Surviving necropolitical developments amid democratic disinformation: A pandemic perspective from Brazil

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Surviving necropolitical developments amidst democratic disinformation – a pandemic perspective from Brazil

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Abstract
The global COVID-19 pandemic poses evolving dilemmas of disease, death, disability, and economic and socio-political inequalities and injustices, as the SARS-CoV-2 virus continues to spread and evolve variants. This contribution reflects on the development of disinformation within reactionary populist politics in Brazil, with serious implications for the national health system, (SUS), and global public health. Official misinformation and disinformation (e.g. promoting unproven 'early treatment') impacts public understanding and health behaviours in a pandemic, negatively impacting public health systems, personnel and capacities to prevent and minimise harm, while deepening harmful, unequal and disequalizing effects. We argue that development and global health ethics warrant urgent and direct attention to ***survival*** *in a context of a burning public sphere. Disinformation and necropolitics must be countered using rights-based health systems universalism, giving equal attention to both the public, democratic and scientific, health bases of public health.*

Introduction

The ongoing global COVID-19 pandemic threatens the global population with illness, death and disability, while also placing a magnifying glass or X-Ray on existing problems for democracies in every part of the world, including the largest in the Global South, India and Brazil (Heller 2020). This chapter reflects on challenges of disinformation in the broader context of rising reactionary, right-wing nationalist populism and mediatized political communications in Brazil. Sudden ("fast") crises like the pandemic have roots in, and connections to, "slower" connected crises in which authoritarian, extractivist, necropolitical and even genocidal forms of 'development' are ongoing, deepening existing social divides, environmental and biological threats and vulnerabilities. The entanglement of problems leads some to define the COVID-19 crisis as a "syndemic" (Horton 2020) or "omnicrisis" (Yong 2021). Many peoples' lives, health and prospects are at stake, highlighting how "crisis epistemology" must be countered by "epistemologies of coordination", to prevent existing harms and inequalities from catastrophically worsening the situations of the already vulnerable and worst-off (Whyte, 2019; Kara and Khoo, 2021).

COVID-19 threats have increased investments to help overburdened health systems, however health misinformation and disinformation are prevalent, salient, and accelerated by social media. Inaccurate information seems to spread more quickly than scientifically reliable information, while many observe a general context of fear, anxiety and mistrust in institutions, science, and experts (Wang et al 2019; McKee et al 2021). Misinformation and disinformation have serious implications for the Brazilian national health system, SUS, and global public health, impacting the political, social and commercial determinants of health. They reflect, and contribute to, the deterioration of the public democratic sphere.

Public authorities are being held to account at the highest level, as Brazil's President, Jair Bolsonaro and his government are charged with 'reckless handling of the pandemic' resulting in over 600,000 deaths from COVID-19 (including a disproportionate number of

indigenous citizens) in the period up to November 2021. A Congressional inquiry suggests that government failures merit charges of "crimes against humanity" (Philips 2021).

This short chapter considers problems of disinformation and misinformation, considering the publicness component, as well as the scientific health component of public health. Health disinformation and misinformation have become part and parcel of government-led, reactionary politics that corrode the ethos of public health universalism embodied in the SUS system. 'Reactionary populism' is defined as a combination of anti-liberal identity politics and liberal economic policies. It is associated with racist and exclusionary forms of nationalism, and political sentiments mobilizing perceived losses of privilege and nostalgia for past privileges (Gonzalez-Ruibal, 2018) in ways that are likely to harm less-powerful groups and individuals.

