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The Management (or Lack Thereof) of COVID-19 in Brazil: Implications for Human Rights & Public Health

Abstract

Purpose: The objective of this article is to explore how the COVID-19 pandemic has been managed in Brazil, especially at the Federal Administrative level, with the focus being on the implications for human rights and public health in the country.

Methodology: The research is built on a qualitative design made up of case-study and review of the literature and is based on inductive reasoning.

Findings: Main conclusions were that: (i) by not making sufficient efforts to safeguard the lives of Brazilians or to strengthen public health institutions amid the pandemic, Bolsonaro's Administration may be violating the rights to life and health, among others, by omission; (ii) it was demonstrated that the President has worked unceasingly to bulldoze anti-COVID-19 efforts, which can be better explained through the concepts of necropolitics and neoliberal authoritarianism.

Research limitations/implications: One of the limitations to this research is that we were not able to discuss more thoroughly which other human rights norms and principles (apart from the right to health, life and the duty to protect vulnerable populations) have possibly been violated amid the COVID-19 pandemic in the country. Overall, this research can help expand the literature on human rights in health management during and after emergency times.

Originality: This paper focuses on recent events and on urgent matters that need to be addressed immediately in Brazil. We provide an innovative health policy/human rights analysis in order to build an academic account of the ongoing pandemic in the largest country in South America.

Keywords: COVID-19. Pandemic. Brazil. Human rights. Public health.

Introduction

Even though the high rate of the infection spread and the significant number of fatalities due to COVID-19 is a largely acknowledged fact amongst the scientific community (Nesteruk, 2020), it does not translate automatically into a convergence of health policies worldwide in order to stop the spread of the virus. Differently, we have witnessed divergent political responses to the pandemic around the world. This is so because diseases, especially infectious diseases, are not apolitical, *i.e.* they are also vulnerable to the influence of the political game and political ideologies/agendas.

Infectious diseases such as COVID-19 can be instrumentalized by politicians and political institutions to generate anxiety and insecurity for political means, distorting public health priorities. Thus, it became very clear that the virus is a political problem, not just a health

problem (Koplan and Mcpheeters, 2004; Candaele, 2020). Suffering from a long-standing economic and political crisis, Brazil is experiencing growing political instability as President Jair Bolsonaro focuses on battling his opponents instead of the pandemic.

Thus, the objective of this article is to explore how the COVID-19 pandemic has been managed in Brazil, especially through the analysis of the actions and inaction of the Brazilian president Jair Bolsonaro, related to the complete denial of the global threat that the new coronavirus represents, seeking to demonstrate its major impacts on human rights and public health agendas in the country. As suggested by The Lancet's editorial on the new coronavirus in Brazil, the biggest threat to the country's COVID-19 response may be its President (The Lancet, 2020). Bolsonaro has constantly denied the deadly effects of the new coronavirus, undermining the pandemic and the opinions of health experts, calling self-isolation 'mass confinement' and COVID-19 a 'little cold' (Pinheiro-Machado, 2020). Unfortunately, this political turmoil is resulting in the death-by-neglect of hundreds of people every day in Brazil.

The contribution of this article is related to the expansion of the literature on human rights and politics, especially regarding the challenges that human rights face in front of a public health crisis that can be easily politicized. The research is built on a qualitative design made up of case-study and review of the literature and is based on inductive reasoning. It contributes to the discussion around the politicization of human rights during the COVID-19 pandemic, through the analysis of the recent (and ongoing) Brazilian experience in dealing with the new coronavirus outbreak.

In Brazil, business interests have been given priority over people's rights to health and safety (Phillips, 2020a). The argument is that this is part of a political project, sponsored by neoliberal authoritarianism which intends to exempt the state from its moral and legal obligations of guaranteeing the survival and quality of life of the Brazilian population, especially those in situations of vulnerability.

Jair Bolsonaro, Human Rights, and a Twisted Neoliberal Agenda

Despite the ups and downs of neoliberal policies in Brazil at least since the mid-1990s, up until the election of the current Brazilian president Jair Bolsonaro, neoliberal ideologies were marked by trends of privatization, marketization, commodification, and deregulation, but not necessarily by a complete abandonment of the fundamental roles of the state or open and wide disrespect and disregard for individual liberties (Saad-Filho, 2019; Ruckert, Macdonald and Proulx, 2016; Walton, 2004).

In terms of public and population health, Brazil has been a battleground in the larger context of global health interventions often tied to neoliberal policies (see Biehl and Petryna, 2013). Especially in the pharmaceutical sector, the country was embedded in the global expansion of biomedical markets and their “encroachment” in public health-care systems, as argued by Biehl and Petryna (2011). Yet, during the 1980s and part of the 1990s, while Brazil had incorporated the neoliberal recipe into its political and economic agenda, “health public policies followed an opposite path: they received increasing governmental investments. Health was considered as a field of social inclusion and combat to poverty” (Adorno, 2012, p. 6).

