THESIS - Vol. 9, No. 2, Autumn 2020

International Research Journal

ISSN: 1848-4298 (Print) ISSN: 2623-8381(Online)

The Concept of Necropolitics during the Pandemic of Covid-19 in Brazil

Rodrigo Tonel

How to cite this article:
Tonel, R. (2020). The Concept of Necropolitics during the Pandemic of Covid-19 in Brazil. *Thesis*, 9 (2), 31-54.

Published online: December 23, 2020.

Article received on the 2nd of October, 2020.
Article accepted on the 9th of December, 2020.

Conflict of Interest: Author declare no conflict of interest.

Review Article

The Concept of Necropolitics during the Pandemic of Covid-19 in Brazil

***Rodrigo Tonel**, PhD*

Regional University of the Northwest of the State of Rio Grande do Sul – UNIJUÍ.
E-mail address: tonelr@yahoo.com
Orcid: 0000-0003-2480-7426

Abstract
The present article aims to reflect the access to health in Brazil, especially in the current context of the Covid-19 pandemic, establishing theoretical and conceptual paradigms between the fields of biopolitics and necropolitics. In this context, this study analyses the political discourses during the pandemic of Covid-19 in Brazil. The methodology comes from a bibliographic review, based on the hypothetical-deductive method, mostly based on the concept of necropolitics. Finally, it has been observed that even more dangerous than the virus itself is the necropolitical perspective that dictates who lives and who dies – in this case, who breathes and who suffocates - the nation's economy over human lives. It's also been verified that the admission of certain health protocols, under the bioethical perspective, portray the death policy that dictates who lives and who dies in a State completely ineffective in its political, social and even economic dimensions.

Keywords: Bioethics; Biopolitics; Right to Health; Human rights; Necropolitics.

Introduction

The present study deals with the Covid-19 pandemic, the violation of the right to health in Brazil and the proposals given by political leaders with a necropolitical perspective, the criterion that dictates who lives and who dies – in this case, who breathes and who suffocates.

Among the objectives, the present research seeks to analyze the theoretical and conceptual limits between the fields of biopolitics and necropolitics within the context of the Covid-19 pandemic in Brazil, as well as to identify which profiles of human beings are being protected or covered by the resource allocation protocols throughout the Brazilian states and who are the ones that are threatened and/or excluded from those protocols?

The subject is justified not only by the contemporaneity of the pandemic that has been devastating the whole world, but above all, by the scientific and social contribution in reflecting theoretical aspects and its consequent transmutation in real situations, generating effects in the areas of bioethics and bio-rights, fundamental and social rights as well as human rights.

The methodology comes from the exploratory paradigm based on the hypothetical-deductive method, promoting as theoretical framework the works of Michel Foucault on the issue of biopolitics and the concept of necropolitics elaborated by Achille Mbembe. Additionally, it has been used consulting all sorts of materials and instruments available on the Internet.

It is possible to observe that the current scenario in Brazil through the resource allocation protocols demonstrates a necropolitical approach by a neoliberal rationality, contradicting constitutional principles, bioethical principles and violating human rights, denying the universal and equal access of certain social groups to health services, exposing them to deadly conditions.

The resource allocation proposals and protocols, and the denial of the right to health

The Covid-19 pandemic, proclaimed by the World Health Organization as a global emergency, caused by a new strain of coronavirus, that is, "[...] a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose." (World Health Organization, 2020, n.p.). A virus that manifests itself and essentially compromises the respiratory system, and in the most severe cases, patients need certain mechanisms in order to keep them up breathing, such as ventilators, for example. In addition, they need to be isolated in ICU rooms.

Meanwhile, given the rapid spread and consequent contamination of populations around the world, health systems are getting overcrowded with patients presenting severe symptoms from the Covid-19, needing urgent treatment and hospitalization in ICU beds, that is, the demands have been surpassing the usual hospitals capacity. Thus, health professionals and political leaders have been adopting resource allocation protocols against the coronavirus, making respirators and ICU beds available to certain individuals at the expense of others, under a utilitarian logic of maximizing resources, disrespecting and violating constitutional and bioethical principles.

However, given the current scenario, as Von Der Weid (2020, our translation) inquires,

> [...] what is the profile of the Brazilian who, from one moment to the next, will lose his rights in the moment of greatest need? What ideals of justice come into play in such ethical criteria and what kind of humanity do they serve? How should we view these deaths? Who should answer for the "Sofia choice" that health professionals are being forced to take? (p. 1).