Reactionary populism is rising in the context of epistemic crisis, a 'perfect neoliberal storm', in which information and the public sphere experience the 'remarkable inversion' (Cesarino 2020, citing Laclau 2005), of post-truth politics. Post-truth is defined as 'relating to or denoting circumstances in which objective facts are less influential in shaping public opinion than appeals to emotion and personal belief' (OED, 'Post-truth). The public may actually have the capacities to assess scientific reasoning and facts, but sections of it choose 'cultural cognition' according to emotions, ideological preferences or cynical interests (Anderson 2012, Mukhtar 2021). Untruth, hypocrisy, and manipulation have always existed but they have arguably become more normalized and heightened by the growth of digital and social media. Increased reliance on digital communications brought on by pandemic restrictions have accentuated these trends. Governments may try to give the appearance of truthfulness and authenticity (Cesarino 2020), while engaging in large-scale disinformation and failing to control misinformation.

Reactionary politics and the epistemic determinants of health

Newman (2019) describes the post-truth turn as a profound transformation in public culture. Truth loses its symbolic authority and there is less political need for information to be factually correct. Davies (2016) observes that 'big data', forecasting and mood auditing replace the necessity for factual agreement, with chilling effects on politics. Without trusted statements about reality to work with, how can democracies function to agree on the nature of shared problems and solutions? Davies argues that conspiracy theories and cynical reasoning prosper in such conditions. We can quantify people's engagement in bad theories and reasoning, but have few means to persuade people to reject cynical, self-serving postures and to choose more equitable, solidaristic and less harmful behaviours.

The difference between facts and opinions becomes blurred in the era of 'post-normal science' (Funtowitz and Ravetz 1993). There are potential benefits from more pluralistic, diverse, and shared knowledge creation between scientists and other political and social actors, but this opening-up also brings new dilemmas. Science's truth claims are destabilized, as beliefs that definitive scientific truth exists become shaky, so does the public ground of social and political communication. Democracy requires public speech to be supported by people believing that some degree of truth exists and people need to care that information is correct. Lewandowsky, Ecker and Cook (2017: 353) ask us to consider the situation where the public 'had enough of experts', finds knowledge 'elitist' and relies instead on an opinion market like Twitter to determine 'whether a newly emergent strain of avian flu is really contagious to humans…'

Negative impacts are not limited to any specific piece of misinformation. Misinformation impacts 'the overall intellectual well-being of a society', since declining trust in science correlates with declining social capital, increasing inequality and increasing social

polarization. For example, misinformation has driven a worldwide increase in vaccine refusal, leading to substantial expense and effort (Lewandowsky et al 2017: 355), while children and poor and less educated parents are least empowered to counter vaccine misinformation.

Misinformation does not only operate at the level of the facts, it also operates through strategies, such as 'Deny, Attack, Reverse Victim-Offender', (DARVO). Applied to the public sphere, this strategy contributes to general communicative disorder when powerful perpetrators deny facts, attack victims' credibility, and assume the position of victim, while portraying less powerful victims as oppressive perpetrators (Harsey and Freyd 2020). The game of epistemic reversal, doubt and relativism engages a cynical, instrumental manipulation of positioning to monopolise power and dominate, doubling down on victims and misleading others. Alternative narratives about truth and politics continue to circulate and find traction, despite untruthful and harmful effects (Jasanoff and Simmet, 2017; Anderson, 2012). What can be done? In the rest of this essay, we reflect on Brazilian realities and developments that cannot be prevented, but must be survived, at the individual and the public, collective levels. Public things cannot be left to deteriorate and further fall into disrepair. As Honig (2017) argues, the public needs public things such as a functioning public health system, factual information and reliable, equitable services. Public things face destruction by forms of necropolitics that allow some to die while others may live (Mbembe 2019). Public health protection and trustworthy information need to be maintained, for a survivable democracy to remain possible for all (Honig, 2017; Maclean et al, 2020; MacMullen, 2020).

Today, we see the emergence of new concepts such as the 'political determinants of health' (Dawes 2020) and the 'commercial determinants of health' (Mialon 2020). Might these also be conditioned by the state of knowledge and 'epistemic determinants of health'? This crisis of knowledge, science and truth might be considered an epistemic crisis, with long term and immediate consequences for people's health and survival.

