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# Medicine, Dissent and the “Chloroquinization” of Truth: Brazil and Pandemic

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## ABSTRACT

This article explores the management of the COVID-19 pandemic in Brazil radicalizing Foucault’s notion of governmentality. While dominant scholarship has been interpreting the human tragedy of the outbreak in Brazil in terms of necropolitics and Bolsonaro’s populist rhetoric, the present work highlights other dimensions. It shows that the management of the pandemic was deployed to govern the conduct of the Brazilian population. This article detects novel economies of medical truth, obedience, and salvation. It also examines the struggles and (bio)political resistance of Brazil’s vulnerable communities. While academic debates interpreted those movements in terms of care and compassion, this article highlights their radical political aspects. Extending Foucault’s notion of “counter-conducts,” this article reveals how those collectives shaped new forms of medical dissent. More concretely, they brought forward political practices of hope, solidarity, and resilience.

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## Introduction

Throughout the COVID-19 pandemic, Brazil’s Federal Government chose to downplay the severity of the virus while preventing any national health/social measures to contain the outbreak. In June 22, 2021, the country hit 500,000 deaths while the rate of occupancy of intensive care units was above 80% and cities struggled with a shortage of vaccine supplies (Guerin 2021). Former President Jair Bolsonaro minimised the danger and the reality of the pandemic (comparing it to “a little flu”) and refused to coordinate any public and health measures to contain the virus. The management of the pandemic in Brazil triggered contemporary academic debates on the issue of the COVID-19 outbreak. At least three trends in scholar debates appeared. First, inasmuch Brazil was facing a dramatic number of deaths throughout the pandemic, Bolsonaro’s response to COVID-19 outbreak was understood in terms of necropolitics. The politics of death have always structured social/political relations in Brazil and would have been intensified under the pandemic. That is, the pandemic would have forced poor Brazilian people to choose “between hunger or contamination in a state of living dead” (Dall’Alba et al. 2021)

dictating “who might breathe and who might suffocate” (Tonnel 2020) accelerating the genocide against black and indigenous peoples (Barreto Jr. 2020) and giving over public services to capitalist logic (Russo Lopes and Bastos Lima 2020).

Second, another line of debate has been focusing on the political rhetoric deployed by Bolsonaro. Scholars have interpreted his strategy under the lenses of populism. To prevent any public health response to the pandemic, Bolsonaro’s populism has been understood as a denialist approach to science (da Fonseca et al. 2021) conceived as conspiratorial (Lasco 2020) deploying deliberate misinformation (Ricard and Medeiros 2020) and relying on war rhetoric (Hoffmann and Barbosa Jr. 2020).

Finally, a third trend of debate has shed light to the way Brazil’s vulnerable communities organised themselves in order to mitigate the outbreak. Authors have insisted on resilience (Bento and Carvalho Couto 2021) solidarity (Ramos Penha 2020) and care (Pleyers 2020) as critical virtues and mutual help behaviours that fostered their response to COVID-19. A number of these strategies and networks are discussed in what follows.

These essential insights need to be folded into a theory of the politics of pandemic. The latter reveals a complex biopolitics, making live and letting die both through medical science and in spite of it, fostering and attacking resilience, producing knowledge and conduct through omission and resistance. Extending Michel Foucault’s idea of governmentality, this article brings to light more complex dimensions that underpin power relations and biopolitical struggles throughout the pandemic in Brazil. Through the lens of “governmentality” it demonstrates that certain patterns of “conduct” and “counter-conduct” are heuristically fruitful to interpret both Bolsonaro’s governance of the pandemic and the dissent carried on by Brazil’s vulnerable communities. We argue that the politics of the pandemic carried on by Brazil’s Federal Government can be understood as a strategy to influence and shape the conduct of the Brazilian population towards a reactionary political agenda. The main goal consisted in minimising the gravity of the pandemic so that no actual national public health policies to contain the outbreak had to be implemented. In order to reach this objective, specific strategies were designed to govern the conduct and beliefs of the Brazilian population.

To unpack this strategy we will show, first, the critical relevance of Foucault’s governmentality perspective. This allows us to detect power-relations and political resistance in terms of struggles around the government of the population.

Second, we will examine Bolsonaro’s management of the pandemic. We will show that it was designed to influence the behaviour of the Brazilian population. We explain the economies of (medical) truth, obedience and (non)salvation that have been at work during these processes. We explain in particular the governmentality of the “chloroquinization of truth.” Ultimately, this suggests that the management of the crisis does not represent the absence of “reasonable” (scientific or political) responses, but rather a deeper distortion of power and decision-making supported by existing notions of government of the self and others.

In the third and final part of the article, we examine the medical dissent practices carried on by Brazil’s vulnerable communities. We hold they can be understood as “counter-conducts,” namely, following Foucault, better and different ways of being governed. They are essential for understanding a collective praxis of hope and resilience.

## Governmentality and Counter-Conducts

Foucault's notion of governmentality is a way of conceiving the intersections between power-relations and the making of subjectivities. This idea allows us to analyse how the management of a given population is at the core of sophisticated relations of power and political resistance. Governing oneself and others (with Greek/Roman “techniques of the self”), the governing of specific groups through disciplinary techniques (e.g., inmates, patients), and the governing of human populations through the modern apparatus of security are examples that illustrate how multiple “procedures for directing human conduct” represent the anchor of human/political relations (Foucault 2007). Under a Foucauldian perspective, governmentality refers to the different ways “in which one conducts the conduct of men” to reach political goals (Foucault 2008). For instance, pastoral power was an “art of conducting . . . men collectively and individually” through confession and penance (Foucault 2007, 165). *Raison d'état* was part of a “juridical way of government” that exercised control over people through legal norms and texts (Foucault 2016, 97–98). Neoliberalism is a way of governing individuals by moulding their desires and managing their health and bodies. By adopting this governmentality perspective, Foucault departed from repressive definitions of power that tended to limit the latter in terms of coercion and legal contract.

