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## CRISTINA POSSAS' ECONOMIC THOUGHT ON SURPLUS POPULATION UNDERLATIN AMERICAN CAPITALISM AND ITS CONSEQUENCES BY SARAH ESCOREL AND HAYDA ALVES

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## Abstract

Relative superpopulation, a concept of Marxist theory, determines that capitalism has an industrial reserve army, composed of an additional or superfluous working population, beyond what the capitalist system really needs. The objective of this article is to analyze how Cristina Possas conceptualizes this overpopulation, strictly dialoguing with the theoretical point of view, treating marginalization as one of the inherent consequences of capitalism, and how, 22 years later, Sarah Maria Escorel de Moraes and Hayda Josiane Alves repackage the theme of marginalization, covering the real impacts that social exclusion can generate in society and in human beings. The critical essay was used as a textual modality and as a method of content analysis.

**Descriptors:** Capitalism; Health economics; Public health; Economic history; Reserve army; Industrial development.

<p><b>EL PENSAMIENTO ECONÓMICO DE CRISTINA POSSAS SOBRE LA SOBREPoblACIÓN BAJO EL CAPITALISMO LATINOAMERICANO POR SARAH ESCOREL Y HAYDA ALVES</b></p> <p><b>Resumen:</b> La superpoblación relativa, un concepto de la teoría marxista, determina que el capitalismo tiene un ejército industrial de reserva, compuesto por una población trabajadora adicional o superflua, más allá de lo que realmente necesita el</p>	<p><b>PENSAMENTO ECONÔMICO DE CRISTINA POSSAS SOBRE A POPULAÇÃO EXCEDENTE NO CAPITALISMO LATINO-AMERICANO E SUAS CONSEQUÊNCIAS EM SARAH ESCOREL E HAYDA ALVES</b></p> <p><b>Resumo:</b> A superpopulação relativa, conceito da teoria marxista, determina que o capitalismo tenha o exército industrial de reserva, composto por uma população trabalhadora adicional ou supérflua, além do que o sistema capitalista realmente necessite. O objetivo deste artigo é analisar como Cristina Possas conceitua esta</p>
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<p>sistema capitalista. El objetivo de este artículo es analizar cómo Cristina Possas conceptualiza esta sobrepoblación, dialogando estrictamente con el punto de vista teórico, tratando la marginación como una de las consecuencias inherentes al capitalismo, y cómo, 22 años después, Sarah Maria Escorel de Moraes y Hayda Josiane Alves replantea el tema de la marginación, abarcando los impactos reales que la exclusión social puede generar en la sociedad y en los seres humanos. Se utilizó el ensayo crítico como modalidad textual y como método de análisis de contenido.</p> <p><b>Descriptor:</b> Capitalismo; Economía de la Salud; Salud pública; Historia económica; Ejército de reserva; Desarrollo industrial.</p>		<p>superpopulação, dialogando estrictamente com o olhar teórico, tratando a marginalização como uma das consequências inerentes ao capitalismo, e como, 22 anos após, Sarah Maria Escorel de Moraes e Hayda Josiane Alves repaginam o tema da marginalização, trazendo abrangência sobre os reais impactos que a exclusão social pode gerar na sociedade e no ser humano. Usou-se o ensaio crítico como modalidade textual e como método de análise do conteúdo.</p> <p><b>Descritores:</b> Capitalismo; Economia da saúde; Saúde pública; História econômica; Exército de reserva; Desenvolvimento industrial.</p>
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## INTRODUCTION

### Evolution Of Labor Relations: From Prehistoric Human Society To The Modern Age

Over the centuries, the labor process has been shaped and widely studied within society. Since primitive societies, this human labor relations have been built based on the temporal and spatial needs of peoples, beginning intuitively, with a focus on satisfying the biological and survival needs of groups.

