

Uncertainty during Covid-19 Outbreak in Brazil: Clashes between the President and Governors

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Abstract

Brazil is one of the countries with the highest incidence of cases of Covid-19. However, instead of cooperation between federal, state, and municipal governments, there is a conflict of opinions on how to proceed with the pandemic. In order to reduce the Covid-19 progression and consequences, a national project should be executed, but the pandemic seems to have magnified a crisis not only in health, but also in the political sphere. Considering that in the light of Brazilian laws the president can't interfere with the governors' decisions and, presently, collaboration among authorities is extremely necessary to face new challenges, in this article we discuss the antagonistic situation in Brazil today, concerning a reality in which there is no homogeneous state policy being applied, but a clash between the federal government and the state and municipal governments, generating great disarray among citizens, who are unsure as to which indications to follow.

Keywords: Brazil; Covid-19; Government.

1. Introduction

Since the outbreak of the global crisis triggered by SARS-CoV-2, responsible for causing the acute respiratory syndrome Covid-19 (Van Bavel, 2020), much has changed in the world and in Brazil, in particular. A change in daily actions is increasingly present, with the search for the maintenance of people's health and economic stability, as well as for the reduction of problems arising from the adverse situation that started in the beginning of 2020.

Despite the worldwide search for solutions capable of minimize the damage resulting from the pandemic, when analyzing the Brazilian case, many controversies can be observed. And, at least partially, the relationship among entities of the Brazilian Federation seems to have some influence on the current situation.

Presently, there is a dispute observed in the Brazilian context, in which there is no coordination of efforts between the federal government and the governments of states and cities, in terms of both treatment and combating Covid-19. The heterogeneity observed in the Brazilian territory regarding the acceptance of universal policies aimed at treating the pandemic, as well as defining guidelines to be followed by all governmental components against the coronavirus, ends up damaging the results obtained, besides generate doubts about the future of the country as a whole.

Thus, this article analyzes the antagonistic situation in Brazil today, in which there is no homogeneous state policy applied in the national territory, but a clash between the federal government and the state and municipal governments, generating great disarray among citizens, who are unsure as to which indications and recommendations to follow. This happens at a time when the amount of contaminated reaches a huge number in Brazil (411,821 on May 28, 2020), with more than 25,500 deaths reported to date (Brasil, 2020).

This article intends to contribute to the state of the art on the subject in order to clarify what can happen, especially in negative terms, to the people of a country and to the federative entities, when there is no unity of command being followed, eventually expanding a chaotic situation in the political, social and economic scope.

1. Method

This article was organized following a logical and reflective structure, emphasizing interpretation and argumentation (Severino, 2000). After starting by exposing the current situation of Covid-19 in Brazil and the relations among the federal, state and municipal governments, the methodology addresses the analysis of recent texts on both the world and Brazilian situations in the context of the outbreak of Covid-19.

Items identified as corresponding - directly or indirectly - to the situation of disparity between government actions are examined in bibliographic research carried out in recent works, which allowed a reflection through an approach in which characteristics present in the exposed context to be analyzed and eventually linked to actions of the players of the federative pact, their similarities and differences.

2. Covid-19 in Brazil

Brazil is a country of continental dimensions, divided into 26 states and a federal district, with more than 5570 municipalities in which its population, currently in 211,574,208 inhabitants (IBGE, 2020), is distributed. The Brazilian public policies are defined in the Legislative Power – councilors and deputies –, while the executive branch puts them into practice.

Healthcare in Brazil is one of the responsibilities of municipalities, and this could limit the power of the figure of the President with regard to the definition of health-related policies, in particular with regard to the actions to be carried out in a pandemic season, like the one the world has been facing since the beginning of 2020. In addition, issues such as the provision of personal protective equipment, social distancing rules, and others can vary from one city (or federal state) to another (Burki, 2020).

These characteristics make it difficult to define a single public policy to combat a pandemic, such as the one which is currently observed in the case of Covid-19. It is also important to note that, although the number of cases and deaths resulting from Covid-19 has been increasing on a large scale in Brazil, there is still an enormous amount of underreporting, and the number of people whose deaths have been identified as caused by other respiratory diseases increased exponentially – for example, hospitalizations due to respiratory syndromes increased almost 10 times in 2020 in Brazil, and there was a 1035% increase in deaths from respiratory syndrome in Brazil, in March and April 2020 (G1, 2020).

