

Drug cartels respond to the pandemic

O tráfico de drogas responde à pandemia

El narcotráfico responde a la pandemia

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Abstract

More than 13.6 million Brazilians live in large poor communities known as *favelas*. Historically, these territories suffer due to social rights insufficiency and violent conflicts orchestrated by the police and the drug cartels. In this context, the dismantling of the public health care system and denialism of the pandemic by the federal government increases the vulnerability within the favelas during the COVID-19 crisis. Although the federal government failed to take up measures to control the transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), a criminal organization that dominates the trafficking of drugs in several Brazilian favelas, known as *Comando Vermelho*, instead dictated those protective actions. This study aimed to discuss the ethical aspects of the relationship between primary health care professionals and the drug cartels in order to promote health care in the favelas.

Keywords: Coronavirus infections; Ethics, professional; Health policy; Primary health care; Poverty areas.

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Resumo

Mais de 13,6 milhões de brasileiros vivem em grandes comunidades empobrecidas, conhecidas como favelas. Historicamente, esses territórios sofrem com a insuficiência de direitos sociais e com conflitos violentos orquestrados pela polícia e pelo tráfico de drogas. Nesse contexto, o desmonte do sistema público de saúde e a negação da pandemia pelo governo federal aumentam a vulnerabilidade das favelas durante a crise da COVID-19. Apesar da negligência do governo federal em instalar medidas para conter a transmissão do SARS-Cov-2, uma organização criminosa que domina o tráfico de drogas em várias favelas brasileiras, o Comando Vermelho, impôs certas ações protetivas. Discutimos os aspectos éticos da colaboração entre os profissionais da Atenção Primária e o comando do tráfico de drogas para promover a saúde nas favelas.

Palavras-chave: Infecções por Coronavírus; Ética profissional; Política de saúde; Atenção primária à saúde, Áreas de pobreza.

Resumen

Más de 13,6 millones de brasileños viven en grandes comunidades pobres conocidas como *favelas*. Históricamente, estos territorios han sufrido la insuficiencia de derechos sociales y conflictos violentos orquestados por la policía y el narcotráfico. En este contexto, el desmantelamiento del sistema de salud pública y la negación de la pandemia por parte del gobierno federal aumentan la vulnerabilidad de las favelas durante la crisis de COVID-19. Aunque el gobierno federal no haya implementado medidas para contener la transmisión del SARS-Cov-2, una organización criminal que domina el tráfico de drogas en varias favelas brasileñas, conocida como *Comando Vermelho*, dictó las acciones de protección. Discutimos los aspectos éticos de la colaboración entre los profesionales de la Atención Primaria y los cárteles para promover salud en las favelas.

Palabras clave: Infecciones por coronavirus; Ética profesional; Política de salud; Atención Primaria de Salud, Áreas de pobreza.

MAIN TEXT

In Brazil, large urban communities with high rates of poverty are known as *favelas*, in which over 13.6 million Brazilians have witnessed the inception of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic and its continuous growth. The municipality of Rio de Janeiro has the highest concentration of these densely populated areas, totaling more than 1,000 communities and 1.4 million inhabitants, representing one-fifth of the city population.^{1,2} Despite known underreporting, as of September 2021, around 97,000 cases of COVID-19 were reported from Rio's favelas, including approximately 7,000 deaths.³

The impact of the global pandemic on *favelas* is likely to differ from other communities, given the differences in social and job security. Considering only 17% of the favelas' population works under a formal contract and 26% are unemployed, three out of four families claim that in at least 1 day during the pandemic they lacked money to buy food. Although the national government provided emergency aid, more than 40% of applicants went without receiving the needed aid. Furthermore, school closures made it difficult for 8 out of 10 families with children to obtain an income.⁴

In these packed communities, the prevalence of tuberculosis, scabies, and sexually transmitted infection is high. The public water system does not reach many households,^{5,6} nor do garbage trucks, ambulances, or firefighters. Violence is a frequent cause of death: in the outskirts of the *favelas*, the homicide rate can reach 129 per 100,000 inhabitants,⁷ affecting even children.⁸ Governmental violence, both due to police oppression and insufficiency of social rights, is partially responsible for early death in these areas; for example, the life expectancy index between the *favela* of Rocinha and neighboring rich Leblon stands in stark contrast (63 years vs. 80 years). Due to the neglect of public institutions, organized criminal groups occupy these spaces, dictating their own laws and developing illegal economic activities, including drug trafficking.

