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Ethics and Responsibility in Facing COVID-19 in the Context of Brazilian Public Agents*

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Abstract: the year 2020 will be remembered as the year in which a pandemic caused by the SARS-CoV-2 virus precipitated a major disruption in the functioning of contemporary societies. A global event with peculiar regional consequences. It is in this context that we will discuss the ethical aspects of the actions under the responsibility of public officials, namely the ones on national Brazilian relevance for the confrontation of COVID-19. The analysis of the pandemic's effects in Brazil should be based not only on the events triggered at the current moment, whose transience is still an insufficiently known factor, but also on the social, political, and historically economic determinants that heavily interfere in the present events, as well as in the post epidemic future, highlighting the possible scenarios that the political normative, governmental, social, and economic choices underway point to. The tragedy of our time once again presents us with a challenge that is not new, the challenge of a new order, a global order of survival and, therefore, necessarily, a new ethic, an ethic of a global and profound responsibility. This path can only be treated with wisdom and compassion through a model of responsible governance.

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Keywords: Pandemic; SARS-CoV2 virus, bioethics; governance, responsible, global health

Ética y responsabilidad de cara al COVID 19 en el contexto de los agentes públicos brasileros

Resumen: el 2020 será recordado como el año en el cual una pandemia causada por el virus SARS-CoV-2 precipitó una mayor disrupción en el funcionamiento de las sociedades contemporáneas. Se trata de un evento global con peculiares consecuencias regionales. Es en este contexto que discutiremos los aspectos éticos de las acciones bajo la responsabilidad de los agentes oficiales, particularmente aquellos de relevancia nacional para el tratamiento del COVID-19 en Brasil. El análisis de los efectos de la pandemia en el país debiera estar basado no solo en los eventos desencadenados en el momento presente, cuya provisionalidad constituye un factor aún insuficientemente conocido, sino también en los determinantes sociales, políticos y económicos que históricamente han tenido una alta injerencia en los eventos actuales, así como en el futuro pos-pandémico, resaltando los escenarios posibles a los que apuntan las políticas normativas, gubernamentales y sociales y las alternativas económicas en curso. La tragedia de nuestro tiempo nos confronta una vez más con un desafío que no es nuevo, el reto de un nuevo orden, un orden global de supervivencia y, por lo tanto, necesariamente, con una nueva ética, una ética de una profunda responsabilidad global. Este camino solo puede ser abordado con sabiduría y compasión a través de un modelo de gobernanza responsable.

Palabras clave: pandemia; virus SARS-CoV-2; bioética; gobernanza; responsabilidad; salud global.

Ética e responsabilidade no enfrentamento da covid-19 no contexto dos agentes públicos brasileiros

Resumo: o ano de 2020 será lembrado como o ano no qual uma pandemia causada pelo vírus sars-CoV-2 provocou uma grande ruptura no funcionamento das sociedades contemporâneas. Um evento global com consequências regionais peculiares. É nesse contexto que discutimos os aspectos éticos das ações que estavam sob responsabilidade de agentes públicos, a saber, os agentes de relevância nacional no enfrentamento da covid-19 no Brasil. A análise dos efeitos da pandemia no Brasil deve se basear não somente nos eventos desencadeados no momento — cuja transição ainda é um fator insuficientemente conhecido —, mas também nos determinantes sociais, políticos e historicamente econômicos que interferem significativamente nos eventos atuais, bem como no futuro pós-epidêmico, com destaque para os possíveis cenários que as escolhas políticas normativas, governamentais, sociais e econômicas em andamento apontam. A tragédia do nosso tempo nos apresenta novamente um desafio que não é inédito: o desafio de uma nova ordem, uma ordem global de sobrevivência e, portanto, necessariamente, uma nova ética, uma ética de uma responsabilidade global e profunda. Esse caminho só pode ser tratado com sabedoria e compaixão mediante um modelo de governança responsável.

Palavras-chave: pandemia; vírus sars-CoV-2; bioética; governança; responsável; saúde global.

Introduction

In the Brazilian context, the international statement about the proliferation speed of the SARS-CoV2 virus (1,2), which has caused the COVID-19 pandemic, and the surprising number of fatalities in a short period (3,4) enkindles distinct feelings in the population, such as denial, anguish, and belief in false theories. The denial, as a "robust" expression of the "fragility" and incapacity of the individual in the face of extreme situations, such as the pandemic, lies within the ego's primitive defense mechanisms. Since it creates a painful and overly distressing environment for the individual ego as well as for the collective unconscious (5), the current situation leads to the "alienation" of reality (6), fueled by the idealization of another seemingly "safe" object or situation. Such regression consists in the unacceptance of reality, upon the creation of an immature image of the world, preserved since childhood in one is unconscious. Truly, a belief, a sampling of anguish. In addition, in this context, emerge opportunist actions of leadership, where the pretentious moral principles start to act in favor of social manipulation.

The anguish over the provision of the previously announced collective tragedy that materializes in a great part of the country is magnified by a portion of Brazilians because of the belief that we are "different" people and that this qualifies us to face the setbacks related to the virus and to overcome the pandemic in a more efficient manner than other countries, a bet with human lives. Mixed in this group are those who, in various degrees, deny the existence of the pandemic and its severity, resorting to justifications ranging from laconic denials of science to conspiracy theories. Another portion, mobilized by fear, searches in precaution for ways to set back the imminent threat.

