process. The pandemic brought to the light their fear of going back to their lives after the shelter is no longer there, and the positive thought associated with a perspective of life provoked by the visibility of this public during a crisis.

This study reiterates the importance of guaranteeing the rights of the homeless population, guaranteeing them basic human rights, such as food, personal hygiene, and others. We would also like to mention the need for constant scientific exploration, in order to favor the reduction of health inequality.

## ACKNOWLEDGEMENTS

To the Municipal Social Work Secretariat of Castanhal, which made this study possible; to the Homeless Persons who accepted sharing their experiences; to the psychosocial team of the Social Approach Service of the Specialized Social Assistance Reference Center of Castanhal.

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