More recently, the main signposts for neoliberalism in Brazil have been: ‘[...] the freezing of public investment in social programs, including education, healthcare and infrastructure (2016); the obliteration of labour rights (2017); the denationalization and privatization of the economy (2018); and restricting access to pensions and social security (ongoing)’ (Bogliolo, 2019, para. 9). Alongside the emergence of Evangelical neoconservatism and populist leaderships in Brazilian politics (Santana, 2018; Cowan, 2018; Braz, 2017).

This somewhat ‘new’ neoliberal wave, marked by authoritarian traces, has compromised Brazil’s young (and fragile) democracy and rights regime, with severe consequences, especially on social and public health services (Hunter and Power, 2019; Santana, Fernandez and Ferreira, 2018). Therefore, the notion of authoritarian neoliberalism or neoliberal authoritarianism is crucial to understanding the current situation related to the management (or lack thereof) of COVID-19 in the country. According to Bruff (2012, p. 114):

Authoritarian neoliberalism does not represent a wholesale ‘break’ from earlier neoliberal practices, yet it is qualitatively distinctive due to way in which dominant social groups are less interested in neutralising resistance and dissent via concessions and forms of compromise that maintain their hegemony, favouring instead the explicit exclusion and marginalisation of such groups.

President Bolsonaro rose to power promising, amongst other things, the implementation of a neoliberal economic program. He has also delivered a more authoritarian government with clear negative impacts on social policy (Putzel, 2020). As previously argued by Saad-Filho (2019, p. 22): ‘under authoritarian neoliberalism, Brazil’s economy, society, and political system are in a perilous state; the democratic 1988 Constitution is frayed if not mortally wounded, and there is no clear path back to economic growth and political stability’. Authoritarian neoliberalism under Bolsonaro’s presidency is marked by two traces that have

particular consequences for human rights and public health amid the new coronavirus pandemic: (i) the limitation of state social spending (even during a public health emergency); (ii) and *the spreading of discourses and actions that promote social exclusion* (Putzel, 2020; Bruff and Tansel, 2018).

It is imperative to point out that neoliberal health policies have existed in Brazil for a while, whereas the Brazilian public health system has perhaps since its creation depended upon both public and private funding. Thus, while the Federal Government assumed a central role in public healthcare funding with the Federal Constitution of 1988, decentralization and outsourcing of health care responsibilities to the private sector has also been a reality (Biehl, 2016). In fact, the decrease in social spending and growing underinvestment in public health are a normal part of the neoliberal project (Ferraz, 2020).

However, the economic policies introduced by the Bolsonaro administration in 2019 posed even greater risks to Brazil's Unified Health System (Castro *et al*, 2019), resulting in the current economic and social circumstances which cannot cope the effects of the COVID-19 pandemic and leading to thousands of deaths and the collapse of health institutions across the country:

This situation would be considered a scandal in any civilized country, because, in the midst of a pandemic, with cases and deaths growing exponentially for 16 weeks, the Ministry of Health keeps 67% of resources unused in the budget, without even being committed to something. It is not just about incompetence, it is a deliberate action not to spend, leaving the SUS and the Brazilian people to their own luck (Costa, Rizzotto and Lobato, 2020, p. 295).

On the other hand, concerning Jair Bolsonaro's engagement with authoritarian politics, his embracement of an 'anti-rights' agenda and the adaption of neoliberal policies paved the way for what the Brazilian society is experiencing right now with the new coronavirus (Human Rights Watch, 2020-a; Caponi, 2020).

The COVID-19 pandemic has reached Brazil in a context of increased vulnerability, with high unemployment rates and budget cuts in social policies (Werneck and Carvalho, 2020; Santos and Vieira, 2018). Thus, even though Bolsonaro might not follow the neoliberal recipe completely or accurately, his government is still marked by neoliberal forces accompanied by an authoritarian component: ultimately, it is a 'marriage between market economics and political authoritarianism', as stated by The Economist (2020). Consequences are terrible

especially for our rights regime and for vulnerable populations, as we will demonstrate going forward.

The New Coronavirus Pandemic: Implications for Human Rights and Public Health

The Need for a Human Rights-based Response

The new coronavirus outbreak bears many implications on human rights protection efforts and this cannot be overlooked. Human rights are usually the first casualty in natural calamities or armed conflicts. Therefore, a state of emergency can sometimes be used as a pretext for human rights abuses [1], especially in authoritarian contexts (Ponta, 2020).

A human rights-based approach to the COVID-19 pandemic is essential to evaluating not only the medical response or the quality and effectiveness of public health policies but to establish the legal obligations governments (as well as other non-state actors) have concerning human rights during such times.

