

## Strategic analysis of the Brazilian federal government's performance in the COVID-19 pandemic: 2020-2021

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**Abstract** *The study aim is to analyze the performance of the Brazilian federal government (FG) in the COVID-19 pandemic, seeking to identify tensions and conflicts between actors and institutions of the three branches of the government and the FG with state governors. Data production included a review of articles, publications and documents that analyze the pandemic evolution and record announcements, decisions, actions, debates and controversies between these actors in the period of 2020 to 2021. The results include the characterization of the action style of the central Actor and the analysis of conflicts between the Presidency, the Ministry of Health, ANVISA, state governments, the House of Representatives and the Senate and the Federal Supreme Court, seeking to correlate them with the debate around the political projects for health in dispute under the current circumstances. It is concluded that the central actor largely used a communicative action aimed at his supporters and strategic action characterized by imposition, coercion and confrontation in the relationships he maintained with other institutional actors, especially when they diverged from his viewpoints about how to face the health crisis, consistently with his connection to the ultra-neoliberal and authoritarian political project of the FG, which includes the deconstruction of the Brazilian Unified Health System.*

**Key words** COVID-19, Legislative branch, Judiciary branch, Federal government, Unified Health System

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## Introduction

The COVID-19 pandemic, considered the greatest health challenge of this century<sup>1</sup>, had one of the worst worldwide developments in Brazil. Until June 30, 2021, among the top 10 most populous countries and the 15 largest economies in the world, the country ranked second in the accumulated number of deaths (518,066, second only to the USA, with 604,598 deaths) and the first in deaths per million inhabitants (2,421), surpassing the USA (1,816) Mexico (1,789), Russia (911) and India (287)<sup>2</sup>.

The Brazilian failure to face the pandemic is associated with a multitude of factors, such as limited national governance, the lack of articulation between government sectors and spheres to control the epidemic, the inefficient strengthening of the health system, the insufficient social and economic support measures, as well as gaps in communication and dialogue between national authorities and society<sup>3,4</sup>. Added to that, we emphasize the role of the president of the republic as the head of the denialist current, which minimized the pandemic severity, encouraging inappropriate behaviors, disseminating fake news and maintaining a position that was contrary to the scientifically-based coping measures recommended by international health organizations<sup>5-7</sup>. This combination constituted a real tragedy, measured by the excess of cases and deaths, by the deterioration of the living conditions of large parts of the population, and by the uncertainty regarding the immediate future<sup>2</sup>.

The health crisis caused by the COVID-19 pandemic has even exacerbated the economic, political, social and environmental crisis in which the country has plunged in recent years<sup>5</sup> and has given visibility to a serious institutional crisis in the scope of the Federal Government (FG), expressed as tensions and conflicts within the Executive branch and in the relations between the Executive, the Legislative and the Judiciary branches, as well as tensions and conflicts between the FG and the State Governments, in a scenario of confrontation between radically opposed political projects for the Brazilian society. Some analyses also point out that the coronavirus crisis is “an integral part of the totality of the capitalist crisis”, whose implications in the health area under Jair Bolsonaro’s government contributed to the increase in the number of fatal victims and the increase in “the barbarism of capitalism”<sup>8</sup>.

In fact, the political antagonism between the representatives of the ultra-neoliberal, authoritarian and conservative project and the political and

social powers that defend a democratic project for Brazilian society, even though it has been taking shape for several decades, reached its climax with the result of the 2018 elections<sup>9</sup>, manifesting as the dismantling of previously constructed public policies<sup>5,10</sup>, which intensified the confrontation between political actors in government institutions and intensified the clash between the FG and civil society organizations and entities, in several areas of public policies such as economy, education, health, food, environment and culture.

Thus, understanding the government as the “material condensation of a relationship of powers”<sup>11</sup>, the aim of this study is to analyze the performance of the FG when facing the COVID-19 pandemic, seeking to identify “internal” tensions and conflicts in the Executive branch – the Presidency, Ministry of Health (MoH) and National Health Surveillance Agency (ANVISA, *Agência Nacional de Vigilância Sanitária*) and state governments, as well as the tensions and conflicts of the Federal Executive branch with the other branches of the government (Congress and Federal Supreme Court – STF [*Supremo Tribunal Federal*]), in an attempt to correlate these conflicts to the dispute for the hegemony of different political projects for the Brazilian society in these circumstances.

