

'I can't return to the village without my baby': 'evil deaths' and the difficulty of mourning in Brazil in the time of COVID-19

Carmen Rial Federal University of Santa Catarina
rial@cfn.ufsc.br

Abstract

Based on the anthropological classification of death into 'good deaths', 'beautiful deaths' and 'evil deaths', and using the methodology of screen ethnography, this article focuses on mourning in Brazil during the COVID-19 pandemic, especially the extreme cases of deaths in Manaus and among the Yanomami people. The article 'follows the virus', from its first role in a death in the country, that of a domestic worker, to hurriedly dug mass graveyards. I consider how the treatment of bodies in the epidemiological context sheds light on the meanings of separation by death when mourning rituals are not performed according to prevailing cultural imperatives. Parallels are drawn with other moments of sudden deaths and the absence of bodies, as during the South American dictatorships, when many victims were declared 'missing'. To conclude, the article focuses on new funerary rituals, such as Zoom funerals and online support groups, created to overcome the impossibility of mourning as had been practised in the pre-pandemic world.

Key words: Brazil, mourning, bodies, death, COVID-19

Introduction

On 11 March 2020, the domestic worker Rosana Aparecida Urbano left her home in the Cidade Tiradentes, one of the poorest regions of the city of São Paulo, and travelled 25 kilometres to see her mother, diagnosed with pneumonia, who was in a public hospital, also in the Zona Leste [eastern region] of the city. Diabetic and hypertensive, Rosana was hospitalised as well and died the next night, 12 March, from cardiorespiratory failure, becoming the first victim of the coronavirus in Brazil. In the following days, the virus would also kill her mother, father and two of her brothers. Rosana was 57 and had co-morbidities that placed her in at-risk groups.¹ The family that she worked for had been to Italy during the pandemic and knew they could be a vector of the disease. None of these factors was sufficiently troublesome for the family to place Rosana on leave. She had worked for them for more than ten years.

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It was not by chance that the first death from COVID-19 in Brazil was that of a domestic worker, who probably got the virus from her White employers who had recently travelled abroad.² It was also not surprising that the first official case of COVID-19 in the country was detected on 26 February in an upper-class family; in a 61-year-old man who had also returned from Lombardi, Italy. The virus was brought to Brazil by those who can afford to travel abroad. Treated in one of the best private hospitals in São Paulo, Hospital Israelita Albert Einstein, the man with the country's first known case survived the virus.

The first fatal victim of COVID-19 in the country lived in an apartment of thirty-six square metres that she shared with her husband, who worked as a cleaning assistant, and a nineteen-year-old son, who has a developmental disability and epilepsy. She had two daughters. Rosana's family is a telling portrait of the distribution and impact of the pandemic in Brazil. Statistical studies show that poor neighbourhoods have had more than twice the number of fatalities as wealthy districts.

Unlike Rosana's fortunate employers, most of the fatalities in Brazil have occurred among the subaltern classes, many among domestic workers and nursing professionals,³ many among Black people.

On 2 June 2020, five-year-old Miguel Otávio Santana da Silva died when he fell from a residential building in downtown Recife, while under the supervision of his mother's employer.⁴ Miguel's mother, housekeeper Mirtes Renata Souza, had taken her son to work with her in a wealthy seaside neighbourhood because she did not have anyone to leave him with. Schools and day-care centres were closed due to the pandemic, so he had to accompany her to work. According to police investigations, Mirtes had gone out to walk the family dog, and left her son in the care of her employer. The building's closed-circuit video showed that she had allowed the five-year-old child to enter the elevator alone, which can be characterised as negligence, where he pushed the button for the top floor. The boy got out on the seventh floor, leaned over the parapet (perhaps to look for his mother on the sidewalk) and fell. The police charged the employer, Sari Côte Real, with manslaughter, because she was legally responsible for the boy at the time of the fall. After paying bail of less than US\$3,400, she was released to await the verdict of a slow justice system in her comfortable apartment.

The death of a child, like Miguel, is seen as an *evil* death in his community today – even though in the past, with high infant mortality, it was much more accepted and dead children were seen as angels who would wait for their mothers in the sky.⁵ Having fallen thirty-five metres (three metres less than the height of the statue of Christ the Redeemer that is a symbol of Brazil), Miguel was a collateral damage of COVID-19 that reveals the deep social inequality surrounding pandemic deaths, afflicting 'killable'⁶ bodies, children like Miguel.

Soon after ordering lockdowns, some governors determined that domestic work was an essential service, forcing the Rosanas and Mirtes of the country to return to their tasks. This official determination by state and local governments that domestic work is essential work during the pandemic (in Belém, for instance) was justified by authorities who alleged that health workers (and other important social agents)

needed someone to help them with domestic chores. In fact, only doctors could afford to pay for domestic workers, and doctors are, in general, rich White men. Among hospital workers there is a hierarchy that is social, racial and gender based: doctors are mainly White (88 per cent) men (52.4 per cent, a proportion that has decreased with the increasing number of women entering medical courses), from the higher strata of the population.⁷ Nurses are mostly women, they may be White or Brown, while few are Black (there are patients who do not accept care from Black nurses⁸) and most are from the middle class.⁹ The overwhelming majority of cleaning workers are Brown and Black women from the lower strata.¹⁰ Doctors leave their homes well protected in car bubbles; nurses and cleaning workers use public transport, which is invariably poorly sanitised and overcrowded. Not all healthcare workers can afford to save the time and energy needed for domestic chores by paying a minimum wage to domestic workers, and most of those who can are doctors. The dangers of contamination did not lead to a salary increase or any change of conditions for female cleaning workers, as is normally required by labour law to compensate for increased risk. What the essential service decree did not acknowledge was that domestic work, a structural heritage direct from the times of colonial slavery, is fundamental to Brazilian social organisation, part of a system of distinction that serves to maintain White privilege. The culture of domestic employment¹¹ boosted propagation of the virus. The poor depend on the wealthy for an income, the wealthy on the poor for cooking and cleaning, and the virus enters the fertile ground of poor neighbourhoods. This is reflected in the demographics. By the end of 2020, race inequality among COVID victims was evident by the fact that the excess of deaths was 27.8 per cent for Blacks and Browns, while for Whites it was 17.6 per cent.¹² Data collected by the newspaper *Folha de São Paulo* show that almost twice as many Whites (38 per cent) as Browns or Blacks (21 per cent) have been vaccinated so far (2021), while those considered Yellow amount to 12 per cent, the Amerindians 2 per cent and another 27 per cent did not identify their colour. According to the Instituto Brasileiro de Geografia e Estatística (IBGE), 45 per cent of Brazilians are White, 54 per cent Browns or Blacks and 1 per cent Yellow or Amerindian.¹³

The first fact that explains this inequality is the profile of healthcare workers who were given priority for vaccination in the country. Until 2010, the most recent IBGE census, only 15 per cent of doctors and 38 per cent of nursing or maternity ward employees identified themselves as Brown or Black.

'The vast majority of vaccinees had access to higher education or at least high school. Initially, there was a discussion about including janitors, clerks, etc. [non-medical] hospital workers, but this has not yet happened in general,' said Denize Ornelas, from the Brazilian Society of Family and Community Medicine. This inequality is also reflected in the social meaning of deaths, with some subjects (Whites from elite neighbourhoods) being more grievable¹⁴ than others (Blacks from the periphery), as if some deaths were more *evil*¹⁵ than others. It was with the anthropologist Louis-Vincent Thomas, my doctoral supervisor, that I learned to distinguish 'good deaths', 'beautiful deaths' and 'evil deaths'.

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On one of my last visits to Thomas's apartment, in the elegant Parisian neighbourhood of Saint Mandé, I was stunned by the personal manner of handling death by one who was a specialist in the subject. His apartment was lined with photographs of his wife, who had recently passed away. Literally lined, beginning with the entrance hallway, when stepping off the elevator, where large banners reproduced photos from different epochs, many of them with her face, photos of augmented identity. 'The number of photos that a person takes during their life is impressive,' he commented, when seeing my eyes fixed on them. 'Just look in the drawers, and there they are.'

Thomas died in January 1994, less than two years after that visit. From what I remember of one of his seminars at the Sorbonne, I think that he would classify his as a 'good death': he was over seventy and was in the metro when he had a severe heart attack.

