Editorial



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COVID-19 en Brasil: tragedia, desigualdad social, negación de la ciencia, sufrimiento y muertes evitables

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ABSTRACT | **INTRODUCTION:** COVID-19 was declared a pandemic by the World Health Organization on March 11th, 2020. A defining characteristic of the crisis in Brazil was the lack of a national plan to combat COVID-19, a situation aggravated by the denial of science and the proliferation of fake news. **OBJECTIVE:** Discuss whether the lack of coordination on the federal level informed by a focus on the World Health Organization guidelines, the denial of science, and social inequality, are factors that contributed to the exacerbation of the crisis and an increased number of victims. **METHODOLOGY:** As this is an essay, the study was carried out based on bibliographic research that prioritized the initial publications of the year 2020, during the pandemic, including documents from the Pan American Health Organization (OPAS) and from the OMS. Based on these sources, it was possible to make reflections and interpretations about the crisis in Brazil. **CONCLUSION:** From the analysis of publications about the pandemic, it is possible to theorize that the lack of a government-led initiative based on science to combat covid-19, as well as negationism, fake news, and social inequality, may have contributed to the increased number of cases, loss of human life, and suffering of the population. With this, it can be asserted that the response to the pandemic must be scientifically based and must include implementing measures in the areas of health, economics, and human rights to mitigate the effects of this tragedy.

KEYWORDS: COVID-19. Pandemic. Coronavirus.

RESUMO | INTRODUÇÃO: A COVID-19 foi declarada como pandemia pela Organização Mundial da Saúde - OMS em 11/03/20. No Brasil, uma característica marcante foi a falta de um plano nacional para combater a COVID-19, agravada pela negação da ciência e a proliferação de notícias falsas. **OBJETIVO:** Comentar a falta de uma coordenação em esfera federal com base nas orientações da Organização Mundial da Saúde, a negação da ciência, as desigualdades sociais, a subestimação da pandemia e o concomitante aumento de infectados e de vítimas fatais. **METODOLOGIA:** Por se tratar de um ensaio, o trabalho foi realizado a partir de uma pesquisa bibliográfica, priorizando as principais publicações do ano de 2020 no período da pandemia. Incluiu-se documentos da Organização Pan Americana da Saúde – OPAS e da Organização Mundial da Saúde - OMS, a partir dos quais foi possível fazer reflexões e interpretações acerca dessa problemática no Brasil. **CONCLUSÃO:** A partir das publicações sobre o tema, é possível constatar que a falta de um comando único baseado na ciência para combater a COVID-19, assim como o negacionismo e a consequente proliferação de fake news, as desigualdades sociais, a subestimação desta tragédia, podem ter contribuído para o aumento considerável do número de infectados, de perdas humanas e do sofrimento da população. Isso torna necessário que o enfrentamento da pandemia tenha como base a ciência e a implementação de medidas nas áreas da saúde, da economia e dos direitos humanos para mitigar os efeitos dessa tragédia.

PALAVRAS-CHAVE: COVID-19. Pandemia. Coronavírus.

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RESUMEN | INTRODUCCIÓN: La COVID-19 fue declarada pandemia por la Organización Mundial de la Salud - OMS el 03/11/20. En Brasil, un rasgo llamativo fue la falta de un plan nacional para combatir el COVID-19, agravado por la negación de la ciencia y la proliferación de noticias falsas. **OBJETIVO:** comentar la falta de coordinación a nivel federal con base en los lineamientos de la Organización Mundial de la Salud, la negación de la ciencia, las desigualdades sociales, la subestimación de la pandemia y el aumento concomitante del número de infectados y víctimas fatales. **METODOLOGÍA:** Al tratarse de un ensayo, el trabajo se realizó a partir de una investigación bibliográfica priorizando las principales publicaciones del año 2020 durante el período pandémico, incluyendo documentos de la Organización Panamericana de la Salud - OPS y la Organización Mundial de la Salud - OMS, donde fue posible hacer reflexiones e interpretaciones sobre este tema en Brasil. **CONCLUSIÓN:** Con base en las publicaciones sobre el tema, es posible ver que la falta de un comando único basado en la ciencia para combatir el COVID-19, así como la negación y la consiguiente proliferación de noticias falsas, desigualdades sociales, la subestimación de esta tragedia, puede haber contribuido al aumento considerable del número de personas infectadas, de las pérdidas humanas y del sufrimiento de la población. Así, es necesario que la lucha contra la pandemia se base en la ciencia y la implementación de medidas en las áreas de salud, economía y derechos humanos para mitigar los efectos de esta tragedia.

PALABRAS CLAVE: COVID-19. Pandemia. Coronavirus.

Introduction

At this time, the world is facing a pandemic caused by the new coronavirus, in which 221,965,004 people have been infected, and 4.588.347 deaths have been reported. 583.866 of these deaths have occurred in Brazil, the country with the second-highest number of deaths in the world, statistics from 06/09/21 (<u>Worldometer</u>, 2021).

In situations of disasters and emergencies, the Pan-American Health Organization notes that community planning and management of information in the health sector must maintain consistency with emergency plans and risk management programs that the national authorities or the PAHO/OMS encourage in countries affected by emergencies or disasters (Organización Pan-americana de la Salud, 2009).