The situation of the public health care system in the city of Rio de Janeiro is also not encouraging. Only half of the population is covered by primary health care (PHC) teams, with a high vacancy of family

physicians.⁹ Alarming, in recent years, the city government has taken political decisions to dismantle the Unified Public Health System (SUS), thus reducing the number of PHC professionals, as well as their salaries. For the municipality population, the number of available adult intensive care unit beds is 0.74 per 10,000 inhabitants in the SUS and 3.3 per 10,000 in the private health care system.^{2,10} Importantly, in the state of Rio de Janeiro, around 70% of the residents depend exclusively on the public health care system.^{2,11} In the face of the SARS-CoV-2 pandemic, it is expected that this unjust distribution of health care resources will further deepen the chronic inequality. Lastly, 1.5 years into the pandemic, the physical and mental exhaustion of health care professionals is evident, especially for community health agents who are very often inhabitants of their own practicing community.¹²

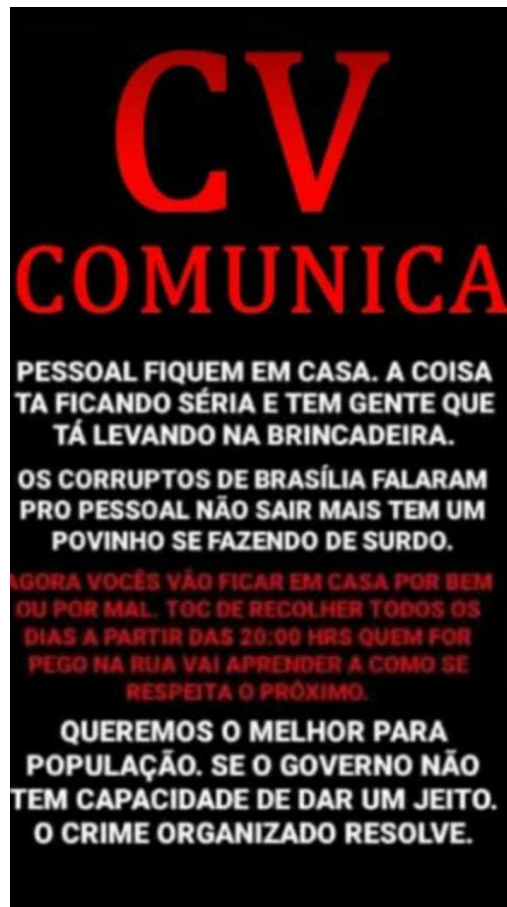
Across the globe, countries provide different government responses to the COVID-19 crisis, from large-scale testing and vaccination to disease denial. In Brazil, with the fifth largest population in the world (210 million people), President Jair Bolsonaro demonstrates the most serious case of denialism among world leaders, minimizing the disease to “the sniffles,” participating in crowded demonstrations, and influencing people to continue their work in a normal manner. Alarming, several judicial interventions were necessary to prevent the President from dismantling political measures that slow the spread of the virus. Bolsonaro’s actions create a vacuum that calls upon governors and mayors to take the reins of public policies in order to control the pandemic.

In the *favelas*, the public service gaps are deeper due to the historical neglect of governmental institutions. Worsening, the government enters the *favelas*, through the police, killing residents by unsuccessfully “fighting” drug cartels.⁸ These criminal organizations, besides maintaining themselves, regulate the subtleties of everyday life in communities, including gas for cooking, TV channels subscription, transport system (motorcycle taxis and vans), death certificates on weekends, commercial centers, and penalties for crimes committed within the territory. Everything is under the control of the drug cartels.

In mid-March 2020, *Comando Vermelho*, a criminal organization that dominates several *favelas* in the country, dictated measures to try in order to control the pandemic after criticizing the absence of government actions for this purpose (Figure 1). To that extent, pamphlets, audio recordings, and WhatsApp messages announced a 20:00 curfew, thus also banning *bailes funk* (famous local night parties). To further promote social isolation, additional restrictions were applied for commercial functioning and the presence of children on the streets. Promises of physical punishment were given to those who would not follow these orders. In late April 2020, the same criminal organization obligated residents to wear facial masks in an attempt to halt the ongoing spread of the virus (Figure 2). Overall, the relationship between the population and the cartels is marked by fear, and there is a trend toward submission and silence.^{13,14}

In contrast, this same cartel distributes food, water, and cleaning products to families that have had their income sharply reduced. This conflicting approach is not only remote to Brazilian cartels but also implemented by those who rule urban peripheries of Mexico, Colombia, and El Salvador.¹⁵ In this scenario, criminal organizations present their ambivalence in the communities, sometimes oppressive, sometimes protective, blurring the boundaries between benevolence and harmfulness.

Although necessary to a degree, social isolation is a privilege because it depends on having access to adequate accommodation with basic needs such as food, electricity, and water. The COVID-19 pandemic and quarantine measures in *favelas* inflame profound preexisting problems such as child malnutrition, which tends to increase after closure of schools: places where many children have the only meal of the day. To reduce these impacts, non-governmental organizations, religious institutions, and organized



Translation:

Comando Vermelho:

“People, stay at home. This thing is getting serious and there are people not taking it seriously. The corrupted from Brasilia told people not to leave the house, but some are acting like they are deaf.