Disputing these views are, on the one hand, members of the mass media who, connected to global happenings, present daily newsletters about the pandemic and related events. On the other side, there exists a movement led by public officials and managers, politicians, and national businesspersons who offer another perspective for facing the crisis, or the absence thereof. The organization of the current economic system determines the collective (the land in which humanity moves unconsciously) and individual (a specific and alienated field of broad mobility) (63). It is in this context that we will discuss the ethical aspects of the actions under the responsibility of public officials, namely the ones of national relevance for the confrontation over COVID- 19. It is important to identify whom the measures taken seek to benefit: a discussion that sharpens the historical dichotomy between human society and the economy. Certainly, a dilemma, exists that, in these times of calamity and global health emergencies, presents challenges that are framed in the contemporary scenario of economic - geopolitical globalization. This makes it so traditional ethics is not capable of offering even the ordering principles of action anymore, let alone a complete doctrine to deal with the ongoing catastrophe (7), whose future perspectives do not present themselves as less tragic (8,9), catching a glimpse of scenarios of great uncertainties and sacrifices. Therefore, we chose the global bioethics line to guide this critical analysis.

The Brazilian scenario

The analysis of the pandemic's effects on Brazil should be based not only on the events triggered at the current moment, whose transience is still an insufficiently known factor, but also on the social, political, and historically economic determinants that heavily interfere in the present events as well as in the post-epidemic future (10–12). Highlighting the possible scenarios that the political normative, governmental, social ,and economic choices are underway point (13–15).

Some numerical references help build this scenario. According to data from the Brazilian Institute of Geography and Statistics (IBGE), in 2019 Brazil had a population of 211 million people and the 9th largest GDP in the world; however, it occupied the 78th place in human development (16,17). Almost 14 % of the population is in the age groups considered to be at the highest risk in the pandemic, above the age of 50, and 8 % is above the age of 60. That represents, in absolute numbers, 29 million people over 50 years old (two-thirds of the

entire population of Spain, half the population of Italy, and a little less than half of the populations of the United Kingdom and France) and approximately 17 million over 60 years old. A portion of these people survives on a pension of a little more than 1 thousand reais, or 200 United States dollars (16), and another portion does not even have a permanent income, surviving on the margins of the economy and remaining dependent on charity for subsistence. The economic growth, the public policies for the reduction of extreme poverty, and the social inclusion unleashed in the previous decade were not strong enough to consolidate themselves as a permanent trace of the evolutionary process of Brazilian society. This, especially in the last five years, has shown clear signs of an important systemic reversion in various sectors such as economy and labor, environment, protection, and promotion of social rights and citizenship such as health, education, and public safety (12).

The official data of 2018, for example, indicates that 13.5 million Brazilians live below the absolute poverty line, with an income inferior to US$ 1.90/day per capita in purchasing power parity (PPC), equivalent to a mere monthly R$ 300,00. This quota is above the total population of countries like Bolivia, Belgium, Cuba, Greece, and Portugal. By themselves, these data already reveal the fragility to which the most vulnerable portion of Brazilian society is exposed. It also becomes evident that it is not the only one in a situation of extreme vulnerability, since another group, immediately above the poverty threshold, with an income up to US$5.50/day PPP, equivalent to a monthly R$900, represents 18.8 % of the population, or almost 40 million people. Also, it does not find itself in a substantially better survival situation, and depending on the governmental support actions for the confrontation of the health emergency, it may rapidly migrate permanently below the poverty line, an easily reachable plateau that resonates through generations and from which it is very difficult to exit (16).

Although there is no consistent reference, the current estimates of the size of the population that is the most vulnerable and most in need of the state's emergency aid are in themselves a permanent tragedy that largely predates the pandemic. The financial aid granted to the most vulnerable, established at the value of R$ 600.00/month (guaranteed only for three months), is estimated to achieve 70 million people (18) a third of the country's population, who depending on the post pandemic choices and policies, whose bases are being engendered in the current phase of the crisis and follow anterior economic principles. In this scenario, possibly those people might not be able to return to the lesser state of fragility that they found themselves in previously. The convergence of this reality with the accelerated process of implementing policies that reduce the presence of the state, especially the state that promotes social well-being, in favor of the economy (seen chiefly since 2015), tends to create the conditions for a much larger scale humanitarian tragedy and over a much longer time horizon.

Indeed, one of the most categorical characteristics of indigence in poor or developing countries concerns exclusion, in which the unavailability or limitation of access to essential goods for the exercise of human rights and citizenship materializes, such as nourishment, drinking water, housing, education, health, work, income, and safety (19). Other modern goods include biotechnological products and those required to combat the pandemic, such as diagnostic resources (e.g., quick tests, a CRP genetic test, and tomography) and life support (e.g., breathers and medication, including antibiotics for common multi-resistant infections in severe cases of Severe Acute Respiratory Syndrome (SARS). Access to basic health conditions is already scarce in Brazil, and the pandemic in many Brazilian states already contours a humanitarian catastrophe. It is not surprising that the pace of the epidemic in Brazil remains accelerated in the absence of even the availability of drinking water for washing hands and faces. Nonetheless, this restriction or unavailability, an inherent phenomenon of capitalist societies and far from being a result of current circumstances, has persistent historical and cultural roots that, on the whole, have served as ideological barriers and moral foundations, not only to explain but also to justify inequalities. From the study by Souza et al

(14) about the initial evolution of the pandemic in Brazil, two points should be highlighted: first, the profound inequality in access to resources became evident in the prevalence of 66.9 % of diagnostic exams being carried out in private laboratories, while only 13.1 % in public laboratories. Second, those people, because of their better economic condition, were able to effectively resort to social isolation, differently from the others whose basic daily necessities forced them not to isolate. The disparity in available ICU beds in the public and private systems is another piece of data that reveals the inequality in access to resources(20). Indeed, the rich and poor are not subject to the pandemic's risks in the same way. The result of this equation is an already known script: the more economically vulnerable layers of the population will be strongly affected by the pandemic, not only because they are numerically bigger, but above all, because they lack both the minimally sufficient safety conditions to protect themselves as well as the necessary resources to confront it (9). In this context, the tragedy will not be the same for everyone, considering that its shape and number of losses will be substantially divergent.

