

HEALTH AND SOCIAL SECURITY IN BRAZIL AND HUMAN RIGHTS

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ABSTRACT: The purpose of this article is to establish connections between human rights, social rights and the structural problems of Brazilian society, highlighting the importance of the new paradigm established by the Brazilian Federal Constitution of 1988, with regard to health and social security, as instrument for expanding citizenship rights, guaranteeing income in situations of vulnerability, reducing poverty, improving quality of life and reducing inequality in access to services essential to life. The study argues that Social Security as it is designed in the constitutional text is presented as a prerequisite for the construction of a free, fair and solidary society. The research was developed from the bibliographical analysis (legislation, legal periodicals, doctrine and data compiled by public institutions). The study does not intend to exhaust the subject, but only to highlight relevant aspects for the understanding of the matter.

KEYWORDS: Human rights – Social Security – Health – Citizenship

I. Introduction

The study is developed starting from the theoretical framework of the theme from the perspective of human rights.

Economic, social and cultural rights emerged from the 19th century and aim to protect men, women and children inserted in the world of work and meet the demands of excluded people to participate in social well-being.

According to Comparato (2015, p. 179-211) the French (1848), Mexican (1917) and German (1919) Constitutions already established these rights, which were later universalized by the Universal Declaration of Human Rights (1948)¹ and detailed by the Covenant on Economic, Social and Cultural Rights (1966)².

Social Security occupies in the text of the Constitutional Charter of 1988 one of the main chapters of the title relating to the Social Order. It comprises a set of actions, under the responsibility of public authorities, in the areas of health, social security and social assistance, aimed at achieving the basic objectives of a democratic society: welfare and social justice.

The conception of Social Security assumed by the Brazilian constitution innovated with regard to the basic precepts of the social programs developed until then in our country, as well as constituted a significant advance in the field of the definition of fundamental rights for the full exercise of citizenship.

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¹ <https://www.oas.org/dil/port/1948%20Declara%C3%A7%C3%A3o%20Universal%20dos%20Direitos%20Humanos.pdf>

³ http://www.planalto.gov.br/ccivil_03/decreto/1990-1994/d0591.htm

Despite the expansion and consecration of these rights, we point out that social protection and the overcoming of structural problems such as employment, income, housing, hygiene, education, among others, only materialize through the allocation of budget funds and public policies capable of promoting and make effective the rights to health and social security.

II. Human Rights: foundation and principles

The foundation of human rights is the dignity of man, considering man no longer as a generic entity, but conceived from his specificities, particularities, different ways of thinking, being and living (BOBBIO, 1992, p. 15-24).

The Universal Declaration of Human Rights provides in Article I:

All human beings are born free and equal, in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.

Man, however, is an eminently social being, and should be conceived in his interactive dimension, that is, in the reciprocal relationship he establishes with other men. Human interaction, the 'self/other' relationship, rests on an ethical foundation. Alterity is related to autonomy, to the subjects' self-determination. In this way, the binomial autonomy/alterity (LANG, 1986) is constructed from the perception of the other, that is, I am and exist to the extent that I perceive and respect the existence of the other.

Human rights, therefore, constitute the ethical basis (evaluative reference) of this interaction (I/other), since they establish the dignity of the person as a justification reason, as a universal category, that is, an attribute of all men.

Thus, man, regardless of any particular characteristics (sex/gender, race/ethnicity, nationality, religion, etc.) must be accepted, respected and protected solely because of his human condition, which makes him the source and reference of all values (humanity conceived as an end and not as a means).

Its fundamental principles are: freedom, equality and solidarity (FERREIRA FILHO, 2009, p. 6). Freedom is a power of self-determination, from which man chooses his conduct for himself, thus consisting in the possibility of articulating the necessary means to achieve personal happiness, respecting the community and the common good.

Equality is expressed through three manifestations: isonomy (submission of all to the same legal regime), material equalization (establishing a balance in social living conditions, guaranteeing the same opportunities for all citizens) and the right to difference (preservation of cultural identity).

Solidarity considers individuals integrated into the social whole, gives a sense of human interdependence, establishes a cooperative basis for social coexistence, between individuals, groups of individuals and peoples.

III. The Doctrine of Human Rights and Social Protection

The Universal Declaration of Human Rights states in Article XXV:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services, and the right to security in the event of unemployment, disability, widowhood, old age or other loss of livelihood in circumstances beyond your control.