We work with the hypothesis that the tensions and conflicts between actors and institutions of the Executive power and between these and actors and institutions of the Legislative and Judiciary powers constitute evidence of a dispute between health projects, disclosing the clash between a mercantilist or liberal-conservative project, which values hospital care and specifies a “reduced” Unified Health System (SUS, *Sistema Único de Saúde*)<sup>5</sup> and the health democratization project originating from the Brazilian Sanitary Reform Movement, which defends the universal right to health, values the SUS and proposes the organization of comprehensive health care for the population.

## Method

This is a strategic analysis of the FG’s performance during the pandemic, under the action theory incorporated into the strategic planning of Carlos Matus<sup>12,13</sup>, considering the characterization of the “personality code” of the central Actor (the President of the Republic), and the identification of actions – communicative and strategic ones – and the means this Actor used in clashes with government institutions, aiming to guarantee the fulfill-

ment of his wishes, the attainment of his political objectives and the legitimation of his position of power.

According to Matus<sup>12</sup>, the basis for studying an actor includes the identification of the deepest invariants behind the behavior, invariants that constitute the actor's "personality code" or operational code, which comprise the variation space of their possible actions (or moves). In other words, it constitutes the actor's "action style", consisting in the set of means they use in their relationship with allies and opponents to guarantee the attainment of their political objectives, namely: imposition (through the use of authority and hierarchy), persuasion (based on the leader's ability to persuade), negotiation (seeking to reconcile different interests), rewarding (economic stimulus, fulfillment of power ambitions, ego reinforcement, etc.), mediation (through third parties), court trials (when no agreement is reached), coercion (through threats), confrontation (power struggles), deterrence (displaying strength and demonstrating the capacity to use it), and war (violent power struggles).

The production of information was achieved through the review of articles, publications and documents that analyze the pandemic evolution and record announcements, decisions, actions, debates and controversies between government actors and institutions, focusing on the internal relationships of the FG, and of the latter and the other branches of the government (Chart 1) between January 2020, the month in which the World Health Organization (WHO) declared a global emergency due to the new coronavirus disease, to June 2021, when Brazil registered 500,000 deaths from COVID-19.

The documents were extracted from the sources, classified, as described in Chart 1, collected in full and read and summarized in the chronological sequence of publication. The abstracts were processed in an Excel spreadsheet containing: (1) temporal evolution of the COVID-19 pandemic during the study period; (2) FG actions (Executive branch, Presidency, MoH and ANVISA); (3) actions by the state governments; (4) Congress actions and (5) STF actions.

The analysis of the information included the characterization of the central Actor and his communicative and strategic actions regarding the pandemic, considering the role he played in delegitimizing the actions aimed at facing the pandemic, as well as the identification of the controversial topics that generated tensions and conflicts between the FG institutions (Presidency, MoH and ANVISA), and of these with the state

governors, as well as the tensions and conflicts between the Presidency, the Congress and the STF, culminating in the implementation of the Parliamentary Commission of Inquiry (CPI, *Comissão Parlamentar de Inquérito*) of COVID-19 in the Senate. Subsequently, we aimed at correlating the content of these actors' announcements, proposals, decisions and actions regarding the political projects for health in dispute in Brazilian society, seeking to characterize the project to which the FG's performance is connected and to discuss the strategies that have been used, through social communication networks and acts by the executive branch, for the implementation of this project in the current situation.

## Results

Given the complex power relation network between different government agencies and sectors, we chose to present the results at two different moments: a) a brief characterization of the central Actor and the strategic means he used in his political actions in the face of the pandemic; b) main points of conflict and disagreements between the central actor (president) and the different FG and state institutions in the course of the pandemic.