Thus, one of this set of health emergency circumstance's most visible effects concerns the access and availability of resources and means to protect the citizens of each country:

One of these factors is the speed at which events like pandemics, with their immediate effects on the life of populations and their countries' economies, can currently broaden their scope of incidence. Less developed countries with large segments of their populations living in precarious conditions do not possess healthcare systems capable of dealing with the significant impacts of these events. Even when conditions are met to remedy the caused aggravations ,access to vaccines and medicaments isn't guaranteed in countries with a limited or inexistent capacity for innovation and production, even if they can circumvent the restrictions placed by industrial property problems (21, p. 567).

Another aspect of the Brazilian scenario is the increasingly visible adoption of a certain "*hostis generis humani*" (22) posture, shared by part of the Brazilian society and settled in political and economic perspectives that reflect moral values based on an eugenic racial and social meritocracy on religious sectarianism. On the idolatry of authoritarian regimes and on the irrational disdain of science and the knowledge accumulated by mankind across centuries, that finds resonance and stimulus in part of the instituted authorities and the parsimonious silence of others (23). This environment seems to have the potential to generate social tensions capable of producing ethically unacceptable humanitarian horrors, amplifying the calamity on course through the deliberate or consented dissemination of the virus and the consequential exponential increase in avoidable fatal victims (23,24).

This scenario finds itself having two moments that, although preceding the pandemic, have been converging toward the catastrophe. On one end, the Unified Health System (SUS), a retainer of integral attention and universal access, has, in recent years suffered from systematic and aggressive budget and investment cuts. On the other end, there is an exponential growth in poverty and social exclusion in the same period, making an increasingly larger portion of the population, increasingly dependent on a system that becomes less and less able to respond to their demands. Faced with this situation of profoundly increasing restriction, absorbing the overhead generated by the pandemic, especially for the most vulnerable, constitutes an impossible challenge (25).

If it is true that the result of this element set would already be enough to amplify the pandemic's tragedy to disastrous numbers, the country's situation intensifies even more with the change of the season to summer and the reentry of at least two other seasonal epidemics that, according to estimates, will be more intense in the next months: influenza and dengue fever. This is, to a certain extent, the perfect storm pointed out by specialists (26).

However, Brazil's already difficult scenario is worsened even more by two other crises that add to the outrage: the political, institutional, and ideological ones. Rooted in the street movements of 2012 and led primarily by the republic's

most important authorities, they count on the affectionate participation of many members of the executive and legislative branches (as widely disclosed in the national and international press). Moreover, they reveal two very clear movements: one of ideological geopolitical alignment with the Donald Trump American government, which too many see as nothing but a subservient submission; and another of the strengthening of a far-right wave that crystalizes in civil society and aggravates, even more, the ongoing political and ideological division in Brazilian society. This movement is founded on the cultural and historical traces previously referred to and it is being led with increasing intensity by the governmental summit and its political ideological nucleus.

During the pandemic, the political-institutional crisis manifested itself in the form of attacks on China and the World Health Organization (WHO), achieving the obvious goal of not only internationally signaling the American government's submission to Trump's project of global hegemony. On the one hand, the deterioration of the Brazil-China relationship (the country's main commercial partner and provider of materials, equipment, and scarce inputs for dealing with the pandemic) could have ramifications. And, on the other hand, the distancing of the country from the international efforts collectively conducted by the WHO to face the pandemic, both in the field of epidemiological actions and in the field of research towards developing vaccines for SARS-CoV2 and for treating COVID-19. In its turn, the political ideological crisis seems to follow the world's recent past marked by the exacerbation of nationalism, and racial supremacy, and by tragedies that should never be repeated. In daily life, systematic attacks are materialized against fundamental values conquered with much fighting and sacrifice, such as democracy, liberty, and human rights.

At the same time, an ignominious past—the cold war and anti-communism—of exception regimes is exacerbated. Furthermore, the idolatry of dictators and torturers provided the impetus for a growing movement led by civil society, businessmen, politicians, and public officers in favor of closing the National Congress and the Supreme Federal Court, opposing the press in general, and advocating the return of the 1964 military regime. Other broadly disclosed ones complement the plentiful records made almost daily by the press and social media in this bias.

In these cases, the executive branch's highest authorities and its backers not only deny the pandemic's gravity but also attack science and the WHO. Also, stimulate the population to ignore the social isolation and protection measures, return to normality and, restart economic activity while disrespecting the pain and mourning of millions of families who have lost and keep losing their loved ones to COVID. The "so what?" (27, 28) that prompted the Lancet magazine's editorial (29), the active participation of federal executive power authorities in the far-right rally held in front of the Palácio do Governo (Government Palace) on 03/05/2002 (30), and the visit organized by the federal executive with a committee of businessmen to the Supreme Federal Court with the intent of pressing it to restart

> Power became autonomous, while its salvation promised, an apocalypse. Now, unless the catastrophe itself imposes this limit, power over power becomes necessary – to surpass the impotence towards the compulsion to power that feeds off itself as it is put in practice (7, p. 37).

It is in this context of perspectives that disagree with the global consensus (32, 33), of a socially divided and profoundly vulnerable country that is institutionally fragile and economically mistaken, where a group on the effective decision power, resources, and means, counting with the population's support, shows itself as ready to conflagrate society's entirety, that the pandemic takes place. In this environment, the force of reality seems to disadvantageously confront itself, bringing to light the discussion about the misconceptions that can be brought about hasty analyses that try to justify choices focused on economic perspectives in collective health emergencies, on the pretext of saving jobs and the income of millions of human beings, who have historically been considered a surplus by the economy. The market has turned its back

and, the state offers very little or almost nothing in terms of public policies and social well-being.

