

The Breakdown of Cooperative Federalism: Brazil's Response to the COVID-19 Pandemic

Valesca Lima and José de Arimatéia da Cruz

Introduction

Since the outset of the COVID-19 pandemic, countries have implemented health strategies to prevent the further spread of the virus, requiring each one of them to respond with multiple efforts to prevent illness and death. While some national governments actively followed the World Health Organization (WHO) recommendations, most jurisdictions adopted some level of control on the outcomes of the pandemic, even if it took a while for countries to find their foot and somewhat control the situation. But, tragically, for the 194,976¹ people who died in Brazil as a consequence of the virus by the end of 2020, the country's response to the pandemic has been one of horror and neglect. This makes Brazil the second country with the second highest number of cases of COVID-19 after the United States, as the country became a global epicentre for the COVID-19 pandemic rate of infection and deaths. This chapter examines the Brazilian government responses to the health crisis, covering the first year of the pandemic.

The spread of the coronavirus pandemic raises questions about States capacity in crisis management. Despite its continental proportions and large population, Brazil's policy capacity is high, even if facing several policy implementation challenges. The country has one of the most substantial public infrastructures in the world, including free universal healthcare, universal primary education, a comprehensive cash transfer program, mass social housing, and decentralisation of several public services (Paim et al., 2011; Loureiro et al., 2020; Tikkanen, 2020). The health structure, in particular, has performed relatively well in previous epidemics, such as Zika, Chikungunya, and flu (Teixeira et al., 2018), but it has not been able to respond to the COVID-19 public health emergency. Conversely, to its high capacity, inclusion and political trust are low. First, because Brazil has a strong concentration of power in the hands of the executive (presidential system) and weak inclusion of social actors in policymaking, which leads to poor mediation. Second, Brazil has historically low levels of institutional trust (Rennó et al., 2011). The high levels of perceived corruption undermine the credibility of Brazilian institutions and may have significantly increased distrust in government over the years (Avritzer and Rennó, 2021).

The failed response to COVID-19 pandemic is not only due to the lack of adoption of the health protocols established by the WHO. Brazil's disastrous approach incentivized the spread of COVID-19 among its own population with an anti-science-based approach to combat COVID-19, poor management, confusing public statements, and a very adversarial approach to the media. Despite the country's well-respected publicly funded health care system, the *Sistema Único de Saúde* (SUS, Unified Health System), the Federal administration led by President Bolsonaro failed to take the proper actions necessary to address the pandemic. In his anti-science and hubris approach, Bolsonaro downplayed the disease when it first arrived in Brazil, calling it a "gripezinha" ("light flu"). He openly

discouraged social distancing, downplayed the threat posed by the virus, ridiculed public health officials' concerns, railed against lockdowns, presented falsehoods, therefore undermining subnational public health policy and delegitimizing health specialists in his own administration.

But how one person alone was able to cause this level of undemocratic response to the pandemic paired with political and social disruption? Bolsonaro was certainly the face of the coronavirus-denial movement worldwide, and as populist leader in a power-concentrating regime, Bolsonaro was able to exert the strategies and deeds of populism. With a strong cult of personality (his supporters call him “mito” or “legend”) and an anti-establishment and patriotic discourse, he has stretched the rule of law to its limits and opened a pathway to an institutional reform without mediation or institutional balances and checks. His political influence in the pandemic comes from the manipulation of the cooperative model of federalism adopted in the country, which Bolsonaro has systematically undermined and tried to turn it into hierarchical mode with less funding, less policy articulation, and even less political negotiation. His push for a Dual Federalism model led to a centrifugal COVID-19 policy approach and great levels of conflict and incoordination with subnational administrations. In this chapter, I argue that (a) the Federal administration systematically promoted the spread of the virus and (b) even if Bolsonaro has deliberately harmed the responses to the pandemic by dismembering the federative pact, cooperative federalism has been upheld by the Supreme Federal Court (STF), and as a consequence, new subnational actors have emerged from this process to reinforce previous policy styles that work. I use a historical–institutional analysis to examine how Bolsonaro’s government influenced policy responses to the pandemic via the “Dual Federalism” or in the Brazilian case, “Bolsonaro’s federalism” (Abrucio et al., 2020; Censon and Barcelos, 2020), a concept that entails the disengagement of the Federal Government with states and municipalities, devolution of power, and more responsibilities for subnational administration.

We make use of official documents published by the Brazilian Federal Government, states, and municipalities; public statements by Bolsonaro and health officials; scientific reports and documents produced by national health and research organizations, such as the University of São Paulo (USP) and the WHO, to sustain my analysis. Together, these documents provide the evidence needed for an examination of change in policy style in the past decades and also to analyze the overall government’s response to the pandemic.

This chapter is organized as follows: the next section addresses the way Dual Federalism has been slowly unfolding, and it is now a fully fledged model under implementation clashing with the federal cooperative model. I then move to analyze how “Bolsonaro’s federalism” was implemented, the conflicts it caused, and the consequences of its implementation. I continue to examine the conditions that allowed this to happen in a context of low political trust. Finally, in the conclusion, I reflected on the changes of policy styles over time and on the new subnational leadership actors that emerged from the health crisis and future research.

Federalism and Policymaking—Dualism in the Brazil’s

COVID Response Leading to Low Trust

The re-emergence of debates on state capacity for public policy amid a global health crisis is justified by its practical importance in implementing social and health protection policies, saving lives, sustain development, and lasting consequences of the pandemic. Once again, States established themselves as the main actors in charge of dealing with the pandemic, mobilizing national sentiments on a large scale. The intervening state was claimed even by the neoliberals (Bringel and Pleyers, 2020, p. 17). While it is well-know by now that the political response to the pandemic varied according to institutional capacity, the autonomy of the political actors implicated—and even according to the effective belief in the deadliness of the virus (Schaefer et al., 2020), Brazil's misguided and uncoordinated response to the COVID-19 pandemic went against the expected policy style of early intervention and national coordination observed in previous health crisis (Teixeira et al., 2018). The problem now, as emerging research has started to highlight, is largely due to intragovernmental conflicts, originating from a clash between two models of cooperative federalism or dual federalism (Censon and Barcelos, 2020; Schaefer et al., 2020).