These rights were reaffirmed and detailed by the International Covenant on Economic, Social and Cultural Rights (adopted by Resolution n. 2200-A, XXI, of the General Assembly of the United Nations, on December 16, 1966 and ratified by Brazil on January 24, 1992).

In recent decades, the notion of the right to Social Protection has been discussed in socially more developed countries as a component of the human rights doctrine. It is considered that every individual, regardless of race/ethnicity, socioeconomic status, religion and political ideology, has natural rights inherent to the human condition and the exercise of citizenship.

It is also considered that certain rights - such as health, social security and social assistance - cannot be fully exercised when dissociated, due to their natural interdependence. That is, the simple suppression of one of them would imply the dispossession of the others.

The Brazilian Constitution of 1988 enshrines the Declaration of Human Rights. The Magna Carta opens with a title on fundamental principles and, later, introduces Title II - On Fundamental Rights and Guarantees, inserting in it the Individual and Collective Rights and Duties (Chapter I), Social Rights (Chapter II), Rights of Nationality (Chapter III), Political Rights (Chapter IV) and Political Parties (Chapter V).

Art. 6 of the Federal Constitution says that:

Social rights are education, health, work, leisure, security, social security, maternity and childhood protection, assistance to the homeless, in the form of this Constitution.³

It is also important to point out that social rights are intrinsically related to economic rights. The former, however, have a character of personal tutelage and the latter an institutional character.

Social rights govern concrete subjective situations (individual or group). Economic rights, on the other hand, concern the right to pursue a given economic policy and establish the rules that will regulate the capital/labor relationship.

It is concluded, therefore, that economic rights are presented as assumptions of social rights, because only through state participation in the economy will it be possible to implement an economic policy that promotes the protection of disadvantaged groups.

Social rights, as an expression of fundamental human rights, are state benefits that provide better living conditions for the weak (vulnerable). They tend to treat unequal situations unequally, in order to establish concrete equality between men and achieve social justice (LOPES, 1994, p. 127).

Reflecting on the social rights enshrined in the Brazilian Constitution, it is necessary to ask: what is their particularity? The answer is: dealing with new situations that need to be created. Thus, the right to health is the right to immediate access to medical and hospital care and medication. Now, what if there are huge queues to get a medical appointment, if there are not enough health professionals, if there are not enough beds available in hospitals, if there are not low-cost medicines and medical-hospital equipment available? How to guarantee such a right?

In other words, how to transform it from a right of state non-interference (negative right) into a right to state provision (positive right)?

What we are trying to say is that freedom and values complement and relate to each other. Freedom, due to its existential characteristics, becomes the fundamental value of the human person (art. 5º, CF/88). Such rights, at the end of this century, are no longer restricted to

³ https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm

individuals, but also include collective, transindividual and diffuse rights. Moreover, fundamental rights have a deep and essential relationship with the public budget. They depend, for their defense and effectiveness, health and balance of the State's financial activity, while providing it with the foundation of legality and legitimacy.

The rights of freedom exhibit the negative status, which means the individual's power of self-determination, freedom of action or omission without any constraint on the part of the State. Negative status asserts itself, in the budget field, through immunities and discrimination prohibitions. Liberty rights also exhibit positive status, as they also depend on positive and egalitarian benefits. Here, fundamental rights, in short, are guaranteed by public services. The maintenance of these public services necessary for the guarantee of human rights and the payment of indemnities has consequences in the budgetary field, as they require specific allocations (LOPES, 1994, p. 128-29).

There is a right to the minimum conditions of dignified human existence that cannot be the object of state intervention and that still requires positive state benefits. The existential minimum is based on the idea of freedom, the constitutional principles of equality (isonomy, equity and difference), due process of law, free enterprise, as well as the Declaration of Human Rights and the immunities and privileges of citizens.

The problem of the existential minimum is intertwined with the question of poverty itself. This, in turn, is related to economic production or the redistribution of goods, which will be reduced according to social and budget possibilities.

Thus, without the minimum necessary for existence, man's possibility of survival ceases and the initial conditions of freedom disappear. Human dignity and the material conditions of existence cannot fall below a minimum, which no citizen can be deprived of.

The positive protection of the rights of freedom, in general, and of the existential minimum, in particular, generates budgetary impacts, since it binds the law of means, which must obligatorily contain the appropriations for the necessary expenses, financed by general tax collection. If the State fails to guarantee human rights, even on the pretext of the lack of budgetary funds, it is subject to judicial control and may be obliged, through a request for payment extracted from a condemnatory sentence or an injunction, to provide for the inclusion of the necessary appropriation in the following year's budget.