The analysis of the human work relationship begins in prehistoric times, in the Paleolithic era, or “stone age” (2 million BC). This was marked by the production of the first man-made utensil and lasted until the beginning of the Neolithic period (10,000 BC). In this last period, the economy is based on subsistence, in which the items produced are not accumulated or traded, with the aim of collective ownership and survival.<sup>1</sup>

The Mesolithic period saw the development of agriculture (cereals, oats, among others) and housing. There was also a socio-sexual division of labor, in which men were responsible for maintaining the family’s livelihood and local security. Women, on the other hand, had the role of

looking after the children and organizing the home. In the last phase of prehistory, with the ability to manipulate metals enabling the production of more resistant tools, production began to move towards the format of specialization of work.<sup>1</sup>

Moving forward in this specific analysis of history, and towards the period of the High Middle Ages, it can be seen that the predominant work model established was the “agrarian-feudal” one, dominated by a privileged layer (feudal lords and high dignitaries of the church, among others). It should also be noted that the work format was primarily geared towards a family structure on land and plots leased to peasants (private property), with very long working hours.<sup>1</sup>

In the lower Middle Ages, “capital” became a universal measure of the value of goods, which were accumulated by their producers on the basis of social agreements. The specialization of work was strengthened within the social organization, grouped by guilds of trades and professional associations, with price stipulations and moving towards modern cooperativism. Trade and handicrafts thus contributed to the formation of the bourgeoisie (a new social class).<sup>1</sup>

In the first half of the 15<sup>th</sup> century, the impact on food productivity, given the extensive exploitation of land, culminated in the end of the Middle Ages. On the other hand, the emergence of diseases, such as the black plague, joined forces for the revolt of the peasants and the bourgeoisie against the feudal nobility, corroborating the strengthening of commercial relations. This period marked the transition from the social relationship of *versus* master to a social relationship based on the antagonism of bourgeois *versus* proletarian, which is considered a hallmark of capitalism.<sup>1</sup>

Already in the second half of the 18<sup>th</sup> century, in the context of industrialization, especially in the textile sector, there was the improvement of steam-powered machinery and the strengthening of commercial relations for goods and merchandise, with the migration of the production format from the countryside to the factory lines. This migration was accompanied by low wages and high demand (long, unhealthy working hours and no penalties for the employer), with a focus on generating high profits for their owners.<sup>1</sup> Bearing this very brief history in mind helps us to understand the relationship between labor and health and the consequences of the capitalist mode of production on this relationship.

## **WORKERS’ HEALTH, ILLNESS AND UNEMPLOYMENT IN THE CAPITALIST MODEL**

An analysis of the evolution of labor relations in human societies, from prehistoric times to the modern age, reveals the countless changes that have taken place and the alterations to social agreements in each period of people's evolution. As a consequence of industrialization, authors such as Marx, also analyze in their works the working conditions and relations to which individuals are subjected within the capitalist mode of production.

Marx describes the working relationships on the production lines as exhausting and unhealthy. He also reports that these strenuous working hours, demanded by the capitalists and aimed at increasing production, have a significant impact on workers' health and, consequently, on production in the long term.<sup>2</sup> After all, for Marx<sup>3(45)</sup>, "the wealth of societies in which the capitalist mode of production dominates appears as an immense collection of commodities and the individual commodity as its elementary form".

Marx also points out that, despite the maintenance and upkeep of factory machinery, there is no concern for the health of workers, who are subordinated to the economic and political determinations in force. The excessive workload and the fact that it is carried out in unfavorable (unhealthy) situations and environments have a direct impact on the health of the individual and on society.

An example of the long-term impact of workers' health on production is the theory of laziness, which, due to the individual's diminished capacity to work for health reasons (unknown at the time), resulted in a reduction in individual productivity. The owners of the means of production at the time reinforced that the workers' behavior was caused by laziness, rather than being related to a state of health.<sup>4</sup>

Based on this discussion, it can be seen that the health of the worker, negatively impacted by the work environment, would allow the necessary long-term evolution of production, the exclusion of part of the working class from the productive system, and consequently contribute to unemployment.