The Covid-19 pandemic has led the health systems throughout the world into a severe shortage of resources ranging from alcohol gel, disinfectants and face masks to the lack of ICU beds and ventilators. Although resource rationing is predictable in times of crisis, the new coronavirus pandemic has brought the health systems to a gigantic scale.

As Truog, Mitchell, Daley (2020, n.p.) explain that,

> although shortages of other goods and services may lead to deaths, in most cases it will be the combined effects of a variety of shortages that will result in worse outcomes. Mechanical ventilation is different. When patients' breathing deteriorates to the point that they need a ventilator, there is typically only a limited window during which they can be saved. And when the machine is withdrawn from patients who are fully ventilator-dependent, they will usually die within minutes. Unlike decisions regarding other forms of life-sustaining treatment, the decision about initiating or terminating mechanical ventilation is often truly a life-or-death choice.

By way of illustration, Manir (2020) points out the discussions in some North American states about the possibility of lower scores for the access of ventilators for patients with mental disabilities or dementia, proposals that, notably, were contested in the form of protests by some entities and/or associations (Baker, 2020). However, Prager (2020) teaches that mental disability, dementia or severe physical disability are issues that become relevant insofar as they can impact the patient's ability to survive during an acute hospitalization. If a person's physical disability, for example, would place him in a high-risk survival category, then that would be relevant, therefore, it doesn't matter just whether someone has a physical or mental disability.

According to Kretzer et al. (2020), in face of all the frenzy caused by the new coronavirus pandemic in Brazil, the Brazilian Association of Intensive Care Medicine – AMIB, along with the Brazilian Association of Emergency Medicine – ABRAMED,

Brazilian Society of Geriatrics and Gerontology – SBGG, and the National Academy of Palliative Care – ANCP, launched a protocol for allocating resources under exhaustion during the COVID-19 pandemic, establishing the most relevant bioethical criteria, namely, the severity of the case, the highest degree of survival and the capacity of the patient. Furthermore, the referred document advocates the predominance that "[...] the most solid principle is that of prioritizing patients with better chances of benefit and with higher expectations of survival." (Kretzer et al., 2020, n.p., our translation).

Some protocols have been adopting the so-called SOFA – Sequential Organ Failure Assessment, that is, a scoring system that is taken into account when calculating a set of indicators despite the patient's vitality – a score ranging from 1 to 4. Thus, for example, the higher the score on the result calculated in that system, the lower a patient's chances of survival (Kretzer et al., 2020).

Another bioethical triage criterion that has been taken into account is the long-term survival, that is, the idea of saving more years of life. Thus, the calculation is made based on the assessment and / or verification of severe comorbidity with an expected survival of less than one year. If this happens, 3 points are added to the calculation (Madeiro, 2020).

Regarding the patient's capacity, the calculation is based on the functional performance scale Ecog – Eastern Cooperative Oncologic Group, that is, an instrument that "[...] seeks to quantify the physical functional capacity and the patient's capacity for independence and self -care." (Kretzer et al., 2020, n.p., our translation). In this way, the worse the patient's performance status, the lower the functional capacities and, consequently, it is assumed that less results will be obtained during the treatment, and the stratification adopted can vary between 0 to 4 points.

Finally, Von Der Weid (2020) also emphasizes that some Brazilian states – such as the case of the Recommendation nº 05/2020 of the Regional Council of Medicine of the State of Pernambuco (Cremepe, 2020), for example – have already incorporated instruments for the assessment of patient's functionality, such as the Karnofsky Performance Status (KPS), a system that quantifies physical functional capacity and the capacity for independence and self-care. A worrying fact, however, is the adoption of such instruments in order to select who will have hospitalization priority and who will not have it, that is, an indication that constitutes an indirect threat to people with disabilities or the elderly.

Another example is the Resolution No. 12 from May 27, 2020, which approved the regulatory protocol for Covid-19 cases for highly complex intensive care units in the state of Rio Grande do Sul, where one of the criteria that might assist in the patient's classification of priority is the age group with less than or equal to 75 years old, with the argument that, given the circumstances of the pandemic, the allocation of resources should be aimed at patients who are more likely to survive. By this reason "[...] all patients series published so far identify the age group as a reliable predictor of higher mortality." (Cremers, 2020, n.p., our translation).

Therefore, the aforementioned priority criteria for the access of ICU beds and ventilators, end up promoting the selectivity of certain bodies that are considered worthy of living and those that should be excluded, that is, the material extermination of bodies and populations deemed incapable and vulnerable, in addition to the visible denial and violation of the fundamental human right to health.

The Brazilian Federal Constitution of 1988 in its arts. 6 and 196, states that health is a fundamental social right, and the State has the duty to implement it (Brasil, 1988). Likewise, the Law nº.