Included in fundamental rights are the so-called social rights that are subordinated to the idea of social justice. Social rights have different consequences on the budget than those emanating from the rights of freedom, since most of the time, they require an ordinary law to make the budget mandatory, to contemplate the appropriations for expenses, even though the Constitution, programmatically, proclaims the social right. If there is an ordinary law granting the social right, the budget will authorize the expenditure; but it may set allocations lower than those proposed or even omit. The executive, in turn, will make the delivery of benefits, in the form of subsidies or intergovernmental transfers, at its discretion. It is quite true that some expenses are linked to the budget, as is the case with the payment of salaries for employees who work in the security area, such as pensions and pensions for civil and military servants. In the case of subsidies and transfers, retention by the federal government gives rise to the affected federative unit (State or municipality) by forcing it to transfer the funds through a precautionary measure, or even to the responsibility (crime of responsibility) of the authority that did not transfer the funds (LOPES, 1994, p. 131-38).

IV. Social Security: content of principles

Social security comprises an integrated set of actions by public authorities and society, aimed at ensuring rights related to health, social security and social assistance. It is governed by the principles of universality of coverage (subjective universality) and service (objective universality), equality or equivalence of benefits, unity of organization, decentralization of administrative management, democratic nature with community participation, in particular workers, entrepreneurs and retirees (art. 194, Federal Constitution) and financial solidarity, because it will be financed by the whole of society directly or indirectly, as well as contributions from public budgets, employers, workers and revenue from public service exams. prognoses, all in the manner foreseen in the paragraphs of art.195, Federal Constitution.

The National Congress instituted the concept of Social Security in the Brazilian Magna Carta and also established, in the sole paragraph of art. 194 as a duty of the State, to organize it based on the following principles and objectives: a) universalization of coverage and service; b) uniformity and equivalence of benefits and services provided to urban and rural populations; c) selectivity and distribution in the provision of services and benefits; d) irreducibility of the value of the benefits; e) equity in the form of participation in funding; f) diversity of funding base; g) democratic and decentralized nature of administrative management, with the participation of the community, especially workers, entrepreneurs and retirees.

There was, therefore, a break with the contractualist view of private law (which directed the system's resources and attention only to direct taxpayers), giving prestige to citizenship to the detriment of classes, as well as the universalization of access to benefits, regardless of contribution, eliminating the so-called mandatory connection between contribution and retribution, which ensured the exercise of citizenship and respect for the human condition.

V. Health in Brazil: general aspects

Prior to the 1988 Federal Constitution, the 'health' subsystem was linked to the Social Security Medical Assistance Institute (INAMPS), and services were only provided to those who contributed, that is, it was not a universal right. Therefore, at the time, there were two contributory subsystems: health and social security.

However, with the enactment of the new Magna Carta, health became a duty of the State and a right of all, regardless of contribution. It is a social right that must be materialized by all entities of the federation, through social and economic policies aimed at reducing the risk of disease and other injuries and universal and equal access to actions and services for its promotion, protection and recovery (art. 196).

In addition, the Federal Constitution of 1988 instituted the Unified Health System (SUS), which began to be financed with resources from the Social Security budget, the Union, the States, the Federal District and the Municipalities. Public health actions and services are part of a regionalized and hierarchical network and constitute a single system, organized according to the following guidelines: I - decentralization, with a single direction in each sphere of government; II - comprehensive care, with priority given to preventive activities, without prejudice to assistance services; III - community participation. (article 198).

Private initiative entities will be able to act freely in the health area, but the CF/1988, in addition to prohibiting the allocation of public resources for aid or subsidies to private

institutions with profit purposes, only allows the participation of companies or foreign capital in assistance to health in Brazil in the cases provided for by law. In practice, it means that, although the Public Power has the duty to provide health services to all, universally, regardless of the contribution by the service user, the private sector can act freely in the provision of health services, for means of payment by users. In addition, private institutions may also participate in a complementary way in the SUS, according to its guidelines, through a public law contract or agreement, with preference given to philanthropic and non-profit entities (art. 199).

The breadth and scope of the concept of health provided for in art. 196 of the constitutional text as a right of all and duty of the State does not harmonize with the Brazilian socioeconomic indicators.

Health is a consequence of the environmental, food, hygiene, housing, employment, income and education conditions of the population. In other words, the State needs to create the conditions for people not to get sick, for the disease to be a risk and not a contingency in the lives of citizens.

However, the Brazilian indices are dismal: the synthesis of social indicators released by the IBGE confirms that the most striking feature of Brazilian society is inequality.

