“This is the worst moment of the pandemic,”

an interview with Brazil’s leading neuroscientist Dr. Miguel Nicolelis

Eduardo Parati, Tomas Castanheira

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On Wednesday, January 19, the World Socialist Web Site spoke to Brazilian physician and neuroscientist Miguel Nicolelis, professor emeritus at Duke University, North Carolina, USA, about the development of the COVID-19 pandemic in Brazil and around the world.

During our interview, Dr. Nicolelis received startling newly released data of the explosion of infections and hospitalizations in some Brazilian states. By the end of that day, Brazil reported a record 205,310 cases in a single day, nearly double the previous record of 115,041 infections set in June 2021.

Our conversation began with an evaluation of the global outbreak of the Omicron variant and the attempts by the official media and governments around the world to cover up its gravity.

Miguel Nicolelis: For over 30 years, I have been following the American media on a daily basis. The United States has crossed a million cases, and there were not even headlines in the New York Times; no headlines on CNN’s website. And Anthony Fauci, the amount of nonsense he has spoken lately, is terrifying.

First, he said, “Don’t pay attention to the infections curve, it’s hospitalizations that will be important.” The US broke the record of 157,000 people hospitalized. Then, it was the ICUs that were to be observed. They broke the record for ICUs. And then, it was the death curve that was not climbing. Well, it is exploding. There are 3,000 deaths per day. The moving average, which is the only thing the Times reports, is 2,000 deaths a day. When is that not a tragedy? They may reach a million deaths by the end of March.

And what does the United States do? In the middle of the Omicron outbreak, the CDC reduces the quarantine to five days and no testing for asymptomatic people. If you are thinking about people’s welfare, from a medical point of view, you don’t reduce quarantines at the peak of a new variant that is still unknown. But it was intended to force people back to work. And then Omicron did the irony of ironies: it enacted the lockdown itself. It took the decision out of the administrators’ hands by leaving people so sick that they had to stay home. Even if they don’t need to be hospitalized, most people are staying at home, and there’s not enough people to work.

And what did Brazil do? It saw the CDC’s decision, copied and pasted it without even discussing the Brazilian reality. We have people in much worse clinical conditions because of the food crisis, the crisis of the Unified Public Health System (SUS). And then they reduce [the quarantine time] in São Paulo, Rio de Janeiro, and the Ministry of Health spreads the decision without any criteria. Last night, I spoke about the case of the government of Bahia, which reduced the limit of public gatherings from 5,000 to 3,500 people. Completely innocuous. They were supposed to be canceled, and everybody knows it. The governors know it, the health secretaries know it, but they can’t get rid of the lobbies, even more in an election year.

I am sincerely shocked with how little human life is worth in Brazil and in the world. Look at France, it is reaching 500,000 daily infections in a country of about 68 million inhabitants. That’s an under-reported number, so more than a million French people may be getting infected every day. The United Kingdom, which is having 100,000 cases a day, is removing restrictions. In Scotland it has already been removed, with the country having again hundreds of daily deaths and the health care system on the edge, with 20,000 hospitalizations right now. What’s the logic?

The narrative that “Omicron is mild, so let people catch it” forgets that this virus can cause chronic symptoms. If the numbers we saw this week in Brazil are correct, and almost 50 million people have caught the virus, which I believe is underreported, the Brazilian health care system will be strained for decades to come. We will have children, young people, and adults seeking for decades medical services for chronic respiratory, cardiac, renal, and liver failure, for neurological problems. This is a virus not to be caught. That should have been the message from the beginning. Measles is as infectious as Omicron, and not everyone catches it. This fatalism is anti-scientific; it is against any health care logic.

I think the situation in Brazil in the next two to three weeks is going to break all records of infections and has the potential for a widespread health care collapse as great as in the second wave.

Tomas Castanheira: The last time we spoke, you commented about the imminent risk of a new wave of infections driven by the Delta variant in Brazil. We didn’t see such an explosion at that time, and I believe neither did most South American countries. How do you think that situation is merging with that of Omicron today?

