The Covid-19 pandemic, still ongoing in Brazil and worldwide, raises questions not only in the health area about prevention, diagnosis and the search for vaccines, but also accentuates social inequalities, with special attention
related to the racial profile. The conflict that arises between one of the strategies for coping with the disease involves the possibility of staying at home in social isolation or having to keep working, in situations of risk of infection. The discussions that we present herein unfold from the analysis of social vulnerability in Brazil, which depicts the racial divisions that characterize the deep social inequalities, broadly demonstrated in the statistical data on the difficulty of access to education, housing, food, health, work, and income, among others. What the pandemic makes us consider, in this case, are the factors related to education and health, because what is already unequivocal in this pandemic context, are the difficulties in thinking about the implications of racism regarding the victimization process of the black population, as well as the lack of training in the health area when problematizing racial relations, factors that we consider important to understand the disparities between the vulnerability of the white and black populations.

Aiming to maintain income and employment, part of the population needs to maintain their routines. Despite the complexity of the situation, minorities (in terms of vulnerabilities) are disproportionately exposed to the infection risk.\(^1\) One of the reasons for the lack of health care opportunities is the fact that these minorities occupy spaces of subordination and precariousness in urban geographies, and also the fact that they do not have access to fundamental and social rights, as emphasized above.

COVID-19 discloses what research has already shown and which has now become evident: the structural racism, which has led the poor and, mainly, the black portion of the population to maintain their work routine or even to lack housing and sanitation conditions to comply with the necessary prevention rules.
Data from the Brazilian Institute of Geography and Statistics (IBGE, *Instituto Brasileiro de Geografia e Estatística*) clearly show how structural racism is implicated in the precarious and vulnerable social position of the black population. Data attest that blacks and browns receive almost half (U$ 324.00) of the average wage of white people (U$ 581.00) and point out that in 2018 there was a greater proportion of the black or brown populations living in households without garbage collection services (12.5%, *versus* 6.0% in the white population), without clean water supply through the general water network (17.9%, *versus* 11.5% of the white population) and without sanitary sewage services through the water-supply and waste- and rain-water networks (42.8%, *versus* 26.5% of the white population). Furthermore, the so-called home densification, that is, a situation in which there are more than three residents per room used as a dormitory, occurred in the black or brown populations with a frequency (7.0%) almost twice as high as that observed in the white population (3.6%).

This information is significant to understand that the black and brown population is considered legally and socially vulnerable – resulting in what we call ‘structural racism’. Submitted to almost four centuries of slavery, in the period understood as post-abolition of slavery (in 1888) the black population was not supported by any socioeconomic inclusion processes, much less achieved success regarding their inclusion in the wage labor market. It is this secular historical process that allows us to understand how racism is a structuring factor in the Brazilian social formation, a phenomenon that in the current pandemic context is shown in its entire materiality. This whole exclusion scenario only started to be publicized as of April 11, 2020 (a month and a half after the confirmation of the first case of COVID-19) due to pressure from Non-
Governmental Organizations (NGOs), which forced the Ministry of Health of Brazil to start including skin color in the epidemiological statistics of COVID-19.

There must be an effective political and social mobilization so that the country can move forward regarding discussions on racial relations. Among these discussions, we highlight how essential it is that the curricula of undergraduate courses, namely courses in the health area, include topics related to structural racism, that the issues unfolded by ethnic-racial inequalities be problematized as one of the fundamental axes to understand the broader social inequalities. It is necessary that the curricula responsible for the training of health professionals include skills and abilities that allow a critical reflection on the implications of racism in the Brazilian society, especially regarding the health of the population.

The Racial Equality Statute, published in 2010, already established this requirement: the National Policy for the Comprehensive Health Care of the Black Population, aims to guarantee the right to health and production of scientific and technological knowledge in health of the black population, in addition to encouraging educational processes and permanent training of health workers to reduce the precariousness of health care access.

Another key point regarding the education of ethnic-racial relations in undergraduate courses is the black representativeness in higher education schools in the health area and in the areas of health work. The number of white students who are able to graduate is much higher than the number of black students who do so.\(^2\) The question of representativeness is fundamental for the spaces of power to be also occupied by the black and brown populations and for these vulnerable populations to also start being part of the decision-making process.
REFERENCES