Poverty and extreme poverty continue, year after year, to be a major mark in Brazilian society. According to the most recent data from the IBGE, the country had 13.5 million people living in extreme poverty, according to World Bank criteria. Added to those on the poverty line, they reach 25% of the country's population. The characteristics and distribution of the population living in poverty and extreme poverty draw attention. Blacks and browns correspond to 72.7% of those in poverty or extreme poverty - that's 38.1 million people. Among those in extreme poverty, black or brown women make up the largest contingent: 27.2 million people. It is worth noting that the average per capita household income of blacks or browns is half that received by whites. A quarter of the Brazilian population, 52.7 million people, live in poverty or extreme poverty.

The geographical distribution of poverty and extreme poverty is also unequal status in Brazil. Forty-four percent of Brazilians below the poverty line in 2018 lived in the Northeast region. Maranhão is the champion state in this tragedy, with 53% of its citizens living on the poverty line. All states in the North and Northeast regions had poverty indicators above the national average.⁴

Research using the Social Identification Number - NIS in the states of Maranhão, Paraíba and Piauí showed that both the incidence and intensity of poverty are greater in households with children. In the three states, there are 186,241 children aged 0 to 11 years in a situation of multidimensional poverty - which, in addition to education, considers access to health, work and standard of living - with 126,760 in Maranhão, 31,708 in Piauí and 27,773 in Paraíba. In these states, the vulnerable are: 353,875 in Maranhão, 105,797 in Paraíba and 149,982 in Piauí. In total, the poor and vulnerable total 764,187 children from 0 to 11 years old.⁵

Extreme poverty increased from 5.8% of the population in 2012 to 6.5% in 2018, i.e. a record in seven years.

⁴ <https://www.ibge.gov.br/estatisticas/multidominio/condicoes-de-vida-desigualdade-e-pobreza/9221-sintese-de-indicadores-sociais.html?edicao=27611&t=resultados>

⁵ Access to the full report can be found on the NIS website: nis.org.br.

In 2021, the informal rate among the white population was 32%; among blacks, 43%; and among 'brown', 47%. The study of social inequalities by color or race in Brazil shows that informality affects more blacks and browns, as defined by the IBGE, than whites. In 2021, the informal rate among the white population was 32%; among blacks, 43%; and among 'brown', 47%. When looking at the average income, the difference is even greater. That of white workers was almost twice that of black and brown workers. The survey also shows differences in income. Of all black and brown Brazilians, around 35% lived on R\$486, practically double the proportion of whites on the poverty line. The difference is repeated among those living in extreme poverty. Blacks and browns are practically twice as many whites.⁶

In addition, health is also a consequence of investments made in this sector and the IBGE published research⁷ that reveals that the resources invested in health, as a proportion of GDP, are similar to the average (8.8%) of selected countries of the Organization for Cooperation and Economic Development (OECD), although they are below the participation of some such as Germany (11.7%), France (11.1%) and United Kingdom (10.2%). On the other hand, Brazilian public investment in this area in relation to the percentage of GDP (3.8%) is lower than the participation of most of these selected countries, surpassing only that of Mexico (2.7%).

As a result, guaranteeing the health of the citizen through the legal-state sphere, that is, through the institution of economic and social rights, becomes insufficient, since the effectiveness of these rights depends on the actual material conditions, which, in Brazil, reveal themselves as structural limits to their effectiveness.

Thus, for the Brazilian State to promote health, it must act concretely, combating economic stagnation, the concentration of income and wealth, low wages, unemployment, illiteracy, technological backwardness and also assume the role of promoter, multiplier and guarantor quality essential public services.

VI. Social Security in Brazil: general aspects

The bases of Social Security in Brazil are established by the Constitution in Title VIII – of the Social Order.

With regard to the guiding principles of the Social Order, we have the primacy of work, welfare and social justice, which also appear as fundamental principles in art. 1, IV and art. 3rd, items.

By establishing the primacy of work, the Constitution places it as a reference for achieving the objectives of the Social Order and its appreciation is what inspires social policies.

Social security and social security law, however, can only be understood if we establish some basic premises, among them the one that seems fundamental to us, that is, that the individual to be protected and supported by the system is the hyposufficient, hypervulnerable, that is, it is the one that, due to its economic weakness, needs greater protection from social laws, especially those that take care of the organization of Social Security and the establishment of Social Security Benefit Plans.