### The president's communicative and strategic action (central actor)

Although the information collected and analyzed in this study is limited to facts perceived from the direct observation of the central actor's performance, as shown in the media, especially in social networks, and mentioned in the assessed sources (Chart 1), it is possible to infer the "action style" of the president of the republic (2019-2022 administration), and the strategic means he used during the COVID-19 pandemic<sup>18,19</sup>, either to raise and maintain the support of his social base, or to confront divergent opinions and contrary positions to his announcements and decisions.

In this sense, the first aspect to be taken into account is the "personality code" of this central actor<sup>12</sup> whose speeches and stances in the different public announcements, actions and decisions formalized in decrees and ordinances within the scope of the executive branch<sup>14,15</sup>, were, throughout the analyzed period, the main factor in the outbreak of tensions and conflicts that involved different governmental institutions and civil society organizations. Simply by following the president's statements and interviews shows an authoritarian personality, probably shaped in the

**Chart 1.** Schematic representation of data production and analysis of the empirical material, according to sources, types of documents, assessed actors and categories of analysis.

Sources	Document types	Assessed actors	Categories of analysis
<b>Brazilian Collective Health Association - ABRASCO (Associação Brasileira de Saúde Coletiva)</b> ( <a href="https://www.abrasco.org.br/site/">https://www.abrasco.org.br/site/</a> )	Official announcements (taken from the official announcements section of the entity website)	President Federal Executive branch MoH Federal Government Governors STF	Controversial topics in the pandemic (non-pharmacological measures of social protection; pharmacological measures; vaccination; financial and other types of support to states and municipalities; COVID-19 CPI) Characterization of the central actor – President  Actions by the president and other actors on controversial topics in the pandemic
<b>Brazilian Center for Health Studies - CEBES (Centro Brasileiro de Estudos de Saúde)</b> ( <a href="https://cebes.org.br/">https://cebes.org.br/</a> )	Political stances and news (extracted from the sections, with the same names, on the entity website)		
<b>Sanitary Law Study and Research Center - CEPEDISA (Centro de Estudos e Pesquisas de Direito Sanitário)</b>	Timeline of the federal strategy regarding the spread of covid-19 <sup>14</sup>  Newsletter n. 10 – Rights in the pandemic: analysis of legal norms in response to the COVID-19 pandemic in Brazil <sup>15</sup>	President Federal Executive branch MoH Federal Government State Governments Governors STF	
<b>National Council of Health Secretariats - CONASS (Conselho Nacional de Secretários de Saúde)</b>	Official reports <sup>16</sup> COVID-19 Collection <sup>5,17</sup>	State Health Secretariats Governors	
<b>Oswaldo Cruz Foundation - Fiocruz (Fundação Oswaldo Cruz)</b>	COVID-19 Observatory Newsletters <sup>18,19</sup>	MoH Federal Government State Governments	
<b>Observatory of Political Analysis in Health (Observatório de Análise Política em Saúde)</b> ( <a href="https://observatorio.analisepoliticaemsaude.org/">https://observatorio.analisepoliticaemsaude.org/</a> )	Monitoring matrices of the “Axis Analysis of the Brazilian Sanitary Reform process” (extracted from the section with the same name on the entity website)	President Federal Executive branch MoH Federal Government	
<b>Scientific journals</b>	Articles <sup>3,4,6-8,20-22</sup>	MoH Federal Executive branch Federal Government Governors State Health Secretariats	
<b>Federal Senate</b>	Final CPI Report on the Pandemic <sup>23</sup>	MoH Federal Executive branch Federal Government Governors State Health Secretariats	

Source: Authors.

family and cultural circle where he was formed (Armed Forces), with traits of insubordination and rebelliousness (*No one will interfere with my right to come and go*, a statement he made during a walk that resulted in crowds in Brasília<sup>15</sup>), in addition to manifestations of prejudice and discrimination against minorities – women, blacks, *quilombolas*, indigenous peoples, etc., traits disclosed during the pandemic, in statements de-

void of empathy for the victims and their families (about the deaths caused by the pandemic, on different occasions, he said: *I am not a gravedigger<sup>14</sup>; So what? I'm sorry, what do you want me to do? I am a “Messiah” [Messias, his middle name], but I don't do miracles<sup>14</sup>.*