The central argument of this article is the inequality of deaths caused by COVID-19 in Brazil, which reflects one of the world's most unequal economies and the role of the state, which, through its presence (or absence) accentuates this distance, making some deaths worse than others. Social inequality is reflected in the inequality of the experience of disease and death. Although Brazil has one of the world's best public health services, the Unified Health System (SUS), public hospitals have more limited infrastructure and resources than private hospitals. For instance, the poorest population of the country, which uses only the SUS, had less access to oxygen when it was in short supply and, as a result, there were more deaths among the poorest.

Using screen ethnography, I followed the virus from its appearance in homes to the final resting places of its victims in cemeteries, interpreting pandemic death as *good, beautiful or evil*.

Methodology

As I was unable to conduct fieldwork, due to the pandemic, the information in this text comes from twelve months of systematic monitoring, beginning in March 2020, of the print media¹⁶ (notably *El País Brasil*), television and internet (notably the *Jornal Nacional*),¹⁷ as well as the reading of blogs and social networks (Facebook, which is the most popular social media in Brazil, as well as Twitter and Instagram), and articles by colleagues in the human sciences, especially those published in the *Boletim Cientistas Sociais e o Coronavírus*.¹⁸ The data is recorded in field diaries and reading sheets, as prescribed by screen ethnography.¹⁹

In textual or media studies, one of the most common methodologies used for the analysis of messages is *content analysis*, which 'aims to produce an objective, measurable, verifiable explanation of the manifest content of messages.'²⁰ Content analysis investigates the order of denotative meaning, and its precision varies – the more material analysed, the greater the accuracy achieved. This method operates through the identification and counting of units chosen by the researcher. Much of the validity of the analysis lies in the choice of these units. They must be easily

identifiable and must occur with sufficient frequency that statistical methods can validate them.

One common way to conduct content analysis is to count how many times certain words are used. Content analysis as a method guarantees an aura of scientificity, reaching conclusions that a sensitive researcher would reach by performing screen ethnography without needing so many numbers. However, content analysis disregards important elements such as tone of voice, body posture, ambience, clothing and other indirect indicators that contextualise speech, which Bourdieu²¹ and others recognise as determinants of what is said. A 'thank you' from a reporter that legitimises what was said is very different from a 'thank you' that serves to cut off an interviewee. However, they would be tabulated in the same way. On the other hand, content analysis, like many other quantitative methods that employ statistics, can be interesting for avoiding conclusions that lack sufficient empirical bases.

Unlike content analysis, in screen ethnography the contents of messages are not matched or compared in terms of their frequency. A news item may occur only once, yet it may be written by a reporter with a sharp sensitivity that goes beyond routine description. Even if there is no follow-up, either in subsequent television reports or in the print media, it could be quite significant. Screen ethnography requires attention to detail (tone of voice, gesture, dress – the 'wink', as Geertz²² would say).²³

Freely inspired by Freud's *fluctuating attention* technique,²⁴ a fluctuating listening/reading/seeing was also used in my screen ethnography. With a fluctuating attention approach, the researcher is able to make use of everything that is said or presented. This is what Theodor Reik²⁵ later described figuratively as 'listening with the third ear'. More than a recommendation to avoid preconceived ideas and biases, the *evenly hovering attention* approach (as the method is also known) recognises that the attention of the analyst (or researcher) is regulated by conscious and unconscious selections.

Screen ethnography is a methodology that transports procedures proper to anthropological research – such as a researcher's long immersion in the field, systematic observation, recording in field notebooks – to the study of media text; and other procedures proper to film criticism, like analysis of shots, camera movements, editing options – in short, film language and its meanings. It is a method that allows revealing the 'social spaces' of the messages in television, cinema, internet or the press and a fieldwork practice that allows researchers to achieve a high degree of understanding of the social group or text studied, maintaining a reflectivity of the researcher.

Many topics emerge from an immersion in the Brazilian mediascape: COVID denial, 'fake news' and the politicisation of treatment. And from an international perspective: subservience to Trump, distrust of global organisations (such as the World Health Organization [WHO]), xenophobia towards China and others. I preferred to focus here only on those most closely related to death: bodies, tombs, funeral rituals and the appearance of stolen deaths, deaths without wakes, or

mourning without the presence of the deceased's body, collectivised deaths, hygienic deaths.

Inequality: the social death

The pandemic hit the subaltern classes more deeply in a broad sense. The death by suffocation caused by the lack of oxygen in hospital facilities in Manaus in January 2021 was the most terrifying face of inequality – families had to pay nearly half of a minimum monthly wage for cylinders that last four hours.²⁶ The violent deaths it causes are a continuation of violent lives.²⁷ Vulnerability to the virus was more present in the first month of the pandemic among maids who could not avoid contact with travellers who brought the virus to Latin America. The economic vulnerability was sharper among autonomous street vendors (known as *camelôs* in Brazil), who were not allowed to conduct business during the lockdowns. The consequences of the pandemic were more visible in the 'communities' (the local name for Brazil's favelas and shantytowns), with their spontaneous urban design of narrow streets and crowded houses. Their residents comprised the majority of patients waiting for beds in intensive care units.²⁸

A study by Brazil's Institute of Applied Economic Research showed that the population of the poorest neighbourhoods of Rio de Janeiro (a city with seven million inhabitants) was the most affected by the COVID-19 pandemic.²⁹ Although COVID cases were first reported in the wealthy neighbourhoods of the seaside districts of the Zona Sul and the Barra da Tijuca, it was in the peripheral regions of cities that the disease became more lethal after April 2020. In the city of São Paulo (with fourteen million inhabitants) the rate of deaths from COVID-19 was 60 per cent higher in low-income than in wealthy neighbourhoods.³⁰

A survey of residents of almost 300 favelas in the country found that about 15% of families do not have soap, and 47% do not have [clean running] water at home, which impedes the most suitable form of COVID-19 prevention, which is washing of the hands (. . .) today there are approximately 13.6 million people living in slums in the country. São Paulo (2.88 million) and Rio de Janeiro (2.08 million) are the states with the largest populations in these conditions.³¹

Soon, the small towns in the interior of the country were affected. One anthropologist, Felipe Fernandes, described everyday life in São Felix (a municipality with fifteen thousand inhabitants), in Bahia state, where 51.5 per cent of the population lives on up to half a minimum wage per month (less than US\$90) and only 14.4 per cent have fixed incomes:

the houses are so small that the street becomes, mainly at dusk, an extension of people's houses. I believe it is impossible, in this context, to think of a policy of social isolation as the one disseminated by the media, based on an urban and middle-class model. As one neighbour pointed out, it's impossible to 'stock' food in this community, because little money circulates here . . . The few lockdown proposals had little adhesion, since

families of 5–6 people would need to be locked in a house of 25–30 square metres. This has condemned the population to an extreme vulnerability to the virus.³²

Access to food was the primary concern:

At the beginning of the pandemic, between March and April, the situation was uncertain for the most vulnerable population. A necessary [government] policy for the population is the distribution of food packages known as *cestas básicas* ['basic baskets' in Portuguese] and bags of vegetables, including tubers such as cassava and taro. This [distribution] was interrupted under the argument of [the need to] avoid gatherings. This compromised a primary human right which is food security. I realised that community solidarity, at least in the village where I live, has become frequent. Exchanges of different kinds, such as bananas for fish or seafood, or even tubers for game meat, have been constant. I received squash, cassava and passion fruit brought from the countryside by neighbours' relatives. The only supermarket took preventive measures at the end of April, such as the requirement to use a mask and the cleaning of baskets and carts with alcohol. These measures were gradually adopted in neighbourhood markets and in local businesses.³³

One year after this report, hunger in Brazil made it to the cover of the *New York Times*, in an article that showed that 'roughly 55 percent of the country's population, faced food insecurity'.³⁴ The lack of food was a dramatic sign of the pandemic that brought to light the social inequalities visible in multiple social spaces. With the closure of schools, remote teaching mediated by digital technologies was adopted. Students had classes by cell phone, some climbed trees to get Wi-Fi. As Oliveira pointed out:

computer, internet and other accessories required for virtual classes, can be interpreted as forms of objectified cultural capital, which are unevenly distributed and, therefore, have implications for school performance. In addition, one must recognise the existence of other issues such as: the physical space available in the student's residence for studies, the need to help with household chores (emphasising gender inequality), the education of parents and the ability to accompany and assist in school activities, etc. All of these elements affect 'school success'.³⁵

