

Suspect bodies: pandemic and management of dead bodies in Brazil

Liliana Sanjurjo State University of Rio de Janeiro (UERJ), Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES)

lilisanj@yahoo.com.br

Desirée Azevedo Centre for Forensic Anthropology and Archaeology (CAAF), Federal University of São Paulo (UNIFESP)

desireelazevedo@gmail.com

Larissa Nadai University of São Paulo (USP), the São Paulo Research Foundation (FAPESP)

lari.antropologias@gmail.com

Abstract

This article analyses the management of bodies in Brazil within the context of the COVID-19 pandemic. Its objective is to examine how the confluence of underreporting, inequality and alterations in the forms of classifying and managing bodies has produced a political practice that aims at the mass infection of the living and the quick disposal of the dead. We first present the factors involved in the process of underreporting of the disease and its effects on state registration and regulation of bodies. Our analysis then turns to the cemetery to problematise the dynamics through which inequality and racism are re-actualised and become central aspects of the management of the pandemic in Brazil. We will focus not only on the policies of managing bodies adopted during the pandemic but also on those associated with other historical periods, examining continuities and ruptures, as well as their relationship to long-term processes.

Key words: cemeteries, inequality, violence, racism, social and forensic anthropology.

Introduction

São Paulo, Municipal Cemetery of Vila Formosa, March 2020. At the age of sixty-one, Maria Francisca was buried without the presence of her family. Her friend Fernanda Gusmão belongs to one of the risk groups for COVID-19, but she came and accompanied the coffin alone because ‘no one deserves to be buried like a pauper’. That same day the cries of a mother of ‘a six-year-old child’ demanded the presence of the cemetery manager. The official did not, however, allow the coffin to be opened so that the mother could place a flower inside. To do so would have put

those present at risk. The daughters of Ignácio Fonseca Santos went through a similar situation: their father had chest pain and a prescription to get tested, but he died beforehand. He was declared to have died with ‘suspected COVID-19’, and so his family were unable to kiss him.¹ In another case, Alicia’s appeals managed to move the undertaker, who opened the coffin but warned: ‘She won’t see anything, he’s in a bag.’ The mother saw the wrinkled blue plastic where her twenty-nine-year-old son’s face should have been. She had taken him to hospital on Monday and received news of his death on Thursday. She had not seen him since and was not able to say goodbye as she wanted. Antônio Rodrigues de Lima went to hospital on Thursday and died on Saturday. His brother thought it was a heart attack, but the medical death certificate read ‘suspected COVID-19’. Antônio was dirty and was buried as such – without proper clothing or dignity.²

Manaus, Nossa Senhora Aparecida Municipal Cemetery, May 2020. Messias Corrêa Viana, a mason, was buried in the mass grave dug for victims of the novel coronavirus. His cross is numbered 1144, but he was not infected. He was beaten up in a city bar. His relatives did not consent to his burial in a mass grave. But Messias was poor and died a victim of alleged violence, and his body was the hundredth buried that day; he too was destined for the mass grave.³ Janecy Lobato waged a fight similar to that of the mason’s family, hoping to bury her father-in-law with dignity after he succumbed to pulmonary insufficiency. ‘They said they were going to bury one on top of the other and that we should just come to terms with it. It’s undignified. We’re tax-paying citizens and we have the right to bury our loved ones with dignity. This is inhumane.’⁴

Boa Vista, Yanomami Indigenous Health Centre, June 2020. M., L. and T. Sanõma, of the Yanomami indigenous community, searched for their missing babies for a month. The mothers had taken their infants, who were showing severe symptoms of pneumonia, to public hospitals in the capital of Roraima, where they were admitted and shortly afterwards died of ‘suspected COVID-19’. The mothers, who do not speak Portuguese, were directed to the indigenous health centre, where they also contracted the disease. They were not informed about the fate of their children. Indigenous leaders and their allies mobilised in search of the babies until they found them at the Campo da Saudade Cemetery. Their bodies had been taken there in complete contradiction of the funerary rites of a people who do not bury their dead, and without the consent of their mothers, and even prior to any test results confirming a COVID-19 infection. Nonetheless, this was all done in accordance with the biosecurity protocols in place.⁵

In April 2020, images of mass graves and rows of innumerable shallow pits in Brazilian public cemeteries dominated news about the pandemic in Brazil.⁶ Printed in the US newspaper the *Washington Post*, aerial photographs were republished countless times by the national press.⁷ A year later, the pandemic situation worsened. With no significant progress on vaccination, the health system collapsing nationwide and essential workers exhausted, public cemeteries once again became the scene of tragedy: lack of space, large-scale exhumations, environmental contamination and school buses serving as hearses.⁸

There are many unseen stories in these images. The commotion surrounding them brings to light at least two strange certainties. The first arises from the premonitory character of the empty pits: they lie waiting, but will soon be filled. The second derives from the first and leads us to think about the moment when the saturated earth will lay bare that which it is intended to pacify: the infected bodies. Marking this passage, the *present time of emergency* that permeates the management of the novel coronavirus pandemic manifests itself in the cemetery space, generating new dynamics and re-actualising old practices of dealing with certain dead people in Brazil.

In this article we analyse the public health management of bodies in the context of the *Emergency of National Importance* declared by the Brazilian Ministry of Health in February 2020.⁹ From the stories above we derive the objective of examining how underreporting, inequality and regulatory changes in the methods of classification and handling of bodies – all of which conform to an *exceptional health rationale* – have converged to allow for quick disposal of the dead and enabling a policy of mass infection of the living.

Considering the strategic position of public cemeteries in the implementation of this policy, we will develop the hypothesis that although the *present time of emergency* generates new regulations and practices in the routines of necropolises, it is also possible to perceive continuities with previous policies and dynamics, which relate to what we will call the *historical time of disposal*. These continuities involve structures established to make public cemeteries grounds for the *pacification*¹⁰ of a mass of bodies historically linked to the myriad dangers associated with poverty and racialisation.

The reflections in this article are anchored in the authors' previous ethnographic research on related topics,¹¹ as well as in the monitoring of regulation processes, the application of classification methods and the handling of bodies in the context of the pandemic.¹² The analysis of this material will allow us to examine the extent to which the actions aimed at decreeing the *exceptionality* of the pandemic renew the abovementioned historical inequalities.

The first section briefly covers the transformations of cemeteries and funerary practices as they relate to the urbanisation process in Brazil. Moving on to the pandemic context, with an empirical focus on the city of São Paulo but without limiting ourselves to it, we present the *exceptional health rationale*, highlighting how (under)reporting became a political strategy with effects on the state regulation of bodies and disease management in the population. We consider the multiple layers of arrangements, coordination and overlapping effects across spheres of regulation (municipal, state and federal) and institutions that produce emergency forms of administering, categorising, prioritising, handling and circulating infected bodies. In the third section our analysis turns to public cemeteries – important cogs in this wheel – in order to problematise institutional dynamics that illustrate the re-actualisation of inequality and racism as central dimensions of the pandemic's management under a deliberate policy of infecting the Brazilian population. We will focus not only on policies for handling bodies during the pandemic but also on

those related to other historical times, with the intention of examining continuities and ruptures and their relationship to long-term processes.