In Brazil, the official information that was disseminated was frequently contradictory and antagonistic. Some mediums of communication adhered to scientific findings, as well as the World Health Organization guidelines. In contrast, others followed the example of the President of the Republic, who has downplayed the severity of the pandemic and encouraged crowding in public spaces, assuming a position of denial. This fact is also reflected in the normative initiatives of Executive power regarding COVID-19. A study conducted by the Department of Public Health at the University of São Paulo reveals that the Federal Government developed an institutional policy that spread the virus. 3,049 regulations were analyzed within the scope of the Union in 2020, with 1788 ordinances, 884 resolutions, 66 normative instructions, 59 provisional measures, 50 laws, 24 decrees, and 178 relating to other measures. According to this research, there was an institutional strategy that served to spread the virus, promoted by the federal government, under the leadership of President of the Republic, Jair Bolsonaro, and which was in direct conflict with science and respect for human life (Ferreira et al., 2021).

In the Parliamentary Inquiry Commission (CPI) of the pandemic in the Brazilian Senate, conflicts between denialism and science are also present. Among the issues discussed, we can mention the so-called COVID-kit and vaccines. The so-called early treatment consisting of ineffective medications with side effects, which could potentially be fatal for users, has been a strategy of the federal government that goes against scientific evidence, with the consent of the Federal Council of Medicine, which insisted on the "autonomy" of Brazilian physicians to use medicines that scientific studies have proven ineffective in combating COVID-19 (Senado Federal , 2021a).

On January 11, 21, the Ministry of Health's TrateCov app was launched in Manaus, Amazonas, which recommended early treatment with medication without scientific proof of effectiveness for COVID-19. The launch was attended by the then Minister of Health, Eduardo Pazuello, and the state governor Wilson Lima (Governo do Estado do Amazonas, 2021). On 01/15/21, amid the collapse of the Manaus health system, with patients being transferred to other states and lack of oxygen and hospital beds, the President continued to insist on recommending ineffective drugs such as chloroquine and hydroxychloroquine (Dantas, 2021). With the P1 coronavirus variant spreading through the city of Manaus, the federal government's response was to send medical teams to the city in order to promote ineffective early treatment (Hallal & Victora, 2021).

Rev. Psicol. Divers. Saúde, Salvador, 2021 November;10(3):349-359 http://dx.doi.org/10.17267/2317-3394rpds.v10i3.3595| ISSN: 2317-3394 Due to the Federal Government's defense of ineffective drugs, we have seen a considerable increase in the sale of these drugs. In an official letter from the Federal Council of Pharmacy, sent to the CPI of the pandemic, it appears that hydroxychloroquine had an increase in sales of 126% between April 2019 to March 2020, and April 2020 to March 2021, increasing from 1,122. 691 units sold to 2,540,232. Ivermectin increased from 8,469,664 to 81,084,412, an increase of 857% in the same period (Senado Federal, 2021b). Since July 2020, Informative Note 17, which regulated the use of chloroquine and hydroxychloroquine for early treatment in patients diagnosed with COVID-19, was removed from broadcasting and other media only on 07/05/21 due to investigations of the CPI, which investigates the actions and omissions of the Federal Government in confronting the COVID-19 pandemic. ("Bolsonaro insiste em", 2021).

Concerning vaccination, the Federal Government repeatedly made it difficult. On 12/19/20, the President of the Republic declared, a rush for a vaccine is not justified (Resende, 2021). The offer of vaccines refused by the Brazilian government, and the purchase of immunizing agents such as Covaxin at a higher price and without approval by the National Health Surveillance Agency - Anvisa has also been the subject of the CPI pandemic. Brazil continuously refused 70 million doses of vaccines offered by Pfizer since August 2020, only purchasing in March 2021. In October 2020, the Ministry of Health announced negotiations to acquire 46 million doses of the Coronavac vaccine. However, President Jair Bolsonaro then declared that he would not authorize Minister Pazuello to make the acquisition and stated: My decision is not to purchase the aforementioned vaccine (Schreider, 2021). Despite the President's statement, the contract for the purchase of Coronavac was signed on January 7, 2021, spurred by pressure from the public for vaccination.

At the beginning of 2021, Brazil established agreements with the following companies to acquire vaccines: Sputnik through the Gamaleya institute, and Covaxin from the Indian laboratory Bharat Biotech, even without the approval. ANVISA (which was used as an argument not to buy Pfizer's.) The government purchased 20 million units of Covaxin at the price of US\$ 15 on 02/25/21, equivalent to a total of R\$ 1.6 billion; Bharat Biotech estimated the vaccine's original price to be U. \$1.34 a unit. This occurred even before signing a contract with Pfizer and Janssen,

whose prices were lower, and all test phases had already been completed (<u>CPI da Covid</u>, 2021). On 07/29/21, the Federal Government, through the Ministry of Health, canceled the contract with Need Medicines to purchase the immunizing agent Covaxin after allegations of irregularities in the CPI of the Pandemic. The delay in purchasing vaccines has led to thousands of preventable deaths.

In addition to the Federal Government's negligence in acquiring vaccines, other preventive measures were also disregarded. A study by the Federal Rural University of Rio de Janeiro measured the social impacts of increased distancing and demonstrated in its first phase, in May 2020, that this strategy saved 118,000 lives and prevented 9.8 million Brazilians from being infected SARS-CoV-2. The Bolsonaro government used four discursive strategies against social distancing: 1- the dissemination of the "vertical isolation" proposal; 2- the persecution of governors who decreed quarantine; 3- conflict with two ministers, and their consequent dismissal due to their following science, and appointing a general in tune with their ideological stance, and 4- the chloroquine/ hydroxychloroquine defense strategy. (Brigadão & Malinverni, 2021).

The lack of united authority and science-based planning to combat COVID-19 and the proliferation of false news may have contributed to dividing the population when unity was required. As a result, Brazil became the country with the second-highest number of deaths in the world, only behind the United States. The consequences of the pandemic affect the entire society but disproportionately affect underprivileged populations due to the pre-existing lack of adequate conditions for survival.