'Democratic' disinformation? - Brazil's 'early treatment'[1] response

Wardle (2019) distinguished between disinformation, which is knowingly false, deliberately created and disseminated, and misinformation which is involuntarily spread, without explicit intention to deceive. On October 24th, 2021, the Brazilian president Jair Bolsonaro announced in his weekly live political broadcast that the COVID-19 vaccine could be linked to acquired immunodeficiency syndrome [AIDS] (Menon and Saldaña, 2021), an example of disinformation.

At the beginning of the global pandemic in March 2020, a hypothesis emerged that hydroxychloroquine could be used to treat people infected with COVID-19 (Gould and Norris, 2021). On May 20, 2020, Brazil's Ministry of Health announced the Early Drug Treatment Protocol (BRASIL, 2020). However, by June 2020, the RECOVERY trial (Randomised Evaluation of Covid-19 Therapy) concluded that hydroxychloroquine was ineffective against severe COVID-19, and by early July 2020, hydroxychloroquine was not found to be a beneficial medical treatment (Gould and Norris, 2021). However, the Brazilian government persisted with its "early treatment" programme until January 2021 when the Ministry of Health's website and publications[2] were still continuing to recommend 'early

[1] As there is no scientific evidence to support the term "early treatment", we chose to use it in quotation marks.
[2] https://www.saude.gov.br

treatment' using hydroxychloroquine. The Ministry of Health's continued advocacy for "early treatment" could be seen as misinformation up until July 2020 and disinformation subsequent to that (Siqueira and Monteiro, 2020), since robust studies disproving its effectiveness were widely-known by public health authorities by that time (Gould and Norris, 2021, see also Floss et al 2021; Freelon and Hanbury 2021).

Misinformation is serious in the Brazilian context because three out of ten Brazilians are considered 'functionally illiterate', meaning that they have limited ability to read, interpret texts, identify irony and perform mathematical operations in everyday life situations (Fajardo 2018). The WHO points to the growing "infodemic" problem, where there is too much information including false or misleading information in digital and physical environments during a disease outbreak. Infodemics cause confusion and risk-taking behaviours that can harm health, lead to mistrust in health authorities and undermine the public health response. An infodemic can intensify or lengthen outbreaks when people are unsure about what to do to protect their and others' health. The expanded digital realm of social media and internet spreads both benign and harmful information (WHO, n.d. "Infodemic"). We suggest that the concrete problem is not an abstract infodemic, but the disinfodemic spread under authoritarian, necropolitical styles of politics that create and spread a huge 'viral load' of potentially deadly disinformation (Posetti and Bontcheva, 2020).

Pontalti Monari and others (2020) argue that the pushback against social isolation preventative measures and promotion of medically ineffective "early treatment" were convergent narratives strategically deployed by the Federal Government under Bolsonaro's leadership to manage a scenario where vaccines were unavailable. By November, 2021 almost 60% of the population were fully vaccinated against COVID-19 (Globo 2019). Given the reactionary populist preference for a liberalized economy, one way to avoid restricting economic activities was to support the claim that hydroxychloroquine was an effective "early treatment" (Pontalti Monari, Santos and Sacramento, 2020). Brazil's promotion of medically ineffective "early treatment" has also been discussed as "medical populism" (Casarões and Magalhães, 2021), a performative political style that responds to public health crises by misleadingly dividing "the people" against "the system", in this case their own public health system (Lasco 2020).

The Brazilian government's promotion and continuation of "early treatment" may have strengthened a false sense of security amongst the public and weakened enforcement of preventative and social isolation measures (Caponi et al., 2021). The population were also advised to attend health facilities at the first signs of disease, contributing to the rapid spread of the virus and increasing pressure on the health system. The promotion of 'early treatment' risked overmedicalization, (unnecessary medical intervention that does more harm than good), drug overuse and failure of quaternary prevention (Depallens, Guimaraes and Almeida Filho, 2020)

Bolsonaro's pandemic strategy has followed a similar path to other right-wing authoritarian leaders (Rinaldi and Bekker 2021) such as Duterte in the Philippines, or Trump in the United States: simplification, dramatization of responses, disqualification of the media, questioning science, and exploiting social divisions between the people and scapegoating and stigmatizing 'others' (Lasco, 2020). Medical populism gives the appearance of a legitimate debate, using rhetorical arguments, false scientific claims and denialism (Diethelm and McKee 2009).