8.080 from 1990, provides in its art. 2, § 1, the universal and equal access to health actions and services (Brasil, 1990). However, due to the current pandemic scenario, there has been a failure to comply with such precepts, that means the instant replacement of constitutional and infraconstitutional articles by a utilitarian logic.

According to Von Der Weid (2020, p. 4-5, our translation), those

> [...] are criteria that have a high chance of inducing a distribution of resources based on the age of the patient and the body conditions of people with disabilities, although not explicitly, since older patients and people with disabilities tend to be more prone to comorbidities and may be assessed as less likely to recover from critical care.

It is well known that elderly and disabled people already need certain care and special attention in their day-to-day lives, however, to calculate a score in detriment of these groups because they are incapable – or reduced functional capacities – thus decreasing their chances of accessing ICU beds or equipment to help the respiratory system, and giving priority to healthy individuals, younger and / or considered "normal", reveals the influence and the hidden interest of the neoliberal rationality in privileging these last group, precisely because they are able to work and guarantee the full functioning of the economy.

In spite of all these events, the Brazilian Society of Bioethics (2020), through the publication of Recommendation SBB nº 01/2020, postulates that the constitutional principles of human dignity and social solidarity, as well as human rights and bioethical principles should be respected, highlighting the importance and urgency to invest more resources in the public health system, hiring more health professionals and guaranteeing equal access to health services to patients at all levels of care. This recommendation also points out to the

observance of the principle of equity in access to health services within the context of the pandemic, especially for those groups considered to be vulnerable, thus aiming to avoid possible discrimination.

However, Emanuel et al. (2020) recommend that the only priority exception to access to equipment necessary for treatment against Covid-19 are health professionals who work on the front lines and those who are particularly considered indispensable and / or irreplaceable due to the knowledge and training they have, demonstrating that their contribution to cope with the disease and caring for patients is undoubtedly necessary.

Nonetheless, another antagonism that deserves to be taken into account is the fact that 75% of the Brazilian population depends exclusively on the public health system assistance services, which represents only 44% of the ITU beds available in the country, the other 25% of the population can afford the private health system that disposes 55% of beds. Obviously, there is a clear discrepancy when it comes to the access to health care in Brazil, so that, in the current scenario of the pandemic, ITU beds are available to those with better financial conditions.

In a similar sense, campaigns such as *Equal Lives and Beds for All*, unified efforts and actions, culminating in a joint manifesto, defending, among other things, the centralization of ITU beds from both the public and private hospitals in the fight against Covid-19. By this segment, the jurist Pedro Serrano – one of the coordinators of the campaign *Equal Lives* – in a special article about the coronavirus, published by Abrasco – Brazilian Association of Collective Health, points out that "[...] it will end up having the unreal situation of having hospitals with an absolute lack of beds, with poor people dying for it, and hospitals using beds to perform cosmetic plastic surgery."(Martins; Dias, 2020, n.p. our translation).

Therefore, it is possible to realize surreal situations within a crisis of global dimensions, a moment when political leaders and the population in general, who should exercise empathy and solidarity with each other, controversially end up creating means to exclude vulnerable individuals, based on a necropolitical approach.

Between biopolitics and necropolitics in the face of the Covid-19 pandemic in Brazil

Foucault (1988, p. 129, our translation), in the last chapter of his work *The History of Sexuality Vol. I*, refers to the following: "[...] the principle: being able to kill in order to live, which supported the tactics of fighting, made principle of strategy between States; but the existence in question is no longer that – legal – of sovereignty, it is another – biological – of a population."

Thus, techniques of power used between the 17th and 18th centuries were centered, above all, on the individual body, that is, on the disciplinary power used in hospitals, in prisons, in the army, in schools, among others. For Foucault (1979), discipline is, therefore, a technique of exercising power that has existed for a long time, passing through several moments in the history of mankind, however, only assuming more perfected forms from the 17th and 18th centuries, under intensive surveillance.

Notwithstanding, in the second half of the 18th century, a new power technology emerged, not excluding the first, but expanding it. Unlike the first, which is directed at the individual's body, this new technology signals human life in a general sense. In other words, it is addressed to the human species. In the words of Foucault (1999, p. 289, our translation), "[...] after the anatomo-politics of the human body, established in the course of the 18th century, we see, at the end of the same century, something that is no longer an anatomy-politics of the

human body, but which I would call a "biopolitics" of the human species."