There was an increase in poverty and social inequality caused by the pandemic. According to the Getúlio Vargas Foundation study, the number of people living below the poverty line, which was 23.1 million in 2019, rose to 27.7 million in April 2021. The Gini index is on a scale from zero to one (where the closer to zero, the smaller the inequality and the closer to one, the greater the inequality) rose between the fourth quarters of 2014 and 2019 from 0.6003 to 0.6279. The situation became even more severe when in the second quarter of 2021, this index reached 0.640, the highest in the history of this data collection since 2012. The drop in individual income per capita of the poorest 50% was also significant. From the fourth quarter of 2014 to the same period of 2019, there was a 14.1% decrease, with the income falling from BRL 255.00 to BRL 219.00. From then onwards, the drop was 21.5%, and per capita income was reduced in the second quarter of 2021 to R\$ 172.00 (Neri, 2021)

To compose this essay, we used bibliographic research as our methodology, conducting searches in virtual databases for books on the subject and searches through Google, selecting publications from reputable media, such as BBC News Brasil, Globo, Folha de São Paulo, in addition to consulting the pages of the World Health Organization (WHO) and the Pan American Health Organization (PAHO). Some articles were also found on Google Scholar. We intended to analyze the measures and stance of the Federal Government related to COVID-19.

The nature of the pandemic and the spread of the virus

The state of the pandemic was recognized by the WHO on March 11, 2020, in a statement by the general director of the Tedros Adhanom Ghebreyesus Institute, which reported 118,000 infected people in 114 countries 4,291 deaths. In his statement, the Director-General of the WHO warned: "I remind all countries that we are asking them to activate and expand their emergency response mechanisms" (OPAS, 2020).

There has not been a pandemic of this proportion for at least a hundred years, and this crisis poses a great challenge for humanity (Harari, 2020a). Dr. Silvia Bentolila, a specialist in emergencies, in an interview with Argentina's national radio, stated that the situation in which we live was classified as a disaster because it created a threat to a vulnerable population in terms of health, personal finances, and social conditions (Bentolila,2020). Brazil has forced a large part of the population into social vulnerability, facing unemployment, housing instability, and poverty.

Scientists have been warning of a new epidemic with insistence since the emergence of Severe Acute Respiratory Syndrome (SARS) in 2003, which was also caused by a coronavirus strain. Vaccines were developed, but only at the pre-clinical level, and there

was no progress in the function of the pathology of the contemporary socio-economic order. The market signals were clear: there is no profit in avoiding a future catastrophe. Thus, something predictable is happening without preventive measures being taken (Chomsky, 2020, p. 141).

Brazil had its first recorded death on March 17, 2020; on 09/06/21, there were already 583,866 deaths, and 20,899,933 cases reported, according to data on <u>Worldometer</u> (2021). The current president has failed irrevocably. He threw away the precious time given to us by the experience of other countries to prepare Brazil in order to face the crisis, in addition to attacking those who work to find solutions. (Nobre, 2020, p. 53).

A letter from Brazilian governors, written on June 12, 2020, and published on the <u>Consórcio Nordeste</u> website (2020) and various media outlets, denounced the Federal Government's persecution of state executives. According to the document:

In the latest episode, which has left everyone shocked, the President of the Republic has been using social networks to encourage people to invade hospitals, going against all medical protocols, disrespecting professionals and putting people's lives at risk, especially those who are hospitalized in these health units. (Consórcio Nordeste, 2020)

The governors also stated that President Bolsonaro encouraged gatherings across the country, contrary to scientific guidelines, provoking attacks against journalists and media outlets, violating the freedom of the press guaranteed in the Constitution.

Bolsonaro was the only head of state in the world to say he would not get vaccinated. In just 4 weeks, Brazil went through three health ministers. Despite Brazilian scientists and research institutes, such as Butantan and Fiocruz, being heavily involved in the viability of vaccines, the supply of syringes and needles was insufficient to start immunizing the public. (Hallal, 2021).

In the face of a tragedy such as Covid-19, the lack of a national plan to combat the pandemic based on science, as well as denial, social inequality, high levels of poverty, the proliferation of false news, are all aggravating factors that cause suffering and avoidable loss of human life.

The absence of national command to face the tragedy

In an interview with Instituto Humanitas Unisinos, one of the most respected epidemiologists in Brazil, Naomar Almeida-Filho, made the following statement about facing the tragedy of covid-19 in Brazil:

Sad, pitiful. Irresponsible and criminal, incompetent in every respect. But it is not Brazil, really, nor the suffering Brazilian people. It is the current Brazilian government. The Presidency of the Republic would have the constitutional duty of the State to protect public health. Health authorities, ministers and secretaries would have the obligation to formulate control policies, bring resources, make resources viable, manage processes and coordinate actions. But they made a big mistake, committed serious mistakes and omissions, a succession of mistakes, tragic acts that resulted in totally unnecessary suffering and death. To date, the federal executive branch has not presented a national plan to fight the pandemic. (J. V. Santos, 2020).

A National Plan for Coping with COVID-19 was drawn up by more than 50 researchers from 13 scientific organizations and 21 groups working in the field of Public Health, which includes a detailed and systematic analysis of the relevant interfaces of the pandemic and that elaborated 70 strategic and technical recommendations aimed at political and health authorities, SUS managers and society in general. The National Health Council accepted the proposal, but the Ministry of Health had not accepted the suggestion as of the end of August 2020 (J. V. Santos, 2020).

