A Pandemic of Mismanagement

Covid-19, vulnerability and necropolitics in Rio de Janeiro

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Abstract

President Bolsonaro's approach to neoliberal authoritarianism and science denialism has been identified as an important reason behind Brazil's high Covid-19 infection rate. The country is polarised; the views and policies of the federal government (and Bolsonaro in particular) oppose and diverge from those of the state and municipal governments. Building on the idea of the health crisis being addressed through governance without government, the case study of Covid-19 in Brazil offers key insight into both the grim reality that can be caused by high level populist authoritarianism and government inaction, and the solidarity, that communities achieved as they stepped up to fill the void left by the limited federal presence. This thesis will make the case that the Brazilian state operated in an explicitly Necropolitical manner against segments of the population it sees as expendable, with a focus on Rio de Janeiro's favelas. I begin this thesis by making a short overview of the issue before introducing my main theoretical concepts that will guide my analysis, namely political ecology and necropolitics. An overview of Public Health governance in Brazil is also carried out in order to place the virus in historical context. I then discuss Bolsonaro's authoritarianism brand and how this influences his administration's (lack of) Public Health policy. Finally, I highlight how new forms of solidarity and resistance to the necropolitical state have emerged in the favelas to deal with the void left by a limited federal presence a year after the Covid-19 pandemic was declared. This thesis concludes by reflecting on how necropolitics offers an understanding of the current state of Public Health in Brazil and how this influences the pandemic response in the age of Bolsonaro.

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1. The unfolding of the Covid-19 Crisis in Brazil: an introduction

Outbreaks of diseases disproportionately affect the more vulnerable members of society. Since the first recorded cases of the new Covid-19 virus in China in November 2019, this highly infectious transmissible disease has now spread across the globe. Currently as of June 2021, the world has seen nearly 170 million cases and over 3 million deaths (World Health Organisation, 2021). People with pre-existing chronic conditions and the elderly are the most vulnerable and face a higher risk of mortality if they become infected with Covid-19 (Coetzee and Kagee, 2020).

Since its onset, Covid-19 has spread in places where social interactions are more intense, as it has been shown that the illness is most easily spread through interpersonal contact. As a result, health authorities have encouraged measures aiming to minimise contacts, the so-called Non-Pharmaceutical Interventions (NPIs). These include maintaining a safe distance between individuals, wearing face masks, and mandated national lockdowns and curfews. These measures pose a challenge to those living in economically disadvantaged densely populated areas, such as slums or Favelas, which are a feature of much of the developing world (Brotherhood et al., 2020). According to the UN, one in four urban residents live in slums around the world, amounting to over one billion people (UN 2020).

As of July 2021, on the global scale, Brazil is the third most affected country by Covid-19, only after the USA and India in number of cases (Covid-19 Map, 2021; VOA News, 2021). Although Brazil has one of the stronger health systems across Latin America, its capacity to deliver health-care services is unbalanced, favouring wealthier districts and communities (World Bank, 2020). The Covid-19 crisis has added pressure to a public health system which is already overcrowded, meaning that lives of vulnerable populations are increasingly endangered. Brazil's response to the pandemic has been described by several commentators as nothing short of tragic. President Bolsonaro's approach to neoliberal authoritarianism and science denialism has been identified as an important reason behind Brazil's high infection rate (Ortega and Orsini, 2020; the Lancet, 2020). It comes as no surprise therefore that the country is polarised between the opposing views of the federal government (and Bolsonaro in particular) on one hand and the state and municipal governments on the other. Ortega and Orsini (2020) even go as far as arguing that the main response to this health crisis in Brazil is best described as health governance without the central government. Building on this idea of the health crisis being addressed through governance without government, the case study of Covid-19 in Brazil offers key insight into both the grim reality that can be caused by high level populist authoritarianism and government inaction, and the solidarity, that communities achieved as they stepped up to fill the void left by the limited federal presence.

Bolsonaro's brand of "neoliberal authoritarianism" is different from a more traditional conservative neoliberal ideology aimed at creating a smaller government. I follow Giroux (2008) understanding of neoliberalism as both a political ideology focused solely on exclusive market driven

projects, as well as an all encompassing politico-cultural movement designed to demolish public concerns and liquidate the welfare state, as the main understanding of the term in this paper. I argue that Bolsonaro has stretched neoliberalism into a new realm by promoting what Bruff (2014) calls authoritarian neoliberalism, or the reshaping of the State into a less democratic entity by making changes that seek to insulate it from social and political conflict. It can be argued that the Brazilian neoliberal governance orientation prefers to operate through "chaos" as a governance method (Ortega and Orsini, 2020). It is ironic that such an approach becomes the preferred method for preserving the fidelity of voters in a global health emergency. Paul and Matthews (2016) refer to Bolsonaro political strategies as political "firehosing" by which authoritarian leaders neither care about stating objective truths nor being consistent with their lies. Governing Covid-19 at a federal level has therefore become an exercise in dismissal and denial, suppression of knowledge or claiming wilful ignorance to information that would not bend the will of the President (Ortega and Orsini, 2016).

In practice, this type of authoritarianism means that vulnerable or marginalised communities have consistently been under attack through a racialized form of nationalism since the election in 2018. Black and indigenous communities have particularly been affected by these policies (Ortega and Orsisni, 2020). Covid-19 becomes the latest threat to marginalised communities. 13.5 Million Brazillians live in extreme poverty, cramped living conditions and with poor sanitation. In addition, 38 million Brazilians work in precarious settings, and the meagre financial aid promised by Bolsonaro was not only insufficient, but failed to reach nearly half of all families living in favelas across the country (Ortega and Orsini, 2020). The consequences on Covid-19 spread and outcome are clearly visible in the data. Although Favela residents account for just 22% of Rio de Janeiro's population, by the end of May 2020 they accounted for over a third of the Covid-19 deaths in the city (Brotherhood et al., 2020). Such a finding is consistent with previous research which had found, unsurprisingly, that Rio's life expectancy variation was proportional to socioeconomic level, and those who lived in Favelas had the shortest life expectancy of all (Szwarcwald et al., 2011). Such structural inequalities are only exacerbated by the current crisis.

This thesis will make the case that the Brazilian state operated in an explicitly Necropolitical mode against segments of the population it sees as expendable. Mbembe (2003: 11) states 'the ultimate expression of sovereignty resides, to a large degree, in the power and the capacity to dictate who may live and who must die [...]. To exercise sovereignty is to exercise control over mortality and to define life as the deployment and manifestation of power.' For Mbembe, necropolitics is an extension of the domain of power which has taken control of the domain of life to include practical conditions under which power controls the right to expose to death. Necropolitics is reflected in policies whereby the state actively chooses who lives and who dies, in some cases by rendering the life of certain sections of the population even more precarious, denying them the minimum conditions for living a dignified life - including access to healthcare. One aspect of this thesis is to map the

necropolitical underpinnings of health disparities and vulnerabilities present in Brazil into the Covid-19 pandemic. To articulate and support my argument I will specifically rely on case studies from the metropolitan city of Rio de Janeiro. The decision to focus on Rio was in part motivated by the wealth of literature and available data on this city. Most importantly, I had a specific interest in learning about the dynamics that have emerged in Favelas since the beginning of the crisis. With a lack of governance, Rio's Favelas have organised themselves into governing the challenge through a number of grassroot organisations (UNIC Rio, 2020).

Due to the extraordinary conditions under which this thesis was written, a lockdown precluding any fieldwork, a small part of the thesis will be devoted to a reflection of my methodology. I will elaborate on my experience with "anthropology from home" and my forced reliance on remote data gathering and interviews, an additional technological filter that may complicate the interaction between the observer and the community being observed.

This thesis contains 3 essays. The first is an investigation into historical trends, to put the Covid-19 crisis and the related Brazilian government's response in context. It will show aspects of Brazil's historic approach to health, healthcare and marginalised communities across the last century. The second essay will delve into an analysis of fake news and the Bolsonarista political brand, to better understand how Jair Bolsonaro rose to power, and how his political and social platforms have been influencing his actions and choices. It will be structured around 3 research questions, namely asking why Bolsonaro got elected, how his government has systematically used fake news as a political strategy, and how his politics and actions have affected Brazil's response to Covid-19. The final essay will present the results of my data collection through interviews, with an analysis of the views of those affected by the crisis at the peripheric grassroots level. This final chapter revolves around the questions of how vulnerable communities are dealing with Covid-19, and how people living in these marginalised communities are drawing attention to the inequalities reflected in the government's handling of the pandemic.

This thesis will make the case that the chaos-driven form of governance by Bolsonaro is both a continuity and an intensification of necropolitics embedded in the Brazilian history. Bolsonaro's strategic use of chaos through inaction, fake news and contradictory claims largely plays into this development. However, Bolsonaro's federal government acts in a country whose constitution has long provided the base for a universal public health care system, and where many local state governments and local communities have strong democratic roots and are able to act against the part of the state and the conservative electoral body controlled by Bolsonaro. The damage from the chaotic response of the federal government has been substantial, but would have been much worse had a large part of the society not responded to it with state-level and self-governed initiatives.

2. Theoretical Framework

The theoretical framework of this thesis will largely involve and revolve around two central concepts. A first, more traditional one is the conceptualisation of health in terms of understanding geo-social vulnerability. It will take political and social ecology as a basis for investigating why certain urban populations are more at risk than others, and will serve as an implicit reference throughout this work.

The second concept revolves around the political dimension of the crisis, defining the mechanisms by which high level State decisions create different realities and priorities in a country's population. This will be more explicitly discussed throughout the thesis, defining my specific contributions to the wider scholarly debate.

Conceptualising Health and Vulnerability

The conceptual foundations of the proposed research lie in a broad definition of what is meant by "Health." The World Health Organisation (WHO) defines health as an individual's complete state of physical, mental and social well-being, including the notion of quality of life beyond the absence of death and disease (Szwarcwald et al., 2011). In spite of such an open definition, there has been a tendency in both scholarship and policy to locate the "site of the illness" in the individual body, as a way to supposedly identify disease patterns (King, 2017; Silva et al., 2019). Modern understanding of health reduces it to an objective diagnostic definition, which results in health being equated solely to non-disease (Costa and Bernardes, 2012).

This approach ignores that structural socio-spatial conditions contribute to the insurgence of a disease, with relevant implications for 'healthy' decision-making and policy opportunities. If illness is conceptualised in this manner, it becomes clearer to see why some members of society become more vulnerable to illness. As explained by King (2017), it is the construction over time of the connection between health and spatial relationships that mediates health, and one which is complicated by the presence of a powerful actor such as the state. Body politics become complicated in the contradictory politico-social positions of individual responsibility and the accountability of the national government in creating the conditions for the spread of disease (King, 2017). Moreover, one cannot speak of health without acknowledging the fact that this landscape is inhabited by a myriad of actors, social networks and relational exchanges, each with its own competing discourse about disease and wellbeing. Although one can accept the fact that the scientific advancements of the last century have brought about a considerable improvement in general health on a global scale, such improvements have not been uniform. If the state of health is taken as an indicator of how individuals react to changes in life, it can be argued that certain conceptualisations of health become nothing more than symptoms of social malaise (Mota, 2021). If health and falling ill are considered ways in which

life manifests itself in unique and subjective experiences, then it becomes difficult to constrain a definition to the purely scientific but it must also be considered in a historically relative formulation (Silva et al., 2019).

Regarding the Social Ecology of Health, the environmental and the ecological dynamics that contribute to the spread of infectious diseases and the possibilities for human health define a largely open field of study (King, 2017). Such a notion is related to what Soest (2020) refers to as disease ecology, or the entanglement of microbes, vectors, human hosts and landscapes. I follow King (2017) and Soest (2020) in their argument that there is still space for further investigation regarding how spatial processes result in dynamic health domains for several societal levels, from individuals, to communities, cities, and regions. According to King (2017), distinct disease patterns can be spatially established through investigating the production of space and interplay between people and diseases and the manner in which they converge in distinct places and landscapes. This interplay can be studied in relation to the built environment, which is the result of the historical processes that situate people in their particular locations and gives issues symbolic and cultural meanings (King, 2017). Such an argument is also presented by Soest (2020), who acknowledges the knowledge gap present with regard to the identification of highly localised factors of disease exposure and health risks: pandemics are, after all, shaped differently in different locations.

Taking these views in account, without loss of generality, I would like to posit that Covid-19 is a relatively urban phenomenon, reflecting Castells' argument that cities are distinctive condensed densities in a global space of flows (Castells, 2011). In short: the world can be organised into flowing densities that are made up of people, data, money, and even a global political economy. Such densities do not flow equally everywhere, although a central characteristic of these flows is that they transcend national borders in both economic and political terms. A side effect of such transcendence resulting in weakened state centric politics and borders (Castells, 2011; Denyer Willis and Davis, 2021). Considering the cosmopolitan characteristics that make up most cities around the globe, one does not have to extrapolate the aforementioned characteristics too much in order to see that the characteristics explored by Castells are also extremely conducive to the diffusion of an apex viral infection, as they allow for a delineation of how and possibly why an illness may spread. The contemporary global city is both a place of diffusion and density of people (Denyer Willis and Davis, 2021). Swyngedouw and Kaika (2014: 462) argue that the city cannot be considered a "heterogeneous assemblage of socio-natural items and bodies gathered in a densely concentrated space, but a socio-spatial process whose [...] socio-ecological metabolic flows not only fuse objects, nature and people together, but do so in socially, ecologically and geographically articulated, but depressingly uneven, manners." Serious issues come to light from deep inequalities arising from environmental burdens being imposed on disenfranchised communities. Marginalised groups in this manner become vulnerable to every threat they are confronted with (Swyngedouw and Kaika, 2014).

Coming back to the notion of political and social ecology and the creation of possibility for human health, it becomes crucial to consider a wider scope of how a differential vulnerability is generated in the spread of infectious disease and exposure to non-infectious disease. The way in which health is experienced, embodied and managed is, after all, not equal across both geographical and socio-economic spaces (King, 2017; Choudhary, 2014; Farmer 2001). This differential vulnerability can be understood as an intersection between systems, and refers to what King (2017) calls political environmental context, or what other theorists such as Soest (2020) and Robbins (2012) refer to as political ecology. Access to and the utilisation of healthcare is something which is determined by social relationships as well as the access to the knowledge available. Political ecology, in this manner, becomes a useful tool to analyse the power blocks and bottlenecks across societies and geographies (Choudhary, 2014). It also holds particular relevance for the case which will be studied in this paper, as Covid-19 is a largely urban illness in global terms, however, one must consider the manner in which it lands in urban space and how this determines its impacts beyond the scope of health. Functioning and priorities of governing institutions will also have become empowered in their regulatory functionings concerning people and goods through and in an area of dense proximity (Denyer Willis and Davis, 2021). As mentioned previously, structural conditions (including political, economic and cultural) are a contributing factor to why certain groups are more vulnerable to disease, meaning that health inequalities can be analysed in light of structural violences which constitute social injustices (Farmer, 2001). I would also like to point to Cueto and Palmer's (2014) conceptualisation of 'culture of survival' and 'health in adversity' to examine how different negotiations and conflicts emerge in public health response to epidemics. According to the authors, a 'culture of survival' indicates the recurrence of public health policies as designated by different response efforts. This difference can be identified by a vertical, sporadic, emergency oriented, unsustainable effort, as opposed to long term, integrated approaches which focus on eradicating the disease, strengthening the health system and therefore tackle health inequalities. 'Health in adversity' on the other hand refers to the resilience of institutions and professionals in responding to a crisis despite challenges such as lack of funding, training and shifting policies (Cueto and Palmer, 2014).

While Political and Social ecology offer a good framework on which to base my research, I believe it offers a good base on which to extend the theoretical framework of the thesis. It offers a useful approach for analysis as it allows for studies to be inclusive in the manner in which the ecological, social and political trajectories of human life are taken into account, including thinking about the consequences of hegemonic narratives and how these influence economic and social development (Adger et al, 2001). There is an argument to be made regarding the fact that Covid-19 connects the macro level of the ongoing global pandemic to a piercingly intimate presence in everyday life in a manner which Beckett (2020) would refer to as an *ordinary crisis*. This 'ordinary' crisis develops when a crisis becomes another way of being in the world, with individuals and whole

communities who are living this present crisis finding themselves being cut off from the futures they had once dreamed of, from the futures they had once hoped to inhabit (Beckett, 2020). The question on everyone's mind is whether Covid-19 will become another form of violence for some populations around the world, in the form of yet another endemic threat to vulnerable communities.

Necropolitical States and Necropolitical Actions

If we were to think of disasters as a severe disruption of societal routine functioning because of a harmful event, then it would be relatively easy to classify the Covid-19 pandemic as a disaster or a catastrophe (Lavell et al., 2020). Furthermore, we know that the ongoing health crisis will not affect everyone equally in society as some individuals and communities will be more susceptible than others, as outlined in the previous section. It is here that I would like to take a moment to address Foucault's notion of *biopower* and *biopolitics* to theorise this link between biopolitics and necropolitics in the case of Covid-19. Considering worrying trends in science denialism and undercutting of respect for certain members of the population, such as women, indigenous peoples, and other marginalised communities, it may be appropriate to reflect on the notion of *necropolitics* as a strategy by the Brazilian government to manage public health in Brazil. In the last few decades, there has been a scholarly movement to expand the Foucaultian concepts of biopower and biopolitics, or the political rationality which regulates the administration of life.

Biopower refers to the ways in which power manifests itself in the form of daily practices and routines through which individuals engage in self-surveillance and self-discipline, and thereby subjugate themselves through a process of constructing conceptions of normality and deviance. Self-monitoring is achieved on the interactive levels of practice and discourse. Individuals feel compelled to regulate their bodies to conform to norms, but also to talk about what they should and should not do (Pylypa, 1998). By focusing on knowledge and desire as agents of power, and enacted principally through the mechanism of self-surveillance, Foucault provides us with an important new way of understanding power which goes beyond the imposition of control by the state and via repression and force. In this way, biopower becomes an interesting concept for medical anthropology, and consequently public health, as it focuses on the body as the site of subjugation, highlighting how individuals are implicated in their own oppression as they participate in habitual daily practices such as the self-regulation (Pylypa, 1998). On a second level, biopower can be understood as the manner in which biopolitics is put to work in society (Adams, 2017). In terms of Public Health, the manner in which biopolitics are put into practice finds its basis within the 'right to make live and let die' (Foucault, 2008 as cited in Sandset, 2021: 3). Mechanisms are created to prolong life and reduce morbidity rates for certain parts of a population: managing living conditions for selected fews whose lives can be maximised while allowing those who do not present value for those in power to be exposed to death (Foucault, 2007; Tonel, 2020).