With the outbreak of the COVID-19 pandemic, disagreements soon occurred in the planning and conduct of government actions, between the

central Actor and the Minister of Health, unfolding into a series of strains and conflicts between the president and other actors linked to institutions of the Executive, Legislative and Judiciary branches, as well as with state governors (*Where did this excrescence come from, to give powers to governors and mayors and keep us indoors, condemn us to misery, steal millions of jobs [...]*<sup>14</sup>), using, as strategic means, the imposition, through the procedures at his disposal, such as the possibility of dismissing and replacing ministers (*I am the commander, president, to decide, to go to any minister and talk about what is happening*)<sup>15</sup> and other leaders of government agencies, coercion and threats, either veiled or explicit, against other actors, such as the STF ministers, choosing confrontation with the actors and institutions that contradicted his viewpoints and interests.

The fact is that the president's action style, marked by a communicative action directed, on the one hand, at his supporters, and on the other hand, at his political opponents, seen as "enemies", was characterized by the denial of the pandemic severity (*We obviously have a crisis at the moment, a small crisis. In my opinion, much more imaginary, the issue of the coronavirus, which is not all that the mainstream media propagates or spreads all over the world*<sup>15</sup>), the questioning and denial of proposals and strategies advocated by international health authorities (*They want me to declare a national lockdown or regional lockdown, because I must follow science [...] the WHO says that the only consequence of lockdown is to transform poor people into poorer ones [...]*<sup>14</sup>, while adhering to controversial proposals (which were later discarded by the scientific community) of using ineffective treatments. Going from speech to political decisions and administrative measures, the Presidency issued decrees and ordinances that tried to materialize these proposals, intensifying, throughout the period, tensions and conflicts with several other actors and institutions<sup>14,15</sup>, described below.

#### **Tensions and conflicts between the central actor and government actors and institutions**

Due to his "personality code"<sup>12</sup> and the connection to the political project of the coalition that got him elected, the president used, predominantly, imposition, coercion and threats, in the conflicts in which he played the leading role with government actors and institutions. The main conflicts between the Presidency, the MoH and ANVISA, State Governments, House of Representatives and Senate and the STF, included, in addition to differences in concepts about the se-

verity of the health crisis, tensions related to the definition of social distancing actions, indication for the use of facial masks and early medication treatment, allocation and mechanisms used for the transfer of financial resources from the FG to the states and municipalities for the purchase of equipment, medication and supplies necessary for the implementation of actions to assist patients and to prevent and control the pandemic, as well as conflicts related to the adoption of social support measures for vulnerable populations due to the economic crisis exacerbated by the pandemic and the development of vaccination against COVID-19.

Divergences within the FG occurred right at the beginning of the pandemic, when relations between the president and the Minister of Health, Luiz Henrique Mandetta, became tense, as the latter tried to implement **strategies to contain the spread of the pandemic**, such as daily social communication, encouraging the adoption of personal hygiene practices, advice on **social distancing**, as well as criticism aimed at the early drug treatment. These actions went against the president's denialist stance, (*If I were infected by the virus, I wouldn't have to worry, I wouldn't feel anything or would be, at most, affected by a mild case of flu or a cold*<sup>14</sup>), which contradicted and threatened the international health authorities<sup>17</sup> (*[...] either the WHO really ceases to be a political organization, even a partisan one, you might say, or we are considering leaving it*<sup>14</sup>). This attitude eventually made him the target of criticism and repudiation throughout the civilized world<sup>24</sup>, to the point that he was denounced at the International Court of The Hague<sup>25</sup>, especially for the actions considered to be genocidal in relation to indigenous peoples.

This conflict led to the minister's resignation on April 16, 2020, briefly succeeded by the oncologist Nelson Teich, and led to the appointment, on May 15 of the same year, of General Eduardo Pazuello as the new Ministry of Health. Aligned with the Presidency, the general went so far as to state that "*one commands, another obeys*"<sup>14</sup>, and started managing the MoH according to the president's commandments, allowing the treatment of patients with COVID-19 with chloroquine and hydroxychloroquine and restricting the daily disclosure of data on the pandemic<sup>14,15</sup>. He also promoted the military occupation of the ministry of health, replacing career professionals by military personnel of different ranks in second and third-level positions<sup>20</sup>, which weakened the role of the Ministry of Health as the national leader of the SUS during the health crisis<sup>3</sup>.

