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BRAZIL IN THE COVID-19 PANDEMIC¹

Sonhei com amigos que não vejo há muito tempo ou talvez tenha sonhado com a ideia de amigos que não vejo há muito tempo.

(...)

Recordo que eram meus amigos, felizes por ver-me. Recordo que, de repente, nos apercebemos de que não estávamos à distância de segurança e, por isso, precisamos de acordar imediatamente.²

We began this text, written during the pandemic, with an excerpt of a poem created by the Portuguese writer José Luís Peixoto while he was in quarantine in his home. In doing so, we want to accompany all the reading that follows the reminder that any pandemic impacts life.

1. *Introduction*

The year 2020 will undoubtedly be remembered as peculiar and sui generis and may not end on December 31, extending into the following year. The etiological agent virus of COVID-19 (or SARS-CoV-2) erupted as a pathogen for humans in 2019. However, it became world-renowned in 2020 as responsible for the pandemic. At the time of writing, it has already infected more than 49 million human beings, being responsible for about 1,200,000 deaths, in addition to much suffering and enormous dam-

1 The authors thank André Chieffi for his critical reading and suggestions.

2 Original in Portuguese, translated from the authors. I dreamed of friends I hadn't seen in a long time or/I may have dreamed about the idea of friends who/I haven't seen for a long time./(...)I remember they were my friends, happy to see me./I remember that, suddenly, we realized that/we were not at a safe distance; we need to wake up immediately.

age to humanity. In Brazil, on November 2, 5,554,206 cases were officially known, with 160,253 deaths.

The first cases of COVID-19 appeared in Wuhan, a populous city in China, in December 2019. However, it was only in 2020 that an international alarm sounded: on January 30, the World Health Organization (WHO), when other countries in Asia and Europe were already detecting the spread of the infection, declared COVID-19, the name by which the disease caused by SARS-CoV-2 became known, as a “public health emergency of international scope”, and classified the virus as a pandemic on March 11.

On February 26, Brazil notifies the first official case of COVID-19 in São Paulo, the largest Brazilian city that quickly became the focus of the country's pandemic. It came from a patient who had just returned from Italy, where the virus had been circulating for several weeks. However, a study conducted by researchers of the Oswaldo Cruz Institute Foundation (FIOCRUZ) concluded that the virus had already manifested itself in part of the Brazilian population since the beginning of February. In the beginning it circulated among the rich who had traveled to Europe or the United States of America during the summer vacation period in the Southern hemisphere.

The pandemic progressed exponentially in Brazil; by March 7, 13 cases had been reported, and by the end of that month, 4,256 patients had been detected, according to official information. It is essential to point out that the low availability of inputs and the insufficient installed capacity of laboratories did not allow for mass diagnostic tests. Therefore, it was impossible to evaluate the incidence of infection in Brazilian population accurately. Thus, and because many of those infected do not present the disease's signs or symptoms, the actual incidence should be 8 to 10 times higher than officially notified.

In the initial phase, the rate of transmissibility (R_t) was close to 3. That is, each infected individual originated in three new cases, justifying the rapid spread of infection. The official number of deaths, a more reliable measure of the pandemic progression, also showed a significant increase: the first one was on March 18, and it reached 241 by April 2. The measures taken by the health authorities were initially timid but became more robust and effective as the pandemic progressed, significantly dropping the transmissibility rate. Between April and August, R_t was just above 1, and by the end of August, it felt to be 0.9, slowing down the pandemic's first wave. On November 3, according to Johns Hopkins University data in Brazil, there were 756 deaths per million inhabitants, and only in eight countries (Ecuador, Spain, Bolivia, Chile, Andorra, Belgium, Peru, and San Marino), the rates were higher.

2. Worldwide repercussion of the pandemic

As highlighted by leading authors (Paim & Alonso, 2020; Barry, 2020; Schwarcz & Starling, 2020; Ujvari, 2020), pathogens transmitted from person to person are more likely to become epidemic and pandemic. Mainly if the transmission occurs due to physical proximity, sharing objects of everyday use, or habitual behaviors. We observed similarities in other pandemics of influenza, especially that which occurred in 1917-18, known as “Spanish flu,” although the origin may have happened in the U.S.

