

On bodies as object: a postcolonial reading of the ‘Brazilian Holocaust’

Dos corpos como objeto: uma leitura pós-colonial do ‘Holocausto Brasileiro’

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ABSTRACT The Brazilian Psychiatric Reform law reconfigured the mental health care model in the country, with the main repercussion being the change from an asylum treatment regime to community-based treatment, carried out, mainly in the various types of Psychosocial Care Centers. The Brazilian Anti-Asylum Movement that denounced the corruption of the hospital model system and the violation of human rights in the asylums headed the demand for a change in the assistance model. For example, in the Hospital Colônia from Barbacena (MG), around 60 thousand people died, a fact portrayed in the book ‘Brazilian Holocaust’ by Daniela Arbex. In this essay, we will approach Arbex’s work in the light of the post-colonial and biopolitical debate, which understands that the modes of production of banal evil found in colonized societies a form of action, perpetuation, and naturalization of the depersonalization of the human, bringing them closer to the notion of object. The present work aims at questioning the treatment given, in the past, to madness within the asylums, as a kind of manifestation of the banal evil in the Brazilian colonial context, at the same time as it predicts the resumption of the hospital model discourse, now in a new guise, in Brazilian public policies.

KEYWORDS Colonialism. Hospital psychiatric. Mental health.

RESUMO A lei da reforma psiquiátrica brasileira reconfigurou o modelo assistencial em saúde mental no País, tendo como principal repercussão a mudança do regime asilar de tratamento para o tratamento em meio comunitário, realizado, sobretudo, nos diversos tipos de Centros de Atenção Psicossocial. A exigência de mudança do modelo assistencial foi encabeçada pelo Movimento da Luta Antimanicomial, que denunciou a corrupção do sistema hospitalocêntrico (soberano antes da reforma psiquiátrica) e a violação dos direitos humanos nos manicômios. A título de exemplo, no Hospital Colônia, localizado em Barbacena (MG), morreram cerca de 60 mil pessoas, fato retratado no livro ‘Holocausto Brasileiro’, de Daniela Arbex. Neste ensaio, abordaremos a obra de Arbex à luz do debate pós-colonial e biopolítico, que entende que os modos de produção do mal banal encontraram nas sociedades colonizadas uma forma de ação, perpetuação e naturalização da despersonalização do humano, aproximando-o da noção de objeto. O presente trabalho questiona o tratamento dado, no passado, à loucura dentro dos manicômios, como uma espécie de manifestação do mal banalizado no contexto colonial brasileiro, ao mesmo tempo em que conjectura a retomada do discurso manicomialista, agora com nova roupagem, nas políticas públicas brasileiras.

PALAVRAS-CHAVE Colonialismo. Hospital psiquiátrico. Saúde mental.

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Introduction

The book 'Brazilian Holocaust', by journalist Daniela Arbex¹, published in 2013, portrays the history of the Hospital Colônia, located in Barbacena (MG). In this hospital around 60 thousand patients died, victims of all kinds of abuse and neglect: exposure to the cold weather – many did not have clothes, rooms, beds or sheets to sleep, remained outside, even during the night; restricted feeding – some would eat rats and would drink from the sewage that crossed the pavilions; beatings and rapes; violent 'treatment', using electroshock – sometimes the electric charge was so strong that it would collapse the town's electric energy system. Furthermore, women that got pregnant in Hospital Colônia had their babies stolen from them; the patient's dead bodies were sold to Medical Faculties and, when it was not possible to sell them anymore, they were melted in acid, to commercialize the bones.

The Hospital Colônia was a profitable machine of killing the insane, that would get its profit since the new patients arrived, including children. It was one of the devices of the so-called 'industry' of madness, that describes the military dictatorship period, in Brazil, when the psychiatric hospitals would receive a daily rate for each hospitalized patient. That made the number of beds in such hospitals raise from 14 thousand, at the beginning of the dictatorship, to around 70 thousand, in 1970². An indelible and shameful stain in the history of Brazil and of psychiatry, that reminds us that we are capable of barbarity, so normalized by the project of modernity, producing dehumanized human bodies, depersonalized, against whom State's sovereignty strikes in the right to let die and the right to the power to kill.

