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Brazil's Militarized War on Zika

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ABSTRACT

The Zika virus outbreak erupted in Brazil in 2015 and spread to dozens of countries in just a few months. There is no vaccine, treatment or cure for this virus that is now a sexually transmitted disease and causes microcephaly in babies. While scientists work to develop the vaccine, 500,000 tourists get ready to travel to Rio de Janeiro for the 2016 Olympic Games. Brazil has struggled to eliminate *Aedes Aegypti*, the mosquito vector of Zika and several other viruses, for the last 30 years. As the outbreak erupted on the eve of the Olympics, it globally exposed Brazil's deficient healthcare and sanitation systems and lasting poverty and inequality gaps. It also happened in the wake of a severe political and economic crisis, which determined the state's response to fight the virus. This paper examines the role of military forces as Brazil's response to contain the Zika virus through three perspectives: 1) Brazil's ambition to strengthen its role as a humanitarian superpower; 2) Brazil's shift from a socially conscious approach to a global health issue (the case of HIV) to a forceful response (Zika); and 3) Brazil's attempt to recover leadership, both internally and globally, threatened by the current crisis.

Keywords: Zika virus; Brazil; humanitarian superpowers; militarization; 2016 Olympic Games

INTRODUCTION

The Zika virus hit Brazil in May 2015 and spread to dozens of countries in just a few months, frightening people worldwide—especially pregnant women—as it causes microcephaly, a congenital malformation that affects brain development of fetuses. There is no vaccine, treatment or cure for the virus that can be asymptomatic, making its proliferation faster and easier. While governments and scientists work against the clock to develop the vaccine—as efforts to fight the mosquito have failed—500,000 tourists, including 6,177 athletes from 206 countries get ready to visit Rio de Janeiro for the 2016 Olympic Games. Authorities in global public health and the Brazilian government insist on not cancelling the event. 500,000 people might carry out the virus from Brazil, spreading Zika worldwide.

Developing a vaccine is the most effective action to stop Zika. Brazil, the outbreak epicenter, has struggled to eliminate *Aedes Aegypti*, the mosquito vector of several viruses including yellow fever, dengue fever, chikungunya and Zika, for the last 30 years and its consequences are now evident. The Zika virus outbreak in Brazil has exposed the country's deficient healthcare and sanitation systems, as well as poverty and inequality gaps that last decades. However, now the Zika virus is a global health problem that will not be solved without multilateral efforts. Meanwhile, Brazil has focused on strengthening international

cooperation to develop the vaccine, calling upon society to fight the mosquito as well and deploying its Armed Forces to combat the spread of the virus.

This paper examines the role of military forces as Brazil's response to contain the Zika virus through three perspectives: 1) Brazil's ambition to strengthen its role as an emerging humanitarian superpower; 2) Brazil's shift from a socially conscious approach to a global health issue (the case of HIV) to a forceful response (Zika); and 3) Brazil's attempt to recover leadership both internally and globally as it undergoes a severe political and economic crisis.

THE ZIKA VIRUS OUTBREAK

Little is known for sure about the Zika virus. It is possible that it was introduced to Brazil during the 2013 Confederations Cup, a soccer tournament that featured a team from Tahiti—which suffered a Zika epidemic that year.¹ The virus originates from the Zika forest of Uganda and was first recognized in 1947 after a rhesus monkey developed a fever. U.S. researchers of tropical diseases have found out that mosquitoes in the same forest also carried the virus and that it could be transmitted to humans. As the symptoms (fever, joint pain and red eyes) were considered mild, and probably because only one in five infected people showed them, Zika was not considered a threat. After that, nothing or little was said or reported about the virus that took about 60 years to appear again.²

Intriguingly, once the Zika outbreak was first officially reported in Brazil in 2015, it took only about seven months until 1.5 million people were diagnosed. Nonetheless, considering that it can be asymptomatic, it is possible that the outbreak's reach is dramatically greater. From February 1 to April 2, 91,387 cases of contamination by the Zika virus were notified in Brazil. The Southeast region that concentrates great capitals like Rio de Janeiro and São Paulo had 35,505 cases (38%) and the Northeast, 30,286 (33%). In the whole country, 7,584 cases of infected pregnant women were notified, from which only 2,844 were confirmed (37.5%)³. As far as cases of babies with microcephaly, from November 2015 to May 2016, 7,438 cases were notified, 4,004 investigated and 1,326 (33%) confirmed.⁴ Children born with severe microcephaly can have seizures, vision or hearing problems, and developmental disabilities including cognitive impairment or cerebral palsy, although these manifestations can vary depending on the severity of the microcephaly.⁵

