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ARTICLE

Necropolitics and the impact of COVID-19 on the Black community in Brazil: a literature review and a document analysis

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Abstract *This study discusses to what extent the inclusion, or not, of the race/color variable in epidemiological analysis of the COVID-19 pandemic can work as an external manifestation of necropolitics and as a producer of health inequities. We conducted a literature review on 09 articles, and on Scientific Electronic Library, PubMed and Virtual Health Library databases. We also conducted a documental analysis on 27 epidemiological reports from all the federal states and the Federal District of Brazil. We did not see much information regarding race/color, which can be interpreted as an intentional omission in order to hide those who the epidemics affects the most. The denial of basic and fundamental rights is the element that characterizes the larger racist structure of Brazil's COVID-19 policies.*
Key words *Racism, Black population, Health equity, Pandemic, COVID-19*

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Introduction

On March 11, 2020, due to the COVID-19 fast dissemination in many continents, the World Health Organization (WHO) declared it pandemic. Although the disease is considered a global threat it is known that its propagation affects specific social groups in different ways[1]. Baqui et al.[2] analyzed the Brazilian Influenza Epidemiological Surveillance Information System, and it pointed out that non-white people are at higher risk of dying from COVID-19.

The effectiveness of the preventive measures that the Ministry of Health recommended are unrealistic for low-income Brazilians. These are policies that maximize existing social inequalities. A large portion of the Brazilian population, for example, has neither access to water nor money to buy and use hand sanitizers. Informal economy and "favelas" are also obstacles to implement the WHO recommendations which Brazilian states have adopted and enforced, such as social distancing[3].

According to the Brazilian Institute of Geography and Statistics (IBGE)[4], non-white people are more affected by social restrictions. An analysis that took into consideration race/color showed that 47,3% of black people in Brazil work in informal economy compared to 34,6% of white people. Moreover, black people's per capita home income is R$ 934, while white people's is R$ 1,846[4].

The pandemic in Brazil exposes and exacerbates historical problems that affect not only Brazil's public health, but also its economy, general structure, and politics. Brazil is considered a multiethnic country, but its history reveals a racist structure that subjugates and circumscribes black people to the edges of public policies[5-7]. The pandemic enhanced the existing overlap of social and racial inequalities in Brazil[5,8,9].

It is essential to recognize that identifying the morbimortality epidemiological profile, especially during public health emergencies, is fundamental to outline public policies that could mitigate these emergencies[6]. However, the COVID-19 data gathered in the country reveals that the shortage of race/color data makes it impossible to verify the impact of the pandemic on this population accurately, and it hinders the development of specific strategies[7].

The non-inclusion of this variable on daily COVID-19 epidemiological reports corroborates with what several authors[10-13] say about the lack and/or incompleteness of the race/color variable in the epidemiology, public health, and health social sciences fields. The position adopted by the State during the pandemic denounces the unfair, avoidable, unacceptable, and inhuman character that the public health policies can undertake[14].

Based on the premises of the social determinants of health, this article focuses on discussing how the inclusion (or not) of these determinants on the COVID-19 pandemic epidemiological analysis manifests and contributes to the necropolitics and increases unjust and avoidable health inequities.

Thus, this article tried to fill this gap without exhausting the topic. It sought to highlight the importance of the racial variable in the epidemiological data analysis of COVID-19 infections in Brazil. We understand that this article's theme gravitates towards necropolitics and deals with racism (institutional and structural, primarily). In order to provide a better understanding of the object and the intended goal, we decided to make a brief explanation based on selected epistemological references about the aspects below.

"Some will die?" Necropolitics and the choice of who may live and who should die

The Cameroonian philosopher, theorist, and politician, Achille Mbembe, discusses how State's policies of exclusion are based on the idea of an existing "social enemy." According to him, the State selects groups who are considered useful or disposable[15]. Achille Mbembe's concept of necropolitics can be understood as a paradigm of the division between social segments. It regulates – and regularizes – the State's power over lives. The State dictates who is allowed to live and who should die to guarantee the operation of the capitalistic war engine[15]. In this sense, the sentence that relativizes the gravity of the COVID-19 pandemic, said by the president of the Federative Republic of Brazil, Jair Messias Bolsonaro, on March 27, 2020, is loaded with "necro biopower". It reveals a morbid and intentional[16] policy implemented and executed by the State.