In 2020 “early treatment” medication channelled R$ 500 million to national pharmaceutical companies. Disinformation and misinformation linked to specific drugs (Melo *et al.*, 2021) point to significant costs of health commodification. The Unified Health System (SUS) ethos is to decommodify health care, providing cost-effective and medically effective healthcare as a public policy, thereby guaranteeing universal access to healthcare as a right. Decommodified, universal health systems are the alternative to ‘necropolitics’, the politics of making profits live, at the cost of people’s ill-health and death (Mbembe, 2019).

Necropolitics or survival? : Disappearance in the flames

Disinformation and misinformation depend on affective, psychological responses and social contexts, hence any attempt to counter them must involve wider, interdisciplinary and collaborative effort (Wang, McKee, Torbica and Stuckler, 2019). More efforts are needed to understand the epistemic and ideological obstacles to health systems. Critical thinking and better health and media literacy are needed to help individuals and communities critically assess the credibility of information. But at the system level, the sharing of medically reliable and ethical information and a systemic rejection of cynical necropolitics needs to be cultivated, not least by public institutions and professionals comprising the public health system.

Beyond the grievous and excessive number of deaths due to COVID-19, the very imagination, memory and ecological body of a shared country is going up in flames. In 2013, the Latin America Memorial burned down, in 2015 the Portuguese Language Museum burnt. In 2018, the National Museum was destroyed by fire and in 2021 the Cinemateca - housing the cinematographic imagination and memory of Brazil also burned (Araujo, 2021). Among the reasons for these catastrophic fires was the lack of investment in fire plans for these major public institutions.

Brazil and the Amazon’s characteristic ecological biomes, the *cerrado* and *pantanal* are also at risk of savannization, and fire. The National Council for Scientific and Technological Development (Escobar, 2021) informed researchers in July 2021 that the server hosting the national research and curriculum had been destroyed, containing the database and databank of Brazilian researchers. The future of scientific knowledge is also ‘burning’ from successive cuts to education and research, with thousands of university researchers in danger of losing their funding. Brazil’s Bolsa Familia social protection program has been repackaged by Bolsonaro’s government as a new Auxilio Brasil programme, but many of its programmatic cornerstones have been cut or removed (Audi 2021).

Amidst the necropolitics of disinformation, failure to implement and adhere to pandemic control measures that actually work, and the letting-die of the sick and infected, the main thing a health professional and public health scholar can do is to continue to fight for the survival of the public health system, and the public sphere, but also one’s own survival as a human being. The pandemic demonstrates the indispensability of Brazil’s hard-won public health system, SUS, and the importance of the right to health, despite a government that disinforms, negates and obstructs. SUS guarantees Primary Care, staffs the COVID-19 frontline, provides hospital care and, more recently, a vaccination programme.

Amidst the ashes, the memory and public imagination of a shared country cannot be allowed to be forgotten and disappear. As the indigenous Brazilian leader Ailton Krenak said (2020), we need ideas to postpone the end of the world. The right to health and the unified health system are not only urgently-needed to preserve lives and prevent deaths, they are ideas to postpone the end of the world and to build it back better, out of the ashes of so many fires.

References

Anderson, E. (2012). 'Democracy, Public Policy, and Lay Assessments of Scientific Testimony'. Episteme 8(2): 144–164

Araujo, I. (2021). 'Opinião: Fogo na Cinemateca é uma política do governo com estudado descuido'. Folha de S.Paulo. Available at: link.