Since Foucault conceived of governmentality in terms of directing the behaviour of others and oneself according to moral, political and cost/benefits procedures, he also defined political resistances in terms of “counter-conducts.” They refer to different collectives that did not reject governmentality *per se*, but required alternative ways of being governed. Counter-conducts put forward tactics of “not being governed quite so much,” of being “governed like that and at that cost” (Foucault 1997a, 29). Against a Church pastorate that relied on hierarchical economies of salvation, obedience and truth, Foucault mentioned “pastoral counter-conducts” such as Gnosticism, mysticism and the Reformation. These “pastoral counter-conducts” intended to “maintain obedience better, and approach truth better” through alternative ways of conducting the conducts of the faithful (Foucault 2007, 231). Foucault also mentioned *en passant*, three modern forms of counter-conducts. In the cases of waging war, he held that “desertion-insubordination” was a refusal of the “actual political system of the nation.” He also invoked clandestine type of organisations, such as secret societies (e.g., freemasonry) and specific political parties (e.g., the Communist Party), that were alternative ways of being governed different from the “visible official governmentality of society.” Finally, Foucault indicated “medical dissent from the end of the eighteenth century and still today” which, being connected to movements of spiritual dissidence, refused “medical rationality” and “certain medication and certain preventive measures like vaccination” (Foucault 2007, 199–201).

Consequently, under this governmentality approach, political resistances are reframed under struggles to define, claim and create other and better ways of being governed. Political resistances are not reduced to mere opposition to authority. They ask for other ways of being governed under another forms of authority. Moreover, the notion of counter-conducts allows us to pay closer attention to struggles that are not heuristically visible under analysis that rely on “contentious politics” perspectives. The notion of counter-conduct enables us to detect the political forces of grassroots movements and to

acknowledge the political agency of vulnerable communities. Before exploring these counter-conducts in Brazil in times of COVID-19, we will first examine the basic dimensions of the governmentality they are resisting.

### The “Non-governmentality” of the Pandemic

Brazil’s lack of public response to the pandemic seemed to depart from the “conduct of the conducts” that defines the core of the idea of governmentality. In this part we will highlight some elements of Bolsonaro’s management of the pandemic revealing a form of governing the Brazilian population without, apparently, aiming at directing their conduct. To unpack this, we will examine the economies of truth, obedience and salvation that took place during Bolsonaro’s management of the pandemic.

### The “Chloroquinization” of Truth

Brazil’s Federal Government management of the pandemic consisted in downplaying the gravity of COVID-19, and was rightly understood through the deployment of “strategic ignorance” (Ortega and Orsini 2020). On the one hand, it denied global/medical health directives. On the other, it partly acknowledged the pandemic but dismissed the gravity of the virus. Through this strategy Bolsonaro intended to keep on mobilising and radicalising his supporters against restrictions measures.

This intersection between denial and dismissal produced a new economy of truth (Ortega and Orsini 2020). This governance through ignorance revolved around the making of truths that sustained a particular mode of governance. The use of chloroquine as the ready-made cure for COVID-19 embodied precisely this economy of truth. We want to frame this as a “chloroquinization of truth.”

Bolsonaro relentlessly campaigned for the anti-malaria cure. Despite the acknowledged dangers of the cocktails, the Brazil Health Ministry invested 250 million Reais in a so-called “Kit Covid” (chloroquine, hydroxychloroquine and azithromycin) to be distributed in pharmacies and hospitals. In July 2020, the Brazilian Association of Physicians Associação Médica Brasileira defended the “physician’s autonomy” to prescribe chloroquine. It was only in March 2021 when they publicly opposed the use of drugs without efficacy for COVID-19, including chloroquine.

In a seminal work, Paul B. Preciado explores how human bodies are regulated through self-administration of drugs, molecules, protheses, food, images, and hormones. Preciado coins the notion of “pharmacopower” to refer to mechanisms that at the scale of biomolecular technologies shape our desires and sexuality. According to Preciado, pharmacopower is radically different from previous types of disciplinary/biopolitical regimes. “It is a form of control that is both democratic and private [. . .]. It is not power infiltration from the outside, it is the body desiring power [. . .]” (Preciado 2013, 207–208).

The management of the pandemic in Brazil relied on a hybrid form of pharmacopower. Bolsonaro’s emphasis on chloroquine intended to manage both the bodies and desires of the Brazilian population. Chloroquine would have “cured” COVID-19 infected bodies and provided a biomolecular solution to a popular yearning to tackle the outbreak. Nonetheless, Brazil departed from and modified aspects of Preciado’s model. First, the administration of chloroquine relied on disciplinary apparatuses. It was imposed

vertically by the Federal Government. It has been reported that Brazil's Federal Government intended to change the chloroquine leaflet to include its adequacy to treat COVID-19 (*CNN Brasil* 2021). Second, chloroquine was neither used to transform desiring bodies nor even to cure COVID-19 patients. While Preciado suggests pharmacopower relies on infra relations of power, chloroquine was designed, to the contrary, to reassert a "specific position of power," namely, the sovereignty of Brazil's Federal Government to decide how the pandemic should have been managed.

Third and finally, chloroquine was part of a broader regime of truth. Holding that chloroquine was a "miraculous drug," was a form of governmentality. It acknowledged the existence of the pandemic and simultaneously downplayed the gravity of the former. It produced an alternative economy of truth different from the global/medical governances of the pandemic. The latter insisted on the danger of COVID-19, and were synonymous with collective efforts and public health policies. To the contrary, Brazil's public health policy revolving almost exclusively around chloroquine spread the illusion that the pandemic was easy to manage. The "Chloroquine-regime of truth" was created to lower risk aversion towards COVID-19. The virus was invested with lower medical threats and should not be feared. This "chloroquinization of truth" was designed to direct superstitiously the conduct of Brazil's population in an opposite way of a resilient approach taken by other countries. To put in a nutshell, this "chloroquinization of truth" intended to elevate the risk tolerance of the Brazilian population towards the virus while preventing the need to implement public health policies to mitigate the outbreak. It also set the threshold of a novel economy of obedience.