¹ Dom Phillips, "A 2013 Soccer Match Could Have Brought Zika Virus to Brazil, Researchers Say," *The Washington Post*, March 24, 2016, <https://www.washingtonpost.com/news/worldviews/wp/2016/03/24/a-2013-soccer-match-could-have-brought-zika-virus-to-brazil-researchers-say>

² Kate Lanau, "Zika: The New Global Health Terror," *Maclean's*, February 02, 2016, <http://www.macleans.ca/society/health/zika-the-new-global-health-terror>

³ "Boletim Epidemiológico," Secretaria de Vigilância em Saúde – Ministério da Saúde do Brasil, 47. No. 18 (2016) <http://combateades.saude.gov.br/images/sala-de-situacao/2016-013-Dengue-SE13.pdf>

⁴ "Informe Edipemiológico nº 25", Centro de Operações de Emergências em Saúde Pública sobre Microcefalias no Brasil. http://combateades.saude.gov.br/images/sala-de-situacao/informe_microcefalia_epidemiologico25.pdf

⁵ Dana Meaney-Delman, Denise J. Jamieson, Emily E. Petersen, J. Erin Staples, Marc Fischer, Sascha R. Ellington, Sonja A. Rasmussen, Titilope Oduyebo, "Zika Virus and Pregnancy: What Obstetric Health Care Providers Need to Know," *Obstetrics & Gynecology* 127, no. 4 (2016):642–648. <http://www.ncbi.nlm.nih.gov/pubmed/26889662>

Besides causing microcephaly, the Zika outbreak in Brazil is very likely to be also related to the cases of Guillain-Barré syndrome. An increasing number of cases of this disease have been reported according to Brazilian authorities, and scientists are intrigued and fearful as the Guillain-Barré syndrome can lead to death, after paralyzing the entire body. Another fact that raised a red flag and reinforced the need for a multilateral response to the Zika virus spread was the confirmation that, besides the mosquito, the Zika virus is also transmitted by sex, body fluids, semen, and blood transfusion.

The Zika virus found in Brazil a favorable environment for its reproduction given the country's warm temperatures, deficient sanitization and precarious healthcare system. 73,872 cases of dengue fever, transmitted by the same mosquito, were reported in only 20 days—from January 3 to 23—which represents an increase of 48% percent in comparison to the same period of 2015⁶. As dengue is a seasonal disease, its greater incidence occurs in the first months of the year, when it is summer in the South hemisphere. The problem is also aggravated by Brazil's unequal distribution of resources, from healthcare professionals to contraception and birth planning, principally in the North and Northeast regions of the country, where the population is predominantly impoverished and only 51% and 20% of households had access to basic sanitation in 2012.⁷ Unplanned urban growth usually associated with deficient sanitation systems has also increased the mosquito reproduction.

Another question raised by the spread of the Zika virus in Brazil is on women's reproductive rights. Abortion is illegal in Brazil, but it can be authorized after a legal process only in cases of rape, when the mother's life is in risk or when it is an anencephalic fetus. As Diniz well highlights, "the Zika epidemic has given Brazil a unique opportunity to look at inequality and reproductive rights, and to change how the country treats women. Asking women to avoid pregnancy without offering the necessary information, education, contraceptives or access to abortion is not a reasonable health policy."⁸

While Brazilian authorities insist that the spread of Zika and other diseases transmitted by the *Aedes Aegypti* will have been minimized when the Olympics will occur due to milder temperatures, sports federations from different countries have demonstrated concerns about letting their athletes participating in the Games. In early February, the World Health Organization's director, Margaret Chan, declared cancelling the Games unnecessary given the low fatality risk that Zika offers.