It is on these notions that Cameroonian scholar Achille Mbembe expands Foucault's theory to include sovereign decision making on death as a system of violence and domination. Mbembe argues that we must account for death and dying in a new, neo-imperial and neoliberal era in which a majority of individuals around the world are pushed into a precarious life, and the technologies of destructions have not only become more pervasive but more sensorial as well (Mbembe, 2003: 34; Quinan and Thiele, 2019). It is the State that actively creates policies of exclusion based on the idea of an existing social enemy, therefore selecting those segments of population deemed either disposable or useful (dos Santos et al, 2020). It is this notion which Mbembe coins *necropolitics*, or how contemporary State policies can produce *worlds of death* (Granada, 2020). Unlike Foucault, Mbembe is more concerned with the question of how life is subjugated to the power of death. Necropolitics as a form of subjugation of life and the power of death, is another manner in which the relationship of sacrifice, terror and resistance are performed in modern day societies (Mbembe, 2003; Mbembe, 2019; Pele 2020; Tonel, 2020; Sandset, 2021). Necropolitics, therefore, is the political making of space and subjectivities in and in-between life and death and the affirmation that the State does not deal with different groups in the same way. Rather than showing how life and death are both equivalent structuring instruments of power, necropolitics interrogates the asymmetrical conditioning of who gets to live and who must die: Mbembe emphasises that it is death and making death is what structures living. Necropolitics therefore is about uncovering how some bodies are cultivated for life and reproduction while others are systematically marked for death. The constantly shifting border between subjects deemed 'productive' and 'lawful' and the non-subjects branded as 'illegitimate' or 'illegal' becomes drawn in this manner (Mbembe, 2003; Quinan and Thiele, 2019: 3).

Although theoretically similar, necropolitics differs from notions of *slow violence*, which is understood as being a structural form of violence which occurs out of sight, gradually, dispersed across time and usually not viewed as violence at all (Nixon, 2011; Sandset, 2021). Necropolitics is an embedded form of biopolitics in which legal and moral norms are suspended through the use of highly racialised imaginaries which cannot fully be divorced by a state of exception. Indeed, Sandset (2021) offers the criticism that the focus of necropolitics needs to move away from the moment of crisis and exceptionalism and integrate more into the slow and chronic marginalisation which makes up a state of acceptance of a situation. Necropolitics is often used in the context of an event or crisis in which a state of exception is created. Such a state can be considered as similar to that of Agamben's *homo sacer*, which similarly entails a sovereign power having complete power over the subject which has been reduced to its bare life (Agamben, 1998). According to Sandset (2021) both Agamben and Mbembe use the state of exception for creating an exceptional suspension of legal normative rights leading to a *zone of slow deaths* in which those who live a bare minimum life are relegated. Although these concepts are intrinsically linked, Mbembe (2003) furthers Agamben's thesis by making the case that it is through necropower that bodies, including a country's own citizens, are exposed to

conditions of precarity which are detrimental to health and eventually cause people to die. In this manner, vulnerability as explored in the previous section can become highly exacerbated in certain politico-social conditions. The commonality of the aforementioned discussion lies in underscoring how the deterioration, devastation and destruction of certain human populations share traits of necropolitical forms of governance and engagement. As life and death cannot fully be divorced from each other conceptually, one could consider that these are all lenses which come together to analyse contemporary power relations and help examine the tangledness of modern life and death (Quinan and Thiele, 2019).

Distressingly, scholars such as Daniel Granada (2020), dos Santos et al. (2020), da Luz Scherf et al. (2020), and many others, take such an argument a step further within the Brazilian context in their analysis of the issues caused by the Covid-19 health emergency. Granada (2020) argues that the Brazilian management of the pandemic should be understood within the functioning of contemporary neoliberal capitalism, where the objective of crisis management is not just to control people's bodies and manage their conduct, but to decide who will live and who will not. The State's measures to regulate life and death based on characteristics that rank people in a society with foundations in racism in this manner takes on a menacing tone. According to dos Santos et al. (2020) racism in Brazil remains a mechanism of domination in its political system, and institutional racism remains alive and well in a country which prides itself on the myth of being a racial democracy (Freyre, 1986). Moreover, the authors insist that the complimentary ideas that exemplify modern forms of subjugation and death are still based on the ideas of a supposed delineation of races into superior and inferior human races. Additionally, Mota (2021) argues that the pandemic experience within a neoliberal system aimed hierarchical approaches: those who on one hand believe they can save some from the emergency, all the while leaving the weakest to inexorably succumb. According to him, eugenicist precepts have vehemently reappeared in contemporary discourses and practices around the globe which all operate on the central, simple assumption that the possibility to model and defend "higher bodies" still exists in the contemporary world (Mota, 2021). Such an argument can also be found in da Luz Scherf et al. (2020) who posit that by not reinforcing safeguards to public health institutions during the crisis in order to safeguard the lives of Brazilians, Bolsonaro's administration is violating the right to life and health by proactive omission. They see the Brazilian state as having an obligation under international law to take all possible preventative actions to protect individuals from infection. The failure of the Government to act, choosing instead to ignore health protocols and science is part and parcel of a necro-liberal project intent on ending welfare projects in favour of privatisation. This argument can also be seen in Granada (2020), who argues that the Brazilian state's approach to Covid-19 is a function of contemporary neoliberalism societies. It would not be so far-fetched to consider that neoliberal policies and linked austerity measures are policies of death, in which those who are not considered useful to the system are discarded for the sake of economic progress. Bodies

that are not profitable, as they neither produce or consume, must die (Granada, 2020; Pele, 2020; Giroux, 2008).

To conclude, throughout the Covid-19 epidemic the Brazilian state has operated necro-politically. It has created deadly conditions in the country by ignoring scientific health advice to prevent the spread of infections and diminish deaths. It has not invested in Public Health, expanded ICU beds, nor acquired key equipment such as respirators and vaccines. Vulnerable populations have remained easily exposed to harmful conditions where the borders between living and dying are easily blurred (Tonel, 2020). Certain populations become managed by the State while living in extreme conditions and overloading of public health services. As pointed out in dos Santos et al. (2020), the pandemic has spread across Brazil with devastating consequences in terms of mortality, and these deaths have been silenced, trivialised and naturalised with the consent of the State through its obscurant and racist structure that has underpinned the Covid-19 institutional response.

I argue here that, while the Brazilian state has always acted in a necropolitical manner, under President Bolsonaro the necropolitical nature of the government actions and inactions has become more explicit and its effects more extreme. Although vulnerabilities are socially and geographically constructed, the current Brazilain political landscape is very clear in its determination of who has the right to live and who is left to die. The consequences of the hegemonic narratives influencing economic and social development become in this way most apparent.

To articulate this argument, chapter 4 investigates historical development trends with a focus on ruptures and continuities in development ideas and policies, including explaining how the dominant discourses have not necessarily changed much in the past century. The chapter after that will delve into the current political landscape, making the case that there is something inherently necropolitical in the use of fake news and chaos as a governance method. At its core, one could understand necropolitics as a function of neoliberal capitalism and its related institutions of violence, such as white supremacy, mass incarceration, colonialism, and the like (Verghese, 2021). The individualistic vein of capitalism does not allow for an exploration of the common good. If anything, capitalism quantifies our life and predestines death. It drives through a necropolitical logic of a 'scarcity myth' (see Singer, 1981), positing the idea that there are simply not enough resources for everyone. When pressed in an emergency, such as that driven by Covid-19, some of us have to die, and those deemed disposable by dominant powers become prime subjects. Necropolitics is not only a modern phenomenon, but a constant presence in life and Covid-19 offers the latest case study in which this phenomenon becomes visible. There is hope in action: as I explain in my sixth chapter, those most vulnerable to necropolitical actions are also most active in reimagining a world that can work for all in their community (Fernandes et al., 2020; Verghese, 2021). Mutual aid groups were key in keeping people alive and filling the service gap left by ineffective institutions, illustrating how it could be possible to find a way out of Covid-19 in Brazil, if only the official institutions would listen.

3. Anthropology from home: a methodological reflection

Covid-19 proved to be a major disruptive force around the world, forcing many of us who had been planning and organising our fieldwork to go back to the drawing board. Indeed, once it became clear that the virus was not just a passing emergency, but rather one that had arrived to stay, many of us who were either already in the field or planning our own fieldwork found ourselves suddenly thrust into a situation in which we needed to re-think our approaches to fieldwork. I vividly remember speaking to a friend who had already spent a month in Kenya for her fieldwork receiving an emergency phone call from her supervisor telling her that the University rules had changed and that she was being recalled immediately as the borders into Europe were closing. Luckily, she managed to catch one of the last flights back to Italy. It was at this point that the gravity of the situation became clear to me. Of course, I still held onto some hope for the possibility of my own fieldwork which I had organised for August of 2020, however by the end of April that year I understood that Covid-19 was here to stay, at least for the foreseeable future. As explained by Howlett (2021), the new social distancing measures meant that those of us who conduct in-person qualitative and ethnographic research were faced with new and significant challenges in accessing the populations and fields we study. Technology, in this manner, becomes a useful tool for social interactions and research, forcing many of us to carry out what Góralska (2020) coined 'anthropology from home.'

There is much ongoing debate within disciplines relying on qualitative, and in particular, ethnographic methodologies on the future of embedded ethnographies as research practice. After all, as documented by Fine and Abramson (2020), even in normal circumstances ethnographers can pose a vector of danger to more vulnerable populations through their study. These authors outline how in their work in the Americas they took care in interacting with subjects to prevent the spreading of infectious diseases both within public and private spaces, as even a bad cold can easily do a lot of harm to those with weakened immune systems. With a vector such as Covid-19 which is both new, extremely contagious and poorly understood, it does not take much to see how the aim to do no harm may become inadvertently broken. Although it is true that having a presence in the field allows for the production of important insights that would be impossible to gain with other more distant methods, it also became increasingly clear that my simple presence as a potential asymptomatic carrier of a very contagious virus was one that would have a very real consequence, and one which I am quite aware of. When I arrived back in the UK in March last year I was already suffering from an unusual fatigue, and soon after my mother got very sick for a few weeks while my father also displayed symptoms which would later be attributed to Covid-19. Although we had somehow all caught the virus independently, probably commuting into big cities on public transport, the possible severe consequences for us all, having what is now considered to be a mild form of the virus, was enough to have a profound impact on me. My father's personal and professional obsession with the virus is

partially the inspiration for the topic I ended up settling on and this research paper, starting with the very simple question of what happens when the leadership of a nation does not take the issue seriously?

In both my previous and recent education, the anthropological notion of situated knowledge, as opposed to objectivity and universalism, was drilled into me (Rose, 1997). After all, researchers' own positionality, or rather our subjective self, cannot be fully divorced from the research process or results found (Madison, 2012). In direct contrast to armchair anthropology, where academics thought about and drew conclusions on the other without interacting with studied populations, the creation of fieldwork as a form of inquiry required researchers to enter a new context, or 'field' in which they were to carry out their investigation (Howlett, 2021). This is not to dismiss the idea that even in delineating our field of research we should acknowledge that research outcomes are framed within certain boundaries which are artificially created and bounded in space and time (Katz, 1994). However, for many qualitative studies and in particular those which are more ethnographic in nature, the importance of fieldwork is that it allows for the immersive engagement with participants in their own setting (Wood, 2007: 123). The stress on in-person techniques, including observation, participation and interviews in a field setting has been central to the education I received so far. In this, the question arises about what happens when accessing the field becomes impossible, and one's previous training suddenly feels inadequate. Góralska (2020) noted how even though she was trained as a digital ethnographer, she herself felt overwhelmed by the expressions of fears and anxieties which flooded her fieldwork since the start of the restrictions imposed due to the virus. She comments how some of her colleagues were also caught by surprise and were unable to feel creative during the lockdown, and felt the isolation intensely. My mother made a passing comment one morning over breakfast while I complained about the feelings of inadequacy I felt over my perceived pitiful attempt at incorporating internet data into my research. She told me that of course I was feeling stuck as I had been thrown into the deep-end of working with a medium I was clearly unfamiliar with: "Think of it this way. If you work in the theatre you cannot work in television because the eye is different to the camera. In theatre you learn how to guide the eye, but this teaches you nothing about how to frame a close up in television" (informal conversation, 5 March 2021). Clearly, as much as I had wanted to incorporate more online information into this research, this passing comment over a cup of coffee offered a reminder that the data existed, could be useful in framing my research, but I was not obligated to use it any more than I already had been.

In a way, we live in a time in which carrying out fieldwork can be considered more accessible than ever even from the comfort of our own couch, if we consider the digital as an extension of our personalities and beings (Rasch et al., 2020). So much of our lives are influenced by the digital, that it is not too far-fetched to make such an assumption. I, however, struggled severely with the ethical dilemmas of the impossibility of gaining informed consent whilst lurking in a public space on the

internet. On one hand, the information was there, available, for all to see, and arguably in the public domain. Moreover, as discussed by Góralska (2020), users do not necessarily pay attention to their online use, and do not actively consider how the platform generates information (and profits) through their data. After all, the omnipresence of social media in contemporary life has normalised the power dynamic created through the commercial character of the majority of platforms, and ethical questions over privacy and the price this could mean for users made me reluctant to use this data directly. The effect of the pandemic lockdowns, in which feelings of isolation and facing limited pastime options, meant I had already spent too much time browsing the internet. This, combined with the knowledge that carrying around what could possibly be my fieldwork in my pocket at all times meant that I was starting to feel the effects of what has been commonly referred to as screen exhaustion. Perhaps the frustrating exploration of a more traditional form of research had become my better option after all.

Drawing inspiration from Howlett (2021) and his argument that remote embeddedness was possible and the internet a legitimate tool to achieve this, I reorganised my approach to my online fieldwork. The blogs and twitter accounts I had started following and regularly checking in on became my observable field: a place in which I could keep up with the news coming out of Brazil and measure people's feelings towards current events. Even though I had not shared a physical space with any of my participants prior to the pandemic, my online interviews could become my more concrete data for analysis, as in a way it still required people to invite me into their world. In fact, this research was largely carried out as a result of the kindness of strangers to set some time aside for me, even if it was to just talk about my research and point me in the direction of contacts they thought could be useful for me. For each interview I did manage to secure, I contacted three times as many people and organisations. In the end, I was able to carry out nine semi structured interviews and I was often able to supplement this data from the informal talks I had with people in Brazil or information I found online.

This leads me to the main themes that dominated my life during this period. The first regards how I could build trust and minimise mis-communications, especially in light of my newly achieved A2 Portuguese language level. Although I speak Italian fluently, Potuguese is still a jump. I made the conscious decision that I would try to learn at least the language basics in order to not have to fully rely on a translator during interviews. I was very fortunate to be able to join an introductory language course given at the University of Cambridge through a family friend's introduction. I had also organised a private language tutor in Brazil for myself in order to further my speaking and pronunciation skills. The second hurdle I faced regarded the frustrations of building my research field online. Finally, the small success I had at creating a field and finding myself privy to what were often private spaces in people's lives, which themselves lead to some rather interesting reflections. I do, however, believe I had vastly underestimated the patience and time it would take to manage and to embed myself remotely into some form of online field. One of the major issues I had regarded the

building of trust and accessing the field remotely. After all, anything written about building trust in ethnographic research emphasised the importance of repeated interaction between people in situ (Ford, 2021). I was clearly not present on the ground to foster such repeated interactions. I could only aim to build trust based on the introductions I had secured via reputable university avenues. Of course, this building of trust was not always successful. One activist from São Paulo I spoke to, for example, was only willing to be involved in this research project and allow me access to her community if I wrote a contract to guarantee long term research collaborations for any research I might become involved in and for the un-foreseeable future. Although I had expected to have miscommunications during my research, this proved to be the most extreme form of cultural misunderstanding I encountered. As expected, upon my refusal to write such a document I was denied access to this particular field. To be fair to the activist, herself a Masters student at the University of São Paulo, I could understand her rationale for wanting a guarantee of long term engagement not only with her but also with her community. I was, after all, a stranger to her community who could offer no guarantee of not "using and dumping" her and her contacts for my own personal gain (personal notes, 22 January 2021). In this manner I can understand how I had failed to build trust with a potential source, as negotiations soon fell apart.

Upon later reflection, I must admit I had expected such struggles to access the field, although the manner in which it manifested was a bit of a surprise. Although not all community based or engaged work is ethnographic, it remains the so-called gold standard of such research. After all the aspirations of good ethnographic research is to understand others including their lives, needs, aspirations and wishes, and to achieve such goals involves extended time frames and complex relationships (Palmer, 2017) which I could not guarantee due to my lack of proximity to the field. In a way, I then had to build other ethnographic data sources by supplementing interviews I did manage to secure. The traditional ethnographic research feelings of insecurity and open-endedness caused by periods of unscheduled waiting (Palmer, 2017) were ironically all accounted for during this time. I had operated under the hope that it would be possible to carry out interviews online in a shorter time frame than the 3 month gap that in the end elapsed between my first and last interview. Extended periods of time passed between emails in which unscheduled waiting became the norm, in between flurries of activity, including emails, interviews, and introductions to myself and my research to potential informants or contacts. Unscheduled waiting also presented itself before conversations too, as unexpected deferments were unfortunately common. In one extreme case a fire in the neighbourhood meant that my informant did not show up to our interview, as she had been called to help resolve the issue. Another informant had to reschedule her interview several times due to protests in her area, power shortages and interference with the network which constrained her ability to access the technology. In some cases unfortunate mix ups due to the time differences between the United Kingdom and Brazil led to miscommunication about meeting times and resulted in unscheduled

waiting until the time that my informant had understood we were meeting. I did my best to approach these instances with patience rather than frustration, even remarking to a friend that thankfully the digital nature of my research meant I had not just travelled across a city to do an interview with someone who was not there (personal note, 22 January 2021).

As reflected in Palmer et al. (2017), an interruption in one's programme, or a suspension of what is considered 'useful' activities can demonstrate a different quality of the field and produce a new source of reflection for the researcher. They point to the work of Mannay and Morgan (2015) on what they coined the 'waiting field', which consists of different spaces serving as reflection lessons on the way of life of the researched. These include moments in which the researcher may be present but waiting for the formal part of the research to begin. However, Palmer et al. (2017) are also quick to point out that sometimes the wait has no apparent value, but it can not be considered leisure either as it is a time that must be filled or endured. In this sense much of the waiting I carried out was more of this last kind, even though it did often point to a lived on the ground reality of my constructed field for which I very clearly had no control. A fire, a protest, a blackout are all very disruptive events in not only my day but also the lived experiences of those who had kindly put aside time to speak to me. If anything I felt admiration for several of my informants, and I had made a conscious decision early on in my research to minimise the stress I could cause those who agreed to speak to me as I had to respect the fact that my research was likely not going to be anyone's first priority.

