

# Managing Public Crisis Events in Brazil in the Light of the Infectious Epidemics

Yinan Wang<sup>1,a</sup>, Yueheng Hu<sup>1,b</sup>

<sup>1</sup>*Institute for Research on Portuguese-Speaking Countries (IROPC), City University of Macau, Taipa, Macau, China*

<sup>a</sup>A21091100167@cityu.mo, <sup>b</sup>A21091100412@cityu.mo

**Abstract:** *Public crises are characterised by their suddenness, value neutrality, responsibility, urgency, continuity and destructiveness. All problems related to urban, rural, ethnic, religious, ecological, security, health, disaster, etc. are public crises. The authors noted that external factors in Brazil have a direct impact on the spread of novel coronaviruses in Brazil.*

**Keywords:** *Public; Infectious epidemics; Crisis events*

## 1. Introduction

When the World Health Organisation (WHO) called the outbreak of Neoconiosis a Public Health Emergency International (PHEIC) on 30 January this year, there were no confirmed cases in Latin America until 26 February, when the first case of Neoconiosis in Latin America was detected in Brazil and the first case of Neoconiosis in Latin America in Argentina on 7 March. pneumonia patient[5]. On 11 March, the WHO declared a "worldwide outbreak of Neoplasmosis COVID-19"[6] with only sporadic confirmed cases in Latin American countries and only 200 confirmed cases in the region.

However, in Europe, Italy, Spain, France, the UK and Germany are the most heavily infected regions; the US had more than one million confirmed cases at the end of April, accounting for one-third of the world's outbreak. South America, the main country of Brazil, became the centre of the new epidemic at the end of May. As of 13 July, 140,000, 4,680 deaths had been recorded in Latin America, the first time more than the 1,403,847 deaths in the United States and Canada in North America[7]. As of 26 July, more than 16,370,000 confirmed cases and 651,000 deaths had been detected in 213 countries and territories worldwide; with more than 4,380,000 confirmed cases in Latin America, it surpassed the total number of confirmed cases in the United States and the countries of North America and Canada, making it the worst region in the world[8].

## 2. Public Crisis Events

A public crisis is a crisis of public safety and normal social order due to natural disasters in the operation of society and the failure of social operation mechanisms. Its causes include six major factors: natural disasters (e.g. fires, storms, earthquakes, floods), sudden public safety accidents, vicious criminal cases, terrorist incidents, the spread of disease (public health problems), and the deterioration of the natural environment<sup>[1]</sup>. A public crisis is essentially a danger to public safety, a disruption of the order of social life and an infringement on the safety of individuals' lives and property. At a given stage in history, if these six scourges are not eliminated, there is bound to be a public crisis. They are fundamentally different from crises such as "misunderstanding crises", "accident crises", "counterfeit crises" and "catastrophic crises". There is a fundamental difference between a 'public crisis' and a 'public crisis', which refers to 'all the citizens of a given area'. Public crises often endanger the lives of all people and can easily cause social panic, making them even more devastating.

## 3. Public Relations Crisis Incident Management

Many countries around the world research public crisis management have paid much attention and put forward the famous 4R model, which points out that the handling of a public crisis is divided into four stages, namely streamlining, preparation, reaction and recovery, with the English initials 4R. 1.

Reduction: reduce the impact of crisis events and reduce the impact of crisis events, in this stage, we should make a good risk assessment and pay attention to various adverse factors to eliminate the crisis. 2. Prepare: Prepare for an emergency event by developing an emergency plan, training programmes, life preserver operation drills, diving first aid, etc. 3. React: Work to resolve the current crisis, including analysing the possible impacts and analysing the impact of opportunities, developing a treatment plan, conducting skills training (including communication skills for relevant staff, media coordination skills, dealing with aggressive people) and Audit, including evacuation plans, emergency management plans, trauma and stress plans. 4. Recovery: refers to the rehabilitation of the house, including impact analysis, development of recovery plans, training in image management skills, and audit.