Cemeteries, mass graves and the politics of dead bodies in cities

The cemetery's land grid recalls what Foucault¹³ referred to, in the context of late eighteenth-century France, as the problem of the 'unification of urban authority': the need to organise the urban body in a coherent and homogeneous way for political and economic reasons. This need was based on a certain 'anxiety' or 'fear' of the city that sought to subdue the 'zones of congestions, disorder and danger',¹⁴ sources of a 'series of panics' stemming from the crowds of people, houses, excessively tall buildings, cemeteries invading city space, revolts, sewage and epidemics arising from the fluids and interactions that constitute urban life. As a more sophisticated version of the political-medical intervention of quarantine, conceived as an emergency regulation against the plague during the Middle Ages, new methods of public hygiene were adopted – the isolation of people, surveillance, disinfection and exhaustive searching for the living and dead – that aimed at good political-sanitary organisation.

It is in this context that Foucault identifies cemeteries as the targets of interventions capable of calming the concerns of a bourgeoisie scrutinising an urban population during the process of expansion and proletarianisation.¹⁵ The cemeteries – where the bodies of those who could not pay for an individual grave were piled up – emerge as privileged spaces for these new metrics: a corpse, a coffin and a designated grave. Such spaces would be generalised as the result of a historical process whereby the focus of care is on the living and not the dead. In order 'to protect the living from the harmful influence of the dead', the corpses must be 'perfectly aligned', forming 'a veritable army of dead people, as perfectly aligned as a regiment being passed in review'.¹⁶

Chalhoub analyses issues similar to those pointed out by Foucault in the context of Brazilian urban transformations in the mid-nineteenth century.¹⁷ By highlighting hygiene as a constitutive ideology of the urbanisation process and how notions of *danger* and *risk of infection* brought together themes of disease, disorder and poverty, the author highlights the degree to which the city's 'scientific management' chose its beneficiaries. Without a commitment to improving the living conditions of most people, urban management emerged in relation to transformations in the world of work brought about by the end of slavery, casting a shadow of *suspicion* on a racialised population. The desire for control was announced in the emergence of the notion of 'dangerous classes' – associating race, poverty and danger – in the discussions about public hygiene that accompanied the urbanisation of Rio de Janeiro.¹⁸ Initially referring to those attempting to survive on the margins of the world of work (and of the law), this notion was generalised in order to racialise poverty and treat it as a moral failure.

In Brazil, changes in cemeteries and funerary practices have also occurred in relation to processes of industrialisation and urbanisation.¹⁹ At the beginning of the nineteenth century, cities like Rio de Janeiro and Salvador experienced a decline in

church burials, a peripheralisation and commoditisation of cemeteries, an expansion of private funerals and an increasing condemnation of physical proximity between the living and the dead, as Reis explains.²⁰ The then emerging cemeteries materialised and re-established racial and social distinctions, superimposed on rituals of preparing the dead, forms and places of burial, funerals, masses and wills, taken as indicators of social stratification.²¹

As an example of the process of dehumanisation in life and death, the treatment of African slaves – buried in shallow pits in cemeteries far from churches and cities – stands out, as illustrated by the case of the Pretos Novos Cemetery in Rio de Janeiro. It served as a burial place for slaves who had died after their ships entered Guanabara Bay or shortly after disembarkation but before being traded. Those who survived the transatlantic voyage went on to the *senzala* – the slave quarters. The rest were subjected to a degrading burial.²² In addition to violence against the living, the Pretos Novos Cemetery provides evidence of indifference towards the dead.

Whether in the past or in the present, for the racialised bodies of the urban poor – bioproducts of direct violence or abandonment – only the most remote and invisible places remain for the mass disposal of their worthless lives.²³ Nowadays, such places take the form of public cemeteries, which are the focus of this article. Unlike private cemeteries, public cemeteries are economically more accessible to most of the Brazilian population, with free burials for low-income families.²⁴ However, even within these institutions, distinctions are drawn between dead people worthy of honour, whose graves are rented or bought by family members, and the anonymous and non-ritualised deceased, whose bodies are handled by state institutions and sent to specific sections of the cemeteries with shallow pits and common graves.²⁵ Constitutive of the current form of administering dead bodies,²⁶ these lands play a key role in the management of the COVID-19 pandemic in Brazil, as we will discuss later.

Underreporting and the *exceptional health rationale* in the handling and flow of bodies

Although it was one of the most central topics at the beginning of the pandemic, underreporting has since been neglected within the public debate. Despite this, epidemiological monitoring continues to show official figures as evidence of an unknown phenomenon.²⁷ As it happened, given the diversity of patients' conditions, the Ministry of Health [*Ministério da Saúde*] defined two clinical conditions for the classification of cases under treatment: influenza-like illness (ILI) and severe acute respiratory syndrome (SARS). Both must be reported separately in two (already existing) respiratory disease surveillance systems linked to the Unified Health System [*Sistema Único de Saúde*]²⁸ and subjected to laboratory tests in order to confirm the causative biological agent. So, while symptoms serve to define a *suspected case*, tests separate *confirmed cases* from *discarded cases* and convert *suspected deaths* into *confirmed deaths*.²⁹

However, in the early months of 2020, diverging from the centrality given to testing in the guidelines drawn up by Ministry of Health's technical staff, the

Minister of Health announced a policy of ‘sample testing’.³⁰ The number of tests and reagents acquired proved to be insufficient, so testing was to be limited to critically ill patients and the dead, especially in times of greater pressure on the health system.

Such a limitation had effects on the handling and institutional flow of bodies all along the chain of public officials (in health, registry, funeral and prison systems) that interact with bodies during the pandemic, leading to the generalised applicability of notions of ‘infection risk’ and ‘public health requirement’ that legitimised exceptional procedures. In summary, the main effects of the restrictions on testing were: (1) the overburdening of emergency care, mainly that of the Unified Health System, which has become the main gateway to both treatment and monitoring for the majority of the population; (2) the creation of a cloud of uncertainty around the disease, which involved not only underreporting but also the production of ‘suspect bodies’, many of which came to be buried under the category of ‘suspect deaths’; (3) the enabling of an uneven distribution of such suspicion on the basis of social inequalities, either because the dynamics of contagion are based on inequalities that expose some people to the disease so that others may be protected, or because access to healthcare and testing is uneven, given the differences between public and private health systems in terms of resources and distribution across the country, making the waiting time for care and confirmation of infection unequal across the population.

During the course of the pandemic, time, underreporting and inequalities converge to paint a perverse picture, reflected in the unequal distribution of lives to be saved. COVID-19 became directly visible as notification of death, especially among black, poor and marginalised people.³¹ One of the effects of this process was the conversion of organisations intended to save lives into ones responsible for certifying and managing deaths, as exemplified, in the case of São Paulo, by the use of the *Mobile Emergency Care Service* [*Serviço de Atendimento Móvel de Urgência*] to attend to the growing number of deaths occurring at home. Often, these are people who were unable to access the hospital network,³² their medical certificates of death reading ‘suspected COVID’, as illustrated by some of the stories at the beginning of this article.

