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# The Spanish flu in Mato Grosso and its lessons in times of COVID-19 pandemic

## A gripe espanhola em Mato Grosso e suas lições em tempos de pandemia da COVID-19

Manuela Areias Costa\* 

### ABSTRACT

**Introduction:** This article analyzes the political and social impacts of the Spanish flu in Mato Grosso and brings reflections on the COVID-19 pandemic. To this end, it intends to recover the memory of the Spanish flu by analyzing the records of the Mato Grosso press at the time. **Discussion:** The epidemic known as “Influenza Hespanhola”, marked the beginning of the twentieth century, and has numerous similarities with the situation we are facing today, in the face of the COVID-19 pandemic, despite the 100 years that separate them, especially in relation to the denial posture of the authorities in the past and in the present times. **Conclusions:** The rescue of the memory of the Spanish flu offers lessons and experiences that could be used at local and national levels to fight the new coronavirus.

**KEYWORDS:** Spanish Flu; Newspapers; Coronavirus

### RESUMO

**Introdução:** Este artigo tem como objetivo analisar os impactos políticos e sociais da gripe espanhola em Mato Grosso e trazer reflexões sobre a pandemia da COVID-19. Para tanto, pretende-se recuperar a memória da gripe espanhola por meio da análise dos registros da imprensa mato-grossense da época. **Discussão:** A epidemia, conhecida como “Influenza Hespanhola”, marcou o início do século XX, e guarda diversas semelhanças com a situação que estamos enfrentando atualmente, frente à pandemia da COVID-19, apesar dos 100 anos que as separam, sobretudo em relação à postura negacionista das autoridades no passado e nos tempos atuais. **Conclusões:** O resgate da memória da gripe espanhola oferece lições e experiências que poderiam ser aproveitadas em níveis local e nacional no combate ao coronavírus.

**PALAVRAS-CHAVE:** Gripe Espanhola; Jornais; Coronavírus

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## INTRODUCTION

**“YESTERDAY it was a simple COLD... TODAY it is the dangerous FLU!”<sup>1</sup>**

The epidemic of “Spanish flu”<sup>\*</sup> is considered one of the most devastating in history. This disease spread to several countries, with a death toll between 20 and 40 million people, from 1918 to 1920, according to data from the World Health Organization (WHO). Regarding the number of people affected, it is generally assumed that about 600 million people fell ill worldwide.<sup>2</sup> There is no exact account of the number of victims in Brazil, but it is estimated that 35,000 people were killed by the Spanish flu. These numbers are not accurate, especially because of the underreporting of cases in vulnerable population groups (like indigenous and Afro-Brazilians) and deaths resulting from complications caused by the flu.

In the city of São Paulo, in only a few months, the epidemic killed about 5,000 people. The victims’ bodies built up in the streets until they were finally collected, in a landscape of devastation. The city of Rio de Janeiro experienced a similar situation. In Rio de Janeiro, entire families were decimated, especially those who lived in more vulnerable conditions in the outskirts. The disease spread throughout the capital and the countryside. On October 27, 1918, the *A Cruz* newspaper announced that the disease was

[...] beginning to march into the countryside, and in the city of Rio the situation is appalling, all stores are closed, the avenues are deserted. The hustle and bustle of doctors and pharmacies is extraordinary, there are no families without at least three or four cases, generally benign, but still causing many deaths [...].<sup>3</sup> (own translation)

It is estimated that the epidemic caused the death of about 15,000 people in Rio. Panic overtook the city of Rio de Janeiro, then capital of Brazil, as the cases increased in number and severity. Within a few days, public services like schools and offices were shut down and healthcare was plunged into chaos.<sup>4</sup> The situation brought about by the Spanish flu epidemic was associated with government’s negligence, neglect, and administrative incompetence, and these arguments were widely explored by newspapers. This critical situation led to the resignation of the then General Director of Public Health, Carlos Seidl. As historian Adriana da Costa Goulart argued, “the context established during the epidemic eventually turned the director into some sort of scapegoat through a powerful smear campaign, and he became the laughing stock of newspapers and the population”.<sup>5</sup> After Seidl’s resignation, in October 1918, researcher Carlos Chagas, then director of the Oswaldo Cruz Institute, started to work to curtail the pandemic. On October 31, the *O Matto Grosso* newspaper announced that Seidl had left his post as director of public health and was going to be replaced by Dr. Carlos Chagas, who then emerged as a hero in the fight against the epidemic.