As previously mentioned, my rather modest A2 language level in Portuguese meant that I was also rather reliant on both translation software and friends willing to sit in on meetings with me in order to make the conversation smoother. In some cases, they also went above and beyond what I had asked of them and acted as real research assistants by interjecting during difficult interviews in order to keep the conversation going. It was in these moments where I became extremely aware that perhaps I had bitten off more than I could chew, and made me question the usefulness of my research. In terms of positionality I was acutely aware of my privilege and how it offered me no discounts in this manner, in the sense that I could empathise but not necessarily truly understand. After all, my language skills were limited, and as a white middle class Masters student from a very well respected university, now living at home, I was very aware of how there was a distinct possibility of coming across as out of touch or even exploitative, due to my physical distance from a field that I had never been to. In fact, during the conversation with the activist from São Paulo, this was exactly what we spoke about, as she questioned my motives behind carrying out this research. Again, I understood her hesitancy and exhaustion in entertaining yet another person external to her community who could show a superficial interest and no follow through in engaging further once the work was completed. To be frank, I had very few answers for her during that conversation and upon later reflection realised I did not necessarily handle it correctly. On the other hand, other people I spoke to highlighted the importance of carrying out this research also at an international level as they expressed worry over the

state in which Brazil found itself. Although I cannot consider myself to have fully resolved the dilemma on whether or not I was the right person to carry out this research, I did my best to supplement my knowledge of current affairs through the news and twitter and to be as open and patient as possible during my conversations with informants.

As a final consideration, I would like to write a small note on locating the field in online fieldwork as a positive interaction. The digital nature of my interactions with participants meant that I was very often privy to a more intimate space and more relaxed conversations than I had expected. As the health crisis had already been ongoing for over a year, I noticed a lesser degree of formality in both how people presented themselves as I had been invited into their space through the internet. In the wrap up chats at the end of several phone calls, curiosity was also expressed about what the situation looked like where I was as a comparison to the situation in Brazil. As indicated by Howlett (2021), my research felt more synchronous as I too felt as though I was able to enter and observe my participants' personal lives in the same way that they were able to enter mine. In this manner perhaps our conversations were more egalitarian in nature.

Due to the pandemic most calls I had were made from the comfort of people's own homes, and the spaces in which they presented themselves very often offered insights into their realities. Some calls were made with people as they sat in very interesting spaces. The historian Andre Mota, for instance, carried out the interview while sitting in what looked like a university archive. Other people chose to speak to me from their office space or garden. Most others tried to find a more quiet spot in their house. This is not to say that my research was devoid of disruptions or distractions. In one rather funny case, my interview was interrupted by pizza being ordered and my informant being consulted by a colleague about what she wanted to eat and how many pizzas should be bought. In another interview, disruption was caused by an unstable internet connection, and my informant took me on a journey to find a spot with more stable reception, which included various rooms of her house and the stairs outside. Finally, many calls offered insights into the reality of the ongoing Covid-19 pandemic and the fact that it was not just my informants who were stuck at home. Children and teens curiously peeking into the screen, or interrupting conversations to ask their parents a question, or were frantically called to solve some technical issue or other. This offered an insight into the daily life of several of my participants. In so many conversations frustration was expressed over education access due to Covid-19 either making public transport less frequent, or the blackouts interfering with online class attendance beyond the initial inequalities of such access (lack of smartphone, bad planning, etc), or children being too young to really retain anything taught over the phone. Such expressed frustrations acted as a reminder that while not everyone was staying at home many, just like me, were.

4. Brazilian Historical trends of Development and Covid-19

It may seem frivolous in the context of this thesis to trace back development trends to over a century ago. When I interviewed Professor Mota, a public health historian from the university of Sao Paulo, he was firmly of the opinion that anything before the democratization process of the late 80s was not fully relevant to the current Covid-19 outbreak due to the significant changes in context which have occurred since the reinstatement of democracy in Brazil. I would like to politely disagree with this view. I believe there is value in investigating historical trends as although contexts may change, some points of view do not fully disappear but, rather, ideologies evolve and transform over time in a way that is often referred to as ruptures and continuities. I would like to refer to de Trói and Quintilio (2021) who note that the historical trends of organisation and categorisation of the world, which have accelerated and become systematised in line with the so called modern world, has and continues to be a source of normative violence as a structuring strategy. During colonial times, the sciences often served as a source to justify accepted forms of racism, political domination, and subjugation of non-Eurocentric subjects. Such views do not disappear with the advent of independence. In these terms, the sciences became another avenue to justify the elite's world views, including the hegemony of class, race and territory, and consequently, the continuous colonization of knowledge itself (Skidmore, 1993; de Trói and Quintilio, 2021). The ongoing health emergency in Brazil exposes and exacerbates historical health problems, leading to a state of necropolitics which can be understood as a state of acceptance of the status quo. (Sandset, 2021).

This chapter provides the groundwork for the discussion that the Brazilian state has always operated in a necropolitical manner. However, under the Bolsonaro administration some necropolitical actions can be understood as being accelerated and particularly visible. As argued by Mbembe, "My concern is with those forms of sovereignty whose central project is not the struggle for autonomy, but the widespread instrumentalization of the human species and the destruction of bodies through terror in specific populations" (Mbembe, 2003: 11). The term necropolitics is in itself a relatively new concept, in its application to the ongoing pandemic one can expand the understanding of a State whose presence in places is one of conventional violence such as mass imprisonment, but also in a historical manner marked by absences, lack of responsibility, barriers to development, and so on (Fernandes et al., 2020). This essay will begin by offering a reflection on necropolitics and historical trends before extending this argument to also incorporate neoliberalism in later chapters.

Although it is definitely beyond the scope of this thesis to provide an exhaustive history of Brazilian public health and development, there are some trends which I believe should be included in this paper to act as a foundation to current ongoing issues in Brazil which have only been heightened by the current Covid-19 outbreak. For example, Mantovani (2021) reflects on a sentence spoken by Brazilian President Jair Bolsonaro in April of 2020 in which deaths by Covid-19 were linked to

income. In his speech, the Brazilian President argued against social distancing measures in the interest of preserving the economy from "misery, hunger and chaos" and called the state governors issuing lockdowns "job-killers" (Borges, 2020). Although these words were spoken to argue against the implementation of a lockdown and other NPI measures as, according to Bolsonaro, the *per capita* income would influence life expectancy and therefore it was a necessity to prioritize the economy and therefore loosen social isolation. This argument can be seen as a continuation of a historical debate in Public Health in which those who defended the relationship between mortality and poverty were progressives attentive to social inequalities. Through a logic of his own, Bolsonaro defended the re-opening of the economy so that per capita income would not fall and thus, through this rather neoliberal conservative approach to the situation, people would not die (Mantovani, 2021). However, one must note that this stance is nothing more than a strategic survivalist move on Bolsonaro's part. According to Ortega and Orsini (2020a), Bolsonaro may be concerned with how a lockdown may hasten the economic collapse of the country, a situation that he would find difficult to distance himself from both socially and politically. This indicates that it is within his interest to maintain a form of strategic ignorance about the public health disaster, which would work in his favour in the long run. It is worth noting here that favelas are multidimensional, heterogeneous territories where many realities and social markers cohabit. An articulated and encompassing view of the favela in itself is crucial not only in addressing precariousness and poverty as complex social and economic phenomena, but also to understand their role in the macroeconomy of Brazil. To stress one piece of evidence: residents in Brazil's favelas have a consumption power of 119.8 billion reais per year, which is equivalent to 21 billion dollars (Fernandes et al., 2020; Bôas, 2020). Of course, by no means does a large economic weight deter the dominant power structures from acting in a necropolitical manner towards the favelas.

This chapter will be organised in the following way. Firstly, a short consideration towards the emergence and legacy of the favela as a phenomenon beginning in the late 19th century. This will be followed by a more recent historical exploration of development and health trends in Brazil starting in the second half of the 20th century, where rapid urbanisation through processes such as rural to urban migration affected not only the city landscape, but also posed challenges to Public Health and other social organisations of the city. Finally, considerations will be made regarding the more recent Public Health history and development trends which followed the 1980s democratization process after the 1964-1985 military dictatorship. This chapter aims to show how historical processes build vulnerabilities into the public health organisation to emergencies, and that the Brazilian state has in a way always acted in a Necropolitical manner.

From the emergence of the first favelas as distinct urban phenomena, perceived issues within them have been the focus for urgent, sweeping political interventions. Poor, informal cities have been perceived as visible symptoms of any and all present day ills, or as indicators of terrible futures brought forth by moral failings. Critics, both historical and current, have associated such neighborhoods with a litany of dangerous threats on public health, racial purity, public safety, political stability, family values, economic development, environmental risk, and urbanism itself (Borges, 1993; Valladares, 2000; Fischer, 2011; Fischer, 2014; Teixeira et al, 2020). In the 19th century when urban poverty became the concern of elites, professionals involved in journalism, literature, engineering, medicine, law and philanthropy started to describe and propose measures to fight poverty and misery. The favelas have remained a symbolic icon within Brazil's transition from a slavery-based to a consolidated capitalist-based economy and played a central role in the cultural, social, political and spattial transformation which occurred in Brazil in the 19th and 20th centuries (Poets, 2015).

The favela was considered a deeply antimodern place: a reminder of rural backwardness, a refuge of unproductive economic activity. A place which was spontaneous, reactive and transient, with very precarious ties to the formal city. Many of its residents evoked the slave past, both in their physical presence and in their sociocultural practices (Fischer 2014). The writings of journalists were joined by the voices of doctors and engineers worried about the future of the city and its population. The *cortiços* (tenements), considered in the 19th century as the locus of poverty, a space where some workers lived and where a large number of vagrants and scoundrels, the so-called "dangerous class", were concentrated. Characterised as a real "social hell", the first identified favela settlements were also considered a source of epidemics which constituted a threat to the established moral and social order (Valladares, 2000: 7). This, combined with the increasing concerns developed during the early 20th century regarding Brazil's insertion in the titular *civilised world*, spurred the growing interest in urban informality (Borges, 1993; Fischer, 2011; Fischer, 2014; Garmany and Richmond, 2019). This interest developed into a collection of changes intended to make Brazil look more like the European nations from which the young Brazilian state was drawing inspiration, which included building drainage, open Parisian style boulevards and modernising the port. This had coincided with the emergence of one of the earliest housing crises in Brazil between 1890-1906, where the population of Rio de Janeiro grew at an annual geometric rate of 2.84%, and buildings expanded by 3.4%, while homes by only 1%. The result of this mismatch between livable buildings and population growth was further reflected in the increase of the domicile density which had grown from 7.3 to 9.8 people per house (Valladares, 2000). The strive to join the *civilized world* also included explicitly racial dimensions inspired by eugenic principles linking modernisation with genetics that aimed to whiten the population by incentivising immigration from Europe (Borges, 1993; Skidmore, 1993; Garmany and Richmond, 2019).

The medical-hygienist discourse was soon followed by administrative measures: first, legislation prohibiting the construction of new settlements in Rio, then, through the 1902-1906 urban reforms of Rio de Janeiro's mayor Pereira Passos, which proposed to sanitise and civilise the city by putting an end to unsanitary dwellings. The 1920s saw the first major campaign against the "leprosy of aesthetics'" (Valladares, 2000: 12). In 1930, the plan of the French urban planner Alfred Agache, aimed at the remodeling and beautification of Rio de Janeiro, denounced the danger posed by the permanence of the favela (Valladares, 2000; Fischer, 2011). The first legal recognition of Favelas would not come until the start of the Vargas' Estado Novo regime in the 1930s. Indeed, the 1937 Codigo de Obras (building code) marked the first legal recognition of favelas, even though it was through a categorisation of aberration. Favelas were again swiftly prohibited through legislation which expressed the prohibition of building new favelas and expanding existing ones (Valladares, 2000; Perlman, 2011). This legislation would remain in effect well past the Second World War period, which marked the beginning of another intense period of cityward migration.

Garmany and Richmond's (2019) analysis of the historical and contemporary use of the concept of *higienização* (hygienization) is a useful approach to explain the historical continuity of these notions. In Brazil, hygienisation was, and possibly still is, seen as a means to defend civilisation against backward, infectious, unproductive and dangerous racialised masses. Almeida (2017) argues that hygienisation only changed the way urban poverty and informality were conceptualised, and therefore helped establish the favela as a place of contagion which is hazardous to the city if not quarantined and eradicated. These notions coincided with the first hygienist intervention focused on combating infectious disease, such as Yellow fever, smallpox, malaria, typhoid and leprosy. It targeted areas with high population densities and poor public sanitation (Garmany and Richmond, 2019; Ortega and Orsini, 2020b). In its bid to become a modern state, areas were singled out not only for being unhygienic and hazardous to the general population, but also as representing an underdeveloped and unenlightened past. Emphasis was placed on substituting informal dwellings for hygienic houses. This would remain a priority for those in Brazil longing for progress (Almeida, 2017). So significant were hygienist epistemologies that they help to explain how favelas were conceptualised as discrete and recognisable objects distinguished by their material and pathological characteristics (Garmany and Richmond, 2019). As reminded in Caldeira (2008), to this day many conceptualisations of the city in urban policy insist on making a contrast between a rich and well-equipped centre with a precarious and poor periphery. According to her, this idea corresponds to a particular pattern of urbanisation which did not dominate Brazilian cities much past the 1980s, and new developments have since brought the periphery into close proximity with the centre. This indicates that favelas are part and parcel of the larger city, if not essential to it (Caldeira, 2008; Perlman, 2011).

However, as in other postcolonial contexts, becoming modern in the second half of the 19th century meant that Brazilian cities had to be rid of these signs of ill health and backwardness. The

Brazilian state happily invested in the hiring of a new generation of physicians around the turn of the century, Oswaldo Cruz being the most prominent. By the 1910s public health in Brazil was associated with problems of national integration and of communicable diseases such as malaria and yellow fever (Valladares, 2000; Ortega and Orsini, 2020b). Unpopular urban reforms at the time combined with the emerging consensus amongst Brazilians that the state had responsibilities related to the promotion of the population's health, culminating in two rather significant moments in Brazil's early Public Health reforms.

Firstly, the 1904 so-called *vaccine revolts* carried out against the enacted law mandating smallpox vaccination. These revolts happened in the context of the 1902-1906 Pereira Passos reforms which aimed to sanitise and civilise the city by creating a European style city centre while failing to improve the quality of life for most of the city's population. In addition to the unemployment, poorly planned evictions, and general afflictions of the peripheral population of Rio de Janeiro, the introduction of mandatory vaccinations triggered violent riots, political unrest and a failed coup d'etat (Ortega and Orsini, 2020). Rioters were depicted as ignorant, superstitious and easily manipulated, a depiction which endured long after the events were concluded. Valladares (2000) describes a caricature published a few years later in the magazine *O Malho*. Oswaldo Cruz is seen displaying an armband with the health symbol on his left arm while he expels the population from the *Favella* slum with a comb bearing the words "Hygiene Department." The inhabitants of the *Morro da Favella*, on the other side, are represented by a man with a bad face, and a mean, wandering look. The caricature is accompanied by a small text: "A clean-up that is unthinkable; Hygiene is going to clean up Favella Hill" (Valladares, 2000: 8).

Secondly, the impact of the 1918 Spanish flu epidemic was both swift and had a lasting impact. It is interesting to note how initially both the press and the Public Health authorities refused to accept the arrival of the pandemic in the country, ensuring a chaotic explosion of cases in Brazil - numbers which are still contested to this day (Ortega and Orsini, 2020b). Through a combination of censorship, lack of information, general confusion, and the creation of a network of health policy institutions which had already transformed the issue of communicable diseases into a political one (Pessoto, et al. 2015). The Spanish flu highlighted the precarious nature of health services in Brazil and exacerbated feelings of neglect by the political elites (Ortega and Orsini, 2020b). The urgent need for change, which emerged as the Spanish flu's lasting legacy, resulted primarily in the federal public authority's ability to act coercively towards its society in the decades that followed (Pessoto, et al. 2015).

Finally, I would like to take a moment here to discuss the final trend as seen in the first half of the 20th century with the rise of Getúlio Vargas in the 1930s. This era was marked by strong centralisation of health policies, as public sanitation was one of the sectors most targeted by the Vargas administration. It was under his administration that the Ministry of Health and Education was

created, as well as the National Department of Health and Medical Social care (Pessoto, et al. 2015). This is not to say it had extended coverage, as the healthcare system established at the time saw medical services linked to worker and employer contributions effectively excluding anyone who was not formally employed (Hunter, 2014). However, as recorded by Perlman (2011), for many of the older inhabitants of the urban periphery in Brazil, the Vargas era of 1930-1945, otherwise referred to as the *Estado Novo*, was still associated with the politician who helped poor marginalised people the most. It was under his leadership that the rudimentary protections of the welfare state, including workers' rights, benefits, and the pension system were created, although these affected those working in the formal sector only. Hunter (2014: 20) notes that the orientation of social policy in the Vargas era was so focused on "making citizens" of the formal sector workers that the majority of the poor population remained almost entirely excluded with regard to pensions and health care. Nevertheless, it was also during this time that a shift in perception of *favelados* (favela inhabitants) began to happen. In line with the corporatist celebration of the urban working class, politicians began to actively contest the stereotypes of vagrancy and general malaise surrounding the urban working poor, and strove to include *favelados* into the fold of respectable, loyal and family based working class in line with fascist ideology (Fischer, 2014). The Vargas era linkage of work and citizenship proved to be rather beneficial to the working poor in the long term as it allowed for the legitimation of workers' demands for rights (Fischer, 2014; Hunter, 2014).