The education of poor students is being compromised, not to mention their health, since many children have their only substantial meal of the day at school. Solutions for remote teaching were implemented. Some municipalities in Bahia, instead of providing education mediated by digital technologies, opted to send a weekly package of printed lesson cards. Students' families received the package at predetermined dates and times. 'And, as I heard from some mothers, whenever they went to get the packages, the school was empty and there was no crowding that would compromise social distance'.³⁶

The federal Congress approved a monthly emergency aid of 600 reais per month, which is equivalent to £80, for non-salaried workers and other poor in April 2020.³⁷

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Since March, networks of volunteers had distributed food packages and hygiene products in poor neighbourhoods in large cities. The aid actions were varied and imaginative. Volunteers distributed lunch boxes to truck drivers on roads where restaurants had closed, musicians from police bands played on the streets to comfort the confined population, posters taped to elevators listed the names of residents who could help elderly neighbours with shopping at a food market or in pharmacies. Thank you notes were posted at care centres to 'the angels of health'. Nurses from São Carlos, in the interior of São Paulo state, created a support system by filling latex gloves with warm water so that patients would feel that someone was holding their hand. In another hospital, two patients renewed their marriage vows before a priest. In the same hospital, a discharge bell was created for recovered patients to ring upon leaving the hospital.³⁸

Solidarity took many forms. Funds were raised online to help unemployed colleagues or needy students. Prominent musicians gave live broadcasts, campaigns were promoted online by social movements and non-governmental organisations (NGOs), artisanal breads were given to doctors and nurses, families took home children and teenagers from municipal shelters to prevent their contamination, university labs fabricated masks on 3D printers and other masks were sewn by various entities.³⁹ Funds were collected to purchase artificial respirators to equip hospitals.⁴⁰

Other unprecedented social experiments were undertaken by NGOs and favela populations⁴¹ to help them face 'the deepest public health and economic crisis of our times'.⁴² These self-help efforts came as no surprise. There is a long tradition of poor neighbourhoods where the state is kept away and that are 'self' controlled. But 'self' here refers to control by various forms of organised criminal groups that impose their own laws. Contrary to what we may think, these controls do not always have a bad outcome. It is now well accepted that the presence of the PCC (Primeiro Comando da Capital, the most important organised criminal groups in Brazil) was responsible for the huge decline in homicides in São Paulo state after 2000. Deaths by COVID (or from police shootings) cannot be 'disentangled from their spatial coordinates, the built environment in which they take place, or their deeply racialized correlates'.⁴³ In the absence of the state, even if these actions did not remediate inequities, they did save lives during the pandemic.⁴⁴

Bodies: the hygienic death, the denial of mourning

Inequality causes SARS-CoV-2 to strike the most vulnerable populations, which are primarily Black and Amerindian, with more *bad* deaths – including those of young people and babies. In Brazil, the mortality rate is 2,014 per one million inhabitants.⁴⁵ In the state of Amazonas, which has become one of the symbols of the world pandemic, a city inhabited by approximately 35,000 Amerindians, the rate is 3,082 per one million, the highest in the country. And it could be worse. The mortality rate of Amerindians is seventeen times higher than the national average in the urban area of São Gabriel da Cachoeira (AM), where nine out of ten inhabitants are Amerindians.⁴⁶

The fragility of the native inhabitants of Brazil is aggravated by fake news, particular cosmologies and the growing presence of neo-Pentecostalism.

[Our] kin [*parentes*, in Portuguese, as the original peoples call each other] are afraid. If the President of the Republic himself says that he will not be vaccinated, they say that they will not be vaccinated either. And this makes sense, because if we were never a priority for this Government, it is difficult to explain why we are a priority group in this situation', comments Marivelton Baré, president of the Federation of Indigenous Organizations of Rio Negro (FOIRN) [. . .]

In the territory that is almost the size of Portugal and where logistics are almost exclusively by river, even without access to the Internet, fake news is spread, mainly through religious leaders, according to Baré. 'Many villages are visited by evangelical pastors who say that the vaccine has a devil's chip, they [pastors] spread crazy conversations.' The indigenous leader says that at least one entire village, of 85 people, has refused to be vaccinated. In another community, out of 1,000 Amerindians, only 164 wanted to receive the immunizer [. . .]

Apib [the Association of Indigenous Peoples of Brazil] launched in January the campaign, 'Vacina, parente!' [Kin, get vaccinated!] to make the villages aware of the importance of vaccination in the fight against the coronavirus and to demand from the State the immunization of all native peoples, an initiative supported by the Indigenous Missionary Council (CIMI) of the Catholic Church. Indigenous leaders say, however, that officials from the Indigenous Sanitary District (DSEI) and the National Indian Foundation (Funai) were greeted with arrows, on February 2, at the Jamandi village, in southern Amazonas. According to them, Joseph Campbell, a missionary linked to the Greene Baptist church in the United States, was responsible for the indigenous resistance to the vaccine.⁴⁷

By cynically echoing their cosmology, some fake news finds fertile ground among Amerindians, especially among villages with internet connections and access to WhatsApp, like the one near Acre, where an evangelical pastor in the region sent fake news.

'When we arrived with the vaccine, even some village leaders shouted "my God, I don't want to die, I can't get this vaccine because I can't die now!" It was difficult to explain that the vaccine is precisely not to die,' said Paulo Kenampa Marubo, chair of the Union of Indigenous Peoples of the Vale do Javari (Univaja).⁴⁸

Moreover, another threat to vaccination is the corruption of public officials. The Hutukura Associação Yanomami says there are suspicions that officials from the Special Secretariat for Indigenous Health (Sesai), an agency of the Ministry of Health, have vaccinated miners who invade Amerindians' land in return for illegally extracted gold, stealing vaccines destined for the Amerindians by government protocols that prioritise certain population segments.⁴⁹

Animism, the belief that there is no insurmountable boundary between certain things, animals and humans⁵⁰ – also has nefarious consequences for the fight against

COVID-19, for it understands that a jaguar can be a human being in the guise of an animal. When Bolsonaro declared that the vaccine could transform vaccinated people into alligators, his statement circulated on social media among the majority of the population as a joke. But it was not seen that way by many Amerindians, for whom a transition from a human to an animal state is not absurd.

Many indigenous peoples have cosmological prescriptions against burials that do not comply with Brazil's new protective protocols, which creates situations that inflict greater sorrow. For these peoples, the virus thus makes all death from COVID-19 *evil*. The unusual burial protocols were especially difficult for some Indigenous populations – like the Yanomami.

The platform for monitoring the Indigenous situation in the pandemic of the new coronavirus (COVID-19) in Brazil⁵¹ reveals that over forty thousand Amerindians were confirmed to have contracted the virus by January 2021. A report from the NGO Survival⁵² showed that a third of the total Indigenous population in the Yanomami territory may have already been exposed to COVID-19, although less than 5 per cent of the total population in the territory had been tested.⁵³ The virus, as many others before it, is a white man's gift, brought by prospectors (*garimpeiros*)⁵⁴ who enter the territory illegally, or in boats that clandestinely travel the rivers⁵⁵ with complicity from the extreme right-wing government that denies basic protection to the Amerindians and environmentally protected regions. Indigenous leaders, such as Sônia Guajajara, declared that the government's 'lack of action to contain the pandemic constitutes institutionalized genocide.'⁵⁶

In fact, we could say that the pandemic is a continuation of the 'biological cataclysm' – to use the expression of the ethnohistorian and anthropologist Henry F. Dobyns to describe the effect on Amerindian populations of the epidemics brought by European invaders.⁵⁷ The viruses that 'spread like wildfire' are recognised as the main reason for the victory of the colonisers over the Amerindian population, in a long biological warfare.

From August to October 2020 confirmed cases among the Yanomami jumped from 335 to 1,202. The numbers are eloquent. However, the sad significance of the COVID-19 deaths of Amerindians is reflected not only in the numbers but in how these deaths are experienced by the living – that, is whether they are seen as *good* or as *evil* death.