## **HAYDA, POSSAS AND ESCOREL: A BRIEF BIOGRAPHY**

Hayda Josiane Alves has a degree in Nursing from the State University of Campinas - UNICAMP (2004), a Master's degree in Nursing from the same university (2007) and a PhD in Public Health from the Oswaldo Cruz Foundation - FIOCRUZ (2013) on the subject of the Bolsa Família Program, Family Health and processes of social exclusion and inclusion: a case study in

the municipality of Silva Jardim/RJ, under the guidance of the, then, co-author of the article under study, Sarah Maria Escorel de Moraes, and also presents a post-doctoral internship at the Department of Anthropology/IFCH/UNICAMP and Prevention Sciences Research Center/Morgan State University.

She is Adjunct Professor of the Undergraduate Nursing Course at the Institute of Humanities and Health of Rio das Ostras - Fluminense Federal University - UFF and Collaborating Professor of the Postgraduate Program in Collective Health at the Institute of Collective Health (ISC) of UFF. She is a member of the International Collaboration for Participatory Health Research (ICPHR), making up Kids in Action, a sub-group dedicated to participatory health research with children, adolescents and young people. She is also a member of the Popular Education and Health Network. She has experience in the areas of public health with a focus on popular education in health and participatory action research in health. Her research focuses on social policy, adolescent and youth health, collective health nursing and popular education and health.

Sarah Maria Escorel de Moraes has a medical degree from the Federal University of Rio de Janeiro (1977), a master's degree in Public Health from the Oswaldo Cruz Foundation (1987), a doctorate in Sociology from the University of Brasilia (1998) and a post-doctorate from Lancaster University (2013). She was president of the Brazilian Center for Health Studies (Cebes) during the 2000-2003 and 2003-2006 administrations and has been a member of the Advisory Board since 2015. She is currently a full researcher at the Sergio Arouca National School of Public Health at the Oswaldo Cruz Foundation, where she has worked since 1985.

Between 1980 and 1982 she worked as an advisor to the Nicaraguan Ministry of Health, together with her then husband Sérgio Arouca, and between 1983 and 1985 at the Municipal Health Department. She taught collective health and social health policies at the State University of Londrina from 1989-2008, at postgraduate level, and at the Oswaldo Cruz Foundation from 1986 to the present day. Her main topics of study are social exclusion, the impact of health policies and programs on reducing poverty and social inequalities, as well as social and health programs aimed at vulnerable groups, especially homeless people. She is also dedicated to the study of social participation in health, with a view to studying the instances of society's participation in health, such as the work of Health Councils and Conferences.

Finally, the author whose thinking is being analyzed is Cristina Possas de Albuquerque. She has a degree in psychology from the Pontifical Catholic University - PUC/Rio (1971), a specialization in work epidemiology and work clinic from the *Università degli Studi di Milano* (1984), a master's degree in social sciences from UNICAMP (1980), a doctorate in public health from the Oswaldo Cruz Foundation (1988) and a post-doctorate in health sciences from Harvard University (1993).

She worked on research into the assessment of children's neuropsychomotor development at UNICAMP's medical school between 1974 and 1976, then between 1976 and 1977 she was a researcher at the National School of Public Health (Fiocruz), an advisor to the Campinas municipal health department between 1977 and 1984, and between 1983 and 1984 she was assigned to the management of the São Paulo State Health Institute. She returned to the academic field a few years earlier as a full professor in the department of preventive medicine at UFMG from 1982-1983 and adjunct professor at PUC Campinas from 1981-1984. In 1983, she began teaching at Fiocruz and later worked as a postgraduate coordinator, a position she still holds.

She has worked as a researcher in the department of emerging population diseases at Harvard University since 1994. Her main lines of research are social inequality and emerging infectious diseases.

## **POLITICAL AND HISTORICAL CONTEXT OF THE FIRST EDITION OF CRISTINA POSSAS' BOOK**

In 1986, during the VIII National Health Conference, Possas wrote a text in defense of the Brazilian health reform. Her contributions in the following years helped create the SUS through the Brazilian Constitution of 1988. For some authors, Cristina Possas was the precursor of the concept of **Brazilian health reform**<sup>5</sup>

In a more contemporary period, she has worked as a public health scientist, focusing on infectious diseases and their relationship with the social ecosystem. She has worked on the development of research programs for the National Program for Sexually Transmitted Diseases (STDs) and Acquired Immunodeficiency Syndrome (AIDS) and has collaborated internationally with the French National Agency for Research on AIDS and Viral Hepatitis (ANRS), receiving awards for this. Other (re)emerging diseases, such as vaccine coverage, yellow fever and COVID-19, are her most recent research focus.