The necropolitics' concept confirms the understanding that the State does not deal with different groups in the same way. It also confirms the understanding according to which the constitutional right to live will depend on the group that a person belongs to[17]. The necropolitics' concept is related to the State's measures that promote life and death based on characteristics that rank people, stratifying them among those who should be eliminated and those who may

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live[16]. In a society founded on racism, which is one of the mechanisms of a domination political system, two complementary ideas define modern "forms of subjugation and death"[18](p.146): the supposed existence of both "races" and "inferior" human races[18].

From this perspective, Bento[19] says that death policies have characterized Brazil's history. These are systematic techniques planned and enforced by the State against populations that must disappear[20](p.4).

The black population's health and the silence of the notification forms: a brief contextualization

Historically neglected, the interface between racism and the black population's health has only recently become the object of Collective Health research[21]. Wenerck[10] considers that the lack of data related to race is a sign of how delicate this topic is both in the research fields and in health policies formulations[10].

For instance, in epidemiology, race was not part of the discussions for a long time. It was not present in any official papers. It only began to be included in health information systems around the second half of the 20th century, due to black movement's demands[10,22,23].

Although there is a lack of epidemiological analysis on the topic, some studies on child mortality, deaths from external causes, risk of pregnancy and birth complications, and reduced access and accessibility to health services show that the black population's health conditions have worsened[24]. Meanwhile, the quality of information on death causes of this population is being compromised[12]. Buss and Pellegrini Filho[25] recognize that inequities between people and groups of people in Brazil are strong and self-evident. Health inequities in this country, besides being "systematic and relevant", are, above all, "avoidable, unjust, and unnecessary"[25](p.2).

Among several questions, one is particularly significant: organizations and black movement active participants believe that the applicability of race variables is legitimized because it demystifies the mythology of Brazil being a racial democracy. When we ignore this variable, we jeopardize the investigations of inequities in the Brazilian healthcare system[22]. Although Brazil recognizes the relevance of this information for health policy evaluation, its inclusion in health information systems is new. In order to briefly examine the process that included black people's well-being in health care programs concerning health policies, laws, guidelines and decrees[22,26-29], we created a timeline (Figure 1) of key milestones achieved due to the insertion of ethnic-racial information in the Brazilian health care system secondary data.

As shown in Figure 1, both Decree 992, May 13, 2009 (which establishes the National Health Integrity of Black Population Policy, or PNSIPN) and Decree 344, February 1, 2017, recognize the importance of inserting race/color data in health forms. This information is vital to monitor and evaluate actions established in the Brazilian Statute of Racial Equality, assuring the Brazilian black population equal access to health care system[26-29].

According to the Brazilian Decree 344/2017, filling in the race/color field is mandatory. However, recent studies have shown that most of the health information system forms lack information about race/color[12,30,31]. During the COVID-19 pandemic, epidemiologic vigilance has become one of the foundations of public health policies. It turns data into action[32] which makes such information not neutral (neither is its omission). Therefore, every data informed via official organisms may be only an interpretation made with individual intentions. Also, it is important to say that any research as this one that investigates official data and clarifies intentions, is essential for understanding this structure

As a consequence, it becomes clear that this research is nothing less than necessary.

Methodology

This article is a literature review based on document and scientific literature analysis. Our research question is: considering Brazil's situation during the coronavirus pandemic, how does the absence of the social health determinant, race/color, in epidemiologic analysis highlight the necropolitical mechanism of racism as a producer of health inequities?

We analyzed June 17, 2020, monitoring panels and epidemiologic bulletins from all Brazilian federal states and the Federal District. These are official information available on the state's Health Departments websites and on their virtual platforms created to monitor the pandemic. The analysis aimed at finding race/color determinants in these panels and bulletins.

We searched for epidemiologic bulletins in all Brazilian local government websites and the