Yanomami funeral rituals are extremely long and complex.⁵⁸ The corpse must be incinerated in front of the whole village, in a burning that lasts a day. The bones are then collected, and sometime later burned again. The ashes are then mixed in a type of porridge that is eaten by everyone in the village. The literal incorporation of the corpse by the collective marks the definitive separation of the dead from the world of the living, as described by anthropologist Silvia Guimarães:⁵⁹

To forget the dead person and isolate him from social life, it is necessary to *re-introduce him* [into the village], and then destroy him. [. . .]. Remembering the deeds of the deceased, the interactions he maintained and the feelings arising from those interactions means personalising the one who, during the funeral ceremony, should be transformed into the dead.

Through the process of 'remembering to forget', the funeral ceremony aims to destroy the marks of the dead, forget him, erase him and, at the same time, exhaustively create his personality, the uniqueness of his corporeality.

As Yanomami Xamã Sannumá [a shaman] (who lives on the Brazil–Venezuela border) explained the 'ōxi of' to Sílvia Guimarães:

The *ōxi* of is like another one inside the Sanumá that we see. This part of Sanumá, his *ōxi* of, is not capable of permeating people and objects. It has materiality, it is a replica of the body that we see and is inserted in that body. It is something with flesh (he squeezed his arm), it is not like a drawing, stamped on paper. When the Sanumá dies, there is a transformation of the *ōxi* of. He becomes the *heno polepö* of and goes walking to the abode of the dead, by a trail that passes in the middle of the forest. He walks and leaves marks along the way. The shaman and auxiliary beings can see both the *ōxi* of and the *heno polepö*. They can see the marks, the footprints of the *heno polepö*.⁶⁰

A Yanomami never buries one of their own:

To make definitive the process of transforming the *ōxi* into dead, or for the dead to become an enemy, his relatives must burn the corpse, destroy even the marks, the impressions he left on objects, buildings, plantations. All of his previous corporeality must be extinguished in the funeral ritual, when the body is cremated, the bones pulverised, and the ashes consumed. Otherwise, he will always be attracted to those portions of his Sanumá body that store his memory.⁶¹

Thus, the Yanomami do not see the body of the dead as an individual separate from the bodies of the living but as part of the collectivity, and only the burning of the body can free the living from the evil presence of the deceased.

Knowing the cosmological context of the meaning of death, we can grasp the greatness of the horror that Sanöma mothers went through when their dead relatives were confiscated by the state. This terrible experience happened with the babies of two young women who were suspected to have pneumonia and were taken to a hospital in Boa Vista (the capital of the state of Roraima, on the Venezuelan border). In the hospital, the babies became infected and died of COVID-19. And then their bodies disappeared. They may have been buried at a local cemetery, said the authorities, who did not communicate the death to the Sanöma mothers, who do not speak Portuguese. The mothers were contaminated by COVID-19 and stayed at the Casa de Saúde Indígena [an Indigenous healthcare centre] along with many other *parentes* (kin), with no translator, although there were many Amerindian patients. Journalist Eliane Brum reported:

The public prosecutor in Boa Vista, Alisson Marugal, sent a letter to the Yanomami Special Indigenous Sanitary District (DSEI-Y) to obtain information on the whereabouts of the babies' bodies. 'The situation is very complicated, especially in relation

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to the Yanomami population. We had four official deaths and, in all of them, we had problems. The first was the case of the 15-year-old. We had problems with care, we had deficient and contradictory information and we are also investigating whether there was a lack of medical assistance,' he said. 'The case of Sanöma babies is only beginning to be investigated now. We do not know if there was a diagnosis of COVID-19 and, if so, which protocol was applied and where was the burial place.'

The lack of care seems to be central for the prosecutor, but for the Yanomami mothers the disappearance of the bodies is far more important, and unspeakably disturbing. Under no circumstances is a Yanomami body ever buried. As one of the mothers told the journalist: 'I must take my son's body to the village. I can't go back without my son's body.'⁶² The journalist, who received the mother's recording, wrote:

I hear the message before the translation. I don't understand the words. But I understand the horror. The universal language of that which is being extracted from the world of humans. Being uprooted from a village in the interior of the Amazon rainforest because her son has symptoms of a disease, pneumonia, transmitted by the first Whites who decimated part of the Yanomami population in the last century, is violence. Moving from this world to the space of a hospital, and of a hospital overcrowded due to COVID-19, is another violence. Having your baby infected with a second disease, when he was there to be cured of the first, which was still a hypothesis, is more violence.⁶³

Not burning their sons' bodies converted their deaths into *evil* deaths that are very harmful to both those who die and those who remain. The dead can chase the living for a long time. This is important to understanding the dilemma created by a possible COVID-19 death: bringing the dead babies back could infect the entire village; but if this is not done, the dead would remain in the village, among the living, disturbing their lives for ever. The response of medical services to the impasse does not correspond to the appeals of the two young mothers, for whom the risk of contracting the virus does not compare with the indisputable terror of having to live with the presence of the dead among them.

The panic felt by the young women is not unprecedented. Many years ago the mother of the internationally known Yanomami leader Davi Kopenawa died of malaria and was buried in an unidentified place by missionary pastors:

I was never able to learn where my mother was buried. The people of Teosi [God] never told us that we could not gather the bones of our dead. Because of them [Christians], I was never able to mourn my mother the way our people usually do. This is a very bad thing. It made me feel a deep sorrow and the anger from her death has persisted in me since that time. It hardened little by little and will only cease with my own end. After death, our ghost does not go to live with Teosi, as the missionaries claim. It tears itself out of our skin and goes to live elsewhere, far from the white people. Our dead live on the sky's back where the forest is beautiful and full of game.⁶⁴

An uncertain burial of a Yanomami, without consent, a theft of the dead body, is an unthinkable colonial crime, the most *evil* of deaths. The hygienic reasons for the taboo of the corpse based on the logic of epidemiological protection can paralyse the lives of the living – as in the case of the Sanöma mothers who must live with the torment of not knowing that their babies were buried, and refused to return to their village without their children's bodies. Still, denial of family members' access to the body caused revolt not only among Amerindians: 'My mother's body is inside [a hospital in Manaus]. I just want to make a dignified burial for my mother', complained a White, middle-class man.⁶⁵

Burials: the stolen bodies

Indeed, the pain of the loss of a loved one to COVID-19 can be aggravated because it often combines with an inability to share the last moments of life and the unbearable absence of a body to bury or, at the other extreme, an inconvenient presence of the dead not buried, as was seen in the Ecuadorean city of Guayaquil, where dead bodies lay for days in the streets, due to the collapse of funeral services.

Death involves rituals and specific technical handling undertaken with consent, and becomes even more disturbing if the rituals are disrespected. We were shocked by the images of backhoes opening pits for collective burials in Manaus, the capital of Amazonas state and in other cities.⁶⁶ There is something symbolically inhuman about a collective burial. It erases individuality and is dehumanising, since the common trenches appear to disrespect the dead. 'They are no longer burying them one next to the other. Now they brought these boards to bury them stacked on top of each other (. . .) this is the ditch where they will bury three on top of each other.'⁶⁷ Even in complex modern societies⁶⁸ such as Brazil's, where holistic values⁶⁹ coexist with individualistic ones,⁷⁰ the idea of a body sharing a ditch in the ground with unknown people is unacceptable. Corpses in common pits turn bodies into debris in the eyes of the living.⁷¹

The common graves were also scandalous for particular, local reasons. In Latin America, they remember the clandestine pits into which were thrown the bodies of young combatants of the dictatorships (who were called subversives at the time; the term terrorist emerged later). Some were buried in unknown places, others were thrown into the sea, which was the ultimate cruelty of the dictatorships, because it did not grant relatives the right to know if their loved ones were really dead, concealing their fate with the term 'disappeared'. This is not very different from the final destiny of the hundreds of bodies of emigrants that have been swallowed by the waters of the Mediterranean in recent years.⁷²

When a person is declared to be 'disappeared' (or missing), families and friends are deprived of graves where they can mourn, and are thus impeded from fully experiencing the loss. This was the case of the English poet Rudyard Kipling, who never allowed friends and family to consider his soldier son to be dead because he never received the body, and spent much of his later life searching for the location where it was buried. It is no coincidence that by the end of the First World War, Alan Kardec's

Spiritism gained strength as a way to connect with the dead. The common pits of COVID-19 victims also recall the collective graves where bodies of victims of the Nazi Holocaust were dumped during the Second World War. The difference with COVID-19 is that even if families have been deprived the body of their loved one, most of them know of their fate with a certain degree of certainty – I say ‘certain degree’ because, as we saw with the case of the Yanomami babies, at times families did not know where the bodies of their loved ones were buried. This is similar to the fate of the ‘disappeared’ of the dictatorships or victims of the Holocaust, who were hidden in clandestine ditches, discarded as trash.