On April 2020, the World Health Organization (WHO) launched an important document that addresses human rights as key to the COVID-19 response. According to the Organization, ‘human rights frameworks provide a crucial structure that can strengthen the effectiveness of global efforts to address the pandemic’ (WHO, 2020, p. 1). Which means that both the global and national responses should integrate human rights protections and guarantees into their fight against the pandemic.

Even though the pandemic has shown in practical terms the indivisibility of human rights, we will take into account three major aspects of human rights we believe can be most affected by the new coronavirus and its deadly effects: (i) *the right to life and duty to protect life*; (ii) *the right to health and access to health care*; and the (iii) *the duty to provide support for vulnerable populations* (United Nations, 2020; WHO, 2020). These human rights norms and principles shall be discussed in the analysis of how Brazil has been managing the pandemic, pointing out to which extent they have been overlooked or violated.

Public Health Systems in Peril: Evidence from SUS

In Brazil, the country’s Unified Health System, better known for the acronym ‘SUS’, was believed to play a major role in preventing the harmful effects of the pandemic. SUS as a public and universal health system was a result, among other things, of the efforts made by the

Movimento da Reforma Sanitária Brasileira ('Brazilian Sanitary Reform Movement', in English) during the 1970s (Santos, 2018). Through municipalization and expansion of comprehensive health care, the Movement forwarded the creation of SUS as a means of overcoming the principles that ordered health policy back then, aiming to centralize health as a public policy priority (Menicucci, 2014). The Movement was a key actor in the struggle against the dictatorship at the time: its proposals ultimately resulted in the universality of the right to health in the country made official with the Federal Constitution of 1988 and with the creation of the Unified Health System (SUS) (Menicucci, 2014).

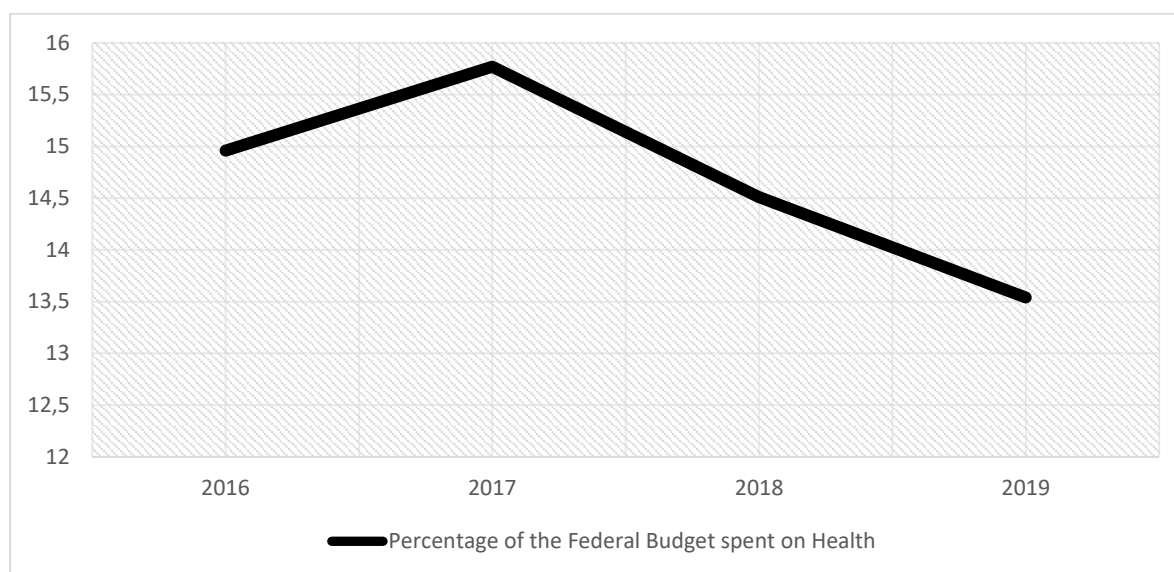
After three decades, SUS had made considerable progress towards Universal Health Coverage (UHC) and in implementing the right to health for everyone (Massuda *et al*, 2018). Although flawed, SUS has provided quality healthcare to millions of people, especially the poor, who were previously denied access even to basic care (Jurberg, 2008).

The system has long suffered from chronic underinvestment. However, since 2016, SUS has been subjected to a privatizing logic guided by market rules and exploitation of health as a source of profits (Bravo, Pelaez and Menezes, 2020). The Constitutional Amendment (EC) 95 froze all federal expenditures with public services (such as health and education) for twenty years. Since the Amendment was approved in December 2016, the health budget has been decreasing exponentially (see Graph 1).

In 2019, after Bolsonaro's election, the loss of investments in health represented BRL 20 billion, which means that the Federal Government expenditure with our public health system reduced in at least 15% (Brazil's National Council for Health, 2020). The combination of economic recession, political crisis and austerity policies has had a severe impact for both the SUS and for the implementation of the right to health in Brazil. Bolsonaro's neoliberal-authoritarian project bears a great amount of responsibility for it.