In addition to the tensions and measures in the relationship between the Presidency and the MoH, there were, in 2020, divergences between the President's attitudes, often seen without a face mask and defending the use of hydroxy-chloroquine<sup>14,15</sup>, and ANVISA, as the Agency advised the making and the **use of face masks**, highlighted the lack of therapeutic alternatives for COVID-19, even pointing to a significant increase, in 2021, in the notifications of adverse events related to the use of the "COVID kit" drugs. The Agency also approved the emergency use of vaccines against COVID-19 (AstraZeneca/Oxford and CoronaVac) often criticized by the president, who raised doubts about their safety and effectiveness, stating *if you turn into an alligator, it's your problem [...]*<sup>14</sup>, and *I do not intend to take the vaccine [...]*<sup>14</sup>. Tensions were also observed between the Ministry of Health and ANVISA, when the latter found that inadequate masks had been supplied to professionals who worked in the care of people hospitalized with COVID-19<sup>15</sup>, with the Ministry of Health refusing to recall the products and replace them and continued sending masks not indicated for hospital use.

Tensions between levels of the government were evident when subnational entities adhered to health measures as recommended by the scientific community, promoting the prohibition of events and other gatherings with agglomeration, closing teaching units and restricting people's movement<sup>6</sup>, in addition to manifesting positions that were in opposition to the denialist statements and anti-scientific actions of the president and the MoH actions aligned with him<sup>16</sup>. Regarding the "COVID kit", the National Council of Health Secretariats (CONASS) issued a repudiation note, warning that the *MoH recommendations for the early drug treatment of patients diagnosed with COVID-19 was the sole responsibility of the MoH*, having been proposed *without technical participation and tripartite agreement*, reaffirming the position of *always being guided by respect for the best scientific evidence*<sup>16</sup>.

Divergences also occurred between the FG and the Legislative branch, when the president vetoed the provisions of Law n. 14.019, of 07/02/20, which established the mandatory use of masks in different environments; however, the Legislative branch reacted and overturned the presidential veto, maintaining what was established by the Law<sup>14</sup>.

The FG also questioned the competence of states and municipalities to adopt measures against COVID-19, a competence that was endorsed by the STF<sup>14,15</sup>, which established a re-

straint on the authoritarian attitude of the president, who intended to punish governors who adopted social distancing, with the closing of schools, religious temples, commercial businesses, etc., in an attempt to make them responsible for the possible negative effects of these measures on the economy: *I would like everyone to go back to work, but I'm not the one who decides that, it's the governors and mayors*<sup>14,51</sup> and *Now there's a huge wave of unemployment coming up. Informal and formal workers, as well. Don't try to put that on my account. It is up to the governors to solve this problem [...]*<sup>14</sup>.

The first conflict over **social protection measures** took place over the amount of emergency aid to be made available to people who had proven to have no income due to unemployment, which increased substantially during the pandemic. The initial proposal from the Ministry of Economy (Treasury Department) proposed the value of R\$ 200.00; however, after pressure from the Congress, this figure was increased to R\$ 600.00<sup>14</sup>. There were also disagreements regarding for how long the aid would be provided and the amount to be made available in 2021<sup>15</sup>.

A new clash involved Bill N. 1,142 of 2020, which dealt with social protection measures to prevent the contagion and spread of COVID-19 in indigenous territories. The president sanctioned Law n. 14,021 on the subject on July 7 of the same year, vetoing 22 statutory provisions, which was overturned a month later<sup>14</sup>.

The clash surrounding Bill 1826 stands out, which provided for financial compensation to be paid by the Union to health professionals and workers who, because they had treated patients affected by COVID-19, became unable to work. This Bill was vetoed in full by the president, but the veto was rejected by the National Congress on March 26, 2021<sup>14</sup>.

Another conflict involved the "Plan to fight COVID-19 among indigenous peoples", considered generic by the STF, in an action required by the Coordination of Indigenous Peoples of Brazil (APIB – *Articulação dos Povos Indígenas do Brasil*), and the Supreme Court then determined that the government should present a new version of the document<sup>15</sup>.

