

COVID-19 meets slums: drug cartels respond to the pandemic

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In Brazil, the large urban communities of poverty are known as favelas, there over 13.6 million Brazilians are witnessing the establishment of the SARS-CoV-2 pandemic. The municipality where these densely populated areas are most concentrated is Rio de Janeiro, totalling more than 1,000 communities.¹ There, approximately 1.4 million people live, representing over 1/5 of the city population.² Of these inhabitants about 10% are unemployed, 49% are self-employed and informal workers, and 70% are already seeing an income reduction due to consequences of the pandemic.³

Among these stacked houses, the prevalence of tuberculosis, scabies and sexually transmitted infections is high. The public water system does not reach many households,⁴ nor do garbage trucks, ambulances or fire fighters. Violence is a frequent cause of death: in the outskirts of the favelas, the homicide rate can reach 129 per 100,000 inhabitants,⁵ affecting even children.⁶ Governmental violence, both due to police oppression and omission of public assistance, is partially responsible for early death in these areas: e.g. the life expectancy index between the favela of Rocinha and neighbouring rich Leblon stands in stark contrast, 63 compared to 80 years, respectively. Due to the neglect of public institutions, organized criminal groups occupy these spaces, dictating their own laws and taking advantage to traffic drugs.

The situation in the public healthcare system in the city of Rio de Janeiro is also not

encouraging. Namely, only half of the population is covered by primary healthcare teams, with a high vacancy of family physicians.⁷ In addition, in recent years the city government has taken political decisions to dismantle the Unified Public Health System (SUS), reducing the number of primary healthcare professionals, as well as their salaries. In the municipality, the SUS number of adult intensive care unit beds per 10,000 inhabitants is 0.74, while being 3.3 per 10,000 in the private health system.^{2,8} Importantly, in the state of Rio de Janeiro, around 70% of its residents depend exclusively on the public healthcare system.^{2,9} In the face of the SARS-CoV-2 pandemic, it is expected that this unjust distribution of healthcare resources will further deepen the chronic inequality.

Across the globe, countries provide different government responses to the COVID-19 crisis, from large-scale testing 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 weekly crowded demonstrations and influencing people to continue their work in a normal fashion. 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 on governors and mayors to take the reins of public policies in order to contain 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.⁶ These criminal organizations, besides maintaining themselves, regulate the subtleties of everyday life in communities: gas for cooking, TV channels subscription, transport system (motorcycle taxis and vans), death certificates on weekends, commercial centers, penalties for crimes committed within the territory. Everything is under control of the drug cartels.

In mid-March 2020, Comando Vermelho, a crime organization that dominates several favelas in the country, dictated measures to try to contain 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 of funk parties (famous local night parties). Additionally, in order to promote social isolation, other restrictions applied to commercial functioning and presence of children on the streets. Promises of physical penalties were given to whomever would not follow these orders. In late-April, the same crime organization obligated residents to wear facial masks in an attempt to halt the ongoing spread of the virus (Figure 2). 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 isolated to Brazilian cartels, but is also implemented by those that rule the urban peripheries of Mexico, Colombia and El Salvador.¹⁰ In this scenario, crime organizations present their ambivalence in the communities, sometimes oppressive, sometimes protective, blurring the boundaries between benevolence and harmfulness.

Although necessary to a certain 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 pre-existing problems such as child malnutrition, which tends to increase after closure of schools: places where many children have the only meal of the day.

Given this context, from an epidemiological perspective favelas need to be protected not only due to population density, but also given the high social vulnerability; in view of equity, a key principle of the SUS. However, when protective measures are guided by crime organizations instead of by 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? It is essential for the primary healthcare professionals, inserted in their territories, to evaluate the possibility of cooperating with these crime organizations in order to minimize the crisis' damage in the favelas and reinforce the ethical primacy of social justice.

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.