According to Pierson (1995), there are two primary forms of federalism that impacts public policies, the dual and cooperative models. Dual federalism is based on hierarchy, modeled from top-bottom, where each federation member has strong autonomy over different areas to prevent the centralization of power. Federative coordination would be only contingent and circumstantial and detrimental to efficient decision-making and resource allocation (Abrucio et al., 2020). Among the countries organized under a federative model, the US epitomized the case of dual federalism. In turn, the cooperative federal model shares authority and combines it with subnational autonomy and national coordination, blending both centralized (e.g. economic decisions) and decentralized actions (e.g. policy implementation). Cooperation often involves citizen inclusion via participation in policymaking, often intergovernmental forums, such as local policy councils, participatory budget, and mini-publics, that can lessen or even thwart unilateral decisions (Gaventa, 2006, Lima, 2019; Schnabel, 2015), including the possibilities of states and municipalities strive for their own economic and social development (Ribeiro, 2018).

In its history, Brazil has experienced those two models. Cooperative federalism was adopted after the 1930 Revolution that seized power from the First republic, but the Getúlio Vargas Administration deformed it into a centralism that snatched the autonomy of member states. With the 1937 Constitution, centralization was back, and member states were required to reproduce the rules defined by the Union (Ribeiro, 2018). This pattern centralization remained during the military regime (1964–1985). In the re-democratization process, intergovernmental relations changed, starting from the decline of authoritarian rule and culminating in the new 1988 Constitution, when Brazil returned to a cooperative federalism after years of institutional darkness under the military dictatorship.

As a cooperative federation, Brazil's institutional design centered on intergovernmental coordination, in which the authority of the Union is combined with subnational autonomy for countrywide coordination in various areas, including the elaboration and implementation of public and social policy. In this approach, coordination became imperative, and that is the "spirit" of the 1988 Brazilian Federal Constitution, where despite subnational governments being autonomous, they still need federal policy coordination (Censon and Barcelos, 2020). Institutional design and policy styles are not a fixed feature, but are contingent on the correlation of political forces at a given historical–conjunctural moment and on the political

and economic context in which public policies are introduced (Loureiro et al., 2020). Since re-democratization, all Federal administrations have respected the constitutional perspective of cooperation. While right-wing presidents Collor de Mello and Fernando's overall policy agenda focused on increasing state capacity via international investments, open economy, and established a few national policy councils, the left-leaning Workers Party focused on a mix of social policies to fight poverty to improve the life conditions of the poor, with the creation of several structural of citizen participation, welfare programs, and neo-developmentalism political economy based on commodities cycle.

Decentralization was very much increased during the Workers' party administration (2003–2016), which included the progressive construction of state and municipality capacities in several policy areas. But, from 2014, Brazil undergone dramatic waves of turbulence and instability, with election results questioned, the impeachment process of Dilma Rousseff, and continuous and recurrent episodes of political crisis coupled with the most serious economic recession in Brazilian history (Avritez and Rennó, 2021, p. 12). It is in this context of intense political, economic, and social deterioration that a right-wing extremist, Jair Bolsonaro, got elected. With an antidemocratic, militarist, and openly conservative agenda, the current president has strived for democratic destabilization, as he has consistently attacked democratic institutions, championed authoritarianism, threatened political opponents with violence, and encouraged right-wing radicalism among his supporter base. Thus, the pandemic coincides with a crisis of democracy, further exacerbating the process of authoritarianism and blame game put forward as the Federal administration concretely attempts to change federalism and consequently policymaking style in the country.

Bolsonaro's federalism (Abrucio et al., 2020) is guided by a heavily centralized and hierarchical vision on issues with a national and dualistic impact on intergovernmental relations, which decreases the federal government's stake in mitigating territorial inequalities and assisting subnational governments. In practice, it is characterized by a trickle-down approach in which there is less federal involvement in Brazil's public policy, clearly highlighted in his slogan "Mais Brasil, Menos Brasília" (direct translation, "More Brazil, Less Brasilia," Brasilia is where the seat of the government is located). In other words, it means less federal involvement in public policy.

According to Abrucio et al. (2020, p. 669), Bolsonaro's federalism is based on three pillars. First, Bolsonaro's federalism advocates for a devolution of responsibilities from the Federal Government to local government without funding or assistance, including drastic funding reduction. Second, Bolsonaro's federalism reinforces dualism through an autocratic concentration of decisions that affect subnational entities, leaving hardly any room for dialogue, negotiation, or participation of states in federal programs. Third, Bolsonaro's federalism is a carbon copy of former president Trump's policy during his administration in which intergovernmental confrontation and the struggle against real or imagined adversaries are continuous. Furthermore, the persistent attack against perceived enemies feeds the rhetoric of war that stir up his supporters and stamp out an anti-system position against "tudo que está aí" ("everything out there"), as the Bolsonaro frequently says. The greatest among these perceived enemies are the institutions themselves and their respective leadership since the Bolsonarist approach to presidentialism repudiates institutional negotiation and the checks and balances of the Brazilian state, including federalism (Abrucio et al., 2020, p. 699).