Our purpose, in this essay, is to analyze how the marks of the project of modernity/ coloniality are expressed in the asylum structure. Therefore, we seek for a better comprehension of how the horrors executed incorporate arrangements constituted structurally

in a segregated manner (this is the case of the Hospital Colônia) were and are still capable of producing a worthless body, that can be obliterated, severed from its humanity and converted into a shadow when it manages to survive.

To think the Hospital Colônia inside this mark, the necropolitics³ can collaborate so that a society like ours may be able to see itself as marked by the coloniality of knowledge, of practices and bodies⁴, and maybe then, may find a way to leave this long-lasting night⁵.

The *lager* as a resource or the coloniality in the Hospital Colônia

When the Italian psychiatrist Franco Basaglia, after his visit to the Hospital Colônia of Barbacena (MG), said "I have been today in a Nazi concentration camp. In no place in the earth, I have witnessed such a tragedy"⁶⁽²⁰⁷⁾, enlivened in the spectrum of psychiatry a metaphor that has been utilized in many ways, since the second half of the XX century; a metaphor of the horror, that reflects the worst in the human, confronting it against its dual, whose moral conscience worn by the efficiency of the good employee, trivially and ordinarily, was, therefore, capable of producing the greatest atrocities, only to beat a production target, to be efficient in the strict sense of administration.

The concentration metaphor has found many paths⁶⁻¹¹, its experience – as we know today – had its laboratory in the colonies of the Orient, of Africa and the Americas, in which some bodies were worthless, mattered less, objects they were in the project of the modern rationality, that translated them as peripheries of the human³. Places in which a policy with the other's body could have experimented. Nevertheless, and in an ambivalent manner, it is right when the modern subject is a victim of the patterns of its colonial experience, that

this representation emerges as the power that the exemplary character contains. The *lager*, the concentration camp, is the colonial practice that reaches the metropolis, to spread from there as a standard, of what we cannot do anymore and of what is going to be permitted, from now on.

The fact that the colonies can be governed in the absolute lack of law comes from the racial denial of any connection between the conquer and the native. In the eyes of the conquer, 'savage life' is only another way of animal life, a scary experience, something radically other (alien), beyond imagination or comprehension. [...] The savages are, so to speak, 'natural' human beings that lack in the specific human character, of the human-specific reality, in such a way that 'when the Europeans slaughtered them, in a certain way they were not conscious that they had committed a crime'³⁽³⁵⁻³⁶⁾.

The Latin-American and the Brazilian experiences, however distinct they may be from the colonial experience in the XX century in the African continent, keep a very close relationship, that cannot be ignored in a biopolitical analysis. Our sovereign States have produced a different space for the different body, for different categories of people. This place has varied names, throughout our immense identity territory named Latin America: *villa*, *comuna*, *barriada*, *barrio nuevo*, *favela*, invasion, satellite city, periphery. And it acquires varied forms in the sovereign State: armed conflict zone, police vehicle, police station, prison, penitentiary, the correctional system, hospital, hospice, asylum. It is in these spaces – a third zone, in the words of Mbembe³ – that the statutes of subject and object come closer.

The colonial experience in countries such as Brazil has never been overcome, however, it became more sophisticated, thus it has produced some kind of social organization in which the rich and urbanized areas perform the roles of the metropolis, and the periphery, the place of the less important bodies, available

for slaughter, that can be discarded without shaking the moral conscience of the respected citizen. The State functions as a guarantor of the society's well-being, of the lives that are considered livable¹² and, in turn, of the citizen, building spaces in which undesirable bodies can be directed to places of hygiene, immunizing society. For this purpose, this State assumes a medical competence capable of restoring the sickened body removing the cause of the wrong, expelling the germs, amputating body parts, reestablishing the idea of social order and pureness¹³.

This division of the space in compartments is one of the characteristics of the colonial occupation that produces what Fanon¹⁴ named the city of the colonized.

The city of the colonized, or at least the indigenous city, the black city, the Madina, the reserve, is an infamous place, populated with infamous men. Their people are born, no matter where, no matter how. People die, no matter how, no matter why. It is a world with no intervals, where men are on top of each other, houses on top of each other. The city of the colonized is a starving city, starving for bread, meat, shoes, coal, for light. The city of the colonized is squat, a city on its knees, a cornered city¹⁴⁽²⁹⁾.