### ***An Economy of Disobedience***

Dissent from centralised authority and authoritative practices need not be progressive, and the creation of communities of dissent has no doubt been as much a feature of reactionary groups as progressive ones. Indeed, the very distinction presupposes an authoritative vantage-point that we should resist. Medicine, in particular, can form a site of submission and resistance that disrupts coordinates of authority, knowledge and population. It is possible to go beyond a strict Foucauldian analysis that was, as seen previously, narrowed to opposition between individuals and the State. Today, rather States can dissent from a global consensus and themselves be points of resistance to medical orthodoxy (e.g., the recommendations of the World Health Organisation). Within those States, due to globalised sharing of information, individuals and communities are able to draw upon the power-knowledge of medical information outside traditional State sources of medical authority. Individuals may or may not accept a variety of sources of "authoritative" medical knowledge, from folk-wisdom to State authorised medicine. Nevertheless, the conduits of knowledge are no longer determined by the State. At the same time, "collective" resistance to medical practices can occur across populations without being the product of political ideology, class or race determinants. Accordingly, neither top-down nor bottom-up forms of dissent capture the structures of power, ideologies, and influences informing individual medical decisions. During the pandemic, Brazil's Federal Government appeared to exhibit "medical dissent" as a national public health policy. It is also true that some State governors and municipalities, intended to comply with basic health governance, dissenting, consequently, from the

Federal Government. In any case, the latter was relentlessly not complying with basic Non-Pharmaceutical Interventions (NPI), making the country the least effective nation in containing the outbreak (Touchton et al. 2021). An economy of disobedience—disobedience relative to international standards—underpinned the management of the pandemic in Brazil. Disobedience to any restriction measures was fuelled by Bolsonaro with the need to protect one's freedom against an alleged “Communist plot” that would have intended to use the pandemic to impose a dictatorship in Brazil (TBR Newsroom and Jika 2020). This point also reveals why Bolsonaro's management of the pandemic can be reframed within a governmentality interpretation. Indeed, governmentality (unlike coercion) relies on the constant making and direction of the *freedom* of individuals. For Foucault, governmentality implies a “power [that] is exercised only over free subjects, and only insofar as they are free” (Foucault 1982, 790). Bolsonaro's governmentality of the pandemic drew on a specific production of freedom in an economy of disobedience (to international medical health protocols in particular). It was a regime of “reactionary counter-conducts.” More particularly, it was entwined within a nationalist political agenda. Throughout the pandemic Bolsonaro constantly declared that the army would be forced to intervene whether democracy would keep being jeopardised by local restrictions measures. Throughout the country Bolsonaro's supporters organised demonstrations against COVID-19 restrictions. This form of “reactionary medical dissent” that was shaped in Brazil was therefore connected to an unusual political resistance, namely, “Bolsonarism.” It represents a “counter-society” political agenda. First, Bolsonarism presents itself as a “conservative revolution” in a sense as Bolsonaro once declared, he wants “to come back to the Brazil of 50 years ago.” Bolsonarism embodies a political ideology that idealises the 21 years of military dictatorship (1964–1985) and dismisses the social progress that Brazilian society has enjoyed ever since (Fausto 2020). Second, Bolsonarism relies on Evangelical and Pentecostal Churches that have become critical political forces in Brazil's national congress. Bolsonarism aims at a theocratization of the country, relying on conservative/Christian values (Bolsonaro's motto: “Brazil above everything, God above everyone”). The disobedience promoted by Brazil's Federal Government against restriction measures that would have threatened the freedom of Brazilians, should actually be understood within a broader political project that will still influence Brazil politics, despite the results of the 2022 elections. Medical dissent and reactionary counter-conducts were promoted by Brazil's public institutions, in order to shape Brazil's undemocratic political horizons. Inasmuch the gravity of the virus was downplayed, there was no need to save the Brazilian population from the pandemic.

### **An Economy of Non-salvation**

Throughout the pandemic, Bolsonaro consistently held that restriction measures would have generated far worse social consequences than the pandemic itself, since Brazil's informal labour population (40 million) would have faced greater difficulties to make a living. Despite the human tragedy that the country was facing, Bolsonaro's discourse consisted in minimising the grievous aspect of the pandemic (“all of us are going to die one day”) and mocking the suffering of the population (“Brazil should stop being

a country of sissies”). The pandemic reveals a “tropical necropolitics” (Pele 2021) with millions of precarious existences whose loss is not publicly grievous.

Dismissing death implied a voluntary refusal of any kind of salvation. The usual connection between governmentality and the economy of salvation is fundamental to understand this point. In the history of Western governmentalities, the conduct of given populations has been anchored in defining the boundaries between who might live and who may die. Foucault has even coined a formula, the so-called “paradox of the shepherd” to describe this question. This paradox revolves around the issue of sacrifice, and defined not only the early modes of “pastoral power” but our “modern techniques of power deployed in the technologies of population” (Foucault 2007, 128). We will briefly explain this paradox.

In the making of pastoral governance, the role of the shepherd consisted in serving the flock for its salvation. However, the former was constantly facing a paradox: “the sacrifice of one for all, and the sacrifice of all for one” (Foucault 2007, 129). This paradox was solved when the shepherd was ready to save a sheep that had gone astray. It is the case of Moses who abandoned the whole flock to save a single sheep, and when he brought it back, his flock “was nonetheless saved, symbolically, precisely by the fact he was prepared to sacrifice it” (Foucault 2007, 129). Updated “paradoxes of the shepherd” can be detected in the 18th century when scarcity has been used as an economic tool for market regulation (Foucault 2007, 42). In the 19th century, it also structured the statistical management of epidemics (Foucault 2007, 62–63) and it also underpins Foucault’s notorious definition of biopower as the “power to ‘make’ live and ‘let’ die.” (Foucault 2007, 241). The potential and actual sacrifice of some human groups to ensure the salvation of others, percolate through early forms of pastoral power and contemporary modes of governmentality. In many Western countries, the economy of salvation underpinning the management of the COVID-19 pandemic has been twofold. On the one hand, it has consisted in adjusting the protection of the population and economic/business interests. On the other, it has also implied in deciding which populations should be primarily protected, entailing a biopolitical “let die” logic (e.g., elderly dependent persons). The production of data regarding COVID-19 mortality rates, “relative severity ratio,” virus spreading and testing, have been used to direct and regulate appropriate and sometimes failed biopolitics/governance of the pandemics (Arminjon and Marion-Veyron 2021). From early modes of pastoral power until neoliberal bio-governance, death has been constantly invested with spiritual, political, and statistical dimensions so that it could guide the path of respective economies of salvation.