The two forms of federalism exist in parallel to each other and often in conflict over who has power and who does not. That is, the Federal administration is trying to change the rules of the game and therefore purposely feeding low trust in government responses. Translated into practice, the administration made clear that it would not act decisively on the pandemic, as it claimed it was the responsibility of subnational governments to act.

The devolution of social policy is a key strategy in Bolsonaro's government, as the president has consistently challenged the cooperative approach. This shifting of responsibilities has helped the president to avoid blame for the disastrous pandemic response, as he places the blame for its erratic response to the COVID-19 on governors and mayors, without taking any responsibility for the several mistakes that occurred. This misguided reorientation of policies, priorities, and funding has directly impacted the pandemic response, as Bolsonaro's discourse has been largely accepted by a relatively big part of the population that distrust the political class. Furthermore, the economic downturn caused by the COVID-19 pandemic has also contributed to the undermining of the population's confidence in some Brazil's political and civil institutions.

Brazil's COVID-19 Response—Breaking Away with Previous Policy Style and Misalign of Critical Policy Steps

Three types of evidence support the argument that Bolsonaro's administration purposefully broke away from the previous policy styles of federal cooperation by undermining public health advice. Here, I explore a set of acts and omissions related to the Federal's administration strategy of obstructing preventive behaviour. This involves government acts and statements to obstruct subnational government endeavors to manage the pandemic, federal normative acts, including inadequate, delayed legislation, and presidential vetoes; and propaganda against public health (Ventura et al., 2021). The confluence of those acts led to the rapid spread of the virus.

Government Acts

On February 25, 2020, Brazil's public health officials announced that Latin America had its first COVID-19 case, when a man resident in São Paulo arrived from Italy and tested positive for the virus. A month later, all 26 states plus the Federal District reported COVID-19 cases. Lacking a national contingency plan to curb the spread of the virus, the pandemic triggered a variety of responses. State and municipal officials pushed forward with their own plans as a persistent political divide took form. Between March 12 and March 21, nearly all state governors mobilized to install health policies according to WHO's international guidelines. Through a declaration of a state of emergency on their own, local officials installed varying levels of closures and restrictions on schools, intercity public transportation, shops, bars, large social events, parks, and beaches. On March 20, Brazil's federal government declared a countrywide state of emergency which lifted expenditure ceilings with newfound funding routed into a special pandemic war budget (IMF, 2020; Paraguassu and Eisenhammer, 2020). By March 19, 2020, land borders were partially closed, while incoming foreigners traveling by air were banned on March 30 (Salcedo et al., 2020). But this only lasted for a short while as the administration started to challenge the constitutionality of lockdowns and travel bans in the Courts.

Since the outset of the pandemic, Bolsonaro's administration defended the theory of "herd immunity," in line with its policy of non-intervention and little responsibility. The theory of herd (or collective) immunity spreading is the belief that the "natural immunity" can be the result of the virus infection and would protect individuals and lead to the control of the pandemic. This theory is not confirmed scientifically, but it did not prevent the world leaders from trying to implement it, such as Boris Johnson in the UK (see Chapter 9). The WHO does not endorse this approach. Herd immunity is a concept only achievable through vaccination, not by exposing people to the pathogen that causes the disease (WHO, 2020). Nevertheless, the government was both openly pursuing a strategy of promoting the spread of COVID-19 under the misguided theory despite the clear guidelines from WHO. In the state of Amazon, in the North of the country, the health system collapsed due to the extremely high number of cases by a new highly contagious variant borne out in that location. The result was a massive death toll of gigantic proportions occasioned by the lack of social distancing, lockdowns, and other public health measures. The governor of Manaus (the capital of Amazon) was a hardcore bolsonarist and ignored the seriousness of the pandemic. This (lack of) attitude, in combination with other factors, including the experiment of herd immunity and use of unproven pharmaceuticals—such as chloroquine, ivermectin, and azithromycin, the unfamous "Covid Kit"—is likely to have contributed to the large scale of the outbreak and related deaths (Buss et al., 2020; Lalwani et al., 2020; Malta et al., 2021).

As a pandemic policy, "herd immunity is another word for mass murder," as explained by the president of the ACCESS Health International² with serious political and policy implications. In contrast to all types of public health policy implemented in the country before, the policy was to transmit instructions of being brave and face the virus instead of the encouragement of behaviors that helped to contain and mitigate the effects of the pandemic. The only measures suggested was what is called "vertical isolation" where only the most vulnerable are put in isolation, which had little to no acceptance. The other was supposed "early treatment" with provenly ineffective drugs (COVID kit). In addition, the government showed high insensitivity by trivializing deaths and damage caused by the disease. Besides remaining silent about the COVID victims and survivors, the federal government promoted the idea that only elderly people or people with comorbidities or people who did not have access to "early treatment" would die (Ventura et al., 2021, p. 16).³

Devaluing Brazil's federal system of government and in response to Rio's governor declaring the closing of Rio's airports due to the pandemic, Bolsonaro issued an executive order that concentrated the power of the federal government to adopt measures that could restrict the transport of goods, the movement of people, and the maintenance of services during the COVID-19 pandemic. Four days later, a federal court prohibited the federal government from adopting measures contrary to social isolation as a way of preventing COVID-19. Bolsonaro has also issued a decree exempting churches and lottery houses from state and municipal health regulations by classifying them as essential services. Again, a federal court suspended the decree ruling that it violated federal law (Mello, 2020).