Having said so, this era also marked a competition between the emerging deterministic views of social inequality and the affirmation that Brazil's lack of economic and social modernisation was rooted in misguided economic policies, poor governance and general neglect of social issues (Fischer, 2014). This, together with lasting prejudices and racialised stereotypes regarding the source of backwardness in the country, laid the foundation for the domino effect of issues which can still be identified in contemporary Brazil. The Vargas era notion that the informal cities and shantytowns would be easy to erase, followed by failure to carry out much needed agrarian reform in the countryside, began manifesting in an increasingly extreme pattern of rural-urban inequality, which in turn marked the start of internal migration and the consequent explosion of the informal city (Perlman, 2011; Fischer, 2014). It is here that we see a shift away from overtly racialised understandings of modern statehood towards the use of the dichotomy "urban" and "rural" to distinguish the social categories denoting primitive and modern, sick and healthy, ignorant and educated, parasitical and productive, stagnant and progressive. The impact that these continuum and ideological shifts had can still be seen today. In their recent article about the ongoing Covid-19 emergency as a sanitary, political and social problem, Cueto and Lopes (2020) remind us that the link between disease and social inequality remains very much alive in contemporary Brazil, also in light of the constant migration of people from the north and northeast to the favelas of southeastern cities in search of work. Issues persist regarding the political tolerance of poverty by the political establishment, which to this day

continues to normalise inequities, gender discrimination and structural racism, and the idea that some Brazilians were not full citizens in the social meaning of the term (Cueto and Lopes, 2020). If one considers the Necropolitical state as one which does not deal with different groups in the same way and consequently considers the constitutional right to live depending on belonging to said group, the closer one is to the dominant power the more your life is worth. In this manner the project of becoming modern was clearly a necropolitical project in which ideas of whiteness and europeanisation were prevalent amongst the dominant powers who were concerned with realising their vision regardless of the worlds of death it created for marginalised groups. The suggestion that some must be disposed of in order to achieve an abstract societal good is very clearly seen in this period. As in other places, marginalised populations become considered "disposable, unnecessary burdens on state coffers, and consigned to fend for themselves." (Giroux, 2008: 159).

Mid 20th Century Urban Growth

During the Vargas eras (1930-1945), most state capitals across Brazil grew by over 5% due to the aforementioned failure to carry out significant agrarian reform (Fischer, 2014). In the decades that followed, Brazil emerged as one of the countries in Latin America where the urbanisation of the territory remained exceptionally fast. In 1950 the urban population accounted for approximately 36% of the total. By the new millennium, this figure had grown to 81%. As of the 2010 IBGE Census, over 84% of the Brazilian populace resides in cities (Teixeira et al. 2020). Although it stands to reason that there would be perceived benefits surrounding moving to the city, these benefits do not materialise for all. The rapid, unplanned expansion of urban spaces have resulted in the development of informal settlements. The government found itself unable to provide services for the growing population, including expanding the formal housing market, Public Health services, and transport networks to meet new demands (Jaitman, 2015). Consequently, a large number of those living in urban areas in Brazil found themselves in conditions of overcrowding, insecure property rights, deficient urban and social services, poverty, and exposure to crime and violence, among other socioeconomic problems (Jaitman, 2015). As argued by Jaitman (2015), migration to urban areas has therefore moved the locus of global poverty to the cities in a process that she refers to as the *urbanisation of poverty*. Kruijt and Konings (2009), even go as far as to argue that no Latin American country has won the fight against poverty, as most governments have been unable to reincorporate into the formal the masses of population that had slipped into informality, or be able to reinsert the vulnerable categories that have suffered the stigma of being considered second class citizens.

To this end, Brazil is no exception. Kruijt and Konings (2009) refer to this phenomenon as *informal citizenship*, or the precarious implantation of second-class citizenship, where mechanisms for survival become key parts of the strategies employed by those living in informal areas. Ties of ethnicity, religion, real or symbolic family relationships, closeness to the place of birth, local

neighbourhood relations all become key survival and livelihood strategies. Class structure becomes intertwined and enacted in the implicit duality of the formal and informal economy and society that shape these communities (Kruijt and Konings, 2009). If we take housing in Brazil as an example, in the last half century the number of urban residences grew from about two million to approximately forty million (Teixeira et al., 2020). However, of these forty million dwellings, only 20% were financed and/or built by the State. Given the limitation of state housing policies and the market's lack of interest in the demands of the perceived low-income populations the vast majority of the urban population was left to build their own residence with their own resources and efforts (Teixeira et al., 2020; Williamson, 2020). The distinction between the *morro* (hill or favela) and the *asfalto* (wealthier and formally planned) neighbourhoods remains to this day marked, and as something to aspire to for many favela inhabitants (Kruijt and Konings, 2009; Perlman, 2009; Perlman 2011; Williamson, 2020).

These trends clearly posed a challenge to Public Health and Public Health policies to promote some semblance of care for the population, as further issues began to emerge in Brazil in the second half of the 20th Century. Namely, the so-called urban second class citizens became increasingly associated with violence. In the decades leading up to and including the 1980s, the divided or fragmented cities were mostly characterised in terms of urban misery and social exclusion. This deepened the divide between the elites and the other well-to-do classes in the affluent neighbourhoods, as opposed to the forgotten favela residents in the ever growing periphery. In Brazil in particular, favelas have since the 1980s become infamously synonymous to many as unsafe, no go areas within the metropolitan boundaries with a depressing reputation for urban violence (Kruijt and Konings, 2009; Perlman, 2009; Perlman 2011; Fischer, 2014; Williamson, 2020). From the decisive moment in the 1970s where it became clear that the urban population had surpassed the rural due to rural to urban-industrial centre migration, Public Health thought in Brazil began to preoccupy itself again with understanding how the social conditions in which people live and work are key determinants of later health impacts (Szreter, 1997; Szwarcwald et al., 2011; Teixeira et al., 2020).

Brazilian Public Health, therefore, began to shift its focus and institutional development towards taking into consideration existing social inequalities, and consequently the idea of making health a right to be achieved by everyone (Teixeira, 2020). Taking into account the rapid growth of most of Brazil's cities over the last century, it would come as no surprise that environmental factors definitely play a key role in people's health. The expansion of the urban landscape and the effect of the rapid and continuous expansion of cities meant that unsuitable areas were occupied. This is especially true for the large cities and Southeastern metropolises, such as Rio de Janeiro, that had become preferred migration destinations due to the preferential location of industries, the concentration of services and technologies, and investments by the State in urban infrastructure (Teixeira et al., 2020).

Finally, historically neglected issues such as the interface between racism and the health of the black population have left significant legacies in policy formulations. Brazil is considered a multiethnic country, however the racist structures that subjugate and circumscribe much of its minorities to the edges of public policies and interventions is an illustration of the unfair, avoidable and inhumane position a State can take in the face of new and old threats (dos Santos et al., 2020). As reminded in da Luz Sherf et al. (2020), necropolitical reasoning allows a Government to make the decisions that some people are more valuable than others who they allow to die. Bento (2018) argues that state policies of death have always characterised Brazil's history in their systematic planning and enforcement against people deemed disposable. The choice not to take all required actions against a threat such as Covid-19 is a political one which holds dire consequences for the most societally vulnerable. Dos Santos et al. (2020) have highlighted the issue in Brazil by indicating that historical neglect of the interface between racism and the black population's health has only recently become a point of research. According to the authors, the lack of data related to race in Brazil means that epidemiological vigilance, an important foundation of public health policies, results in the lack of taylored actions for specific segments of the populations. Studies conducted on access and accessibility to health services which have reviewed available ethnicity data have concluded that black communities health conditions have worsened (Araújo et al., 2009).

Health as a Constitutional right and recent developments

Brazil does boast one of the most well-structured Public Health systems in Latin America with its Sistema Único de Saúde, or SUS, which provides near universal access to health care services. According to professor Mota, the history of SUS healthcare in Brazil is that of democracy and cannot be extracted from the history of post-military dictatorship democratization processes (A. Mota, personal communication, 18 January 2021). The current Brazilian Constitution, enacted in 1988, not only enshrined the right to health but established it in a way in which principles of universality, comprehensiveness, equity, decentralisation and social participation were championed (Pessoto et. al 2015; de Sousa, 2017; Cueto and Lopes, 2020; Ortega and Orsini, 2020b). As quoted in de Sousa (2017), the 1988 Constitution states "Health is the right of all and the duty of the State, guaranteed through social and economic policies, aimed at reducing the risk of disease and injuries, and universal and equal access to the actions and services for their promotion, protection and recovery" (de Sousa, 2017: 494).

The new health laws which derived from the constitution also included provisions for funding, decentralisation of health care management, and social participation. Health services, in this manner, became financed at the federal, state, and municipal levels. Municipal governments became responsible for the implementation of health activities, and stimulated the introduction of new funds into the system (de Sousa, 2017). Access to health care also became split into several levels, starting

at the most basic primary level of Family Clinics, which operate in a universal manner, and provides access into the other three higher, more specialised tiers of SUS for specialised care (A. Mota, personal communication, 18 January 2021; Ortega and Orsini, 2020b). The creation of local Health Councils for community participation in public policy decision making was also applauded as innovative at the time, as the democratizing of participatory mechanisms and public control over management of health resources proved to be a counter hegemonic move in the global privatization trend at the time (Pessoto et al., 2015). This rapid development and implementation of SUS soon became a global example on how to scale universal health coverage in a country with high inequality and relatively low resource allocation for healthcare (Ortega and Orsini, 2020b).

This is not to say that the global trends of neoliberalism did not affect the creation and implementation of SUS across Brazil. Even though health had become a guaranteed constitutional right, the creation of SUS was in practice carried out as a mixture of public and private services from the start (A. Mota, personal communication, 18 January 2021). The World Bank in particular was a loud critic of the new constitutional guarantee for comprehensive health care for Brazilians. It was very effective in its advocating for private sector involvement in service provision due to the assumption that this would mean a more creative and efficient service as dictated by the World Bank's pro-market stance. This approach defended universal coverage while simultaneously ensuring that a collection of services offered by the market be purchased by the state (Rizzotto and Campos, 2016; Ortega and Orsini 2020). In short, Public Health had to be *cost-effectiv*e and *profitable* in the way that it contributed to economic growth and saved money in the national budget (Cueto and Lopes, 2020). In short, everyone has the right to enter the door into the SUS system through their primary care provider, however higher level coverage may be subjected to restrictions due to the privatisation trends (A. Mota, personal communication, 18 January 2021). Recent developments following the 2011 global crisis cemented these issues, as under the leadership of President Temer a constitutional amendment was approved in 2016. This amendment established the annual ceiling of Brazil's growth and spending for the following two decades. In short, the growth of government spending has to be equal to the inflation index of the previous year (de Sousa, 2017; A. Mota, personal communication, 18 January 2021). A law authorising the participation of foreign capital in health care was also approved around this time, a provision which had clearly favoured the private health sector to the detriment of the public one (de Sousa, 2017). Further attacks carried out by Bolsonaro's administration on SUS and Public Health policies since his election in 2018 have further weakened the system, resulting in setbacks to primary health care through the introduction of privatising elements in assistance and management, but also the erasure of public participation and the relaxation of labour laws (Ortega and Orsini 2020).

The effect of these trends have been pretty stark over the last three decades. Even though the creation of SUS significantly expanded healthcare coverage and health surveillance systems across

Brazil, quality of care fragmentation and disparity was never solved (de Sousa, 2017; Cueto and Lopes, 2020; Malta et al, 2020; A. Mota, personal communication, 18 January 2021). Communicable diseases like tuberculosis and malaria remain a significant issue, while other health issues such as diabetes and hypertension have increased in their prevalence (Szwarcwald et al., 2011; de Sousa, 2017). As reminded by Ribeiro et al. (2020) the prevalence of comorbidities, which include raised risk factors for severe symptoms of COVID-19, among *Pardo* (mixed) and Black populations in Brazil is higher than among other ethnicities. These include being overweight and obese, with Balck Brazilian women who have had lower education levels the most at risk for obesity.

Moreover, the lack of significant investment and growth in basic sanitation in terms of safe water systems, sewage, electric power, garbage collection, and adequate housing remains an issue. This is especially the case for marginal-urban and rural areas. In terms of historical continuities, Garmany and Richmond's (2019) use of *hygenization* as a political tool in contemporary Brazil offers an interesting insight into Public Health. For instance, during the more recent zika outbreak in 2015, the neglect of sanitation, social disparities and the precarious nature of Public Health in Brazil was highlighted. In fact the concept of hygiene remained at the forefront of the discussion of the epidemic. Like dengue, which is endemic in some regions of Brazil, zika is also transmitted by the *Aedes aegypti* mosquito, who often lays its larvae in domestic water containers which are common in houses without a connection to the water network. Infections are linked to microcephaly and other neurological conditions, although the virus remained largely contained to some areas of the Brazilian Northeast. Women living in poverty made up the majority of the affected population (Diniz, 2017). Hygienic behaviour was promoted by those in positions of power as a way to put the blame on the victims of the disease outbreak without questioning why those living in poverty were not complying with the hygienization directives (Cueto and Lopes, 2020; Ortega and Orsini, 2020b). Although the use of hygenisation in this case was not one which was used to displace people, the manner in which it is directly informed by legacies of colonialism, racial and class stigma, gender inequality, informality and violence is once again apparent. An especially poignant example of this can be seen when the then Minister for Health put forward the blame that pregnant women in the affected areas were also to blame for the Zika outbreak as they did not wear appropriate clothing (i.e. not skirts) and did not know enough about pregnancy and the associated risks (Cueto and Lopes, 2020). This statement ignored the fundamental failure of the state to grant rights to the women affected by the virus, including comprehensive sexual and reproductive care with access to contraceptive methods and pregnancy termination which remains illegal in Brazil (Diniz, 2017; Ortega and Orsini 2020b).

Following on from this, one could even go as far as to claim that the gap between what the constitution guarantees as social rights and their implementation has widened in the last decades (Cueto and Lopes, 2020). Life expectancy for marginalised communities continues to be significantly lower than for those who live in the richer parts of the city by over a decade (Szwarcwald et al., 2011;

Sant'Anna, 2021). Sant'Anna (2021) furthers this argument through the reminder that the right to manage one's health in Brazil is affected by serious economic and social limits. The ambition of health and body autonomy is influenced by the cultural and economic heterogeneity of the Brazilian population which is not equitably distributed. For a significant portion of the population, autonomy is translated as getting by each day in a desperate attempt to survive. The reality for a sizable portion of the Brazilian population is one in which they cannot afford to buy medicine, access safe drinking water, or buy satisfactory nutritious food (Sant'Anna, 2021). According to the World Bank, Brazil ranks within the top ten countries globally in terms of social and economic inequality due to extreme labour income distribution (World Bank, 2020b). In the case of Covid-19, this means that some scholars have taken a very critical stance in which a social Darwinist view is applied to the ongoing health crisis, in which those who are strong and able to adapt to their environment, i.e. Covid-19, will survive through adapting to the environment (Fernandes et al., 2020). This is a far cry from early conversations which hailed the virus as a disease which would reach everyone in an equal way regardless of socioeconomic structure (Fernandes et al., 2020). Clearly, this was always going to be a myth. It can even be claimed that in order to maintain the capitalist order, the poor, blacks, indigenous, quilombolas, working class and other historical communities who fell victim to colonialism and its legacies, are left to struggle unaided. Coming back to the Foucaultian concepts of *biopolitics* and *biopower*, which were further developed by Mbembe in his work on *necropolitics*, such ideas only affirm that there is a government policy that dictates how some can live and others die (Mbembe, 2019).

In many places, this reality was pushed to the forefront and blatantly exposed with the Coronavirus pandemic. The situation threatened several aspects of autonomous management of one's body and the ideal of perfect health by putting into question the power that everyone believed they had to control their own bodies (Sant'Anna, 2020). In Brazil, nowhere was this clearer than in urban peripheries and slums, as the advice given by experts was clearly incompatible with the material, social and financial structures of these areas (Fernandes et al., 2020). While the possibility of contagion began by threatening the middle and upper classes at the beginning of the pandemic, it quickly trickled down to the lower classes. For those living in marginalised communities, quarantine is practically impossible as many do not have the necessary means to live in a spacious, safe, and well stocked accommodation. It therefore comes as no surprise that the peripheries continue to have crowds and pedestrian traffic while wealthier areas were practically emptied as people could afford to follow social distancing recommendations (Sant'Anna, 2020). Sousa-Santos (2020) further explores this concept through analyzing the notion that controlling contamination levels in democratic countries may add an extra layer of complication to the matter, as each person has been taught that they are free to decide about their movements and other aspects of life operationalisation. This becomes particularly heinous when considered in the context of the widespread misinformation

campaign surrounding the virus present in Brazil and in the context of significant and pervasive inequality. Many of those who live in marginalised urban communities and who cannot be considered to have true body autonomy outside of that of survival, work for the other portion of the urban populace who have private health insurance and can count on accessing the kind of body autonomy that is synonymous with freedom and independence (Sant'Anna, 2020).

Brazilian Historical Trends: Final Considerations

History leaves marks on how certain societies deal with issues, making some entrenched ways of thinking remarkably difficult to expunge from contemporary thought processes. Brazil was famously the last nation in the Western Hemisphere to abandon slavery in 1888. For this reason, the link between citizenship struggles and poverty in Brazil is neither original nor surprising, as poverty keeps a racialized face. For the heterogeneous group of people that make up the southeastern urban poor, the fight for recognition was a drawn out persistent struggle to define their relationship with the surrounding society in terms that went beyond just that of illegality (Fischer, 2011). It is not a leap of faith to state that outbreaks of whichever infectious disease in Brazil will disproportionately affect the poor. Since the start of the new millennium the outbreaks of dengue fever, chikungunya, Zika Virus, and H1N1 disproportionately affected the already vulnerable impoverished communities (Malta et al., 2020). The increase in infectious respiratory diseases in marginalised communities in Brazil, such as tuberculosis and pneumonia, is a worrying sign of the increasing precariousness of sanitation and degeneration of social determinants of disease (Cueto and Lopes, 2020).

As these infections have risen in marginalised communities with insufficient food and shelter even before Covid-19, each of them offers insight into realities of social inequalities which drive poor health and low income. Even workers with more stable jobs such as domestic servants for middle and upper class families, do not enjoy security and health insurance benefits (Cueto and Lopes, 2020). If anything, many of the (still precarious) workers employed in the formal parts of the city are paradoxically more exposed to the risk of infections, due to the need to use crowded public transport which has tragically favoured infections (Sant'Anna 2021; personal communication, 6 April 2021). This appalling reality stands in contrast not only with the government's ideological praise of individual freedoms over collective interest, but also with an abstract reliance on international Public Health guidelines. Defending the "right to come and go" have been stated incessantly in mantras against lockdown. The government insisted on the efficacy of unproven (and now understood to be totally ineffective) medications, promoting as an individual "right to choose." It does not come as a surprise that the limited information on prevention produced by the government was delivered prioritising individual behavior, e.g., washing hands, without any considerations on the context that would make it possible for individuals to follow the guideline — the number of residents of Brazil without access to clean water are in the millions (Malta et al., 2020).