What was striking in the case of Brazil, was that the “paradox of the shepherd” was suppressed since there was actually no “shepherd” willing to anticipate, control and regulate the life/death tensions. As a matter of fact, statistics were deployed to conceal the lethal effects of the pandemic. The Brazilian Federal Government tried to withdraw data concerning the pandemic daily infections and deaths and when it was later forced to come back to its decision, there has still been a lack of detailed data (Phillips 2020). Death by reporting date and epidemiological week were no longer published just like the curve of new cases by reporting data and epidemiological week (*Folha de S. Paulo* 2020). The first epidemiological reports concerning COVID-19 did not take into account the race/color impact of the virus, an approach that is legally compulsory in any official public health information in Brazil. Despite the later inclusion of these data, the mortality



impact of the virus on black, brown and indigenous population was still underreported (Santos et al. 2020). It was a deliberate failure of biopolitics in the management of the pandemic. This biopolitics failure bears structural and historical causes that has always affected public health and labour-relations in Brazil. The COVID-19 pandemic, and Bolsonaro strategies have enhanced the lack of biopolitics governance in Brazil (Pele and Riley 2021). The point here is not so much that death was actually concealed in Brazil, it was not. Brazil became, verifiably, one of the epicentres of the pandemic. What we want to highlight is the logic within which the Federal Government tended to operate and how the former was designed to dismiss any economy of salvation. The governmental initiatives to dismiss death revealed a governing of the pandemic through a self-imposed ignorance. Since the central question of death was removed, the sovereign did not need to decide who might live and who might die. The statistical concealment of COVID-19 related deaths precluded Brazil's Federal Government from endorsing the role of pastoral power that would have the moral obligation to save its population.

Despite the vulnerabilities of their existence, vulnerable populations put forward ways of resisting the management of the pandemic. The next part explores the collective and progressive medical dissent and the political struggles they kept on mobilising throughout this major health crisis.

### Medical Dissent and Political Struggle

The deliberate failure in managing the pandemic worsened the conditions of the communities in the so-called favelas where almost 14/20 million individuals live (de Lazari, Margraf, and Albuquerque 2021). In reaction to the dramatic lack of any public structures and health policy, local primary care physicians and networks of mutual help assistance set-up grass-roots strategies to mitigate critical health and social difficulties.

We will examine these strategies as practices of *progressive* medical dissent that resist the *reactionary* medical dissent carried on by federal institutions. The notion of medical dissent is capable of bringing together grass-roots political struggle, community resilience, hope, and medical expertise. The logical reaction to an excess or abuse of power and governance is disobedience to the sovereign, protest, revolt against the government. Still, in the face of a lack of governance in the midst of a health crisis, a decisive part of the reaction of the Brazilian people must rather be described as the activation of resilience, a form of medical dissent against the prevailing non-governance of the pandemic. Community resilience can be defined as a “system’s capacity to ‘bounce back’ from unexpected events and disturbances” based on a “capability for self-organisation, learning and renewal” (Bento and Carvalho Couto 2021, 5). This means that resilience contains adaptability as well as transformative capacity (Walker et al. 2004). It is not merely a reaction to a crisis or disturbing event, but a practice of self-governance, for example by the implementation of “street presidents” in the favelas. Left alone by the shepherd, the flock activates its pack-intelligence and develops practices of resilience.

To unpack these aspects, we deepen and go beyond Foucault’s notion of governmentality. It is worth recalling that along with the definition of governmentality in the general terms of conducting the conducts of others, Foucault suggested a second one that is useful for our argument. Governmentality also refers to the “encounter between the technologies of domination of others and those of the self” and/or the “interaction between

oneself and others and in the technologies of individual domination” (Foucault 1997b, 225). Put differently, governmentality can be used to depict the interplay between the way one conducts oneself and how other people conduct themselves. It defines the relationships between the technique of domination and the techniques of the self. It is possible to detect in Foucault’s scholarship some examples that illustrate this novel perspective on governmentality. The *homo economicus* can be understood at the interaction between the domination of the market and the production of a self (“self as business”). Against the 18th century *raison d’état*, the political discourses on natural rights were deployed to resist the State’s pervasive juridical governance of the population while he understood “critique” also as a modern technique of self that challenged obedience to authority (Foucault 1997a, 30–31, 35). Against the making of fixed identities imposed by biopolitical governmentality, Foucault suggested “struggles against subjection” and other “politics of ourselves” (Foucault 1982, 782). When Foucault referred to medical dissent practices of the 18th century and onwards, as counter-conducts, he wanted to stress the nexus between the ethical and political dimensions of those practices. He insisted on how those medical dissent practices, while refusing medical rationality, were also shaped in spiritual/religious groups (Foucault 2007, 199–200). Despite Foucault’s prescience on the notion of governmentality and counter-conducts, he did not develop further a concept of counter-governmentality. That is what we aim to do in this work. By applying the notion of progressive medical dissent to Brazil’s grass-roots initiatives in times of pandemic, we show that medical dissent is a form of counter-governmentality that entails on the one hand, techniques of the self (with ethical praxis of hope and solidarity) and on the other hand, political resistance (with praxis of dissenting).

The practices of medical dissent carried on in these communities are counter-conducts where resistance to power and techniques of the self are interacting. They imply both a political experience against the chloroquinization of truth and ethical praxis of the self that mobilise collective virtues of resilience and solidarity. By defining those virtues, we go beyond strict Foucauldian lenses, since we unpack collective forms of contemporary ethics that Foucault has barely examined. These medical dissent practices represented counter forms of governmentality—according to the second definition of governmentality as both ethical and political. Dissent is therefore twofold. It is an opposition to a given authority (e.g., Brazil Federal State). It also productive and claims for *other* and *better* ways of being governed (e.g., compliance with pandemic health protocols). These new ways of being governed, relied on practices of resilience and medical expertise that shape the collective subjectivities of Brazil’s most vulnerable communities. Simultaneously, and at a local level, they were practices that resist the “chloroquinization of truth.” While the ethical dimensions of “medical dissent” will be examined in the first part, paying attention to the praxis of hope and trust, in the second part, we will unpack political dimensions of dissenting. Still drawing on community-based initiatives in Brazil, we hold they fostered a novel economy of obedience through dissent. Dissenting communities intended to counter Brazil’s biopolitical failure of the pandemic management (Tewari 2021).