The context in which the texts in this article are analyzed is different, as they were produced at different times in history. The first edition of Cristina's book was published in 1981 by Graal, when she was finishing her master's degree in social sciences and working as an advisor to the municipal health department of Campinas. The 1970's were characterized by the centralization of social programs, such as health and social security, through the creation of the Ministry of Social Security and Assistance, the National Social Security and Assistance System - Sinpas, the National Institute of Medical Assistance of Social Security - Inamps and the Institute of Financial Administration of Social Security and Assistance - Iapas. It wasn't until the 1980's that there was a countermovement, influenced by international organizations such as the Pan-American Health Organization (PAHO) in the Ministry of Health, to overcome the hegemonic model and develop alternatives for social policies.

In 1979, the 1<sup>st</sup> Symposium on National Health Policy was held in the Chamber of Deputies, where the proposal for the Unified Health System (SUS) was presented for the first time. In 1980, the National Program for Basic Health Services - Prev-Saúde was created, inspired by the proposals of the Alma Ata Conference, which prioritized primary care and popular participation, guided by principles such as universalization, hierarchization and regionalization.<sup>6</sup> However, the proposed model conflicted with the current one and failed to succeed. At the time, there were civil society movements demanding access to health services and greater popular participation in health policies. Institutions such as the Brazilian Center for Health Studies (Cebes) were created in 1976 and the Brazilian Association of Graduate Studies in Collective Health (Abrasco) in 1979.

In 1979, the international scenario of the second oil shock led to an economic crisis, with inflation skyrocketing on the global markets. At the end of the 1970's, the dictatorship faced a political-ideological and fiscal crisis. Against this backdrop of crises, the health movement began in the 1980's with active affirmations of health policies and social participation that would bring about significant changes, proposing a health system with the following characteristics: i) be comprehensive and not just focused on excluded social sectors; ii) have direct representation of society in decisions; iii) propose a change in the relationship between State and society, in which the state has the role of welcoming proposals from society, and society, in turn, must represent the interests and demands of social groups; iv) finally, present the counter position of the concept of social control to private control of the State, by social segments with greater power of access.<sup>6</sup>



## **POLITICAL AND HISTORICAL CONTEXT OF THE PUBLICATION OF THE ARTICLE BY ALVES AND ESCOREL**

In the 1990's and 2000's, there were significant advances in the country's social protection network, when the social conquests recognized in the 1988 Constitution began to be implemented. Health and social assistance were thus included in the list of social rights, financed from a variety of sources.

The Collor de Melo government (1990-1992) vetoed the distribution of resources between the components of social security, even though these were provided for in the Constitution, making it difficult to implement them in terms of guarantees of funding sources. Despite this, the different governments that succeeded him gave priority to the social area.

In the Lula da Silva governments (2003-2010), compared to the previous period, there was a significant increase in economic and political investment in the social area, although it maintained the quality of being more distributive rather than redistributive. For example, the creation in 2003 of the Zero Hunger Program, with emergency actions to combat hunger and poverty, and the Bolsa Família Program, which has taken pride of place as a social policy and is recognized worldwide as an exemplary experience. One of the most important points is the requirement for beneficiaries to comply with commitments in the areas of health and education, a legacy of the scholarship programs of the Fernando Henrique Cardoso government.

Other programs were also implemented or increased, such as those aimed at inclusion in the educational system, like the creation of scholarships, the valorization of the National High School Exam - ENEM as a gateway to the Unified Selection System - Sisu, the University for All Program - Prouni, and the Student Financing Fund - Fies, mechanisms for expanding access to higher education. Another factor during this period was the economic policy of a consistent real increase in the minimum wage, recognized as one of the most effective means of combating social inequality and distributing income. In 2005, for example, the minimum wage increased twice as much as the previous year.