According to Granada (2020), necropolitics in Brazil has operated in parallel with the denial of both science and the social and ethical values consolidated as human rights. Regarding social and ethnic issues, it operates by showing no respect for traditional indigenous, black and quilombolas communities, as well as for gender relations, and by pursuing a multitude of policies hampering social mobility. During the Covid-19 emergency, the Brazilian government refused to revert the 2016 Constitutional Amendment that froze health spending, choosing instead to operate on an emergency budget. This illustrates well the determination of Bolsonaro's government to pursue his neoliberal economic agenda to the detriment of the racial, ethnic and gendered dimensions of the country's inequality in face of the pandemic (Malta et al., 2020).

5. Bolsonarismo, Post Truth and Covid-19: a battle of wills?

Much of the conversation of the last few years has revolved around the idea that we are living in a "post-truth" age. With the proliferation and the aid of information communication technologies (ICTs), it has been stressed that reality is being deconstructed and an alternative is being reconstructed (Scott, 2019). This reshaping of the political landscape through post truth is dangerous and feeds a negative illiberal form of politics, which is rather problematic. After all, are actions not what make up the bread and butter of politics? Actions, policies, approaches should all be able to be measured in some form in order to gauge or unpack a particular measure or approach at a state level (Ortega and Orsini, 2020b). However, how does one approach analysing a political situation when those in charge decide to do nothing in the face of what is considered a significant threat? Like many of the other prominent figures that emerged in the surge of right wing populism and nationalism that accomplished significant electoral victories in 2016, President Jair Bolsonaro also found himself largely failing in crisis management when confronted with Covid-19 (Junk and Peez, 2020). Moreover, his administration has already been coined by some as "the most extremist and dysfunctional administration in Brazil's republican history" (Saad-Filho and Boffo, 2020: 1).

This is not to say that the ongoing pandemic is not testing non-populist governments worldwide. However, Brazil's hospitals and healthcare system have been close to collapse (Phillips, 2020a). Junk and Peez (2020) detail how effective pandemic management hinges on three crucial factors: (1) rapid coordination between various government entities, (2) citizens trust in the relevant agencies, government institutions and their expertise, and (3) the persistence of the first two listed items for the duration of the emergency. As we have witnessed over the past year, these points have proven to be particularly difficult to implement for various leaders across the globe. In particular, I would like to posit the second point listed above as crucial to the events in the past year, namely trust in bureaucratic and scientific expertise as well as in government and its institutions to implement an effective crisis management plan. Brazil is currently on their fourth Health Minister in a year ("Covid-19: Brazil to get fourth health minister since pandemic began", 2021). In the past year Bolsonaro has also been famously vocal in his dismissal of the pandemic but also its solutions, such as when he publicly implied that Covid-19 vaccines could be dangerous, saying: "If you turn into a crocodile, it's your problem" (Taylor, 2021; Ventura et al., 2021). Considering the idea that populism centres around a leader's alleged unmediated link to his audience, it becomes clear to see how one can side-step both scientific expertise and deliberative decision making. This is especially true in the context of the need for a long term, reliable and strategic plan which pushes back against the populist playbook in which dependence on short term public sentiment becomes the key survival tactic (Junk and Peez, 2020). As reminded by da Luz Sherf et al. (2020), business interests have long been given priority over people's rights to health and safety: the ongoing politicisation of human rights in Brazil

aims to exempt the state from its moral, legal and constitutional obligations of guaranteeing survival and quality of life to the Brazilian populace.

This section is largely the result of several questions that had plagued my mind since Bolsonaro's election. I was curious about why Bolsonaro was elected, how he used fake news in a politically advantageous manner, and what this meant for the Covid-19 response in Brazil. There have been fascinating parallels between the practices of right-wing politicians in the past few years: how is it that certain leaders attack or harshly oppose the mainstream in order to push an alternative narrative that is not reflective of the accepted truth? It is a question which hinges on the creation of different social realities, structures of governance, and so on. In the context of a virus threatening to overpower the health system, Bolsonaro has also displayed dangerous inaction in his approach to the entire affair. As argued by Alcadipani (2020): "Bolsonaro, the Brazilian president, is the typical 'tough and forceful' macho who thinks he knows it all, that problems can be solved by public displays of strength and by far-right bravado. When asked by journalists about the Covid-19 increasing death toll, Bolsonaro replied: 'So what?' He shows no solidarity to people at all and is a macho role model of carelessness and stupidity" (p. 735). The circumstance of increasing political polarisation and tragedy point to the need for attention to be directed at the topics of populism, fake news, Bolsonaro's attraction to the voters, and why it is within Bolsonaro's interest not to play along with the establishment.

Living in an authoritarian, populist and post-truth world

Saad-Filho and Boffo (2020) have forwarded the argument that Brazil's experience with Bolsonaro is a recent phenomenon resulting from the various crises of the past decade. Bolsonaro is widely regarded around the globe as a populist leader, a notion complicated by the lack of consensus about populism's definition. Müller (2016) argues that this term has loosely been used as a synonym for anti-establishment narrative as a solid, holistic and systematic theory or even definition of the term does not exist. In short, populism may be understood as a set of generally demagogic ideas and as a political communication strategy (Zúñiga et al, 2020). Norris and Inglehart (2019) argue that populism is not an ideology but a rhetoric style characterized by two dimensions: the populist leader presents themselves as anti-elite and anti-establishment, and also claim that the only legitimate form of political and moral authority comes from the people. Such gifted authority is presented as being superior even to expert opinion, institutional rules, or scientifically established facts (Lero, 2020). Populism, therefore, suggests an encouragement to a black and white dual way of political thinking, where everything is simplistically approached with the idea of being either absolutely good or absolutely bad.

Related to populism is the notion of authoritarianism, which is when a set of values places the collective security of the group above individual autonomy and rights (Norris and Inglehart 2019; Lero, 2020). It is here that I would also like to relay my argument back to aforementioned machista strong man politics for the following reasons. Firstly, one of the dimensions of authoritarianism is the overarching concern with security against something identified as posing a risk to the established stability and order. Secondly, the need to conform and preserve conventional traditions in order to collectively maintain the adherence of the collective against one external threat or other. Finally, there is the need for loyal obedience to the strong leader that protects the collective (Norris and Inglehart, 2019; Lero, 2020). Saad-Filho (2020) argues that the *paradox* of institutionalised neoliberal democracy is that democracy itself is undermined through the very structures created to safeguard it: public policy becomes rigid and unreflective of the majority, representational structures become unresponsive, poverty as a moral failing, etc. As previously mentioned, Bolsonaro is a strong proponent of the traditional image of a macho Latin man, therefore reinforcing the ideals of conforming to conventional traditions, which includes the image of the good law abiding citizen who does not get sick due to their physical and moral fitness (Lero, 2020; Ortega and Orsini, 2020a). The feature which arises when populism and authoritarianism combine is that of a strong leader/protector who portrays themselves as the only legitimate representative of the people, as opposed to the elites on the other side (Zúñiga et al, 2020; Lero, 2020).

Leading on from this, I would like to take a moment to discuss plausible explanations for the phenomenon. Based on Bauman's (2003; also Giroux, 2008) concept of wasted lives, the 'losers of globalisation' argument posits that globalisation and technical advancements have fundamentally reshaped the nature of both employment and migration. This argument is reinforced by Saad-Filho (2020) who contends that economic limitations of neoliberalism, which are validated through the promotion of a consumption-orientated and individualistic culture, imply that legitimate material aspirations cannot be satisfied and the next generations would not do as well as their parents had. Economic insecurity and xenophobia in this manner become a by-product of this shift as large sections of the population experience unemployment or lack of income growth (Fraser, 2017; Lero, 2020). In a world where market values determine one's complete worth and cultural sites unapologetically reinforce this notion of hyper-individualism in the drive towards cultural homogeneity, entire populations may find themselves exempt from any concerns even though keeping disposable populations invisible is not always easy (Giroux, 2008). Although Brazil did not witness much immigration in the last century, there was an intense period of urban to rural migration (see Perlman, 2009; Fischer, 2014), indicating that there is an argument to be made for large parts of the Brazilian urban population to feel threatened by the newly arrived migrants from the rural areas. Wage depression in the last decade (see Carvalho and Rugitsky, 2015) could also point to mounting frustrations across the lower and middle classes. Scholars such as Inglehart and Norris (2019) posit

cultural changes resulting from modernisation as a stressor to modern life. When societies become wealthy, the new generations become less concerned with material security and more concerned with post-materialist values, resulting in the backlash against those who adhere to the old values. Such a view, however, does not fully account for Brazil's case as not only have real wages increased between 2004 and 2011 though unemployment remains high (Lero, 2020; de Sousa, 2017), but also the widespread support Bolsonaro received spread across education levels and socio economic status. Prates and Barbosa (2020), however, offer the reminder that what is considered the "usual" in many middle income countries such as Brazil is still characterised by unjustifiable social ills and that shrinking middle classes are also at risk of being left behind and become *new vulnerable*, particularly during the ongoing pandemic. The new vulnerable are defined as those formal workers who would ordinarily not be at risk but have been hit hard by wage reductions and economic downturns.

Perhaps Pearce (2017) offers a better tool for analysis in what he labels as *authoritarian citizenship,* which is described as the *demand* that states not only deny rights to particular groups but *act* with violence against the targeted groups in the name of defending security. In a context of insecurity and general frustration following events such as Dilma Rousseff's controversial impeachment in 2016 (see de Sousa, 2017), ongoing corruption scandals, and the high levels of violence and intrapersonal insecurity which spill over from the periphery (See Perlman, 2011; Fischer 2014; Pearce, 2017; etc.), one can understand the appeal of the strong man who promises to fix issues.

Bolsonaro ran on a campaign which made few but crucial promises. These clearly managed to strike a chord with the majority of the Brazilian electorate: a tougher take on crime, radical economic reform to curb unemployment and falling incomes, a conservative turn in social issues, and unquestioned support for anti-corruption measures (Spektor, 2018; Scott, 2019; Garcia, 2019). Several authors point out that in real terms, Brazilian wages increased in the last few decades (de Sousa, 2017; Lero, 2020). This view accounted for the best moments of the Workers' Party (*Partido dos Trabalhadores* - PT) term in power in which levels of consumption, access to university and formal employment rose. However, criticism has already been levelled against this argument as largely simplistic and inaccurate (Garcia, 2019; Perlman 2010). Saad-Filho and Boffo (2020) argue that widespread grievance with corruption and the PT's ineffectual response to them were a large contributing factor to Bolsonaro's election beyond the fortuitous breaks he exploited. Lower-middle classes have been particularly badly affected by the economic crises which followed the 2008 financial crash and currently make up a rather large percentage of the precarious workers or unemployed who suffer from low quality public services (Garcia, 2019; Prates and Barbosa, 2020). A number of those who find themselves in the middle of the income distribution often find themselves transiting in and out of formality, poverty, and sometimes can be categorised as newly vulnerable (Prates and Barbosa, 2020). Such frustrations breed resentment against those deemed responsible. Urban area middle class and precarious workers had seen an improvement in consumption power

during the Lula PT years, only to lose said formal employment and purchasing power gains again in the last decade. According to Prates and Barbosa (2020) for the bottom half of the social pyramid, starting with the acceleration of the crisis in 2015, conditions have only worsened. Indeed, at the beginning of 2020, Brazil had rapidly rising inequality with 12.6% unemployment and 40% informality. Perlman's (2010) more historical overview of the situation in Rio's favelas points to a larger trend of younger inhabitants not being better off than their parents or grandparents, which is a condition that will eventually breed resentment when coupled with a further economic crisis such as that which has affected Brazil in the last decade. As explained to me by one informant:

> "I am against this government, I always have been - I wanted Lula back. I know how capable he is. I know that there was a lot of corruption in his time but he is not guilty of everything and he tried to help the Brazilian people a lot but the Brazilian people forget the good things and prefer to give opportunities to bad things. That's what is happening now, our country could be a better country. [...] Capitalism, in fact, neoliberalism, doesn't let the people survive nor let the people advance - this [is] social inequality. When you think you are going up, you look back and [...] you [will] see someone pushing you so you fall" (personal communication, 23 March 2021)

This informant perhaps best illustrates her frustration with Brazilian politics and why so many were ready to take a chance on something new. Feeling let down by more mainstream politics, it makes sense that a mass of workers, with few if any rights, would channel their feelings of anger towards those in power at the time of the crisis. According to Garcia (2019), conservative values (anti-feminism, anti-LGBTQ, anti-communist) are common amongst this precarious working class. They are strengthened and reinforced by the proselytism of evangelical Pentecostal churches and the diffusion of fake news which continued after the election. Bolsonaro's use of a message tailored in appealing to the few institutions that command popular respect - the family, the church and the armed forces - was in this manner very effective (Spektor, 2018). As argued by Benjamin Junge (cited in Kirby, 2018), Brazil did not promote the study of cultural memory for nearly two decades after the end of the dictatorship, leading a large section of the population to hold an idealised view of that time period. In a context of falling household income, adherence to private health insurance, and rising experiences with crime, Bolsonaro showed an unwavering commitment to change - whether peacefully or not.

States of ignorance, post-truth and a pandemic

Bolsonaro's campaign for office and his later Presidential mandate since January 2019 have been characterised by the recurring use of different forms of dis- and mis-information. After all, in light of other authoritarian populist leaders elected around the world in the past decade, Bolsonaro had

also bet on an anti-establishment rhetoric ticket in order to become elected (Richard and Madeiros, 2021). A pervasive social media operation involving misleading, manipulated, and fabricated content was set in motion in order to explore the fears and prejudices of the average voter, and contributed to erosion in support for more traditional parties and faith in democratic institutions (Avelar, 2019). In the 2018 election cycle, Bolsonaro's campaign stood out through its massive and orchestrated use of disinformation, and its illegal financing by private companies (Richard and Madeiros, 2021; Spektor, 2018). As documented previously, populism relies on misinformation, fake news, hearsay and the proliferation of lies. It is interesting to note that Whatsapp has been and currently is the most used form of social media communication in Brazil and is a principle conduit for political debate amongst family and friends in Brazil (Robert Coates, informal communication, 23 December 2020; Richard and Madeiros, 2021; Garcia, 2019; Kirby, 2018; Spektor, 2018). This is particularly problematic as although other social media platforms such as Facebook and Twitter have made efforts to crack down on information dissemination on their platforms, Whatsapp remains completely unfiltered and there is no intermediary who can stop users from spreading disinformation (Spektor, 2018).

So where does fake news enter into this equation? Well, I would argue that it results from the mediatisation of life in the context of a consumerist society. As summarised by Zúñiga et. al (2020) "In the days of a hybrid media system with pervasive social media interactions intertwined with professional journalism, populism has thrived. It is important to stress that populism as a thin ideology, core strategy to influence the public, and as an extreme left-/right-wing leadership-dependent phenomenon" (p. 587). After all, if one considers the fact that populist leaders thrive on the perceived authority given to them by the people, then it becomes clear to see how their communication style is operationalised by emotionalization, simplification, and negativity as expressed within their verbal and non-verbal communication (Zúñiga et. al, 2020; Kalpokas, 2019). As discussed by a young activist from Morro dos Prazeres:

"The general public were his voters, right? [...] Exactly what he calls "Bolsominion", because that's what they call him. It's surreal what he's done because of all the stupid things he does and what he says. So I don't know if there was just manipulation.[...] But I believe that he managed to get the head of [the other candidates] somehow." (personal communication, 6 April 2021)

By drawing on social media affordances, political actors are able to lay out three epistemic features on how current digital technology and social media ecosystems are concentrating. Firstly through obscuring the provenance of information, secondly by facilitating deception about authorship, and lastly by securing the manipulation of social signals (Zúñiga et. al, 2020; Kalpokas, 2019). D'Ancona (2017: 17) takes this argument a step further in his work on post-truth by arguing that post-truth is innately about escapist narratives. Such narratives allow people to feel good about their world by reducing it to simplistic answers that provoke emotional resonance, as well as giving

instinctive meaning to a decision that might otherwise appear both technical and abstract. As people tend to rely on relatively shallow information about most areas of life, it becomes relatively simple to fill any remaining gaps with information which is self-serving (Kalpokas, 2019). Therefore, in a post-truth environment it is the effectiveness of asserting one's truth claim that becomes the key to legitimacy. In addition, the fact that everyone has a cornucopia of information available to them at all times, which is tailored to fit the individual thanks to online services and algorithms. In this way it becomes easy to see how audiences have become conditioned to seek the characteristics for maximization of pleasure in their daily life. It is important to note that algorithms produce "knowledge without truth", and that for the algorithms running the platforms the truth holds little regard (Büscher, 2021: 74).

As outlined by Kalpokas (2019), all the information collected allows communicators to construct the most effective narrative possible, tailored to a particular cross section of the population by embracing their hopes, fears, preconceptions, stereotypes, prejudices, dominant interpretations of their own status, etc., following their performance of narratives in real time and allowing for immediate changes. In essence, post-truth is when the distinction between truth and falsehood is blurred, which takes place in the context of a collusive relationship between communicators and audience in order to maximise the satisfaction derived by the consumption of a particular truth-claim (Kalpokas, 2019; Büscher, 2021). Such an approach can be very difficult to challenge, as even while debunking a falsehood it is repeated, and therefore given currency. The self-motivated filtering of facts, after all, often leads people to entrench them in their pre-existing positions and does not fundamentally challenge the person from reaching the conclusion they had wanted to reach anyway even when presented with contradictory information (Kalpokas, 2019; Bridges, 2017; Lewandowsky et al., 2017). Such self motivated filtering possibility has also been enhanced by the co-creative nature of online platforms. Such mediation of what one sees further plays into the creation of a taylored internet niche. As much of society is increasingly being integrated with a digital layer, many customisation services intended to help organise the world for its consumers have been complicit in organising insulated alcoves for its audiences which in this manner increases the possibility for social polarisation (Büscher, 2021).