The epidemic's trajectory in Brazil

The first COVID-19 case in Brazil was registered on January 27, 2020, in the state of Minas Gerais (34). After a little more than two months, on April 17 (the date the Prime Minister of Health of the current government left the government), according to official data (1), the epidemic curve signaled a strong expansion, with 33,682 confirmed cases and 2,141 deaths. A month later, on the exchange for the second minister, the total number of cases and deaths reached 241,080 and 16,118, respectively. Eleven months later, on March 23, 2021, in exchange for the third minister, the country reaches 12 million confirmed cases and almost 300.000 deaths, reaching the tragic mark of 3.000 deaths in a single day (35–37). At the same time, the initial problems of the pandemic's first phase, a lack of respirators and PPE, are now being exacerbated by a lack of several other essential resources in the ICU, such as medicinal oxygen and medicines for patient intubation, which are added to the widespread use of professionals trained to operate COVID-19 beds. The complete exhaustion of the capacity for public and private health care, associated with the increasing number of deaths in waiting lines for hospital beds across the country, denounces the widespread collapse of the system across the country.

In this troubled environment, the absence of mass detection exams and the tracking of contaminated people and their contacts, the diagnostic exam restriction to predominantly severe cases of hospitalized patients and, the restrictive prevalence of those tests in the private system (at least in the period investigated by (38). And the over 10 day delay in the release of the respective results, as well as the substantial increase in deaths related to SARS without a specific diagnosis and deaths at home with no specified cause. Both are far above the historical average, and evoke concerns, among them, that the underreporting might be a lot bigger than assumed (39), which severely hinders planning, tracking, and epidemiologic actions.

At the same time, this scenario indicates that the country in general did not know or did not manage to utilize the time between the first reported cases in China. Moreover, the experiences lived by other countries that began to deal with the pandemic before Brazil helped Brazil prepare for the infection and the overload in the health system, as well as mitigate the acute phase that approaches. (32,40–45)

Although the Unified Health System's (SUS) management regime is shared by the three spheres of government (federal, state, and municipal), it falls under the responsibility and prerogatives of federal level in matters of national health planning, organization, coordination and epidemiologic protection (typically in a pandemic situation). It was not observed that the adoption of the diversity of initiatives as implemented in other countries and which would naturally be expected by the Union happened in this period, such as the enforcement of social isolation, the restriction or at least the ordering of essential and non-essential commercial economic activities, and the sanitary control of borders, harbors, and airports, be it through shutdown or by controlling the flux of cargo and passengers (38).

The absence of this move forced governors and mayors to take local decisions, in the vacuum of a national guideline, which was later harshly criticized by the President of the Republic, who threatened through the media to suspend those protective measures. Upon the threat from the federal authority and the even greater risk of massive and uncontrolled spread of COVID-19, at the beginning of April, the Order of Attorneys of Brazil's (OAB) Federal Council along with the Supreme Federal Court presented the Allegation of Non-compliance with a Fundamental Precept (ADPF) nº 672, against "omissive and compliant acts of the Federal Executive Power, committed in the context of the public health crisis due to the COVID-19 (Coronavirus) pandemic"(46). In the verdict, the rapporteur minister made sure that the local and regional decisions were maintained, despite the federal impetus to the contrary:

> Thus, the minister understood that it doesn't concern the Federal Executive Power to unilaterally avert the decisions of the state, district ,and municipal governments that, in the practice of their constitutional competence, and the realm of their territories, adopted or will adopt important restrictive measures that are acknowledged to be efficient in the reduction of the number of infected people and deaths, as the World Health Organization's (WHO) recommendations and various technical scientific studies show" (46).

During this clash, the analysis of the official numbers of infections and deaths in each state on its own is not sufficient to visualize the broad diversity in the level of gravity faced in each region. The junction of these data with the availability of ICU beds with effective operational capacity (including breathers, medicaments and other inputs, PPEs, and trained health personnel, among other things) and their geographical distribution compose the country's most realistic scenario, however, these data are not available on the main electronic symbol of the Ministry of Health for information and control of the pandemic (35).

Curiously, the largest public hospital network (51 in total) along with the biggest life science centers (including biology and its specialties like microbiology, genetics, veterinary and zoonosis studies, pharmacy, and biochemistry, among others) are hosted within the federal universities, under the Federal Government's control via the Education Ministry, whose institutional silence so far seems to reveal a distancing not only from the problem but also from the solution. These university hospitals (UHs) integrate the SUS network as high complexity, reference, and counter-reference structures for the system and as central elements in the training of health professionals and cutting-edge R&D.

However, without the central government's unfailing commitment and the immediate, massive investment in universities and their hospitals (as well as in the institutes and the state network's UHs). The country fails in organization, assistance capacity, and R&D, jeopardizing the personal initiatives of rectors, UH directors, technical boards, professors, and researchers who, despite the budgetary restrictions, difficulties, and unnecessary and inconvenient barriers. That is imposed upon them and heavily damages the dedicated and committed high level work toward reaching results at the speed and proportion that the pandemic demands, following action in the global effort to surpass the pandemic.

Contrary to research investment, populist behavior, and disregard for the ethical implications of such explanations, the president, has stated in speeches since the end of March that chloroquine is the drug that will provide a cure for COVID-19.

"God is Brazilian, the cure is right here," said the president holding a box of medicament (47). Adding to the president's position of encouraging the return of activities because of the assurance of an efficient treatment with chloroquine are the investments in the drug's production without following the ethical principles in research and medical ethics for testing new drugs. This scenario inspired the article in Nature from May 22, 2020, titled "Medications should be prescribed by doctors, not the president": a leading Brazilian scientist discusses the pandemic ''Scientists across the country are battling anti-science sentiment alongside a rapid increase of COVID-19 cases" (48).

