

Covid-19 and Brazil, a look from the Amazon - new challenges for old problems

Sandro Almeida, Universidade Federal do Amazonas
Iana Vasconcelos, Universidade Federal de São Carlos

The new coronavirus, or SARS-COV-2, which was conventionally called *Covid-19*, has been putting pressure on the public health system in some parts of Brazil, especially in the state of Amazonas. Initially a disease "imported" by people from privileged classes who traveled to Europe and China, the virus quickly reached what epidemiologists call "community transmission", when it is no longer possible to know exactly from whom, when or where in the city someone got infected. At this stage, the map of confirmed cases is no longer restricted to the wealthy neighborhoods of Manaus (initial locus of the disease that arrived by plane) and the portion of the population that generally has greater difficulties in accessing health services begins to suffer consequences. The spread of the virus revealed some well-known adversities that were masked by the veil of an apparent "normality".

Covid-19 arrived as a novelty, but the fracture it exposes – a precarious public health system – is not exactly new for the Amazonian population. Investigations by Brazil's Federal Police point out that, at least since 2014, many millions of reais in state funds earmarked for public health have been diverted for undue payments to local politicians and their allies. In 2019, about 500 doctors stopped working in the public health system of Amazonas, due to lack of payment. If the situation in the capital Manaus is precarious, which is the 8th largest GDP in the country, what to say about small towns in the countryside and the special attention to indigenous peoples? If there are no health professionals and there are not enough hospitals in the cities, what about the indigenous villages?

Historically, amazonian indigenous population have been victimized by epidemics of whooping cough, measles and other respiratory diseases. The traditional response of different groups to face the dangers posed by contact with the "white people's diseases" was to flee to the forest, staying away from the populated places until the outbreak of the diseases dissipated. We are experiencing something similar now, the need for social isolation. But, unlike in the past, interactions between city and indigenous communities are increasingly intense and the metropolitan region of Manaus is home to a large urban indigenous population that can no longer hide.

In Manaus, the indigenous people mostly live in the peripheral regions of the capital, places with deficient urban infrastructure, without basic sanitation and distant from public health facilities. Until July 1st, the Articulation of Indigenous People in Brazil (APIB) was already counting 252 deaths totaling people living in the villages and in the city. APIB is denouncing the underreporting of indigenous deaths officially registered by the Ministry of

Health, a difference of about 100 cases¹. In the case of villages, indigenous health agents are the main affected by the disease so far. Paradoxically, individuals who should take care of indigenous health has become a vector of contagion. The first case recorded in an indigenous area was caused by a doctor who had returned from a trip to southern Brazil. Teachers, military personnel and other professionals have also been unwitting vectors of transmission. In addition, the relaxation of environmental laws at the national level has accentuated illegal activities, such as mining, on indigenous lands. Briefly, the greater the contact with the “commodity people”², the greater the exposure and risk of contagion.

Reflecting on the spread of the *coronavirus* in Manaus and Amazonas, however, it would not be fair to place all responsibility on government authorities alone. Individuals have agencies and the Amazonian population has been using their free will to disobey sanitary recommendations. In a recent interview, the mayor of Manaus acknowledged the failure of the public authorities, not only facing the disease, but, above all, in the face of the undisciplined population itself that has not been respecting the measures of social isolation. The mayor issued a decree establishing the mandatory use of masks, but there was no massive adherence by the population. The governor decreed the closure of ports and non-essential trade, but the traffic of people between the capital and the countryside has not stopped and many shops were reluctant to close their doors. Even with an ostensive media campaign to avoid crowds, there still happening private parties and even home funerals for people diagnosed with *covid-19*, without any concern with the spread of the virus.

The important suppression strategy to prevent the virus’ spread (popularly known as quarantine, confinement, isolation, lockdown), also exposes other fractures of Brazilian and Amazonian society. Socioeconomic inequalities, on the one hand, allow some people to remain safe in their home while working and enjoying the comforts of “modern” life. On the other hand, the need to stay at home can be an ordeal for those who live in precarious housing, without access to water and sanitary sewage. Even more serious is the situation of the portion of the population that has lost their job or is unable to maintain themselves economically without going out to work. Millions of families are running out of resources. It is particularly concerning the fragility of those informal workers who have no legal support.

In order to minimize the economic losses of informal workers, micro-entrepreneurs, self-employed and unemployed, the Federal Government established a financial aid of R\$ 600.00, equivalent to just over half the minimum wage. Although relatively small, the demand to withdraw this amount caused huge queues at the entrances of Caixa Econômica Federal (public bank

¹ http://emergenciaindigena.apib.info/dados_covid19/

² The notion of “commodity people” comes from Davi Kopenawa Yanomami and addresses the “white man” and the capitalist society. See KOPENAWA, Davi & ALBERT, Bruce. *La chute del ciel: paroles d’un chaman Yanomami*. Paris: Plon, 2010.

responsible for the emergency aid payments). Due to the lack of better planning, the economic compensation measure ends up collaborating with the pandemic by creating crowded spaces for people who often belong to the so-called risk groups (the elderly and people with chronic diseases).

Added to this, there's the presence of numerous Venezuelan migrants who sought Brazil to rebuild their lives. Many of these Venezuelans are part of the population that are unable to comply with the social isolation and hygiene measures recommended by the World Health Organization (WHO). Some live on the streets, share houses with large numbers of people, live in improvised camps, or sleep in "overnight stay" areas and government shelters which, in general, operates beyond capacity. Thus, even those who are in institutional shelters, neither have the ideal conditions to maintain the necessary distance and hygiene. And those who stay overnight in camping tents offered by the Army need to roam the city during the day. As the economic crisis worsens, many Venezuelans are looking for some way to return to their country. The great attraction of being in Brazil was the possibility to work, earn money and buy food. With reduced job opportunities, economic difficulties are encouraging movements to return to Venezuela (which is not easy due to the blocked roads).

Among the Venezuelans, draws attention the Warao people, an indigenous group from the Orinoco delta. They demand a lot of care, as they arrive in Brazil presenting cases of malnutrition and travel with their elderly and children. Across the country, in addition to Manaus, dozens of Warao are already infected and at least two deaths have been officially recorded. The Warao move and live in small groups. Some habits can facilitate the transmission of the disease, such as sharing glasses, cutlery and bowls. It is part of their daily urban dynamics, especially for women, to go out to collect money. They hardly stand still in shelters. Money is needed for them, not only for daily maintenance in Brazil, but also very important to send to relatives living in Venezuela.

As if there were not enough problems, the President of the Republic insists on defending the immediate resumption of productive activities. Irresponsibly, he stimulates political polarization around a misleading dichotomy: Health or Economy? Save lives or save jobs? What would be more important? Instead of coordinating a national plan, attentive to local events, capable of facing the disease and overcoming economic obstacles, the head of the executive branch prefers to sow discord.

Ultimately, I hope I've made it clear that *covid-19*, despite a new disease, sheds light on the persistence of some old problems, such as social inequalities and mismatches between the population and government policies in Brazil. As we write these lines comfortably in our apartment, large families take shelter in small places, without adequate ventilation and basic sanitation. And the virus, which does not discriminate against social class, ideological affiliation or nationality, continues to jump from person to person, leaving health professionals without rest and many kinsfolk in mourning.