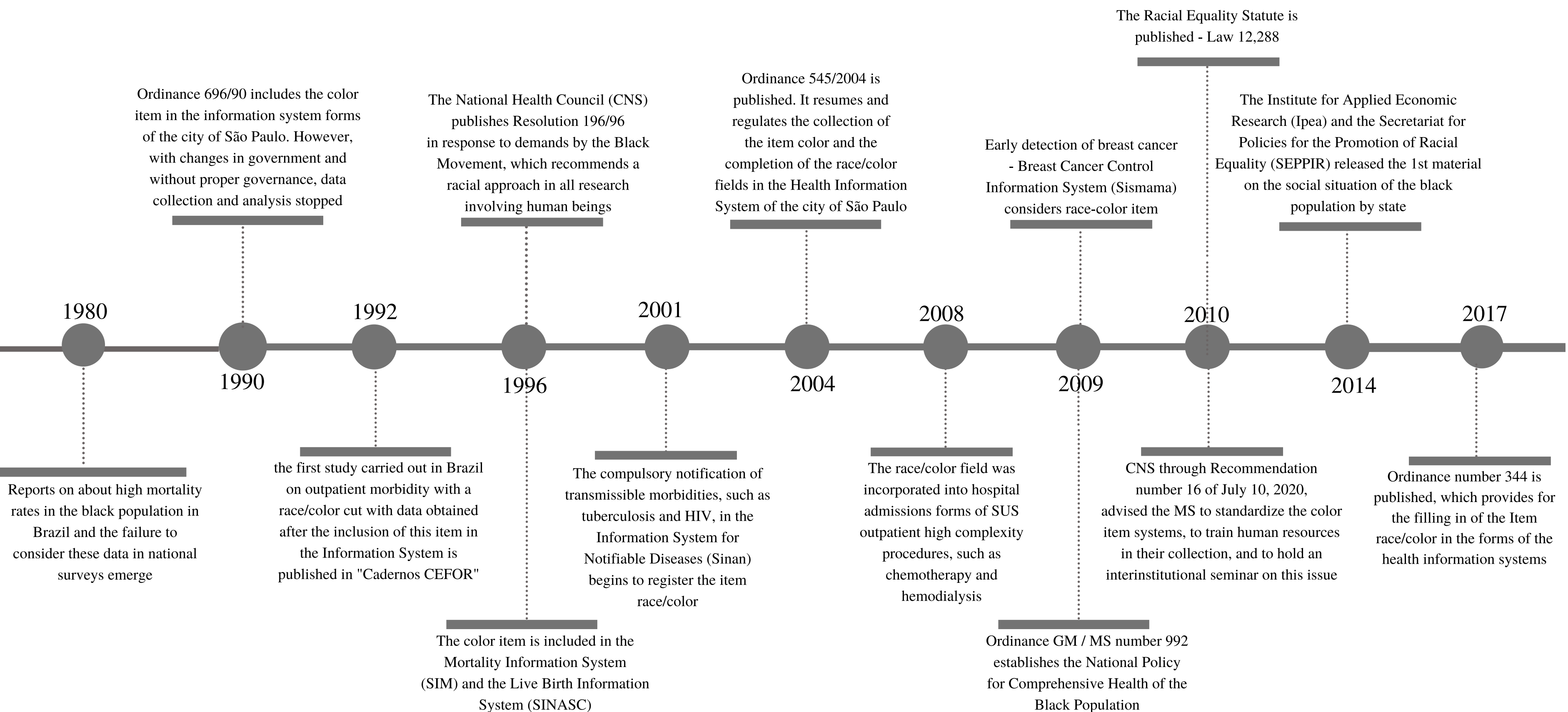

Figure 1. Time line of key milestones of secondary health data with ethnic-racial cut, 1980 - 2017, Brazil.

Source: Own elaboration based on data from UNA-SUS.

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Federal District. We found twenty-seven epidemiologic bulletins until June 17, 2020. We read all the available documents, and we systematized the data we collected. We tried to identify which states used the social determinants related to race/color on at least one of the following analysis categories: confirmed COVID-19 cases; SARS victims hospitalized and later confirmed as COVID-19 cases; and COVID-19 as the cause of death.

To better understand the implications of this health social determinant during the COVID-19 pandemic in Brazil, we conducted a literature review on the Virtual Health Library (BVS), the Scientific Electronic Library Online (SciELO), and PubMed databases. Our search strategy used Health Science Descriptors (DeCs) associated with the boolean operators: "black people AND COVID-19", "racism AND COVID-19", "racism AND coronavirus infections."

We looked for national and international studies (in Portuguese, English, and Spanish) that connected COVID-19 cases and the black population. We excluded replicated studies and studies that did not include the research object. Initially, we found a total of 102 publications. After applying the inclusion and exclusion criteria, we selected nine documents, Figure 2, and after the analysis, we built a summary table. We collected the data between May and July 2020.

Since the data we used was anonymous and available for the general public, according to Ordinance 466/2012 from the National Health Council, the research did not need approval from the Human Research Ethics Committee.

