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The Regulation of Necropolitics: Governmental Responses to COVID-19 in Brazil and India in the first year of the pandemic

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Abstract: We draw on Cameroonian philosopher Achille Mbembe's concept of necropolitics to examine government responses to the first year of the COVID-19 pandemic in Brazil and India, two middle-income nations not commonly compared. The article describes the role played by President Jair Bolsonaro and Prime Minister Narendra Modi in aggravating the pandemic. Bolsonaro scorned medical advice and framed COVID-19 as a "little flu." Conversely, Modi formally embraced social distancing and a nationwide lockdown. Despite differences between Brazilian and Indian approaches to COVID-19, in both countries discriminated people tended to remained invisible. This article argues that India's and Brazil's divergent responses to the COVID-19 emergency was a matter of degree and not of kind in regulating a necropolitical policy that considered some citizens as expendable: blacks and Indigenous people from the Amazon, in the case of Brazil; and in the case of India the sizable Muslim minority, marginalized Hindu castes and migrant workers. Whereas deaths due to COVID-19 attracted voluminous international media attention, the deaths of disenfranchised people in Brazil and India received insufficient attention and the perception of their condition has assimilated into the common trope that developing countries are unable to protect themselves as they should.
Keywords: Covid-19, Brazil, India, Public Health, Necropolitics

Resumo: A Regulação da Necropolítica: Respostas Governamentais à COVID-19 no Brasil e na Índia no primeiro ano da pandemia
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Nossa abordagem se baseia na noção de necropolítica do filósofo camaronês Achille Mbembe para examinar as respostas governamentais ao primeiro ano da pandemia de COVID-19 no Brasil e na Índia, duas nações de renda média que geralmente não são comparadas. O artigo descreve o papel desempenhado pelo presidente Jair Bolsonaro e pelo primeiro-ministro Narendra Modi no agravamento da pandemia. Bolsonaro desprezou os conselhos médicos e enquadrou a COVID-19 como a "gripezinha". Modi, por outro lado, adotou formalmente o distanciamento social e um bloqueio nacional. Apesar das diferenças entre as abordagens brasileiras e indianas em relação à pandemia, em ambos os países as pessoas discriminadas permaneceram invisíveis. Este artigo argumenta que as respostas divergentes da Índia e do Brasil à emergência da COVID-19 foram uma questão de grau e não de natureza na regulação de uma política necropolítica que considerava alguns cidadãos como dispensáveis: negros e indígenas da Amazônia, no caso do Brasil; e, a considerável minoria muçulmana, castas marginalizadas e trabalhadores migrantes, no caso da Índia. Enquanto as mortes devido à COVID-19 atraíram visibilidade na mídia internacional, as mortes de pessoas desprivilegiadas no Brasil e na Índia não receberam atenção suficiente e foram misturadas a um tropo comum conforme o qual países em desenvolvimento são incapazes de cuidarem de si mesmos.
Palavras-chave: Covid-19, Brasil, Índia, Saúde Pública, Necropolítica

Introduction

The governmental responses to COVID-19 in several developing countries is analyzed by use of Achille Mbembe's concept of "Necropolitics."[1] Seen from the viewpoint of Necropolitics, neoliberal governments implemented during the pandemic an Orwellian version of sovereignty which meant the management of life and death—allowing the proliferation of disease and increases in mortality numbers and the rate of infection among discriminated and marginalized populations.[2] Drawing on newspaper articles, internet documents, contemporary publications and public health information in Brazil and India, this article will describe and compare the

necropolitical dynamics in both countries. The authors contend that governmental responses in Brazil and India during the first year of the pandemic (c. February 2020-March 2021) were a regulated form necropolitics that intensified or declined in accordance with political contexts and mortality figures, eventually making mortality palatable to public opinion.[3] The Brazilian and Indian heads of state (Jair Bolsonaro and Narendra Modi) implemented decisions regarding who should live and who should die during the pandemic and portrayed the outcome of high mortality as fortuitous, i.e., not a state responsibility. Despite divergences in Brazil and India's responses to COVID-19 —for example, Bolsonaro's characterization of the coronavirus as "a little flu" and Modi's advocacy of a European-inspired lockdown— both approaches led to a public health disaster.[4] The two leaders also presented other similarities.