The 4R model provides a useful reference for public crisis management in China. In practice, the following measures should be taken in response to public crises: Firstly, an emergency command centre should be established to quickly organise relevant experts and various social forces to carry out timely and effective rescue work and special studies. Secondly, the executive head should immediately go to the scene (with emphasis on image and language design) to reassure the victims and the staff concerned, relieve pressure and boost the morale of the staff. Thirdly, set up an emergency response team, actively contact relevant units and mobilise the whole community to participate in the rescue effort to ensure that information is flowing, equipment is in place, personnel are sufficient, and solutions are timely. Fourth, establish a system of government press spokespersons promptly to ensure that one voice is true and one opinion is clear. In the journalist's speech, we should remember the "three T's rule", Tell your tale if your situation is provided by me, tell it fast is to provide as much information as possible, Tell it, provide all the information. Fifthly, keep abreast of the public's losses and develop a compensation plan for the policy. In the event of a death in public service, it should be acknowledged with honour and an appropriate compensation scheme should be developed. Sixth, introduce a system of accountability and resignation for accidents, and hold those involved accountable administratively, financially and even legally. Seventhly, learn from the past and reform the existing management system and institutions to address the root causes of the problem and prevent the recurrence of similar crises.

#### **4. The emergence and spread of the Infectious epidemics in Brazil**

The outbreak in Brazil was late and initially slow to develop. The first confirmed cases were on 26 February 2020 and the second on 17 March. After mid-April, Brazil saw wave after wave of outbreaks, with the number of confirmed cases approaching 20,000 on 10 April, exceeding 100,000 on 3 May, and exceeding 500,000 on 31 May. The number of new confirmed cases per day in Brazil since June 2020 has exceeded 1 million as of the 20th. The geographical distribution of the disease is expanding as the number of confirmed cases and mortality rates of Neooniosis continue to rise. Outbreaks of the disease have occurred in the densely populated states of the Southeast, followed by rapid spread to sparsely populated regions of the Northeast, North and Midwest, and rapidly to smaller, inland cities. At the same time, community transmission occurred successively in urban and rural areas and indigenous villages. On 22 May, the WHO announced that South America was the centre of a new outbreak of a new coronavirus, COVID-19. Brazil, with more than 340,000 confirmed cases and 22,000 deaths on the same day, overtook Russia to become the world's No. 2 country, with the President of Brazil, Mr and Mrs Jair Bolsonaro, the Acting President of Bolivia, Jeanine Áñez, and the President of Honduras, Juan Orlando Hernández, all confirmed[9].

Brazil is the largest country in Latin America and the southern hemisphere, with a population of over 200 million people. Brazil's far-right Jair Bolsonaro, who took office in January 2019, has been controversially dubbed the "Brazilian Trump" and within a month two health ministers of the federal government have left their posts because of disagreements with the president over his epidemic prevention philosophy. The number of confirmed cases in Brazil jumped to 255,000 on 19 May, surpassing the United Kingdom, Italy, France, Germany, the United States, Russia and Spain to become the world's 4th most affected country after the United States, and 22 May, surpassing Russia to become the world's most affected country after the United States. The "latecomer" countries have become the epicentre of a new wave of "epicentres" in Latin America and the world [2]. The epidemic has not only exposed the weaknesses of the Brazilian government's management capacity but has also laid great potential for the future political and economic development of the "country of the future". UN Secretary-General Guterres has stressed that the outbreak is not just a warning, but a preview of the crisis. In addition, different countries have different attitudes and responses to the outbreak, which could also create a serious 'long tail'. A major public health crisis can turn into an economic crisis, a social crisis and even a political crisis. The current dilemma facing the Brazilian government is how to manage and mitigate the impact of a public health event to maintain the normal functioning of society. In this