Results and discussion

We analyzed twenty-seven epidemiologic bulletins and monitoring panels on June 17, 2020. Only five (19%) of the twenty-six Brazilian states, and the Federal District, had the race/color variable in at least one of the analyzed categories (confirmed COVID-19 cases; SARS patients who were hospitalized and later confirmed as having COVID-19, and deaths from COVID-19). The five states were: Alagoas, Amapá, Paraná, Rio Grande do Norte, and Rio Grande do Sul (Figure 3). We also analyzed nine articles (Chart 1) that helped us understand the information we gathered from the epidemiologic bulletins.

In individual register sheets of hospitalized SARS cases and in all death certificates issued by the Ministry of Health, the race field is present. In recent years the filling and analysis of this variable have been encouraged in order to provide information that could be used to develop more equitable public policies[32] against the COVID-19 and other diseases. However, there is still a lack of data related to race/color[7,33,34].

The Indicator Panel of the Brazilian Unified Health System (SUS), released in 2016, recognizes the need to fill the race/color field in registration forms and health information systems. These data are important to develop indicators[35]. Nevertheless, some researchers[30,31,36] have pointed out that in several health information systems in Brazil, this field has not been filled in.

Concerning COVID-19, the data collected in Brazil revealed that only five states disclosed information on race/color variables. These five states, however, did not disclose information on the three categories we chose to analyze. Goes et al.[5] studies reported a similar situation in the USA. Only two of the United States fifty states (Kansas and Illinois) released race-related data.

In Brazil, the Technical Committee of Black People's Health (CTSPN)[35], created by the Statute of Racial Equality and by Ordinance 2,629/2014, wanted to include discussions regarding black people's well-being in health surveys. However, the CTSPN distribution map shows that only eleven states, and the Federal District, have such a mechanism. Of the five states that disclosed race/color data, all had such a Committee, except for the state of Alagoas.

The data analyzed from the five Brazilian states showed that the COVID-19 transmission rate among black people is higher in four of them. The exception was the state of Rio Grande do Sul, where 83,2% of its population is self-declared white/caucasian[37]. Regarding mild COVID-19 cases, in the state of Pernambuco, 60,5% of patients were black (non-white) while in the state of Rio Grande do Norte, 39% of patients were black (non-white).

Alagoas and Pernambuco informed that 66,5% and 77,7%, respectively, of all confirmed SARS (from COVID-19) patients were black. In the state of Alagoas, 68% of the patients who died from COVID-19 were black, in Paraná, 66%, in Rio Grande do Norte, 37%, and in Rio Grande do Sul, 5% (Rio Grande do Sul is the only state where most deaths were among white/caucasian people).

Although required, healthcare professionals, in many cases, did not fill in the race/color field (22% in the states of Rio Grande do Norte and Alagoas; 28% in Rio Grande do Sul; and 62,2%

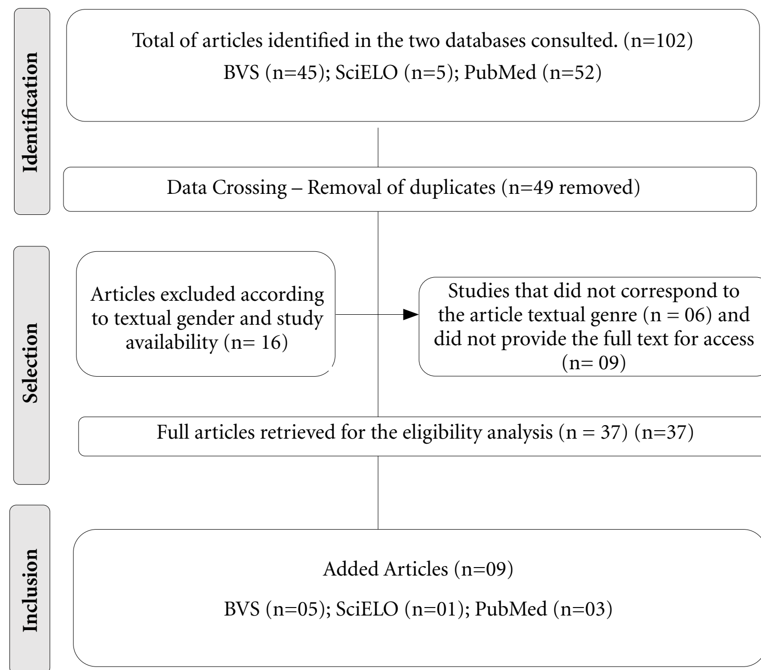

Figure 2. Studies selection process flowchart.