The city of the colonized is not complementary to the colonizer's, nor contiguous, much less a place of desire; it is everything that the city of the colonizer cannot be, obeying a principle of reciprocal exclusion. The city of the settler is the *lager*, the *lager*-experiment of the disposable bodies, replaceable, that are there to be dismembered, and that can be sold as objects. The *lager* as the concentration metaphor, colonial, hygienist, and ascetic, in which the subjects can be categorized, standardized - many times, by the color of their skin – distributed according to the economic value that their bodies translated and, somehow, represent the horror. What finds meaning in the Hospital Colônia, described by Arbex¹:

The social disowned arrived in Barbacena from all corners of Brazil. They identically overcrowded the wagons of cargo when the Jewish were taken, during the Second World War, to the Nazi concentration camps of Auschwitz. This was the origin of the expression 'mad train'. [...] The newcomers to the station of Colônia were taken to the triage sector. There, the newbies were separated by sex, age, and physical characteristics. They were forced to hand in their belongings, even though they only had the minimum, including clothes and shoes, a constraint that would lead to tears many women that had never faced the humiliation of being nude in public. All went through the collective bath, many times icy. The men had their hair shaved similar to war prisoners¹⁽²⁷⁻²⁸⁾.

The 'mad train' – Brazilian version of the holocaust railways, the constraint, the triage, the bath, and the humiliation compose the panorama that approximates the Hospital Colônia experience of the Nazi camps, of its supreme ethics in the ruling of the bodies. When enlivening the metaphor of the *lager*, comparing the Hospital Colônia of Barbacena (MG) to the concentration experience of Auschwitz (concentration camp located in Poland). Franco Basaglia appealed to his immediate experience as an European, of a subject of enough age to have seen the barbarity that occurred in his continent, only two decades before the event in the Hospital Colônia start to emerge as a problem in the Brazilian society. We, subjects of the complex context in which today, in full XXI century, persists the logic of the segregation and the colonization, need to move forward, thinking the *lager* from other models, as terrifying as Auschwitz, and that are produced in the day – to – day of our urban conglomerates, in our everyday life in the cities of the colonizer and the colonized, that make horror natural, in many ways.

What surprised Basaglia was the existence, in full Latin America, of a concentration camp in the Nazi patterns. Nevertheless, the possibility of imagining this experience distant from

our context highlights the place from where the prominent psychiatrist comprehends Latin-American geopolitical division, which, here, this is an odd experience, outside of the standards, surprising. Basaglia had a foreign look, naive, that did not have the exact dimension of what was, of what is Latin-America. Since those who live in our context have in the skin, in the imaginary, and the *modus vivendi*, the segregation marked as an eschar, especially those who are not in the white-male-heterosexual-rich pattern. And all of us, in comparison to the European psychiatrist, still carry the mark of being Latin-America. A mark of our constitutional process of a society that has naturalized the place of the body that is worthless, in which can be asked a body that is presented out of the *lager* (of the city of the colonized, of the favela, of the condition of healthy subject or any other sanitized representation that prints an out and an inside of what can be acceptable) as a germ to be fought, searched, conducted and, in the case of the Hospital Colônia, taken, hospitalized, erased from its existence as a subject.

[...] the lack of medical criterion for the hospitalizations was the routine in the place where everything was standardized, including the diagnoses [...] the estimate is that 70% of the patients did not suffer from mental illness. They were only different or were a menace to the public order. For this reason, the Colônia became the destiny of rivals, homosexuals, political activists, single mothers, alcoholics, beggars, black people, poor, people with no documents, and all kinds of unwanted, including the so-called insane¹⁽²⁵⁻²⁶⁾.

The modern rationality, that establishes its patterns of what is acceptable as a possible concept, has operated a drastic selection, by exclusion, of what would be acceptable as human. As Chatelet¹⁵ would say, if the reason did not yet found the age of reason, the modern reason has flirted, in its operations of distinction, with everything the modernity

itself has defined as barbarity. The madness, as representation and way of existence historically inferior, has always confronted the standards of the medical reason and the modern scientific rationality, that has always seemed to understand that there was a place for the mad, that, appealing to Lapoujade¹⁶⁽⁸³⁾, could exist “[...] certainly, however not this way, nor that way, neither any way...” [own translation]. Although, the line between what is considered normal or abnormal in a society is quite tenuous and, as in the case of the Hospital Colônia of Barbacena (MG), this line can be easily blurred, to fit those who, at that moment, have decided to confront the established patterns.