The result of the Federal Government's negligence is evidenced by the number of victims and preventable deaths in Brazil. With 211 million people, the Brazilian population represents 2.7% of the world population. If Brazil represented 2.7% of deaths in the world by covid-19, we would have 56,311 deaths, but on 01/21/21, there were already 212,893 lives lost. If the number of deaths was proportionate to the world population, 156,582 lives would be saved (Hallal, 2021). Considering more recent data from 06/06/21, when the country registered 583,866 deaths, a total proportionate to the world average would be 123,885 deaths. This leaves a disparity of 459,981 human lives that could have been saved.

Another study carried out by researchers from universities in Brazil and the United States, including researcher Marcia Castro from Harvard University, found that in 2020, given the COVID-19 pandemic, there was a drop in life expectancy among Brazilians by an average of 1.94 years. The Federal District, capital of Brazil, had an estimated reduction in life expectancy at birth of 3.68 years, the largest absolute drop among all states. Overall, the decrease was greater in the Northern region, led by Amapá (3.62 years), Roraima (3.43 years), and Amazonas (3.28 years). In the Northeast, the estimated reductions in life expectancy are smaller, with Bahia (1.25 years) being followed by Maranhão (1.37 years) and then Alagoas (1.57 years). The region's governors have imposed the most rigorous measures of physical distancing in direct opposition to President Bolsonaro's recommendations (Castro et al., 2021).

In reference to the President of the Republic, Lísias argues that: Sadism thus appears as one of the characteristics of the oppressive conscience, in its necrophilic view of the world. That is why his love is a love in reverse – a love of death and not of life. (Lísias, 2020, p. 48). The Bolsonaro government has developed a political schema that leads to death, either through firearms or through its behavior during the COVID-19 pandemic. In the logic of necropolitics, the horror experienced before the vision of death turns into satisfaction when it occurs with the other. It is the death of the other, his physical presence as a corpse, that makes the survivor feel unique (Mbembe, 2016, p. 142).

The systematic announcements made by the President of the republic denying the seriousness of the pandemic, and opposing the practice of social isolation, clashed with the governors' guidelines. Moreover, the unrestricted dissemination of 'fake news' contributes little to a rational, collective confrontation of the situation. (<u>Rafael</u> et al., 2020, p. 4).

Brazil currently faces two pathologies, Coronavirus and Fascism. Bolsonaro insists that the governors are only concerned "with life" as if it were not a valid concern. Every person must strive for the most sacred good, life because it is the obvious imperative in order to exercise all other rights... Fascism has already shown its facets sufficiently: violence; institutional destruction; racism; contempt for the environment; aversion to culture and science; necropolitics (<u>Dino</u>, 2020, p. 61).

Dealing with tragedies requires unity behind a command based on science, and guidelines must be objective and transparent so that society can contribute to solving the problem. According to the Organização Pan-Americana da Saúde (2009), information is the most important raw material in an emergency or disaster. It is what "everyone seeks and needs to make decisions, to gain or lose visibility and credibility before the public, to be able to provide timely, quick and adequate response to the people affected by a disaster or emergency.". The document "Communication of risks and community participation (RCCE) in preparation for and response to the new coronavirus of 2019", published by PAHO/WHO (2020), also speaks of the need to use "reliable and effective channels of communication that are commonly used by the public audience" (<u>OPAS</u>, 2020).

In Brazil, the lack of a strong command contributed to the proliferation of conflicting information: on the one hand, the guidelines of the World Health Organization and health authorities, and on the other hand, the position of the Presidency of the Republic, which insists on underestimating the severity of the pandemic. On April 6, 2020, the Minister of Health at the time, amidst the disagreements, was invited to a meeting and expressed his dissatisfaction with the position of the President of the Republic: I arrived extremely upset. The focus of the meeting was chloroquine, and I noticed a decree proposal had already been written up. Bolsonaro wanted to change the package insert of the medication to mention COVID-19. (Mandetta, 2020, p.159).

A few months later, Mandeta, the Minister of Health, was fired. The next minister, Nelson Tech, was appointed on April 17, 2020, and soon after, he resigned on May 15, 2020. Brazil was left without a minister of health from May 15, 2020, to September 15/20, when the army general Pazuello was appointed to the Ministry of Health without any knowledge in the field. According to Harari (2020b), the situation in which we find ourselves is not a war but rather:

It is a health crisis. There are no human enemies to eliminate. The point is to take care of people. The predominant image in war is that of a soldier advancing with his rifle. Now, the image in our heads must be of nurses changing the sheets on a hospital bed. Soldiers and nurses think very differently. If you want to put someone in charge, don't choose a soldier. Choose a nurse. (<u>Harari</u>, 2020b, p. 53).

With an army general directing the Ministry of Health, the president's position regarding COVID-19 was strengthened, and the population was at the mercy of conflicting guidelines: those of the World Health Organization and those of the President of the Republic, without a national plan to fight the pandemic. Treating the pandemic as a war is not appropriate. The analogy of war referring to COVID-19, made commonly in newspapers, is not correct. The coronavirus has not declared war on anyone, and it certainly will not surrender anytime soon. In reality, the battles are against our model of society. Therefore, it is essential to be careful with the population's health, trusting and investing in research and scientific evidence. (Pacheco et al., 2021).

Despite still the number of new cases and deaths being quite high, isolation measures in Brazil have been decreasing. For Reinach (2020), the vast majority of countries reduced social distance after controlling the virus, Brazil did not wait for this stage to start the reopening. He still considers that

The quarantine was unbearable because it was too long, but not rigid enough to control the pandemic. The result is that we find ourselves in the worst of all worlds: unable to reduce the spread of the virus and unable to implement the lockdown, which would be the right measure to take. And so a risky, so as not to say irresponsible, plan for relaxing measures was born (Reinach, 2020, p. 116).