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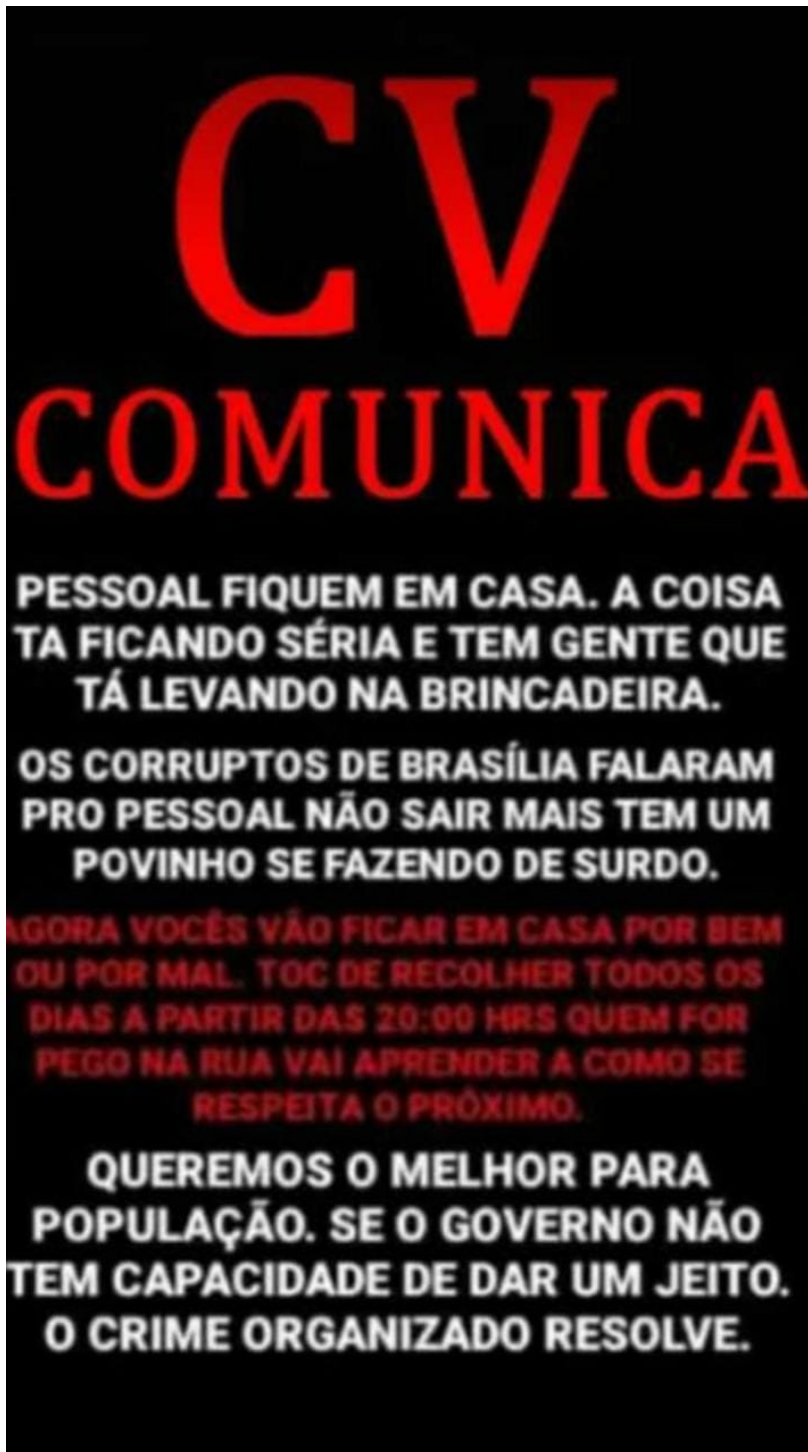
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Figure captions

Figure 1. Message send in mid-March by the crime organization **Comando Vermelho** notifying local residents of curfew restrictions.



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 to not leave the house, but some are acting like they are deaf.