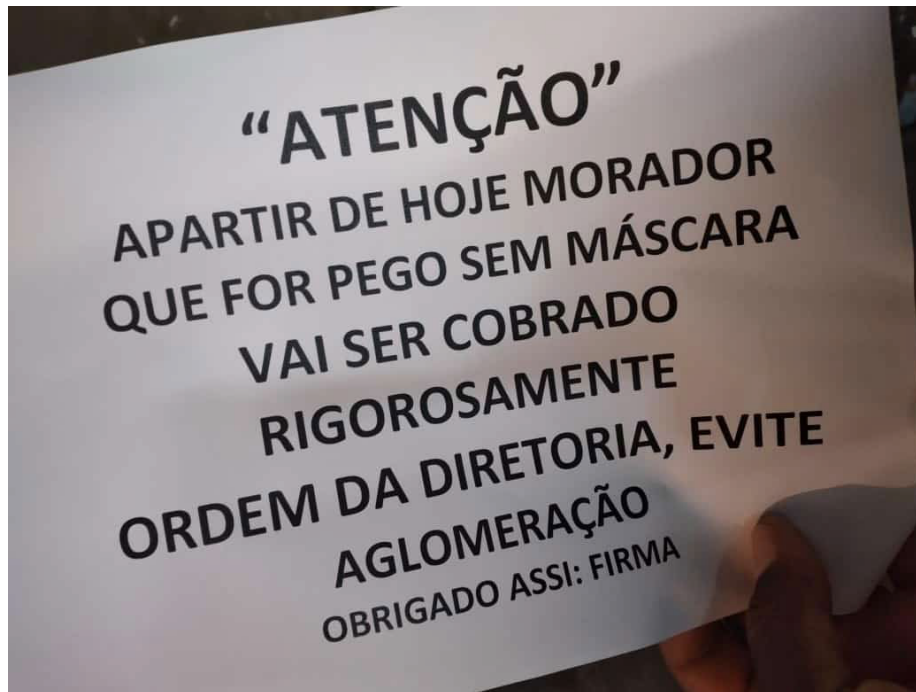
Now, you are going to stay at home for good or for worse. There is a daily curfew after 20:00, and everyone who is seen after that time will learn how to respect the others.

We want the best for the population. If the government does not have the capacity to solve it, organized crime will.”

Figure 1. WhatsApp message sent in mid-March by the criminal organization *Comando Vermelho* notifying local residents of curfew restrictions.

civil society are also playing an important role, by donating cleaning products and food to residents and producing audiovisual materials to fight fake news, disseminate guidelines to access emergency aid, and advice on dealing with mental suffering and water shortages.¹⁶⁻¹⁸

Given this context, from an epidemiological perspective, *favelas* need to be protected not only due to population density but also due to high social vulnerability, in view of equity, a key principle of the SUS. However, when protective measures are more guided by criminal organizations than the government itself, we question whether the former have greater humanitarian concern than the latter. Furthermore, as these preventive actions are led by the cartels, who influences their policy? Could the PHC workers discuss strategies with the drug cartels to promote health care in these territories, influencing their decisions?



Translation:

“Attention. From today, inhabitants who are seen without masks will be charged rigorously. By order from the directory, avoid agglomerations. Thank you, signed: the firm.”

Figure 2. Message distributed in late April by the criminal organization *Comando Vermelho* notifying local residents of further COVID-19 measures.

Acknowledging the established relationship between drug cartels, civil society, and public institutions and considering community orientation as an attribute of PHC, it is suitable for PHC personnel to consider dialogue with local criminal organizations in order to minimize the crisis damage and reinforce the ethical primacy of social justice. Toward that effort, important initial considerations are the care model that PHC teams are utilizing, as well as their degree of community approach. In Rio, the high number of PHC teams that work in *favelas* implement a range of different care and access models in each Basic Health Unit (BHU). Therefore, we expect community-oriented care to be more common when there are family physicians and family nurse practitioners working in the BHUs, especially when those BHUs include residency programs. The lack of residency-trained physicians and nurses throughout many of Rio’s BHUs is possibly a barrier for the practice of community-oriented care even in usual circumstances, let alone in the COVID-19 pandemic or in situations that involve direct contact with groups outside the range of institutional action.

To evaluate the interaction between the PHC teams and the drug cartels, it is, therefore, desirable to begin with a community-oriented diagnosis in order to assess the presence of community leaders or local institutions that interact with both actors and could mediate this dialogue. To further facilitate dialogues, expected competencies of community-oriented professionals working in PHC are to:

1. understand the power relations within the community,
2. recognize the role of each political agent, and
3. communicate with these actors.

For each territory, these actions enable health care teams to better play their catalytic role and instigate actions that could improve the well-being of the population.

Considering social justice as our primary ethical guideline, we need to think beyond the ethical implications of this cooperation, urgently fostering action that both decreases harm in the short term and contributes to a better future for *favela* inhabitants in a post-COVID-19 world.

CONFLICTS OF INTEREST

Nothing to declare.

AUTHORS' CONTRIBUTION:

LSR: Conceptualization, Writing – original draft, Writing – review & editing. DMG: Writing – review & editing. MPB: Conceptualization; Writing – review & editing. JG: Conceptualization, Writing – review & editing.

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