Psychiatrist Elisabeth Kubler-Ross proposed a scheme in five successive stages to explain the individual reaction when someone becomes aware of a terminal illness or some catastrophic event: denial, anger, negotiation, depression, and finally acceptance. If we apply such a scheme to the sphere of nations facing the COVID 19 epidemic, we can see a correlation in how they responded. Some countries, generally governed autocratically, did not go beyond the stage of denial of reality. In others, such as Brazil and the United States of America, it was possible to observe a dichotomy between the official attitude of the federal sphere and almost all the measures implemented by local levels of health authorities. They were partially preventing the leaders’ negationism at the national level, who repeatedly classified the pandemic as “commonplace flu,” increasing the population’s damage. In October, the prestigious New England Journal of Medicine published an editorial accusing the U.S. federal government of turning a crisis into a tragedy by conducting the fight against the pandemic. It is possible that Donald Trump has gained followers in other countries.

Slavoj Žizek, commenting on the Chinese authorities’ reaction after the outbreak of COVID-19 in Wuhan, reproduces the opinion of a leading Chinese epidemiologist Gabriel Leung. He predicted that the coronavirus’s spread would reach two-thirds of the world’s human population if we could not control the pandemic. According to Žizek, people “need to be able to believe and trust their governments while the scientific community works to solve the uncertainties of the new outbreak.” Also, due to the circulation of false and biased news, the population “needs an extra dose of trust, an extra sense of solidarity and goodwill” that tends to be exhausted when the authorities responsible for public health ignore or minimize the recommendations of the scientific community. Countries whose government has acted appropriately in controlling the pandemic obtained good results, with a small number of cases and deaths (Moreno et al., 2020). The public health measures included working in tune with their scientific community and quickly and effectively submitting

the population to extensive anti-SARS-CoV-2 testing. It was the case of Uruguay – a small South American country bordering Brazil. Other examples of correct and fast action, resulting in control of the sprawl of COVID-19, come from New Zealand, South Korea, and Singapore. Whose governments, besides privileging individual and collective protection measures, have implemented a mass testing system. It includes an investigation of recent contacts of individuals with positive tests for infection by SARS-CoV-2. It is also relevant to highlight the Chinese government's measures that prevented the pandemic from spreading to the rest of the country, restricted to the region where the first outbreak broke out.

Several researchers expressed concerns about the possibility of pandemics repetition due to the capitalist way of development and how humanity relates to the environment. In an interview with the newspaper *Folha de São Paulo*, the Portuguese virologist Nuno Faria stated that episodes such as the SARS-CoV-2 pandemic “are part of natural ecological processes unbalanced with human actions. Deforestation and the raising of animals for human consumption are factors that are behind imbalances, and we have to prepare for the future because this will continue to happen”.

In mid-July, newspapers with wide circulation in Brazil reported that a group of American millionaires, entitled “millionaires for humanity,” asked government authorities to increase taxes on fortunes as a way to finance the expenses arising from the fight against the coronavirus. However, it seems that this appeal was not considered valid by the Trump government (itself a millionaire) or among Brazilian counterparts.

The pandemic's arrival has abruptly changed the lives of the population in the affected places, inexorably altering ingrained habits and imposing new ways of relating to social, economic, and work environments. However, not all the changes that have occurred have changed people's lives for the worse. The Portuguese sociologist Boaventura Sousa Santos published an essay in which he reflects on the changes that COVID-19 has imposed on the affected populations' routine. Some of them are quite interesting, such as the increase in the time spent caring for children, the decrease in pollution in large cities, and the reduction in excessive consumption. At the same time, he warns these changes could be temporary, and “only with a new articulation between political processes and civilization processes it will be possible to think of a society in which humanity assumes a humbler position on the planet”. It will be up to humanity to pressure governments through organized groups to make such changes effective.

3. *Brazilian situation*

Brazil, located in South America, is 8,515,759 km² long and borders almost every country on the continent, except Chile and Ecuador. Its population, the fifth largest in the world, according to the 2010 demographic census, is 190,732,694 inhabitants. The average life expectancy is 73 years; however, there is significant variation in the population due to differences in income, access to goods and services, and job opportunities.

The GDP in 2019 was 7.3 trillion reais, and the per capita GDP 33,593 reais, the equivalent of 6,108 dollars, calculated by the exchange rate in effect on November 6.