Source: Own elaboration.

in Pernambuco). We observed the same in data regarding deaths, which corroborates with what Laurencin and McClinton's[38] found in the state of Connecticut, USA, where the race/color field was not filled in 55% of the confirmed cases.

The production of statistical data that consider the race/color variable has been mandatory in Brazil for some time, and the challenges to collect these data, regarding race/color, are explicit. Milanezi[39] points out that despite the existence of the item race/color in SUS forms and information systems, we still have to deal with the lack of data and the inefficiency of data crossing.

It is important to say that the high percentage of omissions regarding the race/color variable may jeopardize COVID-19 general analysis, especially in the state of Pernambuco, where omissions exceeded 60% of the total. Melo and Valongueiro[40] highlight that these omissions may mask or distort important information, compromising the understanding of the disease's real magnitude. They also hinder any planning of actions aimed at monitoring and preventing the disease.

According to Milanezi[39], some professionals consciously refuse to fill in the race/color field even after they were told to do so in their training. They even discourage their co-workers to follow local protocols stating that this information is not relevant compared to others. According to these professionals, this is an inconvenient topic to discuss with a patient.

During this study, we observed that the Brazilian Ministry of Health, through the Center for Emergency Operations in Public Health, in the Special Epidemiological Bulletin No. 09 on COVID-19 in Brazil, presented information on the distribution of hospitalizations due to SARS and deaths from the new coronavirus infection by race/color[41]. The omission of the social determinant, race/color, in the epidemiological health analysis may reveal an intention to make invisible those who are most affected by the epidemic. It reflects how the Brazilian government strategies

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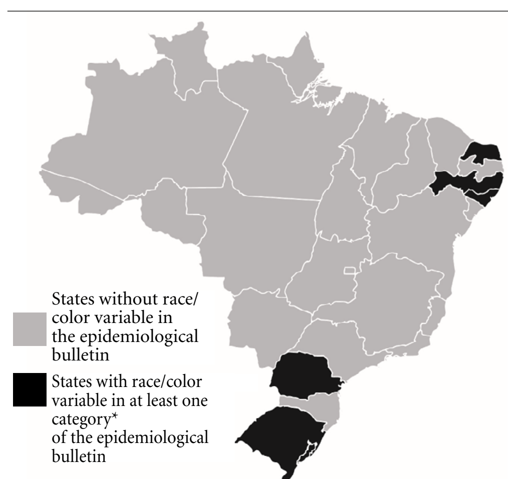

Figure 3. Social determinant race/color in the COVID-19 epidemiological bulletins in the Brazilian states and the Federal District on june 2017.

Source: Own elaboration was based on state epidemiological bulletins.
*Category: confirmed COVID-19 cases, SARS victims hospitalized and later confirmed as COVID-19 cases, and/or COVID-19 as the cause of death.

to fight COVID-19 show total disregard for human life.

Thus, not only public policies that are directly related to healthcare have an impact on the protection of people's lives. Other government actions also end up being responsible for "those who live and those who die." In this sense, genocide – understood here as deliberate extermination – can take different forms. In Brazil, the conditions that subjugate black people create and reproduce a historical framework structured in "unjust social, cultural, and economic processes"[28](p.5). Racism is at the center of these structures, widening the gap of vulnerabilities and allowing non-white people to experience unequal health realities[42].

In order to promote healthcare equity, PNSIPN[28] recognizes the existence "of racism, ethnic-racial inequalities and institutional racism as social health determinants"[28](p.18), Werneck[10] highlights, though, that the PNSIPN policies have not been adequately implemented. When analyzing COVID-19 in the USA, Millet et al.[41] highlight that in order to have a complete notion of the impact of this disease on black populations, a greater number of states must decide to disclose race/color data.

Several studies indicate that comorbidities such as Diabetes Mellitus, Arterial Hypertension, and other chronic health conditions are risk factors that can worsen Sars-CoV-2 infection. Data from National Health Research (PNS in Portuguese) show, for example, that regarding chronic diseases, there is a predominance of Arterial Hypertension (44,2%) and Diabetes Mellitus (12,7%) in non-white people when compared to white people (22,1% and 6,4% respectively). A prevalence that even exceeds the national numbers (21.4% and 6.2%, respectively)[43]. The same data were also verified by Price-Haywood et al.[44], in a retrospective cohort with 3,626 patients with COVID-19 in Louisiana, USA.