By the end of 2020, Brazil and India had the world's second and third highest number of coronavirus deaths respectively. Both nations were led by right-wing authoritarian populist leaders: Bolsonaro (elected as the Brazilian President in 2019) and Modi from the Hindu nationalist Bharatiya Janata Party or BJP (re-elected as the Indian Prime Minister for a second term in 2019). In his first major speech on March 24, 2020, Bolsonaro asserted that Brazil was not particularly vulnerable to the virus.[5] At the same time, Modi clamped down on the media for being too pessimistic about the pandemic while the Indian Council of Medical Research (ICMR), with a view to pleasing the Prime Minister, promised that the coronavirus vaccine would be ready by July 2020. In both countries there was a disconnect between the facts on the ground related to the pandemic and the leaders' narratives. The main political authority during the pandemic in both Brazil and India has been a charismatic president who generally viewed mainstream scientists as opponents.[6]

The impact of COVID-19 in Brazil and India respectively must be understood in the context of two exacerbating factors that historically preceded the time of their authoritarian governments: racism and discrimination. In Brazil, Blacks, people of mixed-race and indigenous Amazonian communities—who account for over half of the population— suffered disproportionately due to COVID-19. Likewise in India—even though the 1950 Constitution outlawed discrimination based on religion and caste—the country's sizeable Muslim minority, its *Dalits* (Hindus, formerly known as untouchables in the caste-system and traditionally involved in menial labor) and inter-state migrant workers faced social segregation and have borne the brunt of the nationwide lockdown. The first wave of COVID-19 in Brazil and India corresponds to one

of the three phases or "acts" in the "epidemic drama" model espoused by the medical historian Charles Rosenberg. During a pandemic, communities seek rational explanations of the phenomenon in terms that promise control, including minimizing their own sense of vulnerability and responsibility. This can include the assignation of blame for the contagion to a minority group.[7]

Denial, Chloroquine and Vaccines in Brazil

On February 26, 2020, the first case of COVID-19 was reported in São Paulo. It was a 61-year-old man returning from Italy. More cases were confirmed on the last day of the month. On March 7, ignoring risks, Bolsonaro visited the US to dine with President Trump at Palm Beach, Florida, (afterwards, over twenty members of his delegation tested positive for COVID-19; Bolsonaro did not proceed to self-isolate).[8] By late March all 27 Brazilian states had cases, 2,000 tested positive and the country reported 80 deaths. On March 18, ABRASCO (the Portuguese acronym for the Brazilian Association of Collective Health) demanded help for *favelas* (shanty-towns), such as waivers of water, electricity and telephone bills, distribution of food and hygienic kits, hand-washing and mask-usage campaigns, and the implementation of a Test, Trace, and Isolate (TTI) program.[9] Calling the pandemic a “little flu”, Bolsonaro ignored ABRASCO, scorned medical advice, ridiculed masks and encouraged people to go back to work.[10] He tried to enforce an economy-first response by drawing a dichotomy of lives versus livelihoods. According to Bolsonaro, lockdowns were worse than the virus itself because it produced unemployment, food shortages, domestic violence and suicide.[11] Intimidated by the federal government, though most local authorities were in fact willing to follow European lockdowns they only implemented limited restrictions. In April —when the World Health Organization (WHO) reported over a million cases of COVID-19 worldwide—Bolsonaro promoted a “vertical” quarantine, in which only high-risk groups like the elderly and people with co-morbidities would be isolated. It was portrayed as different from “strict” European lockdowns and as the best means to attain herd immunity.[12] The National Council of State Health Secretaries, professional organizations and former Ministers of Health denounced “vertical” isolation as criminal and one of the world’ worst cases of “medical populism,” as an ideological contestation of assertions based on established scientific knowledge and a politicization of the health crisis in order to maintain the loyalty of an authoritarian government.[13]