Denial of science and underestimating the severity of the pandemic

The World Health Organization has been guiding worldwide preventive measures to combat the pandemic based on thorough research, studies, and scientific knowledge. However, in Brazil, the President of the Republic does not comply with WHO guidelines, encourages agglomerations, recommends the use of chloroquine, and even threatens the institution: Either the WHO works without an ideological bias, or we will be out (<u>Esteves</u>, 2020).

According to Löwy (2020), many heads of state reacted to the coronavirus epidemic by denying or underestimating the danger it posed, as was the case with Trump in the United States and the English prime minister Boris Johnson, who even proposed letting the population become infected with the virus, to thus "collectively immunize" the entire nation. This is a strategy that would cost hundreds of thousands of deaths. Faced with the crisis, the two had to retreat on their initial stances, and Boris Johnson himself caught a severe virus case. Löwy (2020) says that in the case of Brazil, the situation is unique because the President of the Republic continues with his attitude of denial, treating the coronavirus like a "little flu": "a definition that deserves to enter the annals, not of medicine, but political madness. But this madness has its logic, which is that of neo-fascism". He also considers that the President's attitude is characterized by social Darwinism (typical of fascism): "the survival of the strongest. If thousands of vulnerable people the elderly, people in fragile health - die, it is the price to pay, [according to this logic,] 'Brazil cannot stop.'" (Löwy, 2020, p. 149).

On August 8, 2020, Brazil reached 100,000 deaths by covid-19. At that time, according to the Last Second website, at least 100 statements and actions of the President of the Republic minimizing the seriousness of the disease and disregarding the recommendations of the health authorities and the WHO had been registered. Furthermore, the President of the Republic, Jair Bolsonaro, participated in several activities without wearing a mask and generating crowds himself. Among his comments, the following stand out: Much more fantasy about the coronavirus issue, on 03/10/20; We will all die one day, on March 29; You don't have to chicken out with this virus, on April 18; Lockdown Doesn't Work, on May 14; I'm not a gravedigger, okay?, on April 20; I'm going to have a barbecue, on May 7, when the country suffered 9,188 deaths; There was an over-exaggeration of proportions, on July 7. (Esteves, 2020).

The President of the Republic has not shown any concern with the thousands of deaths recorded in Brazil, and the political culture of Bolsonaro follows the logic of war – and the culture of death that accompanies it (Nobre, 2020, p. 6).

According to <u>Harari</u> (2020, p. 9), irresponsible politicians have deliberately undermined trust in science, institutions, and international cooperation, and therefore "we face the crisis at hand without leaders who can inspire, organize and finance a coordinated global response." He adds that we should choose to rely "on scientific information and experts rather than baseless conspiracy theories and opportunistic politicians."

Social Inequality

Brazil has historically been a country with vast social inequality, high unemployment, low wages, and a high minority concentration of wealth. In recent years, this situation has worsened, according to data from the Continuous National Household Sample Survey (PnadC). In five years (between 2014 and 2019), Brazil's number of unemployed people rose from 6.7 to 12.6 million, an increase of almost 90% (Departamento Intersindical de Estatística e Estudos Socioeconômicos, 2020). In addition, the labor reforms, through Law No. 13.467/2017 (Lei nº 13.467, 2017), and the social security reform, through Constitutional Amendment No. 103 of November 12, 2019, meant the removal of workers' rights, contributing to the increase in informal work and making it difficult for the lower class to retire. (Emenda Constitucional nº <u>103</u>, 2019). In this context of poverty, contradictory positions on how to face the effects of the pandemic may have considerably aggravated the situation. The absence of a policy to meet the needs of the most vulnerable affects the poorest population and, as most victims are black and poor, official negligence seems to indicate government complicity with the eugenic effects of the spread COVID-19 (Soares, 2020, p. 16).

In tragedies like the COVID-19 pandemic, the poor are the hardest hit: although disasters do not choose their victims, it is evident that they do not affect bad luck; they always disproportionately affect the poorest, who have limited access to social services and, in particular, to healthcare (OPS, 2006). The pandemic clearly shows all the inequalities and divides that defined Brazilian society before COVID-19 hit. Rates of disease and death disproportionately affected the black, poor, and elderly populations, and those living in disadvantaged neighborhoods, with less education and without quality internet access (Nobre, 2020, p.10).

In the COVID-19 pandemic, mortality rates are not as indiscriminate as is commonly believed, as they vary both according to prevention measures: however, they are less discriminatory than other types of violence committed in our society (B. S. Santos, 2020). In Brazil, there are millions of people living in the slums, unemployed and hungry. It provokes indignation to think about the 'solidarity' of advertising campaigns for the prevention of COVID-19 carried out by those whose actions over the course of decades have led to the current situation and continue to perpetuate and worsen it. (Severo, 2020).

The Brazilian state is based on a mixture of capitalism and slavery, coworking advertising, the younger face of sustainable development, and a murderous indifference regarding death reduced to a side effect of the necessary good functioning of the economy. Some believe that lawmakers are listening to businessmen, restaurant owners, and advertisers when pigs dressed as harbingers of economic rationality come to say that worse than the fear of the pandemic must be the fear of unemployment. (Safatle, 2020, p. 214)

The healthcare system had not seen a tragedy on the scale of the pandemic caused by the coronavirus for 100 years. Other tragedies that occurred from 2005 to 2015 accounted for 700 thousand deaths and 1.4 million injuries in the world. On 09/06/21, one year and seven months after the pandemic, more than 4.5 million deaths were already caused by COVID-19 (United Nations, 2015).