In the absence of a pandemic response plan,⁴ it was up to governors and mayors to define and execute preventive health measures. Those varied from state to state, with a high variety to stringency level among states and municipalities. As of May 2020, only 11 of the 26 federation members had sanctioned some form of lockdown.⁵ On the shoulders of those

governors laid the decision to implement or not countenance measures. But where implemented, those were systematically obstructed by the Federal administration justified by the supposed opposition between health protection and the safeguard of the economy, which included spreading the idea that quarantine measures cause more damage than the virus, and that they—and not the pandemic—would cause hunger and unemployment (Ventura et al., 2021). Placing all the blame for the health and economic crisis on the governor and mayors, Bolsonaro said: “(...) The population wants to go back to work, unfortunately a few governors, a few mayors insist on issuing decrees forcing these people to stay at home.”⁶

The Federal administration was alerted several times about the nonexistence of a national plan and strategic guideline to manage the pandemic, as well as the lack of a coordinated and comprehensive communication plan, which could compromise the costs and results of efforts against the pandemic (Ventura et al., 2021). A national communication was only presented after judicial determination, when Federal Public Prosecutor Office determined that the Federal Government present, within ten days, a National Communication Plan for facing the pandemic, including a timeline of action and a specific date for the initial implementation of the plan.⁷ In a similar fashion, transparency of information suffered an attempted obstructions, when the cumulative number case and death counts stopped being published in the official health minister website—a clear attempt to distort the actual pandemic numbers. A court order forced the Federal government to continue publishing the information.⁸

Federal Normative Acts

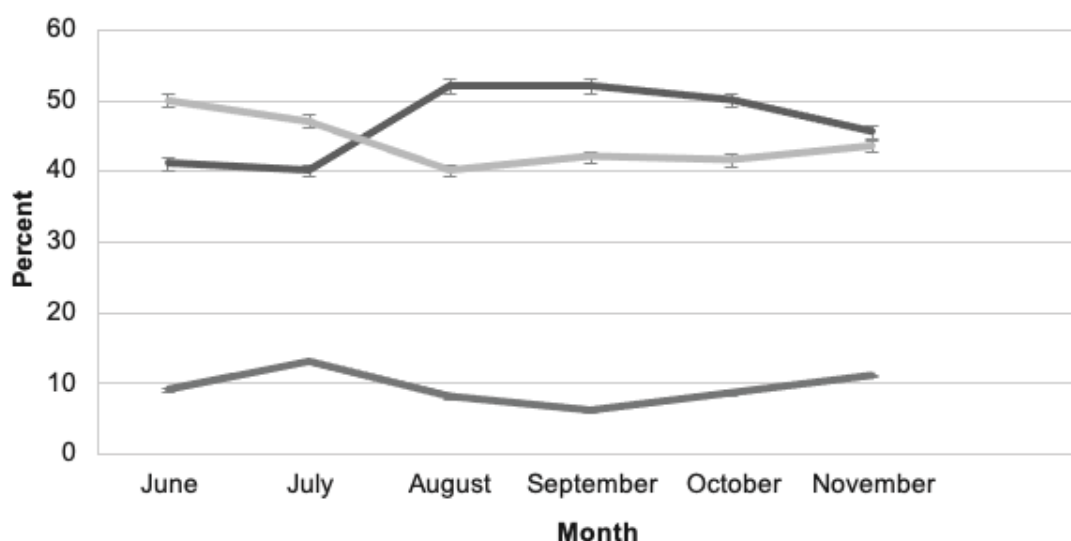
The normative pandemic acts were collected and analyzed by the project “Rights in the pandemic: Mapping the impact of Covid-19 on human rights in Brazil,” coordinated by professors from the University of São Paulo (USP) found that in the federal level alone, 3,049 normative acts were published (laws, provisional measures, decrees, ordinances, resolutions, etc.) related to the pandemic in 2020 (Ventura et al., 2021). While this number seems an impressive legislative repertoire, the report calls attention to the series of decrees that expanded the list of activities considered essential during the pandemic and a series of vetoes to proposed bills introducing minimal obligations to states and municipalities to fight the virus. Draft bills aiming the mandatory use of masks faced several second rounds of vetoes within the constitutional deadlines for passing a bill. These actions show the escalation of political confrontation between the Federal administration against the Legislative and Judiciary powers and also against the state and municipal powers that wanted to adopt preventive health measures to contain the spread of the virus, eliminating any possibility of good communication, and cooperation with subnational actors. Other normative acts included the declaration of emergency (‘state of public calamity’), leading to the initiation of extensive economic measures in attempts to preserve workers’ positions and incomes (IMF, 2020).

Beginning in March, Brazil’s government lengthened lines of credit, established monetary transfers for formal, informal, and low-income workers (the “auxílio emergencial” or “emergencial social benefit”). The government eased taxes across the board and lowered import levies on essential medical supplies. Despite these gradual measures, tensions rose

between state governors and the president as political influence regularly interfered with public health measures. This likely contributed to the majority of the public disapproving of President Bolsonaro’s work between April and August (see Figure 10.1).

The low and inadequate funds allocated for financing health actions were included in this normative actions, but several governors and mayors reported that resources—both funding and PPE materials—were not reaching them. Regionally, Brazil has significant resource-centred bureaucratic agencies that could have helped Brazil tackle the deadly pandemic. Fund-to-fund transfer, for example, is part of the healthcare institutional arrangement enshrined in the 1988 Constitution. These transfer delays were unusual for the SUS, considering its long trajectory of operational fund-to-fund transfers (Bertoni, 2020). The amount of money transferred was often challenged, as the federal administration often reported high fund transfers that were later not confirmed by governors and mayors. Sixteen of the 25 state governors signed a collective statement challenging the data released on social media by the President of the Republic regarding the amount of funding made available to states.⁹ The 2020 budget for COVID-related actions unrealistically and irresponsibly disregarded the needs for the acquisition of vaccines, diagnostic kits and supplies; sustainability and maintenance of services provided by the SUS, such as clinical and ICU beds, medical equipment, care for COVID-19 sequelae, suppressed demand for outpatient and hospital procedures.