Thus, income policies for the less privileged population, via the minimum wage, social security, social assistance and income transfer programs, have enabled upward social mobility by increasing the income of the base of the pyramid, which in turn has helped economic growth.

## **LABOR AND THE RESERVE INDUSTRIAL ARMY: MARGINALIZATION IN THE CAPITALIST MODEL AND UNDERDEVELOPMENT FROM THE PERSPECTIVE OF POSSAS, ALVES AND ESCOREL**

Marx was a great collaborator and theoretician on the subject of the working class and the effects of capitalism on it. Still looking at the working population, focusing on the surplus population, he also observed that this was a necessary product of accumulation or even necessary for the development of profit within the capitalist model. The population thus becomes a lever for capitalist accumulation and a condition for the existence of its mode of production.

This surplus population, which is not included in the labor market, is called the industrial reserve army, which is available and seen, within the capitalist model, as necessary to maintain equilibrium.<sup>2</sup> Figure 1 shows a schematic to briefly clarify this capitalist relationship described by Marx, with the formation of the relative overpopulation, considered the reserve army.

[See Figure 1 in original text]

**Figure 1.** Relationship between the capitalist model and the formation of the reserve army.

Source: Prepared by the authors (2021).

In theory, relative overpopulation as a whole is considered a reserve army and could be absorbed into the capitalist model as labor to be used by industries when necessary. It's worth noting that this human condition of unemployment, which causes individuals who are part of the industrial reserve army group to put themselves in a condition of exploitation, accepting the devaluation of their wages and benefits, contributes to the capitalist system working on price control, active mechanisms of the law of supply and demand in the labor market, generating more capital accumulation, thus maintaining the balance of the capitalist system. For a better understanding, Figure 2 is added as a complement to the previous diagram.

[See Figure 2 in original text]

**Figure 2** - Effect of the law of supply and demand for domination, applied to relative overpopulation/reserve army

Source: Prepared by the authors (2021).

Marx, in his analysis, indicates that structural unemployment is thus a condition of this capitalist model.<sup>2</sup> In theory, this reserve army should be reabsorbed as labor by industries when necessary in order to maintain the cycle of capitalism. However, what we often see is that this army is made up of a large marginal mass.

This concept is the starting point for Cristina Possas' text "*Saúde e trabalho: a Crise da Previdência Social*" (Health and Work: the Crisis of Social Security) (1989),<sup>8</sup> which reinforces the understanding that the relative overpopulation, especially in Latin American countries, cannot be considered entirely as a reserve army to be reabsorbed by industries, due to the high predominance of the population with low labor qualifications and the late industrialization of these countries. Possas also criticizes the fact that the system must take on this population as a contingent due to a social issue of marginalization, and that it should be approached in parallel with the economy.

In the text by Alves and Escorel<sup>7</sup> "Marginal mass in Latin America: changes in the conceptualization and confrontation of poverty 40 years after a theory", the authors discuss poverty and marginality after the golden age of the post-Second World War, as direct social consequences of the concentration of wealth and exploitation of the workforce imposed by capitalism. This text also reports on how the issue of poverty, its causes and consequences, have been widely addressed by different connotations, theories and countries, including a specific look at the impact of human existence on those affected by these conditions.

Possas<sup>8</sup> and Alves and Escorel<sup>7</sup> bring up the studies by Nun<sup>9</sup> in which they address the fact that not all relative overpopulation can be considered an industrial reserve army, especially in late-developing countries, such as the countries that make up Latin America, in which a large portion of the population remains on the margins of the productive system, unable to enter it and therefore remaining outside the market.

Possas<sup>7(44)</sup> cites the concept of marginal mass:

Nun (1969) conceptualizes the marginal mass as an afunctional or dysfunctional part of the relative overpopulation, stating that it makes no sense to continue treating the entire surplus population as if it constituted an industrial reserve army, since its majority will not transcend the status of a mere virtual factor with respect to the dominant productive organization. Thus establishing an analytical distinction between the reserve industrial army and what was decided to be called the marginal mass, with both having distinct articulations as part of the relative overpopulation.<sup>7(44)</sup>

This was considered a bias in the analysis of the surplus population in the capitalist model. Nun<sup>9</sup> then proposes that overpopulation should be divided up and better studied as shown in Figure 3.