The Brazilian territory totalizes 26 States and one Federal District, where Brasilia, the capital, administrative and political headquarters of the country, is located. The most important city from the economic and cultural perspective is São Paulo, with about 12 million inhabitants; in its surroundings, more than 36 municipalities are constituting Greater São Paulo, with just over 21 million inhabitants. Other cities and capitals of Brazilian states are also meaningful urban centers: Rio de Janeiro with 6 million inhabitants, Belo Horizonte (2,5 million inhabitants), Salvador (2,9 million inhabitants), Recife (1,6 million inhabitants). According to IBGE³, 85% of the Brazilian population lives in urban areas. In the country's Southeast region, where São Paulo is, the urbanization index reaches 93%.

The current economic crisis in Brazil started before the appearance of the pandemic. Its origin can be attributed to the government policy, privileging financial capital activities in detriment to productive activities that generate jobs, especially after the approval of a decree that establishes a ceiling on government spending for twenty years. It is relevant, saying that it did not consider the population increase and exceptional situations' possible occurrence. However, the crisis became significantly worse with the arrival of COVID-19, hitting society as a whole, but more intensely, the poorest segments of the population, mostly dependent on informal labor activities, affected mainly by the measures taken to control the spread of the pandemic.

Pressed by the worsening of the crisis and by the opposition in Congress, the federal government granted monthly emergency aid of R\$ 600.00 for informal workers for three months (about 110 dollars at the current exchange rate). Subsequently, the support was extended for another three months and reduced to R\$ 300,00 until the end of the year. These measures

3 Brazilian Institute of Geography and Statistics.

contributed to alleviate the crisis in the poorest segments of the population without completely removing the risk of not being able to afford the necessary daily expenses, represented mainly by food and housing.

Despite occasional successes in managing the new crisis caused by the emergence of the COVID-19 pandemic, the federal government led by President Jair Bolsonaro did not assume attitudes in favor of the maintenance of the population's health. The peculiar way of facing the challenge represented by COVID-19 since the outbreak of the pandemic, minimizing its potential for morbidity and mortality and becoming a real obstacle to the implementation of the most appropriate ways to combat the pandemic – social distancing, wearing masks in public places, closing schools and businesses in non-essential activities – led to Jair Bolsonaro being identified as a denialist, provoking criticism at the national and international levels.

At the national level, along with numerous articles published in newspapers and magazines, some texts have had wider repercussions by pointing out inappropriate attitudes and measures of the Brazilian government at the federal level. Statements by the President denying or diminishing the risks of COVID-19 and the reiterated demonstration against social distancing measures, advised by health authorities and adopted almost unanimously by state governments, had a significant impact on the increase of cases of SARS-CoV-2 infection, according to a survey conducted by Ajenman and collaborators. In June 2020, the well-known public health expert Sônia Fleury published an article criticizing the dismissal, at the height of the pandemic, of two health ministers (with medical degrees) to place an active army general. As part of the government, the general replaced 25 qualified career technicians with military personnel without public health experience. In July, a professor at the Faculty of Public Health of the University of São Paulo, specialized in sanitary ethics, classified as “catastrophe, shame, chaos, disaster, and crime” the sanitary management of COVID-19 in Brazil.

Internationally, an editorial published in May by *The Lancet*, a renowned journal in the health area, criticized Jair Bolsonaro's attitude about the increase of deaths related to SARS-CoV-2 infection in the country and his answer when questioned by journalists, giving the impression that it had nothing to do with what happened. In the same line of reasoning, the French newspaper *Le Monde*, paraphrasing Shakespeare, published an editorial claiming to have “something rotten in the kingdom of Brazil.” It highlights Bolsonaro's negative attitude against social distancing and urging mayors and governors not to follow the World Health Organization and the scientific community's recommendations. An article recently pub-

lished in *Folha de São Paulo* by an influential Brazilian health researcher states that the Unified Health Service (SUS) prevented the pandemic from reaching catastrophic dimensions. Installed in the country after enacting the 1988 constitution, SUS guarantees health as a population right. Unlike the federal one, the state governments tried to act within their possibilities to attenuate the pandemic's grievance. In the State of São Paulo, a Contingency Committee was established, formed by recognized specialists in the health area. They follow the pandemic's development daily, acting to minimize its effects and programming new control actions and the availability of hospital beds for medium and high severity patients.