FIGURE 10.1 Approval Ratings for President Bolsonaro (June–November 2020).



(Ventura et al. 2021, p. 154)

Discourse against Public Health

Previous pandemic response frameworks in Brazil had a relatively strong information-based policy style, in which the government invested resources in treatment and research but also on public awareness campaigns to make their policies known and understood. In contrast, Bolsonaro’s administration not only did not have a clear communication plan¹⁰ but also actively shared propaganda against sound public health advice, including an anti-vaccine, anti-social distancing, anti-quarantine, and anti-mask discourse. Table 10.1 shows the

percentage of mask adherence in South American and African countries. From this data, it is possible to observe that where the use of facemask was mandatory, mask adherence was often much higher. In Brazil, only 45.5% reported wearing masks at the time of the survey, which is much lower than in Asian countries and Latin neighbours, such as Peru 99.8% and Ecuador (91.7%). This survey data suggests that the Federal Government anti-mask approach was largely accepted and followed by part of the population (Gramacho et al., 2021; Kalil, 2021). This negligent behavior is likely to be connected to the low adherence to facemask use especially in the initial periods of the pandemic (Fodjo et al., 2020).

The president has personally urged people not to comply with social distancing and other measures to slow down the spread of the virus. Not only Bolsonaro challenged the other two branches of government in a federal system in which power sharing and checks and balance are one of its main pillars, but he is also ignored the advice from some of health officers appointees and went to the public with his own erroneous messages regarding vaccination and COVID-19 pandemic.

TABLE 10.1 Survey characteristics and overall adherence to mask-use for COVID-19 prevention in selected countries

<i>Country</i>	<i>Participants reported using face mask: N (%)</i>	<i>who Face mask-use mandatory at the time of survey</i>
Brazil	(45.7%)	No
Democratic Republic of Congo	(43.2%)	Yes
Ecuador	(91.7%)	No
Mozambique	(93.9%)	Yes
Peru	(99.7%)	Yes
Somalia	(51.2%)	No
Thailand	(94.0%)	Yes
Uganda	(32.7%)	No
Vietnam	(99.4%)	Yes

Source: Adapted from Fodjo et al. (2020). Period of survey vary from April 3, 2020 to June 8, 2020.

For example, on March 24, 2020, on a televised pronouncement, Bolsonaro stated that under his government, the main objective has been to minimize the “panic and hysteria” regarding the COVID-19 pandemic. He also directly criticized the Brazilian media for spreading “lies and fantasy” about the pandemic in Brazil and its consequences. In a very confrontational and adversarial manner, Bolsonaro has criticized those that condemned him. In a speech in Porto Seguro, Bahia, Bolsonaro stated:

Some say that I am setting a bad example. Either you are an imbecile or the idiot who is saying that I set a bad example. I already had the virus. I already have antibodies. Why do I have to be vaccinated?

(CM, 2020)

Despite Brazil’s universal healthcare apparatus containing an epidemiological surveillance system, professionals expressed early concern following healthcare budget cuts prior to the pandemic’s arrival. Brazil’s hospitals held an impressive ICU bed count of 21 per 100,000 residents (roughly twice that of Italy, France, or Spain), but only one-tenth of beds were installed in public hospitals (Sandy and Milhorange, 2020). Most Brazilians rely exclusively

on the SUS. The SUS is guaranteed by the Federal Constitution of 1988, in its Article 196, by means of Law 8,080/1990. The SUS is the only public health system in the world serving more than 190 million people, 80% of whom depend exclusively on it for any health care. But Bolsonaro is not the only one in his administration attacking science and public health expertise. Other health authorities aligned with his agenda have created confusion and distrust among the Brazilian population regarding the efficacy of public health advice. The country had four health ministers since the beginning of the pandemic,¹¹ showing the tumultuous state of the Federal administration in a moment when the health minister should be working at full capacity.

Two of the ministers, Henrique Mandetta and Nelson Teich, were sacked by Bolsonaro due to clashes related to the management of the pandemic specially in issues related to the need of coordinate actions between Union, states, and municipalities, funding for the SUS as a necessary institutional arrangement to federative coordination and implementation of health restrictions. The other two shared the Federal administration's anti-science approach, defending Bolsonaro's pro-COVID speeches, while upholding pseudo-scientific discourses and promoting the use of miraculous drugs. Even the health experts composing the national team of COVID actions were politicised medical professionals¹² showing that the current institutional structure of the Federal administration was instrumental to erode the political trust in health experts and likely to have collaborated to the low level of compliance among the population.

Another example is the online campaign encouraging people to return to work amid the pandemic, which sometimes included the hiring of social media influencers. On March 28, a federal judge ordered the federal government not to carry out a publicity campaign "O Brasil Não Pode Parar" (Brazil Cannot Stop) urging the population to defy social distancing recommendations and go about their lives with confidence. The president's Communication Office had already published two social media postings with that slogan. The president's son, Senator Flavio Bolsonaro, had distributed a video with the federal government logo that was supposedly part of the campaign (Human Rights Watch, 2020). The Federal Public Prosecutor's Office asked for the suspension of the campaign, arguing "that the campaign conveys misleading advertising, violating the merely informational nature imposed by the Federal Constitution, by disseminating, without solid scientific evidence and in non-compliance with the technical consensus and international recommendations on the matter (...)" (as translated by Ventura et al., 2021).

Trust in the Political Institutions During a Health Crisis

Even before the pandemic, decline of trust in political institutions was a feature already observed Brazil. Citizens' lack of trust has opened the space for the election of a populist incumbent that thrives on divisive discourses. The failed response framework of the Federal administration added to an ongoing crisis in democracy, which, combined with authoritarian attitudes and irresponsible public health policy decisions at the national level, conducted to general decrease in trust in the healthcare system. In turn, this conjuncture results in a sharp disassociation between responsible administration of a health crisis and an effective pandemic response.