RIO, 27 - “Dr. Carlos Seidl leaves his post as director of public health”. The government gave Dr. Seidl’s substitute considerable power, but Dr. Carlos Chagas and others continued to be responsible for providing care to the population. Emergency stations were scattered about the city; public schools turned into hospitals, pharmacies were seized by the government; all doctors and pharmacists came forward to extend their services. Doctors from other states have come to Rio [...]. The city is dead, stores are closed, and so are cinemas, theaters, and other entertainment venues. There is no memory of such terrible mayhem.<sup>6</sup> (own translation)

Historian Gabrielle Alves argues that, until that moment, Spanish flu was considered a common and benign disease that attacked mainly the elderly. However, the 1918 epidemic changed the age of the affected population. Especially adult men between 20 and 40 years old (workers) died, which surprised doctors everywhere, who believed that the disease would hit the elderly harder. “The victims probably needed to leave home to work and eventually got infected”.<sup>2</sup>

After news of the health crisis caused by the Spanish flu in Rio de Janeiro and São Paulo, in October 1918 the hygiene inspector of the state of Mato Grosso, Dr. Caio Corrêa, sent telegrams to the health service director of the state of São Paulo, Arthur Neiva, asking for information on prophylactic measures adopted in his state to fight influenza. Neiva replied to the telegram stating that “[...] there is no safe preventive measure against the influenza epidemic. We recommend taking quinine and avoiding crowds, coldness, and fatigue. The disease has little spreading power and so far has had low mortality rates [...]”.<sup>3</sup> The main recommendations for fighting influenza in Brazil were to avoid crowds, to clean one’s nose and throat, and to avoid fatigue and excess physical activities. As mentioned by Neiva, medicines with quinine, a substance with antipyretic and analgesic properties, also used in the treatment of malaria and cardiac arrhythmias; Scott’s Emulsion, a “powerful fortifier in the recovery of the Spanish Flu”,<sup>7</sup> Água Purgativa Queiroz, “the safest antidote or the best weapon to fight the terrible scourge of the SPANISH FLU”,<sup>8</sup> Instatina, “curtails colds and relieves the pain”,<sup>9</sup> among other medicines—prescribed without scientific support—were advertised as miraculous solutions in the classified ads of the newspapers of 1918.

A few days after the telegram exchange between Arthur Neiva and Caio Corrêa, the *A Cruz* newspaper published preventive measures to fight the epidemic. The recommendations of Dr. Caio Corrêa, state hygiene inspector, addressed hygienic care, symptoms and treatment of the disease, and how to care for the sick.

<sup>\*</sup> The original spelling of newspapers of the time (early 20th century) was maintained in quotes and parts of the text.



I - HYGIENIC CARE: Avoid crowding in poorly ventilated environments, especially bedrooms.

Avoid coldness, fatigue, overeating, alcoholic drinks, and cold drinks.

Keep houses and their premises well ventilated and clean, stop breeding hogs where there is no appropriate place, do not allow stagnant pools of water.

Variola vaccine is also indicated for prevention; that is, the same vaccine used for smallpox, as long as it is not recent.

II - SYMPTOMS OF THE MALADY: In general, the FLU or INFLUENZA starts with headaches and pain in the whole body, chills, high fever, dizziness, and general dejection. Cough or hoarseness, phlegm in nose, throat and lungs often appear. In some patients, it manifests as gastrointestinal symptoms, with vomiting, diarrhea, abdominal distention (swollen belly), and intestinal cramps.

III - TREATMENT: If seeing a doctor is not possible, the patient should take a saline purgative. For example: Thirty grams of sodium sulfate (Glauber salt) dissolved in a glass of water, take at once. Or Rubinat water (a full glass), Purgol or Sal Pecê. Against fever, use any of the following formulas [...].