Audi, A. (2021). Understanding Brazil's new cash-transfer programme, Brazilian Report, 1 November 2021. Available at: link

Brasil (2020) 'Orientações do ministério da saúde para manuseio medicamentoso precoce de pacientes com diagnóstico da COVID-19'. Brasília: Ministério da Saúde. Available at: link

Capelos. T.; Chrona, S.; Salmela, M.; and Bee, C (2020). 'Reactionary Politics and Resentful Affect in Populist Times'. Politics and Governance 9(3): 186–190

Caponi, S. *et al.* (2021) 'O uso político da cloroquina: COVID-19, negacionismo e neoliberalismo / The political use of chloroquine: COVID-19, denialism and neoliberalism', *Revista Brasileira de Sociologia - RBS*, 9(21), pp. 78–102. doi: 10.20336/rbs.774.

Casarões, G. and Magalhães, D. (2021) 'The hydroxychloroquine alliance: how far-right leaders and alt-science preachers came together to promote a miracle drug'. *Revista de Administração Pública*, 55(1): 197–214

Cesarino, L (2020) What the Brazilian 2018 Elections Tell Us about Post-Truth in the Neoliberal-Digital Era, Cultural Anthropology, 28 January 2020. Available at link

Davies, W. (2016). 'The Age of Post-Truth Politics'. The New York Times August 24, 2016

Dawes, D.E. (2020). The Political Determinants of Health. Baltimore: Johns Hopkins University Press

Depallens M.A., Guimarães J.M.M, and Almeida Filho N. (2020). 'Quaternary prevention: a concept relevant to public health?'. Cad Saude Publica. 36(7):e00231819.

Diethelm, P.; and McKee, M (2009). 'Denialism: what is it and how should scientists respond?' European Journal of Public Health 19(1): 2–4.

Escobar, H. (2021) 'Orçamento 2021 compromete o futuro da ciência brasileira', *Jornal da USP*, 9 April. Available at: link (Accessed: 15 November 2021).

Fajardo, V. (2018) 'Como o analfabetismo funcional influencia a relação com as redes sociais no Brasil', *BBC News Brasil*, 11 December. Available at: link

Floss, M.; Souza de Camargo, T; Tolotti, G.; and Saldiva, P. (in press 2021) Cronologia do "tratamento precoce" para COVID-19 no Brasil: desinformação e comunicação do Ministério da Saúde. link

Freelon, K; Hanbury, S (2021) 'Brazil's main COVID Strategy is a cocktail of unproven drugs', Undark , 15 June 2021link

Funtowitz, S; Ravetz, J. (1993) 'Science for the Post-Normal Age'. Futures 25 (7): 739-755

Globo (2021) *Mapa da vacinação contra Covid-19 no Brasil | Vacina*, *G1*. Available at: link

González-Ruibal, A; González P.A.; Criado-Boado, F. (2018). 'Against reactionary populism: towards a new public archaeology', Antiquity, 92 (362): 507-515

Gould, S. and Norris, S. L. (2021). 'Contested effects and chaotic policies: the 2020 story of (hydroxy) chloroquine for treating COVID‐19', Cochrane Database of Systematic Reviews, (3).link.

Harsey, S.; and Freyd, J.J.(2020) 'Deny, Attack, and Reverse Victim and Offender (DARVO): What Is the Influence on Perceived Perpetrator and Victim Credibility?' Journal of Aggression, Maltreatment & Trauma 29 (8): 897-916

Heller, P. (2020). The age of reaction: Retrenchment populism in India and Brazil, International Sociology link

Honig, B. (2017). Public Things: Democracy in Disrepair. NY: Fordham University Press

Horton, R.(2020). 'Offline: COVID-19 is not a pandemic', Lancet 396 (10255): 874.