BRAZIL'S IMMEDIATE RESPONSE

Brazil's immediate response to the Zika virus outbreak came after the first cases of babies with microcephaly reached the international media. The government announced the *Plano Nacional de Enfrentamento ao Aedes e à Microcephaly* (National Plan to Combat *Aedes* and Microcephaly), focused on

⁶ Paula Laboissière, "Casos de Dengue Sobem 48% em Janeiro em Todo o País," *Agência Brasil*. February 12, 2016. <http://agenciabrasil.ebc.com.br/geral/noticia/2016-02/registros-de-dengue-sobem-48-em-todo-o-pais>

⁷ Nicole Froio, "Zika's Spread in Brazil is a Crisis of Inequality as Much as Health," *The Guardian*. February 03, 2016. <http://www.theguardian.com/commentisfree/2016/feb/03/zika-virus-brazil-inequality-microcephaly-access-water-contraception>

⁸ Debora Diniz, "The Zika Virus and Brazilian Women's Right to Choose," *The New York Times*. February 8, 2016. <http://www.nytimes.com/2016/02/08/opinion/the-zika-virus-and-brazilian-womens-right-to-choose.html?smid=pl-share&r=0>

three main actions announced by President Dilma Rousseff:⁹ 1) calling upon society to take action in fighting the mosquito; 2) seeking multilateral efforts to develop a vaccine; and 3) deploying the Armed Forces to combat the spread of the virus.

To prevent the national concern from escalating to panic, especially among pregnant women, Rousseff convoked Brazilians to “fight the virus together” and spoke directly to pregnant women, promising to protect them and their babies and made clear that the state will take a combative-protective position. Led by words such as “fight,” “war,” “real threat,” “Obama,” “protection,” and “union,” Rousseff made sure to exalt Brazil and its people’s strength, highlight that it will be a nation-state effort to defeat the virus, and state that Brazil is leading the efforts to develop the vaccine with the support of international laboratories, not the other way around. “The war against the mosquito that transmits the Zika virus is complex... please help us protect you. Let us form a great army of peace and health, with the participation of 204 million Brazilian women and men. We will prove, once again, that Brazil is strong, has conscious people, and will not be defeated by a mosquito and the virus it carries. More than ever, Brazil needs our union!”¹⁰

The more tangible state action was to put in place on February 13, 2016, the Zika Zero Day, when the government mobilized 220,000 military and state representatives, including ministers and local politicians, in a one-day action to visit houses in 250 cities looking for recipients of standing water. The Armed Forces-led campaign to raise awareness on the need to prevent the vector proliferation was globally reported. On the streets, households, the majority of which supported the deployment of the military to fight the outbreak, welcomed soldiers. Nonetheless, the action was criticized for being limited to “safe areas,” excluding, therefore, slums (*favelas*)¹¹ and for focusing principally in Rio, the host-city of the 2016 Olympic Games. The *favelas* have been historically neglected by the state, and in most cases are dominated by drug cartels, but this is also where the highest concentration of mosquitoes and mosquito breeding ground are. In response to the critiques for not having entered in *favelas*, the government announced the “*Faxinão*” (Big Cleaning Day), another one-day awareness campaign in a few *favelas* of five capitals in Brazil. In Rio, two *favelas* received the campaign agents of endemic diseases, not military. Rio has 763 *favelas*.¹²

After the Zika Zero Day, the number of military deployed to visit households was reduced to 55,000 soldiers (1/3 of the total). As this paper examines the role of military forces in Brazil’s response to contain the Zika virus, this analysis starts by reviewing Brazil’s ambition to strengthen its role as an emerging humanitarian superpower, in which its Armed Forces plays a major role.

⁹ “Em Pronunciamento, Dilma Convoca União dos Brasileiros no Combate ao Aedes Aegypti e Zika Vírus,” *Blog do Planalto*. February 3, 2016. <http://blog.planalto.gov.br/em-pronunciamento-dilma-convoca-uniao-dos-brasileiros-no-combate-ao-aedes-aegypti-e-zika-virus/>

¹⁰ Ibid.