Low trust in government has played a significant role in determining how different countries have performed in containing and responding to the COVID-19 pandemic, especially in those countries that had not recently experienced deadly outbreaks of other coronavirus or emerging infections. Better appreciating the role of government trust can help countries prepare for and respond to not only the current pandemic but also those still to come (Bollyky et al., 2020). While Brazil had a consistently positive trajectory of health crisis strategies—including prevention, treatment, and vaccination—the Federal administration inability and unwillingness to spearhead a national pandemic strategy during the pandemic weakened the Brazilian population confidence on the federal government's ability to exercise its most fundamental function: protect the people against this disease. By touting chloroquine as a cure for COVID-19 despite several studies questioning the credibility of such claims (Samuels and Kelly, 2020) and side-stepping public health officials' recommendations to address the pandemic head on, Bolsonaro's actions proved to be inefficient, confusing, and utterly irresponsible, opening the door for several accusation of "genocide" and other crimes.¹³

Emerging Actors—STF, Governors, and Organizations

As noted elsewhere in this volume, policy styles cast long shadows in many directions. Even with attempts from different sides of the Federal administration to erode health policy and construct a new one based on an extreme form of dual federalism with a central authority, part of previous policy styles remained. In the Brazilian case, the analysis shows that policy styles change over time but also that relatively stable, persistent values modes of policy deliberation endure. While the pro-COVID policy of the Federal administration has caused an incalculable damage to the population with its anti-scientific approach, the actions of some particular actors help to mitigate an even-worse pandemic scenario. Three of them have been central to uphold the democratic and cooperative values of the federal pact. The first one is the STF. The Court has been one of the main political targets of Bolsonaro for its support of health measures, uphold of decisions that forced the Federal government to fulfill its coordination role, and decisions for the maintenance of a joint approach among federation members.

Some Court verdicts were critical for the adoption of health measures, including verdicts on the sharing of responsibilities among the Federal and subnational entities, to protect indigenous health, delivery of ventilators to state governments, and determination for the government to elaborate a national vaccination plan on time (see Ventura et al., 2021 for a complete timeline of those decisions). Some have argued that Brazilian federalism is in fact undergoing a process of reinforcement because STF decisions municipalities unequivocally granted more power to governors and mayors on health-related public policies issues (Bustamante et al., 2021).

The second actor is the state and local authorities that began to take autonomous measures to address the pandemic and fill the gaps left by omission of the Federal government. Some states and municipalities, for example, developed their own vaccination plans and started to negotiate the importation and production of vaccines, as was the case of the states of São Paulo and Maranhão. Of note are the hallmark of the reaction to the Bolsonaro's federalism, the Fórum de Governadores (Governors' Forum), and the Consórcio Nordeste (Consortium of the Northeast States) which strengthened horizontal cooperation and filled gaps left by

the Federal Government with regionally coordinated actions of quarantine and social isolation that counterweight discourses and presidential decisions.

The third are the health, professional, research, and civil society organizations that resisted, criticized, debated, campaigned, evaluated, and demanded a proper plan of action to face the pandemic. Some of those organizations are the Brazilian Bar Association (OAB) which brought several petitions to the STF related to the poor management of the pandemic. In addition, the National Federation of Municipalities (CNM), the National Council of State Secretaries of Health (Conass), and the National Council of Municipal Secretaries of Health (Conasems) elaborated scientific reports and technical documents among its members to facilitate subnational cooperation (Censon and Barcelos, 2020).

Together, those actors have collaborated to counterbalance the damage Bolsonaro's federalism has caused to cooperative federalism and its associated policy styles. This response to the COVID-19 pandemic shows that the Federal administration policy style and lower trust prompted the construction of more decentralised response plans because the Union refused to act, giving way to a new type of regional leadership and some level of trust in political institutions. For now, it is unclear whether the cooperative federal model will be further shaped by the current Federal government approach of top-down centralised response policies in some areas but not in others.

Conclusion

This chapter analyzed how Brazil's Federal administration fomented low political trust via poor decisions that led to an uncontrolled pandemic. The low level of trust in public officials, including both the government and health officials, provided a basis for pandemic response that was inefficient and demanded new types of coordinated action without the participation of the national government. This centrifugal approach gave way to new types of regional leadership that helped to somewhat address the impact of the political neglect of public health amidst a health crisis.

Whereas it is hard to predict how far cooperative federalism can resist in an exceptionally hostile environment for national cooperation, the impacts of Bolsonaro's federalism on policy are likely to be long-lasting. Nevertheless, regional leaders used this critical moment to create opportunities for overcoming limits to existing policymaking and respond to the fragmentation of policy styles. In a way, some policy norms and structures remained in place, thanks to the democratic institutions that despite being under constant political attack, were able to guarantee that core constitutional values are defended.

While those findings have the potential to worry those that observe the slowly deterioration of the democracy in the Brazil, including its uneasy position on the international stage for several reasons (e.g. Amazon devastation, attacks on indigenous people, misogynist, and racist remarks), they also show that federative dynamics are far from static, that policy styles can be forcibly changed quickly under authoritarian governments but that strong, high capacity states can stand up to attack on democratic institutions. Besides keeping an eye open to what kind of federalist pact will be dominant in Brazil in the years to come, an interesting area of further research is the systematic studies of changes in federative

dynamics at the regional and local level in the post-pandemic context, both in Brazil and other federative jurisdictions.