The President's proposed 'New Federative Pact' intends to further decrease public expenditure, drastically reducing the Government's budget allocated to health and education, for an example (Pires, 2019). Bolsonaro also attempted to end *Mais Médicos* (More Doctors), a SUS policy which brought around 8,517 Cuban doctors to Brazil to work in remote indigenous villages and the poorer quarters of more than 4,000 towns and cities across the country (Darlington and Casado, 2019).

Graph 1. Evolution of Federal expenditure with Health in Brazil from 2016 to 2019 (in percentage)



Source: Data collected from Brazil's National Council for Health (2020). Graphic elaborated by the authors.

Therefore, even though the SUS has been challenged for a long time, Bolsonaro has intensified the process of dismantling it, as it challenges his authoritarian policies (Krüger, 2019). The SUS was the result of social movements which were key to democratization in the late 1980s. The creation of the SUS accompanied a larger struggle for fundamental rights and citizenship in Brazil. Thus, its existence is counter to both neoliberal policies and Bolsonaro's authoritarian tendencies (Menezes, Moretti and Reis, 2019).

As a result, the capacity of SUS to respond to the COVID-19 pandemic is highly compromised, as the Federal Administration increasingly departs from its constitutional duty to guarantee the right to health by outsourcing this responsibility to the States and Municipalities. Without sufficient human and economic resources, hundreds of public hospitals in Brazil are lacking medical personnel, masks, basic hygiene products and many already ran out of intensive-care beds, a scenario that the local media has compared to a horror movie (Cerqueira, Thomas and Bruno, 2020). In sum, the Unified Health System is in peril, unable to cope with the enormous challenges revealed by this pandemic (Noronha et al, 2020; Lemos *et al*, 2020).

The Evolution of COVID-19 in Brazil: Responses and Lack of Responsiveness

Responses to COVID-19 in Brazil have been far from consistent, varying according to different levels of public administration in the country. Since the beginning of the anti-COVID-19 efforts in Brazil, Bolsonaro has made a mockery of the virus and of public health professionals working to prevent its spread: since the beginning of the crisis, Bolsonaro has minimized the gravity of COVID-19, comparing it to a ‘little flu’ or a ‘cold’, calling it a “fantasy” promoted by the media (Human Rights Watch, 2020-b, para. 11). He has also labelled preventive measures like social distancing and lockdown/quarantine ‘hysterical’. On the other hand, the Ministry of Health (MoH) adopted prevention measures before the first case was even registered in the country. The SUS could have offered Brazil advantages in containing the number of cases (Croda *et al*, 2020).

However, the SUS did not have, either at the start and up until the time of writing, enough resources to deal with the pandemic if non-medical interventions such as quarantine and social distancing were not taken. In early February Congress passed bill no. 13.979, that allowed the adoption of public health emergency measures to be taken, including isolation, quarantine and restriction of travels (Presidência da República, 2020).

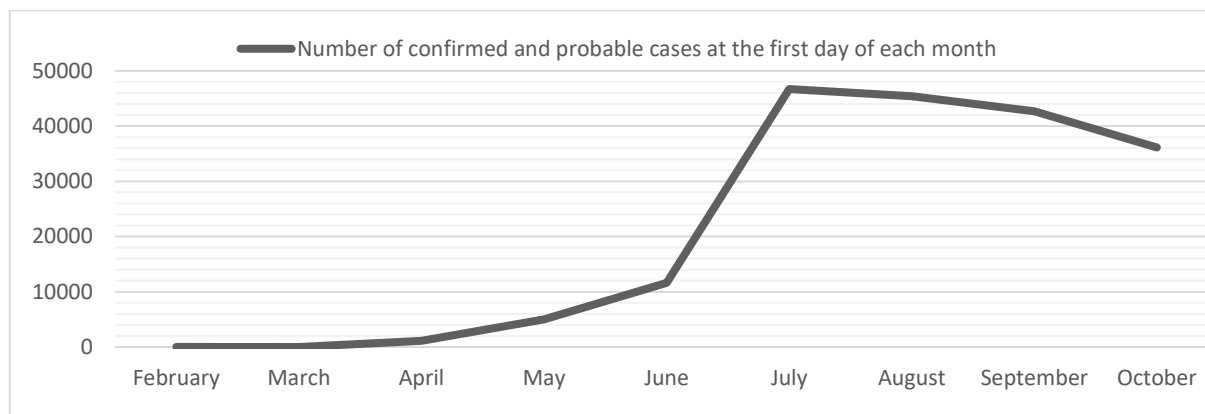
Nonetheless, despite such efforts from the MoH and Congress, Brazil’s surveillance and testing structure depended mostly on SUS, and at a time in which cutbacks in funding for the System and health research are in effect, the country’s capacity for early detection and response was seriously undermined (Lana *et al*, 2020).