¹¹ “Campanha Contra Zika Deixa Lacunas no Rio,” *Terra*. February 13, 2016. <http://noticias.terra.com.br/brasil/campanha-contra-zika-deixa-lacunas-no-rio.24f3a35e2c1d0419b6c7d8fbd2e0124457y6h5s0.html>

¹² According to Brazil’s 2010 national Census. https://pt.wikipedia.org/wiki/Favelas_na_cidade_do_Rio_de_Janeiro

BRAZIL AS A RISING HUMANITARIAN SUPERPOWER

Brazil's participation in humanitarian and peacekeeping assistance has increased significantly in the last decades and can be best highlighted by South-South foreign aid and technological cooperation cases.¹³ The country's greatest action is the leadership of the United Nations Mission for the Stabilization of Haiti (MINUSTAH), although its participation in peace and stability operation in East Timor in 2002 should not be minimized. The humanitarian aid to Haiti was Brazil's decisive move to assert itself as an important global player and present itself as an alternative to the Western intervention (NATO), evidencing the new frameworks of the global south humanitarian aid. For Sánchez, Brazil assumed a visible leadership of peacekeeping in order to increase its international status with the "ever-present goal of attaining a permanent seat in the UN Security Council, but also with the larger aim of cultivating forms of political-economy, cultural, and military globalization in which the giant Lusophone can articulate new forms of transnational influence."¹⁴

Backup by a humanitarian discourse, momentary political recognition and economic growth for some years (2004-2010), Brazil's role as a major global power was ready to be taken. The Brazilian Armed Forces arrived in Haiti in July 2004.¹⁵ The Brazilian operation was harshly criticized and perceived as the "pacification" of the Caribbean country by peacekeepers or as the military laboratory and spectacle for Brazil proving its new role as a global actor.¹⁶ The debate was intensified when Brazil redeployed its military peacekeepers from Haiti to the narco-trafficker-occupied *favelas* of Rio to "pacify" the city for the upcoming 2012 World Cup and 2016 Olympic Games.¹⁷

In his account on the politics of compassion and of solidarity, Fassin argues that humanitarianism follows the notion of humanity as a global moral community, in which all lives are considered equal, and that humanitarianism needs to be understood as a mode of governing. Thus, humanitarian government refers to the deployment of moral sentiments in contemporary politics, replacing politics of rights and justice with an ethics of suffering and compassion. By moral sentiments, he means "emotions that direct our attention to the suffering of others and make us want to remedy them."¹⁸ Thus, the deployment of the moral sentiment in contemporary politics is what has fused the politics of compassion to the politics of solidarity. Moral sentiment, compassion and solidarity thus function as elements of a political formula, he explains, in which

¹³ Julia Weinstock and Lidia Cabral, "Brazil: an Emerging Aid Player Lessons on Emerging Donors, and South-South and Trilateral Cooperation," *Overseas Development Institute*. October 2010. <http://www.odi.org/sites/odi.org.uk/files/odi-assets/publications-opinion-files/6295.pdf>

¹⁴ W. Alejandro Sánchez Nieto, "Brazil's Grand Design for Combining Global South Solidarity and National Interests: A Discussion of Peacekeeping Operations in Haiti and Timor," in *Global South to the Rescue*, ed. Paul Amar (New York: Francis and Taylor, 2013), 161.

¹⁵ Other countries involved with MINUSTAH: Argentina, Bangladesh, Canada, Chile, Ecuador, El Salvador, Guatemala, Honduras, Jordan, Mexico, Nepal, Paraguay, Peru, Philippines, Sri Lanka, United States and Uruguay.

¹⁶ Christoph Harig, "Peacekeeping in Haiti: a Laboratory for Pacification in Rio de Janeiro?," STRIFE. March 28, 2015. <https://strifeblog.org/2015/05/28/peacekeeping-in-haiti-a-laboratory-for-pacification-in-rio-de-janeiro>

¹⁷ Paul Amar, *Global South to the Rescue* (New York: Francis and Taylor, 2013), 3.

¹⁸ Didier Fassin, *Humanitarian Reason. A Moral History of The Present* (Berkeley and Los Angeles: University of California Press, 2012), 1.