Ethics of Brazil's economic plan

One of the aspects of facing the pandemic, as globally consolidated and reinforced by the WHO, is the establishment of a direct and necessary relationship between actions on health and the economy. This relation, far from expressing recognition of value, be it absolute or relative, or the economy's prevalent necessity, indicates the need to submit the economy to what is unconditional and cannot be assigned a value, pointing to what is above any measure: human life. This is indeed the preponderant value, that of human existence as a duty (7), and it is only on this condition that human society could become a concrete reality, and with it, the economy. Hence, the former's precedence is the latter's obligatory ethical condition.

The economy, as a social construct, is part of the things that may or may not exist and, as such, should tend to the principle of protection and preservation of what it is conditioned to, that is,

human existence. Subverting this logic reveals an act that transits between the dangerous ignorance of which Potter (49) speaks and Sartre´s (50) bad faith. On this basis, it is plausible to justify the actions that most countries and governments have been implementing during this pandemic, especially in the field of economic policies, with the goal of guaranteeing access to health resources and the protection of a dignified survival that is compatible with the needs of the population and, above all, the most vulnerable. On the contrary, the Brazilian government moves forward only on the economy's and some companies' safeguards.

Another perspective, settled on a utilitarian pragmatism that arrogates to itself the steering of the pandemic, subverts the above-mentioned principle to answer a fundamental question: can this duty of human existence be relativized in quantitative terms? This debate assumes that the pandemic would not have a terminal and irreversible force of extinction caused by events and facts so far unique to evolution and potentially by the arrogance of human progress because the death of tens or hundreds of thousands of people would not jeopardize the species' survival in a world with 8 billion human lives. Maybe this Kafkaesque logic might even have some sense, but only in the world of barbarism. In this world, there is nothing to be saved, and maybe, for the good of the planet and all other lives in this small biosphere we call "home," nothing should be saved.

In the case of Brazil, the above mentioned protection that refers to the vulnerable was translated into some initiatives in the fields of economy and income, the latter having reached, on the one hand, formal workers and, on the other, informal, and excluded workers. On this matter, given the theme's extension and complexity, as well as the ongoing changes, it will highlight only a few aspects that are sufficient to show the essence of these proposals and the principles and guidelines to which they are subordinated.

The financial aid proposed by the Federal Government to the most vulnerable, that is, the informal workers who have lost their income due to the pandemic, as well as those who were already incomeless, was initially established at the level of R$200.00/month (approximately. US$40.00) for 3 months, amounting to an estimated global value of 15 billion reais, which was intended to reach 38 million Brazilians (51). In many cases, this so-called individual amount would have to serve all the other people who are close to the possible beneficiaries and who do not fit the established rules, the so called "invisible" that remain on the sidelines of the state's social assistance would continue to depend on the compassion of others. In any case, the help intended by the government would be inferior to the US$1.90 per day that marks the extreme poverty line (51). In other words, the result of the aid proposal reveals its purpose: that it was not about protecting the most vulnerable but about guaranteeing that they remained in their historical social locus.

Despite the government, the Chamber of Deputies increased this value to 600 reais per month (52). The global value ended up being updated to 98 billion reais, with the intent of reaching 54 million people (53).

The size of this emergency aid to the most vulnerable, even in its approved version, contrasts with the values consigned to the government's budget and destinated to a goal of a very different nature. A singular example is a volume destined for paying the external debt, an age-old component of the federal budget. This is a designation that would match its current total value of 570 billion dollars since it has demanded the immensely disproportional sacrifice of dozens of generations and others to come, which is still going to be necessary for its payment. For comparison, in 2019, the Federal Government spent over 40 % of its total budget, an unimaginable 1 trillion and 37 billion reais, on paying the debt (or more precisely, the debt services and charges), which meant the disbursement of a daily average of 2.8 billion reais for all the 365 days in the year. This means that those initial 14.4 billion reais in aid to the most vulnerable would equal a little more than 4 days of external debt payments in that year (53).

The 98 billion reais approved by Congress represents 35 days of debt payment. In terms of days, the humanitarian aid will cost $1.08 billion per day, or almost 1/3 of what was paid in

external debt the same day, keeping in mind that the latter has a scope of centuries while the former has a scope of only 90 days. Even though we are comparing figures from different years, the value bound to the debt in the current budget does not substantially change the scenario. Not by coincidence, Velji e Bryant´s (54, p. 529) although elaborated in a different context, becomes very relevant at this moment:

> A known effect of the profound national debt in developing countries is the debt-death association: the higher the payment of interest due to a nation's debt, the shorter the average life expectancy of its citizens. Bryant (54).

On the one hand, if this financial aid to the most vulnerable in Brazil is insufficient, and even more if compared to other countries' general practices, including G20 members (which is the case of Brazil), on the other hand, it contrasts with other ongoing measures. Among them is the one that refers to the support for small and medium-sized businesses to deal with the economic crisis triggered by the pandemic (23). Overall, these measures have three notable characteristics: firstly, they do not start from what should be the main rule, which is to condition the businesses' aid on their commitment to not firing employees for a while long enough to surpass the crisis.

This compulsory counterpart should be at least a pact of decency. Secondly, the ongoing actions end up turning their inherent fragility in regarding to worker protection into a rule. Another aspect of these measures is that they intensify the institution of mechanisms that were already in the scope of reformist projects before the pandemic or that converge on it, leaving the workers even more vulnerable. A typical example of this convergence is the adoption of the legal allowability of decreasing wages or even interrupting them, which so far would not have been legally possible This is the case with Provisional Measure 936/2020, which allows for the suspension of work contracts for up to 60 days and salary reductions of up to 70 % through individual agreements and without the consent of labor unions or the judiciary (55).

Thirdly, the proposed or adopted governmental measures reveal that they do not take responsibility for the future of workers. Without reach, vision, or medium and long term mechanisms, they establish a situation of abandonment and absence of protection or assistance to workers in the period after the epidemic peak, when normality is restored, which will impose upon them a much more vulnerable and uncertain situation. Overall, the common worker receives two daily messages from the authorities: one that requests that they to stay home and protect themselves from the virus, and another that says that the choice for isolation will condemn their future.