The unwanted of the Hospital Colônia, the abnormal, living in that place of purge, passed by innumerable other subjects detached from their moral consciousness, that saw those sent to the hospital as non-equals, dismissed of the human condition, objects that, when disturbed, were promptly sent to that place, from which the chances of ever coming out were minimum. The synthesis of Arendt¹⁷ about the banality of evil finds in the Hospital Colônia something that makes it keener. If the depersonalization of the Jewish in the concentration camps went through a difficult relationship of proximity, and to turn off the humanity of a neighbor, or even a relative, can be an exercise of deep suffering¹¹, to the asylum structure arrived the unwanted that, once there, were turned into depersonalized shadows, for whom the minimum control over their own body was denied.

The banality of evil in/at the Colônia (Colony)

In her book about Eichmann, the model officer of the Nazi regime captured by the Israeli secret police and taken to judgment, Hannah Arendt¹⁷ has brought to dispute the concept of the banality of evil, from the image of the bureaucrat that, obeying orders, was directly

responsible for the extermination of thousands of people.

Eichmann’s dull figure described by Arendt is an excellent example of how subjects awarded for the execution of atrocities can trivialize evil to the point of not seeing themselves as agents of evil, the technicians that deny any responsibility since they are only taking care of doing their job the best way possible. And, at the same time, gives us, along with the characters of the Nuremberg judgment, the dimension of how the moral consciousness had lost space to the obedience to the regime, being replaced by a bureaucratic thinking and a bureaucratic consciousness¹⁸⁽¹⁴⁵⁻¹⁴⁶⁾.

This administration of the banal evil, sticks repeatedly to the contemporary discourses of the good administration, of efficiency, and that demonstrates total incomprehension of the other as humans, at the Hospital Colônia, gained terrible contours when equating the place of treatment to a space to the confinement of the animals, in which the bed and the corral were equivalent:

In 1930, the overpopulation of the unit started to write a tale of extermination. Thirty years later, there were 5 thousand patients in a place initially designed for 200. The substitution of beds for the grass was, then, officially suggested by the chief of the Department of Neuropsychiatric Assistance of Minas Gerais, José Consenso Filho as an alternative to the excess of people. The intention was clear: to save space in the pavilions to fit more and more unfortunate. The ground bed model worked so well, that it was recommended by the Public Authority to other hospitals in Minas Gerais in 1959¹⁽²⁶⁾.

The Hospital Colonia and ‘other hospitals from Minas’ made the state of Minas Gerais reference of this type of solution, marked by the State violence against the population and whose wounds today can be recognized as racism, chauvinist, homophobia, hatred of the

difference, all those phobias and fears in its structural character, exposing a necropolitics that was highlighted even in the statistics: the hospitalizations in the psychiatric hospitals of Minas were more than double of the number recommended by the World Health Organization (WHO), that is of 3 hospitalizations for every 1000 habitants¹.

To reach this mark, the referred hospital made no distinction, stretching the edges even of conceptions created by modernity, such as childhood, dispensing to the children 'treatment' suchlike the treatment given to the adults, with whom they lived alongside in the same pavilions, suffering all kinds of abject violations. Arbex¹ narrates the story of Luiz Pereira de Melo, hospitalized at 16 years of age at the Hospital Colônia for 'weirdness', shyness or poverty – woes of whom suffered the majority of the hospital's patients – it is not surely known and lost count of how many years he remained confined. Epileptic, hydrocephalic, physically disabled or even those that did not have a diagnosis, such as Luiz, have lost their childhood in the Colônia Hospital, submitted to straightjackets, electroshock and lobotomies.