“sympathy for the misfortune of others generates moral indignation, which consequently demands action to end it.”¹⁹

Gomes, in a singular analysis on the participation of Brazil in the MINUSTAH, contends that the dominant discourses and practices that built the modern state in Brazil, between the 19th Century and beginning of the 20th Century, were behind the intentions and motivations of the Brazilian foreign policy decision makers in participate in the UN mission in Haiti.²⁰ Sánchez, on the same hand, argues that besides the “living-combat training” theory, the other reasons for Brazil participating in the UN mission were 1) the Good Samaritan Syndrome (willingness to co-operate in policies that seek to promote national and international peace); 2) national interest (UN Security Council membership and interest in the permanent seat—which has not happened); and 3) national pride (the operation in Haiti was perceived as part of the Brazilian nationalism, a showcase for Brazil’s new role as a global power).²¹

The recent and unprecedented migratory movement of Haitians to Brazil may well explain the status change that Brazil has undergone as a global actor. This migratory movement was mainly motivated by the image of Brazil as a land of opportunities, especially during its years of economic boom, when the country was among the best economies of the world and had been chosen to host the 2014 World Cup and the 2016 Olympic Games. In addition, as Pinto well points out, the strengthening of relations between the two countries also captured the attention of Haitians who, encouraged by the discourse of Brazil’s goodwill and sympathy, raised hopes of success in that country.²² The humanitarian reason—discourse and apparatus behind humanitarian aid—seems to have played the role in Haitian’s decision to migrate to Brazil. By analyzing Brazil’s ambitions in actively courting Haitian immigrants to come settle in the country in the aftermath of the 2010 earthquake—not exclusively because of the earthquake, but due to Brazil’s role as the leader of MINUSTAH—in view of Fassin’s approach, one questions: how “fair” would it be to perceive Brazil as one of the international institutions whose proclaimed purposes are humanitarian or compassionate in nature, yet in practice are expressions of power?

Pinto argues that it seems clear that the actions of humanitarian governments are at the service of their own interests and that the justification of a humanitarian and military intervention in Haiti—the need to protect the population—is misused.²³ Brazil has maintained a “sovereignist discourse,” which has not helped to solve the contradictory equation “Sovereignty vs. Intervention” that it faces and that some of its political actions have fueled. The country’s internationally projected image—as a differential member of the

¹⁹ Ibid.

²⁰ Máira Síman Gomes, “A ‘Pacificação’ Como Prática de ‘Política Externa’ de (re)Produção do Self Estatal: Rescrevendo o Engajamento do Brasil na Missão das Nações Unidas para a Estabilização no Haiti (MINUSTAH),” PhD Thesis, Pontifícia Universidade Católica (PUC-Rio), 2014. <http://www.maxwell.vrac.puc-rio.br/24744/24744.PDF>

²¹ W. Alejandro Sánchez Nieto, “Brazil’s Grand Design for Combining Global South Solidarity and National Interests: A Discussion of Peacekeeping Operations in Haiti and Timor,” in *Global South to the Rescue*, ed. Paul Amar (New York: Francis and Taylor, 2013), 168-174.

²² Sónia Pinto Reis, “A Migração de Haitianos para o Brasil e Os Usos da Razão Humanitária,” Master of Arts Dissertation, Instituto Universitário de Lisboa (ISCTE), 2014. 91. <https://repositorio.iscte-iul.pt/handle/10071/9161>

²³ Ibid.

“Global South,” a developing nation with a growing economy and a regional leader—would endorse Brasilia’s discourse for humanitarian intervention, as Brancoli and Rodrigues argue.²⁴

Brazil as an emerging humanitarian superpower—an emerging economy in the Global South that has created new routes to enhance their participation in global policy issues²⁵—has continuously worked to strengthen its position as a rising global player and reinforce its power, already demonstrated through international military interventions. The deployment of the Armed Forces is a state’s major power expression and no other response is expected when its authority is at stake. As Brazil deployed its Armed Forces as a response to prevent the global spread of the Zika virus—particularly as the country undergoes a severe crisis only a few months from hosting Olympic Games—it showed that the country’s ambition to strengthen its role as a humanitarian superpower is still very much in play.

FROM A SOCIALLY CONSCIOUS APPROACH TO A FORCEFUL RESPONSE

Brazil has long been involved in the global health governance arena, and perhaps this is why its response to contain the spread of the Zika virus should be examined through a multifocal perspective. In regards to its response to fight HIV/AIDS, Brazil’s emergence as a leading actor—particularly in the trade dispute on patents with the United States—despite being a developing country, was crucial for the development of programs that effectively impacted the global fight against the virus.²⁶ The major lesson that one can take from the combat of the HIV virus in light of the spread of the Zika virus is that, as far as a global health issue, both viruses are more than a health crisis. They represent a security and development crisis and have a great and specific impact in the social underpinning of Brazil’s development.