Images of our dead in the Western world are shown (if they are shown) with great caution and reserve, because the deaths involve individuals who are seen as deserving respect. Naked dead bodies are not displayed. Cadavers are not seen in the news media, unless the corpse is of someone from the subaltern classes, Black and poor. Or, in the case of wars, from Muslim countries.⁷³ With COVID-19, we did see images of dead bodies, in unprecedented media coverage every night. Who manages the bodies? And with what infrastructure?

A dead body diagnosed with coronavirus is technically treated as if it is highly contagious. Since contamination occurs by contact among people and through objects and surfaces, the possibility of contagion by approaching and touching the dead body remains active for 24 hours or more. Given this perspective, the corpse is considered [to be] polluted, not just in the traditional sense associated to the putrefaction that begins soon after the interruption of life. It is technically classified as potentially harmful to health because it contains a ‘class 3’ biological agent that is considered difficult to detect. The procedure recommended by the World Health Organization calls for the use of various personal protective equipment (PPE) by professionals who deal directly with the infected, thus avoiding exposure to blood, bodily fluids, objects and contaminated surfaces.⁷⁴

COVID-19 does not differentiate among dead bodies; to the contrary, it equalises them, requiring the same protocol worldwide. But special procedures for handling corpses were not immediately implemented. As revealed by the daughter of the first COVID-19 victim: ‘When my mother was buried, none of us (the family) was wearing a mask, we did not know much about the disease.’⁷⁵ She then lost other relatives also contaminated by SARS-CoV-2.

The protocol states that the dead body must be quickly isolated and removed so that the virus that inhabits it is not transferred:

It is identified by only one family member or guardian who must maintain a minimum distance of two metres. It is even suggested that the identification be done by photo, depending on the facilities, avoiding as much as possible [the need] to approach the corpse. Embalming services involving conservation, cleanliness and beautification of the corpse are not recommended. Even an autopsy is not performed if the case is confirmed. All natural and drainage orifices must be rigorously plugged, the

corpse wrapped in three layers of sealed impermeable layers with a label that indicates 'COVID-19, biological agent class 3 risk'. At the end of the entire handling process, the deceased goes to the cemetery in a sealed coffin and a death certificate is delivered to the family with the description of the disease causing the death, COVID-19 and ICD B34.2 (in case of infection not specified) or U04.9 (in the case of severe acute respiratory syndrome).⁷⁶

If they are lucky, the dead leave the hospital in closed coffins, following the above protocol. Sometimes, they are carried out in black plastic bags.⁷⁷ Worse, they are stacked in piles in storage spaces,⁷⁸ and in extreme cases in the same room as the living who are undergoing treatment, while waiting for funerary workers who, by protocol, are dressed in tightly closed and hooded white jumpsuits, with gloves, masks and visors. Their clothes can evoke a positive similarity between them and astronauts, doctors and nurses who wear identical personal protective equipment. But it also makes the funeral workers look like ghosts.⁷⁹ With time, deaths continue to be mourned as *evil* deaths, but their trivialisation, their routinisation is visible. For instance, I noticed that in Manaus many funeral workers no longer wear white safety equipment, and now wear simple yellow capes that look like raincoats.

The individualisation of the tombs in these cemeteries occurs – although the graves are the uniform, dug in the earth, with small wooden crosses placed on top. Over time, family members paint the crosses in bright colours, different from the others.⁸⁰ Although Brazil values collective spaces, death must be individualised. And because of the long lines of funeral cars, burials were often conducted at night⁸¹ (although this was prohibited by federal laws before the pandemic).

In addition to the black plastic body bags and collective burial pits, the image of refrigerated containers parked at hospital doors was also shocking.⁸² The containers were justified for an instrumental reason: there were so many cadavers that funeral services collapsed and, given the heat in cities like Manaus and Rio de Janeiro, the bodies would begin to putrefy in the long wait for burial. Either the bodies were placed in the chilled containers, or the corpses may have been left at home⁸³ or lying in the streets in the open air, or in bags at the kerbside, looking like mere garbage bags.⁸⁴

Containers are not dignified caskets, as the president of the Association of Funeral Companies of the Amazon said.⁸⁵ These containers were also an unbearable image, due to a symbolic imaginary similar to that of the common graves. Containers are used to transport products; refrigerated containers are usually used for food. The placement of bodies in them metonymically contaminates the bodies with the objects previously stored in the containers. Or symbolically transforms the bodies into merchandise, in an objectification of the corpses.

Different locations have implemented WHO recommendations for handling COVID-infected bodies in different ways.

If public cemeteries [in São Paulo] exceed 400 burials a day, there will be two important measures: all funerals in public places will be suspended even if the cause of death

Carmen Rial

is not COVID and the funeral home will determine where the burial will be, even if it is at a cemetery other than the one that the family prefers.⁸⁶

Monuments with eternal flames are architectural strategies used to dignify graves and comfort the living in the absence of bodies – I think of the great Arc de Triomphe in Paris, or the monument to the unknown soldier in each village in France that honours its dead from the war of 1914. They reveal the difficulty of living with the doubt that the absence of the body of the deceased causes, and when a complete farewell ritual cannot be performed.

The workers who load bodies into funerary cars, trucks or ambulances are anonymous, their faces hidden behind thick plastic visors. But they are not insensitive to the pain of the families who are unable to say goodbye to loved ones, unable to properly bury them, due to the biosafety protocols. When possible, they take a route to the cemetery that passes the street where the dead from poor neighbourhoods had lived, and stop for a few minutes in front of their house. The families then go to the sidewalk, staring in silence at the truck. Sometimes it is not possible to stop. The ritual is reduced to a simple honk from the truck and waves from the families.

In ordinary circumstances, the death of a person is an opportunity to perform sovereignty⁸⁷ – in policy, in the medical system, in the state. But at a time when the unpredictable reigns, when the world is turned upside down as in the case of catastrophes, the power of these institutions may be reinforced. If a dead body never completely belongs to family or friends, if different apparatuses are responsible for removing it from the home as soon as it ceases to breathe, as in the case of a pandemic (or other ‘natural’ disasters), this is even more so.⁸⁸

The state can try to prevent a burial ritual, but resilience prevails and they are enacted in other ways. Common graves acquired simple wooden, painted crosses – not painted in any colour, but in those that obey a Christian Brazilian grammar not explained in any canon but that is widely used. They are usually painted in white, or blue in many shades, or green in pastel shades, while black and red are avoided,⁸⁹ although these colours are commonly present in other religious grammars, such as that of Christianity in Spain, or that of Afro-Brazilian religions.⁹⁰ In the same vein, the limit of three people entering a cemetery for each corpse is avoided by having many relatives and friends remain outside the cemetery wall, following the burial on Skype, Zoom or another technology for transmitting images.⁹¹

We know that the funerary ritual, among us or among the Yanomami, frames the disorder that death produces, circumscribes and dominates it. What we do not know is what weight these thousands of dead without a wake will have on the subjectivities of those who remain.

Final considerations

Miguel, five years old
With the name of an angel
Miguel Otávio

First and only
Thirty-five metres of flight
From the ninth floor
Fifty-nine seconds before his mother returned⁹²

Adriana Calcanhotto

In Sophocles' tragedy, Antigone sought to bury Polynices in disobedience of King Creon's decree, thus raising the issue of the rights of the dead and of the living, and of state law against family rights. Antigone confronted the frightening presence of the dead body. In contrast, during the current pandemic, these families must confront the terrifying absence of a body. But the pain and the question remain the same. Who has the right to prevent a burial ritual? Can the living find peace if they are not permitted to perform the act from which all humanity originates: the funeral ritual? Different societies and groups elect different deaths as being *beautiful*, *good* or *evil*, while this changes over time.⁹³ For Antigone and the ancient Greeks, Thomas taught, the ideal death, the *beautiful* death, would be that of a young warrior, bow in hand, defending his city. Among many traditional African groups, the good death is that of an old person who prepared for the event of his death and left life surrounded by loved ones, without much suffering. In modern urban societies, a good death is a fast death, unconscious and without pain. Thus, to die with dignity would be to leave life without passing through physical or mental degradation, without suffering or causing suffering (even if Christianity, among other religions, values physical suffering). But a good death should be completed with a proper civil or religious burial, which are prohibited during the pandemic by the state and health authorities. Mortuary rituals create an emotionally charged space in which the living bear witness to the life of the departed and, in doing so, somehow detach themselves from the dead. Rituals serve to restructure the lives of mourners, but health protocols prevent us from processing the loss and make this reconstruction more painful.