When the civil society manages to enter the Colônia Hospital, through the press, with a reporting team of the magazine 'O Cruzeiro', in 1961, is that the *lager* presents itself in all its representational magnitude, and the image that many had already seen, as a product of a war, does not find expression compatible to the objective reality. The first impressions only have a possible parallel with the use of a literary resource – "Dante's Inferno"¹⁽⁷⁴⁾ – and metaphoric - the "branch of hell"¹⁽¹⁷²⁾:

The men dressed in ragged uniforms had their heads shaved and bare feet. Many, however, were nude. Luiz Alfredo, [photographer of O Cruzeiro] saw one of them crouch and drink from the sewage that streamed on the patio and inundated the ground of the female pavilion. In the collective bathrooms, there were feces and urine instead of water. Still in the patio, he

witnessed the moment when flesh was cut on the ground. The smell was detestable, as well as the ambient since the vultures peeked at every moment. In the kitchen, the daily ration was cooked in industrial cauldrons. Before entering the pavilions, the photographer saw a room closed only with a piece of wire. Easily entered the place used as a morgue. Encountered three dead bodies in an advanced stage of putrefaction and dozens of coffins made of cheap wood. Inside the pavilions, promiscuity. Children and adults mingled, naked women, exposed to sexual violence. In the lodgings, human rags, lying in beds of rags. Flies landed over the undead the bad smell provoked nausea. [...] Saw many diseased forgotten, left there to die. Human misery was wide open in front of his camera¹⁽¹⁷¹⁻¹⁷²⁾.

Felizardo and Oliveira¹⁹ also weave approximations between Arbex's¹ book and the work of Hannah Arendt, finding similarities between the Nazi concentration camps and the life regime of the patients of the Hospital Colônia. Shared by both spaces, we have the totalitarian horror, that promotes the intersection between the annihilation of the identity and the consigned to oblivion.

Women walked in silence towards the Department A, known as Assistance. From that moment on, they were no longer daughters, mothers, wives, and sisters. Of those who could not pay for the hospitalization, more than 80% were considered indigent. In this condition, saw themselves being undressed of past, sometimes, even of their own identity. Without documents, many patients of the Colônia were renamed by the hospital workers. Lost their birth names, their original story, and their reference, as if they had appeared in the world without anyone bearing them¹⁽²⁹⁻³⁰⁾.

The Hospital Colônia and the concentration camps also had as an affinity the fabrication of dead bodies, no matter if it was in death or during life¹⁹ and, since the barriers between

death and life were eclipsed in such conditions. As an example: Silvio Savat, a child photographed sleeping in the Colônia Hospital, his body covered by flies, was mistaken by the photographer Luiz Alfredo, of 'O Cruzeiro', with a deceased. As Arendt assures²⁰⁽⁵⁹³⁾: "The wild mass fabrication of bodies is preceded by the preparation, historically and politically intelligible, of living corpses".

It is in this context of the death drive that the Hospital Colônia deepens its condition of the place of degradation, of extermination, and of manager of bodies, whose values were not only in life, in the profit coming from the patients, and also in death, with the commerce of the dead bodies. The narrative that exposes the corpse commerce begins with the presentation of the character, the teacher of the Pharmacy Faculty of the University of Juiz de Fora, Ivanzir Vieira, talking about walking from his house to the University, when he noticed, by the behavior of the students that passed by the place, and by the lack of the agglomerate, of students in front of the school, that something wrong was happening. From the inside of the building came a putrid odor, similar to the odor of a hundred dead rats. When entering the internal patio, he saw the origin of the strong smell: dozens of dead squalid bodies, half-naked, disposed of in the most grotesque positions, occupied all the internal space of the college. The teacher started asking himself why so many, the positions they were disposed of when a clerk of the Medical College appeared and informed that the classes had been suspended, that a pickup truck had got there in the middle of the night, offering the bodies to the institution for around a million cruzeiros (something close to R\$ 364, nowadays) and that if the University was not interested, there was already a buyer for the batch in Rio de Janeiro. The teacher was astonished that the University bought corpses. He did not know that only the Colônia Hospital had sold 1.823 corpses to the institution, between 1960 and 1980. Although none of those corpses had its commercialization

authorized by the families, there was also the commerce of anatomic pieces (body parts) and bones¹⁽⁷¹⁻⁷⁹⁾. Thus, recapturing Arendt's²⁰ words, the Hospital Colônia also assumed the shapes of a concentration camp, since it made, just like it,

[...]anonymous death itself and, making it impossible to know if a prisoner is dead or alive, steal from death the meaning of closure of a fulfilled life. In a certain way, stole death itself from the individual, proving that, henceforth, nothing, - not even death - belonged to him, and that he did not belong to anyone. Death only sealed the fact that he had never existed²⁰⁽⁶⁰⁰⁾.