In addition to the findings that indicate the prevalence of chronic diseases among non-white people, it is important to highlight that other factors contribute to the development of these pathologies. These factors are also more common among the black population, such as inadequate consumption of fruits and vegetables, and alcohol abuse[45]. These racial differences in the distribution of the diseases and risk factors should not be attributed solely to biological and/or behavioral differences related to race/color. Above all, as Laster Pirtle[46] reminds us, they are consequences of the systemic racism that structure people's lives.

It is also important to highlight that Brazilian Public Defender Offices (Federal and locals), together with representative groups, filed different petitions to Court demanding government officials to fill in the race/color field in health forms and publicize them (Figure 4). According to Laurencin e McClinton[38], representative groups from the USA also filed similar petitions in American courts.

Nidhi Subbaraman[33] and Goes et al.[5] say that in the USA, the Center for Disease Control and Prevention (CDC) also hid the number of deaths and people infected by race and ethnicity. These data only began to be released in late April after public protests from legislators, doctors, and civil rights groups.

The omission of race/color information (and other analysis variables such as gender) from epidemiological surveillance system forms endorses the necropolitical structure that makes black people's deaths invisible. The message is that their lives can be taken at any time without any accountability from the State. In practice, the policies that the Brazilian government creates to face the pandemic ignore the black population. These policies are a necropolitical mechanism of

Chart 1. Articles included according to authors/year, journal/country, type of study, and aspects related to COVID-19.

Author/Year	Title	Periodic/ Country	Genre	Relation to COVID-19
Goes et al. /2020[7]	Desigualdades raciais em saúde e a pandemia da Covid-19	Trabalho, Educação e Saúde/ Brazil	Article	In several locations, the black population represents the majority of COVID-19 cases. However, they are the population that is tested the least and have the highest mortality in general. This data reaffirms how racial inequality and disparity in treatment and access to healthcare harm and segregate the black population.
Del Pino and Camacho /2020[35]	Consideraciones relativas a los pueblos indígenas, afrodescendientes y otros grupos étnicos durante la pandemia de la COVID-19	Pan American Health Organization / WHO	Article	Black and indigenous communities need specific approaches regarding prevention and access to information related to the COVID-19. It is necessary to adapt the information to their culture and use their language and other communication strategies to raise awareness effectively.
Singh et al./2020[50]	Time for a culture change: understanding and reducing risk, morbidity and mortality from COVID-19 in those of black and minority ethnicity.	British Journal of Hospital Medicine/UK	Editorial	It is necessary to intensify the attention to the group that works to fight the virus. It is also important to conduct independent surveys on health and socioeconomic inequalities to assess how this dissimilarity affects the black population.
Subbaraman /2020[34]	How to address the coronavirus's outsized toll on people of colour.	Nature/United States	Article	It shows how COVID-19 affects black people in the United States disproportionately and highlights measures to help mitigate inequalities. Among these measures, the need to improve data on the incidence of the disease, test people and communities at risk, and build relationships with these communities so that trials for COVID-19 treatments and vaccines include people from all ethnic and racial groups.
Laurencin and McClinton /2020[38]	The COVID-19 Pandemic: a Call to Action to Identify and Address Racial and Ethnic Disparities.	J. Racial and Ethnic Health Disparities/ United States	Article	It is necessary to implement health access programs so that specific measures meet the needs of each populational group. Testing different groups and the publication of tables and information regarding ethnicities and races result in more effective actions against the pandemic.
Devakumar et al./2020[49]	Racism and discrimination in COVID-19 responses.	The Lancet/ Spain	Letter	There is no genetic determination that makes certain racial groups more susceptible to COVID-19 than others. This difference is due to factors related to housing and health. The highest incidence of COVID-19 in black Connecticut residents occurs due to their housing conditions

it continues

Chart 1. Articles included according to authors/year, journal/country, type of study, and aspects related to COVID-19.