Initiatives like this can be misinterpreted as a result of erroneous or inadequately elaborated perspectives on how a government should act to plan, organize, coordinate, and conduct a country to confront and overcome a pandemic. They appear to be better aligned with the moment's opportunity mechanisms to accelerate the economic project that has been widely implemented in recent years, based on neoliberal principles that have profound implications for critical issues such as work and income, human rights, the environment, and global health. But this comes off as no surprise since it matches positions defended both by the republic's authorities (such as the Environment Minister's speech during the ministerial meeting on April 22, disclosed by the STF (Federal Supreme Court) (56)). As well as by businesspersons who reflect a set of reforms already approved in the National Congress and those of others in the process of analysis and approval. In this sense, for some, the pandemic, far from being a crisis, becomes a singular opportunity to accelerate the implementation of a broad project and a certain worldview. Precisely at a time when those who could offer resistance are unable to do so due to the circumstances of the confluence, which combines the health emergency and the ensuing survival crisis.

The synthesis of this discussion amid the pandemic is defined by the apparent dichotomy between economy and human lives and on deciding on the prevalence of one over, the other or, put another way, if it is possible to save one without sacrificing the other and, if not possible, if this

sacrifice will end up condemning the other. About this, some questions must be placed in their proper place. One of them is that this discussion does not have the conditions to be established without an ethical perspective to guide it.

However, even if we could renounce ethics in this discussion, not even the history of human civilization would admit such "heresy." The first human records capable of heralding the economy are no older than 20 thousand years old. A timespan that represents almost nothing on the horizon of 7 million years since the ancestor from which the first *Homo sapiens sapiens* originated stepped foot on Earth, or 1.7 million years since the Homo erectus took the first steps in building our current civilization. The economy is a recent trace in history, with a reduced role in the process of human evolution, and, as it seems, has contributed more to the process of extinction of species than to their preservation or improvement (57).

Nevertheless, what is the dichotomy between the economy and the protection of life? It is not about discussing the obvious: that the economy is not a living being and therefore cannot die, nor is it about the unconditioned ontological need for the "being" to exist. Deep down, this dichotomy has another, certainly more pragmatic, version that is perhaps more compatible with the current circumstance: deciding whether one should save thousands of lives or the instruments, means, and mechanisms through which a small portion of society can maintain an increasing concentration of all the wealth produced in the world. More specifically 1 % of the population has recently been reported by Oxfam to have accumulated the same wealth as the remaining 99 %, a completely inconceivable amount (58).

In all honesty, the dichotomy is about saving thousands of lives in the universe of the 99 % of people in the world or guaranteeing that the wealth of the other 1 % increases. The disaster that presents itself to society as inevitable, resulting from possible choices that lead to a fall in the economy, does not have the status of absolute truth and is at most one of the many different perspectives that are largely debated by specialists, theorists, and ideologists. It is necessary to recognize that unless global human society finds a new way of existing, that is, a truly better way to tend to its survival needs, which will not happen under the current progress model built on the binary economy politics system, divorced from a planetary ethic, the greatest tragedy will be the euthanasia of our humanity as essence. The society that comes out of this crisis may be the beginning of a new civilization marked by responsibility and compassion, or just another step in the tragic decline of another civilization that did not even have the capacity to learn from the past and, much less the humility to notice and correct its own mistakes.

Ethics and responsibility in the pandemic's management]

At this point, it becomes necessary to highlight some background questions. Given the global nature of the pandemic, the necessary actions, and the impact that both ought to cause in the future for the next decades and generations, we have made a choice for Van Rensselaer Potter's line of thought, in particular his Global Bioethics (49), and Hans Jonas', especially his Ethics of Responsibility (7), from whom we will not only borrow many of the concepts laid out here but also with whom we share plenty of thoughts, critics, and ideals presented principally in two of their works. The great compatibility and complementarity of their ideas allow for an exquisitely broad material for critically analyzing the present and developing an equally critical thought for the future, about which we all have the duty not only to care but also to occupy ourselves.

In the face of such global difficulties, uncertainties, and ongoing tragedies, we are compelled to seek solutions that will allow us to face the pandemic and overcome enormous social and humanitarian challenges in science, health, and economics.

By standard, all of them necessarily go through action, be it the individual act of social isolation, the presence of a health professional at an ICU bed, or the collective effort of scientists to find a cure or a treatment for COVID-19. Furthermore, it is possible that the institutional effort made by

governments and international organizations to organize and coordinate a global response to that is a threat to the way of life of global contemporary society. But this action is not free of conflicts of interest, mainly the geopolitical-economic ones, of ambiguities, cultural and ideological contradictions, and dilemmas whose alternatives encompass great uncertainties about the future. Recognizing the elements that can and should guide this equation becomes a necessary factor, but they are not always easily perceived by common sense. We would risk saying that at least three of them are necessary for action, which we translate in terms of ethics as knowledge, prudence, and responsibility.

We will start from the assumption that, in any situation, action is, strictly speaking, not an optional factor, since not acting or omitting are necessary actions, even in their negative form.

Transposing Jonas' (7) argument about action as pertaining to the nature of being, the action that interests us, in this case, is the necessary one for the global health emergency we currently live in. In this sense, this action is a compulsory duty, and the greater the capacity to act, the greater this duty. In this way, everyone the common citizen, the health professionals, the ruler, the politician, and the justice representative have the duty to act against the pandemic. However, this duty is not the same for everyone: the greater the power of the one who acts the greater his duty to act and his corresponding responsibility. Therefore, the common citizen's duty to act is not of the same size as someone who governs'.