Meanwhile, João Doria, governor of the relatively affluent state of São Paulo—a businessman with aspirations to candidacy in the October 2022 presidential election in which Bolsonaro will seek a second term—promoted masks, established restrictions and demanded coordination with federal authorities. Doria was harshly criticized by Bolsonaro. At the same time, official anti-communist and xenophobic campaigns were launched, thereby fueling hate-crimes against Asian Brazilians (Brazil has the highest number of migrants from Japan and China in Latin America). China was accused of intentionally spreading the pandemic, even though research demonstrated that the majority of COVID-19 cases among Brazilians had originated in Italy.[14]

By April 11, 20,700 cases of COVID-19 were reported in Brazil and the country's death toll had mounted to 1,124. After dramatic newspapers images of overloaded hospitals and mass graves, Bolsonaro said he was not responsible for exacerbating the crisis because he was "not a gravedigger."[15] He also promoted hydroxychloroquine and chloroquine (hereafter HCQ) to combat the virus. Bolsonaro's obsession with these drugs was mainly political. This action underscored his admiration of Trump; it also showed how the proverbial silver bullet used against malaria was manipulated not to launch a real health campaign but to mimic a palliative for political ends. According to Bolsonaro, HCQ made social restrictions redundant and would eventually lead to herd immunity for Brazil. Brazilian scientists who expressed skepticism of HCQ were subject to defamatory articles in social media platforms as well as legal inquiries from authorities, and even received death threats.[16] Bolsonaro's glorification of HCQ was instrumental in ensuring the support of the country's business establishment who were hostile to a nationwide lockdown, as well as right-wing evangelicals (constituting about a fourth of Brazil´s population) that wanted to carry out their religious services unimpeded by restrictions.

Two Ministers of Health—Luiz Henriquez Mandetta and Nelson Teich— were forced out of their positions on April 16 and May 15, 2020 respectively. Both insisted that more studies be conducted before deciding whether or not to approve HCQ as a tool to fight the pandemic.[17] After Teich's resignation, Bolsonaro appointed active-duty Army General Eduardo Pazuello—a man with no experience in health care—as the new Minister of Health and staffed the Ministry with military officials who would carry out his orders without hesitation. When Pazuello assumed his new position, the number of confirmed cases rose above the one-million mark, making Brazil the second country after the US in terms of total case-numbers. Contradicting the

WHO, Pazuello dismissed tracing policies, electing instead to only test patients in hospitals, and made HCQ the main medicinal resource. He and Bolsonaro pressured ANVISA, the independent Health Regulatory Agency, to authorize chloroquine bought from India for COVID-19, and instructed the army laboratory to produce over a million chloroquine tablets in a few weeks. Bolsonaro also tried to hide information on coronavirus deaths (by only reporting new daily case-numbers rather than fatality-numbers).[18]

On June 6, the Supreme Court, successfully compelled the government to publish more precise figures on the incidence of coronavirus infections, hospitalizations and fatalities. However, under-reporting remained a constant problem because testing rates were extremely low. Bolsonaro's power to cover up for deaths was even more successful in the Amazon region, despite–and legally in contempt of–the Supreme Court's order to protect over 300 indigenous communities (about 900,000 people). His prior dismantling of environmental legislation had facilitated the plundering of indigenous lands, and now allowed farmers, land leasers and miners to bring coronavirus to indigenous populations.[19] This was part of a racist attitude of members of the government that considered natives of the Amazon an obstacle to capitalist development. However, from March 2020 on, indigenous people in the Amazon isolated themselves so as to alleviate their coronavirus mortality-rate, which was 32% higher than the that of the general population.[20]

In early August, when Brazil reached three million infections and 100,000 deaths, ABRASCO, Oxfam Brazil Office and leaders of the National Health System (known by its Portuguese acronym SUS) accused the government of criminal actions and began to use the term necropolitics.[21] Prior to the COVID crisis, the concept of necropolitics was used in studies documenting police abuse in *favelas* and mass incarcerations of Afro-Brazilians in the so-called "war on drugs." The Bolsonaro administration selectively decided who should pay for the consequences of the pandemic and forced the country's poor to choose between hunger (if isolating) and exposure to contamination (if working unprotected). [22]