Following the virus, I found that the first deaths occurred among the domestic servants of an elite who imported the virus in their luggage when returning from European vacations. Despite the lockdown, domestic work had been declared an essential service, forcing Brazil's modern-day slaves to continue their tasks. The deaths of Rosana Aparecida Urbano and Miguel Otávio Santana da Silva (the maid and the son of a maid) show that, in the case of COVID-19, the violence of death is a continuation of physical agony suffered by the body during life.⁹⁴

The wealthy had access to the facilities at expensive private hospitals that allowed them to better resist the disease. Far from being democratic in its transmission, the virus hit harder among the poorest population living in favelas where there is a greater promiscuity of bodies. The virus was also more lethal among the population whose bodies are more vulnerable to disease, as is the case of the Amerindians.

Amerindians and the poor inhabitants of big cities are among those who have suffered most in the pandemic. Precisely the Amerindians who in their knowledge of the relationship between humanity and nature demonstrate an acuity that we no

longer have:

The rules of diet and negotiation around hunting point to an accumulated knowledge, by the peoples of the forest, of the pathogenic potential of animals [zoonotic spillover]. These have their own habits and habitats that must be respected if they are to avoid hunting against the hunter.⁹⁵

An understanding of the close link between humans and animals might have prevented COVID-19 and other pandemics. If we cannot avoid them, we must find ways to be able to bury our dead and mourn them with dignified rituals, so they can let the living find peace. This is true in many societies, as pointed out by Tylor: when something dies it does not necessarily disappear, since ‘although a man may die and be buried, his ghost continues to present itself to the living in visions and dreams’, because his spirit remains as a protective or punishing element of the family and social group.⁹⁶

Notes

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- 1 <https://globoplay.globo.com/v/8788628/> (accessed 19 August 2020).
- 2 <https://oglobo.globo.com/sociedade/o-drama-da-familia-da-primeira-vitima-do-coronavirus-no-pais-24575672> (accessed 22 October 2021).
- 3 Brazil holds the world record for deaths of health professionals, especially high among nursing professionals, <http://observatoriodaenfermagem.cofen.gov.br/> (accessed 22 October 2021).
- 4 Caso Miguel, *Jornal Nacional*, 15 July 2020.
- 5 J. J. Reis, *A morte é uma festa: ritos fúnebres e revolta popular no Brasil do século XIX* (São Paulo, Companhia das Letras, 1991); J. C. Rodrigues, *Tabu da Morte* (Rio de Janeiro, Editora Fiocruz, 2006).
- 6 G. Denyer Willis, *The Killing Consensus: Police, Organized Crime, and the Regulation of Life and Death in Urban Brazil* (Oakland, CA, University of California Press, 2015).
- 7 According to the classification of the IBGE (Brazilian Institute of Geography and Statistics), doctors appear in class A (income of more than 20 minimum wages [MW]), nurses in classes C (4 to 10 MW) and D (2 to 4 MW) and the hospital cleaning staff in class E (less than 2 MW). See <https://cps.fgv.br/qual-faixa-de-renda-familiar-das-classes> (accessed 23 February 2022). ‘The average income of Brazilian doctors was 8.7 times higher than the gross domestic product (GDP) per capita for the same year.’ R. R. Luiz and L. Bahia, ‘Renda e inserção profissional dos médicos brasileiros após instituição do Sistema Único de Saúde’, *Revista Saúde Pública*, 43:4 (2009), 689–8, www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102009000400016&lng=en&nrm=iso (accessed 23 February 2022).

- 8 'In 2019 we had the case of a student at the end of the nursing course and a patient refused to be seen by her (. . .). This is a topic that has been made invisible. It occurs throughout the country, even though Santa Catarina is a "white" state [it is the state with a proportionately whiter population in Brazil, according to IBGE] you can imagine what our black colleagues are going through.' Personal interview of Felipa Rafaela Amadigi, president of the Regional Nursing Council of Santa Catarina (2012–14), December 2020. See also www.geledes.org.br/os-crimes-de-discriminacao-nos-hospitais/ (accessed 22 October 2021).
- 9 COFEN – Nursing profile research in Brazil, <http://cofen.gov.br/perfilenfermagem/index.html>. Until the beginning of the twentieth century, in Brazil the standard suggested and adopted for professional training in nursing excluded the possibility of Black women entering nursing schools. I. A. Barreira, 'Os primórdios da Enfermagem Moderna no Brasil', *Escola Anna Nery Revista de Enfermagem*, 1:1 (1997), 161–76. And also P. F. S. Campos and T. A. Oguisso, 'Escola de Enfermagem da Universidade de São Paulo e a reconfiguração da identidade profissional da Enfermagem Brasileira', *Revista Brasileira de Enfermagem*, 61:6 (2008), 892–8, www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672008000600017&lng=en. See also E. Silva Santiago et al., 'Racismo e Preconceito: depoimentos de enfermeiros afrodescendentes egressos da Escola de Enfermagem da Universidade de São Paulo', *Revista de Pesquisa Cuidado é Fundamental Online*, 2:4 (2010), 1303–12; L. G. F. Rosa, R. G. Christóvão, M. Furlin and J. B. Lasta, 'Percepções e ações dos enfermeiros em relação ao racismo institucional na saúde pública', *Revista de Enfermagem da UFSM*, 9 (2019), doi: 10.5902/2179769231131.
- 10 Data from a personal interview with Carlos Alberto Justo da Silva, secretary of Health of Florianópolis, former director of the University Hospital, Universidade Federal de Santa Catarina, December 2020. According to the IBGE's report 'Population Employed in Domestic Work, by Sex, by Color/Race and Home Location – Brazil and Regions, 1995 to 2015', in 2015 Whites were 2,008,289 and Blacks were 3,747,211. See: www.ipea.gov.br/retrato/indicadores_trabalho_domestico_remunerado.html (accessed 20 October 2021).
- 11 J. Brites, 'Domestic Service, Affection and Inequality: Elements of a Study of Subordination', *Women's Studies International Forum*, 46C (2014), 32–74, doi: 10.1016/j.wsif.2014.03.009.
- 12 C. Collucci, 'Com pandemia, SP registra 25 per cent de mortes a mais entre negros e 11,5 per cent entre brancos em 2020', *Folha de São Paulo*, 19 March 2021.
- 13 www.ibge.gov.br/en/component/content/article/95-7a12/7a12-vamos-conhecer-o-brasil/nosso-povo/16049-cor-ou-raca.html (accessed 22 October 2021).
- 14 J. Butler, *Frames of War: When is Life Grievable?* (London, Verso, 2009).
- 15 L.-V. Thomas, *Anthropologie de la Mort* (Paris, Payot, 1975).
- 16 Notably the newspapers *Folha de São Paulo*, *El País Brasil* and *Zero Hora*.
- 17 I followed all the press conferences of the Ministers of Health (Mandeta's were daily, Teich's with less frequency) and all those of the governor, mayor and Secretary of Health of São Paulo, in addition to all those of President Bolsonaro in front of the Planalto Palace. I followed the daily news on open TV (especially the