The surprisingly fast spread of the Zika virus uncovered deep inequality in Brazil and quickly projected it globally. It is true that the mosquito does not recognize the limits of the severe social divisions in Brazil, but it is also true that for those who live among the insects, the Zika virus represents another threat. Brooks highlights that decades of rapid and chaotic urbanization have left many impoverished areas without basic sanitation in Brazil.²⁷ Brazil’s Northeast region that concentrates the country’s highest poverty and inequality rates is one of the most affected ones. As Brum stresses:

an inadequate sewage system, poor management of waste, precarious urban development and the difficulties that a section of the population faces in accessing drinking water, makes it necessary to store it. The distribution of the number of suspected cases of microcephaly linked to the Zika virus, according to the Brazilian Association of

²⁴ Fernando Brancoli and Thiago Rodrigues, “Brazil’s South-South Humanitarian Actions: Paradigm Shifts and Domestic Consequences,” *International Affairs at the London School of Economics and Political Science (LSE) Blog*. 2012. <http://blogs.lse.ac.uk/ideas/2012/11/brazil%C2%B4s-south-south-humanitarian-actions-paradigm-shift-and-domestic-consequences/>

²⁵ Paul Amar, *Global South to the Rescue* (New York: Francis and Taylor, 2013), 3.

²⁶ Markus Fraundorfer, *Brazil’s Emerging Role in Global Governance: Health, Food Security and Bioenergy*. (New York: Palgrave MacMillan, 2015). 30.

²⁷ Brad Brooks, “Infrastructure Inequality is Catalyst for Brazil’s Zika Epidemic,” *Reuters*. March 15, 2016. <http://www.reuters.com/article/us-health-zika-inequality-insight-idUSKCN0WH0EH>

Public Health, shows that those affected are the poorest members of society, who live in dramatic socio-environmental circumstances.²⁸

In conjunction, Kruskal underlines that Zika is one of the classified “diseases of poverty,” which are endemic in poor regions where a lack of public health infrastructure allows illnesses to easily spread. “These poor communities are disproportionately receptive to diseases like Zika, and are likely to absorb a disproportionate share of the disease’s costs.”²⁹ If compared, Brazil’s response to both the Zika and the HIV viruses—in view of what should be an expected response to a global health issue—discloses a shift from a socially conscious approach to a forceful measure, respectively. The Brazilian AIDS Programme is considered a success and recognized worldwide for three main reasons: 1) its integrated approach of prevention; 2) respect for human rights; and 3) free of charge universal access to antiretrovirals. Greco and Simao’s study shows that Brazil, even with the capability of a developing country, treated people with equity, without distinction of race, gender or socio-economic status, a model that was even exported to other countries.³⁰

Distinctively, Brazil’s forceful response to Zika through the deployment of its Armed Forces shows the practice of a human security discourse that is part of Brazil’s new era of military strategies that, along with new politics of gender and security, had been inaugurated with the election of Rousseff as Brazil’s first female president in 2010.³¹ In this new model, the new role of the Armed Forces in Brazil is to support “domestically deployed militarized intervention and social pacification.” This model is what should be expected from a rising superpower, Brazil, with a “pioneering human security concept... that involves not only the absence of internal violent conflict, but also [includes] fundamental rights, governance, access to health, education and etc.”³² The Brazilian Armed Forces has gained increasing power and has been greatly associated with national developmentist projects. Amar argues that “these new and renewed identifications” allowed the Brazilian military to distance itself from its past of oppression and violence that led two decades (1964-1984) of military dictatorship in Brazil and materialize a new military-humanitarian governance model, which he terms “human-security state.”³³

By deploying the Armed Forces to combat the virus, Brazil had the opportunity to practice domestic militarized humanitarianism, to build strong civil-military relations and improve the Armed Forces reputation, especially after the contradictory³⁴ success of the “pacification” of Rio’s *favelas* by the military. The success of this “domestic militarized humanitarianism” would be built on two pillars: Brazil’s most solid experience in humanitarian aid-military intervention in Haiti and the fact the Brazilian society has