On February 26 Brazil registered its first case of coronavirus (Folha de S.Paulo, 2020). At that point, health researchers still believed it was possible to control the coronavirus pandemic in the country (Silva, 2020). However, things did not go as planned. On March 20, the MoH acknowledged the existence of community/sustained transmission of the virus throughout the national territory, and since then, the number of registered cases has grown exponentially (see Graph 2) (MoH, 2020).

In result, many state governors in Brazil, by late March 2020, declared a state of emergency and announced quarantine or lockdown measures on their territories. That was the case in the states of São Paulo, Rio de Janeiro, Espírito Santo, Pará and Santa Catarina (among others). They were severely scolded by president Jair Bolsonaro - even retaliated at times – who encouraged them to let go of these measures and even threatened to cut federal funds destined to combat the new coronavirus in the states (Shalders, 2020). At the same time, Bolsonaro launched a national campaign called ‘*O Brasil Não Pode Parar*’ (Brazil Cannot Stop, in English), calling Brazilians to ignore governors’ orders and return to work, signalling that COVID-19 did not pose a serious threat to the health of the population (Kalil and Santini, 2020).

On March 15, Bolsonaro ignored health protocols and joined protesters in Brasília that were demanding the closure of Brazil's Congress and Supreme Court. After this episode, Bolsonaro actively participated in other anti-lockdown rallies (BBC News, 2020).

Graph 2. Evolution of the new coronavirus cases in Brazil



Source: Data collected from The New York Times (2020). Graphic elaborated by the authors.

On April 16, the president fired Health Minister Luiz Henrique Mandetta amid the coronavirus (political and public health) crisis. Former-minister Mandetta repeatedly advocated a science-based approach to the COVID-19 pandemic that included social-distancing measures and quarantines; thus, his positions weren't aligned with Bolsonaro's (Fishman, 2020). Besides, when the country registered an alarming number of deaths in late April (around five thousand, even more than China), Bolsonaro told reporters 'So what? 'What do you want me to do?', when they asked him about the record deaths that day (Phillips, 2020-b).

In less than a month after stepping up into the office of the MoH, the new Health Minister Nelson Teich chose to resign, because he did not want to approve Bolsonaro's change in the protocol regulating the use of chloroquine as a treatment for COVID-19 (Phillips, 2020-i). He was replaced by Eduardo Pazuello, an active duty army general who is not a physician and has no experience whatsoever with public health services, and alongside him, twelve other military men were assigned to the MoH cabinet (Reuters, 2020-a). Such political move by Bolsonaro represents a clear militarization of public health in the middle of the new coronavirus pandemic.

In sum, the Federal Administration, led by President Jair Bolsonaro, has worked unceasingly to bulldoze anti-COVID-19 efforts delivered by the MoH, by health professionals, and by state governors in Brazil (Human Rights Watch, 2020-b). Since the very beginning of the pandemic, when preventive measures could have saved thousands of lives, Bolsonaro

minimized the deadly effect of the virus and encouraged people to move on with their lives, urging them to not follow the recommendations from health professionals and health institutions across the country. Even though Bolsonaro's Administration has directed funds for the purchase and future production of a vaccine, the President recently stated that nobody will be 'forced' to take it, signalling that there may not be a national compulsory immunization strategy even when such vaccine is available on the market (Reuters, 2020-b).

Implications for the right to life and duty to protect life

The right to life is enshrined on Article 3 of the Universal Declaration of Human Rights (UDHR), on article 6 of the International Covenant on Civil and Political Rights, as well as on Article 5 of the Brazilian Constitution. It is a prerequisite for the enjoyment of any other human right and according to the Human Rights Committee 'it concerns the entitlement of individuals to be free from acts and omissions intended or expected to cause their unnatural or premature death' (UN Human Rights Committee, 2019, p. 1). Thus, the right to life requires States and Governments not only *to respect* life but to take all appropriate measures in order *to protect* life from all foreseeable threats.

As the pandemic poses a major threat to life globally, States are obligated by international law to take all adequate preventive measures to protect individuals against being infected. They can be held accountable for violating the right to life by omission.

It is reasonable to acknowledge that in the early stages of the pandemic governments could not foresee the deadly effects of the new coronavirus. However, WHO declared the COVID-19 outbreak a pandemic in early March. Back then, Brazil only had a small number of active cases, and if it had implemented wide-spread testing strategies alongside quarantine measures, closures of schools and universities, implementation of remote working policies, minimizing the use of public transport in peak hours and deferment of nonessential travel, as recommended by WHO, it is unlikely so many would have died.