In Brazil, medical certificates of death [*Declaração de Óbito*] are documents that certify death and feed into the Mortality Information System [*Sistema de Informação de Mortalidade*] for the purposes of population data aggregation and epidemiological recordkeeping. These certificates are used to produce death registers [*Certidão de Óbito*], vital records in the civil registry by which the state acknowledges an individual’s death, guaranteeing rights to those left behind. By comparing data from the Mortality Information System and the Civil Register Platform [*Portal da Transparência do Registro Civil*], it is possible to observe the effects of change in the flows of infected bodies. In cases of ‘bodies suspected’ of infection, the platforms align only when the death occurred after the test result had been obtained. The frequency of deaths occurring before the laboratory result can be seen in the increase in registered deaths [*Certidão de Óbito*] of 1008 per cent due to SARS and of 39.5 per cent due to an *undetermined cause* in relation to the same period in 2019.³³

It is important to note that these percentages also refer to the increase in people who, like Ignácio's daughters, buried their family members as suspected COVID-19 cases without personal certainty of the cause of death – a significant aspect for mourning – and were prevented from touching or even seeing their dead loved ones. The treatment of these bodies had to follow the strict protocols for handling infected corpses: disinfection, triple wrapping (first in sheets and then in two disinfected plastic bags), insertion into a sealed coffin and direct transfer from the place of death to the cemetery.

In the absence of evidence of infection through contact with dead bodies, the World Health Organization advises against the hasty disposal of bodies, balancing on a case-by-case basis the risk of contagion with the rights of families and the need to know the *cause of death*.³⁴ However, the precarious situation of official bodies responsible for autopsies – most of which lack facilities that meet biosecurity standards – became the justification for prioritising the monitoring of *infection risk*, whether from *confirmed cases* or *suspected cases*. As they are organised on a state and municipal level, the official bodies dedicated to handling the deceased face structural and territorial inequalities that are even more alarming than those observed in the healthcare system, which is nationally administered. In the pandemic, these governmental bodies began to produce their own regulations, adding new layers of formal adaptation that translate unevenly into the practical arrangements possible in the face of an overflow of corpses.

This can be observed in Regulation 32 of the State of São Paulo's Health Department, which determined that any single body can be considered a *risk* as regards infection and spreading of the virus. The decision was thereby made to effectively eliminate autopsies and to instead employ verbal questionnaires as the default rule, as well as to direct cemeteries to treat all bodies as potential carriers of COVID-19, regardless of the cause of death or confirmation.³⁵

In the case of the deceased being classified as 'unidentified' and 'unclaimed', a national regulation authorised healthcare providers to transfer them directly to funeral services without a death certificate [*Certidão de Óbito*], since this procedure is slower, as it depends on public channels.³⁶ In practice, this implies authorising the burial of these bodies without going through the identification stage (previously mandatory), a decisive procedure to allow, at least, subsequent traceability. The haste and risk of this exceptional handling of bodies seem to recall the logic of disposing of dehumanised bodies and are capable of producing serious violence, as suggested by the case of the Yanomami babies. Such exceptional procedures took an even more radical form in an initial version of this regulation, which permitted the cremation of bodies that could potentially be missing persons sought by their families.³⁷ It also left in the hands of an overburdened health service – whose priority should be to try to *save lives* – the task of creating a tracking system, which is not its role.³⁸

In the case of people in prison, places like Rio de Janeiro also suspended the mandatory post mortem.³⁹ Considering that the most common cause of death in prison is *natural death* – a way of classifying a varied set of deaths resulting from inadequate sanitation, overcrowding and inappropriate medical care offered to

prisoners as ‘normality’ – this exceptionality corroborates the impossibility of monitoring the pandemic in prisons, making body flows between prisons, healthcare facilities and cemeteries more opaque.⁴⁰

In short, the central factor in the generalisation of the *exceptional health rationale*, which produced significant changes in the flow of bodies between places of death and cemeteries, was the certainty around the exponential increase in ‘suspected deaths’ – a certainty that arose, in turn, from the political decision to restrict population testing. In the name of biosecurity, a consensus was formed around the need to accelerate the *pacification* of bodies below ground. And it is the suspicion regarding these bodies that synchronises the generalisation of the *exceptional health rationale* with the *present time of emergency*, creating fertile space not only for denialism but also for committing violence, such as disappearances and mass graves. The cases of the Yanomami babies and Messiah the mason reveal how this violence is commonly directed at specific segments of the population.

Cemeteries, poverty, racism and suspicion

Fundamental to urban space health policy, as we have already argued, cemeteries are the final cog in this complex machine, whose rationality is traversed by an infinity of less evident acts. They are barely visible, but certainly present in the scenes of mass graves and hundreds of shallow pits dug in São Paulo’s Vila Formosa Cemetery, as highlighted at the beginning of this article.

Days before gaining the attention of the international news, these pits, dug in section after section of the Vila Formosa Cemetery (which bears the distinction of being the largest cemetery in Latin America), attracted journalist Ulisses Campbell to the São Paulo necropolis. Something was going on in the cemeteries. Dated 27 March, ten days after the first *confirmed death* from COVID-19 in Brazil, his report warned of the ‘escalation in burials of suspected victims of the novel coronavirus’, recounting the performance of nineteen burials during a single morning in a way that completely departed from the norm.⁴¹ As we have seen, these bodies, which arrived in sealed coffins, were permitted funerals only in the open air, for a duration of ten minutes and with a maximum of ten people in attendance.

Following the pandemic regulations issued by the national government and the state of São Paulo, in April 2020 the city of São Paulo established a funeral contingency plan that restricted funerals, allowed express burials (including at night), made provisions for the opening of more than thirteen thousand graves and equipped some cemeteries with logistics centres and refrigerators in anticipation of queues for burial. It also opened disposal services to the private sector, but did not allow the family to choose the burial place. However, since 1 March, when there was still no specific regulation in place in the city or state of São Paulo, a letter and a number (D3) placed at the top of the burial guide made the difference between ‘a dignified farewell and an express burial in the city of São Paulo.’⁴²

In the *present time of emergency*, out of step with the longer time frames of families and their usual rituals of mourning and leave-taking following a death, the exceptional protocol linked to the presence of the ‘D3’ was the order imposed by São

Paulo's Municipal Funeral Service on bodies sent there due to *confirmed death* or *suspected death* from COVID-19. As the official organisation responsible for the flow of bodies between places of death and burial, the Municipal Funeral Service started to label, in its own way, the corpses that it handled. In the words of an employee: 'He died at the age of sixty with respiratory failure as the cause of death, and we just stamped him as D3.'⁴³

Printed in the upper right corner of the burial guide, the 'D3' takes a revealing form: a white letter and number of considerable size on a black square background, making it impossible to miss. D3 is the alphanumeric version of the graphic symbol designating infectious materials (class D) of biological origin (factor 3) categorised by the Workplace Hazardous Materials Information System. The term 'stamped', used by the employee, does not mean a physical rubber stamp on the printed document but, rather, a symbol that is printed as part of the document's wording. Here, the metaphor of the stamp refers to the regulatory power that allows the Municipal Funeral Service to manage its routine activities in its own way. Of an administrative character, but without medical or notarial validity, 'D3' is the mark that has aligned the exceptionality of the situation with the discretion of suspicion, in order to, in the end, connect bodies, risk of contagion and a new flow (time/space relationship) viewed as necessary for the urgent *pacification* of infected bodies.