²⁸ Eliane Brum, “The Zika Virus Mosquito is Unmasking Brazil’s Inequality and Indifference,” *The Guardian*. February 16, 2016. http://www.theguardian.com/commentisfree/2016/feb/16/zika-mosquito-brazil-inequality-brazilian-government?CMP=share_btn_link

²⁹ Joshua Kruskal, “Zika Virus: How Poverty and Politics Will Determine its Social Costs,” *International Policy Digest*. February 19, 2016. <http://intpolicydigest.org/2016/02/19/zika-virus-poverty-politics-will-determine-social-costs/>

³⁰ Dirceu Greco and Mariangela Simao, “Brazilian Policy of Universal Access to AIDS Treatment: Sustainability Challenges and Perspectives,” *AIDS* 2007, 21 (suppl 4):S37–S4.

³¹ Paul Amar. *The Security Archipelago: Human-Security States, Sexuality Politics, and the End of the Neoliberalism*. (Durham and London: Duke University Press, 2011). 11

³² *Ibid.*

³³ *Ibid.* 14

³⁴ Christoph Harig, “The Paradox of Brazil’s Militarised Public Security,” *STRIFE*. July 11, 2014. <https://strifblog.org/2015/05/28/peacekeeping-in-haiti-a-laboratory-for-pacification-in-rio-de-janeiro>

been vulnerable and frightened. The deployment of the Brazilian Armed Forces in the humanitarian intervention in Haiti as well as the deployment of the same soldiers in the peacekeeping mission in Rio's *favelas* characterize a dual employment of the military—prepared both for multidimensional peacekeeping missions, such as the MINUSTAH, and for public security missions inside Brazil. It sheds light on the interconnection between domestic security policies and Brazil's new global projection, with potential impacts on the Brazilian society and on the development of new management models related to conflict resolution initiatives.³⁵

Thus, Brazil's domestic militarized intervention has invested in the "good soldier" image-making process and consequently built good, peaceful civil-military relations and a good reputation for the Armed Forces for one important reason: Brazil—Rio de Janeiro specifically—is the house of 2016 Olympic Games, for which security and defense of 500,000 tourists will be the Brazilian army's responsibility.

CONCLUSION

The participation of the Brazilian military in the 2016 Olympic Games will go down in history. The government has publicized the slogan "Brazilian Army, the Force at the Olympic Games," a national campaign for which the state's leadership recovery in both national and international arenas, a militarized humanitarianism action and strengthened civil-military relations are of extreme importance in times of crisis. As a rising superpower, Brazil has to reassure its Armed Forces' humanitarian characteristic and the Zika virus outbreak was an opportunity for the country to bring home its politics of intervention applied abroad. The redirection of Brazil's superpower ambitions from the international arena to its own territory in the aftermath of the outbreak momentarily served Dilma Rousseff and the Workers' party (PT) in their fight for political survival.

Given the performative, but operationally limited action of the Brazilian Armed Forces in the combat of the Zika virus, one questions what is really behind Brazil's forceful response. The argument is that the deployment of the Armed Forces to fight Zika aimed to 1) recover leadership both nationally and internationally when the political and economic crisis threatened the leaders in power; 2) practice "domestic militarized humanitarianism" and 3) strengthen civil-military relations, crucial to the "success" of the 2016 Olympics.

First, by deploying the Armed Forces in the combat of the Zika virus, Brazil has showed a forceful response, reinforcing control and promptitude to fight the "enemy"³⁶ that threatened its leadership and nation. The measure was well received nationally and by the international community and the militarized response, and its projected grandiosity, was helpful in diverting attention from the political crisis when Rousseff's impeachment that ended the Workers Party 14-years hegemony in May 2016 was still off chance.

³⁵ Fernando Brancoli and Thiago Rodrigues, "Brazil's South-South Humanitarian Actions: Paradigm Shifts and Domestic Consequences," *International Affairs at the London School of Economics and Political Science (LSE) Blog*, 2012. <http://blogs.lse.ac.uk/ideas/2012/11/brazil%C2%B4s-south-south-humanitarian-actions-paradigm-shift-and-domestic-consequences>

³⁶ This "war discourse" is present in Rousseff's statement in response to the virus spread in February 2016.