IV - PATIENT CARE: Patients must be separated from other people in the household. It is advisable to gargle with a solution of potassium chlorate or boric acid or hydrogen peroxide. It is advisable to disinfect your nose several times a day with a few drops of 4% gomenol and menthol oil. They must evacuate and spit in appropriate vessels containing disinfectant solution. The food will consist, in the first days, of milk, coffee, black tea, and water. Rest is necessary even during convalescence. Cuiabá, November 5, 1918. (Dr. Caio Corrêa - Hygiene Inspector).<sup>10</sup> (own translation)

A report by the government of Dom Aquino Correia, elected governor of Mato Grosso by the Partido Republicano Mato-grossense in 1918, was analyzed by researcher Suelme Fernandes. It presents the number of people infected and killed by influenza between the months of October 1918 and January 1919, totaling roughly 27,000 contaminated people across the state. The epidemic reached 19 municipalities, with a death toll of about 700 people. However, this count is not accurate. Possibly the numbers were much higher than that reported in the document, due to the underreporting of data on the transmission of the disease, especially among the traditional communities of the state (indigenous, rural black and quilombolas, fishermen, and riparian populations). According to the analysis by Fernandes, Cuiabá, Corumbá, Coxim, Campo Grande, Rosário d'Oeste, Nossa Senhora do Livramento, Poconé, and Cáceres were the cities with the highest rates of contamination. In the capital (Cuiabá) there were 3,000 cases and 29 deaths. The municipality of Corumbá, in the south of the state, recorded the highest number of deaths, with 160 victims in three months.<sup>11</sup>

Local newspapers of the time associated the arrival of the influenza virus in the state—after September, 1918<sup>12</sup>—with passenger boats that stopped at the port of Corumbá before continuing to the state capital. Steamboats would stop at the cities of Cuiabá, Cáceres, Corumbá, Asunción, Buenos Aires, Montevideo, Torres, Santos, and Rio de Janeiro.<sup>13</sup> In Mato Grosso, this fluvial itinerary used the Paraguay and Cuiabá Rivers as its main routes. After leaving the port of Cuiabá, boats reached the São Lourenço and Paraguay Rivers, then the Paraná River and finally the Río de La Plata, before reaching the Atlantic Ocean toward Rio de Janeiro.

After news of the epidemic's arrival in Rio de Janeiro, the government of Mato Grosso began to inspect, as of October, the arrival of vessels from Corumbá in the port of the Cuiabá River. In the area called "Amolar", on the banks of the Paraguay River, close to Corumbá, a health post was created to inspect and disinfect the vessels, as well as observe their passengers.<sup>14</sup>

In addition to the creation of the Amolar medical post, under the command of the hygiene inspector, commissions were established to adopt prophylactic measures against the disease in five areas of the city of Cuiabá. These areas were divided into: 1st - city center, between Rua Barão de Melgaço and the right bank of the Prainha creek; 2nd - Barão de Melgaço Street, going up the Boa Morte and Lavapés neighborhoods; 3rd - from Avenida Ponce to Largo do Arsenal; 4th - from the 2nd District to the Cuiabá River; 5th - neighborhoods of Areão, Bahú, Mundéo, and left bank of the creek. Visits to local dwellings were accompanied by clinicians, who performed "offensive prophylaxis" aimed at "preventing the germ from finding suitable grounds to thrive". In the case of the sick, they performed "defensive prophylaxis: the treatment of the sick and their isolation, whenever possible, either at home or in a hospital". The wealthier sick were treated by doctors at home, but the vast majority of those infected in the city of Cuiabá were admitted to the Santa Casa de Misericórdia or the São João dos Lázaros Hospital.<sup>15</sup> If the health structure in the capital was precarious, the situation in smaller towns and the countryside, especially in the south of the state, was even more alarming.

## DISCUSSION

Contamination in Brazilian territory started when an English vessel called "Demerara" docked in three cities: Recife, Salvador, and Rio de Janeiro, in late August 1918. After that, the first cases of Spanish flu in the country began to be recorded. Before the virus arrived in the country, Brazilian newspapers ignored or paid little attention to the epidemic. After the arrival of influenza and the substantial increase in the number of infected, they began to demand consistent measures from the authorities in the area of public health.