This past year has been very trying around the world. Beyond the dangers posed by the virus and the high number of casualties left in its wake, it has also been a year rife with disinformation campaigns, fake news stories and, in some cases, famously denialist and inactive leadership. De Troi and Quintilio (2021) highlight exactly how a network of misinformation can bring serious harm. One of the more serious examples was the suggestions made by the U.S. President Donald Trump to inject disinfectant as a treatment for the virus during a live press statement in April 2020. In the 18 hours that followed his speech, New York city recorded 30 cases of poisoning (De Troi and Quintilio, 2021). It therefore would not be too much of a stretch to consider that the narratives pushed by political

leaders would have an influence on the risk behaviour exhibited during this pandemic. As previously mentioned, Brazil's President Bolsonaro has been one of the most active voices in the world who has minimized the dangers of Covid-19 by dismissing it as a 'small flu' (see Ortega and Orsini 2020a/b; Granada, 2020; Phillips, 2020a; etc.), or that any containment measure is inefficient as it harms the economy (De Troi and Quintilio, 2021; Ortega and Orsini, 2020a). Bolsonaro's regular urging of Brazilians to *return to normality* in this past year, including his own breaching of quarantine after having had contact with an infected person, pro-actively seeking opportunities to greet and hug supporters, or taking walks around the city to talk to the population or get coffee has had devastating and unsurprisingly tragic consequences (Ricard and Medeiros, 2021). A key informant exclaimed during an interview she was sitting in on:

> "The president himself appeared in public without a mask. He appeared in public shaking hands with people. Showing the population that it's nothing, it's just a virus. He himself has already said several times that it's just a flu virus. And people dying. Nowadays, here in Rio, the virus is already having a new variant. Now young people are dying, children are dying. The majority of cases now are no longer the elderly, but young people and children. All because of the discredit it had in the beginning. And unfortunately it's still there. You still see people bringing this story, the president still meeting with people. You can see it on the street. For every person wearing a mask there are 30 without one!" (communication, 25 March 2021).

Many of those I interviewed expressed clear frustration at the lack of even the most basic measure being promoted by the government. A number had witnessed the deadly consequences of the Covid-19 health emergency, a matter which fostered much resentment amongst those I spoke to. This will be covered in more depth in the next chapter.

It is easy to argue that negationism is about as old as science. The question, however, has largely shifted to one which interrogates what to do when the negationism is actively encouraged by governments, political, religious and economic groups and spread over social networks with few if any controls (De Troi and Quintilio, 2021). Bolsonaro's recurring statements about Covid-19 have become a major source of disinformation about the pandemic in Brazil: in making regular personal appearances in both live streamed videos and official government channels, Bolsonaro has advocated erroneous information about the virus based on unknown or unproven scientific data (Ricard and Medeiros, 2021). For instance, Bolsonaro has made statements such as: "90% of people infected [by Covid-19] will not feel any symptoms," "if I contracted Covid-19, because of my athletic background, I wouldn't feel anything or at most the symptoms of a gentle flu," or suggesting that "armored glass protects against the virus entering a space" (Ricard and Medeiros, 2021). Such statements are made in service both to his ableist strong man persona, but perhaps also offer the opportunity for a more sinister reflection. As argued by McGoey (2012), ignorance can be mobilised just as another feature of

governing. He argues that the mobilisation of the denial of unsettling facts, combined with the realisation that knowing the least amount possible, together become an indispensable risk managing tool to exonerate oneself from future blame for a catastrophic event.

Ortega and Orsini (2020b) are quick to add onto this point that Bolsonaro's brazen form of science denialism should not be confused with his maintaining a critical stance towards science. After all, being reasonably critical of science as a discipline has long been seen as a necessary part of democratic governance. This does not subtract from the consideration that members of the current Brazilian government have deliberately disseminated fake news and promoted ineffective cures. Bolsonaro's false certainty in his promotion of the medication Reuquinol (hydroxychloroquine, hydroxychloroquine sulphate) urged for its *prompt application* in patients with severe Covid-19, thus stimulating a crusade against doctors and specialists who at the time were still cautious about its use (Ricard and Medeiros, 2021). The drug continued to be produced in Brazil by the Army, to the point that a stock of nearly two decades worth of the medication was created (Veras, 2020). Even more worryingly, reports are still coming out of Brazil of patients either taking hydroxychloroquine voluntarily as one of the many quick fixes against the virus or still being prescribed the medication in their at home covid kit (Schumaker, 2021; personal communication, 2021). As reported by Ventura et al. (2020), the early use "Covid-Kit" promoted by the federal government included medication whose well known side-effects may cause haemorrhage, renal failure, and arrhythmias. Several instances of patients prescribed the early treatment kits have died as a result of this, such as the famous case of five patients in São Paulo who went into liver failure and had to be placed on the waiting list for an organ transplant (Verntura et al., 2020).

It is not too difficult to see how Bolsonaro's actions are in line with his preoccupation regarding his own political survival. After all, having placed such emphasis on the economy's survival this past year, it has become evident that Bolsonaro has forged a false dichotomy between quarantine and the economy, in which the collapse of the economy due to adherence to social distancing rules would hamper his political future (Ortega and Orsini, 2020a). Neder Meyer and Bustamante (2020) have suggested that Bolsonaro uses *chaos* as a method to maintain his follower's loyalty. If we consider Bolsonarismo as a governing style, it promises to permanently challenge the mainstream with the promise of a saviour who will fix all ills. The creation of a situation of despair in which the idea is disseminated that the media and other institutions are against the immediate recovery of the Brazilian populace become self-serving. Uncomfortable knowledge is managed through outright denial, dismissal, diversion and displacement. Even when such uncomfortable truths can no longer be swept under the proverbial carpet (Ortega and Orsini, 2020b). It has, however, become increasingly apparent that Bolsonaro is starting to become increasingly politically isolated. Even the Brazilian army reportedly decided to circumvent him in all important decisions when the death toll across the country began to mount (Ortega and Orsini, 2020a).

The strategy of such a move towards chaos is also not a new one. Da Empoli (2019) refers to the saturation of the public debate with controversial and false statements as a common populist tactic. Bolsonaro has not shied away from surrounding himself with a range of characters with their own eccentric views during his presidency, including several members of his inner circle who identify as members of the flat earth movement as bolstered by the Evangelical Church (Ortega and Orsini, 202a). One informant told me of a fake news video which had been circulating in São Paulo:

"Last week I saw a video of a priest saying that the vaccine is made from aborted foetuses. In church, at mass, in the vestments, preaching! Saying that it's a communist virus and that we [shouldn't] get vaccinated because it is made of aborted fetuses" (personal communication, 11 February 2021).

This just illustrates how pervasive fake news and it's ideas are beyond just a few major figures. According to da Empoli (2019) there is a solid logic behind the absurdity of fake news and conspiracy theories as, contrary to what logical intuition may point to, alternative truths are not just propaganda tools but formidable vectors of cohesion. It therefore becomes apparent that for national populists, the accuracy of the content does not matter as much as the entirety of the message, which must be tailored to speak to the feelings and sensations of the population. The rupture within the system through the use of messages which go against the contemporary democratic and social standards is seen as an act of courage, regardless of the fact that it keeps such national populist leaders dependent on a vicious circle of controversies required in order to keep their audience mobilised (Ricard and Medeiros, 2021). It is not so far-fetched to see how even with the advent of a global pandemic Brazil under Bolsonaro, like the USA under Trump, was unable to break from this vicious circle. As previously mentioned, Bolsonaro's communication in particular has largely been focused around efforts to minimize the severity of the disease, discredit the social isolation measures intended to mitigate the course of the disease's spread, but also to increase the distrust of public data including promoting ineffective remedies and arguing that there was no difference between countries who had and had not adopted safety measures (Ricard and Medeiros, 2021). It therefore comes as no surprise that a Brazilian Parliamentary inquiry into misinformation spread across platforms, pointed to three main operational themes during the pandemic. Firstly, the proliferation of pseudo-scientific information about symptoms, risks and cures; followed by prevention and control measures as recommended by international organisations and their alleged terrible collateral effects; and finally attacking or promoting decision makers and other public figures in order to delegitimize them and others supporting control measures - in short anyone who opposed the return to normality (Ricard and Medeiros, 2021).

A pandemic of political mismanagement?

Brazilians remain increasingly frustrated as the death toll across Brazil has mounted in the past year. One informant even went so far as to explain that "Unfortunately, we have to tackle two viruses in Brazil: Covid and Bolsonaro," (informal communication, 22 April 2021) which aptly described the feelings of frustration voiced across both internet forums and my own interviews. According to recent poll numbers, Bolsonaro's current approval rating stands at around 35% (Barbosa, 2021). Moreover, the instalment of a Covid Parliamentary Committee of Inquiry at the end of April 2021 to investigate the government's conduct during the pandemic also points to wider frustrations at the mismanagement of the Covid-19 outbreak in Brazil (Barbosa, 2021). Taking these two facts together also further points to the divisions in those who had supported Bolsonaro's election in 2018. According to Richmond (2020), Bolsonaro's support group was largely composed of 3 factions. Firstly, the staunch Bolsonaristas who supported most if not all of his penal populism, virulent anti-leftism, misogyny, homophobia, and dictatorship nostalgia. They accounted for approximately 15-20% of the electorate. Secondly, those who oppose the left and PT in particular, but are typically uninterested in Bolsonaro's endless culture wars and find his behavior distasteful. Their support was given largely as Bolsonaro had become increasingly identified as the candidate most likely to defeat the PT. This was evidenced to me by a Brazilian living abroad, who had ended up voting for Bolsonaro in 2018. According to him, Bolsonaro's election was supposed to be an escape from the leftist populist rule that was dragging Brazil down, although the events of the past 3 years largely made him rethink his electoral choice as he had not expected Bolsonaro's presidency to be "this bad" (informal conversation, 4th July 2021). Finally, those uninterested in politics see little distinction between the mainstream parties, though many harboured sympathies for former president Lula. Their support had largely been won with the promise of voting for something new (Richmond, 2020).

It is one of the great paradoxes of the neoliberal agenda that the economic and political crises have promoted the personalisation of politics and the rise of the spectacular leaders who are as committed to neoliberalism as they are to their own personal power. The consequent radicalisation of neoliberal policies once in office which encourage an agenda of increased globalisation will eventually harm their own political bases (Saad-Filho, 2020). From the very beginning of the Covid-19 crisis a year ago, the approval ratings for Bolsonaro's handling of the crisis has been low. *Atlas Politico* report on polling carried out in March of 2020 found that around 64% of respondents disapproved of Bolsonaro's handling of the pandemic, and about 45% of respondents stated they would be in favour of his impeachment (Richmond, 2018). Already a year ago, Bolsonaro had managed to alienate millions with his dismissive stance towards the coronavirus through his belittling of the illness as media "hysteria" and a "bit of a cold" (Phillips, 2020a). This marked the beginning of many other famously unfortunate statements which all had one thing in common: the disdain for the

lethality of the virus characterizing it as a little flu and horrendous negligence with public care in relation to the virus. As argued by Veras (2020), Bolsonaro mobilised his realisms in order to use the crisis to his advantage. After all, the crisis gave him the opportunity to put the population under information control, control his enemies, revise factual deaths as nothing more than the aforementioned press hysteria, and incite his followers to invade hospitals and supervise ICUs by harassing health professionals (Veras, 2020). Although he was not the only leader around the world to push for the bet of herd immunity as a solution to the crisis, many of those opposing the government in Brazil have been vocal in accusing the government of carrying out a eugenist and possibly Malthusian project. They argue that the function of the Brazilian state response in the crisis has become an opportunity for those in power to eliminate the weakest members of the population and the perceived enemies of the government (Veras, 2020; Ventura et al., 2020; Rousseff as cited in Phillips, 2021). Bolsonaro's own ableist rhetoric is heavily invested in moral and physical fitness which can allegedly be mobilised by one's body to build a wall against this "little flu" (Ortega and Orsini, 2020a). Understanding Ableism in terms of its definition as a network of beliefs, processes and practices to produce a particular kind of corporeal standard that is then presented as the normal and therefore fully human (Campbell, 2009) illustrates just how dangerous Bolsonaro's rhetoric can be. In its societal application it becomes clear to see that beyond the level of the individual, it becomes the symbolic proxy for both the health and vitality of all of the Brazilian People (Ortega and Orsini, 2020a). Vulnerability means becoming expendable, lives become lesser than, and victim blaming becomes the first order of business once faced with a stressor such as the virus.

The Brazilian government's attitude to the crisis can best be summed up by President Bolsonaro's disreputable comment made in April 2020, in response to the rapidly growing number of Covid-19 cases in the country: "So what? What do you want me to do? My name's Messiah, but I can't work miracles" (Phillips, 2020b; the Lancet, 2020; Ortega and Orsini, 2020). The federal health leadership is stunned by a number of scandals. Firings and resignations since the start of the pandemic serve to illustrate the unprecedented nature of the crisis in Brazil. Most notable amongst these crises was the firing of the respected and well-liked Health Minister Luiz Henrique Mandetta, who was fired following a television interview where he strongly criticised Bolsonaro's actions and called for unity. His replacement, Nelson Teich, was in office for only a few weeks before being temporarily replaced by Eduardo Pazuello, a general with no medical training (the Lancet, 2020; Ortega and Orsini, 2020). Pazuello proved more compliant than his predecessors. Twenty key posts in the Ministry of Health were also given to other military officers lacking any public health training or background (Ventura et al., 2020). Immediately after taking the job, Pazuello's ministry backed the use and distribution of the malaria pill hydroxychloroquine, which had already been disproven as a Covid-19 treatment by the World Health Organisation (WHO) (Schluger, 2020). On several occasions, Pazuello himself said that he follows his boss' directions without questions. As of March 2021 after being subject to a Brazil's

top court investigation, Pazuello was replaced by the cardiologist Marcelo Queiroga. The investigation centred around the allegation that his negligence contributed to the collapse of the health care system in the Amazonas state earlier in the year ("Brazil's Bolsonaro picks fourth health minister in a year as COVID rages", 2021; Covid-19: "Brazil to get fourth health minister since pandemic began", 2021). Conservative lawmakers from Bolsonaro's own government had already proposed suitable replacements for Pazuello, and threatened to increase pressure for an investigation into his handling of the crisis. In this manner the replacement of Pazuello became a new priority. This was partially a result of a series of scandals, in which the Health Ministry accidentally dispatched a shipment of vaccines intended for Amazonas state to neighbouring Amapa state after confusing the state abbreviations. This just added to the intense criticism launched against Pazuello for the slow and chaotic vaccine roll out. Bolsonaro justified the replacement by stating that "Pazuello's work was well done in the management part. Now we are in a phase that is more aggressive in the fight against the virus" ("Brazil's Bolsonaro picks fourth health minister in a year as COVID rages", 2021). This news comes as Brazil passed 10 million confirmed cases of Covid-19 and over a quarter of a million deaths, while the disease remains unchecked (Ventura et al, 2021).

A battle of wills: truth versus power

Ultimately this chapter is a result of questions I had regarding Bolsonaro's election, his use of fake news, and how these influenced the Covid-19 response in Brazil. I argue that Bolsonaro's strategy fits well the paradigm of necropolitics and his management of the pandemic can be understood as neoliberal capitalism, in which the bodies deemed unproductive are systematically marked for social, or in the case of the pandemic, physical disposal. The mobilisation of Bolsonaro's discourse minimising the severity of the disease, dismissing NPIs and creating distrust of public data shows a strategic use and understanding of his platform. In terms of fake news, Bolsonaro has been prolific in sharing pseudo-scientific information about symptoms, risks and cures, as well as attacking or promoting decision makers who supported basic Covid-19 control measures in order to delegitimize them. His rhetoric has remained heavily invested in the moral and physical fitness of the Brazilian population in their natural defence against the virus, illustrating the rationalisation behind his inaction even when the health system was being overwhelmed with patients. Narratives promoted by political leaders influence the risk perception and behaviour of their supporters, which very easily translate into wider societal behaviours.

The Bolsonaro administration's refusal to reinforce safeguards of public health institutions to protect the lives of Brazilians, including the removal of the public spending cap imposed in 2016, shows how the right to life and health is being violated. According to Ventura et al. (2020), Bolsonaro excluded various occupations from the emergency financial aid programme, effectively forcing people to keep working during the pandemic, while earmarking religious services, gyms and beauty salons as

essential services to stay open. More importantly, he vetoed a series of legislative measures designed to limit the spread of Covid-19. He unjustifiably delayed emergency fund release to states and municipalities, and he systematically mismanaged the purchases and distribution of fundamental products such as diagnostic tests, personal protective equipment, respirators, oxygen, vaccines, and syringes (Ventura et al., 2020). The stance Bolsonaro adopted has been identified as one of the main obstructions to the possibility of a nation-wide coordinated response, including hindering the efforts of the national Department of Health to curb Covid-19 infection rates. Moreover, in the ongoing inquiry, evidence was recently presented that Bolsonaro never wanted to buy Covid-19 vaccines and heavily bet on herd immunity to beat the coronavirus (Milhorance, 2021). In the meantime, the virus remains uncontrolled in Brazil and the death rate of the disease has surpassed half a million at the end of June 2021. The sustainability of SUS remains threatened, especially in light of the high cost of in-patient hospital treatment, exhausted healthcare workers, and exacerbation of Brazil's already extreme inequalities. It is here that the hierarchical approach of the neoliberal system becomes most apparent: those who are most reliant on the public system are also the most likely to be considered a lesser body left to succumb to the disease. Recently the movement to impeach Bolsonaro has gained traction, with several mass demonstrations happening in the last few weeks and heavily supported by high level political figures who have lost family members to Covid-19 (Milhorance, 2021). Today, Bolsonaro is one of the only heads of state who continues denying the risks associated with Covid-19. The question remains about who will ultimately emerge victorious in the battle of wills for controlling the pandemic in Brazil.

6. #CovidnasFavelas: a year of Covid-19

Over a year and a half has passed since the first cases of Covid-19 first were reported to the World Health Organisation in Wuhan, China. It has also been over a year since the world went into its first lockdown due to the seemingly uncontrolled global spread of the SARS-CoV-2 due to the highly infectious and transmissible nature of the virus (Coetzee and Kagee, 2020). Because of its rapid spread, many governments began to consider the importance of public health interventions to reduce the rate of transmission. As seen previously in this thesis, Covid-19 was neither the "great equaliser" it was claimed to be - i.e. affecting everyone in society equally, nor has it been feasible to fully implement containment strategies everywhere (Sandset, 2021; Coetzee and Kagee, 2020).

Nowhere was this clearer than in Brazil, as affirmed by Galindo (2020), who argued that in Latin America Covid-19 has exposed the colonial order of the world. Indeed, he highlights that in Latin America "the death sentence was written before the Covid arrived in a tourist plane" (p. 124). In the first months of the pandemic many of the richest members of Brazilian society made claims stating that the worst had passed. Such claims were made in the face of a growing number of deaths among the poorest, who suffered from the difficulties to have access to any treatment (Fernandes et al, 2020). Indeed, as argued by Fernandes and her colleagues (2020), in Brazil it became increasingly clear that in a broader analysis the pandemic had never been about the richest or poorest, but rather highlights the cruelty of the form in which social reproductions of life are made. They remind us that the first death by Covid-19 in Brazil was that of a black domestic worker who worked in an elite neighbourhood of Rio de Janeiro. In line with the theoretical framework presented earlier in this thesis, I would like to point to Sandset's (2021) argument that the conditions of slow death and necropolitical outcomes are not the only outcomes of a form of 'state of exception' but are part of what we can refer to as a 'state of acceptance.' In short, one can infer that the necropolitics of global health inequality is driven not by a perpetual state of emergency, but by a state of chronic acceptance that some have poorer health outcomes than others.