If analyzed through the lens of Foucault's concept of biopolitics, Brazil's deployment of its Armed Forces as a response to fight the Zika outbreak denotes a biopolitical strategy of Brazil's governmentality, which disciplines not only individual bodies, but the society. Biopolitics refers to the power relation that states, or other systems of authority, deploy through strategies and mechanisms to control the society over knowledge, power, and the processes of subjectivation.³⁷ The biopolitics introduced a new era in which state policies now value "life" and health bodies. These now "useful and docile" bodies are also healthy and more subjected to political control. Rodrigues, by examining biopolitical strategies behind drug prohibition policy, well compiles the power control-healthcare demand rationality behind Brazil's militarized response on Zika:

The biopolitical attention devoted both to collective and to individual health constitutes one of the dimensions of the exercise of political power. The other one is the traditional use of the coercive power in order to enforce the law and to maintain internal political and social status quo. In other words, following Foucault's analyses, political power is not just a form of physical strength held by someone or some group entrenched in the state apparatus and used solely to oppress or abuse, such as tyrants and dictators do. Quite the contrary, political power also works positively taking care of people's life and health in order to generate a useful and docile citizenry.³⁸

Thus, if one considers the Brazilian Armed Forces the institution through which Brazil has tried to generate a docile citizenry, principally when its leadership is in play and the society is frightened—it makes the case that the military operation was a biopolitical strategy. In addition, it makes this forceful response a case of power recovery strategy with less effective impact on the problem of public health that the Zika virus has placed, but successful as a political move. Hence, if understood as a political stratagem, the deployment of the Armed Forces to combat the spread of the Zika virus might explain why the "mosquito busters" will not really be able to fight the mosquitoes. Nonetheless, they will be on the streets materializing state power.

Following the Zika outbreak in Brazil—and now everywhere in the world—and the Brazilian government's response to it, as well as the country's current political and economic crisis, is an extremely dynamic task. In the first months of 2016, both cases seemed to tirelessly dispute the headlines of local and global publications. Right after, the impeachment process against Rousseff took over and the news on the Zika virus was less frequent. The political apparatus behind the response to the outbreak in both national and international spheres might have momentarily alleviated the crisis but it did not prevent Rousseff's fall. However, despite the suffering of hundreds of babies with microcephaly and their families, Zika has helped Brazil.

First, the virus outbreak—specifically for causing microcephaly—was significant in shifting the focus away from the crisis and positively contributed to Rousseff's image, particularly when she spoke to women and promised to protect them and their babies from Zika. Second, when the government called upon the society to share the responsibility of preventing the mosquito proliferation, the state shifted the focus from a public health issue aggravated by deficient healthcare and sanitation systems to a man-made problem. Third,

³⁷ Michel Foucault. *The History of Sexuality, Vol. 1: An Introduction*. (New York, NY: Pantheon, 2008) 138-141.

³⁸ Thiago Rodrigues, "Drug-trafficking and Security in Contemporary Brazil," in Brazil XII Forte de Copacabana Conference International Security - A European South-American Dialogue. 2015. <http://www.kas.de/wf/doc/17308-1442-5-30.pdf>

as the lack of vaccine, treatment or cure to Zika made over 200,000 people feel vulnerable and threatened, any measure to make them feel secure would be welcome. Although the Armed Forces was deployed to “fight the mosquitoes” only in “safe areas,” excluding *favelas* where the highest concentration of mosquitoes and mosquito breeding ground is, the military have taken the streets to “protect the society”—mostly in Rio, the Olympic City.

The deployment of the Armed Forces had two main goals: to serve Brazil’s biopolitical strategy and to avoid the spread of the Zika virus. It failed in its first task. The outcomes of the second one might be known in the aftermath of the Games. Meanwhile, the Zika virus outbreak in Brazil has brought global side effects that should guide further investigations. Some of the questions to be raised are: Will Zika demand policy-makers in Catholic cultures to review contraceptive distribution policy? Will the Pope’s support of contraceptives use to slow the spread of the Zika virus influence future reproductive laws and policy? Will other STD rates drop after Zika has become one? What does the future bring to Brazil as its political system is falling apart, its society is vulnerable and frightened and its military forces empowered?

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