The newspapers from Mato Grosso, as well as those from other Brazilian states, show that, at first, the authorities denied the epidemic, since it was something unknown and with the potential to impact the economy and health systems. The reports



associated the Spanish flu with a transient flu that would affect only the elderly. Thus, the elderly should be isolated to control the progress of the virus, without further impact. For Alves, at first, no assertive measures were adopted to fight the epidemic, because Carlos Seidl insisted that the flu had a benign nature (it was just a “measly cold”). Seidl asked for censorship of newspapers because he believed they were spreading panic in the society and threatening public order. According to Alves, in many Brazilian states, newspapers were censored and prohibited from publishing certain types of news about the epidemic, including the number of infected and death toll.<sup>2</sup>

This denial and lack of concern with the epidemic also appear on the pages of the *O Matto Grosso* newspaper, which called the news of the arrival of the disease in the state “mere rumors caused by sensational news stories and comments in the press of this city”. The Spanish flu was presented as a benign disease, for it was no more than a common cold. The “influenza phobia”, mentioned in the newspaper, could affect the economy. According to its editor, Floriano Lemes,

Rumor has it that there are already several cases of the infamous Spanish influenza in this city. The population is alarmed. I am tired of repeating, from home to home, and of writing, story after story, that there is no truth in this rumor, nor cause for all this alarm. The few patients who are stranded in bed throughout this capital are all easy prey to common diseases: either banal flu or intestinal infections.

I resort to one last argument to try to convince the population: when the epidemic spreads among us (in case God doesn't want to get rid of it), it will be impossible for anyone to hide [...].

What can make it worse, however, is the panic with which poorly informed populations have received its unwelcome visit, as happened in Rio [...].

Far be it from us to try to diminish the severity of the current condition of this city, plagued by a real influenza epidemic. But there is a state of panic and an influenza phobia that must be curtailed, because they hurt the sick, the healthy, and the necessary activities. The disorder of spirits generates the disorder of things.

This influenza that attacks us, its epidemiological characteristic is that of great mobility, that is, a relatively small proportion of patients and low mortality rates [...].

Even if the epidemic breaks out among us, we are somehow prepared to face it. We have had some time to do something about it—which did not happen in other cities or states.<sup>16</sup> (own translation)

According to Lemes, there was no reason for alarm in Cuiabá and other cities in the state, since the few sick people in the capital were victims of “common diseases: either banal flu or intestinal infections”. He criticizes the “state of panic and an

influenza phobia that must be curtailed, because they hurt the sick, the healthy, and the necessary activities”. In this same edition, Lemes states that “The influenza or ‘Spanish flu’ continues to serve for political exploitation and as a pretext for money digging. The panic caused by the quarantine managed by Dr. Amarante outrages any civilized person [...]”.<sup>17</sup> Amarante was the doctor responsible for inspecting the boats and observing passengers arriving at Amolar. If he found traces of contamination during his inspections, he would refer passengers to mandatory quarantine.

On October 31, 1918, *O Matto Grosso* published a note stating that “the health condition of Corumbá is excellent. The alarming rumors spread by the press are unfounded”. The newspaper stated that the existence of Spanish flu in Corumbá was just a rumor spread by the local press, which alarmed the people with “overly exaggerated” news because, until now, the city had not recorded “a single case” of the disease.

CORUMBÁ, 29 - It is known here that the people there believe in the existence of the Spanish flu in this city, but this is nothing but rumors caused by sensational news and comments by the local press, which for many days has been alarming the people with overly exaggerated news, to the point of reporting the existence of this terrible epidemic here, when so far not a single case has been recorded [...].<sup>18</sup> (own translation)

A month later, that newspaper continued to say that the disease was nothing more than common, ordinary flu, despite the increase in the number of deaths in Corumbá. At the end of November, it reported that the municipality of Corumbá had recorded 24 deaths, however, only six resulted from the epidemic flu. It is possible that the number of infected and killed by the Spanish flu had been concealed, because, as we mentioned earlier, these data could increase panic, threaten the local economy and the maintenance public order.

CORUMBÁ, 30 - During the month that ends today, 24 deaths have been reported, of which only six are due to the epidemic flu. Of these six cases, three died at the charity hospital. I continue to state that the disease here is not what subordinate interests say, its symptoms are only slightly stronger and more intense than those of common influenza [...].<sup>19</sup> (own translation)

Similar to the news from the capital and Corumbá, in a similar degree of denial of the epidemic, cases of Spanish flu in other municipalities in the south of the state—Aquidauana, Campo Grande, and Três Lagoas—were also described by the press as benign, “suggesting that these are isolated cases of common flu, without the epidemic development”. On November 7, *O Matto Grosso* reported: “Over the last hour, it has come to our attention that the Spanish flu did indeed appear in the south of the state, in Três Lagoas, Campo Grande, and Aquidauana, and the cases are generally benign.”<sup>20</sup> A week later, they reported that