According to data collected on the <u>Worldometer</u> website (2020), on October 9, 2020, the global

statistics were 1,072,063 deaths and 37 million infected by the coronavirus, with 149 thousand deaths in Brazil alone. In the institution's study, the predictions of the United Kingdom's Imperial College, carried out by scientists and epidemiologists in March 2020, proved to be largely accurate. Imperial College research projections (2020) predicted various scenarios based on suppression measures with 75% social distancing and 425 deaths per week. Thus, if 44 thousand deaths were projected, starting with 3401 deaths per week, the number would be 206,087. With mitigation levels in which social distance decreased to 41%, the prediction was 576,000 deaths, and without any measures, the number would exceed one million (Reinach, 2020). According to data from the Brazilian map of COVID, social isolation varied by month at 62% on 03/22/20 and lowered to 35.5% on 09/28/20. (Mapa brasileiro, 2020).

A growing percentage of society defended a pandemic control policy that implements lockdown, social distancing, masks, vaccines, and other preventive measures. However, the President of the Republic was against this position, following the ideology of the COVID-19 denier and self-proclaimed philosopher Olavo de Carvalho, who was living in the United States and stated that COVID-19 does not exist.

Given the possibility of contamination by the coronavirus, contradictory information, a large amount of fake news, death rates increasing with acquaintances has been exacerbated. A survey was conducted by the scientist Alberto Filgueiras from the State University of Rio de Janeiro in partnership with researchers from Yale University, United States, to comment on Brazilians' behavioral and psycho-social factors during the COVID-19 quarantine revealed an increase in stress, anxiety, and depression among those surveyed. The study was carried out in two stages, in 23 states and all country regions, involving 1460 people, who answered an online questionnaire between March 20 to 25, 2020, and April 15 to 20, 2020. Between the first and the second data collection, there was a significant increase in mental suffering; acute stress rose from 6.9% to 9.7%, depression from 4.2 to 8.0%, and anxiety from 8.7 to 14.9%. Among the populations with greater mental suffering were those who needed to go out to work and the neediest (Filgueiras & Stults-Kolehmainen, 2020).

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Conclusion

The Brazilian government had the opportunity to prevent thousands of deaths by COVID-19, considering the experience of several countries that managed to control the pandemic. However, the country had 149 thousand deaths until 10/09/20, the country with the second-highest death rate in the world. As of 06/09/21, the number has already risen to 583,866 deaths. The lack of national coordination based on the guidelines of the World Health Organization and scientists, the denial of science and the underestimation of the severity of the pandemic, social inequality, unemployment, and high poverty levels are all factors that can explain the significant increase in mortality, infection rates, and the suffering of the country's population. Therefore, it is necessary to continue fighting the pandemic based on science and implementing measures in health, human rights, and the economy to mitigate this tragedy's present and future effects.

Author contribution

Gomes JAF and Bentolila S participated in the conception and writing of the scientific article.

Competing interests

No financial, legal or political competing interests with third parties (government, commercial, private foundation, etc.) were disclosed for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.).

References

Bentolila, S. (2020). *La importancia de la responsabilidad colectiva e individual en la pandemia* [The importance of collective and individual responsibility in the pandemic]. Rádio Nacional. http://www.radionacional.com.ar/la-importancia-de-la-responsabilidad-colectiva-e-individual-en-la-pandemia/

- Bolsonaro insiste em tratamento precoce contra Covid-19 mesmo sem comprovação [Bolsonaro insists on early treatment against Covid-19 even without proof]. (2021). *G1 Globo*. https://g1.globo.com/bemestar/coronavirus/ noticia/2021/01/15/bolsonaro-insiste-em-tratamentoprecoce-sem-comprovacao-contra-a-covid-estudosmostram-que-nao-ha-prevencao-contra-a-doenca-comajuda-de-medicamentos.ghtml
- Brigadão, J., & Malinverni, C. (2021). O distanciamento social no Brasil: reflexões sobre os posicionamentos do presidente da República no enfrentamento à covid-19 [Social distancing in Brazil: reflections on the position of the President of the Republic in confronting covid-19]. In M. J. Spink, M. P. Cordeiro, J. I. M. Brigadão, & C. Malinverni (Orgs.), Covid-19: versões da pandemia nas midias (pp. 138–178). Instituto de Psicologia da Universidade de São Paulo. https://doi.org/10.11606/9786587596136
- Castro, M. C., Gurzenda, S., Turra, C. M., Kim, S., Andrasfay, T., & Goldman, N. (2021). *Reduction in the 2020 Life Expectancy in Brazil after COVID-19*. MedRxiv. <u>https://doi.org/10.1101/2021.04.06.21255013</u>
- Chomsky, N. (2020). Capitalismo selvagem e a sobrevivência da humanidade [Savage capitalism and the survival of humanity]. In A. Tostes, & H. Melo Filho (Orgs.), *Quarentena: reflexões sobre a pandemia e depois*. Praxis.
- Consórcio Nordeste. (2020). *Carta dos Governadores do Nordeste* [Letter from the Northeast Governors]. <u>http://www.</u> <u>consorcionordeste-ne.com.br/nao-e-invadindo-hospitais-</u> <u>e-perseguindo-gestores-que-o-brasil-vencera-a-pandemia/</u>
- CPI da Covid: 3 pontos sobre caso Covaxin e envolvimento dos irmãos Miranda [Covid's CPI: 3 points about the Covaxin case and the Miranda brothers' involvement]. (2021). *BBC News Brasil*. <u>https://www.bbc.com/portuguese/ brasil-57604665</u>
- Dantas, D. (2021). *Ministério da Saúde retira do ar documento que orientava médicos sobre uso da cloroquina* [Ministry of Health withdraws document that provided guidance on the use of chloroquine]. O Globo. <u>https://oglobo.</u> <u>globo.com/brasil/ministerio-da-saude-retira-do-ar-</u> <u>documento-que-orientava-medicos-sobre-uso-da-</u> <u>cloroquina-25008897</u>
- Departamento Intersindical de Estatística e Estudos Socioeconômicos. (2020). *Boletim de conjuntura* [Bulletin of conjuncture]. <u>https://www.dieese.org.br/</u> <u>boletimdeconjuntura/2020/boletimConjuntura023.html</u>