MN: I think there is already a reasonable explanation emerging for this. You remember last winter in the United States, when vaccinations started and there was a huge explosion of infections, then there was an interlude until June. The cases dropped and Biden went on television to announce that it would be the “Summer of Joy.” The “Summer of Joy” turned into a horror show, because by the end of July everything started to explode, driven by Delta. Delta arrived there in early May, but it took a while, I think, for the exact same reasons of the delay in Brazil.

I really thought that Delta would have a huge effect here. It turns out that the number of Gamma variant infections that we had in Brazil was too explosive. And in South America and Mexico, the same thing. The delay in Mexico was very similar to Brazil. What probably happened is that we had a temporary immunity window produced by the Gamma explosion, plus the vaccinations that started going up in June, and the sum of those factors flattened the curve. But, also, we had an under-reporting of data. We didn’t have an explosion, but a lot of people died in Brazil during that period. Making the comparison with the USA, the perspective was that at the end of the year we would have a Delta explosion in Brazil and...
Mexico, because the Gamma immunity window was ending. Then Omicron arrived and overtook it, finding the number of susceptible people on the rise because of the delay of the second shot and the almost non-existence of people vaccinated with the third shot, which actually protects.

If we hadn’t had the explosion in the first half of 2021, we probably would have had Delta ravaging here as it has ravaged other countries. I started noticing changes in the death data in November. From August on, the only thing you could really track in Brazil was the Civil Registry, which doesn’t divide deaths by COVID and other causes. Deaths from all causes had been falling from July onwards. In October it stabilized; in November it went up a little, and in December it exploded. So, in November we could already see that something was happening. It was the beginning of the Delta cases and the influenza, which also came back out of season. If you look at Mexico, you will see the same thing. So, I have the hypothesis that Gamma, tragically, gave us a breathing space. It cost thousands and thousands of lives, but it offered a window that we should have taken advantage of, even more like having the Omicron notice a month in advance. But again, we missed the train.

**Eduardo Parati:** You were speaking of the severe underreporting of data in Brazil. Would it be possible to estimate the real situation of the pandemic numbers in the country?

**MN:** The Institute for Health Metrics and Evaluation at the University of Washington had an estimate, that it already corrected. They thought that Brazil would reach 2 million infections in a day in March. But this week, they changed it, pointing out that we are having 5 million cases a day. Certainly, I think it is more than a million. I think our underreporting is similar to India’s right now. In India, historically, the underreporting of cases and deaths is between 10 and 20 times. At the most severe period [of the pandemic in India], I was teaching a class at the University of Delhi, and after the class my friends said that from their windows they could see the funeral pyres on the city skyline. And they said, “We are losing 10 times more than the official government figure of 4,000 deaths.” That is, 30,000 to 40,000 people were dying every day during that dramatic period.

In Brazil, the deaths are less under-reported because of the Civil Registry, which works reasonably well. According to the Civil Registry—and it is still preliminary because the data will be closed by mid-March—there were more than 1.7 million deaths in 2021. It was the most lethal year in Brazil’s history since the data has been reported. To get an idea, that’s 500,000 more deaths than in 2018 and 2019, the two years before the pandemic. In other words, we had at least 500,000 excess deaths from various causes, including COVID, in 2021 alone.

We are halfway through January, it is still extremely preliminary, but the death trend is going up. If we have a hospital collapse again, people are going to die from multiple causes because of the lack of medical care. And there is a new factor, according to friends at the frontline: never in the two years of the pandemic have so many health workers been sick as now. In one week, from January 6 to January 13, São Paulo multiplied by 5.2 times [the number of health professionals on leave], from 260 to more than 1,400. And this number is going to grow.

We can already say that this is the worst moment of the pandemic. I still don’t believe, and that may change, that we will have an explosion of deaths like the one in March and April last year. Per month, 100,000 excess deaths is too shocking. But we will have an explosive number of people needing to be hospitalized, and the system can’t handle it. Two people who spoke to me anonymously in the last 48 hours think that [the health care system] has already collapsed in Belo Horizonte (capital of Minas Gerais) and probably in the interior of São Paulo. And the expectation of a professor at University of São Paulo, who spoke about it publicly, is that in the state’s capital the collapse will occur in the next few days.