Instead, the Federal Administration did virtually nothing to combat the spread of the virus, while the President urged people to ignore social distancing and quarantine measures. Bolsonaro's Administration chose to simply ignore the deadly effects of the virus, breaching his duty under international law and with the Constitution to protect the life of its people:

What is happening [in Brazil] appears to be globally unique. Despite soaring numbers, officials have not implemented measures largely successful elsewhere in the world. There

has been no national lockdown. No national testing campaign. No agreed-upon plan. There has been insufficient health-care expansion [...] [And] the inaction has pushed the country onto a path that scientists call uncharted (McCoy, 2020, para. 6).

Bolsonaro's chaotic response - based on scientific denialism, anti-quarantine recommendations, fake news and unproven treatments such as chloroquine and ozone therapy - has led us to hit 100,000 official deaths on August 8th – up from 10,000 in early May (Phillips, 2020-c). If preventive measures were taken, many of these deaths could have been avoided.

Frontline health workers are severely ill-equipped due to decades of underinvestment in the public health sector and they have limited if no access to appropriate personal protective equipment and training (Valente *et al.*, 2020). In result, alongside the huge number of deaths registered daily in the country, COVID-19 positive cases among health workers have increased rapidly throughout the national territory. Nurses are dying in Brazil due to COVID-19 more than anywhere else in the world, while the President and his supporters keep on downplaying the seriousness of this crisis (Briso and Phillips, 2020).

While we only have approximately 2.7 per cent of the world population, Brazil is responsible for almost 14 per cent of the global deaths related to COVID-19. Firstly, it is an unprecedented human tragedy with significant damages to the lives and livelihood of thousands of Brazilians and their families. Secondly, it is a result of conscient and direct omission by the Brazilian Government, especially by Bolsonaro's Administration, who chose not to act, ignored science and health protocols, and most importantly, failed to implement all the measures necessary to protect life.

Implications for the right to health and access to health care

Alongside protective measures to ensure the right to life, States are also required to provide its people with the right to health and access to health care, which are crucial to a human rights-based response to the pandemic. The human right to health is largely recognized in international law, being present at the UDHR (Article 25.1) and the International Covenant on Economic, Social and Cultural Rights (Article 12.1). However, amid the COVID-19 pandemic, the right of everyone to the enjoyment of the highest attainable standard of health is being put at test.

Historic underinvestment in health systems is undermining the capacity of hospitals and health personnel to respond effectively to the pandemic (United Nations, 2020). By not

providing SUS with enough resources to battle the new coronavirus outbreak, leading to a possible collapse of the system, the Brazilian government is jeopardizing the right to the highest attainable standard of health, as SUS remains the cornerstone in the fight against COVID-19 (Sarti *et al.*, 2020). In at least five Brazilian states the health system is falling apart (Phillips, Collins and Jones, 2020).

The human right to health, as an economic and social right, is subject to resource availability and progressive realization (González-Salzberg, 2011). However, it is often a matter of setting resource distribution priorities instead of resource availability (Felner, 2008). That is exactly the Brazilian case. On July 27, for an example, the *Tribunal de Contas da União* (Brazilian Federal General Accounting Office) concluded that the MoH had an extreme low allocation of the budget designated for actions to combat COVID-19 in the country, having spent at the time only 30% of the received budget, alongside a lack of objective criteria for transferring resources (Tribunal de Contas da União, 2020).

If - according to the Report of the High-Level Working Group on the Health and Human Rights of Women, Children and Adolescents - the human right to health, among other things, entails the *treatment and control of diseases*, the Brazilian Government is violating its international human rights obligations (WHO, 2017). If ‘a state has strong legal obligations to provide sufficient resources to ensure adequate health for all’ (Lie, 2004, p. 2), the Federal Government’s growing disinvestment in SUS and low application of available resources to the task of combating COVID-19 in the country is systematically violating the right to health amid the pandemic. Brazilians also have limited access to testing and social security, alongside a huge disparity in health-care access based on ethnic and regional variations (Baqui *et al.*, 2020).

Nonetheless, resource allocation may not be the only answer. Shortages of hospital resources in Brazil should be addressed not only by prioritizing the allocation of available resources to COVID-19, but it should also be done by expanding the available capacity (Castro, Carvalho, Chin *et al.*, 2020). Thus far there is little if no evidence that Bolsonaro’s Administration has worked towards any of that.

The duty to provide support for vulnerable populations

Concerning health and human rights, the term vulnerable populations or vulnerable groups refers (but is not limited to): ‘[a] disadvantaged sub-segment of the community requiring utmost care, specific ancillary considerations and augmented protections [...]’ (Shivayogi, 2013, p. 53). Thus, even though every human being experiences some sort of vulnerability

during his or her life, there are specific social groups that are most exposed to harm and possible rights violations than others (Nifosi-Sutton, 2017, p. 5).