This simplistic distinction must be duly established in the context of countries such as Brazil, where there appears to be some confusion about what the duties of public officers are and some difficulty by civil society in understanding duty to act comes from a responsibility that includes action in its negative form (the absence of action and omission), the consequences of which threaten to be disastrous soon. This is not to say that a citizen's action is insignificant or irrelevant because it lacks the scope or power of a ruler's action. In truth, considering the social means and context, the common citizen's action, be it in a collective manifestation or through digital communication means (e.g., in support of states of exception and sharing false news and information on the pandemic, early treatment, and vaccines), gives this action a capability of influencing and producing results of such magnitude that the weight of individual responsibility must have the same size as this capacity. This is the "butterfly effect" of these modern times of social media.

The fundamental assumption of acting, for certain, is knowledge, and, as such, it assumes the condition of a duty. However, we must recognize that this duty may be one of the greatest dilemmas of the human condition: ignorance. In this sense, we are compelled to act in the absence of all the knowledge needed to do so. In this condition, knowledge assumes four distinct conditions: ignorance, knowledge, wisdom, and prudence. The first condition is a duty to recognize that we do not have all the necessary knowledge; the second is an invocation of the duty to search for knowledge; the third has to do with the need of developing knowledge and how to utilize it for the good of mankind, especially the scientific one; the fourth is the duty to be cautious in respect to the effects of action (that can be done in the presence of knowledge or ignorance), both in the present and the future (7,49).

Thus, the duty to act has the same dimension as the duty to know. Hence, leaders should act, and in the absence of all the knowledge they need to do so, they have the duty of recognizing their ignorance and looking to supplant it with more knowledge. Potter has pointed out an alternative: the "Council of the future" (49). It might not even be the best alternative, but some actions in the Brazilian scenario, tangled in the denial of the pandemic's tragic reality, of scientific knowledge, and of international cooperation as a requirement for the construction of a way out of the crisis, show a disastrous detachment of those who have the power to act from those who have the necessary knowledge to do so. Certainly, a "dangerous ignorance" capable of causing more human lives to be lost, more pain and suffering to be endured, and putting the future itself at risk.

Prudence is perhaps one of the most notable human characteristics. Seen by some ancient people and other societies of oriental tradition as the

other face of knowledge; together, they compose one of the main human qualities that can only be acquired through longevity, the result of a broad and varied journey of experiences and the acquisition of knowledge. At the same time, prudence has sometimes been interpreted, especially by contemporaneous western societies, as a lack of boldness and even as a sign of cowardice. In a certain way, the discussion around the depletion of available ICU beds during this entire pandemic dichotomizes precisely these two visions in the dilemma between saving young lives with more perspectives on longevity or saving lives with greater age and more accumulated knowledge, although with less time for sharing it. This stalemate could be put in terms of a dilemma of *life X wisdom*, a choice for which our utilitarian view of the world has little doubt, although the lack of the latter may be the undoing of the former.

However, there is another form of prudence that is relevant to this discussion and becomes synonymous with precaution: the caution of acting on the conclusion that the knowledge about the virus, disease, and pandemic available to act on is insufficient to predict all of the consequences and impacts in the future, and that, in light of this conclusion, exceeding this limitation is only possible with an effort to predict the consequences of this action, based on the responsibility that the present time humanity has with the future time humanity. To put it another way, responsible action has knowledge as a requisite and a foundation.

Nevertheless, when unable to obtain this knowledge, choosing the course of action based on the projection of the effects that each possibility of action has over the future is called "precaution" or "prudence" and, therefore, must assume an ethical identity:

> Knowledge, under these circumstances, becomes a prime duty beyond anything claimed for it heretofore, and the knowledge must be commensurate with the causal scale of our action. The fact that it cannot be thus commensurate , that is, that the predictive knowledge falls behind the technical knowledge that nourishes our power to act, itself assumes ethical importance (7, p. 41).

But as Jonas (7) states, the heuristic of fear is part of the dynamics of precaution, which is why "the fear that is part of the responsibility is not that which advises us not to act, but that which invites us to act" (7). Regrettably, the actions of some national leaders can be translated not only as a denial of accumulated knowledge, which is the basis of action, but also of its necessity as *sine qua non* condition to act. This denial, that could be supplanted with more knowledge and with the counseling of scientists, is nothing more than a "dangerous ignorance" (49) that lacks fear of the damages that it may cause in the future or maybe lacks the ethical obligation to the future, which strictly speaking are the same thing, and shows itself destitute of responsibility:

> The gap between the ability to foretell and the power to act creates a novel moral problem. With the latter so superior, acknowledging ignorance becomes the inverse of the duty to know, and thus part of the ethics that must govern the ever-increasingly necessary self-policing of our outsized might. (7, p. 41).

So, if acting is a duty, we assume that it should be mediated by knowledge, and in its absence (which necessarily implies recognizing ignorance), by prudence and its countermeasure, fear. This seems to be the summation of the ethics of responsibility required in times of a pandemic (7). Effectively, this presupposes a gesture of humility and some decency, a quality that lacks in the speeches against the global consensus about the pandemic.

The ethic that our time demands is not the ethic of economy or progress. Neither is it the ethic of statistics, better luck, or circumstances since they are amidst the central objects of its mission to regulate, and the previous ones are part of the list of risks and threats that the heuristics of fear should explore and hand over to ethics, in the form of prudence, so that it may then enlighten the action, imposing on each one the due responsibility.

This ethic, which must handle human action, especially in this tragic escalation we live in, cannot be an ethic that limits itself to arbitrating conflicts, dilemmas, and individual tragedies. Its short arm cannot reach the global collective extent of the pandemic.

The guiding principle that equates who will have access to an ICU bed and who will die in a situation of resource scarcity should be the same one that regulates the action of the ones who have the responsibility for guaranteeing the measures of global reach as advocated by scientists and by the WHO, at the time and extent that provident knowledge estimates. The ethics that guide action in the microcosms have to be the same ones that regulate the macrocosms, under penalty of incompatibility between their annular principles and their deeds. It cannot be an ethic that considers the present but ignores and assumes no responsibility for the future; it also cannot be one that considers the results but ignores the means to reach them, or vice versa. It also cannot object to its existence on the basis of merits, as this would imply that it is the result of a statistical probability.