Historically and politically constituted, the practices of removing, handling and disposing of dead bodies are re-actualised in times of pandemic. Although, in the *present time of emergency*, an *exceptional health rationale*, justified by the risk of infection, has generated new procedures and dynamics in cemetery routines, it is also possible to perceive continuities with previous practices that recall what we will refer to as the *historical time of disposal*.

Occupying a space apart from that reserved for family burial, shallow graves, pits and common ossuaries constitute the areas of public cemeteries for bodies whose burial was left in government hands, such as those without family members who died in public hospitals or who, after undergoing the mandatory post mortem at the so-called Institute of Forensic Medicine [*Instituto Médico Legal*] were not claimed by family members. These areas of cemeteries have historically served as the usual and daily destination of a significant mass of bodies, most of them racialised, considered unimportant, dangerous or linked to the myriad risks associated with poverty.

As Ferreira's study⁴⁴ spanning the period from 1942 to 1960 reveals, they are dead people whose bodies have been the object of state practices of classification and social control through branches of the Institute of Forensic Medicine (IFM) – an institution that simultaneously conducts police and medical work, as part of the so-called technical-scientific police. Their practices include expert procedures for civil identification, which both prevent the anonymity of the living – with special attention given to threatening social groups – and allow for the anonymous burial of members of these same groups when officially labelled as 'unidentified' and/or 'unclaimed', the commonly named 'indigents' [*indigentes*].⁴⁵ As Corrêa observes,⁴⁶ in the mid-nineteenth century the creation of IFMs responded to the need for knowledge in order to control this population, which required the formation of exclusion and inclusion criteria beyond the 'colonial norm'. While African

descendants under the imperial and slave regime served as a shortcut for European and American scientific thought, later, in the face of uprisings and rebellions, urban growth and industrialisation, the working classes, in their interactions with the police and judiciary, would become crucial objects of science's attention. Ferreira⁴⁷ and Carrara⁴⁸ recall the presence of these 'dangerous classes' in discussions about civil identification and the handling of the dead as part of strategies to control social threats, including the figure of the 'unknown man'.

In other, not so distant, times of 'exception', bodies of political opponents murdered by the Dictatorship (1964–85) took similar itineraries along administrative–bureaucratic paths. By being included in the 'normal' flows and practices for the treatment and mass disposal of bodies historically considered suspect – since they are as dangerous as they are unimportant – these deceased travelled already-beaten paths that serve as a mechanism for disappearance and the concealment of crimes.⁴⁹

As the notorious case of the Perus' Mass Grave [*Vala de Perus*]⁵⁰ reveals, these people were buried as 'indigents' and had a similar biological and traumatic profile – young men, brought in by the IFM and dead as a result of violence – exemplifying the widespread use of institutional violence that was already impacting on large swaths of the population. The distinctive mark for those who disappeared for political reasons was often merely the letter 'T' (for 'terrorist'), in this case indeed inscribed by hand onto the autopsy request forms issued by the police and received by IFM officials. Through this mark, a narrative reached the coroners: 'death by security force gunfire', informing them of the need to dispose of the 'indigent'. This allows us to suppose that the *raison d'être* of the Vala de Perus is as a final destination for the poor. Furthermore, it leads us to think of mass graves as places historically intended for *precarious lives*,⁵¹ but which in dictatorial times also included 'subversives' as a political and racial extension of the scope of social control.⁵²

Nowadays, in times of democratic 'normality', the letter 'T' has reappeared in IFM autopsy reports, but now in reference to the 'tattoo area' [*zona de tatuagem*]. This term describes the powder residue on the skin from a point-blank shot left on the bodies of residents of peripheral neighbourhoods and slums, victims of summary execution by the police and whose deaths are routinely recorded as 'deaths by intervention of a state agent'. This mark also communicates a narrative, prescribing a path of disposal and zero justice for black bodies, while endorsing the 'exclusion of illegality' and extermination as a tool for managing their bodies and neighbourhoods.⁵³ Official/police expertise continues to serve, in this new era of the 'War on Drugs', as an instrument to justify and authorise these deaths, producing the state-sanctioned truth and providing institutional support to the individual agent who carries out the deed.⁵⁴ These deaths come about in situations where public agents operate by identifying potential risks to be eliminated, residing in movements that appear threatening, in bodies that look like criminals and in areas associated with 'risk' and 'suspiciousness'.⁵⁵

In addition to the day-to-day management of the deaths of black and poor people as a result of institutional violence in peripheral areas (violence that has not abated during the health crisis),⁵⁶ during the pandemic we have witnessed the 'D3' mark emerging as a new label that communicates a narrative and prescribes a quick

path of disposal. It is a documentary record of danger related to *infection risk*, which results in bodies being marked and sent, just like so many others throughout history, to shallow pits and common graves. It is no coincidence that in São Paulo the São Luís and Vila Formosa cemeteries – associated respectively with ‘crime’ and ‘indigence’ – were chosen in the funeral contingency plan approved by local government in April 2020 as strategic cemeteries for the mass burial of COVID-19 deaths. In the first of the cemeteries, three thousand pits were to be opened; in the second, eight thousand, in addition to another two thousand in the Vila Nova Cachoeirinha Cemetery. Other cemeteries, located on the city’s margins, such as the cemeteries of Vila Carmosinha in Itaquera and Don Bosco in Perus, have also been receiving an increasing number of suspected or confirmed deaths from COVID-19.⁵⁷

It is a fact that, as the journalists realised, something was happening in the cemeteries, but not in just any of them. Something was happening specifically in public cemeteries, which leads us to look for the coexistence of *temporalities* in this machinery, where the *time of emergency* re-actualises that which in the *historical time of disposal* does not seem to change.⁵⁸

A report published in late April⁵⁹ confirmed the perverse convergence between corpses whose deaths were *suspected* or *confirmed* as caused by COVID-19 and many others that, historically, arrived in large numbers at the São Luiz Cemetery on the outskirts of São Paulo. The markings on the cemetery ‘walls chipped by bullets and gunfights’ coexist, in the present, with another mark. Now, local officials see ‘more than a third of the new dead arrive, not with gunshot wounds, but with the D3 code’. Insofar as they follow the ‘preparations’ imposed on São Luiz – the hiring of more gravediggers and the intensive opening of graves – they are reminiscent of what ‘used to happen when São Paulo was going through an earlier epidemic: violence’.⁶⁰ The overlapping profiles of the victims to be buried that day were alarming: ‘young and poor, from the South Zone’. With a funeral of less than five minutes and in the presence of just a few family members, William Souza Batista, an unemployed youth aged twenty-seven, was buried. His wife lamented: ‘He died without us knowing whether he had COVID or not.’ His express burial took place alongside the funeral of another young man, who had been stabbed to death.⁶¹