### **Medical Expertise, Hope and Trust**

Favelas’ grass-roots organisations mitigated the pandemic by deploying localised production of knowledge. For instance, *Radar COVID-19 nas Favelas* was a monthly

Socio-Epidemiological bulletin, published by human rights organisations and the Oswaldo Cruz Foundation. “Radar COVID-19” kept track of non-official information (e.g., direct relation with favela’s residents, social media) and tackled the spread of fake news. Its goal consisted in turning visible situations of vulnerability (e.g., hunger) and anticipating initiatives that combat the pandemic (*Fiocruz* 2021). In the *Complexo de Alemão*, one of the largest favelas of Rio de Janeiro, local data collection infrastructures were implemented to correct misinformation, enable volunteers to respond to families’ needs, keep track of donations and inform logistical decisions (Béhague and Ortega 2021). Strategies of communicating decisive information about the pandemic to those who had bad access to knowledge were established, for example by “[w]omen leaders in their communities” who “developed an epidemiology color system to monitor the number of Covid-19 cases in the community” (Oxfam International 2021).

On the one hand, these initiatives resisted the “Cloroquinization of truth” promoted by Brazil’s Federal Government. They draw on local public health strategies, social medicine, and data collection that strengthened self-determination while respecting fairness and democratic governance (Oxfam International 2021). On the other, and simultaneously, these initiatives challenged another regime of truth, namely, the “one size fit all” global approach to the pandemic (Glassman, Chalkidou, and Sullivan 2020). While stay-at-home measures and digital homeworking were promoted in the Global North, those measures could hardly be effective in Brazil. In this vein, one way to partially mitigate the issue of hunger during the pandemic consisted in establishing complex networks of food distribution, such as “Pratodascomunidades” and “SOS Favela.” Similarly, grassroots efforts conducted by some associations (e.g., Teto Verde Favela—Comunidade Socialab) promoted local farmer’s production in the favelas.

These initiatives were not simply informal/spontaneous networks that depended on virtues of care and compassion. They were primarily tied to infrastructures that have been long in the making during previous crisis episodes (e.g., during peaks of police brutality, aftermath of major flood). It is within those structural spaces where medical dissent and collective resilience can be correctly apprehended (Béhague and Ortega 2021). This collective resilience implied the deployment of localised expertise and relied on deep rooted mutual aid organisations (Tarlau 2020). Such relations established between resilience, knowledge and historical/ongoing mutual aid networks, bring forward the critical dimension of hope, as a political virtue. Besides the hardships of their lives and the politics of neglect they were suffering, the residents of the favelas in Brazil kept on resisting the erosion of their dignity and fostering hope amid the pandemic.

Understood as trust in the possibility of the realisation of a desirable goal under conditions of uncertainty, hope is a decisive motivational force for progressive political movements. At the beginning of the COVID-19 crisis, public intellectuals insisted on a fundamental hope that the crisis will have a positive learning effect (Robinson 2020). They expressed hope for an increased capacity of coping with crises, strengthening solidarity, but also hope for concrete structural change, inter alia towards more just health systems, if not even hope for coming closer to the goal of building “a better world.” For the residents of the favelas in Brazil such high hopes were rather naive, missing the reality of a continuous struggle for survival and a decent life. In face of the “demobilizing effect of acute fear (powerlessness)” the motivational force of “hope as a choice to be pleasurable and creatively enjoyed” seems to be reduced to

“hope as a necessity to sustain any action at all”—the most fundamental form of hope (Kleres and Wettergren 2017, 516).

Still, the practices of resilience, solidarity and medical dissent can be regarded as expressions of hope in different respects (Bauer 2020): as hope for individual salvation in terms of mere survival but also in terms of achieving more than “bare life”; as rational hope in terms of trust into scientific truth combined with an optimistic belief in the self-organisational powers of the system, into their own capability to take over where the government fails as well as in the relevance and value of each individual contribution. Rational hope serves as a protection “against the danger of loss of heart” (Pettit 2004). The cooperativeness of individuals that was necessary to cope with a pandemic as well as to interact in practices of counter-conduct asked for a high amount of trust in the capacities and reasonability of groups and individuals and hope for mutual respect.

Another type of hope that was decisive for understanding it as a political virtue is radical hope (Lear 2006): It is defined as the capacity of hoping for new possibilities of the good in the face of the devastation of former hopes, in face of radical change of values and visions for the future—the capacity of “rewriting our imagination” of a better world (Robinson 2020). It releases the courage to throw oneself into a yet incomprehensible future. Radical hope is thus essential for being able to redesign ideas of the good life, of a just society and of a better government.

The practices of resilience and medical dissent in Brazil mapped out concrete strategies of such redesigning of ideas of the good life. Black women—one of the most vulnerable groups in Brazil—started initiatives to develop plans and ideas for the post-pandemic future, in particular regarding more inclusive political participation (Oxfam International 2021). However, in this case the uncertainty that demanded hope for the possibility of a better life and a more just society was not the uncertainty of the future or a sudden loss of the viability of previous ideals of the good in the face of a crisis. In “lost sub-systems” that are neglected by the State, people are rather confronted with a structural uncertainty, an unbearable living conditions, a fundamental vulnerability of health, life and security where the unexpected—yet another crisis, another pandemic, another outbreak of violence—always has to be expected. Instead of taking refuge in “cruel optimism” in terms of “fantasies of a good life” in neoliberal conditions designed to make that good life inaccessible to the vast majority (Adelman 2021), fundamental uncertainty can only be faced by a continuous resilient form of hope—a hope for the capacity of mutual support and salvation.