It also must not be an ethic that, while handing the right to life to the fragile agony of the health team's solitary decisions, does not occupy itself and has no reach to establish the relation between such circumstances and the duty to act that emanates from the power of managers, rulers , and politicians and their corresponding responsibilities over such circumstances. The ethic we need is not an ethic of mediating conflicts; it is an ethic of unconditional duty, for the right to life is not arbitral. Prior to that, it should be an ethic that recognizes existence as a duty, which should suffice as a principle in and of itself, without conditions or prerequisites, and that recognizes the duty to accept responsibility in all of its possibilities and dimensions that only provident sight can reach. It is evident that the very particular circumstances in which the individual existence, on its death bed, cries out for the end of unending and pointless sufferings, so that the final course of life is fulfilled with dignity, are not ignored, a theme well known to palliative care teams, and that successful experiences have been accounted for with COVID-19 patients (59, 60).

Final considerations

Dealing with the pandemic is a global challenge, which gives rise to many uncertainties due to the complexity of the virus's epidemiological scene.

However, Brazil faces a very particular ethical and governmental crisis. This concise scenario presented throughout the article, although worrying in and of itself, does not show with enough clarity if the current moment's apparent fragility is due to structural, planning, coordination, organization, or management difficulties in the epidemic's response, or if the general picture reflects a concealed strategy, a sly purpose of herd immunity in an accelerating trajectory, in a "*laissez faire*" style, with the intent of protecting the economy and minimizing losses, asserting dictatorial ideologies and policies.

However, even if the Brazilian scene is not sufficiently clear, the epidemic is an emergency that does not wait, it requires action, which in turn, requires an ethic to guide it. The ethic that the pandemic imposes on us is not an ethic of power to be imposed on the governed. On the contrary, it should be an ethic that submits to all power, whether political or economic, and regulates and imposes the responsibility inherent in it by the principle that "it (ethics) has to exist because men act, and ethics exists to order their actions and regulate their power to act." Its existence is all the more necessary, therefore, the greater the powers of action that it has to regulate (7). However, it is necessary to go beyond, to realize what the ordering principle of leading and governing is. However, we shall recognize that "the is ordering principle must also adapt to the type of action to be regulated. As a result, new action capacities necessitate new ethical rules, and perhaps even new ethics" (7).

The ethic required by our global contemporaneity of immense inequalities and injustices, of exploration of natural resources to exhaustion, and of global warming. That which threatens the entire biosphere and now faces the threat of a pandemic with terrible consequences for humanity is not the ethic of death, conformity, or reformism, but rather the ethic of survival, a simple primary duty that is gravely threatened (7, 49).

We must also recognize that knowledge is the only possible path; it must have priority over politics and the economy, just as ethics must have

priority over knowledge. However, the ethic must include responsibility as a fundamental principle, responsibility for the entire biosphere, responsibility for the future of this little ship we call Earth, on which our rights are no less than what we can claim and no more than what we can abdicate.

What we now see is that we are being challenged to take the responsibility for guaranteeing our existence into our own hands, both in the present and especially in the future. An imperative principle that imposes on our species is the "duty to be able to attribute itself this duty" (7, p. 93). This duty does not stem from a right that may or may not be recognized or guaranteed, nor does it stem from a duty of mutuality: "It follows that the first principle of an ethics for the future is not found in itself, as a doctrine of doing (to which all the duties towards future generations belong), but in metaphysics, as a doctrine of being, of which it makes part of the idea of man" (7, p. 95).

Maybe we could interpret the happenings in Brazil, which seem to be causing the pandemic to join so many other comparable humanitarian tragedies of historic proportions, as the fruit of madness or malice, if distinguishing them is even possible because history shows that both tend to always be found together and their deeds are, in general, undistinguishable. Regardless, madness might be treated or at least contained. On the other hand, the malice to which we refer, which is said to dominate the human spirit and be irresistible, makes it undeniable, and which strictly speaking is nothing more than an excuse, but rather the banal perversity practiced by common human beings, whose reach is proportional to the power available to impose oneself on other human beings (22), this perversity has no place for treatment or contention; it must instead be fought against. What is regrettable is that, in the midst of a pandemic like the one we are experiencing, madness and malice masquerade as tragedies in some countries.

From atop our collective arrogance, the virus challenged us, perhaps not as a threat, but as a warning that we lacked the necessary wisdom to make the best decisions and that the ruler of time might not be as long as we had imagined:

> [...] We are constantly confronted with issues whose positive choice requires supreme wisdom an impossible situation for man in general because he does not possess that wisdom, and for contemporary man because he denies the very existence of its object, namely, objective value and truth. We need wisdom most when we believe in it least. (7, p. 63).

However, even this warning tells us that, despite this, we still have the option of exercising discretion and changing the course not only of our future but of the entire biosphere, even though there is no way of separating them, and if we wish to continue as a species, we have the duty to protect and preserve that which counts on the scale of evolution, which is undoubtedly not the economy: "The most sublime and immeasurable freedom of self leads to the most demanding and unforgiving of duties" (7).

The tragedy of our time once again presents us with a challenge that is not new, the challenge of a new order, a global order of survival, and, therefore, necessarily, a new ethic, an ethic of a global and profound responsibility: "The spirit of responsibility rejects the premature verdict of fatality for having taken the course of history" (7). This is a path that can only be traded on with wisdom and compassion (49), which are incongruous with governmental statements about the rise in deaths due to COVID-19 such as "it's a little flu," "I'm not a grave digger", or the sad expression of "so what?" that denote the severe ethical rupture with a model of responsible governance.

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