- Jornal Nacional* on the Globo network) and on pay TV (especially the programmes *Globonews* in Pauta and *Globonews* in Ponto). Some of these television programmes also air on the Globoplay website.
- 18 www.anpocs.com/index.php/ciencias-sociais/destaques/2325-boletim-semanal (accessed 18 November 2020).
 - 19 C. Rial, 'Mídia e Sexualidade: Breve panorama dos estudos de mídia', in M. P. Grossi et al. (eds), *Movimentos Sociais, Educação e Sexualidade* (Rio de Janeiro, Garamond, 2005), pp. 107–36.
 - 20 J. Fisk, *Introduction to Communication Studies* (London, Routledge, 1990) p. 182.
 - 21 P. Bourdieu, *Sur la Télévision* (Paris, Liber-Raisons d'agir, 1996).
 - 22 C. Geertz, *A interpretação das culturas* (Rio de Janeiro, LTC, 1989).
 - 23 And in this sense, it agrees with the German art historian Aby Warburg, who said 'God hides in the details'. C. Guinzburg, *Mitos, Emblemas, Indícios. Morforlogia e historia* (Barcelona, Gedisa, 1999), p. 42, a recommendation also followed by the historian Carlo Ginzburg with micro history. 'Microhistory, which involves the careful, complex and detailed study of a case, allows us to reflect on the relationship between norms and anomalies. The latter are more interesting, cognitively richer than norms. An exceptional case can function as a revealing one'. G. Calafat and C. Zalc, 'Carlo Ginzburg's Fine Escapes', *Verso*, 22 October 2019, www.versobooks.com/blogs/4460-there-is-always-in-history-this-possibility-of-the-unexpected-interview-with-carlo-ginzburg (accessed 30 December 2020).
 - 24 Or *evenly hovering attention*. Freud formulated this technique in 1912, as follows: 'We should not attach particular importance to what we hear, and it is convenient that we pay the same fluctuating attention to everything'. S. Freud, 'Recomendações aos médicos que exercem a psicanálise', in S. Freud, *Edição Standard Brasileira das Obras Psicológicas Completas de Sigmund Freud* (vol. 12) (Rio de Janeiro, Imago, 1996 [1912]), p. 125.
 - 25 T. Reik, *Listening with the Third Ear: The Inner Experience of a Psycho-Analyst* (New York, Grove Press, 1948) and J. Laplanche and J. B. Pontalis, *The Language of Psycho-Analysis*, (London, The Hogarth Press and the Institute of Psycho-Analysis, 1973), pp. 42–3.
 - 26 <https://brasil.elpais.com/brasil/2021-01-24/400-reais-para-respirar-mais-quatro-horas-em-manaus.html> (accessed 22 October 2021).
 - 27 A. Schmitt and E. Anstett (eds), *Des Cadavres dans nos Poubelles: Restes humains et espaces détritiques de la Préhistoire à nos jours* (Paris, Editions Petra, 2020).
 - 28 www.ipea.gov.br/porta1/index.php?option=com_content&view=article&id=36316 (accessed 18 November 2020).
 - 29 *Ibid.* Also at a global scale we see the inequality: while in 10 per cent of wealthy households there has been some contagion, the disease has reached more than half of poor households, and the likelihood that their residents will die from COVID-19 is four times higher, according to the World Bank, <https://brasil.elpais.com/opinia1/2021-04-22/as-vitimas-esquecidas-da-COVID-19-cem-milhoes-de-pobres-a-mais.html> (accessed 26 April 2021).
 - 30 L. Arcoverde, 'Bairros com menor renda têm 60 per cent mais mortes por COVID-19 do que áreas mais ricas de SP, aponta levantamento', *G1*, <https://g1>.

- globo.com/sp/sao-paulo/noticia/2020/06/26/bairros-com-menor-renda-tem-60percent-mais-mortes-por-COVID-19-do-que-areas-mais-ricas-de-sp-aponta-levantamento.ghtml (accessed 18 November 2020).
- 31 A. Trigueiro, 'In Rio, Health Teams Noticed that Slum Dwellers Reduced Care', *Jornal Nacional*, 9 April 2020. See also 'Mais de 18 milhoes de brasileiros não tem água encanada diariamente nas torneiras', *Jornal Nacional*, 6 May 2020.
 - 32 F. Fernandes, 'Desigualdades Sociais e as Agendas da Pandemia em um Município do Recôncavo Baiano', *Boletim Ciências Sociais e coronavirus*, 45, http://anpocs.com/images/stories/boletim/boletim_CS/Boletim_n85.pdf (accessed 18 November 2020).
 - 33 *Ibid.*
 - 34 E. Londoño and F. Milhorange, 'Ravaged by Covid, Brazil faces a Hunger Epidemic', *New York Times*, 27 April 2021, www.nytimes.com/2021/04/23/world/americas/covid-brazil-hunger.html (accessed 15 February 2022).
 - 35 A. Oliveira, 'As desigualdades educacionais no contexto da pandemia do COVID-19', *Boletim Ciências Sociais e coronavirus*, 45, http://anpocs.com/images/stories/boletim/boletim_CS/Boletim_n85.pdf (accessed 19 November 2020).
 - 36 Fernandes, 'Desigualdades Sociais'.
 - 37 www.gov.br/cidadania/pt-br/servicos/auxilio-emergencial (accessed 22 October 2021).
 - 38 https://brasil.elpais.com/brasil/2021-04-21/cerimonia-de-casamento-musica-e-outros-gestos-de-amor-as-historias-que-aliviam-a-solidao-nos-COVIDarios.html#?sma=newsletter_brasil_diaria2021042 (accessed 19 November 2020).
 - 39 'In BH, Seamstresses Manufacture Masks to Distribute in Hospitals and to Poor Families', *Jornal Nacional*, screening on 17 April 2020.
 - 40 www.nsctotal.com.br/noticias/veja-aco-es-de-voluntarios-durante-a-pandemia-de-coronavirus-em-sc (accessed 19 November 2020).
 - 41 The most paradigmatic example was in Paraisópolis, where the local community leader organised a vast cooperation venture, with the training of volunteer 240 first responders, the production of one million lunch boxes, the distribution of eighty thousand hygiene kits and basic baskets and eleven thousand shopping cards that maintained the local commerce. Five thousand lunch boxes are distributed daily. And to guarantee the isolation of people with mild symptoms of disease, two public schools were transformed into shelters where more than five hundred residents stayed for a while. See: www1.folha.uol.com.br/empreendedorsocial/2020/12/prefeito-de-paraisopolis-empodera-moradores-e-vira-exemplo-mundial.shtml (accessed 26 November 2021); 'No Rio, moradores de favelas se unem para divulgar informações sobre o coronavírus', *Jornal Nacional*, 24 March 2020, <https://globoplay.globo.com/v/8428478/> (accessed 23 February 2022).
 - 42 S. Matthewman and K. Huppertz, 'A Sociology of COVID-19', *Journal of Sociology* 1:9 (2020), doi: 0.177/1440783320939416. 'Moradores de comunidades do Rio entram na luta contra o coronavírus', <https://globoplay.globo.com/v/8421055/?s=0s>, screening on 21 March 2020.

- 43 G. D. Willis, *The Killing Consensus: Police, Organized Crime, and the Regularion of Life and Death in Urban Brazil* (Oakland, CA, University of California Press, 2015), p. 7.
- 44 'In Rio, citizens mobilize in solidarity actions for favela residents', *Jornal Nacional*, 10 April 2020.
- 45 <https://infograficos.gazetadopovo.com.br/saude/ranking-do-coronavirus-por-paises-mortes-por-milhao/> (accessed 26 November 2021).
- 46 F. Maisonave, 'Cidade mais indígena do país exige vacinação em massa contra COVID', *Folha de São Paulo*, 1 April 2021.
- 47 J. Oliveira, "'Chip do diabo" e medo de ser cobaia afastam indígenas da vacina contra a COVID-19', *El País*, 25 March 2021.
- 48 *Ibid.*
- 49 F. Araújo and V. Oliveira, 'Servidores do Ministério da Saúde vacinam garimpeiros contra COVID em troca de ouro, afirma líder Yanomami', 13 April 2021, https://g1.globo.com/rr/roraima/noticia/2021/04/13/servidores-da-sesai-vacinam-garimpeiros-contr-a-covid-em-troca-de-ouro-afirma-lider-yanomami.ghtml?utm_source=push&utm_medium=web&utm_campaign=pushwebg1 (accessed 23 February 2022).
- 50 E. Schaden, 'A mitologia heróica de tribos indígenas do Brasil: ensaio etno-sociológico', Brasil, Ministerio da Educação e Cultura, Serviço de Documentação (1959).
- 51 Developed by the Instituto Socioambiental (Socio-Environmental Institute – ISA). See www.maramatanga.ac.nz/news-events/news/voices-indigenous-brazil-covid-19-situation-report (accessed 16 February 2022).
- 52 <https://assets.survivalinternational.org/documents/1984/coy-ingles-r03-2020117.pdf> (accessed 21 November 2020).
- 53 <https://COVID19.socioambiental.org/> (accessed 23 February 2022).
- 54 D. Kopenawa, 'São 20 mil garimpeiros explorando a nossa casa', www.ihu.unisinos.br/78-noticias/591544-dario-kopenawa-sao-20-mil-garimpeiros-explorando-a-nossa-casa (accessed 22 October 2021).
- 55 'Barcos clandestinos espalham COVID-19 pelo Amazonas', *Jornal Nacional*, 15 May 2020; 'No AM, medicos transportam índios, contaminados pelo COVID-19, de avião para a capital', *Jornal Nacional*, 20 May 2020; 'População indígena reclama de subnotificação da COVID-19 no Amazonas', *Jornal Nacional*, 23 May 2020; 'Casos de COVID-19 entre os indígenas triplicou em apenas um mês, diz Ministério da Saúde', *Jornal Nacional*, 25 July 2020.
- 56 'Lideranças alertam para o alto número de indígenas infectados', *Jornal Nacional*, 15 July 2020.
- 57 H. F. Dobyns, 'Estimating Aboriginal American Population: An Appraisal of Techniques with a New Hemispheric Estimate', *Current Anthropology*, 7 (1966), 395–416.
- 58 S. Guimaraes, 'Corpos e ciclos da vida sanumá-yanomami', *Horizontes Antropológicos*, 16:34 (2010), 261–86, doi: 10.1590/S0104-71832010000200012.