It is, moreover, a set of processes related to rates and / or statistical data on birth, longevity, mortality, and fertility of a determined population. The collection and control of such information is exactly the target of this biopolitics. In this context, a new element appears, that is, "[...] a new body: multiple body, a body with countless heads, if not infinite, at least necessarily numerable. It is the notion of "population". (Foucault, 1999, p. 292, our translation). In this biopolitics, mechanisms are implemented to prolong life, stimulate births and reduce morbidity rates, that is, this technology imposes the power to make people live and letting people die within the population, more precisely, this power is called biopower.

In this sense, what would the question of death look like? How is it possible in these dimensions of politics and power, to kill someone, or by the way, to let somebody die? Firstly, it is not a question of killing someone as it used to be the case with sovereign power, but literally letting certain groups die, presenting as a justification, the incorporation of the biological perspective from divisions of the human species into races, hierarchizing and qualifying them, generating the binomial between the inferiority of some races and the superiority of others. Thus, the more an inferior race is allowed to die, the more vitality a superior race will have. In other words, for the upper race to live it is necessary for the lower race to die (Foucault, 1999).

In short, letting die does not necessarily mean killing a group of people directly as in a war, but rather killing indirectly, that is, through the exposure to death, "[...] to multiply for some individuals the risk of death or, quite simply, political death, expulsion, rejection, etc." (Foucault, 1999, p. 306, our translation).

In the work *Security, territory, population: Lectures at the College De France*, (1977-1978), Foucault (2008), precisely in the class of January 25, outlines the analysis about the possibility to use epidemics as a form of laboratory in order to test security devices. Specifically, the referred author analyzed in detail the smallpox epidemic, which occurred in the middle of the 18th and 19th centuries, and its facets as technical models used for population control.

In the current Covid-19 pandemic, however, Foucault's notions of biopolitics and biopower appear specifically in the areas of public health and hygiene, managing living conditions and selecting which lives should be maximized and which will be left to die, the latter for not presenting value or any kind of economic potential for the neoliberal system (Seixas, 2020).

Nevertheless, there are situations that go beyond the concepts of biopolitics and biopower, where certain social groups are in such precarious conditions of existence that they resemble the living dead, where the State itself produces deadly conditions through wars, terrorism and sacrifice. It is the concept of necropolitics. As Mbembe adds (2016, p. 146, our translation), "[...] firearms are implanted in the interests of the maximum destruction of people and the creation of "worlds of death", new and unique forms of social existence, in which vast populations are subjected to living conditions that give them the status of "living dead". In other words, the term necropolitics refers to, "[...] contemporary forms that subjugate life to the power of death (necropolitics) profoundly reconfigure the relationships between resistance, sacrifice and terror". (Mbembe, 2016, p. 146, our translation).

Discussions regarding the allocation of resources during the Codiv-19 pandemic in Brazil, ranging from the refusal of respiratory mechanisms and the access to ICU beds in detriment to the elderly and people with disabilities, were justified by a

neoliberal rationality associated with the necropolitics, literally sacrificing lives, considering that the functional contribution of these groups, for production and consumption, is no longer of interest to the economic system. Furthermore, biopolitics is transmuted to or complemented in the necropolitics approach determining whose bodies are worth living and whose bodies are excluded.

Mbembe (2016) observes the sovereign right to kill reemerging in societies where the dynamics of the State of Exception or emergency is perpetuated – as Agamben (2004) once proposed – from the fictional construction of one or several groups considered to be enemies. It is possible to observe individuals who are in similar conditions, such as, for example, black people, the poor, people with disabilities, the elderly, indigenous people, among others. In this way, those who must live and those who must die are selected by this model of State.

By the same token, Estévez (2018) highlights that the existence of worlds of death where people are in an undead condition is an indicator of necropolitics. In the Brazilian scenario, the necropolitics has materialized in the face of the Covid-19 pandemic, wide open in the statements and actions of political leaders, disregarding deaths caused by the coronavirus, as well as deaths caused by the non-access to health systems and the violation of the right to health.

Thus, the health issue in Brazil operates necropolitically because it produces deadly conditions due to the lack of health equipment, for example, with the scarcity or insufficiency of respirators and ICU beds, functioning as a fundamental management feature of certain populations, overloading the public health service and making it precarious with the goal of exposing vulnerable populations to death or making them live in extreme conditions so that the borders between life and death become very small.

A perspective, likewise, is orchestrated from an immunological logic, for instance, in the same way as it happens in immunology, where an external organism infects and contaminates a healthy body and, as a result, the biological defenses start to react fighting the parasite proceeding its elimination in order to maintain good health. In other words, in the same way as the human body is an organism that is exposed to numerous types of dangers, mainly manifested in the form of diseases, and reacts through its immune system, the State is an organism that also has to deal with its eventual hosts and has an immunity mechanism to secrete or excrete them (Esposito, 2008). Hence necropolitics, which seems to be connected to this logic, producing the death of certain populations or social sectors, understood as threatening organisms to the health of the State.