The beginning of the **vaccination** campaign intensified inter-federative tensions, first with the government of the state of São Paulo, due to the delay in acquiring doses of the CoronaVac vaccine and questioning its effectiveness<sup>14</sup>. The president celebrated the interruption of CoronaVac tests, affirming in a message posted on the internet: *Death, disability, anomaly. This is*

*the vaccine that Doria (the governor of the state of São Paulo) wants to force all São Paulo residents to take it [sic]<sup>14</sup>, and he even said that the vaccine could never be mandatory<sup>14</sup>. In contrast, CONASS asked the MoH to incorporate into the National Immunization Program (PNI, *Programa Nacional de Imunizações*) the vaccines for COVID-19 produced by the Butantan Institute, as well as other vaccines produced and tested by other manufacturers, which were effective, safe and whose production was available for the vaccination of the Brazilian population<sup>16</sup>.*

The national vaccination plan against COVID-19, presented by the FG in December 2020<sup>18</sup> to the STF, was also the subject of controversy, as it showed several technical and operational inconsistencies, such as the lack of definition of priority groups for vaccination as well as the process of vaccine production or acquisition<sup>21</sup>. Moreover, it was verified that this plan did not have the endorsement of researchers and technicians whose names were included without their consent, which constituted a lack of ethics and a fraudulent attempt to legitimize the Plan.

As for the **financing of actions to fight the pandemic**, in the beginning of March 2020, governors and state health secretariats, through CONASS, asked the MoH for an extra credit of R\$ 1 billion reais, to be added to the R\$ 134 billion foreseen in the Annual Budget Law, a pressure that resulted in the reallocation of R\$ 5 billion from the health budget, from individual and collective parliamentary amendments, which were destined to the National Health Fund and started to compose the budgetary action to fight the pandemic<sup>16</sup>.

The tension surrounding the transfer of federal resources to the states continued and led to the accusation made by the MoH Secretary that *Health Secretariats have falsified data on deaths caused by COVID-19 to obtain more money<sup>16</sup>*, an attitude that led to a public note by CONASS, signed by 19 governors, repudiating the accusation and expressing concern with the use of official communication instruments, to disseminate distorted information, generate misinterpretations and attack local governments<sup>16</sup>.

In 2021, the Annual Budget Bill proposed by the Federal Executive branch, in accordance with decisions made by the Ministry of Economy, reduced the volume of resources allocated to health, maintaining the underfunding, or rather, the defunding of the SUS, despite the health crisis and the perspective of new waves of the COVID-19 pandemic.

Due to this lack of coordination by the FG<sup>4</sup>, several states tried to establish horizontal co-

operation mechanisms, such as the Northeast Consortium<sup>22</sup>, with emphasis also being placed on the work by CONASS, the National Council of Municipal Health Secretariats (CONASEMS – *Conselho Nacional de Secretarias Municipais de Saúde*), the National Confederation of Municipalities and the Forum of Governors, who defended the increase in the MoH budget to strengthen the SUS<sup>16</sup>. This federative breakdown had a negative impact on the coping strategies to deal with the pandemic; however, it strengthened the role of subnational entities regarding the control of COVID-19 in their territories.

Divergences related to financial transfers between federation instances also reached the STF, which determined that the requests for the opening of new ICU beds submitted by the states to the MoH be analyzed, also demanding the reopening of the beds intended for the treatment of COVID-19 patients funded by the MoH until December 2020, proportionally to other federation units that had reduced the number of ICU beds in January and February of 2021<sup>14</sup>.

Clashes between federal entities also occurred due to the **transfer of equipment, medications and raw material inputs** aimed at actions to fight the pandemic to states and municipalities, such as medications used with the intubation kit and the episode of lack of oxygen tubes in the “Manaus Crisis”, in January 2021, under Pazuello’s management, whose departure from the MoH was requested by the National Confederation of Municipalities. During this crisis, the STF granted a precautionary measure determining that the FG should *immediately take all actions within their reach to overcome the very serious health crisis installed in Manaus<sup>14</sup>*, expressing strong criticism in relation to the MoH’s performance.