Weeks earlier, another report drew attention to the fact that ‘almost all the bodies that are arriving at public cemeteries are coming from the public health system’.⁶² This fact was consistent not only with the administrative solution provided by the Municipal Funeral Service for the pandemic’s *time of emergency*, but also with the role attributed to cemeteries in the management of infected bodies more broadly, presented as a viable path of political practice deliberately aimed at spreading the virus and based on the idea that deaths would be inevitable to prevent the ‘economy grinding to a halt’. Such a policy is openly expressed by Jair Bolsonaro and implemented, among other actions, through his interventions in the health sector, his opposition to the closure of non-essential commerce, the use of face masks and measures of social isolation, as well as his heavy investment in fake news.⁶³ The deaths, as public cemeteries reveal, are not evenly distributed, but reflect the deepening of ‘differential vulnerability’ during the pandemic.⁶⁴

The pandemic draws back the curtain on the management of bodies in a unique situation in the present, revealing connections to historically formed methods that are now being employed in the rapid and comprehensive disposal of people who 'died from COVID-19' or are 'potential carriers of COVID-19'. The gears in this machinery consist of a multitude of actions – handling, labelling and certification – for which the maxim 'from stretcher to grave' is an imperative.⁶⁵ The administrative solution organised by the São Paulo Funeral Service at the beginning of March 2020, the materialisation of which is the 'D3', became protocol in São Paulo, attaching new layers of justification and regulation to the exceptionality of the contagion risk projected onto dead bodies.

It is important to note how the guidelines set out by the World Health Organization⁶⁶ were transferred to the national context in a kind of non-homogeneous and non-integrated *adaptation* of actions carried out by state actors on a national, state and municipal level.⁶⁷ We moved directly from the premise 'there is no evidence that someone has been infected by exposure to the corpse of a person who died from COVID-19' to successive formulations in which the *risk of contagion* from the corpses became unquestionable.⁶⁸

Although in early March the first *confirmed deaths* from COVID-19 were recorded, by contrast a greater number of *suspected deaths*, whose histories and affective relations with the living seem less relevant in the eyes of public opinion, proceeded to shallow graves in public cemeteries. A report by *Folha de S. Paulo* helps us to recount the situation in the city of São Paulo: of the 121 *confirmed deaths* from COVID-19, even in the first moments of the pandemic, 79 occurred in private hospitals. They were people who had access to healthcare and had been attended to throughout the course of the disease. However, in that same period between thirty and forty burials were carried out daily in public cemeteries in São Paulo, and, at least in Vila Formosa, government officials estimated that in the first month of the pandemic 'more than 200 bodies were buried on suspicion of being infected with the novel coronavirus'.⁶⁹ Without laboratory tests or while awaiting results, these bodies became visible to health services only at an advanced stage of the disease or after *suspected death*.

This is how the *exceptional health rationale* reproduces the same historical inequalities that we have tried to trace up to this point, once again associating suspiciousness with poverty. More than a series of actions traversed by the *present time of emergency*, we see a machinery made for removal, handling, production of medical death certificates and express burials. It operates under protocols and is intentionally put into action, and its functioning is made possible by a pre-existing foundation.

We are dealing here with a complex process that requires anthropological and historical investigation in order to be understood. We require a new kind of obituary that is not limited to what is written and regulated by the power of resolutions, manuals, protocols and letters, but is devoted to disclosing the layers of arrangements, coordination and overlapping effects between the various spheres of regulation and institutions that determine exceptionality when administering, categorising, prioritising, handling and moving infected bodies. For this purpose, it is necessary to examine the dynamics and mechanisms through which inequality and racism

are normalised and established as central dimensions of pandemic management in Brazil – a style of management that connects a policy of mass infection and death to a machinery of disposal, and has converted the mass grave into its normative standard.⁷⁰

Final considerations

In this article we have analysed how the *present time of emergency* and the *exceptional health rationale* imposed by the pandemic have created new dynamics in the flow and management of the dead, re-actualising old practices in the handling of historically dehumanised bodies in Brazil. Far from the *exceptionality* that seems to permeate the health crisis, pits and cemeteries for the *indigent* reflect, even today, the daily and ordinary treatment of certain bodies in Brazil, whether in the past or present, which renders thousands of people simultaneously ‘disposable and responsible for their conditions in life and death.’⁷¹

We have sought to demonstrate how the novelty lies not so much in the form but in the speed and scope of these procedures for *pacifying* bodies, which are now subjected to rapid and mass disposal. Although we have not attempted to discuss health policies related to the living, beyond the question of epidemiological monitoring – such as immunisation, quarantine and social policies for mitigation, or care and treatment of patients – there is evidently a policy of mass exposure of the Brazilian population to the virus and to death. The federal government has adopted a strategy of mass infection that manifests itself in society and in other spheres of the state in countless ways.⁷²

This article has sought to examine how this strategy – marked by the exclusion of the Brazilian scientific community and organised through political–military intervention in the health sector – was made possible on the basis of an *exceptional health rationale* in the handling of the dead, which accelerates (in time) and expands (in space) *necropolitics*,⁷³ giving it renewed impetus and scale. The expanded production of acceptable deaths and disposable bodies, coupled with the conversion of thousands of deaths into a ‘necessary evil’ so that the ‘economy does not grind to a halt’, preserves the role of inequality, racism, precariousness and economic dispossession as central dimensions in the spreading and lethality of the disease. It is not surprising, therefore, that the greatest impacts remain reserved for those who, even before COVID-19, were treated as if they had always belonged in a mass grave.

Notes

Translated by Cadenza Academic Translations.

- 1 U. Campbell, ‘A escalada dos enterros das vítimas suspeitas de coronavírus no maior cemitério de SP’, *Época*, 27 March 2020, <https://epoca.globo.com/sociedade/a-escalada-dos-enterros-das-vitimas-suspeitas-de-coronavirus-no-maior-cemiterio-de-sp-24331182>.
- 2 Y. Boechat, ‘Cemitérios de São Paulo têm ao menos 30 enterros por dia de mortos com suspeita de Covid-19’, *Folha de S. Paulo*, 1 April 2020, <https://www1.folha.uol>.