Byung Chul-Han (2015) emphasizes that some intrinsic elements exposed in the neoliberal pyrotechnic discourse, such as overvaluation of power, performance, efficiency, creativity, positivism etc., make sense only for sectors from society that have a certain profile. Furthermore, it is a discourse that, nowadays, operates in a seductive and manipulative way, depriving itself of the old logic of allo-exploitation and using the method of self-exploitation. In his books *In the swarm: digital prospects*, Byung Chul-Han (2017, p. 13),

> it is meaningful to speak of class only when a plurality of classes exists. "Multitude," however, signifies the sole class. All who participate in the capitalist system belong to it. In fact, "empire" does not refer to a ruling class that exploits the "multitude": everyone now thinks him- or herself free, even while working to death. The contemporary achievement subject is perpetrator and victim in one. Negri and Hardt do not recognize this logic of self-exploitation, which is much more efficient than allo-exploitation. No one rules the empire. It is the capitalist system itself, which encompasses everyone. Today, exploitation is possible without any domination at all.

Yet, in the midst of this *multitude* there are remaining groups, particularly individuals whose profiles do not follow the orchestrated rhythms required by the capitalistic system. In this conjuncture, for instance, an increasingly large mass of the population has been produced that will not be absorbed by the labor market because it cannot adapt to the paradigm and the requirements of such a system. Strictly speaking, that's a mass of the population unsuited for work, unproductive, depreciated by the system. In this way, what has been done to those sectors of the population – the unproductive ones – is to manage conditions in which survival will be maintained and, in some cases, death will be produced.

That's a similar background as the ones advocated by the resource allocation protocols during the Covid-19 pandemic, in which the elimination of certain sectors of society – specifically the elderly and people with disabilities – is verified through the violation of their rights and the denial of access to adequate treatment, not only exposing individuals to death, but also generating deadly conditions, giving priority to the *multitude* that represents productivity – or simply meets the demands – of the neoliberal system.

In this context, another aspect that deserves to be highlighted concerns to the scientific denialism, expressively, the disregard or rejection of analyzes and scientifically proven results, in favor of dubious ideas, which has been adopted in the speeches of the current Brazilian president and vice president since their election campaign, vehemently rejecting universities, cutting off resources destined to research such as the Coordination for the Improvement of Higher Education Personnel – CAPES, reducing the income for public health policies such as SUS, disregarding the human rights of vulnerable groups, among many other negative attitudes (Caponi, 2020). In the current pandemic, the scientific denialism

gains even more strength in presidential speeches by magnifying certain proposals that range from the adoption of drugs without scientific background such as Hydroxychloroquine and Chloroquine – with side effects that may seriously affect the cardiovascular system, for example (Boulware et al., 2020; Cohen, 2020)), vertical isolation, making only those individuals in the risk group stay at home, such as the elderly, people who have diseases that compromise their immunity levels (Fiocruz, 2020) and, finally, herd immunity which means to expose the majority of the population to the virus, which would promote indirect protection against the disease as the antibodies will be stimulated by the human organism itself, acting as a self-defense mechanism (Randolph; Barreiro, 2020). Therefore, those are strategies that contradict the recommendations of the World Health Organization, researchers, epidemiologists, infectologists, sanitarians, etc., with the sole interest of saving the economy instead of human lives.

As a way of illustration, during a pronouncement, the Brazilian president Jair Bolsonaro compared the Covid-19 pandemic as a *little flu*, which affects only the elderly, suggesting that the rest of the population should return to their normal lifestyle, especially when it comes to work. In addition, he showed indifference to the Brazilian population when he said: "Will some people die? Sure. I'm sorry. This is life." (Mota, 2020, online).

Nonetheless, a large part of the Brazilian population applauds and admires the presidential speeches, calling for the return of the military dictatorship and trivializing the deaths caused by Covid-19 through demonstrations that became known as *death marches*. Despite these facts, it is possible to draw an analogy with what Hannah Arendt (2013, position 6742-6747 of 15537, our translation) observed about the sympathizers of totalitarian movements:

> [...] an astonishing fact is that he does not hesitate when the monster begins to devour his own children, not even when he himself becomes a victim of oppression, when he is framed and condemned, when he is expelled from the party and sent to a concentration camp or forced labor. On the contrary: to the dismay of the entire civilized world, he will even be willing to collaborate with his own condemnation and plot his own death sentence, as long as his status as a member of the movement remains intact.