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- Dino, F. (2020). Coronavirus e Fascismo: patologias que desafiam o Brasil [Coronavirus and Fascism: pathologies that challenge Brazil]. In A. Tostes, & H. Melo Filho (Orgs.), *Quarentena: reflexões sobre a pandemia e depois*. Praxis.
- Duarte, M. (2020). Covid-19 já matou mais que H1N1 no Brasil [Covid-19 has killed more than H1N1 in Brazil]. Poder 360. https://bit.ly/3FcK3i2
- Emenda Constitucional nº 103, de 12 de novembro de 2019. (2019). Altera o sistema de previdência social e estabelece regras de transição e disposições transitórias [Changes the social security system and establishes transition rules and transitory provisions]. http://www.planalto.gov.br/ ccivil_03/constituicao/emendas/emc/emc103.htm
- Esteves, E. (2020). *Veja cem momentos em que Jair Bolsonaro minimizou a COVID-19* [See one hundred moments when Jair Bolsonaro minimized COVID-19]. IG. <u>https://</u> <u>ultimosegundo.ig.com.br/politica/2020-08-08/veja-cem-</u> <u>momentos-em-que-jair-bolsonaro-minimizou-a-covid-19.</u> <u>html</u>
- Ferreira, A., Rosa, A., Farias, A., Valentim, G., & Herzog, L. (2021). Direitos na Pandemia: Mapeamento e Análise das Normas Jurídicas de Resposta à COVID-19 no Brasil [Pandemic Rights: Mapping and Analyzing the Legal Norms of Response to COVID-19 in Brazil]. Boletim n. 10. Conectas. https://www.conectas.org/publicacao/boletim-direitos-napandemia-no-10/
- Filgueiras, A., & Stults-Kolehmainen, M. (2020). Factors linked to changes in mental health outcomes among Brazilians in quarantine due to COVID-19. medRxiv. https://doi. org/10.1101/2020.05.12.20099374
- Governo do Estado do Amazonas. (2021). *Amazonas recebe* projeto-teste de aplicativo para diagnóstico rápido da Covid-19 [Amazonas receives test project of an application for rapid diagnosis of Covid-19]. Secretaria de Estado de Saúde. <u>http://www.saude.am.gov.br/visualizar-noticia.</u> <u>php?id=5604</u>
- Hallal, P. C. (2021). SOS Brazil: science under attack. *The Lancet,* 397(10272), 373–374. <u>https://doi.org/10.1016/S0140-6736(21)00141-0</u>
- Hallal, P. C., & Victora, C. G. (2021). Overcoming Brazil's monumental COVID-19 failure: an urgent call to action. *Nature Medicine*, *27*(6), 933. <u>https://doi.org/10.1038/</u> <u>s41591-021-01353-2</u>

- Harari, Y. N. (2020a). *Na batalha contra o coronavírus, faltam líderes à humanidade* [In the battle against the coronavirus, humanity lacks leaders]. Companhia das Letras.
- Harari, Y. N. (2020b). *Notas sobre a pandemia* [Notes on the pandemic]. Companhia das Letras.
- Imperial College COVID-19 Response Team. (2020). The Global Impact of Covid-19 and Strategies for Mitigation and Suppression. https://www.imperial.ac.uk/media/imperialcollege/medicine/mrc-gida/2020-03-26-COVID19-Report-12.pdf.
- Lei nº 13.467, de 13 de julho de 2017. (2017). Altera a Consolidação das Leis do Trabalho (CLT), aprovada pelo Decreto-Lei nº 5.452, de 1º de maio de 1943, e as Leis n º 6.019, de 3 de janeiro de 1974, 8.036, de 11 de maio de 1990, e 8.212, de 24 de julho de 1991, a fim de adequar a legislação às novas relações de trabalho [Changes the Consolidation of Labor Laws (CLT), approved by Decree-Law no. 5,452, of May 1, 1943, and Laws no. 6,019, of January 3, 1974, 8,036, of May 11, 1990, and 8,212, of July 24, 1991, in order to adapt the legislation to the new labor relations]. http:// www.planalto.gov.br/ccivil_03/_ato2015-2018/2017/lei/ l13467.htm
- Lísias, R. (2020). *Diário da catástrofe brasileira: Ano II: O presidente tem ciúmes do vírus* [Diary of the Brazilian Catastrophe: Year II: The President is Jealous of the Virus]. Grupo Editorial Record.
- Löwy, M. (2020). Gripezinha o neofascista Bolsonaro diante da epidemia [Gripezinha the neo-fascist Bolsonaro in the face of the epidemic]. In A. Tostes, & H. Melo Filho (Orgs.), *Quarentena: reflexões sobre a pandemia e depois*. Praxis.
- Mandetta, L. H. (2020). *Um paciente chamado Brasil* [A patient called Brazil]. Objetiva.
- Mapa brasileiro da Covid-19. (2021). InLoco. <u>https://</u> mapabrasileirodacovid.inloco.com.br/pt/
- Mbembe, A. (2016). Necropolítica: Biopoder, Soberania, Estado de Exceção, Política da Morte [Necropolitics: Biopower, Sovereignty, State of Exception, Politics of Death]. *Arte & Ensaios, 32*, 123–151. <u>https://revistas.ufrj.br/index.php/ae/</u> <u>article/view/8993</u>
- Neri, M. (2021). *Desigualdade de Impactos Trabalhista na Pandemia* [Pandemic Labor Impacts Inequality]. FGV-Social. <u>https://cps.fgv.br/DesigualdadePandemia</u>

Nobre, M. (2020). Ponto-final [Full-stop]. Todavia.