pandemic, it is crucial to ensure that the population can take the appropriate measures to contain or reduce the damage. While the degree of development of the health care system has constrained Brazil's resistance to disease, the country's social inequity and poverty have been important factors in limiting its effectiveness against the epidemic. Figures released by the Brazilian National Institute of Geography and Statistics (INEGI) in May show that out of 734 municipalities this year, more than 5.1 million households live in slums. There is no doubt that living in low-income groups, such as slums, are the first areas to be hit by the virus. On the one hand, many slum dwellers live in cramped spaces with worrying sanitary conditions, which can easily lead to the spread of infectious diseases; on the other hand, a large proportion of the poor population cannot remain isolated in their homes for long due to a large number of people dependent on the informal economy, thus creating an overall social isolation effect.

In addition, Brazil faces further difficulties in meeting the challenges of the epidemic. As the southern hemisphere has moved into autumn, in addition to the enhanced capacity for transmission of the new coronavirus, Brazil is also experiencing a high influenza season, with the interaction of multiple diseases complicating the fight against the pandemic.

### **5. Brazil's control of the Infectious epidemics**

Brazil has gained worldwide acclaim for pioneering response to previous public health problems such as AIDS and the Zika virus. However, this government's response to the New Coronavirus has been floundering. The Brazilian government's awareness and stance on the epidemic, the coordination and implementation of policies, the control of resources and disagreements, and the promotion of scientific prevention and control and cooperation are major shortcomings, which are the main reasons why the epidemic is currently out of control in Brazil. The pandemic has been characterised by strategic contempt and tactical neglect on the part of President Jair Bolsonaro, who began by comparing new pneumonia to a "minor cold" and denouncing the media for spreading fear, public protests against the quarantine, school closures and factory shutdowns. Despite recognising the seriousness of the problem, as the epidemic worsened, Jair Bolsonaro continued to oppose social segregation and insisted on economic activity, a position that was at odds with the pragmatic cabinet, headed by Health Minister Mandela, who was sacked and his successor, Tesh, resigned for the same reason.

Unlike Jair Bolsonaro's economic development, where the local government has been more assertive in introducing measures such as social isolation and banning congregating activities, the divergent views and pace of the federal and local authorities on the issue of epidemic prevention have led to a reduction in the consistency and implementation of anti-epidemic policies. In the course of the federal government's fight against the epidemic, corresponding laws were enacted everywhere, state laws were issued, video conferences were held on how to deal with the epidemic, and discussions were held with ministers of health and the economy. The governors of several states have also issued a joint open letter asking the federal government to adopt stricter control measures<sup>[3]</sup>. In response to Jair Bolsonaro's appeal, the Governor of São Paulo State, Doria, called on people not to heed the President's advice, while the National Front of Mayors and the National Confederation of Municipalities expressed their support for a quarantine. To guarantee the effectiveness of the fight against the epidemic, the Federal Supreme Court issued a decree authorising state and municipal governments to set up their quarantine initiatives.

The struggle between the government, Congress and the judiciary has not been without its share of accusations, and the struggle between the three branches of government has not only consumed much of the government's energy but has also led to several large gatherings of people, which has further undermined the effectiveness of the fight. Since the outbreak, President Maia has publicly criticised Jair Bolsonaro's achievements in the fight against the disease on several occasions and has attempted to take advantage of Congress' initiative in the fight against the disease. At the same time, left-wing parties have united to put pressure on the government and the Labour Party, the Network Party and others have formally submitted a proposal to impeach the president. In addition, Jair Bolsonaro has encountered various obstacles in the justice system. In a day of increasing political struggle, Jair Bolsonaro's supporters and opponents have held several separate demonstrations, with their supporters calling for the closure of parliament and the Federal Supreme Court and calling for the army to intervene in the government.