Except in Campo Grande, where, according to the telegrams that we published in the competent section, new cases of Spanish flu continue to appear, fortunately without a severe nature, the news from Aquidauana and Corumbá is reassuring, since in these cities the flu did not have its typical spread, making us believe that these are isolated cases of common flu, without epidemic development.<sup>21</sup> (own translation)

Regarding the indigenous populations of Mato Grosso, there are no official data that accurately inform the number of indigenous people who lost their lives to the epidemic. The spread of the disease in their lands seems to have been invisible, since this question was neglected by public authorities and the media of the time. However, indigenous peoples were active in the struggle for public policies, as demonstrated by the Kadiwéu people, from the south of the state. On November 7, 1918, *O Matto Grosso* published a note that reveals the claims of this group against “the abandonment in which they are on the part of the Government”.

The Cadyuéo people complain against the government and the Indian protection service [...]. From the Guaycurús station, a group of Cadyuéo Indians from the village of Alliki sent the following telegram to Colonel José Alves Ribeiro [...] complaining about the abandonment in which they are on the part of the Government. The population was painfully impressed by the condition of the so-called Indians [...].<sup>22</sup> (own translation)

If, until December 1918, the state press had ignored or neglected reports on the epidemic, insisting that the flu was benign, in February 1919, *O Matto Grosso* reported a surge in the number of infected people in the municipality of Rosário d'Oeste, located about 100 km from the capital, and demanded consistent measures from the authorities in the health area. “The Spanish flu is rampant here, with numerous new cases every day [...] we need urgent measures. The population is enduring a terrible ordeal”.<sup>23</sup>

It is worth mentioning that *O Matto Grosso*, like other newspapers, defended well-defined political proposals and had a clear intention of shaping public opinion. It was linked to the interests of the republican party in Mato Grosso and praised the initiatives of Governor Dom Aquino Corrêa, who, according to the editor, had taken “effective steps” to curtail the epidemic. In this way, the Spanish flu enables us to reflect on the political and power games related to the republican institutional system in the state, which, in turn, enabled the resolution of regional problems, as was the case of the local fight against the epidemic. As Goulart argued, epidemic diseases throughout history, including the Spanish flu, have been influenced by political and social factors.<sup>5</sup> The newspaper invested in the cult of the personality of Dom Aquino Corrêa and in the construction of his identity as a hero in the struggle for the health of the people of Mato Grosso, as shown in the excerpt below:

[...] continues to deserve sincere praise from the population for the dedication that the honorable head

of our state, D. Aquino Correa, has demonstrated to the people, inspecting and managing everything personally and enabling the entire population to remain at ease.

The city's diligent mayor, for his part, has supported the state government's patriotic efforts, advising the adoption of useful and advantageous initiatives and taking other effective measures [...].<sup>24</sup> (own translation)

Despite the increase in the number of cases in several municipalities of Mato Grosso, such as Corumbá, Rosário d'Oeste, and in the capital itself, between the end of the year 1918 and the beginning of 1919, newspapers began to spread the idea that the epidemic had been extinct in the state or enthusiastically claimed that the horrible influenza was in decline.

The latest telegraphic dispatches, received by his honor, Governor of the State, and published in the “Official Gazette” on the 18th of the current month, bring the reassuring news that the Spanish flu is in decline in the city of Corumbá and completely extinct in the flourishing municipality of Campo Grande. Thanks to the vigorous measures adopted by the honorable authorities, the terrible flu was not able to produce here the same horrors that several states of this country have witnessed [...].<sup>25</sup> (own translation)

Likewise, they stated that the epidemic was almost disappearing from Rio de Janeiro and that October, November, and December had been the worst months of the infection, the ones that killed the most people, both in the federal capital and in other Brazilian cities. Official records report 12,386 deaths from influenza in the last three months of 1918 in the city of Rio de Janeiro.<sup>26</sup> However, *O Matto Grosso* reported that “the Spanish flu almost disappeared from Rio, although still rampant in the countryside; emergency stations, temporary hospitals are beginning to close. The Syrian-Brazilian Red Cross health station will close this week [...]”.<sup>27</sup>

In Cuiabá, on the last day of January 1919, the editor of *O Matto Grosso* enthusiastically announced the end of the epidemic: “with great and justified joy we announce to the public the end of the epidemic, congratulating the Government on the effective measures that were adopted”. In the excerpt below, it relates the end of the epidemic in the capital to the health measures adopted by the state, such as the quarantine established at the Amolar medical post, created to inspect and disinfect the vessels that made the Corumbá-Cuiabá trip and observe their passengers.