⁶ <https://www.ibge.gov.br/estatisticas/sociais/populacao/25844-desigualdades-sociais-por-cor-ou-raca.html?=&t=resultados>

⁷ <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/33484-despesas-com-saude-em-2019-representam-9-6-do-pib#:~:text=The%20expenses%20relative%20%C3%A0%20sa%C3%BAde,da%20Sa%C3%BAde%2C%20iniciada%20in%202010.>

It can be seen that for social security law, issues related to work are of paramount importance, although Social Security encompasses actions by public authorities and society, aimed at ensuring not only the right to social security, but also the right to social security. to health and social assistance.

Social insurances are, therefore, those provisions imposed by law, with which upon payment of a sum to each insured person - who, in this case, is always a single person or whose main source of subsistence is work - this person is guaranteed against events that reduce or suppress the ability to work through the provision of adequate assistance, when such events occur. The objective is, therefore, as an expression of social security: a) prevent, through an organized system, the occurrence of risks to which the worker is subject and which deprive him of his earning capacity and his means of subsistence; b) restore as quickly as possible the earning capacity lost or reduced as a result of illness or accident; c) provide the necessary means of existence, in the event of cessation or interruption of the exercise of professional activity or when there is an accident at work, permanent or temporary disability, unemployment, old age or death (FERNANDES, 1993, 25-9).

VII. Public Pension and Private Pension

There are several ways in which social legislation protects the economically weakest. One of them is to protect you against yourself, that is, against your tendency to spend everything you earn, without any concern for the future. Hence the institution of public pensions, which are mandatory, as opposed to private pensions, which are optional.

Thus, we could define private pensions as one of the forms of saving, better said, one of its applications. It consists, in the case of employees, of setting aside part of their salary to pay the premium for private insurance, with which they will cover themselves against the normal risks of existence. These normal risks of existence can be divided into two categories: biological risks, which refer to illness, disability, old age, death, accidents at work and maternity, and socio-economic risks, which relate to unemployment.

As private pension is optional, it depends exclusively on the prudence of the employee. In addition, it is expensive, since the private insurance, which gives it its body, is normally exploited for profit by commercial companies. Adding to the lucrative aspect, private insurance is also burdened by the fact that the companies that exploit it do not cover all people subject to those normal risks of existence. And because they do not cover all people, or a considerable portion of them, it is imperative for insurance companies to charge premiums that are disproportionate to the economic capacity of the vast majority of the poor.

From the inconveniences of private insurance came the need to create a public pension, with exactly opposite characteristics, that is, mandatory and low premiums, given the universalization of social security.

Under these conditions, public pensions made through social security cover all those who work, which is already a factor in reducing the premium or contribution. This decrease is accentuated, as, at least among us, the burden of covering those risks inherent to existence itself is shared between the employee, the employer and the State, the latter representing society or the community.

It is also necessary to reaffirm that Public Social Security is, today, the largest distributor of national income with 36 million benefits paid, at an average value of R\$ 1,547.54.⁸

VIII. Final Considerations

The Federal Constitution defines Social Security as a social protection system that articulates health, assistance and social security actions and policies and that must guarantee universal coverage and service. At the same time, to support this system, the Constitution determines a wide and diversified funding base, listing different sources of collection and not linking certain revenues to expenses in a specific field of action of the Security (health, assistance or social security). And finally, to monitor the policies and viability of the system, the Constitution requires the preparation of the Security Budget.

Despite these constitutional definitions, since the enactment of the Major Law, actions and norms of successive governments and analysts' interpretations have been undermining this conception of the Social Protection System. There is, in particular, an understanding that expenses with social security benefits must be borne, exclusively or primarily, with revenues from contributions by workers and companies on the payroll. This 'income minus expenses' account generates a negative result, which makes room for proposing changes in the rules for accessing social security benefits.

It cannot be ignored that the implementation of constitutional precepts meant the expansion of citizenship rights, the guarantee of income in vulnerable situations and the reduction of poverty and inequality in access to services essential to life. It is essential, therefore, to rescue, preserve and strengthen the concept of Security contained in the current Constitution. For this, it is necessary to understand the essence of the views on the financial balance of the Brazilian protection system.

According to the 'theory of needs' developed by the Hungarian intellectual, Agnes Heller (HELLER, 1982, p. 131-70) these always refer to values, and are definable only from values. Indeed, no one has the right to establish, in the face of all humanity, which needs are important and which are not. However, precisely because we are guided by Human Rights, whose foundation is respect for the dignity of all men, regardless of any particularities, we have to exclude the satisfaction of some needs. These are the 'needs' that cannot be satisfied in principle, since they are purely quantitative and, therefore, infinitely reproducible. Purely quantitative 'needs' are those that imply, for their satisfaction, that a man becomes a pure instrument for another man (man as a means, contrary to the affirmative theory of human rights, which elects the person as an end). These 'needs' are: possession, power and ambition. They cannot and should never be completely satisfied, because if they are unlimitedly fulfilled, the vast majority of individuals will no longer be able to satisfy other 'needs'.