Resilience includes adaptation, “learning processes and preparedness for future crises” (Bento and Carvalho Couto 2021, 3). It differs from robustness in this emphasis on the self-organising and learning capacities of a system that, confronted with a lack of organisation, acknowledges the “importance of fostering collaborative learning networks and facilitating knowledge coproduction”—as practised in medical-dissent—and establishes new forms of “adaptive governance.” Bento and Carvalho accordingly describe resilience “as a meta-capability to anticipate, cope, and adapt in response to unexpected events rather than static characteristics and practices.” (Bento and Carvalho Couto 2021, 6). While we built on this understanding of resilience, we are not satisfied with Bento and Carvalho’s conclusion. They argue that the development of resilience in the favelas teaches us the lesson that policies should not too much insist on going back to normal, rather give room for renewal. This could lead to the additional conclusion that a lack

of governance is desirable if it unleashes the self-organising powers of a sub-system and the forces of radical hope that allow for a fundamental renewal of ideals. It would play into Bolsonaro's cynical politics to even remotely imply that the lack of government and the "medical negligence" of chloroquinization is ultimately desirable because it strengthens the organic self-healing powers of the people. And it would be cynical in itself to over-emphasize that we can draw a lesson from a safe distance on how we should organise our "new normal." As suggested by Rebecca Adelman, in a relatively safe environment "endurance" might be a good alternative to "the resilient work-no-matter what imperative of capitalism" as it "enables us to invest all our pandemic labours [. . .] with meaning as a simple but undeniable record of persistence" (Adelman 2021, 470). In the favelas, the "investment" necessary for persistence and survival is not merely endurance as a reaction to "a future that has been fractured by the pandemic" (Adelman 2021, 463). There is very little reason for an optimistic belief in an unbroken future. There is no "back to normal" but a perpetuated state of "abnormality" and crisis that is faced with resilient hope for salvation of each other, trust and solidarity. However, this story of resilience is not only a story about coping, bouncing back and generating some hopeful impulses for renewal. We argue that it is most important to interpret the practices of resilience, solidarity and hope as practices of counter-conduct. Medical dissent expresses a fundamental hope for health, survival and a dignified life combined with trust in solidarity and reason that leads to resilience. Within our counter-governmentality approach, they are techniques of the self. They shape moral collective subjectivities that resist the Bolsonarian economy of non-salvation.

### *Resilience as Dissidence*

It is useful, finally, to say something directly about the dissenting individual. Positively, we can stress the relationship between dissent and resilience. Equally, we should reject a model of dissent that simply represents a hermeneutics of suspicion, particularly suspicion about the State.

Following shocks—particularly natural disasters, but also man-made crises—a certain kind of resilient dissenting individual may be valorised. These are individuals who are independent of deficient State structures, individuals who provide a point of focus to build self-sufficiency in affected communities. They become a point of focus for protest against the State. It has been argued that such dissenting individuals are necessary not only in the immediate aftermath of crisis to fill the gap left by the State but also, through their buttressing the independence of communities, making wider political structures more respectful of communities and therefore making the State resilient in the long-run (Ignatieff 2017). Put another way, not only are these figures able to find ways to re-establish order without State structures in the immediate aftermath of crises, they are able to speak truth to power and demand (with "authority") changes to the State. A "resilient State" will thus require resilient individuals. But those individuals are not those seeking to preserve the State as it exists, but those agitating for its better responsiveness to emergency.

From this perspective, the dissenting individual represents a distinctive conjunction of ideas about resilience and the State. They are identified in opposition to other kinds of figures. First, they are challenging a particular failing or failed State, not State authority

as such. Second, these individuals exist only by virtue of State failings: the State (by definition) cannot create these resilient individuals. Taking these together, the dissenter should not be confused with the self-interested individual who denies any duties of justice or solidarity, and the dissenter is not to be confused with a hermeneutic of suspicion, the cynical dissenter who, for instance, might treat pandemic as evidence of conspiracy. Indeed, the clearest characteristic of modern conspiracy theorists—those who treat the pandemic, and political responses to it, as somehow planned or contrived as part of a deeper power-play—is that this figure represents a distorted form of neoliberal logic itself. In its cynical distrust of all governments, it champions the veridicality of the market, the production of truth about life only through individual preference. The upshot of this cynical conspiracy theorising, is to assert that the market is the only route to truth. In essence, the resilient dissenting individual who responds with anger to the failings of the State is not the same as the libertarian who exercises a relentless hermeneutic of suspicion against the State or the “rugged individualist” who does not trust existing legal structures but survives by her wits. Such individuals might be resilient in the limited sense of being able to survive and adapt. But they do not make a contribution to collective resilience. Conversely individuals, and groups, who can adapt to the difficult circumstances, changing themselves and their communities, but do this without it being at the expense of others, offer a model of resilience with solidarity. It is this we can see at work with some of the medical dissenters in Brazil.

In Paraisópolis, the second largest favela of São Paulo, with more than 100,000 inhabitants, The Residents Union produced and delivered masks to the residents. It delivered lunch boxes, prepared 6,000 free meals each day. It hired health professionals, attending Paraisópolis residents with rented ambulances. Also, COVID-19 shelters were designed in the local schools. Similar initiatives spread throughout Brazil’s favelas (Langlois and Christ 2020). In Rio de Janeiro, favelas mutual aid organisations networks (e.g., “Rocinha Resiste,” “Redes,” “Pandemia com Empatia”) implemented their own health initiatives to respond to the pandemic. The residents of Rocinha (150,000 inhabitants) and Mangueiras (40,000 residents) created their networks of ambulances, hired local physicians, and created isolation wards in public community spaces.

These initiatives were designed to respond to urgent public health issues, related to the pandemic. However, they were also the platform for numerous activists to keep on denouncing the broader politics of neglect that Brazil’s vulnerable communities have always been facing. They have kept on addressing the political and economic motives that have been underpinning the “politics of dispossession” against Brazil’s oppressed populations. Community leaders and favelas residents have relentlessly exposed the economic, racial and health injustices they have always been suffering and that have become even more dramatic during the pandemic.

The association “Mothers of Mangueiras” (*Mães de Mangueiras*) has been created as a mutual aid organisation that supports mothers after the loss of their children from police violence. During the pandemic, they mapped out the people most in need in the favela of Mangueiras, collected and distributed baskets of food and basic hygiene items. They also kept on addressing and exposing the structural injustices and violence, Brazil’s vulnerable communities are facing. In particular, “Mothers of Mangueiras” campaigned for a Supreme Court lawsuit that suspended, during pandemic, police operations in Rio de Janeiro’s favela, with in particular, the prohibition of snipers’ operations with

helicopters (Constitutional Action: ADPF 635). As Ana Paula Oliveira co-founder of Mothers of Manguinhos claimed: “Our struggle has grown during the pandemic. We have to be stronger and seek, in every way, to stay alive” (Zur 2020).