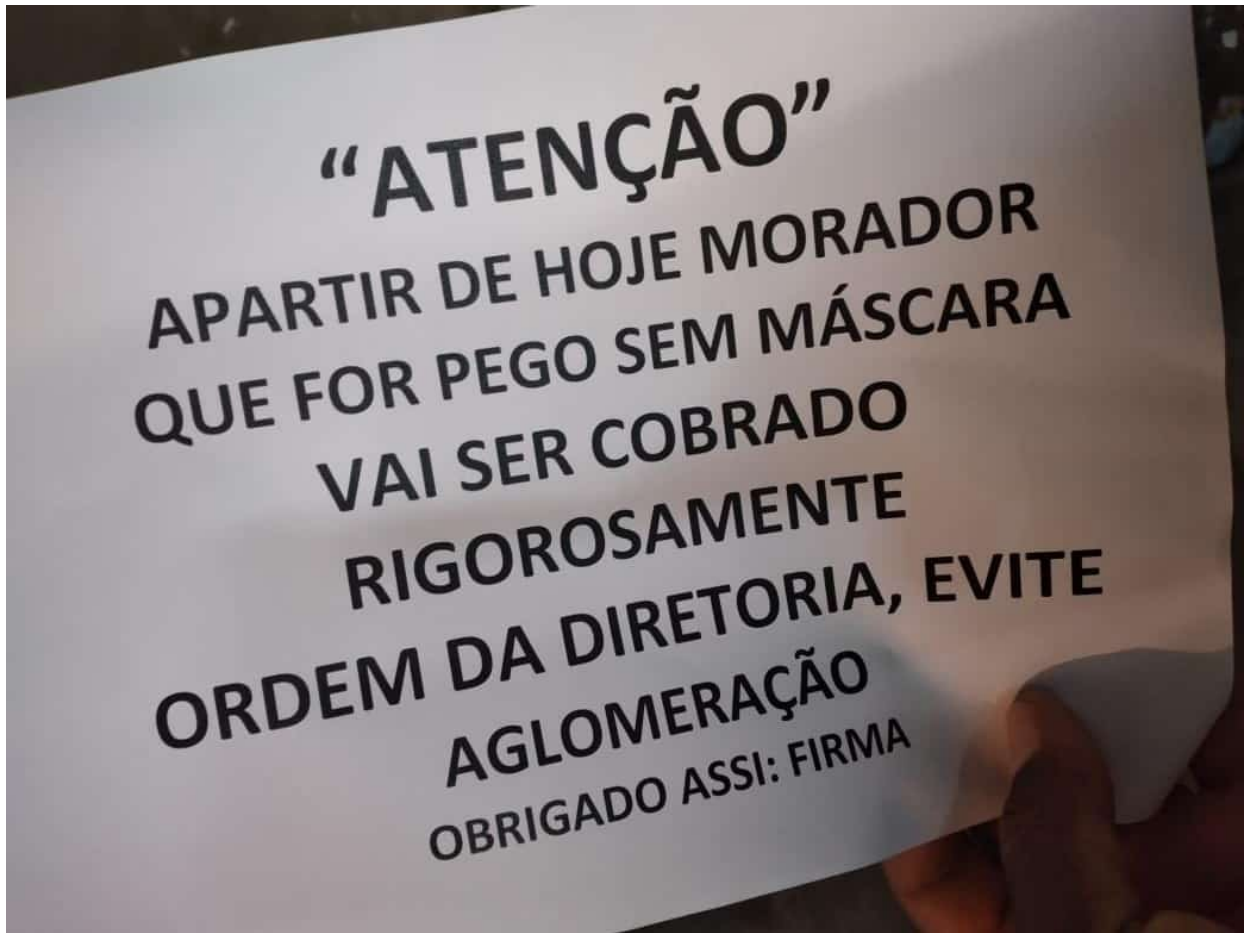
Now, you are going to stay at home for good or for worse.

There is a daily curfew after 20:00, and everyone that 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, the organized crime

will.”

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



Translation:

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