Now, in this sense, economic stagnation and the retraction of the public health and social security system (insufficient investments, bad management, corruption, etc.) associated with the expansion and commercial promotion of private health and social security, whose main objectives are the satisfaction of 'needs' of possession, power and ambition, of economically

⁸ <https://www.ibdp.org.br/2022/01/27/inss-paga-36-milhoes-de-beneficios-mas-so-778-pessoas-recebem-oteto/#:~:text=Amount%20m%C3%A9dio%20do%20benef%C3%ADcio%20paid,%C3%A9%20de%20R%24%201.547%2C54&text=For%20outro%20side%2C%2023%2C5,s%C3%A3o%20of%20January%20of%202022.>

hegemonic social groups, will prevent global society from meeting their needs, relegating a large portion of the population to misery and marginality, which will only serve as an instrument for their accumulation.

The social security system in Brazil plays a fundamental role, which is – to guarantee the dignity of unfortunate Brazilians – and the changes implemented in this area cannot represent a setback in social protection norms nor in the public policies implemented in this sector, since this would leave thousands of Brazilians helpless, unprotected and left to their own devices.

References

- BOBBIO, Norberto. *The Future of Democracy: A Defense of the Rules of the Game*. SP: Ed. Peace and Earth, 1986.
- BOBBIO, Norberto. *The Age of Rights*. RJ: Campus, 1992.
- BONAVIDES, Paul. *Course in Constitutional Law*. SP: Ed. Malheiros, 2016.
- BRASIL, Constitution of the Federative Republic of Brazil (1988), https://www.planalto.gov.br/ccivil_03/constituicao/constituicao.htm, accessed on November 25, 2022.
- COMPARATO, Fábio Konder. *The Historical Affirmation of Human Rights*, 10th Edition. SP: Saraiva, 2015.
- FARIA, José Eduardo (org). *Human Rights, Social Rights and Justice*, SP: Ed. Malheiros, 1994.
- FERNANDES, Anibal. *Annotated Social Security: complete and annotated legislation*, 2nd edition. SP: Edipro, 1993.
- FERREIRA FILHO, Manoel Gonçalves. *Fundamental Human Rights*, 11th edition. SP: Saraiva, 2009.
- HELLER, Agnes. *To Change Life: Happiness, Freedom and Democracy*. SP: Ed. Brasiliense, 1982.
- IBGE Report 2021, <https://www.ibge.gov.br/estatisticas/multidominio/condicoes-de-vida-desigualdade-e-pobreza/9221-sintese-de-indicadores-sociais.html?edicao=27611&t=resultados>, accessed on 25 November 2022.
- IBGE Report 2012, <https://www.ibge.gov.br/estatisticas/sociais/populacao/25844-desigualdades-sociais-por-cor-ou-raca.html?=&t=resultados>, accessed on November 25, 2022.
- IBGE Report 2019, <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/33484-despesas-com-saude-em-2019-representam-9-6-do-pib#:~:text=The%20expenses%20relative%20%C3%A0%20sa%C3%BAde,da%20Sa%C3%BAde%2C%20iniciada%20in%202010>, accessed on November 25, 2022.
- LAFER, Celso. *The totalitarian rupture and the reconstruction of Human Rights – a dialogue with Hannah Arendt*, page 55-65. SP: USP Advanced Studies Magazine – Human Rights (30).
- LANG, Ronald. *The self and others: interpersonal relationships*. Petrópolis: Voices, 1986.
- LOPES, José Reinaldo de Lima. “Subjective Law and Social Rights: the dilemma of the judiciary in the Social State of Law”, in *Human Rights, social rights and justice*. SP: Malheiros, 1994.
- ONU, Universal Declaration of Human Rights (1948). <https://www.oas.org/dil/port/1948%20Declara%C3%A7%C3%A3o%20Universal%20dos%20Direitos%20Humanos.pdf>, accessed on November 25, 2022.
- ONU, *Covenant on Economic, Social and Cultural Rights* (1966). http://www.planalto.gov.br/ccivil_03/decreto/1990-1994/d0591.htm, accessed on November 25, 2022