Those examples reveal that medical dissent is eminently political in Brazil. Within our counter-governmentality perspective, hope, resilience and solidarity shape the ethical practices of the self that have underpinned the favelas’ grass-roots mobilizations. Simultaneously, medical dissent, has brought forth political practices that counter the political economy of disobedience fostered by Bolsonarism. This is certainly a response to the retreat of government (non-government) and can be construed simply as a reaction to failure. But we should not construe this as a politics of hopelessness. It is not the case that these communities have nothing left but (messianic) hope for the external salvation by the good shepherd; nor must they rely solely on their self-organizing powers, the salvation of each other without institutional support. This form of governance takes over and integrates impulses of dissidence, re-organisation, and hope for radical renewal.

## Conclusion

While a number of theoretical lenses help to reveal the profound mismanagement of the pandemic in Brazil, we have stressed the structural complexity of that mismanagement and the sophistication of the population’s response to that (non)governance. Forms of dissent and resistance have created power and knowledge outside and in response to the State. This has fostered solidarity and hope in ways that could not be possible for a state, especially a state whose inactions were a form of government premised upon letting die.

This, we argue, is evidence of the usefulness of Foucault’s model of governmentality. It also highlights the productive aspects of biopolitics—the possibilities for resistance and resilience it creates—possibilities that many theorizations of the pandemic can overlook. At the same time, some limitations in the application of biopolitics to this situation are evident. There are inevitably the distinct, situated, contingencies of the pandemic in Brazil, contingencies producing novel forms of power-knowledge. There are equally distortions produced by Brazil’s distinctive politics and demographics. In particular, we have suggested that the forms of resistance and dissent to power we outline not only challenge conventional political oppositions, but reveal that actors (like the medical profession) can be both conduits to power and exercise unexpected forms of resistance. This goes too for Brazil’s marginal and marginalised populations whose knowledge, and resilience, cannot be conceptualised as dissent in a crude or homogenous way.

As suggested, this form of analysis can sit aside other theoretical frameworks. And it is intended to accommodate new evidence and new trends in Brazil’s governance of the pandemic. But this study also opens pathways to pursue. In particular we might posit a more general limitation to biopolitical analysis in Latin America. Outside the trends and features of European liberal states—when we are concerned with those nations without welfare states or ordoliberalism—the governance of populations may well take the more complex forms suggested here. Research about internal dissent (e.g., communities, regional governors, medical professionals) reveals a dynamic of resistance that cannot be confined to dissenting communities, conventional political groupings or knowledge

entrepreneurs. And, the making live and letting die of populations has a more complex relationship with medicine and place than might be suspected.

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## References

- Adelman, R. 2021. "Enduring COVID-19, Nevertheless." *Cultural Studies* 35 (2–3): 462–474.
- Arminjon, M., and R. Marion-Veyron. 2021. "Coronavirus Biopolitics: The Paradox of France Foucauldian Heritage." *History and Philosophy of the Life Sciences* 43 (1). <https://doi.org/10.1007/s40656-020-00359-2>.
- Barreto, R. C., Jr. 2020. "The COVID-19 Pandemic and the Ongoing Genocide of Black and Indigenous Peoples in Brazil." *International Journal of Latin American Religions* 4 (2): 417–439.
- Bauer, K. 2020. "Will the Corona Crisis Make Us Better? Activating (Fragile) Hope for Justice." *Law, Culture and the Humanities*. <https://doi.org/10.1177/1743872120979996>.
- Béhague, D., and F. Ortega. 2021. "Mutual Aid, Pandemic Politics, and Global Social Medicine in Brazil." *The Lancet* 398 (10300): 575–576.
- Bento, F., and K. Carvalho Couto. 2021. "A Behavioral Perspective on Community Resilience during the COVID-19 Pandemic: The Case of Paraisópolis in São Paulo, Brazil." *Sustainability* 13 (3): 1447.
- CNN Brasil. 2021. "Anvisa terá que explicar na CPI tentativa de alteração da bula da cloroquina" [Anvisa Will Have to Explain to CPI Attempt to Change Chloroquine Leaflet]. *CNN Brasil*, May 10.
- Dall'Alba, R., C. F. Rocha, R. de Pinho Silveira, L. da Silva Costa Dresch, L. A. Vieira, and M. A. Germanò. 2021. "COVID-19 in Brazil: Far beyond Biopolitics." *The Lancet* 397 (10274) : 579–580.
- da Fonseca, E. M., N. Nattrass, L. L. Benites Lazaro, and F. I. Bastos. 2021. "Political Discourse, Denialism and Leadership Failure in Brazil's Response to COVID-19." *Global Public Health* 16 (8–9): 1251–1266.
- de Lazari, R. J. N, A. F. Margraf, and E. Alburquerque. 2021. "Segregação Urbana: Direitos Humanos em Tempos de Pandemia" [Urban Segregation: Human Rights in Pandemic Times]. *Revista Direito, Estado e Sociedade*. <https://revistades.jur.puc-rio.br/index.php/revistades/article/view/1653>.
- Fausto, R. 2020. "Nature du Bolsonarisme" [Nature of Bolsonarism]. *Sens Public*. <http://sens-public.org/articles/1455/>.
- Fiocruz. 2021. "Radar Covid-19, Favelas." <https://portal.fiocruz.br/documento/radar-covid-19-favelas-edicao-1>.
- Folha de S. Paulo. 2020. "News Organizations Team up to Provide Transparency to Covid-19 Data." *Folha de S. Paulo*, June 8. <https://www1.folha.uol.com.br/internacional/en/scienceandhealth/2020/06/news-organizations-team-up-to-provide-transparency-to-covid-19-data.shtml>.
- Foucault, M. 1982. "The Subject and Power." *Critical Inquiry* 8 (4): 777–795.
- Foucault, M. 1997a. "What Is Critique?" In *The Politics of Truth*, edited by S. Lotringer and L. Hochroth, 23–82. South Pasadena, CA: Semiotext(e).
- Foucault, M. 1997b. "Technologies of the Self." In *The Essential Works of Foucault 1954–1984*, vol. I, edited by P. Rabinow, 223–252. New York: The New Press.
- Foucault, M. 2007. *Security, Territory, Population: Lectures at the Collège de France 1977–78*. Translated by G. Burchell. New York: Palgrave MacMillan.
- Foucault, M. 2008. *The Birth of Biopolitics: Lectures at the Collège de France 1978–79*. Translated by G. Burchell. New York: Palgrave MacMillan.
- Foucault, M. 2016. *About the Beginning of the Hermeneutics of the Self: Lectures at the Dartmouth College, 2013*. Edited by H.-P. Fruchaud and D. Lorenzini, translated by G. Burchell. Chicago: The University of Chicago Press.
- Glassman, A., K. Chalkidou, and R. Sullivan. 2020. "Does One Size Fit All? Realistic Alternatives for COVID-19 Response in Low-Income Countries." <https://www.cgdev.org/blog/does-one-size-fit-all-realistic-alternatives-covid-19-response-low-income-countries>.
- Guerin, O. 2021. "COVID-19 Pandemic: 'Everything You Should Not Do, Brazil Has Done.'" *BBC News*, July 09.