This essay will largely be composed of the data I collected over the last few months, predominantly from interviews and informal conversations. Most of those I interviewed were from the metropolitan area of Rio de Janeiro, although I also spoke to some people based in São Paulo and informally to a few Brazilians living in the UK, where I am currently based. This essay will largely be organised based on Coetzee and Kagee's (2020) conceptualisation of structural barriers to explain influence and adherence to lockdown rules as an organisational structure, however further theoretical support will also be drawn from other sources. In this manner, this section is largely the result of the question that has been burning in my mind from the start: how are people in more vulnerable and marginalised communities, such as favelas, dealing with Covid-19? And how are people drawing attention to the inequalities that surround them in light of the government's necropolitical actions?

Covid-19, vulnerability, and the tenacity of the favela

The Scope of the pandemic in the favelas of Rio de Janeiro

The implementations of national lockdowns requiring people to stay home and only leave for essential reasons such as buying groceries are just not feasible in many Low and Middle Income Countries (LMIC) where large portions of the population live in precarity. The Covid-19 pandemic in Brazil exposed and exacerbated historical problems beyond public health. Although Brazil prides itself on being considered a racial democracy, historical legacies of racism and subjugation of the non-white populace to the edges of public policies have been enhanced in this health emergency in terms of social and racial inequalities (Santos et al, 2020). It becomes plain to see that preventative measures recommended by the Brazilian Ministry of Health are neither effective nor realistic for low income Brazilians. A large portion of the population does not have access to running water nor money to buy the most commonly recommended NPIs such as hand sanitiser and masks. According to Santos et al. (2020) the informal economy and the composition of the favela are obstacles to the implementation of WHO recommendations (e.g. social distancing) adopted and enforced by several states in Brazil.

Purely by looking at population density, it becomes clear why favelas are at high risk of viral transmission and exacerbating inequality: in some areas of the Southeast region the population density reaches as high as 99.1 inhab./ha and almost three quarters of the households in these settlements coexist without spacing between them (Pereira et al, 2020). The percentage of low-income families living in subnormal housing with higher numbers of individuals per room is higher for Black and Pardo families than for White families (Ribeiro et al., 2020). It has been well documented in these areas that because of high densities, precariousness of infrastructure such as running water, sewage systems, and lack of physical space, it becomes very difficult for WHO recommendations to be followed (Pereira et al., 2020; Coetzee and Kagee, 2020). This issue came as no surprise, especially when considering the fact that in Rio de Janeiro's favelas, as well as in other peripheral areas of the metropolitan region and in the state of Rio de Janeiro, access to treated water and sewage infrastructure is unequal (Braga et al., 2020). According to their report, "The limitations in access to basic services that structure the urban space of the city of Rio de Janeiro reveal the unequal configuration of the territory which, within a context of health crisis, brings to light the abysmal differences that the Right to Health and the Right to Life are treated in different parts of the city" (Braga et al, 2020: 05). As further outlined in my interview with Mr. Braga:

> "They have developed many solidarity actions to face the impact on their territories, but these are populations that have not stopped working. They have not been able to achieve social isolation and continue their daily lives, their work, their need to earn an income for their families. And this is an objective reality in this territory which we also understand aggravates the situation, aggravates the exposure of this population to the pandemic. On

the one hand, we understand that the population living in these territories has not been able to stop and isolate itself socially. On the other hand, we also have another historical effect on public policies, which is, for example, health care" (A. Braga, personal communication, 18 February 2021).

The strategies of lockdown periods as emergency containment were intended to reduce the numbers of infections fast and 'flatten the curve' as it was referred to in the news. These strategies have forced millions of people to abandon their everyday lives. They were never intended as a sustainable model for dealing with the crisis (Coetzee and Kagee, 2020). This unsustainability became very evident in several interviews. By the time I had started speaking to informants in Brazil, mid January 2021, it had become overwhelmingly clear that lockdown measures caused considerable disruption to individuals, families and communities. When I had asked one informant an open question about Covid-19 and containment measures in her area, I received an exasperated look and she asked me what Covid I was talking about: life appeared normal outside and they had even had a large carnival celebration the week before our conversation (personal communication, 23 March 2021c). This was clearly also a reflection of the fact that people cannot afford to just stop working and stay home. On a practical level Rio de Janeiro is dependent on the workers from the Favelas to fulfill many of it's daily needs, as was explained to me by the director of an NGO involved in several research projects across Rio's favelas:

"Essential services in Brazil have not stopped at any moment: public transport, urban cleaning, cleaning and maintenance of hospitals, for example. Most of these fundamental services in the city are carried out by the residents of the favelas and peripheries. This is another element of inequality" (A. Braga, personal communication, 18 February 2021).

Confinement in Brazil is a luxury, not a feasible reality for a large portion of the population, for whom autonomy resembles more an attempt not to fall into exclusion, rather than freedom and independence (Sant'Anna, 2021). Many of those working in a more casual sector of the economy face very real fears of loss of employment, which would be devastating to the financial stability of their household (Coetzee and Kagee, 2021). Indeed, several informants I spoke to were quick to inform me that there were plenty of fundamental services, both formal and informal, that had stopped. One informant from São Paulo spoke about the devastation that Covid-19 held in relation to day labourers, and particularly those who worked as cleaners, finding themselves suspended from their job without notice and therefore without income (personal communication, 11 February 2021). This point is particularly poignant in relation to another informant who spoke about how many of the breadwinners in her community were unemployed women without schooling who were attempting to scrape by a living on social assistance as their condition had been exacerbated by the Covid-19 lockdown (personal communication, 23 March 2021b). One activist from Complexo do Alemão remarked that:

"The pandemic alone brought, besides unemployment, other issues that aggravate the situation [...] [especially] related to housing and food. How can you think of promoting health and breaking this barrier if you don't have essential rights? [...] [such as] health, education, food - these are rights that you should have, but you don't![...] And if you look at history, [...] the favela gets beaten [down] all the time and little is done about it" (personal communication, 23 March 2021b).

This point was also driven home by Mr. Braga, who remarked that:

"Those who managed to isolate themselves socially, those who managed to quarantine themselves at home, have an address that is a richer address in the city, they have a more specific skin colouring because we also reflect this historical process in Brazil" (A. Braga, personal communication, 18 February 2021).

This also illustrates how the current pandemic may have much more of a racial divide as well as a socio-economic one based on historical processes. I tentatively agree with him. Based on the relatively small sample of individuals interviewed for this research project, even I noticed that most of those I spoke to, who lived in peripheries and favelas tended to be BIPOC (black, indigenous, and other people of color), while other professionals appeared more white. More worryingly, according to dos Santos et al (2020) there is a distinct shortage of race and colour data gathered in Brazil. This impacts the creation of a morbimortality epidemiological profile essential for health emergencies. According to them, this strategy obscures the structural issues that underpin policies against Covid-19 in Brazil, as even within the limited data available it became apparent that the highest number of Covid-19 hospitalisations and deaths were of BIPOC people.

If adherence to lockdown strategies can be understood as health promoting behaviour, and adherence to these measures can be understood as as an act of individual volition mitigated by various structural and societal factors influencing health behaviour (Coetzee and Kagee, 2020), the natural follow up question for me had become one regarding the existence of any official state organised support structures in place to allow for such behaviour change. In a certain way, the answer to this question was pretty clear: none. When I first began researching this topic, most emergency aid funding for families across Brazil was quoted to me as standing at around 600 BRL (approx. 115 USD as of July 2021) per month through an extension of the Bolsa Familia programme. Indeed, according to Prates and Barosa (2020) the creation of the Emergency Basic Income (EBI) Programme was meant to ease the impact on the average income of informal workers and the poorest families through an unconditional cash transfer of 600 BRL. This scheme was initially installed for 3 months, although it was extended for a longer period of time, before being reduced to an average 150 BRL (approx. 28 USD as of July 2021). For those I spoke to, this emergency aid was already considered as a too little too late measure. One informant from a small public health NGO operating in the Complexo do Alemão area of Rio de Janeiro explained that for her the help was

"just a fantasy, because 600 reais isn't enough to survive. Especially for families with more than five children. So, I think it's negligent. The president could have helped more, the government could have released more aid to help the [largest part of the needy] population, and done even more to prevent this disease, but it wasn't like this. So I don't agree with this aid, I think it could be improved. Now [they only give] 150 reais! This is only enough for a basic food basket to last 15 days" (communication, 23 March 2021b).

This accusation of negligence was also voiced in several other interviews. A youth member I spoke to from Santa Cruz explained that:

"Some people ask for help from the bolsa familia. [It's] a very small amount, 150 reais, if I'm not mistaken. Bringing it into our reality, 150 reais is not enough to buy enough food for a week here. This is the help that the government has given: bolsa familia for some people. This aid is for those who don't have a job with a formal contract. But also this aid doesn't last a week. It's given per month but it lasts for a week!" (communication, 25 March 2021).

Most informants I spoke to in later interviews all voiced both their concern and frustration about the system. It appeared as though nearly everyone knew of at least one neighbour or family in the area trying to survive on only the formal state help. One informant called it an "inhumane" approach by the government, explaining that it was for this reason that many people she knew preferred to keep going out to work and risking their lives rather than starving (personal communication, 25 March 2021). This was particularly worrisome, as I was informed in passing conversation that not only was hunger back in Brazil, but that also the price of nearly all commodities had increased (informal communication, 22 March 2021). Indeed, upon some closer investigation, it became apparent that basic food prices had indeed increased since the start of the pandemic. According to the Brazilian Institute of Geography and Statistics, the price of a kilogramme of rice had increased by 70% as compared to the year before, as had the prices of nearly all basic commodities including black beans, potatoes, red meat, milk, cooking oil and cooking gas (Cowie, 2021). In this manner it becomes clear how those marginalised socio-economic areas face increased disparities. This additional hardship is normalised within the crisis framework, and offers a necropolitical reflection in the acceptance held of certain communities facing increased risks and decreased value in the institutional eye of the state. The underlying precarity that structures the Covid-19 pandemic illustrates how those that were already seen as "less than" and "disposable" before the Coronavirus pandemic are now the most affected (Sandset, 2021).

The Politics of Health Access

Since the onset of the pandemic in March of 2020, there have been several issues which highlight the inequalities of health access across Brazil. Consider the fact that about 75% of the Brazilian

population depend exclusively on public health assistance services, which in itself accounts for under half of the Intensive Care Unit (ICU) beds available in the country. This is an indicator of pre-pandemic health disparities. The remaining quarter of the population who can afford private insurance have access to a health system that accounts for over half of the ICU beds available in Brazil. This suggests that already from before the start of the pandemic, those with better financial conditions would have had better health outcomes in a health emergency (Tonel, 2020). It is here where the necropolitical actions of the Brazilian state become most apparent. One could argue that it is through the State that deadly conditions are created. The selection of which lives should be maximised and which should be left to die, through their perceived uselessness to the neoliberal state, becomes most apparent (Tones, 2020; Sandset, 2020). Several participants to whom I spoke during my interviews pointed out how challenging hospital and health access proved to be, regardless of the existence of SUS. As explained by Mr. Braga,

> "Health care, especially in the city of Rio de Janeiro for example, [...] the main hospitals and the main health networks that are able to serve the population are concentrated in the central region or in the rich neighborhoods of the city. You go to the peripheries, [...] and favelas of Rio de Janeiro [which] are further away from hospitals in direct distance. But they are also more distant from beds with respirators. In this case, the distance is even greater. If you think about it: beds with respirators, which at that first moment of the pandemic was the fundamental measure to avoid death, the favelas in the outskirts were more than 5 kilometers away, which was the minimum distance for emergency care in these places " (A. Braga, personal communication, 18 February 2021).

In this manner, it becomes clear to see how necropolitics operates not only through armed violence, but also by the denial of services such as ICU beds. In fact, it is well documented that ICU bed distribution across the city of Rio de Janeiro is uneven, with lower coverage being most common in the underprivileged areas of the city and the West zone being particularly affected. I was told that much of Rio's periphery is even more isolated from accessing hospital care, in some cases people can expect to travel over an hour, if not several, in order to access health services (Robert Coates, informal communication, 26 May 2021). The steep hills on which favelas are built play a significant role in mobility, as their geographical make up make ambulance access difficult (Ribeiro et al., 2020). According to Bedoya-Pacheco et al. (2020), inequity in ICU bed distribution is an indicator of inequality of access by illustrating the ability of the system to solve various illnesses and impact early mortality. Economically disadvantaged groups become most affected and end up carrying the burden of the diseases resulting in lower life expectancies (Szwarcwald et al., 2011). Additionally, those working in unstable jobs without financial aid for sick days are most likely to postpone going to health services until the disease symptoms become acute (Ribeiro et al., 2020).

Castro et al. (2021) analysis of the pattern of spread of Covid-19 cases in 2020 concluded that there is no single narrative which explains the propagation of the virus across Brazil. According to them, a combination of complex scenarios affected the varied and concurrent Covid-19 epidemic across the country. In Rio de Janeiro, they attribute political chaos as the basis for the lack of a prompt and effective response to the virus. This was caused in part by the polarized views of a politicised pandemic, and in part by the political alignment between governors and the president which affected the timing and intensity of the pandemic response (Castro et al., 2021). When I asked one of my informants in February 2021 about her view on the pandemic response in Brazil, she exclaimed that:

> "It was already a joke. It can only be. And that in the health crisis that we are living only got worse. Because [Bolsonaro] gave contradictory information and was disrespectful to the families and victims." (personal communication, 11 February 2021).

She expanded on this comment by explaining:

> "I don't agree with the form and the ideas defended by the federal government in the fight against the pandemic and other issues. It always creates smoke screens to divert the focus of attention and causes great damage to the population. Bolsonaro [...] cannot even execute what he says, which is to defend the economy. We are in a real chaos and without a commander" (personal communication, 11 February 2021).

It was not only the smoke screens which affected both the pandemic response and health access of vulnerable populations in Rio de Janeiro. Throughout the Covid-19 health emergencies accusations of corruption lead to the removal of the governor of Rio de Janeiro Wilson Witzel from office. The position of Secretary of Health was replaced three times between May and September 2020, and in one case the person who held that position was arrested (Castro et al., 2021). This sentiment of frustration at an ineffective and chaotic leadership was also echoed by other informants. As one activist candidly explained to me:

> "There is a process of deconstruction of management. I think we're in a state of misgovernment, right? It's been four years of misgovernment. Today we have a mayor who's trying to do something, a governor who leaves [...] for corruption just like the others. The new governor who is coming in isn't doing so well either: he is preparing his political bed for 2022. We have a President of a country as rich as Brazil but who can't manage [...] We are living in a pandemic where the money of the worker is reduced but no politician until today has cut his salary and his unnecessary benefits." (personal communication, 23 March 2021b).

This illustrated not only the frustration people had towards the leadership in Rio de Janeiro, but also held particular salience when taken in the context of necropolitical health access for many of the disadvantaged communities in both the Metropolitan and State area.

"There's a field hospital here in Rio, it's closed! The mayor simply said that there is no need to open it. Most of the beds are taken. He says there's no need to open a field hospital. It's a calamity. Here in my city, just to give you an idea, here in my city, I live in São Gonçalo in Rio de Janeiro state, in my city a field hospital was built and nobody was treated. They dismantled it! The money ran out, they dismantled the whole hospital and in the end they didn't take care of anyone. All the investment, as if the pandemic had ended" (personal communication, 25 March 2021).

This point also came back in interviews and conversations carried out with other informants from Rio de Janeiro. For many of those who had worked in public health this was a particular issue of contention, especially when considered in the context of the gradual upkeep failure of public hospitals across the city. One informant went as far as to say that due to corruption "public authorities prefer to abandon the hospitals and leave them to their own devices" because she believed it was due to the governor's actions that the State went bankrupt (personal communication, 23 March 2021b). Such views are not so far fetched as, according to Reuters, the field hospital in São Gonçalo was indeed dismantled due to a lack of patients. Moreover, Brazilian prosecution has gone after a series of public officials in Rio de Janeiro for allegedly rigging emergency contracts for equipment such as masks while the rules were relaxed due to the state of emergency (Slattery and Brito, 2020).

Salience of Risk

When I was first exploring the possibilities of writing my thesis on this topic, I spoke to a professor from Brazil. Although his particular field is different to my own, we discussed feasibility and interest in this topic. He mentioned that when the first cases of Covid-19 were starting to emerge in March of 2020, the favelas that were not under state control, had actually mobilised more effectively than those controlled by the military police or militias. According to him, this was because favelas under gang control had a better incentive and structure to go into a standard lockdown as was being advised by the WHO, which included better support for those shielding at home (personal communication, 23 November 2020). Upon closer scrutiny both online and during my interviews, this turned out to be largely a myth. According to RioOnWatch (2021), these kinds of problematic generalisations have been prolific since the start of the Covid-19 crisis, and many of these sensationalised generalisations ignore the constellations of actors who had mobilized in favela and peripheral communities in order to combat the virus. One NGO worker from São Paulo I spoke to in February was very clear in telling me that despite the decrease in circulation of people on the street and a consequent decrease in crimes, including kidnapping, roberies, rape, vehicle thefts, etc., cases of armed violence were both known and recorded, including several involving security professionals (personal communication, 11 February 2021). This was corroborated by several other informants as well as the news, with stories appearing regularly throughout the period of my fieldwork including the police operation in Rio de Janeiro in early May that left 25 people dead and sparked nationwide protest (Milhorance and

Londoño, 2021). A community leader from the Complexo do Alemao in Rio was very clear in communicating to me that

> "Public security is not focused on life. It is focused on death and extermination in the country. So, if it manages to arrive, it destabilizes everything" (personal communication, 23 March 2021b).

Moreover, I heard about recent shoot outs from several informants who had been caught in the violence. Another informant from Vila Kennedy exclaimed that shootings in her community had actually increased, and expressed frustration at the fact that where she lived it appeared as though there was no Covid-19 in her community, that everyone conducted themselves as though there was nothing wrong (personal communication, 23 March 2021). Another interview was postponed several times because recent police violence meant my informant found herself involved in the aftermath as a trusted community leader. Additionally, some scheduled calls could not go ahead due to connectivity or electricity issues, which were coinciding with local protests.