Rev. Psicol. Divers. Saúde, Salvador, 2021 November;10(3):349-359 http://dx.doi.org/10.17267/2317-3394rpds.v10i3.3595| ISSN: 2317-3394

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- Organização Pan-Americana da Saúde (2020). *OMS afirma que COVID-19 é agora caracterizada como pandemia* [WHO states that COVID-19 is now characterized as a pandemic]. <u>https://www.paho.org/pt/news/11-3-2020-who-</u> <u>characterizes-covid-19-pandemic</u>
- Organización Mundial de la Salud. (2020). Comunicación de riesgos y participación comunitaria (RCCE) en la preparación y respuesta frente al nuevo coronavirus de 2019 (2019-nCoV): orientaciones provisionales, 26 de enero de 2020 [Risk communication and community engagement (RCCE) in preparedness and response to the new 2019 coronavirus (2019-nCoV): interim guidance, January 26, 2020]. https:// apps.who.int/iris/handle/10665/330860
- Organización Pan-americana de la Salud. (2006). *Guía práctica de salud mental en situaciones de desastres* [A Practical Guide to Mental Health in Disaster Situations]. <u>https://iris.paho.org/handle/10665.2/2800</u>
- Organización Pan-americana de la Salud. (2009). *Gestión de la información y comunicación en emergencias y desastres: Guía para equipos de respuesta* [Information and communication management in emergencies and disasters: A guide for response teams]. <u>https://www.paho.org/chi/dmdocuments/GestionDeInformComunica_LowRes%20Dic%2009.pdf</u>
- Pacheco, R., Martimbianco, A., & Riera, R. (2021). The COVID-19 pandemic and a reflection on the conduct of clinical trials in time of war. *Journal of Clinical Epidemiology*, *132*, 131–132. <u>https://doi.org/10.1016/j.jclinepi.2020.12.008</u>
- Rafael, R. M. R., Neto, M., Carvalho, M. M. B., David, H. M. S. L., Acioli, S., & Faria, M. G. de A. (2020). Epidemiology, public policies and Covid-19 pandemics in Brazil: what can we expect? *Revista Enfermagem UERJ*, *28*, e49570. <u>https://doi. org/10.12957/reuerj.2020.49570</u>
- Reinach, F. (2020). *A chegada do novo coronavírus no Brasil* [The arrival of the new coronavirus in Brazil]. Companhia das Letras.
- Resende, T. (2021). Pressa para a vacina não se justifica diz Bolsonaro sobre imunizante contra a Covid-19 [Hurry to vaccine is not justified says Bolsonaro about Covid-19 immunization]. Folha de São Paulo. https://www1.folha. uol.com.br/equilibrioesaude/2020/12/pressa-para-avacina-nao-se-justifica-diz-bolsonaro-sobre-imunizantecontra-a-covid-19.shtml

- Safatle, V. (2020). Bem-vindo ao estado suicidário [Welcome to the suicidal state]. In A. Tostes, & H. Melo Filho (Orgs.), *Quarentena: reflexões sobre a pandemia e depois*. Praxis.
- Santos, B. S. (2020). *A cruel pedagogia do vírus* [The virus' cruel pedagogy]. Edições Almedina.
- Santos, J. V. (2020). Vacina não é bala de prata, pandemia exige ações complexas para superar a covid-19: entrevista especial com Naomar de Almeida Filho [Vaccine is no silver bullet, pandemic requires complex actions to overcome covid-19: special interview with Naomar de Almeida Filho]. Instituto Humanitas Unisinos. http://www.ihu.unisinos.br/159noticias/entrevistas/602215
- Schreider, M. (2021). *Rejeição de 70 milhões de doses da Pfizer por gestão Bolsonaro será novo foco da CPI da Covid* [Rejection of 70 million doses of Pfizer by Bolsonaro's management will be the new focus of Covid's CPI]. BBC News Brasil. https://www.bbc.com/portuguese/brasil-57018138
- Senado Federal. (2021a). Senadores criticam CFM por liberação do uso do 'kit covid' [Senators criticize CFM for releasing the use of the 'covid kit]. Agência Senado. <u>https://www12.</u> <u>senado.leg.br/noticias/materias/2021/04/19/especialistas-</u> <u>defendem-comunicacao-ciencia-e-vacina-contra-pandemia</u>
- Senado Federal. (2021b). *CPI da pandemia* [CPI of the pandemic]. <u>https://legis.senado.leg.br/comissoes/</u> <u>docsRecCPI?codcol=2441</u>
- Severo, V. S. (2020). Sobre a COVID-19 e as nossas escolhas [About COVID-19 and our choices]. In A. Tostes, & H. Melo Filho (Orgs.), *Quarentena: reflexões sobre a pandemia e depois*. Praxis.
- Soares, L. E. (2020). *Dentro da noite feroz* [Into the fierce night]. Boitempo Editorial.
- United Nations. (2015). *Marco de Sendai para la Reducción del Riesgo de Desastres 2015-2030* [Sendai Framework for Disaster Risk Reduction 2015-2030]. <u>https://www.unisdr.org/files/43291_spanishsendaiframeworkfordisasterri.pdf</u>
- Worldometer. (2021). Total Coronavirus Cases in Brazil. <u>https://</u> www.worldometers.info/coronavirus/country/brazil/