Towards the end of 2020, many Brazilian scientists were hopeful that vaccines would provide a silver bullet to end the COVID-19 pandemic. Two vaccines became popular in the country: CoronaVac, produced in China in partnership with Butantan (an institute based in São Paulo, related to Doria´s government), and AstraZeneca, developed with Fiocruz, a federal institution based in Rio de Janeiro. Initially, Bolsonaro refused vaccines, especially Doria's

"Chinese" vaccine; later, he was ambivalent, and still bragged about not being vaccinated himself. Although he hesitantly participated in the COVAX-Facility— an initiative led by the WHO to secure vaccines for developing countries—Bolsonaro opposed an India-South Africa joint proposal submitted before the World Trade Organization to lift patent restrictions on coronavirus vaccines.

Meanwhile, vaccination was a political opportunity for Doria. He promised to deliver vaccines not only to São Paulo but also to the rest of the country. Vaccines had a greater appeal in January 2021 when the effects of Brazilians ignoring social distancing during the New Year celebrations became clear. At the time, a new variant of COVID-19 hit Manaus, the biggest city in the Amazon region and where approximately 40% of residents live without piped water and suffer from a lack of hospitals and medical supplies. Even for supporters of herd immunity the outbreak was a serious cause for concern. Epidemiologists estimated that the infection rate in Manaus in the wake of the city's first outbreak in March 2020 was as high as 76%, and since they assumed prior infection led to immunity, they concluded that a sudden explosion was unlikely.[23] In fact, not only was the new variant of the virus more contagious, it was also able to infect people who had already recovered from other variants. By the end of February 2021, cases of the new variant had been reported in 21 of 26 Brazilian states.

Bolsonaro and Doria launched vaccination programs in March 2021. In a superficial attempt calculated to silence his critics, Bolsonaro replaced Pazuello with Marcelo Queiroga, a private-sector physician who promised to speed up vaccination but never promoted the use of masks, and gave cover both to Bolsonaro's strident declarations and the president's unsuccessful efforts to undermine vaccination programs. However, Queiroga and Bolsonaro were unable to silence the accusations of necropolitical policies and corruption in the procurement of vaccines directed against the government. An article in the *British Medical Journal* accused the government of "crimes against humanity" because of "massive and systematic use of pressure to induce the public to behave a certain way, according to a preconceived plan."[24]

Communalization of coronavirus, fractured lockdowns and vaccine hesitancy in India

The COVID-19 pandemic exposed structural weaknesses in India's health system and its social welfare system, such as the country's failure to provide universal health coverage and its inability to protect the poor. Following the detection of the first case of coronavirus on January 31—an Indian student in Wuhan who had returned home to the southern state of Kerala—there

were racial attacks against migrants from Northeast India, a region that shares borders with China. Individuals from Northeast India were scapegoated as carriers of the novel coronavirus in metropolitan cities such as New Delhi, Pune, Mumbai and Hyderabad.[25] The novel coronavirus unleashed a wave of Sinophobia and Islamophobia.

The novel coronavirus was preceded by communal unrest over the announcement of controversial Citizenship Amendment Act in January 2020 that discriminated against Muslims. In March 2020, a coronavirus outbreak at the gathering of the Islamic congregation Tablighi Jamaat in Delhi, led to unsubstantiated claims about the congregation being the epicenter of thousands of coronavirus cases and dozens of deaths across India.[26] Fake news circulated in social media that Muslims "deliberately" infected food and water with the virus. The Modi administration condemned this tide of communal hatred only belatedly. Furthermore, COVID-19 intensified social taboos such as untouchability associated with the deeply rooted caste system. The notions of purity and pollution, key to the caste-based division of Indian society into Brahmins (the priestly class), Kshatriyas (warriors), Vaisyas(traders), and Sudras (workers), and the unclassified Dalits who exist at the bottom of the caste hierarchy and are despised because they hold menial jobs such as sanitation work, cremation of human bodies and removal of animal carcasses. Dalits were preponderant among the victims of the pandemic's first wave.[27] Necropolitics—in the Indian context, during the first wave of COVID-19— manifested together with the denial of human rights to the Muslim minority and to Dalits, the deprecation of menial labor and hostility towards migrant workers.