[See Figure 3 in original text]

**Figure 3:** Overpopulation: Reserve Industrial Army and Marginal Mass

Source: Prepared by the authors (2021).

By studying the concepts proposed by Marx in 1867 in depth, Nun<sup>9</sup> identifies that this overpopulation is not 100% directed at the reserve industrial army and that this situation is worsening in Latin American countries. The author also points out that the expansion and reduction of the reserve army is what regulates the general movement of wages and, consequently, market cycles, reinforcing this point in Marx's theory. Marx, in his theory, reflects on workers with temporary jobs and not on the group that has chronically withdrawn from the market.

Possas<sup>8</sup> states that the concept of the reserve industrial army is a theory of the necessary population of the available workforce - a population for capital and that this concept does not explain or propose to explain the conditions of population existence, such as birth and mortality rates, nor does it address the rest of the population that is not directly productive.

Alves and Escorel<sup>7</sup> do not close the issue of the integration of marginal workers in a precarious and unequal way, accepting this as just one of the components of the exclusion of the reserve industrial army theory. They also bring in the thinking of Quijano<sup>10</sup>, who broadened the debate on the informal work relationship, defining as a "marginal pole" the set of occupations or activities generally established around the use of residual resources, or disconnected from production, of a dysfunctional nature to the system of capitalist accumulation, problematizing the growing reality of deprivation in the urban social fabric. In addition, it broadened the discussion of the thesis on the marginal mass, which, years later, was reflected in the abandonment of this thesis, not because social issues weren't important, but, on the contrary, because, as an explanatory matrix for poverty, this concept didn't make it possible to characterize all the issues of social inequalities and the perverse effects of capitalism beyond the sphere of work. However, for Possas<sup>8</sup>, in agreement with Cardoso's position,<sup>11</sup> he admits that the issue of the marginal mass

should not be a discussion between accumulation and misery, but rather an observation of the concept restricted to productive systems.

Bringing more points to this topic, not just focusing on the productive process, the authors Alves and Escorel,<sup>7</sup> from the perspective of the theory of marginality, add that the social risk for Latin American capitalism after the Second World War, referring to the phenomenon of the masses that flocked to the outskirts of the continent's big cities, as a transitional event between urban modernity and decadent rural backwardness, a dysfunctionality. They also acknowledge the historical importance of this theory, explaining that this matrix was abandoned due to the emergence of the concept of "social exclusion" and the issue on a global scale, moving away from the myopic question of only analyzing the marginal pole, adding relationships, cultural and political changes and economic aspects linked to the processes of globalization and productive restructuring, giving rise to a mass "new poverty" in Latin American countries.

Possas<sup>8</sup> also conceptualizes the issue of extreme poverty or pauperism as a classification, representing one of the layers of relative overpopulation, being found at the lower end of this division (passing through the active army of workers, the reserve industrial army in the strict sense and the reserve industrial army in the broad sense or secondary), using Marx to exemplify that it is about those incapable of work.

Pauperism is found within the group of secondary forms, those that are unlikely to be absorbed by production and that will be marked by the continuous and chronic condition of unemployment, which occurs for reasons inherent to capitalism and its production system: the breakdown of production relations, technical progress, an increase in the organic composition of capital and the modern division of labor, driving away those of older age or when they become superfluous.

Possas then goes on to point out that the central cause of the concept of the marginal mass and the large contingents of the functional population is that they are not even available to compete in the labor market, meaning that the productive system is unable to absorb them, not even in periods of economic boom, because it doesn't need them. There is also the additional explanation that, in the case of the reserve population, they are subjected to intermittent processes of absorption and repulsion from the market.

One of the explanations that contributes to the complex scenario above is the rationalization of the production system and the development of new technologies, causing the system to offer

fewer job opportunities, impacting all countries, most strongly the underdeveloped ones, in which we have Latin American countries as an example. In the latter, we can still see the process of late industrialization, the exodus of people from the countryside and other relations of production, which often cannot be absolved by the more complex processes of big capital. Even more, after their brief insertion, they can quickly be pushed to the margins. Without being able to return to their origins, thus forming the large and growing peripheral human masses.