For Safatle (2015, n.p., our translation), fascism is within a logic that confuses liberal democracy societies "[...] constituting something like the latency of our democracy. This logic has nothing to do with the requirement of blind conformity to the Law, but with respect for the paradoxical game between transgression and order, between norm and exception."

These reckless and unreasonable speeches and proposals that cause the supporters of such a logic to live carefree in relation to the virus, not observing the recommendations of public health authorities are astonishing. It is interesting to note that, in case of infection, the one that will have to provide care to those irresponsible members of the society is the collective public health system, aggravating the issues of overcrowding and lack of resources.

Undoubtedly, for Sturza and Tonel (2020), the new coronavirus has caused devastation around the world, leading to an overload on health systems, and producing lots of deaths. However, in the Brazilian scenario, more aggressive and dangerous than the virus itself are the responses orchestrated by political leaders, within a fascist perspective, scientific denialism, the neoliberal rationality that transposes the economy and underestimates human lives, the biopolitical state of racism, necropolitics on the resource allocation protocols, the violation of fundamental social rights and human rights, specifically, the right to health and its universal and equal access in the public

health system, causing conditions to the detriment of certain social sectors.

Still, Tonel (2020) points out that it is important to note that, the claim that health as an integral part of the quality of life is a fundamental element for a dignified life is indisputable. But in order to enjoy a dignified life, it must not be forgotten that, for its realization, the State must provide the means so that the population can, for example, have access to medicines and health services that are capable of promoting decent living conditions for the general population.

Final Considerations

Therefore, it has been observed that the arguments in favor of younger people who do not have any type of disability, start from a utilitarian perspective, whose principle consists in maximizing utility, that is, the attempt to supply respirators for the greatest number of young individuals who not only have a better chance of survival, but also have a prognosis of existence that is evidently longer than the elderly, for example.

In this way, necropolitics does not happen only through the direct intervention that produces death, but it also operates, producing the expansion of deadly conditions, situations that generate and/or favor the death of certain sectors of the population. As pointed out, the individual's independence and work capacity also constitute value determinants supported by the protocols, portraying the hidden economic interest: the dichotomy between saving lives or saving the economy.

The admission of these protocols elucidates the death policy that dictates who lives and who dies, disrupting the social paradigm that has been built, orchestrated by a state that has never been prepared with the minimum apparatus in order to take care of those vulnerable groups and, nowadays, in face of

the side effects of the pandemic, has demonstrated even more negligence, indifference and contempt for certain human lives.

It is undeniable that the country's economy has been negatively affected due to the pandemic outbreak. However, far beyond the visible consequences from the pandemic itself, it has also to pay the price of saving human lives. The Covid-19 pandemic has been teaching Brazil to abandon hate speech, torture and sacrifice, religious fundamentalism, scientific negationism and scientific research, as well as pointing out the need for preparation, investments in public health, science and technology.

It remains imperative, therefore, to maintain a minimum health system that can save people from death, not only at the present moment, as it is very likely that this will not be the last pandemic that humanity will experience, and the prognosis warns of the possibility of new and future pandemics. If this hypothesis becomes a reality in the indeterminate future, some reflective questions must be raised: Will the Brazilian political leaders become inactive once again? Will the Brazilian public health system continue to survive in this rhythm of precariousness in public investments? How long will Brazil continue to neglect its public health system in times of health crises like the one currently occurring? Will necropolitics endure dictating who lives and who dies? How long will the economy be more important than human lives?

References

Agamben, G. (2004). *Estado de exceção.* Trad.: Iraci D. Poleti. São Paulo: Boitempo Editorial.

Arendt, H. (2013). *Origens do totalitarismo:* antissemitismo, imperialismo, totalitarismo. Translation by Roberto

Raposo. São Paulo: Companhia de Bolso. Document Available for Kindle.

Baker, M. (2020). Whose life is worth saving? in washington state, people with disabilities are afraid they won't make the cut. *New York Times.* Retrieved from: https://www.nytimes.com/2020/03/23/us/coronavirus-washington-triage-disabled-handicapped.html Access in: Aug. 28, 2020.

Boulware, D. R., et al. (2020). A Randomized trial of hydroxychloroquine as postexposure prophylaxis for covid-19. *The New England Journal of Medicine. June*. Retrieved from: nejm.org/doi/full/10.1056/NEJMoa2016638 Access in: Jun. 14, 2020.