The situation is even more alarming when one considers that many people are being buried as victims of pneumonia or severe acute respiratory syndrome (Lago & Toledo, 2020), even though they have symptoms compatible with those of Covid-19. Not only is the speed of the coronavirus of concern in Brazil, but also the acceleration of that speed, both in the infected and in the dead curves.

Insufficient scientific knowledge about the new coronavirus and its high speed of dissemination in vulnerable populations generates uncertainties regarding the choice of the best strategies to be used to face the epidemic in different Brazilian regions. In Brazil, the challenges that arise are even greater, as little is known about the transmission characteristics of Covid-19 in a context of great social and demographic inequality, with populations living in precarious housing and sanitation conditions, in which constant access to water is not easy and it is usual the situation of agglomeration, with a high prevalence of chronic diseases (Barreto *et al.*, 2020).

To identify what caused such a worrying scenario, in addition to the chaotic situation of the Brazilian health system in general, it is necessary to understand how decisions are made in Brazil as a federation.

3. Healthcare in Brazil

When investigating the evolution of health-related standards in Brazil, there is a long trajectory regarding the federative issue. Different federative models have evolved over the years, which can be understood as forms of relationship between government bodies in the provision of health services, based on specific pacts (Viana & Machado, 2009). Brazil lived a long period of military dictatorship, in which political centralization was of immense magnitude. Then, in order to democratize the Brazilian political system, there was a progressive process of decentralization, in which, following the promulgation of the 1988 Constitution, the country experienced a new wave of valorization of subnational scales, through which municipalities obtained the position of federative entities (Rodrigues & Azevedo, 2020).

Viana and Machado (2009) state that the 1988 Brazilian Constitution reorganized the State structure, in a logic of decentralized federation, with an emphasis on the role of municipalities. The national executive maintains great relevance in the formulation of public policies, which is not incompatible with sectoral policies of decentralization - according to the authors, the decentralization process requires not only a national project, but the creation of new capacities of the subnational governments (such as states and municipalities) and the federal government itself, which must be qualified for the transfer of functions and the exercise of a coordinating role.

Unfortunately, the political scenario presently found in Brazil is not welcoming evidence-based decisions, especially in the federal level. The president and his followers have not shown interest in following the recommendations of the World Health Organization (WHO) regarding Covid-19 outbreak (Cimermanet *et al.*, 2020). Even though Brazil was highly recognized for its efforts to combat diseases such as AIDS, malaria and tuberculosis, the pandemic Covid-19 seems to have magnified a crisis not only in health, but also in the political sphere, as seen below.

In the national dimension, the Brazilian Congress approved, in April 2020, a legislative decree that recognized the state of public calamity in the country until December 31, 2020 to face the Covid-19 pandemics. Because of this, the federal government was not obliged to meet the fiscal primary balance target in 2020 and fought for the “war budget” constitutional amendment to allow the separation of expenses to combat Covid-19 from the budget of the federal government itself. The federal government hired 2,000 new beds for intensive care units and recommended that elective surgeries be postponed. The National Supplementary Health Agency had the mission to list tests for Covid-19 as part of mandatory coverage for health insurance firms, and 5,811 professionals were called to join the program “More Doctors” (“MaisMédicos”). Telemedicine services have been allowed, and the Agency of Supplementary Health (ANS, its acronym in Portuguese) was requested to approve measures to make easier the access to 20% of the fund resources (about US\$ 2.0 billion), providing the private health insurance companies with funding invest in assistance infrastructure. The federal government and states were preparing to distribute 10 million rapid test kits, and a R\$ 2 billion credit line in the Brazilian Development Bank (BNDES, in Portuguese) was created to increase emergency capacity. Government properties could be used as field hospitals, and laboratories of the Armed Forces would have the mission of manufacturing alcohol in gel in industrial scale. The purchase of respirators and the R&D financing of new methods of prevention and control, diagnosis, and treatment against coronavirus and other respiratory diseases were stimulated. For three months, the government would transfer R\$ 600 (US\$ 120) to informal sector workers or unemployed members of low-income families over 18 years old and non-eligible for other social benefits, with an estimated fiscal cost of R\$ 45 billion (US\$ 9 billion) that would reach up to 20 million people (International Economic Affairs Secretariat, 2020).