With greater depth, addressing more exclusionary aspects to which this population considered “surplus” by capitalism is subjected, Alves and Escorel<sup>7</sup> consider that it is insufficient to analyze the issue only as poverty, since the impact generated on this population is much greater.

The result of precarious labor relations and the fragility of the system affect processes of material and symbolic deprivation, generating a conceptual model of social exclusion - impacting on what the World Health Organization (WHO) considers to be the social determinants of health - passing through trajectories of vulnerability and breaking ties in various dimensions of human existence in society: economic-occupational, socio-family, political, cultural and life.

The social issue of reserve population contingents on the margins of the productive system is defined by Possas<sup>8</sup> as a discussion that should not be made within aspects of an economic nature, but rather at a social and political level and analyzing it as a result of “contradictions between accumulation and misery” does not incorporate all the complexity that drives capitalist accumulation, and this population should not only be analyzed from the point of view of its absorption (or not) in productive systems.

She also points out that the reserve industrial army plays a useful role in capitalism by regulating the movement of wages and that, for capitalist production, the amount of available labor force provided by the natural increase in the population is not enough, and an industrial reserve army is also needed that does not depend on this natural limit. Whether or not this economically marginalized population is growing is not the central question, but rather the magnitude of its proportions and the political and social dimensions they assume. The author also argues that, although it represents a large part of Latin America’s population, this pattern of development is not an obstacle to capitalist expansion in the region.

Meanwhile, Alves and Escorel<sup>7</sup> analyze this issue from the current perspective of social exclusion in much more depth. For the authors, the direct cause of the marginalized mass is the process of capitalist accumulation, which exposes individuals to economic vulnerabilities in

conjunction with the precariousness of social protection, pointing out the consequences of processes that make it impossible for individuals to fully realize their human condition and be citizens, to be part of the community, society and their nation, receiving the appropriate social protections for this. This must still be a problem to be combated by laws, public policies, spheres of government, international organizations and public and private sectors.

Although the main origins of these processes of exclusion are based on and originate in the economic dimension, the fight against it and the search for solutions must not be reduced exclusively to it but must also include the socio-cultural context that legitimizes and reproduces these conditions. The relationship between social inclusion and human rights must be recognized, thus developing measures for the promotion and protection of rights, promoting social cohesion, prioritizing the targets of intervention, bringing the issue into the public debate in order to guide the formation of policies and the development of in-depth actions and not just shallow improvements in the conditions that affect socially excluded groups.

## **FINAL CONSIDERATIONS**

This article makes a connection between the thinking of Cristina Possas<sup>8</sup>, in her book *“Saúde e Trabalho - A Crise da Previdência Social”*, and the article by Hayde Alves and Sarah Escorel<sup>7</sup>, *“Massa Marginal na América Latina”*. Both works on which this text is based focus on the labor relationship in capitalism and its social and health consequences.

Historically, the article by Alves and Escorel is set in a period in which public social security policies are beginning to be implemented, due to the constitutional advances of 1988. At the time, the biggest example of State policy that was instituted was the Bolsa Família Program, which demanded commitments from its beneficiaries in the areas of education and health.

Meanwhile, Possas' book is set in a period when the VIII National Health Conference was being organized, and she was considered one of the creators of the SUS and one of those responsible for the Health Reform.

The concepts of the reserve industrial army are explored in both works, but in quoting Nun's texts, they agree that this term is not enough to describe the existence of marginality. The latter is very prevalent in countries where late capitalism is developing, due, among other things, to the greater concentration of capital and the changes in productive forces that generate chronic unemployment.

In the context of technological advances, the rationalization of the production system and the precariousness of labour relations, marginalization and pauperism are on the rise, increasing the informality of working conditions, a scenario that rekindles the need to thematize and understand the “marginal mass”.

## **AUTHORIAL CONTRIBUTION**

All the authors planned the topic, researched the literature, carried out the analysis and interpretation of the data and the final revision was submitted for publication.

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