Initially, Modi and many Indian authorities thought of COVID-19 as a great leveler because of its ability to contaminate anyone without distinction to religion, race or nationality. Public health announcements related to social distancing, home quarantine or hand-washing did not take into account how caste inequalities correlated to discrepancies of community-access to sanitary housing or potable water supplies. Proper home quarantine required allocating a separate well-ventilated room to those isolating. But 17% of Dalit households were poorly-ventilated and frequent hand-washing with soap was unaffordable for nearly 71% of Dalits.[28] As a result, pre-existing inequalities meant differential exposures to the pandemic across various social groups in India.

Modi paid little attention to these social disparities and to stigmatization while implementing social distancing and quarantine rules. In the second half of March 2020, by which

time the virus had spread to thirteen of the 28 states, Modi announced a nationwide, European-style lockdown. The government made home-quarantine mandatory for all incoming travelers from overseas, announced a three-week national lockdown and suspended all inter-state trains and buses.[29] The announcement was celebrated abroad. Admittedly, it is noteworthy that the lives-versus-livelihoods argument was invoked less in India relative to Brazil.[30] However, Modi's lockdown was still problematic. It was abruptly announced, hastily prepared, used little testing, provided insufficient temporary shelters for migrant workers and resorted to HCQ as a prophylaxis for healthcare workers. Moreover, the historical problem of conflict between state and central government authorities during epidemics only exacerbated.[31] This resulted in accusations against Modi as an authoritarian ruler.[32]

Stringent measures to control COVID-19 also came at an enormous human cost. With businesses and construction sites shut across Indian cities, migrant laborers—estimated at over 100 million people, many of whom slept in the same premises where they worked—lacked any social safety net and without pay could not buy food. Many decided to make an arduous journey back home on foot. Thousands of migrants from New Delhi walked along interstate highways to reach their hometown hundreds of miles away, but were beaten with batons by police only a few miles into their journeys. On March 29, all of India's twenty-eight state governments (with the exception of Uttar Pradesh) followed the federal order to seal their borders, thereby forcing migrants to stay where they were. By late March, Modi's speeches depicted migrant workers as "reckless" and as "virus spreaders."[33] Only in May 2020 did the government repatriate migrant workers to their hometowns, using the state-owned railway network. Even here, however, virus-control policies were not implemented on the trains.[34] Few passengers were tested for coronavirus, and social distancing was virtually non-existent in train carriages on journeys that could last days. Likewise, the states receiving migrant workers implemented few protective measures. As a result, the exodus of migrant workers spread the pandemic to rural areas.[35] The problems involved in ferrying migrant workers to their hometowns were often overlooked, and at times tolerated per the logic of some governmental authorities that such conditions would help develop herd immunity. By June 1, 2020, the central government released guidelines to loosen restrictions associated with inter-state travel despite the fact that not all states had agreed to lift restrictions. The government continued with this policy even though by September 2020, India had the world's largest incidence of COVID-19 cases in absolute numbers, with 1.33 million

new cases (thereby surpassing Brazil as the country with the second highest number of coronavirus cases after the USA).[36] Regardless of these problems, during the second half of 2020, the Indian government claimed that thanks to the lockdown, the country had reached victory over the virus.

As was the case for Manaus as of late 2020, by mid-October 2020, Indian officials speculated that India's cities were approaching herd immunity and the number of cases was about to decline. However, by the first half of February 2021, the number of new cases had declined but was not under control, and a second wave was impending. At the same time, expectations as to the effectiveness of an emergent national immunization campaign were based on the assumption that herd immunity had already been attained, and that since more than 70% of India's population had already acquired some degree of protection due to prior infection this large sector of the population did not need immunization. By January 3, 2021, two vaccines were approved: Covaxin, developed by a local pharmaceutical company Bharat Biotech and Covishield, developed by Serum Institute of India (SII) in collaboration with AstraZeneca and Oxford University. The national vaccination program in India was beset with multiple ethical, legal, and transparency-related blind spots that contributed to vaccine-hesitancy and criticism. For example, Covaxin was granted approval only on the basis of data from its Phase-I clinical trials.[37] The vaccination-rate increased only slowly, due to increased competition between state governments and private hospitals for scarce resources including vaccines, ventilators, oxygen cylinders and hospital beds, together with the government's shift from prioritizing individuals over the age of 50 for vaccination to inclusion of all adults over the age of 18, implemented abruptly and without consultation with states regarding the change in strategy. Between January and mid-May of 2021, only 13% of the population was vaccinated. At the same time, most non-pharmacological interventions were abandoned.