An illustrative aspect of the heterodox way Jair Bolsonaro and part of the federal government team positioned themselves concerning the pandemic concerns the recommendation of treatments without support from the scientific community. On March 31, the Ministry of Health released a protocol recommending chloroquine or hydroxychloroquine in COVID-19 patients in severe or critical condition. By mid-May, the government modified the previous recommendation to use these drugs also in patients with mild symptoms. At the same time, the World Health Organization suspended, due to adverse side effects and no evidence of efficacy, a clinical trial with chloroquine and hydroxychloroquine in patients with COVID-19. Later, without abandoning chloroquine, part of the federal government team recommended the administration of ivermectin. This fact that motivated Prof. Esper Kallás, head of the Infectious and Parasitic Diseases Department of the Medical School of the University of São Paulo, to publish an article in *Folha de São Paulo* stating that there is no evidence of right action of ivermectin in the prevention or treatment of COVID-19. Also, the Ministry of Science and Technology released to the press a communication stating nitazoxanide, a known antiparasitic drug, had positive effects in COVID-19 patients. However, the graphic used to illustrate it was fake. After been identified as an image copied from an internet site unrelated to the research, it was considered a fraud by the scientific community. On the other hand, other countries' experience and studies carried out during the pandemic show that the closing of trade-in non-essential activities and school tend to decrease the transmission rate (Silva et al., 2000; Pointer & Qiu, 2020). This rate decreases even more along with the use of individual protection measures (masks, face shields, alcohol-gel, hand washing)

The negative attitudes of Jair Bolsonaro and part of his supporters undeniably influenced the course of the pandemic in the country. They contributed to hinder the task of those dedicated to fighting it. A study conducted by researchers at the Federal University of ABC, the Getúlio Vargas Foun-

dation, and the University of São Paulo stated this. It concluded that the cities with more support to Jair Bolsonaro have a lower rate of people following the Covid restriction's measures (social distancing and protection measures) and a higher number of deaths by COVID-19. Corroborating this finding, a survey conducted by the Federal University of Rio de Janeiro indicated that Bolsonaro had more votes in the municipalities with more cases of COVID-19. In mid-June, when the pandemic was growing, according to press reports, Bolsonaro – not believing that beds in intensive care units in hospitals were almost all occupied – encouraged followers to invade public hospitals to document the occupation of beds in this sector. This initiative provoked the manifestation of a minister of the Federal Superior Court, the highest office of the Brazilian justice, who declared that invading or stimulating hospital invasion is a crime.

Another controversial issue in the Bolsonaro administration concerns the agreements to obtain a vaccine against coronavirus. Of the several vaccines in the process of test, Brazil has a more immediate interest in two: CoronaVac, in production through a partnership between the Chinese company Sinovac and the Instituto Butantan (an institution belonging to the government of the State of São Paulo), and the vaccine in production through a partnership between Oxford University and the pharmaceutical AstraZeneca, which established an agreement for eventual display in Brazilian territory through the Oswaldo Cruz Institute Foundation (linked to the Ministry of Health). The Instituto Butantan and the Fundação Instituto Oswaldo Cruz are serious research institutions, with more than a century of existence and essential public health services throughout their history. However, they are in dispute between the federal government and that of the State of São Paulo that, instead of privileging the welfare and health of the Brazilian population, reflects immediate political interests and disputes aimed at the next presidential election in 2022. Both vaccines are still in Phase 3 testing and will probably only be available, if approved, in 2021. CoronaVac seems to be more advanced, and several Brazilian states governors, besides the State of São Paulo, have already expressed interest in acquiring it. In the second half of May, in a meeting with governors, the Minister of Health said interest in the purchase of 46 million doses of CoronaVac, signing a protocol with the government of the State of São Paulo. The following day, after a manifestation of Bolsonaro's discontent, the intention to purchase was withdrawn, with negative repercussions in the political media. The editorial in the newspaper *Folha de São Paulo* ("Restrain Bolsonaro") states the president "even after being infected (by SARS-CoV-2) maintained the negationism, omission, and propaganda of

false cures. More serious, he now sponsors a new threat to public health motivated by electoral interest". Alongside this dispute, another discussion erupted about whether or not vaccination should be obligatory, with the President stating that one cannot force anyone to be vaccinated, contrary to the thinking of many public health researchers and even jurists. A survey carried out in four Brazilian capitals, reported by the press, revealed that more than 75% of the population is in favor of vaccination against coronavirus. As one might expect, it is among the supporters of Jair Bolsonaro that the largest share of the people against the vaccine is.