One young community activist from São Paulo I spoke to briefly acknowledged the problems caused by rumours and fake news. She was very conscious of the fact that there was some confusion in her community about who had truly been affected by the virus. She told me how speculations in her neighbourhood ran rampant about who had been sick or had died, including one rather humorous story about a local vendor famous for smoking cigars who had just disappeared and everyone had presumed the worst. His reappearance weeks later was met with delight even though it had transpired that he had been very sick in hospital during this time (informal communication, 22 January 2021). Although this is perhaps one of the more positive details of the confusion created by the virus I heard during my fieldwork, a youth community leader from Morro dos Prazeres illustrated a darker side of this confusion and possibly reckless behaviour which she had attributed to the fake news coming from government sources. According to her, there was a very strong narrative of personal safety amongst some members of her community due Bolsonaro's insistence that the virus was harmless (personal communication, 6 April 2021). She also went on to mention that,

> "A lot of people agree with the president. I still think so. I see a lot of stubborness in the community. There are many people who still say that [the virus] won't hurt me, it won't kill me... Just because the President said so. I've heard people saying that" (personal communication, 6 April 2021).

In one case a Public Health specialist who sat in on some of my interviews laid bare the real human side of the pandemic and the very real consequences of fake news. Her frustration was palpable as she explained that personal tragedy is not enough to make people change their mind.

> "What is the name of the substance that Bolsonaro said will cure people of COVID? Chloroquine! Then, every now and then, we receive videos of someone who was cured

with this substance. [...] People believe that very strongly. My mother had COVID. My brother, who is a "bolsominion", believed that we had to give my mother chloroquine and [...] my mother passed away. My mother and father [died] of COVID. My brother didn't believe it, he didn't believe it, he was very crazy, he didn't believe it, and he hugged and kissed [everyone] and didn't take care of himself. And no matter how much we talked, you know" (personal communication, 25 March 2021).

This illustrates how pervasive and entrenched beliefs can become, and especially in more conservative followers of President Bolsonaro. My informant's frustration stemmed from the fact that she had worked in Public Health for years, and yet even some members of her own family would not listen to her, which led to fatal, personal consequences. She was not alone in her frustration. Another informant who had been involved in several organisations across Vila Kennedy also spoke of how futile she felt in the face of rebuttal from some members of her community:

"I believe that in my community, many people I know believe [that Covid is dangerous] and are protecting themselves accordingly. But the other half, unfortunately, is not even interested in the truth. And I think that it is not only true here but I think that in general, from what we see around [Brazil], people end up sick, in the hospital, and yes people are dying" (personal communication, 23 March 2021a).

These examples just go to illustrate how the issue of salience of Covid-19 is in the context of other challenges faced by those living and working in Favelas. The experiences of food insecurity, crime, joblessness, and other issues are very real complications faced by those who live in a precarious situation. The compounded problem of fake news and the President's dismissal of the pandemic have resulted in a situation where many people prioritise their immediate visible needs. Exhaustion resulting from the protracted nature of the crisis may also be a contributing factor to this situation of mixed adherence to NPIs.

When the marginalised push back to authoritarianism

As reminded by Ortega and Orsini (2020b), wealthy countries adopted a one size fits all approach to the pandemic, which was largely centered on extensive lockdown measures and a focus on tertiary hospital care and sophisticated technologies. Clearly, such an approach ignores the core global health principles of attention to context and social justice and equity. After all, when one considers lower resource settings, it becomes apparent that lockdowns, active testing, and emphasis on intensive care are not possible or attainable as such interventions exacerbate existing health disparities (Ortega and Orsini, 2020; Coetzee and Kagee, 2020). Much of the Brazilian State's response to the crisis and the virus was through inaction and chaos. Da Luz Scherf et al. (2020: 2) reinforce this notion by openly concluding that "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. [...] It was demonstrated that the President has worked unceasingly to bulldoze anti-Covid-19 efforts." However, this is not to say that there was a complete lack of efforts by others to control the spread of Covid-19 across Brazil. In fact, when the first cases began to appear, residents in peripheries and favelas began to organise themselves nearly immediately against both the novel coronavirus and the government's active suppression of effective public health action (Ortega and Orsisni, 2020a; Ortega and Orsini 2020, Béhague et al., 2021). Activists mobilised fundraising efforts and donations in order for food, masks and hygiene kit distribution to be organised. Volunteers signed up to learn basic first aid and walk door-to-door checking on neighbours and identifying individual needs. Many actions were instilled and run by community journalists and volunteers to disseminate information on methods to counter fake news and educate people on NPIs (Béhague et al., 2021). Many of those I spoke to were involved either in a grassroots effort or in a larger organisation who had refocused some of their activities to deal with the shifting needs of the communities they worked in. One informant proudly told me that:

> "Social networks help a lot. Because through social networks you can reach a larger number of people, and we also have a project with the health centre. So we already have [identified] the neediest families that we can help. The markets here are partners of the family clinic. The health centre itself also. We would be grateful for this partnership because if it wasn't for them. I don't think we would have any more projects - well, never again. [...] We manage to cover a larger quantity [of families] because here the community is divided into six parts and each [member of the initiative] lives in a different part of the community." (personal communication, 23 March 2021c).

Many of the other younger informants I spoke to were also parts of similar initiatives. Informants proudly shared how they organised donations in order to buy basic food baskets, hand sanitiser, and masks to be distributed amongst their community. Many also spoke of neighbourhood solidarity actions in terms of offering monetary or goods support to vulnerable neighbours. Some of the older activists or NGO workers I spoke to informed me of more widespread initiatives they had been involved with. One in particular had organised a partnership with the local health and family clinic in order to organise a mobile team of medical professionals to be able to assist those affected by Covid-19 across the community (personal communication, 23 March 2021a). Another informed me of a group she had formed of community leaders who came together every month to talk about the situation in the Complexo do Alemão and discuss community wide strategies to solve the most pressing issues (personal communication, 23 March 2021b). These kinds of mobilisation were clearly carried out in a very deliberate manner, as the purpose of reducing the incidence rate of Covid-19 is to enable health systems to cope with the large number of people who would need treatment (Coetzee and Kagee, 2020).

Some authors, such as Ortega and Orsini (2020b), argue that community activism responses to the crisis, which include mutual aid groups, are a prime example of Cueto and Palmer's (2014) concepts of 'health in adversity' during a crisis which was marked by a 'culture of survival' response around the world. Despite all the structural limitations and inequalities in access to health and other fundamental rights, the residents of favelas and peripheries have been building what Braga et al (2020) describe as a full experience of life and sociability. In their analysis of 140 actions to fight Covid-19 across the municipality of Rio de Janeiro, these favela-run initiatives represent a significant sample of the struggle and organisation of civil society in a context of a global health crisis and low efficiency of public initiatives. According to the authors, such initiatives represent a resourcefulness that has resulted from historical stigmatized logics and unequal distribution of rights in the centre-periphery flow. As explained by the NGO worker from São Paulo:

> "[I think] That if the government is not responding to the needs of the people, that gap is being filled by other organisations, other people, or the community of collectives themselves. Since the beginning of March [2020] when [the pandemic] broke out and the government was caught by surprise - [during this] year of the pandemic the collectives have [really] mobilized. I think [it's] because of the solidarity of those who were willing to help" (personal communication, 11 February 2021).

This is reflected in research as well, where it is indicated that while the pandemic has required that harm and mitigation actions occur in several spheres, many have largely been managed by civil society actors such as universities and NGOs. Only the issue of medical treatment is managed by SUS (see Fernandes et al., 2020). The initiatives regarding the dissemination of reliable information, enhancement of preventative actions, virus prevention, social assistance, research, and so on were largely carried out by a collection of local institutions. This does not exclude the demand for public power presence but considers the need for a mechanism which allows for the protection of families in favelas and peripheries, including their right to access health services on demand for issues of testing and care for all that require it.

Covid Nas Favelas

If one considers vulnerability as a label projected onto you by the power structure, but also by your own community (Zijlstra, 2021), then it becomes plain to see how the salience and exposure to risk will be unequally distributed across a city and within a community. The interviews I carried out were very clear in their encapsulation of structural and institutional acceptance of the existence of a more *fragile* part of the population, answering my question regarding how people in more vulnerable and marginalised communities were dealing with Covid-19. Much attention had been directed towards LMIC since the start of the pandemic, and concerns over limited resources influencing internationally

recommended NPI adherence. The geography and conditions of many parts of the favelas and peripheries are conducive to the intense circulation of respiratory diseases and linked overlap of root causes of higher mortality. Even just considering the most rudimentary international recommendation of "stay home" was clearly an unmanageable task for many low income families living in a residence with high numbers of individuals per room and where the immediate street and sidewalk hold cultural importance as expansion of the living space (Ribeiro et al, 2020). Combining this with exacerbating health inequalities, including difficulty accessing ICU beds and emergency medicine, it becomes understandable to see how the mostly BIPOC Brazilians living in urban peripheries have faced worse health outcomes than their white counterparts. This includes increased mortality risk when hospitalised.

The lack of action from the official health governance channels both exacerbated existing inequalities, and prompted the reaction of marginalised urban areas that organised themselves into movements and organisations willing to help their communities. Community-led actions were key in identifying and coming up with solutions to the ongoing pandemic-related crises. Many initiatives were crucial in identifying families and people at risk or vulnerable due to Covid-19 and providing monetary, food and health support. There was palpable frustration expressed by many informants towards those in their community who still believed much of the disinformation circulating in both official and unofficial channels. For some, this misinformation had close real-life tragedies due to Covid-19. However, there was also an understanding that it was not fully possible for life in their community to come to a stand still, precisely because of structural issues connected to poverty and inequality. At the same time, there was an explicit desire by local communities to be able to coheare at least some of the NPIs recommended by the international health organization. On a final note, community organisations have been using their influence both within the community and with official State institutions, to call attention to the inequalities in the government's necropolitical actions, and have acted as agents of change. Indeed, many community-led initiatives can be understood as re-democratising health and social support on a local scale, in order to fill the needs gap left open by a State who deems them disposable. By maneuvering their agency, community organisations can be understood as actively resisting the authoritarian-neoliberal State's erosion of rights, social protection and even democracy.

7. A pandemic of mismanagement: concluding remarks

The Covid-19 pandemic has proven to be an unprecedented public health challenge for the contemporary world. In Low and Middle Income countries where the majority of the world's poor reside, Covid-19 has devastated communities with high numbers of morbidity and mortality. In Brazil, the reluctance to carry out early interventions and emergency actions to develop public health strategies crucial to contain large outbreaks of the virus have had devastating effects for some vulnerable groups, at both community and individual level. Structural barriers challenge the adherence to standard protocols associated with containment measures which are beyond individual control and need resources in order to mitigate the virus' effects. Historical legacies of inequality influence the kind of risk factors individuals and communities are exposed to. The highly localised phenomenon of the pandemic is in this manner another structural barrier to an equitable response. Even within communities deemed vulnerable, the exposure to risk factors and salience of risk will not be the same, just as these communities are not homogenous in their composition.

Necropolitics cannot be reduced to direct interventions and actions that produce death, but also operates by determining conditions that generate and/or favor illness, a deterioration of living standards and ultimately the death of certain sectors of the population. The obfuscation of the true nature of the virus and denialism of its harmful effects are a conscious strategy pursued by the current government, as active and effective as direct interventions would be, aimed to harm some sectors of the population. If one considers the individual's independence and work capacity to be determinants of economic value and for this reason supported by the protocols, the government strategy betrays the hidden economic interests in its response to the pandemic: an ideologically perceived dichotomy between saving lives or saving the economy (Tonel, 2020). As argued by Castro et al. (2021) a coordinated, prompt and equitable federal response is imperative to avoid fast virus propagation and avoid health disparities, none of which has happened in Brazil. Necropolitics does not rely on direct actions, but rather operates through quiet inaction creating deadly conditions for certain sectors of the population. Within poor, marginalised communities the internationally accepted recommendations for Covid-19 management are difficult to carry out. The high population density and precarity challenges the one-size-fits-all international approach, and the fact that several informants reported a mixed adherence to such recommendations, e.g. mask wearing, points to how difficult it can be to make informed health decisions when facing more pressing issues such as food security. The necropolitical state is created through the lack of specialised intervention for marginalised communities who are seen as expendable, even in the absence of a pandemic. The necropolitical affirmation of the constitutional right to live, dependent on the group that a person belongs to, is reflected in both health access and State support for those affected by the Covid-19 health emergency.

It is questionable whether there is anything new about my application of necropolitics to Brazil, as the Brazilian State had arguably acted in a Necropolitical manner for about as long it has existed. The answer is an honest 'probably not.' However I am nonetheless making a modest contribution towards integrating necropolitics and neoliberal discourse, as a conceptual framework, to explain why certain States have acted the way they have acted, particularly during the Covid-19 crisis. In light of this framework one could tentatively speak of the "paradox of necropolitics" in the response to the Covid-19 crisis in Brazil. On the one hand, the Brazilian constitution is one of the most advanced and explicit in the world in recognizing the importance of providing access to health services for all and listing healthcare as a duty of the state, providing a strong legal basis to the creation of SUS. On the other hand, the State response to Covid-19 under the current administration was nothing short of catastrophically negligent, revealing important unresolved structural issues in the SUS.

In the first essay, I have discussed how historical trends of ruptures and continuities have influenced the way the current pandemic has affected some communities in Rio de Janeiro more than others. Although Brazil does not hold an unblemished record when it comes to public health, neither historical or more recent, there have been interesting developments since the creation of SUS which, at the beginning of the pandemic, would have suggested a much better health outcome and disease control than experienced by the country. In this essay I begin building my argument that, in different ways, the Brazilian state has long operated necropolitically, specifically in regard to the State's implicit assignment of different values to human life. The closer individuals are to the dominant power, the more their life is deemed worth in the authoritative understanding of value. Selective policies of europeanisation and hygienisation have clearly declined over time, yet the vulnerability of the BIPOC peoples in Brazil has remained. Covid-19 is the latest deadly threat to vulnerable populations, especially those crammed in the poor sections of urban agglomerates.

In the second essay I explored how the current political landscape in Brazil has influenced the Covid-19 response. I make the case that President Bolsonaro's core communication to his platform as heavily anti-establishment hindered the pandemic response. Much of the confusion has been strategic in that it allowed Bolsonaro to remain in line with the electoral base that gave him the electoral majority. As vocally argued by President Bolsonaro, the neoliberal discourse insists that countries must decide between health and the economy, and by extension between herd immunity or lockdown. Saad-Filho (2021) argues that the capitalist system fetishises the economy and instrumentalities exploiting people in the name of efficiency and progress. The dichotomy of "health versus the economy" can be argued as being false, as an economy cannot operate efficiently when workers are not secure or unhealthy, and the costs of acquiring herd immunity (if any is possible with Covid-19) rises enormously if the number of active cases requiring medical attention overstretch the national health-care system. Judging from his actions during the past year, Bolsonaro has strenuously and

consistently avoided taking any action in the name of public health. The necropolitical stance of the government has become most clear in the numerous instances of blatant suppression of knowledge and information, complementing the calculated strategy of inaction. I agree with Fernandes et al. (2020) who make a case that in Brazil necropolitical actions are present in a pernicious manner, including the lack of investment in social protection measures, labour deregulation, freezing of investments in social areas, and so on. In this manner the combination of a necropolitical state and a neoliberal capitalist structure means that for many a healthy life is not possible.

Following on from this, in my third essay I discussed how the conditions explored in the previous two essays came together on the ground in some of the favelas and peripheries of Rio de Janeiro. I attempted to sketch a picture of what was happening on the ground through the lens of those involved or residing in marginalised areas. I also tried to investigate the resistance attempts to counter the necropolitical State actions which had deemed the area as disposable. Many marginalised communities banded together to confront the gaps left by the system, with some organising very effective and efficient systems for monitoring their communities and supporting those who were sick. Fernandes et al (2020) argue that the concept of necropolitics as applied to the Covid-19 health emergency can be useful in expanding the understanding of a government whose only presence in a lot of places is through the extermination of lives by force, such as police operations or mass imprisonment. According to the authors, this is on top of a historical State construction distinguished for its lack of responsibility, investment and planning. Under a pandemic condition, those who need to quarantine whilst living in slums and peripheries face more barriers than ever, often arguing that equality does not exist, not even by the law (Fernandes et al., 2020). This issue resurfaced in my interviews by the acknowledgement from many respondents that, both on a personal and on a community level, Covid-19 was "a" problem but not "the" main problem. Many cited issues of food insecurity, personal safety, issues with education or health access as more pressing concerns than the virus. The remaining concern for the virus was very much entangled in counter actions and efforts many of my respondents were actively involved in within their communities.

The resistance to the high level inaction through community-led resilience offers an insight into the strengths of marginalised communities, even more so in the context in which the national death toll reached very high levels by international standards. Through the mobilisation of their networks and human and social capital, the inhabitants of the favelas have developed preventative measures which included holding public power accountable for guaranteeing the right to life. In this manner I would like to propose the idea of the politics of necropolitics. Considering the structural nature of Mbembe's theory, it is not far-fetched to see how necropolitics can be utilized to maintain the status quo; it becomes imperative to identify those who are actively resisting their designed fate and act as agents of change. I agree with Fernandes et al. (2020) that the pandemic offered a break in the subjectivities dictated by neoliberalism principles with the reminder that collective action offers

the best course of action to tackle the pandemic. Such solidarity actions can only go so far, as only the State holds the guarantee of rights, however in the absence of the state the expansion of democratic processes through solidarity and cooperation actions can fill such neglect at least at a community level. I believe locally-led initiatives have been a tremendous source of resistance to the necropolitical actions of the Brazilian state during this pandemic. As they operate based on the expertise of their local area, they can also be understood as a re-democratisation process of Public Health in Brazil. Indeed, local initiatives of mutual aid and grassroot activism have been proven in some instances to defy the one-size fits all strategies adopted in rich countries, which were characterised by strict lockdowns and tertiary hospital care. In this manner perhaps a participative approach to public health would once again be possible. As argued in Ortega and Orsini (2020b) a possible approach to Covid-19 governance moving forward would see the federal government coordinating with the initiatives which have emerged across Brazil in the past year, recognising the disproportionate impact Covid-19 has already had on many marginalised communities. However, it remains to be seen how the current government will act in the coming months, especially because the election period is due to start in early 2022. When a dysfunctional governance results in mass death through an absence of concrete government action because of an ineffective leader hoping to be excluded from all responsibilities, one can only hope that someone will hold him accountable for this in the coming election.

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