Despite the complacent banality of evil, of the majority of the workers, there were those who opposed the barbarity instituted at the hospital. The book highlights, among others, the psychiatrists Francisco Paes Barreto and Antônio Soares Simone, both retaliated by the medical corporations. This shows us that the banal evil was a *modus operandi* of the medicine of the time. It will be necessary the assumption of a new care model, bringing along with it the assumption of humanity, this that, we may say, arrived belatedly for some and did not yet arrived at all.

Amongst the psychiatric reform and counter-reform: progress and setbacks of the Brazilian necropolitics

Due to corruption denounces and to severe violations of the human rights in the psychiatric hospitals of the country - as seen in the panorama of the Hospital Colônia portrayed by Arbex¹ - since the decade of 1980, begins a change in the Brazilian social assistance model, fruit of the Anti-Asylum Fight, composed by mental health professionals, users of the psychiatric system and their families. Therefore, in 2001, there is the culmination of

the reform movement of psychiatry in Brazil, by the establishment of the Law n° 10.216/01²¹, that advocates the treatment in the community environment, the defense of human rights, and the deinstitutionalization of madness. For this purpose, there were created substitute services to the psychiatric hospital, the Psychosocial Care Centers (Caps) and, later on, was designed the Psychosocial Attention Network (Raps), established by the Ordinance n° 3.088/11²², that affirms the importance of network care to reach the integrality in health.

Nevertheless, in spite of the advances backed by scientific researches that ratify the importance of the treatment in the community environment^{23,24} and the statements of the users themselves, regarding the improvement of the care model, the established model is not unanimity and it is under the attack of its basic values. Truly, we can say that the first strikes to the reform could already be felt, when the therapeutic communities were considered care points of the Raps in the assistance of people abusing drugs²², however the communities themselves relaunched the asylum model, opposing the damage reduction policy proposed by the Brazilian Health care System (SUS) and, most of them were religious institutions, some denounced by violations of the human rights²⁵⁻²⁷. Due to such characteristics, the therapeutic communities have been identified as new asylums²⁸.

We understand that reform movements, in general, do not occur without tensions and concessions, many times, distorting the initial ideal. Nevertheless, some actions go beyond the traditional 'give to keep', becoming counter currents. On this subject, we must have in mind the counter-reform signs in mental health:

The counter-reform can be defined, finally, as a sociopolitical and cultural complex process, that highlights a correlation of forces and interests that tension and even revert the transformations produced by the PR [Psychiatric Reforms] in the four dimensions proposed by Amarante: epistemological, technical-assistance, political-legal and sociocultural²⁹⁽⁴⁴⁹¹⁾.

That way, one of the attempts of distorting the psychiatric reform in Brazil was, in 2015, the appointment of the director of a huge Brazilian asylum for the National Coordination of Mental Health^{29,30}. After the coup in 2016, that deposed a president aligned with the left and brought into power a neoliberal government, other attacks were triggered. On December 21st of 2017, was launched the Ordinance n° 3.588/17³¹, which recovers biomedical practices in mental health. Among the objects of critics to the Ordinance is the creation of the day hospital, of the psychiatric hospital, and the ambulatories in the Raps^{24,29,30}. Besides the mentioned ordinance, another insult is the Law n° 13.840³², which brings substantial changes in the treatment of the drug user, establishing abstinence and, even the possibility of involuntary hospitalization²⁹. Nunes et al.²⁹ list other strikes to the mental health policy, such as the readjustment of the rates of the hospitalizations in psychiatric hospitals, the public notice for accreditation of therapeutic communities, and the reintroduction of electroshock therapy (revoked).

Thus, gradually, the reform model is being replaced, by the return to fragmentary health actions, centered in the hospital, that oppose the integrality of care proposed by SUS. The choice for the last years for the mental health of policy is to recover old expedencies, while the substitute services remain underfinanced, the basic components expected for the net were not sufficiently implemented or articulated and the development of the human resources in mental health remains below the ideal^{23,24,29}. It is the future repeating the past, the museum of great news, and, as suspected by Martins, Assis and Bolsoni², and Nunes et al.²⁹: the resurrection of the industry of madness, that we understand that now is presented in new molds, with a protagonism of the therapeutic communities.