COVID-19, as we have seen, had its first notification in Brazil on February 26 in São Paulo. During the first weeks, the virus circulated mostly in the areas where the best economic level population lives in the main Brazilian cities, precisely the portion with more conditions to travel to Europe or the United States of America, on vacation or, eventually, to work. Thus, the first infected were probably those who acquired the virus abroad. In this sense, it is emblematic that the early death by COVID-19 registered in Rio de Janeiro is of a domestic employee contaminated by her employer who, knowing that she had contact with the virus during a trip to Italy, did not dismiss her employee from working. As time went by, community transmission was established, leading to the spread of the infection to peripheral areas, less favored, having less access to health services, and less condition to obey social distancing or working from home. A seroepidemiological household survey, using a representative sample of the adult population of the city of São Paulo, ratifies this trend: 26.2% of residents were positive for the presence of anti-coronavirus antibodies; however, in the districts with the best economic level, the infection rate was 21.6%, while in those with the highest poverty 30.4% showed positive results. The distribution according to ethnic characteristics of the sample examined also reinforces the impression that the coronavirus is disseminated mainly in the less privileged layers of the population: 31.6% of the positive results were found among black people, while in whites, the percentage of positivity was 20.9%; 35.8% of the positive results occurred in those who had an only elementary school, 23.5% in those who had completed high school and in only 16% of those who had a higher education diploma, according to an article published in the journal *Pesquisa FAPESP*. A report posted on August 3 in *Folha de São Paulo* also ratifies the asymmetric distribution of situations produced by COVID-19 in the population, with the comparison of mortality rates among very severe patients admitted to an intensive care unit of two public hospitals in São Paulo: at Hospital Emílio Ribas, located in the wealthiest area of the city, the mortality rate was 27.4%, while

at Hospital Tide Setúbal, situated in a peripheral region, 90% of severe patients died.

At the end of September, the deceleration stage of the first wave of COVID-19 in Brazil began: on July 30, there were 46,200 new cases, which on September 30 dropped to 26,500. The main factor for such change was the change in incidence in the State of São Paulo, until then the epicenter of COVID-19 in Brazil, which began to present from 12,500 new cases per day in August 4,800 at the end of September. This trend continued in October and up to the present date (November 10). In Europe and the United States of America, the second wave with proportions not yet estimated had just begun. We expect Brazilian health authorities to know how to evaluate and learn from the countries' examples ahead in the pandemic's natural history.

As a conclusion of this article (not of the pandemic that follows and will still resonate here in its effects both on people's bodies and on the national territory), we want to highlight some points that compose the particular Brazilian scenario in the year 2020: the denial of the pandemic by the President of the Republic, with direct effects on the credibility of the measures necessary to confront it; the propagation of fake news, such as the use of drugs without scientific proof; and the insinuation of a necropolitics which, as Achille Mbembe conceptualizes, is based on actions and discourses of the State that legitimize the death of some by defending values such as national security and individual freedom.

We would also like to point out that Brazil's pandemic takes on a political and historical process's contours. In this sense, it does not stop updating colonial and colonialist investments, where our racists and perpetuating roots of social inequalities are revolving. -We can observe it today by countless indices, including the greater lethality of the pandemic in poor and black populations, as described above, as well as the impact of the pandemic on indigenous people.

We close with the indigenous thinker Ailton Krenak, amplifying his words from the text which, already in the title "Tomorrow is not for sale," indicate an essential direction for the actions of the present:

"Let us hope we do not return to normality, because if we do, it is because the death of thousands of people around the world was worthless. After all that, people will not want to dispute their oxygen again with dozens of colleagues in a small workspace. The changes are already in gestation. (...) We cannot go back to that rhythm, turning on all the cars, all the machines simultaneously. It would be like converting to negationism, accepting that the Earth is flat and that we must continue devouring ourselves".

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