Notes

- 1 Number from the University of Oxford “Our World in Data” project. As of February 2021, one year after the beginning of the pandemic, the number of deaths increased to 321,515 deaths. At the time of the writing, September 2021, the number of cumulative deaths is reaching the devastating mark of 600,000 deaths.
- 2 CNN Brasil: https://edition.cnn.com/world/live-news/coronavirus-pandemic-10-14-20-intl/h_571c71aa21a9a2a0d0aadd95af67a022.
- 3 Of note, I mention the disturbing footage of Bolsonaro making an impression of someone infected by COVID-19 gasping for air (https://www.youtube.com/watch?v=g4K_WlfUhul) and his comments on people who “would not stop whining” at the Covid death toll (“Until when will you keep crying?” <https://www.theguardian.com/world/2021/mar/05/bolsonaro-brazil-covid-coronavirus-death-toll>).
- 4 The Comitê de Combate ao Covid (Covid combat committee) was only created in March 2021, one year after the outset of the health crisis.
- 5 <https://noticias.uol.com.br/saude/ultimas-noticias/redacao/2020/05/09/saiba-ondeja-foi-decretado-o-l-ockdown-no-brasil.htm>.
- 6 “‘Thursday Live’ with the president transmitted on Facebook, February 2nd, 2021.” Available at: <https://www.youtube.com/watch?v=sA1AJ1NuDP4>.
- 7 <https://stf.jusbrasil.com.br/jurisprudencia/1222866415/arguicao-de-descumprimento-de-preceito-fundamental-adpf-829-rs-0052170-2520211000000>.
- 8 CNN - Brazil resumes publishing Covid-19 data after court ruling: <https://www.bbc.com/news/world-latin-america-52980642>.
- 9 Reuters: <https://www.reuters.com/article/saude-covid-bolsonaro-estados-idLTAKCN2AT2TJ>.
- 10 An actual plan was only published when the vaccination program started in late December 2020.
- 11 They were Henrique Mandetta (January 2019 to April 2020), Nelson Teich (April to May 2020), Eduardo Pazzuelo (May 2020 to March 2021), and Marcelo Queiroga to date.
- 12 <https://www.cnnbrasil.com.br/politica/apelidada-de-capita-cloroquina-secretariada-saude-depoe-a-cpi-na-quinta-20/>.
- 13 Indigenous Brazilians accuse Jair Bolsonaro of genocide at ICC: <https://www.dw.com/en/indigenous-brazilians-accuse-jair-bolsonaro-of-genocide-at-icc/a-58810568>.

References

- Abrucio, Fernando Luiz, Eduardo José Grin, Cibele Franzese, Catarina Ianni Segatto, and Cláudio Gonçalves Couto. 2020. ‘Combating COVID-19 under Bolsonaro’s Federalism: A Case of Intergovernmental Incoordination’. *Revista de Administração Pública* 54 (4): 663–77.
- Avritzer, Leonardo, and Lucio Rennó. 2021. ‘The Pandemic and the Crisis of Democracy in Brazil’. *Journal of Politics in Latin America*. Online First. <https://doi.org/10.1177/1866802X211022362>.
- Barbosa, Rafael. 2020. ‘Governo Bolsonaro é aprovado por 52% e desaprovado por 41%, diz PoderData’. *Poder360*, 14 October 2020. <https://www.poder360.com.br/poderdata/governo-bolsonaro-e-aprovado-por-52-e-desaprovado-por-41-mostra-poderdata/>.
- Bringel, Breno, and Geoffrey Pleyers. 2020. ‘Introducción: La Pandemia y Sus Ecos Globales’. In *Alerta Global*, edited by Breno Bringel and Geoffrey Pleyers, 9–32. Políticas, Movimientos Sociales y Futuros En Disputa En Tiempos de Pandemia. Buenos Aires: CLACSO.
- Buss, Lewis F., Carlos A. Prete, Claudia MM Abraham, Alfredo Mendrone, Tassila Salomon, Cesar de Almeida-Neto, Rafael FO França, et al. 2020. Three-quarters attack rate of SARS-CoV-2 in the Brazilian Amazon during a largely unmitigated epidemic. *Science* 371 (6526): 288–292. doi: 10.1126/science.abe9728
- Bustamante, T., P. N. M. Meyer, and F. Tirado. 2020. ‘Opposing an Idle Federal Government’. *Verfassungsblog* (blog). <https://verfassungsblog.de/opposing-an-idle-federal-government/>.