- com.br/cotidiano/2020/04/cemiterios-de-sao-paulo-tem-ao-menos-30-enterros-por-dia-de-mortos-com-suspeita-de-covid-19.shtml.
- 3 F. Maisonave, 'Nas valas comuns de Manaus, o luto vai além da pandemia', *Folha de S. Paulo*, 12 May 2020, <https://www1.folha.uol.com.br/cotidiano/2020/05/nas-valas-comuns-de-manaus-o-luto-vai-alem-da-pandemia.shtml>.
 - 4 R. Beatriz, 'Caixões serão empilhados em valas comuns de Manaus para suprir demanda de enterros', *G1*, 27 April 2020, <https://g1.globo.com/am/amazonas/noticia/2020/04/27/corpos-serao-empilhados-em-valas-comuns-de-manaus-para-suprir-demanda-de-enterros-familias-criticam-medida-nao-e-digno.ghtml>.
 - 5 For more on this case, see E. Brum, 'Mães Yanomami imploram pelos corpos de seus bebês', *El País*, 24 April 2020, <https://brasil.elpais.com/brasil/2020-06-24/maes-yanomami-imploram-pelos-corpos-de-seus-bebes.html>; Fórum de Lideranças Yanomami e Ye'kwana e Rede Pró-Yanomami e Ye'kwana, *Xawara: rastros da Covid-19 na Terra Indígena Yanomami e a omissão do Estado*, Relatório sobre a pandemia da Covid-19 na Terra Indígena Yanomami no período de março a outubro 2020 (São Paulo, ISA – Instituto Socioambiental, 2020), obind.eco.br/wp-content/uploads/2020/11/Xawara_publicacao_r05_20201117.pdf. On Yanomami funeral rites see: D. Kopenawa and B. Albert, *The Falling Sky. Words of a Yanomami Shaman* (London, Harvard University Press, 2013).
 - 6 G1, 'Prefeitura de Manaus faz valas comuns em cemitério para enterrar vítimas de coronavírus', *G1*, 21 April 2020, <https://g1.globo.com/am/amazonas/noticia/2020/04/21/prefeitura-de-manaus-faz-valas-comuns-em-cemiterio-para-enterrar-vitimas-de-coronavirus-veja-video.ghtml>.
 - 7 See 'Covas abertas em cemitério de SP viram destaque no "Washington Post"', *Veja*, 2 April 2020, <https://veja.abril.com.br/brasil/covas-abertas-em-cemiterio-de-sp-viram-destaque-no-washington-post/>; S. Ducroquet, Z. Fraissat and B. Santos, 'Cemitérios em tempos de coronavírus: milhares de covas estão abertas nas maiores necrópoles de São Paulo à espera de um amontoado de vítimas da Covid-19', *Folha de S. Paulo*, 4 May 2020, <https://arte.folha.uol.com.br/cotidiano/2020/05/04/cemiterios-covid-19>; G1, 'Prefeitura de Manaus faz valas comuns em cemitério para enterrar vítimas de coronavírus', *G1*, 21 April 2020, <https://g1.globo.com/am/amazonas/noticia/2020/04/21/prefeitura-de-manaus-faz-valas-comuns-em-cemiterio-para-enterrar-vitimas-de-coronavirus-veja-video.ghtml>.
 - 8 F. Pereira, 'Força-tarefa 'recicla' 1.000 covas em cemitério fechado para enterros em SP', *Uol*, 2 April 2021, <https://tab.uol.com.br/noticias/redacao/2021/04/02/forca-tarefa-de-1-mil-exumacoes-no-cemiterio-fechado-para-enterros-em-sp.htm?cmpid=copiaecola>; M. Declerq, 'Necrochorume: como o alto número de enterros pode impactar o meio ambiente', *Uol*, 3 April 2021, <https://tab.uol.com.br/noticias/redacao/2021/04/03/como-o-alto-numero-de-enterros-pode-impactar-o-meio-ambiente-e-a-saude.htm?cmpid=copiaecola>.
 - 9 Brazilian Ministry of Health, Decree No. 188, 3 February 2020, <http://www.in.gov.br/en/web/dou/-/portaria-n-188-de-3-de-fevereiro-de-2020-241408388>.

- 10 In Brazil, the term *pacification* [*pacificação*] has historically been associated with a militarised form of population and territorial control. The aim to *pacify* indigenous peoples or social groups considered to be wild and dangerous was at the centre of the policies of colonial conquest, territorial occupation and formation of the nation-state. Throughout the twentieth century, policies of *pacification* made reference both to state actions regarding the rural indigenous population and to the promotion of ‘national reconciliation’ policies after the Dictatorship (1964–85). In the first decade of the twenty-first century, a new policy of pacification materialised in urban territories through the establishment of Pacifying Police Units [*Unidades de Polícia Pacificadora*] in the favelas of Rio de Janeiro during the staging of sporting mega-events. It is a modality of the exercise of power anchored in the logic of war and in the use of violence against populations considered external or deviant to the social order. The literature on the subject is extensive. See, for example: P. de Oliveira, ‘Pacificação e tutela militar na gestão de populações e territórios’, *Mana*, 20:1 (2014), 125–61, doi: 10.1590/S0104-93132014000100005. M. P. Leite, ‘Da “metáfora da guerra” ao projeto de “pacificação”’: favelas e políticas de segurança pública no Rio de Janeiro’, *Revista Brasileira de Segurança Pública*, 6:2 (2012), 374–89; M. Leite, L. Rocha, J. Farias and M. Carvalho (eds), *Militarização no Rio de Janeiro: da Pacificação à Intervenção* (Rio de Janeiro, Mórula, 2018).
- 11 D. Azevedo, *Ausências Incorporadas. Etnografia entre Mortos e Desaparecidos Políticos no Brasil* (São Paulo, Editora Unifesp, 2018). D. Azevedo, ‘Our Dead and Disappeared: Reflections on the Construction of the Notion of Political Disappearance in Brazil’, *Vibrant*, 15:3 (2018), 1–24, doi: 10.1590/1809-43412018v15n3d507. D. Azevedo, ‘Os mortos não pesam todos o mesmo: Uma reflexão sobre atribuição de identidade política às ossadas da Vala de Perus’, *Papeles del CEIC*, 1:1 (2019), 218–26, doi: 10.1387/pceic.20389. L. Nadai, ‘Entre pedaços, corpos, técnicas e vestígios: o Instituto Médico Legal e suas tramas’ (PhD dissertation, Universidade Estadual de Campinas, 2018). L. Nadai and C. Veiga, ‘Entre “traces” et jugements moraux: des “matérialités qui forgent les corps, les crimes et les victimes”, *BRÉSIL(S) – Sciences humaines et sociales*, 16 (2019), doi: 10.4000/bresils.5436. L. Sanjurjo, ‘Our Dead Can Speak: Social Displacements, Affects, and Political Action in Comparative Perspective’, *Vibrant*, 14:3 (2017), 1–19, doi: 10.1590/1809-43412017v14n3p113. L. Sanjurjo, *Sangue, Identidade e Verdade: memórias sobre o passado ditatorial na Argentina* (São Carlos, Edufscar, 2018).
- 12 Methodologically, this took the form of daily and procedural monitoring through the collaborative platform ‘COVID-19, Bodies and Institutions’ [*Covid-19, Corpos e Instituições*]. Since April 2020, we have organised chronologically and thematically (with the help of keywords) both the regulations that direct the political–sanitary management of the pandemic, especially with regard to the management of bodies (laws, decrees, protocols, regulations, manuals and guidelines), as well as materials that help investigate their coordination and effects (journalistic articles, interviews, epidemiological monitoring platforms, social movement demonstrations and academic research).