In addition, there are certain aspects of the Brazilian government's approach that have raised widespread concern and questions in both domestic and international society. One is the application of medicines. Since the outbreak, US President Trump has been trumpeting the efficacy of chloroquine against the new coronavirus, and the Ministry of Health issued a treatment guideline stating that it could

be given to mild patients and subsequently applied to pregnant women and children. In contrast, the United States has recently withdrawn the emergency use of drugs such as chloroquine for novel coronaviruses because of insufficient effectiveness. Secondly, it is about the statistical approach to outbreaks. In early June 2020, the Ministry of Health briefly suspended detailed information on the disease, publishing only the number of new confirmed diagnoses, deaths and cures in 24 hours. Jair Bolsonaro said that this approach helps to understand the current epidemiological situation and to develop a rational response strategy.

The medical, political, judicial, national and international media and the World Health Organisation in Brazil responded to this with such vehemence that the Brazilian government eventually had to abandon this approach in favour of an internationally accepted method. Thirdly, it was about the resumption of work and production. Jair Bolsonaro, under the leadership of the "Pro-Economy", has been a strong advocate of relaxing the quarantine and calling for an early return to work. The epidemic has intensified since the start of Brazil's economic recovery programme and the "deconstriction" of some cities. The spread of the disease has been exacerbated by nationwide unrest, making Brazil the epicentre of a new epidemic. It was a scene that reflected the confusion and chaos of Brazil in the face of the new coronavirus outbreak. Although the Brazilian government has responded to the epidemic with a range of measures, the results have been less than satisfactory, blamed in part on the country's fragile healthcare system and unfavourable economic and social environment. Brazil has long followed a healthcare system based on free universal healthcare, supplemented by individual health insurance, and despite its relatively high coverage and maturity, it still suffers from underfunding, poor infrastructure and insufficient capacity to take over.

Brazil has already suffered a serious outbreak of dengue fever this year, and the outbreak and worsening of the new coronavirus have dealt an unprecedented blow to the country's healthcare system. Shortages of medical equipment, epidemic prevention supplies, medical staff, shortages of medical resources, lack of adequate medical resources, lack of adequate medical resources, and lack of adequate medical resources, have resulted in massive under-reporting. Several states such as Amazonas, Ceará and Pará had ICU bed utilisation rates of over 90% at the end of April. While the level of development of the health care system is a constraint on Brazil's resilience to disease, social inequity and poverty are important factors in limiting the country's effectiveness against the epidemic. Figures published by the Brazilian National Institute of Geography and Statistics (INEGI) in May show that out of 734 municipalities this year, more than 5.1 million households live in slums. No doubt living in low-income groups, such as slums, are the first areas to be hit by the virus<sup>[4]</sup>. On the one hand, many slum dwellers live in cramped spaces with worrying hygiene conditions, which can easily lead to the spread of infectious diseases; on the other hand, a large proportion of the poor population cannot remain isolated in their homes for long due to their dependence on the informal economy, thus creating an overall social isolation effect.

In addition, Brazil faces further difficulties in meeting the challenges of the epidemic. As the southern hemisphere has entered autumn, in addition to the enhanced capacity for transmission of the new coronavirus, Brazil has also seen a high season for influenza, and the interaction of multiple diseases has further complicated the fight against the epidemic in Brazil.

## 6. Conclusion

In this research, the authors noted that external factors in Brazil (precautionary measures and government reopening and flexibility regarding trade) have a direct impact on the spread of novel coronaviruses in Brazil. The duration of the novel coronavirus epidemic in Brazil 2019 is not only related to the decisions of the governments, but also other under-understood disturbances and related factors. These include problems with the majority of people living in poverty conditions (50% have a monthly income of less than US\$250 and 35% have a monthly income of US\$250 to US\$600), spatial occupation and segregation of communities (homeless, slum and indigenous communities), lack of full access to the public health system (some Brazilian cities have no intensive care units), information between federal, state and municipal governments and decision-making inconsistencies, and lack of information on the spread of novel coronaviruses (INEGI and the Brazilian Ministry of Health).

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