Brasil. Constituição (1988). *Constituição da República Federativa do Brasil de 1988***.** Retrieved from: http://www.planalto.gov.br/ccivil_03/constituicao/constituicaocompilado.htm Access in: Sep. 10, 2020.

Brasil. (1990). *Lei nº 8.080, de 19 de setembro de 1990.* Retrieved from: http://www.planalto.gov.br/ccivil_03/leis/l8080.htm Access in: Sep. 10, 2020.

Caponi, S. (2020). Covid-19 no Brasil: entre o negacionismo e a razão neoliberal. *Estudos Avançados*, vol. 34, no. 99, São Paulo, maio/ago. Retrieved from: https://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-40142020000200209&lng=pt&nrm=iso Access in: Aug. 27, 2020.

Cohen, M. S. (2020). Hydroxychloroquine for the prevention of covid-19 — searching for evidence. *The New England Journal of Medicine.* Retrieved from: https://www.nejm.org/doi/full/10.1056/NEJMe2020388 Access in: Jun. 04, 2020.

Cremepe. (2020). *Recomendação cremepe nº 05/2020.* Retrieved from: https://sistemas.cfm.org.br/normas/arquivos/recomendacoes/PE/2020/5_2020.pdf Access in: Sep. 10, 2020.

Cremers. (2020). *Resolução nº 12, de 27 maio de 2020.* Retrieved from: https://cremers.org.br/wp-content/uploads/2020/05/27.05.2020-Resolu%C3%A7%C3%A3o-122020-do-CREMERS.pdf Access in: Sep. 01, 2020.

Esposito, R. (2008). *Bíos:* biopolitics and philosophy. Translated by Timothy Campbell. Minneapolis: University of Minnesota Press.

Martins, P; Dias, B. C. (2020). Campanhas vidas iguais e leitos para todos unificam ações e inspiram demais redes. *Abrasco*. Retrieved from: https://www.abrasco.org.br/site/noticias/movimentos-sociais/campanhas-vidas-iguais-e-leitos-para-todos-unificam-acoes-e-inspiram-demais-redes/47115/ Access in: Sep. 03, 2020.

Emanuel, E. J. et al. (2020). Fair allocation of scarce medical resources in the time of covid-19. *The New England Journal of Medicine.* Retrieved from: https://www.nejm.org/doi/full/10.1056/nejmsb2005114 Access in: Aug. 25, 2020.

Fiocruz. (2020). *Quais as diferenças entre isolamento vertical, horizontal e lockdown?* Retrieved from: https://portal.fiocruz.br/pergunta/quais-diferencas-entre-isolamento-vertical-horizontal-e-lockdown Access in: Aug. 27, 2020.

Foucault, M. (1988). *A história da sexualidade I:* a vontade do saber. Trad.: Maria Thereza da Costa Albuquerque e J. A. Guilhon Albuquerque. Rio de Janeiro: Edições Graal.

Foucault, M. (1999). *Em defesa da sociedade:* curso no college de france (1975-1976). Translation by Maria Ermantina Galvão. São Paulo: Martins Fontes.

Foucault, M. (1979). *Microfísica do poder.* Translation by Roberto Machado. Rio de Janeiro: Edições Graal.

Foucault, M. (2008). *Segurança, território, população:* curso dado no college de france (1977-1978). Translation by Claudia Berliner. São Paulo: Martins Fontes.

Han, B. C. (2017). *In the swarm:* digital prospects. Translated by Erick Butler. Cambridge, Massachusetts: Massachusetts Institute of Technology.

Han, B. C. (2015). *The burnout society.* Stanford, California: Stanford University Press.

Kretzer, L. et al. (2020). *Recomendações da AMIB (Associação de Medicina Intensiva Brasileira), ABRAMEDE (Associação Brasileira de Medicina de Emergência, SBGG (Sociedade Brasileira de Geriatria e Gerontologia) e ANCP (Academia Nacional de Cuidados Paliativos) de alocação de recursos em esgotamento durante a pandemia por COVID-19.* Retrieved from: https://www.amib.org.br/fileadmin/user_upload/amib/2020/abril/24/VJS01_maio_-_Versa__o_2_-_Protocolo_AMIB_de_alocac__a__o_de_recursos_em_esgotamento_durante_a_pandemia_por_COVID.pdf Access in: Aug. 31, 2020.

Madeiro, C. (2020). Chances, sobrevida e capacidade: como se escolhem pacientes na fila de uti. *Uol.* Retrieved from: https://noticias.uol.com.br/saude/ultimas-noticias/redacao/2020/05/05/chances-sobrevida-e-idade-como-e-a-escolha-de-pacientes-na-fila-de-uti.htm Access in: Aug. 31, 2020.