Such institutions have been trying to become central in the treatment of the users/drug dependents in Brazil, which becomes even more evident when analyzing the actions

in the first years of the Bolsonaro government. According to an article of the Public Agency³³, the vacancies financed by the federal government in the therapeutic communities raised from 2,9 thousand in 2018 to 11 thousand, in 2019. Moreover, among the resources of the Ministry of Citizenship for such institutions, around 70% are destined to those of religious character (catholic and evangelical), that is, around R\$ 85 million. Even the communities that have violated human rights received federal funds, as the Center of Alcohol and Drugs Recovery Desafio Jovem Maanaim. Another action of the government Bolsonaro in favor of the therapeutic communities was the publishing of the Resolution n° 3/2020³⁴, of the National Council of Drug Policy (Conad), that rules the reception of adolescents with problems related to the use, abuse, or dependency of alcohol and other drugs in therapeutic communities.

It is not surprising that the first actions of the Bolsonaro government regarding the Brazilian mental health policy turned to what concerns the treatment of the use/abuse of drugs, or better, for actions against drugs, since he always defended conservative guidelines and governs holding hands with the evangelical group. That, as we have seen, has a great interest in the expansion of the therapeutic communities. As to their position regarding the rest of the mental health policy, it is still unclear, like all matters in the government, made of menaces and setbacks. However, due to the dismantling policy of the SUS assumed by a neoliberal agenda, and the attacks on human rights, to the scientific studies and the minorities, besides the boasted defense of torture, we cannot ignore the participation of Psychiatry in biopolitics/necropolitics, in the control of the bodies, especially in times of social convulsions.

In moments of economic crisis, Psychiatry is activated to control disorders, exclude those who bother and maintain the productive order, besides usually being accompanied by other

repressive laws. It was that way in the 'Great Hospitalization', in the transition of the feudalism to the capitalist society, as Foucault brings in the 'History of Madness'; that is what happened in Brazil, in the transition of the Colony to the Empire, as well as in the liberal deepening in the military dictatorship²⁽³⁾.

On this matter, Freire³⁵ builds an analogy to the Brazilian society, saying that our story, can be explained by a dialectical movement between opened society (more democracy) and a closed society (less democracy). Brazil, during its republican period, has been through military dictatorships, civil dictatorships, and *coups d'état*. The recent post-dictatorship Brazilian democratic journey is a period yet too short and, even while living this democratic experience, takes place a wide negotiation process with not quite democratic structures or open sympathizers of totalitarianism. The opening of the last dictatorial period allowed varied sectors of Brazilian society to rethink totalitarian practices in their acting spaces, as happened regarding the asylum device, since if the unavoidable value of a democracy is common life shared by the different, common life needs to reach all.

The idea of history as a linear structure, typical of the rankean historiographic narrative, with which we are undermined since early childhood by the schooling process, may not be able to handle an exercise of perception of non-linear history, that conceives time in a movement of comes and goings, in which history is produced as an alert of danger, alert that those who have always won are, once more, occupying their triumph posts, "in which the rulers of today trample over the bodies of those prostrated on the ground"³⁶⁽²²⁵⁾, and claim, again, the rule over the bodies, since, in the state of the exception made normal⁸, in which we live in, it is crucial to be conscious that history "is an object of construction, whose place is not empty and homogeneous time, yet a time saturated of 'agoras'"³⁶⁽²²⁹⁾.

Arbex's¹ provocation, of comparing our

asylum experience to the concentration experience, operates, for its radicality, an exercise of seeing ourselves as the other, yet another capable of committing atrocities, of being tormentor of his people, of depersonalizing the human, in the most prudent sense, that is produced by subjects that were detached from their moral conscious and haunt us almost every day with the public expression of this detachment. And, if the fight for the psychiatric reform can be understood as a movement of production of social consciousness about the human condition of the insane, the counter-reforms express the ways through which the subjects detached from their moral consciousness manifest their desires of recapturing their posts of rulers of bodies.