Finally, it should be noted that the conflicts between the Federal Executive branch and the Legislative branch also echoed in the STF, while the Supreme Court determined, in April 2021, that the Senate adopt the necessary measures for the installation of a CPI to investigate possible omissions by the FG when dealing with the pandemic, when the president personally attacked Supreme Court Minister Luís Roberto Barroso on social media, by stating *he lacks moral courage and has an excess of inappropriate political militancy<sup>14</sup>*.

The implementation of the **COVID CPI** in the Federal Senate took place on April 27, 2021 and was the culmination of the accumulation of previously displayed tensions. The purpose of the commission was to investigate the *actions and omissions of the Federal Government in facing*

*the COVID-19 pandemic in Brazil*<sup>23</sup>. After almost six months of work, it concluded that *the Federal Government was remiss and chose to act in a non-technical and reckless way when facing the new coronavirus pandemic, deliberately exposing the population to a concrete risk of mass infection*<sup>23</sup>. Thus, the commission analyzed and systematized a set of evidence that were added to those previously indicated by CEPEDISA<sup>14</sup>, which revealed, based on the mapping and analysis of the legal norms for responding to the COVID-19 pandemic in Brazil, the implementation of an institutional strategy for the propagation of the virus, promoted by the FG under the leadership of the Presidency of the Republic.

## Discussion

The FG's performance in the face of the COVID-19 pandemic should, in theory, have been based on the provisions of the legal and normative framework of the SUS (Federal Constitution, Laws n. 8080 and 8142/90) and specifically on the rules and ordinances that govern the actions of Surveillance and Control of epidemics and pandemics, as stated in the "Response Plan to Public Health Emergencies"<sup>26</sup> and in the National Health Surveillance Policy<sup>27</sup>, which did not occur. Although these documents express the technical-scientific, organizational and managerial advances in the area of Health Surveillance (HS) in the SUS, in line with the proposals of international Public Health organizations, their content did not guide the FG actions when facing the pandemic in Brazil.

Quite the opposite, based on the analysis of the President's performance during the pandemic, it can be said that these norms were systematically ignored, insofar as this Actor adopted a discourse and a practice, an "action style", that was contrary to the recommendations from national and international health authorities. This option, in part, can be understood considering the central Actor's "authoritarian personality", which resulted in the dismissal of the Minister of Health who tried to direct the fight against the pandemic according to these recommendations, substituting him by an obedient subordinate, who accepted his denial of the health crisis severity and postponed the adoption of coping measures, as was the case with the purchase of vaccines. Moreover, the president used a strategy of open confrontation with some state governors who adopted measures to contain the pandemic, going as far as using threats, also directed at other central government bodies, as

was the case with the STF and attempts of coercion against the technical staff of federal agencies, as in the case of ANVISA.

The analysis of the tensions and conflicts that characterized the relations between the FG and the other government institutions involved in the implementation of measures to face the pandemic, discloses many divergences that, from our viewpoint, do not result only from the characteristics of the central Actor's "personality" and "action style", since they result from a central opposition between the ultra-neoliberal project adopted by the powers that support the FG (2020-2021). These invest in the reduction of the government's role, the defunding of social policies and the transformation of the SUS into a "reduced SUS"<sup>5</sup>. In this sense, they are confronted with the rationalization project, assumed by the governors, who implemented measures related to restricting people's movement, social communication to mobilize the population to adhere to sanitary measures and structuring of the SUS to care for cases, aiming to guarantee access of the population to health care and subsistence in the context of the pandemic, thus producing a conjunctural redirection of the health policy.

In view of the above, it seems that the role of the FG in the health crisis (2020-2021) is part of the larger project to dismantle the SUS<sup>5</sup>, which, embodied in the economic policy, guided the central Actor's pronouncements, who, in the name of the "defense of the economy", rejected the adoption of measures such as closing establishments and controlling social mobility. As a result, there was a conflict with, at the time, Minister of Health<sup>7</sup>, subsequently replaced by a "faithful" ally, who, although later left the MoH amid allegations of incompetence and misuse of resources, maintained his support. of the president he served.