Author/Year	Title	Periodic/ Country	Genre	Relation to COVID-19
Millett et al./2020[42]	Assessing differential impacts of COVID-19 on black communities	Annals of Epidemiology/ United States	Article	About 90% of the cities in the USA with an African-American black majority reported COVID-19 cases, and 49% of them reported deaths. When adjusting the data according to age group, income, comorbidities, and duration of the pandemic, it was evident that the municipalities with a majority African-American population registered more cases (Rate Ratio (RR): 1.24, confidence interval of 95%: 1.17-1.33) and deaths (RR: 1.18, 95% confidence interval: 1.00-1.40). Social conditions, structural racism, and other factors increase the risk of COVID-19 diagnoses and deaths in black communities.
Poteat et al./2020[48]	Understanding COVID-19 risks and vulnerabilities among black communities in America: the lethal force of syndemics	Annals of Epidemiolo/ United States	Article	It points out that the COVID-19 pandemic and the other negative impacts that emerge because of it are more dangerous to the African-American population. It presents the syndemic theory to support the understanding of how epidemics expose unequal health conditions and social disparities based on racism and its manifestations, exposing black people to a greater COVID-19 lethality.
Laster Pirtle/2020[46]	Racial Capitalism: A Fundamental Cause of Novel Coronavirus (COVID-19) Pandemic Inequities in the United States	Health Educ Behav/United States	Article	They state that racial capitalism is a fundamental cause of racial and socioeconomic inequalities within the USA's new coronavirus pandemic. It happens because the inequities evidenced by COVID-19 negatively influence health prognoses. They increase risk factors for the poor, the black population, the homeless, and also increase medical prejudice. Therefore, all interventions must address social inequality to achieve health equity in all pandemics.

Source: Own elaboration.

structural and institutionalized racism. In this sense, racism, as Mbembe[47] highlights:

[…] is the engine of the necropolitical principle. It is, above all, a technology that focus on allowing the exercise of biopower, in other words, the right of death. In the economy of biopower, racism works as a regulator of the distribution of death and it also allows the murderous functions of the State[47](p.18).

This type of omission is a distinctive feature of racism. It only confirms the myths that Brazil is a racial democracy and a country characterized by cordiality. To omit race and color from health forms is an attempt to hide the reality set before society's eyes: racial inequalities base the decision of who must die. The Criminal System that incarcerates, the police violence that annihilates, the public health system that ignores the deaths of black people, these are all symptoms of widespread institutional racism. The necropolitics found fertile ground in Brazil.

Poteat et al.[48] point out that concerning COVID-19, "we are not at the same risk. Like many others, this is a racialized disease"[48](p.3).