In April 2021, the government allowed "super-spreader" events such as the Kumbh Mela (a major Hindu festival on the banks of the Ganges) without ensuring adequate mitigation measures. The inadequacy of government policy became evident by May of 2021 when a second wave was triggered by the more pathogenic Delta variant, against which "herd immunity" was relatively ineffective. The Delta variant spread like wildfire, with the new-case incidence reaching a daily average of 325,000. At the time, the country accounted for more than 40% of the world's new cases. In early June 2021, Modi made former Minister of Health Harsh Vardhan a

scapegoat and removed him from the Cabinet. Modi also laid the blame for the second wave on state governments rather than his own federal administration. His objective was to explain the tragedy as a result of mismanagement of subordinate authorities and not as an outcome of his policies. Later, as coronavirus-related mortality declined, media attention to the crisis also diminished.

Final Reflections

Although Modi and Bolsonaro had different attitudes towards lockdowns, both pinned hopes on radical assumptions about herd-immunity based on attitudes which dehumanize large sectors of the constituent populations. As applied, the concept of herd immunity presented disturbing necropolitical implications; it postulated that the death of a large number of "expendable" people was actually necessary and normal. The communities that served as victims included Amazonian Indigenous people and poor Afro-Brazilians in Brazil, and, in India, the Muslim minority, Dalits and migrant workers.[38] The Brazilian and Indian federal governments proposed vaccines as a quick-fix solution, without intervention in the underlying problems of basic living conditions. This revealed an initially covert necropolitical posture on the part of the state. Regrettably, later, once the number of cases and deaths declined, this posture became normalized. Consequently, it is clear that political responses to the COVID-19 crisis actually served to exacerbate and to a process of invisibilization of the ongoing historical reality of racism and discrimination.

The necropolitical policies of Bolsonaro and Modi can be summarized as the embrace of an extreme notion of herd immunity as a solution, the concealment of data about the sick and the covert implementation of policies which effectively increase the death rate of marginalized groups. These policies continued into later phases marked by declines in mortality, and were able to persist because of the fragmented resistance to them on the part of civil society, the media and other actors. The proper assignation of blame for the unnecessarily high mortality on official necropolitics was considered politically untenable by many center and right-wing politicians including those who privately questioned government policy, as such an accusation against the ruling elite would expose its complicity in classifying and treating certain segments of society as disposable. For such politicians, "mismanagement" was a more convenient term because this attenuated critique allowed the persistence of the necropolitical norm, in a more subtle and even regulated form.

References

[1] Mbembe A. *Necropolitics.* Durham: Duke University Press; 2019. On Necropolitics and COVID-19, see Sandset Tony. The necropolitics of COVID-19. Race, class and slow death in an ongoing pandemic. *Glob. Public Health* 2020; 16(8-9):1411-1423.

[2] See also Lee CJ. The Necropolitics of COVID-19. Africa is a Country 2020 [cited 2020 Dec10]. Available from: https://africasacountry.com/2020/04/the-necropolitics-of-covid-19.

[3] Boschiero MN, Palamim CVC, Ortega MM, Mauch RM, Marson FAL. One year of coronavirus disease 2019 (COVID-19) in Brazil. A political and social overview. *Ann Glob Health* 2021; 87(1): 44.