The analysis of the sequence of tensions and conflicts described above corroborates this observation, even though we did not have access to the backstage of the conversations held between the president and his direct advisors, his "General Staff", consisting not only of the leaders who took on positions in the FG but also the President's sons and advisors, who are members of the "parallel office"<sup>23</sup>, responsible for disseminating his declarations on social networks, aiming to maintain their support base, using the manipulation of public opinion through fake news.

Based on this evidence and on the findings of other studies on the directionality of the FG central actor's actions in the pandemic context<sup>7,14,15</sup>, we can state that the ultra-neoliberal and authoritarian political project being implemented in the

country, which aims to “fight the social-democratic traits of previous governments”<sup>28</sup>, adopted a perspective inspired by “necropolitics”<sup>29</sup>, considering large groups of the population, especially the poor, blacks, *quilombola* and indigenous communities, as “expendable”, whose deaths aroused neither empathy nor solidarity with the bereaved families.

This perspective is, to a certain extent, consistent with the intention to strengthen a “State of social or penal containment”, a “Police State”, resulting from the reinforcement of a repressive apparatus, especially Public Security bodies (military and civil police), and sectors of the Armed Forces, which, while pointing to the need to fight the “internal enemy”, try to intensify the intervention on civil liberties, human rights, and threaten democracy in the country<sup>9</sup>.

Therefore, the FG’s choice for inaction in the face of the COVID-19 pandemic, characterized by its anti-scientific stance and denial of the pandemic severity, the distancing of the MoH from its role as national leader of the SUS, the inter-governmental confrontation and lack of coordination, revealed an institutional strategy of virus propagation, promoted by the FG under the leadership of the Presidency of the Republic<sup>14,23</sup>. These actions, added to the attacks on the SUS, intensified from 2013 onwards through fiscal austerity policies, especially after Constitutional Amendment 95, signal the connection of the FG to a more radical project than the “mercantilist” or the “liberal-conservative” one, as they intensify the deconstruction of the SUS and the dismantling of consolidated health policies, pointing to a scenario in which the SUS becomes unable to resist the sector’s capital expansion strategies, which exacerbate the private appropriation of public health resources and the expropriation of the population’s right to health.

## Final comments

The strategic analysis of the actions of president of the republic in the context of the pandemic shows that he largely used a communicative action directed at his supporters and a strategic action characterized by imposition, coercion and confrontation in the relationships he maintained with other institutional actors, especially when they diverged from his viewpoints about how to face the health crisis. Although his performance may seem erratic, due to his inopportune style and crude language, the analysis of his speeches and decisions, articulated with the analysis of the po-

litical project he represents, reveals great internal coherence, a strategy that, taking advantage of certain “opportunities” produced by the health crisis, attempted to dismantle economic, social and cultural policies adopted in previous periods. In the case of health, this meant expanding the “coup of capital”<sup>30</sup> in the Brazilian SUS, further radicalized by the omission and delays, sabotage and boycott of the health measures necessary to face the pandemic, which resulted in more than half a million deaths from COVID-19 in the assessed period, and which, nevertheless, remains a threat to the life and health of millions of Brazilians.

Considering the complexity of the analysis of power relations between different actors and government institutions, it is important to highlight the need to carry out further studies aimed to deepen the analysis, not only of the actions by the central Actor, but of the role played by the team of direct and indirect advisors, who certainly shared his intimacy and influenced his decisions. In this perspective, some topics that touched our study deserve a deeper assessment, such as the strengthening of the private sector in health, intensified during the pandemic period, through mergers and acquisitions of medical-hospital companies, and, in the public system, through the reproduction of the hospital-centered medical care model and expansion of the service management privatization.

Moreover, it is necessary to include the issue of the Right to Health and the discussion about the future of the SUS, in the debates on the projects for Brazilian society and for the reconstruction of the Government, considering the possibilities of change with the 2022 elections, and, depending on its result, on the prospects that will come in 2023, aiming to resume the course of a political process that has as its expectations the defense of rights and the consolidation of Brazilian democracy.

## Collaborations

CF Teixeira and Santos JS participated equally in all stages of the study.

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