- 59 S. Guimarães, 'O drama ritual a morte para os Samöa', *El País*, 24 June 2020, <https://brasil.elpais.com/brasil/2020-06-24/o-drama-ritual-da-morte-para-os-sanoma.html> (accessed 23 February 2022).
- 60 Guimaraes. 'Corpos e ciclos da vida sanumá-yanomami'.
- 61 *Ibid.*
- 62 E. Brum, 'Mães Yanomami imploram pelos corpos de seus bebês', *El País*, 24 Jun 2020; 'Protocolos sanitários na pandemia impedem o cumprimento de rituais indígenas', *Jornal Nacional*, 29 June 2020.
- 63 Brum, 'Mães Yanomami'.
- 64 D. Kopenawa and A. Bruce, *The Falling Sky: Words of a Yanomami Shaman* (Cambridge, MA, The Belknap Press of Harvard University Press, 2013), p. 198.
- 65 'Manaus Has Four Times More Burials than Normal Because of the Pandemic', *Jornal Nacional*, screening on 27 April 2020.
- 66 'Excavators Dig Extra Pits at Vila Formosa Cemetery, East Zone of São Paulo', *Jornal Nacional*, 18 April 2020; 'Daily Average of Burials Triples in Manaus, and City Hall Opens Mass Graves in Cemeteries', *Jornal Nacional*, 21 April 2020.
- 67 'Manaus Has Four Times More Burials than Normal'; 'Manaus volta atras e proibe o empilhamento de caixões nos cemitérios', *Jornal Nacional*, screening on 28 April 2020.
- 68 G. Velho, 'Antropologia Urbana: encontro de tradições e novas perspectivas', *Sociologia, Problemas e Práticas*, 59 (2009), 11–18.
- 69 R. DaMatta, *A casa e a rua* (Rio de Janeiro, Guanabara Koogan, 1991).
- 70 L. Dumont, *Homo hieráquicus: o sistema de castas e suas implicações* (São Paulo, EDUSP, 1997).
- 71 'Number of Burials in Manaus Public Cemeteries Reaches a New Record', *Jornal Nacional*, screening on 22 April 2020.
- 72 According to the United Nations, 1,500 in six months of 2018 alone, <https://oglobo.globo.com/mundo/onu-alerta-que-15-mil-imigrantes-ja-morreram-no-mediterraneo-em-2018-22924119> (accessed 21 November 2020). Also G. Perl, *Absent Presences: On the Im/mobility and Imaginaires of the Dead and Disappeared in the Strait of Gibraltar* (Paris, Séminaire Mort(s) et Migration, 2018).
- 73 C. Rial, 'Beautiful Deaths, Good Deaths, Evil Deaths, and COVID-19', *Brazilian Research and Studies Center*, 1:1 (2020), <https://bras-center.com/beautiful-deaths-good-deaths-evil-deaths-and-COVID-19/> (accessed 22 April 2021).
- 74 A. V. da Silva, 'Velórios em tempos de COVID-19', *Boletim Ciências Sociais e Coronavírus*, 25, www.anpocs.com/index.php/publicacoes-sp-2056165036/boletim-cientistas-sociais/2339-boletim-n-25-cientistas-sociais-e-o-coronavirus (accessed 21 November 2020).
- 75 See <https://globoplay.globo.com/v/8788628/>, 19 August 2020 (accessed 23 February 2022).
- 76 da Silva, 'Velórios em tempos de COVID-19'.
- 77 'Number of Burials in Manaus Public Cemeteries'.
- 78 'Autoridades do RJ estudam critérios para escolher quais doentes terão direito a UTI', *Jornal Nacional*, 1 May 2020.

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- 79 'Sanitary Regulations Change Burials of COVID-19 Victims', *Jornal Nacional*, 21 April 2020; And 'Cartórios registram aumento de 1035 per cent de mortes por síndrome respiratória', *Jornal Nacional*, 27 April 2020.
- 80 Rede Globo: *Jornal Nacional*, *Rede Globo*, 29 December 2020.
- 81 *JT de 20 heures de France*2, 11 April 2021.
- 82 Rede Globo, *Jornal Nacional*, *Rede Globo*, 27 April 2020; 'COVID-19: Prefeitura de Fortaleza começa a instalar containers', *Jornal Nacional*, 4 May 2020.
- 83 'We have had my mother dead here [at home] for over 24 hours,' quoted in 'Manaus Has Four Times more Burials'; 'Governo do Amazonas prorroga por duas semanas recomendações de combate ao novo coronavírus', *Jornal Nacional*, 30 April 2020.
- 84 'No Pará famílias enfrentam a confusão na identificação dos corpos', *Jornal Nacional*, 2 May 2020.
- 85 'Doctors Complain about the Lack of Equipment in Amazonas', *Jornal Nacional*, 25 April 2020.
- 86 'Number of Coronavirus Deaths in Brazil Exceeds 4 Thousand', *Jornal Nacional*, 25 April 2020.
- 87 F. Stepputat (ed.), *Governing the Dead. Sovereignty and the Politics of Dead Bodies* (Manchester, Manchester University Press, 2014).
- 88 S. Boret, 'Médecins et Cadavres', *Séminaire Autour du Cadavre* (Marseille, Aix et Marseille Université, 8 January 2021).
- 89 <https://globoplay.globo.com/v/9136451/programa/>, *Jornal Nacional* (accessed 28 December 2019).
- 90 C. Rial, 'Banal Religiosity: Brazilian Athletes as New Missionaries of the Neo-Pentecostal Diaspora', *Vibrant – Virtual Brazilian Anthropology*, 9:2 (2012), www.vibrant.org.br/issues/v9n2/carmen-rial-football-and-religion/ (accessed 22 October 2021).
- 91 'Daily Average of Burials Triples in Manaus'; 'Sanitary Regulations Change Burials of COVID-19 Victims'; <https://globoplay.globo.com/v/9136451/programa/>, *Jornal Nacional* (accessed 28 December 2019).
- 92 Miguel, cinco anos/Nome de anjo/Miguel Otávio/Primeiro e único/Trinta e cinco metros de voo/Do nono andar/Cinquenta e nove segundos antes de sua mãe voltar.
- 93 P. Ariès, *Western Attitudes towards Death: From the Middle Ages to the Present* (London, Marion Boyars, 1976).
- 94 H. Seth, *Fresh Fruits, Broken Bodies: Migrant Farmworkers in the United States* (Berkeley, CA, University of California Press, 2013).
- 95 E. Lagrou, 'Nisun: A vingança do povo morcego e o que ele pode nos ensinar sobre o novo coronavírus', *Blog da Biblioteca Virtual do Pensamento Social*, 13 April 2020 (accessed 19 November 2020).
- 96 E. B. Tylor, *Primitive Culture: Researches into the Development of Mythology, Philosophy, Religion, Language, Art and Custom* (Cambridge, Cambridge University Press, 1871).