[4] There are at least three scholarly articles that explore the regulation of necropolitics by the Brazilian government during the first wave of COVID-19 in 2020.
Muniz RC, Ferradas FM, Gomez, GM, Pegler, Lee J. Covid-19 in Brazil in an era of necropolitics. Resistance in the face of disaster. *Disasters* 2021; 45 (1): S97-118;
Biehl J, Prates LEA and Amon JJ. Supreme Court v. Necropolitics. The chaotic judicialization of COVID-19 in Brazil. *Health Hum Rights* 2021; 23(1):151-162;
Navarro J. H. do N, Ciciliotti M, Siqueira L. de AR, Andrade MAC. Pandemic necropolitics for COVID-19 in Brazil. Who can die? Who is dying? Who was born to be let to die. *SciELO Preprints* 2020. DOI: https://doi.org/10.1590/SciELOPreprints.901.
A nuanced understanding of necropolitics during the first wave of COVID-19 in India is provided by Chakraborty D. The "living dead" within "death-worlds". Gender crisis and covid-19 in India." *Gend, Work, Organ* 2020; 28 (S2): 330-39.

[5] Finchelstein F and Stanley J. The fascist politics of the pandemic. *Project Syndicate* 2020 [cited 2022 Apr 25]. Available from: https://www.project-syndicate.org/commentary/coronavirus-fuels-fascist-politics-by-federico-finchelstein-and-jason-stanley-2020-05/english.

[6] Gonsalves G , Yamey G. Political interference in public health science during COVID-19. *BMJ* 2020; 371: m3878.

[7] Rosenberg C. What is an epidemic. AIDS in historical perspective. *Daedalus*. 1989; 118 (2): 1-17.

[8] Baker P. Trump welcomes Brazil's Bolsonaro but leaves tariffs on the table. *The New York Times*, 2020 Mar 8.

[9] Carta aberta à Presidência da República e ao Congresso Nacional. ABRASCO 2020 [cited 2021 Oct 4]. Available from: https://www.abrasco.org.br/site/noticias/posicionamentos-oficiais-abrasco/a-pandemia-do-coronavirus-e-o-brasil-carta-aberta-a-presidencia-da-republica-governadores-e-congresso-nacional/45789/.

[10] Coletta RD. Em pronunciamento, Bolsonaro critica fechamento de escolas, ataca governadores e culpa mídia. *Folha de São Paulo*, 2020 Mar 24.

[11] Tara J. Critics say lockdowns will be more damaging than the virus. Experts say it's a false choice." CNN 2020 [cited 2020 Dec15]. Available from: https://edition.cnn.com/2020/05/29/europe/lockdown-skeptics-coronavirus-intl/index.html.

[12] Calil GG. "A negação da pandemia: reflexões sobre a estratégia bolsonarista." *Serviço Social & Sociedade* 2021; 140: 30-47.