[...] The quarantine established with the creation of the Amolar Medical Post had two advantages: first, delaying the invasion of the city by the disease, which was to come to us by river; second, weakening the virulence of the germ, whose incubation is short and lasts only a few days, so that the more days the trip from Corumbá to Cuiabá took, the fewer microbes arrived alive and powerful in this port... In fact, contrary to what happened in





Corumbá and other cities in the south, urban activities here suffered nothing: public offices opened regularly [...]. It is that the vermin of infection was undoubtedly weakened in its virulence upon arrival in our capital, due to the longer trip and the rigorous disinfection that the vessels underwent at the Amolar station. From December 15 to 30, only a few other boats arrived from Corumbá and brought a new contingent of viruses, reinforcing the share of what was already there. Then, many other cases broke out, so that the year ended among us offering the epidemic its greatest paroxysm. It can be estimated in 2,000 to 3,000 cases counted until December 31 [...]. In the first half of January, the epidemic status was established, with an average of one death a day [...]. It is, therefore, with great and justified joy that we announce to the public the end of the epidemic, congratulating the Government on the effective measures that were adopted [...].<sup>28</sup> (own translation)

Three years after the arrival of the Spanish flu in the country, the *Correio do Estado* newspaper published a note on the devastating consequences of the epidemic, which broke out in the municipality of Cuiabá “in alarming proportions”. The state was in crisis and “mourning in almost all of its vast territory”. “Poverty-stricken people affected by the disease could not any offer resistance—they succumbed fatally”. In public cemeteries, “one can see the rates of mortality before and after the appearance of the Flu”.<sup>12</sup>

The public and private assistance report published in 1922 recognized that, during the period of the epidemic, Brazil had the most “rudimentary assistance apparatus”, and that there was “an extremely urgent need to organize our Public Assistance”. The Spanish flu forced the country to pay closer attention to its public health system. For Goulart, “the discourse formulated during the epidemic fulfilled the political function of legitimizing the demands for new decisions, with regard to the redesign of public health institutions and policies”.<sup>5</sup> According to the 1922 report, “however, what became clear, what profoundly affected the morale of our people—with good reason—was the excessive number of those who succumbed by misery, hunger, and the lack of medical and pharmaceutical assistance”. In the capital of the country, people “living in crowded suburbs, hills, and other forsaken areas [...] had the painful opportunity to feel all the horror of truly Dantesque, macabre scenes, a hideous situation that is impossible to describe”.<sup>26</sup>

As Goulart argued, “historically, epidemics and ideologies have spread in the same way, enabling the appearance of social conflicts and resistance to interventionism and attempts to medicalize society”.<sup>5</sup> Neglect on the part of the executive branch, “chaotic and denialist” behavior,<sup>29</sup> and the endorsement, without scientific backing, of drugs that are supposed to be effective are present both in past experiences (in the context of the Spanish flu) and in the speeches of today’s authorities about the new coronavirus pandemic. The government’s stance on the control of these pandemics conflicts with the significant number of infected and dead and, consequently, increases the

difficulty of healthcare professionals in caring for the sick. At first, past and present deniers considered that these epidemics generated collective “hysteria” and were no more than a “measly cold”. The idea that the virus is not dangerous justifies that preventive measures like social distancing are unnecessary. In early April 2020, President Jair Bolsonaro announced in a video conference with religious leaders that “the new coronavirus seems to be leaving the country”,<sup>30</sup> despite what doctors, surveys, projections of the Ministry Health, and WHO recommendations said.

The severity of COVID-19 demonstrates the need for institutions that promote justice and citizenship to fight for and demand effective initiatives from public authorities—aimed at containing the virus, caring for infected people, preventing and promoting healthcare and social assistance—and investigations of cases of negligence, irregularities, and underreporting by the authorities and the media. The situation in Brazil and in several cities in the states of Mato Grosso and Mato Grosso do Sul is alarming, with the risk of a social tragedy.