- Censon, D., and M. Barcelos. 2020. 'The Role of State in the COVID-19 Pandemic Crisis Management: Different Views about Federalism and the Relations between Federal Government and Municipalities'. *Revista Brasileira de Gestao e Desenvolvimento Regional* 16 (4): 35–48.
- Faria de Moura Villela, Edlaine, Rossana Verónica Mendoza López, Ana Paula Sayuri Sato, Fábio Morato de Oliveira, Eliseu Alves Waldman, Rafael Van den Bergh, Joseph Nelson Siewe Fodjo, and Robert Colebunders. 2021. 'COVID-19 Outbreak in Brazil: Adherence to National Preventive Measures and Impact on People's Lives, an Online Survey'. *BMC Public Health* 21 (1): 152.
- Fodjo, Joseph Nelson Siewe, Supa Pengpid, Edlaine Faria de Moura Villela, Vo Van Thang, Mohammed Ahmed, John Ditekemena, Bernardo Vega Crespo, et al. 2020. 'Mass Masking as a Way to Contain COVID-19 and Exit Lockdown in Low- and Middle-Income Countries'. *Journal of Infection* 81 (3): e1–5. <https://doi.org/10.1016/j.jinf.2020.07.015>.
- Gaventa, J. T. 2006. 'Triumph, Deficit or Contestation? Deepening the "Deepening Democracy" Debate'. IDS Working Paper (264), Brighton.
- Gramacho, Wladimir G., and Mathieu Turgeon. 2021. 'When Politics Collides with Public Health: COVID-19 Vaccine Country of Origin and Vaccination Acceptance in Brazil'. *Vaccine* 39 (19): 2608–12.
- Human Rights Watch. 2020. 'Brazil: Bolsonaro Sabotages Anti-Covid-19 Efforts'. *Human Rights Watch* (blog). 10 April 2020. <https://www.hrw.org/news/2020/04/10/brazil-bolsonaro-sabotages-anti-covid-19-efforts>.
- Kalil, Isabela, Sofia Cherto Silveira, Weslei Pinheiro, Álex Kalil, João Vicente Pereira, Wiverson Azarias, and Ana Beatriz Amparo. 2021. 'Politics of Fear in Brazil: Far-Right Conspiracy Theories on COVID-19'. *Global Discourse* 11 (3): 409–25.
- Lalwani, Pritesh, Bárbara Batista Salgado, Ivanildo Vieira Pereira Filho, Danielle Severino Sena da Silva, Thiago Barros do Nascimento de Moraes, Maele Ferreira Jordão, Aguyda Rayany Cavalcante Barbosa, et al. 2021. 'SARS-CoV-2 Seroprevalence and Associated Factors in Manaus, Brazil: Baseline Results from the DETECTCoV-19 Cohort Study'. Paper ID 3795816. Rochester: SSRN.
- Lima, Valesca. 2019. *Participatory Citizenship and Crisis in Contemporary Brazil*. 1st ed. 2020 edition. US: Palgrave.
- Loureiro, M. R., F. L. Silva, A. V. Aranha, and F. Calabraz. 2020. 'Building Policy Capacity within Contextual and Political Boundaries: An Analysis of Policies in Fiscal and Social Areas in Brazil (1988/2016) | Revista Do Serviço Público'. *Revista Do Serviço Público* 71 (SE): 7–37.
- Malta, Monica, Steffanie A. Strathdee, and Patricia J. Garcia. 2021. 'The Brazilian Tragedy: Where Patients Living at the "Earth's Lungs" Die of Asphyxia, and the Fallacy of Herd Immunity Is Killing People'. *EClinicalMedicine* 32: 100757. doi:10.1016/j.eclinm.2021.100757
- Mello, Igor. 2020. 'Coronavírus: Justiça Proíbe Bolsonaro de Adotar Medidas Contra Isolamento Em Igrejas e Lotéricas'. <https://noticias.uol.com.br/cotidiano/ultimas-noticias/2020/03/27/justica-suspende-decretos-de-bolsonaro-que-liberavamigrejas-e-lotericas.htm?cmpid=copiaecola>.
- Paim, Jairnilson, Claudia Travassos, Celia Almeida, Ligia Bahia, and James Macinko. 2011. 'The Brazilian Health System: History, Advances, and Challenges'. *The Lancet* 377 (9779): 1778–97.
- Paraguassu, L., and S. Eisenhammer. 'Brazil Cuts Growth, Sees Coronavirus Quickly Ravaging Health System'. Reuters. <https://www.reuters.com/article/uk-health-coronavirus-brazil-idUKKBN2172PO>.
- Pierson, Paul. 1995. 'Fragmented Welfare States: Federal Institutions and the Development of Social Policy'. *Governance* 8 (4): 449–78.
- Rennó, L., A. E. Smith, M. Layton, and F. B. Pereira. 2011. *Legitimidade E Qualidade Da Democracia No Brasil – Uma Visao Da Cidadã*. 1ª edição. São Paulo, SP, Brasil: INTERMEIOS.
- Ribeiro, Ricardo Lodi. 2018. 'Do federalismo dualista ao federalismo de cooperação – a evolução dos modelos de estado e a repartição do poder de tributar'. *Revista Interdisciplinar do Direito – Faculdade de Direito de Valença* 16 (1): 335–62.
- Samuels, E., and K. Meg. n.d. 'Analysis | How False Hope Spread about Hydroxychloroquine to Treat Covid-19 — and the Consequences That Followed'. *Washington Post*. 17 September 2021. <https://www.washingtonpost.com/politics/2020/04/13/how-false-hope-spread-about-hydroxychloroquine-its-consequences/>.

- Schaefer, Bruno Marques, Roberta Carnelos Resende, Sara de Sousa Fernandes Epitácio, and Mariah Torres Aleixo. 2020. 'Government Actions against the New Coronavirus: Evidence from the Brazilian States'. *Revista de Administração Pública* 54 (5): 1429–45.
- Teixeira, Maria Glória, Maria da Conceição Nascimento Costa, Enny Santos da Paixão, Eduardo Hage Carmo, Florisneide Rodrigues Barreto, and Gerson Oliveira Penna. 2018. 'The Achievements of the SUS in Tackling the Communicable Diseases'. *Ciência & Saúde Coletiva* 23: 1819–28.
- Tikkanen, Roosa. 2020. 'International Health Care System Profiles Brazil'. 5 June 2020. <https://www.commonwealthfund.org/international-health-policy-center/countries/brazil>.
- Ventura, Deisy de Freitas Lima, Fernando Mussa Abujamra Aith, Rossana Rocha Reis, André Bastos Ferreira, Alexia Viana da Rosa, Alexsander Silva Farias, Giovanna Dutra Silva Valentim, and Lucas Bertola Herzog. 2021. 'LexAtlas C19- Brazil - The Timeline of the Federal Government's Strategy to Spread Covid-19'. University of São Paulo.
- WHO, World Health Organisation. 2020. 'Coronavirus Disease (COVID-19): Herd Immunity, Lockdowns and COVID-19'. <https://www.who.int/news-room/q-a-detail/herd-immunity-lockdowns-and-covid-19>.