- Hoffmann P. M., and R. Barbosa Jr. 2020. "Brazil's War on COVID-19: Crisis, Not Conflict—Doctors, Not Generals." *Dialogues in Human Geography* 10 (2): 137–140.
- Ignatieff, M. 2017. *The Ordinary Virtues*. Cambridge, MA: Harvard University Press.
- Kleres, J., and Å. Wettergren. 2017. "Fear, Hope, Anger, and Guilt in Climate Activism." *Social Movement Studies* 16 (5): 507–519.
- Langlois, J., and G. Christ. 2020. "São Paulo's Favelas Are Running out of Food. These Women Are Stepping in." *National Geographic*. <https://www.nationalgeographic.com/science/article/coronavirus-brazil-sao-paulo-favelas-running-out-of-food-women-stepping-in>.
- Lasco, G. 2020. "Medical Populism and the COVID-19 Pandemic." *Global Public Health* 15 (10): 1417–1429.
- Lear, J. 2006. *Radical Hope: Ethics in the Face of Cultural Devastation*. Cambridge, MA: Harvard University Press.
- Ortega, F. and M. Orsini. 2020. "Governing COVID-19 without Government in Brazil: Ignorance, Neoliberal Authoritarianism, and the Collapse of Public Health Leadership." *Global Public Health* 15 (9): 1257–1277.
- Oxfam International. 2021. "Brazilian Black Women: Powerful Resilience amid the Covid-19 Pandemic." *Oxfam International*, February 2. <https://oxfam.medium.com/brazilian-black-women-powerful-resilience-amid-the-covid-19-pandemic-4380ef13711b>.
- Pele, A. 2021. "The Rise (and Fall) of 'Authoritarian Dignity': Political Struggles and Tropical Necropolitics in Brazil." In *Dignity, Diversity Anarchy*, edited by K. Mathis and L. Langensand, 79–98. Stuttgart: Franz Steiner Verlag.
- Pele, A., and S. Riley. 2021. "For a Right to Health beyond Biopolitics: The Politics of Pandemic and 'The Politics of Life.'" *Law, Culture and the Humanities*. <https://doi.org/10.1177/1743872120978201>.
- Pettit, P. 2004. "Hope and Its Place in Mind." *Annals of the American Academy of Political and Social Science*, no. 1: 152–165.
- Phillips, D. 2020. "Brazil Stops Releasing Covid-19 Death Toll and Wipes Data from Official Site." *The Guardian*, June 7.
- Pleyers, G. 2020. "The Pandemic Is a Battlefield. Social Movements in the COVID-19 Lockdown." *Journal of Civil Society* 16 (4): 295–312.
- Preciado, P. B. 2013. *Testo Junkie: Sex, Drugs, and Biopolitics in the Pharmacopornographic Era*. Translated by B. Benderson. New York: The Feminist Press.
- Ramos Penha, M. E. 2020. "The Pandemic and Its Ethno-Spatial Disparities: Considerations from Salvador, Bahia, Brazil." *Journal of Latin American Cultural Studies* 29 (2): 325–231.
- Ricard, J., and J. Medeiros. 2020. "Using Misinformation as a Political Weapon." *HKS Misinformation Review*, April 27.
- Robinson, K. 2020. "The Coronavirus Is Rewriting Our Imaginations." *The New Yorker*, May 1.
- Russo Lopes, G., and M. G. Bastos Lima. 2020. "Necropolitics in the Jungle: COVID-19 and the Marginalisation of Brazil's Forest Peoples." *Bulletin of Latin American Research* 39 (1): 92–97.
- Santos, M. P. A. dos, J. S. Nery, E. F. Goes, A. da Silva, A. B. S. dos Santos, L. E. Batista, and E. M. de Araújo. 2020. "População negra e Covid-19: reflexões sobre racismo e saúde" [Black People and Covid-19: Reflections on Racism and Health]. *Estudos Avançados* 34 (99): 225–243.
- Tarlau, R. 2020. "Activists Farmers in Brazil Feed the Hungry and Aid the Sick as President Downplays Coronavirus Crisis." *The Conversation*, May 5.
- Tewari, A. 2021. "Corona Crisis: Life versus Freedom?" *Revista Direito Estado e Sociedade*, no. 58: 42–80. <https://revistades.jur.puc-rio.br/index.php/revistades/article/view/1777>.
- TBR Newsroom and Jika. 2020. "Get Lost, Commie Grim Reaper." *The Brazilian Report*, April 16.
- Tonnel, R. 2020. "The Concept of Necropolitics during the Pandemic of Covid-19 in Brazil." *Thesis* 9 (2): 31–54.
- Touchton, M., F. M. Knaul, H. Arreola-Ornelas, T. Porteny, M. Sánchez, O. Méndez, M. Faganello, et al. 2021. "A Partisan Pandemic: State Government Public Health Policies to

Combat COVID-19 in Brazil.” *BMJ Global Health* 6 (6): e005223. <https://pubmed.ncbi.nlm.nih.gov/34083242/>.

Walker, B., C. S. Holling, S. R. Carpenter, and A. Kinzig. 2004. “Resilience, Adaptability and Transformability in Social–Ecological Systems.” *Ecology and Society* 9 (2). <http://www.ecologyandsociety.org/vol9/iss2/art5/>.

Zur, N. 2020 “Ana Paula Oliveira: ‘Our Struggle Has Grown. We Have to Seek, in Every Way, to Stay Alive.’” *Rio On Watch*, August 20.