The bulletin on the epidemiological situation in Mato Grosso, published by the State Department of Health, on June 25, 2020, points to 12,601 confirmed cases of COVID-19, 3,132 in the city of Cuiabá alone, with 476 deaths in the state.<sup>31</sup> In Mato Grosso do Sul, the numbers have been increasing significantly, reaching 6,523 confirmed cases by June 25 this year, with 61 deaths. As for the profile of the victims, the virus has affected mainly males aged between 20 and 49 years. According to the bulletin published by the State Department of Health, confirmed cases in Dourados represent 34.45% and, in Campo Grande, 23.82%.<sup>32</sup> In spite of the growth in the number of cases, many municipalities are adopting greater flexibility and loosening social distancing recommendations, which means they may be moving toward the collapse of their hospital systems. Cities are the focus of COVID-19 spread, but the disease also threatens traditional peoples and communities living in urban outskirts and rural areas in central Brazil.

There is an absence of public policies and concern with the spread of the disease in traditional territories. The coronavirus pandemic reveals Brazil’s social inequality, which creates the ideal conditions for the disease to reach historically less favored populations. The notion of “necropolitics” in the context of this pandemic sparks reflections on policies in the production of life and death, showing the mechanisms that the State uses to decide who lives and who dies.<sup>33</sup> Social and economic weaknesses and poor enforcement of public rights and policies—due to the failure of the current administration and many others before it—and the dynamics of systemic racism, which also pervades healthcare in Brazil, make indigenous and quilombola populations even more vulnerable to the pandemic. However, if the government steps it up and adopts strategies to protect lives, considering the WHO protocols and learning from the bad experiences with the Spanish flu, perhaps thousands of lives can be saved.



## CONCLUSIONS

According to Jean Delumeau, “to approach the history of fear in our civilization is to apprehend our deepest past. At the same time, this gives us insight to look to the future”.<sup>34</sup> For Delumeau, of all evils, epidemics were certainly one of the main factors that produced fear and that threatened human communities. Fear prevails in times of epidemics

because of the disruption they cause in everyday life and in social relationships. In this sense, the Spanish flu gives us lessons and experiences that could be used at the local and national levels to fight the coronavirus. Despite the 100 years that separate us from the Spanish flu epidemic, once and again we are witnessing a wave of fear and panic, and the old problems of social inequality and public health have become even more blatant.