Jasanoff, S.; Simmet, HR (2017). 'No funeral bells', Social Studies of Science, 47 (5): 751770

Kara, H. and Khoo, S. (Eds) (2021) Qualitative and Digital Research in Times of Crisis, Bristol University Press

Krenak, A. (2020) *A vida não é útil*. 1ª edição. São Paulo: Companhia das Letras.

Lasco, G. (2020). 'Medical populism and the COVID-19 pandemic'. Global Public Health 1: 1417–1429.

Lewandowsky, S, Ecker, U.; and Cook, J (2017). 'Beyond Misinformation: coping with the post-truth era'. Journal of Applied Research in Memory and Cognition, 6: 353-369

Maclean, N.; Imlay, A; Wentz, M (2020) Reactionary Populism and the Historical Erosion of Democracy in America. An Interview with Nancy MacLean, disClosure: A Journal of Social Theory Vol. 29, July 2020 link

MacMullen, I. (2020). 'Survey article: What is postfactual politics?' Journal of Political Philosophy, 28(1): 97–116.

Mbembe, A. (2019) *Necropolitics*. Duke University Press.
McKee M, Gugushvili A, Koltai J, and Stuckler D. (2021). 'Are populist leaders creating the conditions for the spread of COVID-19?' International Journal of Health Policy Management 10(8):511–515.

Menon, I. and Saldaña, P. (2021) 'Bolsonaro faz associação absurda e falsa entre Aids e vacina de Covid, dizem especialistas', Folha de S.Paulo. Available at: link

Melo, J. R. R. *et al.* (2021) 'Automedicação e uso indiscriminado de medicamentos durante a pandemia da COVID-19', *Cadernos de Saúde Pública*, 37, p. e00053221. doi: 10.1590/0102-311x00053221.

Mialon, M. An overview of the commercial determinants of health. Global Health 16, 74 (2020)

OED, Oxford English Dictionary (n.d.) 'Post-truth'. link

Pontalti Monari, A.C.; Santos, A.; and Sacramento, I. (2020) 'COVID-19 and (hydroxy)chloroquine: a dispute over scientific truth during Bolsonaro's weekly Facebook live streams'. Journal of Science Communication, [S. l.], 19(7) :A03

Mukhtar, A. (2021). 'Psychology and politics of COVID-19 misinfodemics: Why and how do people believe in misinfodemics?' International Sociology, 36 (1): 111-123

Newman, S. (2019). Post‐truth and the crisis of the political. Soft Power, 6(2), 91–108.

Philips, T (2010) Bolsonaro should be charged with crimes against humanity, Covid inquiry finds, The Guardian 20 October 2021 .

Posetti, J. and Bontcheva, K. (2020) Disinfodemic: Dissecting responses to COVID-19 disinformation. 2nd edn. Paris: UNESCO

Rinaldi C, and Bekker, M.P.M. (2020). 'A scoping review of populist radical right parties' influence on welfare policy and its implications for population health in Europe'. International journal of Health Policy Management 10 (3): 141-141

Siqueira, F. C. and de Monteiro, P. (2020). Jornalismo em tempos de pandemia. João Pessoa: Universidade Federal da Paraíba. Available at: link

Wardle, C (2019) Information disorder: 'The techniques we saw in 2016 have evolved', First Draft, October 21, 2019. Available at: link

Wang, Y; McKee, M., Torbica, A., and Stuckler, D. (2019). 'Systematic Literature Review on the Spread of Health-related Misinformation on Social Media' Social Science and Medicine 240, 112552

World Health Organisation (WHO) (n.d.) 'Infodemic'. Available at link

Whyte, K (2020). 'Against Crisis Epistemology', in Handbook of Critical Indigenous Studies, edited by Brendan Hokowhitu, Aileen Moreton-Robinson, Linda Tuhiwai-Smith, Steve Larkin, and Chris Andersen. Routledge.

Yong, E (202). 'What Even Counts as Science Writing Anymore?'. The Atlantic, 2 October 2021. Available at: link

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