

Health Politicization and Misinformation have Increased the Damage of the Covid 19 Pandemic

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Abstract

The involvement of health professional, politicians, and religious leaders with negationist speech, the facility to share and consume internet and social media contents potentiated the dissemination of pandemic misinformation among the population. The intellectual chaos created by health politicization and misinformation increased the social resistance to Covid-19 prevention and control measures (ie, use of mask, social distancing and isolation, correct drug treatment and active search for new cases). This scenario had a direct impact on the increase in the number of people infected with the coronavirus and, consequently, on public health spending. After two years of the pandemic, almost 428 million new cases and 6 million deaths from Covid-19 had been reported worldwide. The impact of the pandemic on public health and the world economy would be smaller if social agents valued science both in its guidelines for the population and in the conduct adopted to control the pandemic.

Keywords: Covid-19; Public health; Conspiracy beliefs; Fake news; Politicization

Introduction

In the first week of 2020, the Chinese authorities informed the world of the discovery of a new coronavirus (Sars-CoV-2) capable to infect humans [1]. Unlike existing strains, the Sars-CoV-2 showed itself to be a virus with high pandemic potential with significant outcomes of morbidity and lethality [2]. The high transmission efficiency and replication of Sars-CoV-2 caused a disease without precedents (Covid-19) to spread quickly around Asia, Europe, Africa, and Oceania. Less than three months after the new coronavirus was identified as a risk to public health, the World Health Organization (WHO) considered the Covid-19 dissemination a pandemic. On March 31, 2020, it was registered 876.307 cases and 44.702 deaths related to Sars-CoV-2 contamination in the world. Almost two years after the pandemic began (ie, the end of February 2022), the number of Covid-19 new cases was approximately 428 million and 6 million deaths [2]. The high Sars-CoV-2 virulence and the facility of traveling across countries were conditions of great relevance to the origin of new cases out of China. Nonetheless, it should not ignore that the lack of global planning and structure to control a respiratory pandemic, limitation in technical and scientific knowledge, religious and cultural beliefs and use of misinformation as a political strategy contributed to the decontrolled dissemination of Covid-19 [3-7].

Development and Discussion

Although at the beginning of the Covid-19 pandemic the world was unaware of the Sars-CoV-2 implication to human health, it was already known by the health authorities that one specific type of coronavirus caused severe acute respiratory syndromes in humans [8]. Moreover, outbreaks, epidemics, and pandemics experienced throughout history (eg,

smallpox, measles, rubella, meningitis, and influenza) served as a scenario for the scientific community to collect consistent data about measures and actions that minimize the impact of contagious respiratory diseases [7,9,10]. Therefore, the world had enough information to reduce the risks of Sars-CoV-2 in society. Based on preexisting scientific knowledge, the Chinese authorities determined the mandatory mask use, personal hygiene, social distancing and isolation, and an active search of new cases to control the dissemination of the new coronavirus. By rigidly adopting and monitoring these actions, China reduced drastically the contagion and daily deaths by Covid-19 before the disease was considered a pandemic [2,11]. Perceiving the progression of the disease and assertive actions against Covid-19, WHO [12] recommended that politicians and the general population adopted sanitary ducts similar to what the Chinese used. However, not all political leaders and members of society considered these prevention and control measures necessary [4,6,13]. The reasons to resist WHO recommendation were based on beliefs, conspiracy theories, pandemic crisis denialism, skepticism about the values of science, and party-politicians interesting [13-17].

A pandemic with similar proportions to Covid-19 demands a lot of effort from the health team and economic, social, and public security sectors. Replanning the public spending to improve the supply and service to health, close frontiers, limit the business, and monitoring the adherence to established standards were some of the challenges that political authorities around the world had to face to reduce the communitarian contaminations of Sars-CoV-2. These challenges were more arduous in regions with a political democratic regiment and with extremist social or religious cultures since mask use, social isolation, and vaccination were considered as an offense to the citizen's freedom of choice and religious concepts. To make the situation even worse, some political leaders took advantage of the barriers to coping with the pandemic to expose and fortify their own party politicians' ideologies, in which some were characterized by skepticism about the value of science, political intrigue, and acts of corruption. These factor sets were determinants for the divergencies of behavior and time to governmental answers to face Covid-19 all around the world [10,13,17,18].

From the moment that health is not a public management priority in favor of well-being and social development and becomes an instrument of political-partisan interests and intrigues, disease prevention and control actions lose effectiveness [13,17]. In other words, the politicization of public health propitiates the neglect of assertive decisions that aimed to control diseases, and consequently, harm the nation's well-being [5,16,19].

The neglect examples of sanitary actions to the containment of Sars-CoV-2 justified in ideological concepts are not limited to a few countries. However, some political leaders drew more attention to their misguided decisions from an epidemiological point of view [5,6,15,20,21]. For example, in Brazilian and US territory, the acts and speeches of denial of scientific values, mask use, social isolation, and vaccination declared by political leaders were so remarkable

that reverberated worldwide. In both cases, the economical context was notoriously more valued than the citizens' health. It is important to highlight that the disorganized closing of business and frontiers negatively impacted the regional economy. However, it seems that little has been considered that the sustainability of the economy also depends on the health of the worker and the amount of labor. At any moment, the politicians in question public clarified any type of logical reflection or discussion that justified, coherently, the resistance to the control and prevention measures of Covid-19 [3,4,6].