Final considerations

“The reporter fights against the oblivion. Transforms in words what was silence. Makes memory”³⁷⁽¹³⁾. According to Eliane Brum³⁷, in the preface of Daniela Arbex’s¹ book, ‘The Brazilian Holocaust’ is a rescue of the memory, of a page before faded, yellowish, erased of the country’s history. However, is not only the reporter’s work not to forget, the fight against oblivion must be a daily battle of society. It is crucial to remind our colonial past, yet present in our coloniality, that echoes in practices disguised as health care, and that sever the city in cities of the colonized, ghettos, periphery, asylums. In this sense, the inscription of the book works as a *phármakon*³⁸, a drug against the banality of evil, against oblivion. In contrast, the *phármakon* is also poison, since the resource to the register of writing makes remembering dispensable. Our part is to know the right dose of the medicine offered by Arbex¹.

Many subjects, during the history of the Hospital Colônia, understood the absurd produced there, that the patients were being treated out of the civilization pact that we call society, and did not reach the minimum rights of what we understand as the expectations of a

more opened society (The Hospital Colônia, in its long existence, went through dictatorships and through so-called democratic periods). It was at the time of the opening of the last military regime that there was a favorable ambient that allowed many health professionals, families of the patients, and former users of the psychiatric hospitals to feel comfortable to initiate a resistance movement against the abuses of the Brazilian psychiatric ‘treatment’. A movement that directly influenced the public policies of the last decades, working as some kind of moral curb, tells us about the horrors practiced in the past against human beings that we pretended to protect. Today, with the advance of openly anti-democratic policies, begins a fraying of the limits of this conscience awakening, and the curb has become progressively more difficult of being activated.

Yet on our rescue of memory, it is valid to emphasize that the reform movement of psychiatry occurred in parallel with the democratization of the country and with the delineation of SUS. In this regard, it is not only a coincidence that the attack on SUS and on the principles of psychiatric reform occurs in concomitance with the attack on democracy, in Brazil. To defend SUS and the psychiatric reform is to recognize the access to health and the defense of human rights as basic values of democracy. To produce health is also to combat social inequality. Therefore, it is not possible to assume a position of political neutrality. Urge the assumption of an obstinate defense of such values, asseverating that SUS and Raps are conquests of our people, are marks of the awakening of conscience, of the comprehension of the barbarity operated in the Hospital Colônia as a part of the modern project of ruling unwanted bodies.

At last, to approach the history of the psychiatric ‘treatment’ in Brasil to portray the banality of evil, the biopolitics and the necropolitics is only a cutout of what can be discussed on this subject in our country. In times of the Covid-19 pandemic, the necropolitics is even more explicit in Brazil.

The president's words and actions leave no doubts that more than ever, "[...] the biological reflects the politics[...]"³⁹⁽¹³⁴⁾, though it is not only the virus that menaces us, but also the outrageous neglect expressed in Bolsonaro's statements on the pandemic – "silly flu", "I am not a mortician", "so what" – in his effort in divulging a fallacious cure to the Covid-19 through chloroquine and in his contempt for WHO's recommendations. Thus, with a total lack of subtlety, the federal government opens wide its power over who can live and who has to die, since, in our country, it is known that poverty is a risk factor to the Covid-19⁴⁰⁻⁴². Unfortunately, this is not an isolated episode, since the necropolitics, in our country, is not the prerogative of Bolsonaro's government. Brazil's history is fertile in holocausts, since its historical colonization, the banality of evil was also reproduced in countless moments of our recent history: Eldorado dos Carajás (PA); Carandiru's slaughter, a prison located in São Paulo (SP); the killing of Cabula, a neighborhood in Salvador (BA); the killing of Costa

Barros, a neighborhood in Rio de Janeiro (RJ). Yet for further example, in the year of 2019, six children were assassinated by the military police of Rio de Janeiro (RJ), with the approval of a governor with a proto-fascist inspiration, that declared: "*the military police will target the head*". They were: Jenifer Gomes, 11 years old; Kauan Peixoto, 12 years old; Kauã Rozário, 11 years old; Kauê dos Santos, 11 years old; Ágatha Félix, 8 years old; Kethellen Gomes, 5 years old⁴³. The banality of evil is the *modus operandi* of Brazilian institutions, the necropolitics is our politics. As Brum³⁷says: "Now, it is paramount to remember [...] because the holocaust has not yet ended"³⁷⁽¹⁷⁾.

Collaborators

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