Manir, M. (2020). Funil para uti: covid-19 multiplica demanda por leitos de terapia intensiva e obriga hospitais a

implementarem "ranking de sobrevivência" para escolher quem tem prioridade. *Piauí*, Questões de Vida ou Morte. Retrieved from: https://piaui.folha.uol.com.br/funil-para-uti/ Access in: Aug. 28, 2020.

Mbembe, A. (2016). Necropolítica. *Arte e Ensaios*. Retrieved from: https://revistas.ufrj.br/index.php/ae/article/view/8993/7169 Access in: Apr. 10, 2020.

Mota, E. (2020). *Bolsonaro sobre coronavírus:* "alguns vão morrer, lamento, essa é a vida". Retrieved from: https://congressoemfoco.uol.com.br/governo/bolsonaro-sobre-coronavirus-alguns-vaomorrer-lamento-essa-e-a-vida/ Access in: Sep. 10, 2020.

Prager, K. (2020). *Health & human rights in the era of covid-19: what are the ethical issues?* Columbia SPS: Google. (1 h 35min 24s). Retrieved from: https://www.youtube.com/watch?v=MfbYO3i4cpM&t=3626s Access in: Aug. 28, 2020.

Randolph, H. E.; BARREIRO, Luis B. (2020). Herd immunity: understanding covid-19. *ScienceDirect.* Volume 52, Issue 5, Pages 737-741. Retrieved from: file:///C:/Users/USER/Downloads/1-s2.0-S1074761320301709-main.pdf Access in: Jul. 08, 2020.

Safatle, V. (2015). *O circuito dos afetos:* corpos políticos, desamparo e o fim do indivíduo. Retrieved from: file:///D:/USER/Downloads/O%20circuito%20dos%20afetos%20Corpos%20politicos,%20desamparo%20e%20o%20fim%20do%20individuo%20-%20Vladimir%20Safatle.pdf Access in: Aug. 27, 2020.

Seixas, R. L. R. (2020). Da biopolítica a necropolítica e a racionalidade neoliberal no contexto do COVID-19. *Voluntas Revista Internacional de Filosofia.* Santa Maria, v.11, e50, p. 1-11. Retrieved from:

file:///D:/USER/Downloads/43939-237924-1-PB.pdf Access in: Sep. 10, 2020.

Sociedade Brasileira de Bioética. (2020). *Recomendação sbb nº 01/2020: aspectos éticos no enfrentamento da covid-19, em defesa dos mais vulneráveis e do acesso igualitário aos leitos de uti.* Retrieved from: http://www.sbbioetica.org.br/Noticia/754/RECOMENDACAO-SBB-N-012020-aspectos-eticos-no-enfrentamento-da-COVID-19 Access in: Sep. 03, 2020.

Sturza, J. M; Tonel, R. (2020). Os desafios impostos pela pandemia COVID-19: das medidas de proteção do direito à saúde aos impactos na saúde mental. *Revista Opinião Jurídica*, Fortaleza, v. 18, n. 29, p. 1-27, set./dez. Retrieved from: https://periodicos.unichristus.edu.br/opiniaojuridica/article/view/3267/1187 Access in: Sep. 06, 2020.

TONEL, R. (2020). *O fenômeno do suicídio na contemporaneidade***:** a dicotomia entre direito à saúde e políticas públicas de prevenção frente à necessidade de interlocuções com os direitos humanos. 186 f. Dissertação (Mestrado em Direito) - Programa de Pós-Graduação Stricto Sensu em Direito Mestrado e Doutorado em Direitos Humanos, Universidade Regional do Noroeste do Estado do Rio Grande do Sul – Unijuí, 2020.

Truog, R. D; Mitchell, C.; Daley, G. Q. (2020). The toughest triage — allocating ventilators in a pandemic. *The New England Journal of Medicine*. Retrieved from: https://www.nejm.org/doi/full/10.1056/nejmp2005689 Access in: Aug. 25, 2020.

Von der weid, O. (2020) 'A escolha de Sofia'? Covid-19, deficiência e vulnerabilidade: Por uma bioética do cuidado no Brasil. *DILEMAS: Revista de Estudos de Conflito e Controle*

Social – Rio de Janeiro – Reflexões na Pandemia, pp. 1-20. Retrieved from: https://www.reflexpandemia.org/texto-36 Access in: Aug. 25, 2020.

World Health Organization. (2020). *Coronavirus disease (COVID-19) advice for the public:* Myth busters. Retrieved from: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-forpublic/myth-busters Access in: Apr. 07, 2020.