The protection of vulnerable groups under international human rights law is still an emerging subject, whereas protection may be more or less advanced depending on the group under analysis (Peroni and Timmer, 2013). However, in the middle of the COVID-19 pandemic, there is a growing consensus that an effective human rights-based response requires meeting the needs and protecting the rights of vulnerable groups and marginalized populations (Amnesty International, 2020).

In Brazil, some of the most vulnerable groups are people living in *favelas*, women and girls, Indigenous peoples, LGBT+ people, people of colour and members of Afro-descendant communities, the homeless, people deprived of liberty, older people (especially those institutionalized), and informal or self-employed workers. Poor communities and communities of colour are among the most affected by increased inequality and vulnerability:

In a country plagued by deep inequality, the pandemic has hit poor communities the hardest. In Rio, the virus has swept through favelas with lethal force, aided by a lack of running water, poor sanitation, and cramped housing. Isolation has been impossible for many residents who work in the informal sector, cleaning homes or delivering food. An analysis of official data showed confirmed COVID-19 patients in Maré's favelas are dying at a rate that's three times higher than in Rio's wealthy Leblon district (Ionova, 2020, para. 11).

While the infection and death rate among these vulnerable populations are higher in comparison to other social segments, Government efforts to address the specific needs of these communities have been insufficient. Brazil has the world's third-largest prison population living in extremely unsanitary conditions, leading to human rights violations in at least six at least areas: lack of access to health, obstacles to decarceration, incommunicability, problems with the registration of deaths, riots and the use of precarious temporary structures to hold prisoners (de Oliveira Andrade, 2020). The country may also lose an entire generation of Indigenous leaders, as the pandemic has led to at least 332 deaths, and 7,208 coronavirus cases across 110 communities (Taitson, 2020; Phillips, 2020-ii).

Therefore, the Federal Administration's poor and inadequate response to the COVID-19 pandemic has caused particular harmful effects upon vulnerable populations across the country, leaving them more susceptible to contamination and death. By failing to provide

adequate support for these vulnerable communities through Government-sponsored programs, the Brazilian Government is possibly violating countless human rights norms at both the national and international level.

Understanding Necropolitics, the Neoliberal Reason and Death

Going forward, we propose that the concept of necropolitics, sponsored by Achille Mbembe, is very useful when trying to understand this lack of action by the Federal Administration to stop the dissemination of the virus and provide health care for all. Aligned with neoliberal policies, the politics of death speaks directly to the President's inaction in the face of COVID-19, which contributes to the discussion around the politicization of human rights during emergency times.

The term necropolitics was first coined by Mbembe in 2003, is defined as the subjugation of life to the power of death as the ultimate expression of sovereignty (Mbembe, 2019). The term is highly in fashion right now, being employed to describe the way that many Governments around the world are managing the pandemic (Robertson and Travaglia, 2020; Tulumello, 2020). It also appears to be intimately tied to the concept of neoliberalism, as stated by Mbembe himself in a recent interview to the European Journal of Psychoanalysis:

The capitalist system is based on the unequal distribution of the opportunity to live and die...this logic of sacrifice has always been at the heart of neoliberalism, and it should be called necroliberalism. This system has always functioned with the idea that some are more valuable than others (Bercito and Mbembe, 2020, para. 4).

This necropolitical nature of our economic system has been exacerbated in times of coronavirus. Amid the pandemic, the necropolitical reason allows Governments to make decisions that allow certain people to die, based on the idea that some are more valuable than others (Bercito and Mbembe, 2020). Thus, the political choice to not take all required actions to battle the spread of the virus is based on a necropolitical project that has the worst consequences for the most vulnerable and least protected in our societies.

The concept has been largely used to describe the way Bolsonaro's Administration is dealing with the pandemic in Brazil. According to Granada (2020), the management (or lack thereof) of COVID-19 in the country can be better understood as part of a broader perverse policy of letting die the most vulnerable, the poor, the elderly, and all of those not considered

‘useful’ or ‘productive’, which is a direct result of necropolitics and neoliberal authoritarianism, essential components of Bolsonaro’s Government. As argued by Jorge (2020), Bolsonaro’s necropolitical policies have exacerbated the deep inequalities in Brazilian demographics amid the pandemic, leading many to death due to the Federal Government’s complete lack of action in responding to this health emergency. Some authors even suggest that the neglect of the Brazilian State is resulting in the genocide of specific populations, of groups that are deemed perishable (Navarro *et al*, 2020).

The COVID-19 pandemic has therefore highlighted the failure of Bolsonaro’s Administration in sustaining public health and life through a commitment to neoliberal agendas and to ending welfare policies in favour of privatization (Jesus, 2020). By choosing to not battle the pandemic nor provide support for vulnerable populations, the President and his Administration is condemning many to premature death, which is, among other things, a result of a necro-liberal project.