On the other hand, many politicians adopted quickly the measures recommended by WHO. Nevertheless, some of their deliberated actions were incoherent. After all, what is the logic in determining the social distancing and isolation and, at the same time, reducing the public and private transportation while essential services kept working and most employees in these fields depended on it to commuting? Where is the coherency in not adopting measures that minimized the agglomeration in public transport as the order was to maintain social distancing [22,23]? The answers to these questions have never been publicly pronounced. Not to mention that often, the divulgation of prevention actions against the pandemic was followed by speeches that emphasized the criticism of other politicians much more than the justifications and importance of adhering to the established measures [3,20,24,25]. The inconsistency of government acts against the Covid-19 pandemic was not limited to Brazil and the United States of America. In India, the social distancing was, sometimes, broke off in reason of Election campaigns and religious festivities [21,26]. In Tanzania, the government established denial conduct to the existing health crisis caused by Sars-CoV-2. At the beginning of the pandemic, the country's political leader declared that Tanzania nation was free of Covid-19, even having 509 cases and 21 confirmed deaths. From then on, the delivery of news related to Covid-19 by non-governmental sources was prohibited and the notifications of new cases and the disease outcomes were discontinued.

According to the Tanzania government, censorship to Covid-19 was adopted because the information about the disease impact in the country caused panic in the population [20]. In the United Kingdom, some governors suppressed science by the censorship of information related to scientific and public health data. In some cases, the government decision-making associated with business agreements that guaranteed personal and party interest, such as purchase and use of Covid-19 tests with low efficiency or without published scientific results and biased disclosures that misrepresented reputable scientific sources but favored the government popularization or acceptance of political agreement [19]. These few examples of politicization of health show that the attempt to deceive the population is a reality in countries with different aspects of development and culture [13,25,27]. Among inconsistencies in planning, the science suppression, information manipulation, corruption, and party intrigues, actions against the pandemic adopted by some governors are more like a marketing strategy, ideological and political support than to one genuine

worrying to guarantee the nation's health [5,17,24]. In situations where there is a value inversion (ie, the suitability and investment in the nation's progress are no longer the object of the action), the communication with the society is based on speeches ruled on misinformation. Speeches based on fabricated evidence have been largely used by politicians and health specialists as a strategy to manipulate the public opinion of Covid-19. This type of narrative that disseminates the misinformation is structured into insults, extremist religious beliefs, and conspiracy theories [28-30].

Studies conducted and published during the Covid-19 pandemic showed the involvement of physicians, nurses, political leaders, businessmen, and other socially important people with the divulgation of misinformation about the pandemic. Among the narratives addressed, it has observed the following themes: the efficiency of non-recommended medicines to the Covid-19 treatment and prevention; the lack of scientific proof of vaccine efficacy; the vaccines' collateral effects and; immunity by faith. Some of the conspiracy theories were: Sars-CoV-2 was created by bioengineering; 5G technology was the pandemic cause; scientific data have been manipulated to beneficiate business; the vaccine is a strategy to reduce population number or to implant a chip to control the citizens and; the pandemic is a punitive intervention of the divine (apocalyptic event). In both cases, the authors legitimized their speeches in fictitious or unsustainable data from a scientific and epidemiologic point of view. In addition, all messages emphasize danger and warning signs of something that was not being publicized or was to come [29-31].

The cognitive instinct to avoid dangerous situations and solve problems associated with the tendency to establish socio-cultural links by affinity and interest makes the humans feel attracted by messages of imminent danger, primarily, when shared by political and religious leaders, health professionals, and general authorities [24,28,30,32]. These predispositions justified the quick divulgation and adherence to fake news that leads to health misinformation. Moreover, it should be considered that adherence to disease prevention and control measures has a positive relationship with the confidence level in the political leadership and scientific information. That's why, governors, scientists, and health professionals must maintain active, direct, and easy-to-understand communication based on evidence with the society [8,13]. The nations that opted for health politicization stimulated an aversive communication ruled on fake news and pseudoscience. In this "who speaks louder" dispute, internet access and the ease of disseminating content on social media have significantly contributed to the sharing of misinformation related to the Covid-19 pandemic. As a result, science has been exponentially discredited and a considerable part of society has been increasingly immersed in uncertainties, mistrust, and intrigue [5,19,29,31].

The main collateral effects of this maneuver to manipulate public opinion were:

- A. resistance to mask use and social isolation;
- B. low adherence to vaccination;
- C. the deliberate use of ineffective preventive and curative methods;
- D. greater number of infected, absence from work and deaths and;
- E. increased expenditure on public health and social assistance.

This means that the politicization of health and the denial of science generates a hostile climate in society and increases public expenditure [26,27,33,34]. So, the justifications for government acts of resistance to measures to prevent and control the Covid-19 pandemic are not sustainable and serve to manipulate public opinion and generate more damage to the health and economy fields of the country.

Final Considerations

Health politicization is a political strategy to manipulate public opinion mediated by disinformation. This conduct is used by governors that deny the science and disease, resist preventive health measures, try to convince society to follow their socio-cultural, religious, party concepts, and may have intentional acts of political corruption. When legitimate belief in "wrong factual" knowledge about health becomes part of the social concept, the mistrust level of fact reality increases, the propagation of conspiracy theories and science denialism becomes more evident in the population. As a result, society develops more resistance to adhere to control and prevent measures, such as mask use, social distancing, and vaccination, of infectious diseases. In this way, the community is subjected to the use of preventive and curative methods that do not have significant effects. Therefore, the politicization and misinformation of health enhanced the damage (ie contamination, deaths and public spending) caused by the Covid-19 pandemic. Due to current events, politicization and misinformation must be considered risk factors to be combated in sanitary interventions. In front of this, robust studies that identify the epistemology and actions to prevent and fight against health politicization and misinformation are necessary.

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