- 13 M. Foucault, 'The Birth of Social Medicine', in *Power: Essential Works of Michel Foucault*, vol. 3 (New York, New Press, 2000 [1974]), pp. 34–156.
- 14 *Ibid.*, p. 147.
- 15 Reflecting on the birth of social medicine as a biopolitical strategy and observing its confluence with the phenomenon of urbanisation in France, Foucault analyses how the city became the 'market centre' and site of 'subsistence revolts' associated with the process of proletarianisation of a mass exposed to hunger due to the combination of low wages and high prices. *Ibid.*, p. 143.
- 16 *Ibid.*, p. 147. Foucault also refers to the peripheralisation of cemeteries in this context. Although he emphasises political–sanitary reasons to the detriment of theological–religious reasons, it is important to note the approximation between the processes related to the birth of urban medicine and public hygiene on the one hand and, on the other, a broader set of transformations in Western attitudes regarding death, as discussed by Ariès. See P. Ariès, *Western Attitudes Toward Death from the Middle Ages to the Present* (Baltimore, Johns Hopkins University Press, 1974).
- 17 S. Chalhoub, *Cidade febril: Cortiços e epidemias na corte imperial* (São Paulo, Companhia das Letras, 2017). Also see: S. Chalhoub, 'The Politics of Disease Control: Yellow Fever and Race in Nineteenth-Century Rio de Janeiro, Brazil', *Journal of Latin American Studies*, 25:3 (1993), 441–63. doi: 10.1017/S0022216X00006623#_blank.
- 18 Chaloub, 'The Politics of Disease Control'.
- 19 T. Laqueur, *The Work of the Dead: A Cultural History of Mortal Remains* (Princeton, Princeton University Press, 2015).
- 20 J. J. Reis, *Death Is a Festival: Funeral Rites and Rebellion in Nineteenth-Century Brazil* (Chapel Hill, University of North Carolina Press, 2003).
- 21 *Ibid.*
- 22 The Pretos Novos Cemetery operated between 1772 and 1830 in Valongo, a part of the port of Rio de Janeiro then located outside the city limits. Previously it had operated in the heart of the city, close to the market for newly arrived slaves. The cemetery was closed due to complaints from residents and the treaty on the abolition of the slave trade imposed by England. In the six years leading up to its closure, more than six thousand slaves were buried there. From 1830 onwards, the sale of slaves and the practice of burial in shallow graves was moved elsewhere. See: J. C. M. S. Pereira, *À flor da terra: o cemitério dos pretos novos no Rio de Janeiro* (Rio de Janeiro, Garamond/IPHAN, 2007).
- 23 G. D. Willis, 'The Potter's Field', *Comparative Studies in Society and History*, 60:3 (2018), 539–68, doi: 10.1017/S001041751800018X.
- 24 Under Brazilian law, public cemeteries are considered to be 'public goods of special use' [*bens públicos de uso especial*] and may be administered by the municipality or by third parties. The law guarantees the right to free burial in public cemeteries for those who receive up to a minimum wage, the unemployed and those recognised as poor in the eyes of the law. Private cemeteries, despite being in the private domain, are defined as being of 'public interest' and are therefore subject to state inspection and licensing requirements. Municipal legislation commonly grants

- licences to charities and non-profit organisations. Although it has been interesting to examine the profile and contextual dynamics of burials performed in private cemeteries during the pandemic, such a comparative analysis is beyond the scope of this article.
- 25 L. Ferreira, *Dos autos da cova rasa: A identificação de corpos não identificados no Instituto Médico Legal do Rio de Janeiro* (Rio de Janeiro, E-Papers/Laced/Museu Nacional, 2009).
 - 26 F. Stepputat (ed.), *Governing the Dead: Sovereignty and the Politics of Dead Bodies* (Manchester, Manchester University Press, 2014).
 - 27 The keyword ‘underreporting’ [*subnotificação*] has ninety-four entries from newspaper articles on the platform ‘Covid, mortes e instituições’ between April 2020 and April 2021, fifty-five of which occurred within a three-month period between April and June 2020. Among research that casts light on the scale of underreporting, we highlight the epidemiological survey Epicovid19, carried out by the Federal University of Pelotas, <https://wp.ufpel.edu.br/covid19/>.
 - 28 The Unified Health System [*Sistema Único de Saúde*] was created through the 1988 Constitution during the democratic transition and defined as a public service designed to guarantee full, universal and free access to healthcare, whether simple or highly complex. Its creation is a milestone, which changed the way of understanding health in Brazil, and which has since been viewed as an ‘expression of the social rights inherent to citizenship’ and as ‘a duty of the State’. P. S. Paim, ‘A Constituição Cidadã e os 25 anos do Sistema Único de Saúde (SUS)’, *Cadernos de Saúde Pública*, 9:10 (2013), <http://www.scielosp.org/article/csp/2013.v29n10/1927-1936/pt/>. Also see: <https://pensesus.fiocruz.br/sus>.
 - 29 In accordance with the following norms: Guia de Vigilância Epidemiológica Emergência de Saúde Pública de Importância Nacional pela Doença pelo Coronavírus (3 April 2020); Nota técnica ANVISA No. 04/2020 (31 March 2020); Manual para manejo de corpos no contexto do novo Coronavírus (23 March 2020) e boletins epidemiológicos do Centro de Operações de Emergência em Saúde Pública/Doença pelo Coronavírus 2019 (COE/Covid19), <https://coronavirus.saude.gov.br/>.
 - 30 L. Paraguassu and E. Simões, ‘Mandetta critica orientação da OMS e diz que Brasil testará apenas pacientes com sintomas’, *Reuters*, 18 March 2020, <https://economia.uol.com.br/noticias/reuters/2020/03/18/mandetta-critica-orientacao-da-oms-e-diz-que-brasil-testara-apenas-pacientes-com-sintomas.htm>. The inconsistency between government policy decisions and the recommendations of the Ministry of Health was highlighted in a technical report by the Centro de Estudos e Pesquisas em Emergências e Desastres em Saúde [Centre of Studies and Research on Health Emergencies and Disasters]: CEPEDES, *A Gestão de Riscos e Governança na Pandemia por Covid-19 no Brasil: análise dos decretos estaduais no primeiro mês* (Fiocruz, Fundação Oswaldo Cruz, 4 May 2020), <https://portal.fiocruz.br/sites/portal.fiocruz.br/files/documentos/relatoriocepedes-isolamento-social-outras-medidas.pdf>.
 - 31 Black movements are demanding COVID-19 statistics on race and education, considered crucial for understanding infection. M. Rossi, ‘População negra vai à