**EP:** One of the most relevant features of this new variant is the impact it is having on children. We have the prospect of schools reopening in Brazil in February, and there is a campaign to justify this reopening because of the beginning of child vaccinations. Or worse, because infections would be desirable to make COVID-19 endemic. What answer do you give to this campaign?

**MN:** That was also a battle in the other waves. With much smaller numbers in the first wave, schools were closed. They only opened after a lot of fuss before the second wave, and I was against it. We have already seen what happened with the reopening of the schools now. In Spain, the schools were empty because of so many children got infected and didn’t attend class. It is a recurring theme, and again my position is the same: We can’t open schools until we have a very large percentage of the children vaccinated with two shots and the certainty that teachers and staff have had the third. How can we put these children and teachers in badly ventilated schools, without minimum hygienic conditions, having to take public transportation, having to crowd together?

And look, [child vaccination] began on Monday in Brazil and there was already a vaccine shortage. In some places of the country there is a lack of child vaccines. Worse, the Health Ministry managed to make the crass mistake of using adult vaccines on about 40 children, after delaying the beginning of vaccinations for a month. In other words, we missed the timing of vaccinating children before the upward curve of Omicron.

What is the sensible thing to do today? To close as much as we can for two weeks and prevent the health care system from collapsing. It is an absolutely logical decision. But you can’t even mention this possibility. I posted yesterday on Twitter that we need two to three weeks [of lockdown], initially, to get a handle on the situation, to test, to measure what the real impact is, what the actual transmission rate is, and how hospitals are coping. My goodness! Some people almost said they would send a hit team to get me. When this is the sensible thing to do, if you put human life as a priority, obviously. If you don’t, then it makes no sense at all.

I just received a message from a colleague from Minas Gerais. At this moment, Rio Grande do Sul and Minas Gerais have together reported nearly 50,000 infections. Rio Grande do Sul broke the record, with 21,000 cases, and Minas Gerais probably did too. [As we later checked, Minas Gerais did break the record with 27,683 new cases.]

And then people say: “Look at the madness in China.” But what option did China have, with 1.4 billion people? What could they do except try to eliminate them it any means they can when infections start and test massively? Contrast India with China. Very similar populations, neither country has public health coverage comparable to Brazil, for example. I am scared to look at India’s statistics tonight, because it was already up to 300,000, and I think it has already passed a few million [daily cases]. The University of Washington thinks it is over 10 million cases a day. Either you stop it at the beginning, or you will have a catastrophe in countries like these.

And then we take the Brazilian case. Despite these record numbers, ICU admissions increasing by several times, no new restrictive measures will be taken in Rio Grande do Sul, nothing. Nobody is openly talking about it in the media, but the administrators are indirectly saying: “We don’t care, let it burn like fire in dry bush.”

**TC:** They have embraced “herd immunity”?

**Nicolelis:** They have embraced the “herd immunity” thesis. Even a very famous scientist from Rio Grande do Sul went on UOL to say that it was the “beginning of the end,” that everyone was going to catch it, and then it would be over. It’s terrifying. But what needs to be said openly is what you have just said. They embraced the “herd immunity” thesis, they just didn’t tell it to either the virus or to us.

And let’s be fair, it’s the full political spectrum. Yesterday, I wrote a tweet that caused quite a stir. Because they said that former health ministers met with former President Lula [who is launching himself as the...
Workers Party’s presidential candidate] to draw up a plan to combat the pandemic. Wait a minute, now? This plan has been presented since 2020. There was no need to hold a meeting just to appear on the news. And the Workers Party (PT) governors themselves, whom I know very well because I’ve worked with them, gave up doing what needs to be done a long time ago. So, who are the progressives in this story? I saw the conduct of so-called progressive people that was very similar to that of Bolsonaro. They just had the varnish and the stamp of “progressive.”

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