As Brazil is a country composed of diverse local realities, it would be inappropriate to adopt a uniform procedure for all federal states and municipalities to guarantee the production, storage and distribution of supplies needed to address the pandemic. The Brazilian National Health System (SUS, its acronym in Portuguese) would have to be fully mobilized in an articulated manner, with the participation of the municipalities, the states and the Union, as well as the involvement of all governments at the three levels of administration: the National Congress, the Judiciary and Brazilian society. Nevertheless, the Covid-19 pandemic exposed SUS’s structural weaknesses and bottlenecks, mainly the lack and the unequal distribution, in the Brazilian territory, of health workers, medium and high complexity care infrastructure and capacity to produce and perform diagnostic tests (Oliveira *et al.*, 2020).

4. The Clashes Between the President and Local Leaders

When the Covid-19 was introduced into Brazil, the containment was based on tracing and isolating cases and contacts to avoid sustained person-to-person virus transmission. With the growth in the number of cases and the community transmission, mitigation strategies – such as hospital care for severe cases and isolation for mild cases and contacts – were implemented to avoid deaths. The Ministry of Health adopted actions, such as targeted human resource training and the increasing of the SUS’s coverage by hiring more health workers. Almost 6,000 additional job positions were created for doctors to work in Primary Health Care Centers in 1,864 municipalities. State capital cities and urban centers were benefited more than smaller cities because they have higher population density and more propitiousness to the virus spreading. The purchase of equipment and supplies, the increasing of the capacity of existing units, the renting of beds in private or supplemental health sector hospitals and the support for field hospitals were set up. Among the actions of the Ministry of Health, one can also cite the encouragement of the production and purchasing of ventilators, which are essential for meeting the needs of severe cases.

The Ministry also tried to fulfil the WHO’s recommendations for testing suspected cases and advising isolation of people with the disease and their household contacts to reduce dissemination (Oliveira *et al.*, 2020).

Besides the intensified crisis in the health sector, the political dispute between the president Jair Bolsonaro and many state and city leaders took place in the country regarding the measures to face the pandemic. Bolsonaro has downplayed the severity of the outbreak and dismissed the virus as a “little flu”, shrugging off WHO’s social distancing recommendations and sharing videos calling for an end to the national lockdown. Bolsonaro’s public call for Brazil to “get back to work” and the efforts to undermine regional governments’ shutdowns have been criticized by many media sectors and sparked a political reaction by the mayors of many Brazilian cities and the governors of most Brazilian states (Lopes, 2020; Phillips, 2020). Bolsonaro believed lockdown measures would harm the economy and cause social unrest, and proposed instead to limit quarantines to at-risk populations, such as the elderly. The president has also suggested the antimalarial drug chloroquine could be an effective treatment for the Covid-19 (Cheatham, 2020).

The Health minister at the beginning of the pandemic, Luiz Henrique Mandetta, advised Brazilian citizens to follow the local governments’ advice on isolation. The governors of some of the most important states in Brazil, such as São Paulo and Rio de Janeiro, followed Mandetta’s recommendations. Nevertheless, in April 2020, Bolsonaro fired Mandetta, after the clash over Bolsonaro’s controversial response to the pandemic. Mandetta criticized the president for refusing to abide by the Health Ministry’s social distancing measures and the use of hydroxychloroquine to treat patients. Mandetta’s successor, Nelson Teich, said Brazil needed a full testing program to better understand the new coronavirus and promised no “abrupt decision” on social distancing. He also promised Brazil would slowly start reopening and reaffirmed there was a complete alignment among him, the president and the ministry. At that time, hospitals and clinics teetered on the brink of collapse, with emergency rooms running at capacity and almost all intensive care beds occupied in Brazilian states (Lopes, 2020; Phillips, 2020). However, in May 2020, Teich quit the Health Ministry after disagreements with Bolsonaro. The president wanted Teich to endorse the use of chloroquine in the treatment of the disease, which the former minister had been reticent about doing (Gazeta do Povo, 2020).