Conclusion

The goal with this article was to explore how the COVID-19 pandemic has been managed in Brazil, especially through the analysis of the actions and inaction of the Bolsonaro’s Administration, seeking to demonstrate its impacts on human rights and public health agendas in the country.

We argued that the notion of authoritarian neoliberalism is somewhat essential to understanding the current tragedy related to the management (or lack thereof) of COVID-19 in Brazil. Under President Bolsonaro, the combination of neoliberal policies and authoritarian pretensions has left our democracy compromised alongside our rights regime and social protection systems, paving the way for the pandemic to hit the country with full force.

We also briefly demonstrated the need for a human rights-based response to the pandemic, as human rights can be easily curtailed and violated during emergency times. Concerning COVID-19, we analysed how the Brazilian Government has followed or not three human rights imperatives: (i) the right to life and duty to protect life; (ii) the right to health and access to health care; and the (iii) the duty to provide support for vulnerable populations. We concluded that the Federal Administration under Bolsonaro’s command has either directly violated or overlooked all these rights or duties above cited.

By deliberately choosing to not take all necessary actions to stop the spread of the disease and failing to remediate the pandemic’s terrible effects, Bolsonaro’s Administration is

in clear violation of the rights established under our Constitution and international law. Since elected into office, the President has attacked essential components of our public health system that had already suffered from decades of chronic underinvestment, leading to the collapse of SUS in various cities across the country.

More recently, by October 12, the country had more than 5 million confirmed and probable cases, alongside 150,488 deaths (The New York Times, 2020), all due to negligence and disregard, while President Bolsonaro has made a mockery of the pandemic since its very beginning, resulting in harmful and deadly effects especially upon vulnerable populations throughout Brazil.

We argued that this destructive mentality (formed by scientific denialism and proactive omission) in which guided Bolsonaro's Administration in its management (or lack thereof) of the pandemic is a direct result, amongst other things, of a necropolitical project. When the death toll had reached around 115 thousand deaths, the President held an event called 'Brazil Winning Covid-19' to showcase his 'achievements' in the fight against the new coronavirus. However, Brazil is still far from winning anything in this battle, it actually may have lost it a long time ago.

One of the limitations to this research is that we were not able to discuss more thoroughly which other human rights have possibly been violated amid the COVID-19 pandemic in the country. We also did not have enough space to discuss possible accountability strategies concerning Bolsonaro's poor and insufficient management of the new coronavirus in Brazil. For further research and debate, we suggest that authors expand this analysis to identify not only other human rights violations but also ways to ensure the President and his Administration are held accountable for their actions (and inaction).

By highlighting the sheer negligence of the Bolsonaro's Administration, the scenario highlighted in this article might help others to mitigate erroneous decisions in terms of public health management. In order to improve public health policies in Brazil amid and after the pandemic, there has to be a joint effort by Government and Civil Society who should join forces to defend and protect the cornerstone of our health system: the SUS. Even though SUS has been under threat perhaps since its very creation, it is facing now unprecedented challenges. Alongside greater investment and strengthening of our public health system, we should also advocate for the creation and strengthening of social protection mechanisms guaranteed by our Constitution, as this pandemic has revealed the terrible consequences of increased inequality and vulnerability, especially amidst emergency times. In the meantime, the Brazilian Supreme Court needs to declare Constitutional Amendment no. 95 unconstitutional, as it puts a hold on

federal spending with Health (among other crucial areas such as Education) for 20 years. Besides, Congress should categorically reject the “New Federative Pact”, as it allows the Federal Administration to outsource its budgetary responsibilities to the States and Municipalities.

Notes

1. Here, we refer to the exercise of so-called ‘emergency powers’ and the obliteration of legal rights amidst perceived ‘emergency times’. As Agamben (2005) has argued before, a state of emergency is often used to justify the whole or partial suspension of fundamental rights. In relation to human rights obligations during emergency times, Humphreys (2006, p. 678) provides an in-depth account of the subject based upon Agamben’s conceptualizations: “To begin, Agamben identifies two main schools of thought on the legality of the state of exception. The first views it as ‘an integral part of positive law because the necessity that grounds it is an autonomous source of law’. This approach is today codified in international law through the notion of derogation. When faced with a public emergency that ‘threatens the life of the nation’, international human rights treaties – and many constitutions – permit states to suspend the protection of certain basic rights. The existence of derogation-like clauses is generally represented as a ‘concession’ to the ‘inevitability’ of exceptional state measures in times of emergency, and also as a means to somehow control these. As such, they have been viewed as ‘one of the greatest achievements of contemporary international law’. In practice, the derogation model ‘creates a space between fundamental rights and the rule of law’, wherein states can remain lawful while transgressing individual rights – effectively creating, in the words of Tom Hickman, a ‘double-layered constitutional system’”.

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