## REFERÊNCIAS

1. HONTEM era um simples RESFRIADO... HOJE é uma GRIPPE perigosa!, A Penna Evangélica, Cuiabá, 14 maio 1938. (BND-Biblioteca Nacional Digital, Hemeroteca).
2. Alves GW. Uma comparação entre a pandemia de gripe espanhola e a pandemia de coronavírus. IFCH-UFRGS Notícias. 13 abr 2020[acesso 30 maio 2020]. Disponível em: <https://www.ufrgs.br/coronavirus/base/uma-comparacao-entre-a-pandemia-de-gripe-espanhola-e-a-pandemia-de-coronavirus/>
3. Serviço especial. A Cruz, Cuiabá, 27 out 1918. (BND, Hemeroteca).
4. Cabral M, Schatzmayr H. A virologia no estado do Rio de Janeiro: uma visão global. Rio de Janeiro: Fundação Oswaldo Cruz; 2012.
5. Goulart AC. Revisitando a espanhola: a gripe pandêmica de 1918 no Rio de Janeiro. Hist Cienc Saude Manguinhos. 2005;12(1):101-42. <https://doi.org/10.1590/S0104-59702005000100006>
6. O Dr. Carlos Seidl demite-se de seu cargo. O Matto Grosso, Cuiabá, 31 out 1918. (BND, Hemeroteca).
7. Emulsão de Scott. O Matto Grosso, Cuiabá, 5 dez 1918. (BND, Hemeroteca).
8. Água Purgativa Queiroz. A Gazeta, São Paulo, 29 out 1918. (BND, Hemeroteca).
9. Instatina. A Penna Evangélica, Cuiabá, 21 maio 1938. (BND, Hemeroteca).
10. A influenza hespanhola. A Cruz, Cuiabá, 10 nov 1918. (BND, Hemeroteca).
11. Fernandes S. A pandemia de gripe espanhola em Mato Grosso 1918. HNT Hipernotícias. 25 abr 2020[acesso 27 maio 2020]. Disponível em: <https://www.hnt.com.br/artigos/a-pandemia-de-gripe-espanhola-em-mato-grosso-1918/167366>
12. Saude publica e hygiene. Correio do Estado, Cuiabá, 5 dez 1921. (BND, Hemeroteca).
13. Oliveira VWN. Entre o Prata e o Mato Grosso: uma viagem pelo mundo do trabalho marítimo de 1910 a 1930 (Buenos Aires, Montevideu, Assunção e Corumbá) [tese]. Campinas: Universidade de Campinas; 2002.
14. Posto sanitario do Amolar. Matto Grosso, Cuiabá, 31 out 1918. (BND, Hemeroteca).
15. A Influenza hespanhola e as providencias officiaes, O Matto Grosso, Cuiabá, 31 out 1918. (BND, Hemeroteca).
16. Ainda a Influenza. O Matto Grosso, Cuiabá, 5 dez 1918. (BND, Hemeroteca).
17. Corumbá - A “hespanhola”. O Matto Grosso, Cuiabá, 5 dez 1918. (BND, Hemeroteca).
18. Corumbá. O Matto Grosso, Cuiabá, 31 out 1918. (BND, Hemeroteca).
19. Corumbá. O Matto Grosso, Cuiabá, 5 dez 1918. (BND, Hemeroteca).
20. Influenza hespanhola. O Matto Grosso, Cuiabá, 7 nov 1918. (BND, Hemeroteca).
21. Influenza hespanhola. O Matto Grosso, Cuiabá, 14 nov 1918. (BND, Hemeroteca).
22. Aquidauana. O Matto Grosso, Cuiabá, 7 nov 1918 (BND, Hemeroteca).
23. Rozario Oéste. O Matto Grosso, Cuiabá, 16 fev 1919. (BND, Hemeroteca).
24. A Influenza hespanhola. O Matto Grosso, Cuiabá, 5 dez 1918. (BND, Hemeroteca).
25. A Influenza hespanhola. A Cruz, Cuiabá, 15 dez 1918. (BND, Hemeroteca).
26. Mocorvo Filho, A. A assistência pública e a assistência privada (relações e regulamentação). Rio de Janeiro: Departamento da Criança no Brasil; 1922. (BND, Hemeroteca).
27. Notícias do Rio. O Matto Grosso, Cuiabá, 14 nov 1918. (BND, Hemeroteca).
28. A terminação da epidemia e as providencias officiaes. O Matto Grosso, Cuiabá, 30 jan 1919. (BND, Hemeroteca).
29. Guimarães L. Combinação de pandemia e governos autoritários no mundo é preocupante, diz Lilia Schwarcz. BBC News. 19 maio 2020[acessado 5 jun 2020]. Disponível em: <https://www.bbc.com/portuguese/brasil-52682049>
30. Fernandes T. Em live com religiosos, Bolsonaro vai na contramão de especialistas e diz que vírus está indo embora. Folha de S. Paulo. 12 abr 2020[acesso 5 jun 2020]. Disponível em: <https://www1.folha.uol.com.br/poder/2020/04/em-live-com-religiosos-bolsonaro-vai-na-contramao-de-especialistas-e-diz-que-virus-esta-indo-embora.shtml>
31. Secretaria de Estado de Saúde do Mato Grosso - SES-MT. Situação epidemiológica SRAG e COVID-19. Boletim Informativo Nº 109. 25 jun 2020[acesso 25 jun 2020]. Disponível em: <http://www.noticias.mt.gov.br/documents/14042969/14043087/BOLETIM+INFORMATIVO+109/7a65f980-e1b1-dcfc-95f0-3c0cf84717c5>





32. Governo do Estado de Mato Grosso do Sul. Casos COVID-19 Mato Grosso do Sul, 2020. Boletim de Estado de Saúde. 25 jun 2020[acesso 25 jun 2020]. Disponível em: <https://www.vs.saude.ms.gov.br/wp-content/uploads/2020/06/Boletim-Epidemiol%C3%B3gico-COVID-19-2020.06.25.pdf>
33. Mbembe A. Necropolítica: biopoder, soberania, estado de exceção, política da morte. São Paulo: N 1; 2018.
34. Delumeau J. História do medo no ocidente. São Paulo: Companhia das Letras; 2001.

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#### Authors' Contributions

Costa MA - Conception, planning (study design), acquisition, analysis, interpretation of data, and writing of the paper. The author approved the final draft of the paper.

#### Conflict of Interest

Authors have no potential conflict of interest to declare, related to this study's political or financial peers and institutions.



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