Bolsonaro’s main concern was related to job losses and the economic catastrophe if the restrictions continued for too long. However, regional and local authorities disagreed with the president and argued that Bolsonaro was embarking on a high-stakes gamble to avoid a looming recession, which would risk straining the Brazilian underfunded and ill-equipped health system. As the federal government has offered mixed responses to the pandemic, governors and mayors have taken the lead in the fight against the Covid-19. The state of São Paulo – Brazil’s outbreak epicenter – cancelled public events with agglomerations and shuttered schools. Many other states and cities have closed nonessential businesses and transportation, which were indications that Bolsonaro was gradually isolated. The governor of Rio de Janeiro, Wilson Witzel, decided to close airports and interstate roads, and the Supreme Federal Court ruled in the governor’s favor. A federal judge also ordered the federal government to end a social media campaign that encouraged Brazilians to carry on business as usual. Most of Brazil’s state governors – including some Bolsonaro’s allies – have affirmed their support for social distancing policies, which was seen by Bolsonaro as an insurrection against the federal government (Cheatham, 2020).

The clashes between governors and the president have become frequent since March 2020, when Bolsonaro lashed out at the governors in a nationally televised speech. He described the governors’ decision to shut down shops and schools as a “scorched-earth policy”, aimed at the 2022 presidential election. The situation deteriorated when the president and the governors met for a video conference call in which no consensus was reached. After Bolsonaro’s speech, 26 of Brazil’s 27 governors met to discuss a joint strategy to address the crisis without the presence of the president. They issued a statement calling upon the president to suspend the states’ debts to the federal government for 12 months and adopt a basic minimum income for the poor people. They also reaffirmed their commitment to maintaining social distancing, adopting measures “based on what science says” and following the WHO’s guidelines. The governors have imposed lockdowns to slow the Covid-19’s spread. Sao Paulo brought in a full quarantine in March 2020, and Rio de Janeiro restricted public transportation and shut down shopping malls, schools and beaches. Witzel said that economy could be resurrected, but not the people who have died because of the consequences of Covid-19, and asked for people to stay home. The police are being used in many states to enforce the social distancing measures, and firefighters are persuading the public to observe the guidelines, mainly asking beachgoers to return home and help control the spread of the disease (Iglesias & Adghirni, 2020). In the light of Brazilian laws, Bolsonaro is not able to interfere with the governors’ decisions unless he decrees a state of exception in Brazil. While Bolsonaro kept minimizing the impact of the coronavirus and encouraged Brazilians to cut their quarantine short, he also intensified the political fight with governors and members of Congress and lost more allies.

Federal State governors ignored the president messages and decided to maintain their restrictive measures, which led to a break with former allies, such as São Paulo’s governor, João Doria, a potential opponent for 2022 presidential elections (Coletta, 2020).

The clash between the president and the governors sent confusing signals to the population. Many debates were raging across social media on whether people should stay home or keep the economy running. In most Brazilian cities, mayors followed the positions of the governors, and people banged pots and pans from their windows in several cities during Bolsonaro's televised speeches, a form of protest against the president (Iglesias & Adghirni, 2020).

5. Final Considerations

In Latin America, Brazil is the leader in confirmed cases of the Covid-19, but the president has resisted the lockdown measures, which would bring unacceptable economic costs in his opinion. However, many of Brazil's state governors have spurned the president's calls to reopen businesses. This settled the stage for a power struggle between federal and local leaders (Cheatham, 2020).

However, the political struggle should not divert the attention from the precarious living and health conditions of most Brazilian population, especially for people who live on the peripheries of large urban centers. Covid-19 may also overlap with other diseases, such as arboviruses transmitted by *Aedes aegypti*, seasonal influenza and tuberculosis, in an unprecedented situation that requires substantial changes in behavior at the individual and community levels. In the light of the need for solidarity to guide the actions of all Brazilian population, collaboration among authorities is extremely necessary to face the new challenges, as well as the cooperation among people standing up to Covid-19 to reduce the pandemic's progression and its impact on the Brazilian population and the country's economy (Oliveira *et al.*, 2020).

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