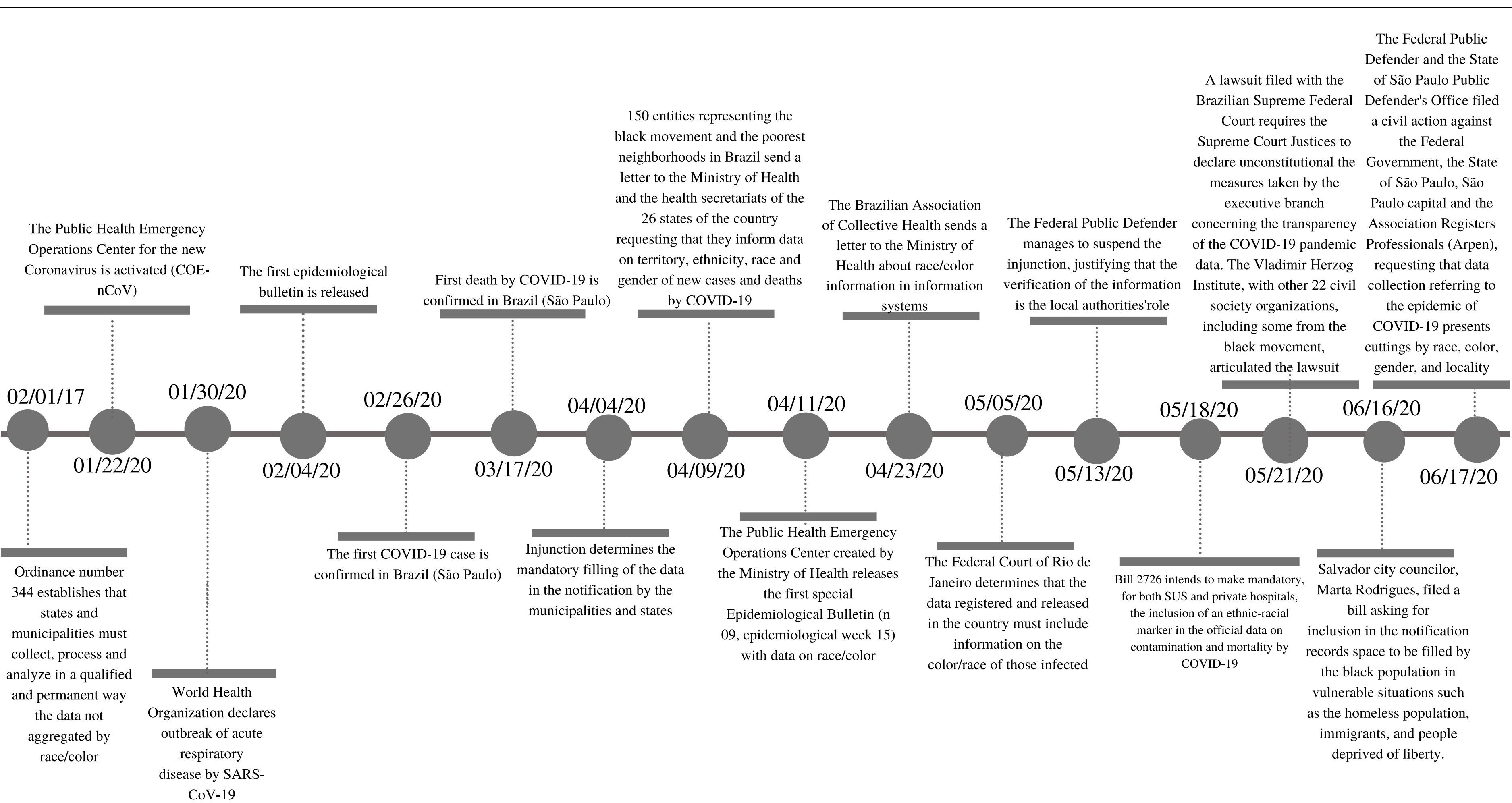

Figure 4. COVID-19 Timeline and the lawsuits filed by Brazilian entities against the State demanding the disclosure of epidemiological data not aggregated by race/color until June 2017, 2020.

Source: Own elaboration based on consultations on Internet websites and data from the Ministry of Health.

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As in the USA, structural racism in Brazil is located at the beginning of a cycle that culminates in the State's neglect.

The idea that the same size fits all, in other words, that the adoption of equal measures for an unequal society puts the health of the most vulnerable at-risk (black people, homeless people, LGBTQI+ population, and incarcerated people)[49]. In this sense, the World Health Organization and the Pan American Health Organization (PAHO) recommend that governments develop social participation environments and build strategic alliances with the most vulnerable ethnic groups, ensuring their participation in the development and elaboration of actions to fight COVID-19[34].

It is important to highlight that this article has some limitations, mainly because of the lack of data related to the pandemic and the health of the black population. The incipient amount of studies[2] related to the State's omission regarding such data and necropolitics also limited this study. Furthermore, the time elapsed between the collection of the data and their publication is so long that by the time they are read, they no longer represent reality.

Final considerations

Most of the articles that were part of this review were qualitative studies published in public health journals, predominantly in the year 2020. The surveys that the authors[2,5] conducted are complementary and converge with the data found in the analysis of epidemiological bulletins that the Brazilian states disclosed. Preliminary analysis of epidemiological bulletins of the states that released race/color data already shows that the highest number of SARS hospitalizations and deaths by COVID-19 are of black people.

It is recognized, as already presented in the discussion of this study, that the conclusions presented are limited due to the lack of data, in the Brazilian context, on race/color in the epidemiological bulletins and the high percentage of incompleteness presented by the states that disaggregate by race/color.

Racism and social inequalities are barriers to equal access to basic services. However, according to Singh et al.[50], the actions necessary to mitigate those problems, despite being well known, are not taken. It reveals the necropolitical character of power, which operates through the reversal between life and death[51].

When the State omits race/color data, it denies basic and fundamental rights. This omission characterizes the racist and obscurantist structure that underpins policies against COVID-19 in Brazil. It also brings the necropolitics discussion to the center of the debate. Meanwhile, the pandemic is spreading, and the number of deaths is growing. These are deaths that have been "silenced, trivialized, naturalized, and that have been happening with consent"[42](p.12).

Finally, race/color data is a valuable tool for developing racial inequality indicators during the pandemic. Access to tests has been a privilege (and not a right), and the numbers point to greater morbimortality in the black population[2,5]. Such data should be made available not only by epidemiological surveillance centers but also by public policymakers. At the same time, it is essential to develop quanti-qualitative studies seeking to deepen such analyses and broaden the understanding of necropolitical mechanisms in racial control, especially during the COVID-19 pandemic, a time of extreme vulnerability.

Collaborations

All authors contributed substantially in the design and planning of the study, in obtaining, analyzing and/or interpreting the data, as well as in the writing and/or critical review and approved the final version to be published.

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