- Justiça para contar seus mortos por coronavírus e expõe leitura deformada da pandemia, *El País*, 15 May 2020, <https://brasil.elpais.com/brasil/2020-05-15/populacao-negra-vai-a-justica-para-contar-seus-mortos-por-covid-19-e-expoe-leitura-deformada-da-pandemia.html>. See also, F. Pinheiro da Silva, 'Covid-19 no município de São Paulo: dados e desigualdades', *Boletim extraordinário CAAF/Unifesp de enfrentamento da Covid-19: saberes, instituições e regulações*, 1:2 (2020), 4–7, www.unifesp.br/reitoria/caaf/images/novo_site/boletim%20caaf/boletim%20CAAF%20N2.pdf.
- 32 L. Sakamoto, 'Estamos deixando de cuidar dos vivos para dar declaração de óbito', *Uol*, 22 April 2020, <https://noticias.uol.com.br/colunas/leonardo-sakamoto/2020/04/22/samu-estamos-deixando-de-cuidar-dos-vivos-para-dar-declaracao-de-obito.htm>.
- 33 Our calculation is based on data from the Portal da Transparência do Registro Civil [Civil Registry Transparency Portal] for the period from 16 March 2020 to 6 April 2021, <https://transparencia.registrocivil.org.br/registral-covid>.
- 34 World Health Organization, 'Infection prevention and control for the safe management of a dead body in the context of COVID-19: interim guidance' (4 September 2020), <https://apps.who.int/iris/handle/10665/334156>.
- 35 Main regulations in the state of São Paulo: Resolução SS-32 e Orientações para o Procedimento Emissão de Declaração de Óbitos frente a Pandemia do COVID-19, da Secretaria de Saúde (20 March 2020). In the city of São Paulo, *Decreto* 59372 of 24 April 2020 and the Funerary Contingency Plan [*Plano de Contingenciamento Funerário*].
- 36 Joint Decree No. 1 (30 March 2020), <https://atos.cnj.jus.br/files/original180204202004015e84d71c65216.pdf>.
- 37 Although of similar cost to conventional burial, cremation as a solution to an overloaded burial system is questionable when it comes to unidentified bodies and recalls dark moments in Brazil's national history. During the Dictatorship, the construction of a crematorium in Dom Bosco Cemetery (in the city of São Paulo) was considered as a definitive solution to the bodies of 'indigents' who would be buried there. In the context of repression and the forced disappearance of political dissidents, the project was questioned by the very British company that had been hired to build it. It ended up being suspended and redirected, years later, to Vila Alpina. See Nadai 'Entre pedaços, corpos, técnicas e vestígios'; Willis, 'The Potter's Field'; J. Lewgoy, 'Os custos do enterro e da cremação: ao contrário do senso comum, ser cremado pode ser mais barato do que ser enterrado', *Exame*, 31 May 2016, <https://exame.com/minhas-financas/os-custos-do-enterro-e-da-cremacao/>.
- 38 Joint Decree No. 2 (28 April 2020), <https://atos.cnj.jus.br/files/original.pdf>.
- 39 F. Costa, 'Coronavírus: IML-RJ suspende autópsia de presos e OAB apura subnotificação', *Uol*, 24 March 2020, <https://noticias.uol.com.br/cotidiano/ultimas-noticias/2020/03/24/covid-19-impl-rj-corta-autopsia-de-presos-e-a-oab-investiga-subnotificacao.htm>.
- 40 F. Mallart and F. Araújo, 'Causa mortis determinada: A prisão', *Le Monde Diplomatique Brasil*, 29 April 2020, <https://diplomatique.org.br/causa-mortis-determinada-a-prisao>.

- 41 Campbell, 'A escalada dos enterros das vítimas suspeitas de coronavírus no maior cemitério de SP'.
- 42 *Ibid.*
- 43 *Ibid.* The mark 'D3' is meant as a warning, indicating the risk of infection from handling corpses. It does not represent confirmation of death by COVID-19.
- 44 Ferreira, *Dos autos da cova rasa*.
- 45 *Ibid.*
- 46 M. Corrêa, *As ilusões da liberdade: A escola Nina Rodrigues e a antropologia no Brasil* (Rio de Janeiro, Editora Fiocruz, 2013).
- 47 *Ibid.*
- 48 S. Carrara, 'A "ciência e doutrina da identificação no Brasil" ou Do controle do eu no templo da técnica', *Boletim do Museu Nacional*, 50 (10 December 1984).
- 49 Azevedo, 'Os mortos não pesam todos o mesmo'. See also: M. Hattori, R. Souza, A. Tauhyl and L. Alberto, 'O caminho burocrático da morte e a máquina de fazer desaparecer: propostas de análise da documentação do Instituto Médico Legal-SP para antropologia forense', *Revista do Arquivo*, 2 (2016), 1–21.
- 50 In 1990 a mass grave was exhumed at the Dom Bosco Municipal Cemetery, in the Perus neighbourhood of São Paulo. Without formal registration, its existence was reported by the cemetery director to relatives of political militants who disappeared during the dictatorship. It was determined that the Vala de Perus was created in 1976 by the cemetery staff. It served as the burial site of around two thousand bodies, which were unearthened, over the course of two years, from shallow graves in sections of the cemetery reserved for both public authorities and private households. From 1979 onwards, in the burial register, family members found information about the first burial of thirty missing political militants. They concluded that six of them, for whom information was missing with respect to place of burial, must have ended up in the mass grave. Since then, the movement of relatives of the 'political disappeared' has demanded the identification of these activists – a process that is under way in the Centre for Forensic Anthropology and Archaeology of the Federal University of São Paulo (CAAF/Unifesp). The Vala de Perus was of central importance to the process of constructing political disappearance as a legal, political and mnemonic category in Brazil, as well as for its exclusive association with those sectors of society recognised as part of an organised resistance to the dictatorial regime. See: Azevedo, 'Os mortos não pesam todos o mesmo'.
- 51 J. Butler, *Precarious Life. The Powers of Mourning and Violence* (New York, Verso, 2004).
- 52 Azevedo, 'Os mortos não pesam todos o mesmo'.
- 53 J. Farias, 'Fuzil, caneta e carimbo: Notas sobre burocracia e tecnologias de governo', *Confluências: Revista Interdisciplinar de Sociologia e Direito*, 17:3 (2015), 75–91, doi: 10.22409/conflu17i3.p434.
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- 55 C. Grillo and R. Godoi, 'Simulacros: a hiper-realidade do extermínio', *Le Monde Diplomatique Brasil*, 31 May 2019, <https://diplomatique.org.br/simulacros-a-hiper-realidade-do-extermínio/>.
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- 57 P. Mengue, 'Prefeitura de SP autoriza 6 mil sepulturas para vítimas de covid em Itaquera e Perus', *Estado de São Paulo*, 25 April 2020, <https://sao-paulo.estadao.com.br/noticias/geral,prefeitura-de-sp-autoriza-6-mil-sepulturas-para-vitimas-de-covid-em-itaquera-e-perus>.
- 58 F. Braudel, 'History and the Social Sciences: The Longue Durée', *Review (Fernand Braudel Center)*, 32:2 (2009), 171–203.
- 59 A. Rodrigues and L. Almeida, 'Cemitério dos crimes, São Luiz reflete alta do coronavírus na periferia de SP', *Folha de S. Paulo*, 25 April 2020, <https://www1.folha.uol.com.br/cotidiano/2020/04/cemiterio-dos-crimes-sao-luiz-reflete-alta-do-virus-na-periferia-de-sp.shtml>.
- 60 In 1999 *Folha de S. Paulo* published a report dealing with the hiring of new gravediggers at the São Luiz Cemetery. M. Oliveira, 'Cemitério de SP antecipa mortes: por causa da criminalidade na região, novas covas são abertas antes para não atrasar enterros', *Folha de S. Paulo*, 19 February 1999, <https://www1.folha.uol.com.br/fsp/cotidian/ff19029912.htm>.
- 61 Rodrigues and Almeida, 'Cemitério dos crimes.'
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- 63 The understanding that there was political intervention in the Ministry of Health's management of the pandemic in order to impose a strategy of virus propagation in the country can be obtained not only from the statements of Jair Bolsonaro but also from the analysis of health regulations, according to the report: C. Asano, D. Ventura, F. Aith, R. Reis and T. Ribeiro, 'Mapeamento e análise das normas jurídicas de resposta à Covid-19 no Brasil', https://www.conectas.org/wp/break/wp-content/uploads/2021/01/Boletim_Direitos-na-Pandemia_ed_10.pdf.
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