[13] Ortega F, Michael O. Governing COVID-19 without government in Brazil. Ignorance, neoliberal authoritarianism, and the collapse of public health leadership. *Glob. Public Health* 2020; 15 (9): 1257-1277.
[14] Candido DDS, Watts A, Abade L, Kraemer MUG, Pybus OG, Croda J, Oliveira W de, Khan K, Sabino EC, Faria NR. Routes for COVID-19 importation in Brazil. *J. Travel Med.* 2020; 27 (3): taaa042.
[15] Paulo S. Não sou coveiro', diz Bolsonaro sobre qual seria número aceitável de mortes por coronavírus. *Folha de São Paulo*, 2020 Apr 20.
[16] Wissel L. "It's a nightmare." How Brazilian scientists became ensnared in chloroquine politics." *Science* 2020, June 22 [cited 2021 April 10]. Available from: https://www.sciencemag.org/news/2020/06/it-s-nightmare-how-brazilian-scientists-became-ensnared-chloroquine-politics.
[17] Mandetta L H, Nunes Wálter. *Um paciente chamado Brasil. Os bastidores da luta contra o* coronavírus. Rio de Janeiro: Objetiva; 2020.
[18] Dyer O. Covid-19: Bolsonaro under fire as Brazil hides figures. *BMJ* 2020; 369: m2296.
[19] Carvalho B. The Amazon will soon burn again. *The New York Times*, 2020 May 27.
[20] Charlier P and Leandro V. Correspondence: Is COVID-19 being used as a weapon against Indigenous Peoples in Brazil? *Lancet* 2020; 396 (10257): 1069–1070.
[21] Oxfam International. Brazil hits 100,000 coronavirus death toll under an "inefficient and disoriented" government. Oxfam International 2020, Aug 9 [cited 2021 Jan 15]. Available from: https://www.oxfam.org/es/node/13813.
[22] Alba RD, Rocha CF, Silveira R, Dresch L, Vieira LA, Germano MA. COVID-19 in Brazil. Far beyond biopolitics. *Lancet* 2021; 397 (10274) : 579-80.
[23] Taylor L. Covid-19. Is Manaus the final nail in the coffin for natural herd immunity? *BMJ* 2021; 372: n394.
[24] Ventura D, Fernando A, Rosanna R. The catastrophic Brazilian response to covid-19 may amount to a crime against humanity. *British Medical Journal Opinion* (Blog), 2021 Apr 5 [cited 2021 May 10]. Available from: https://blogs.bmj.com/bmj/2021/04/05/the-catastrophic-brazilian-response-to-covid-19-may-amount-to-a-crime-against-humanity/.
[25] Kipgen N. COVID-19 pandemic and racism in United States and India. *EPW* 2020; LV (23): 21-26.
[26] Arnold D. Pandemic India. Coronavirus and the uses of history. *JAS* 2020; 79 (3): 569-77.
[27] Pandhi N. Covid-19 and India's new viral necropolitics. *The Wire*, 2021 May 28 [cited 2021 June 10]. Available at: https://thewire.in/rights/covid-19-india-necropolitics-caste.
[28] Mondal S, Karmarkar R. Caste in the time of COVID-19. *Contemporary Voice of Dalit*. 2021. doi: https://doi.org/10.1177/2455328X211036338. Epub ahead of print.
[29] Neelakantan V. Medicine within borders. India's response to COVID-19." *Revista História, Ciências, Saúde – Manguinhos* (Blog), 2020 June 5 [cited 2020 Dec 27]. Available at: http://www.revistahcsm.coc.fiocruz.br/english/medicine-within-borders-indias-response-to-covid-19/.
[30] Bharali I, Kumar P and Selvaraj S. How well is India responding to COVID-19. *Brookings Future Development* (Blog), 2020 Jul 2 [cited 2020 Dec 27]. Available at: https://www.brookings.edu/blog/future-development/2020/07/02/how-well-is-india-responding-to-covid-19/.
[31] India under COVID-19 lockdown [editorial]. *Lancet* 2020; 395 (10233): 1315.

[32] Arunachalam MA and Halwai A. An analysis of the ethics of lockdown in India. *Asian Bioeth Rev* 2020; 12: 481-89.
[33] Shome R. The long and deadly road. The COVID pandemic and Indian migrant. *Cult. Stud*. 2021; 35(2 and 3): 319-35.
[34] Bhargava Y. Coronavirus lockdown. Railways to run Shramik Special trains to move migrant workers, other stranded persons. *The Hindu*, 2020 May 1.
[35] Ray D and Subramanian S. India's lockdown. An interim report. *Indian Econ. Rev*. 2020; 55 (Supplement 1): S31-S79. See also John H. Responding to an epidemic requires a compassionate state. How has the Indian State been doing in the time of COVID-19. In: Vinayak Chaturvedi, *organizers. The pandemic. Perspectives on Asia*. New York: Columbia University Press; 2020. p. 95-110.
[36] COVID-19 in India [editorial]. The dangers of false optimism. *Lancet* 2020; 396: 657.
[37] Ramachandran R. Politics drives India's fight against the COVID-19 pandemic even as questions over DGCI'S approvals for vaccines persist. *Frontline*, 2021 January 29 [cited 2021 January 30].
[38] Lazerta Vito and Romer Louis Philippe. COVID-19, the freedom to die and the necropolitics of the market. *Somatosphere: Dispatches from the Pandemic* (blog) 2020 May 12 [cited 2021 Jan 15]. Available at: http://somatosphere.net/2020/necropolitics-of-the-market.html/.

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