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O território COnVIDa a reexistir: ensaios e narrativas sobre respostas à pandemia nos pontos de atenção nos territórios onde a vida acontece

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ARTIGO DE OPINIÃO

(Capa: Márcio Mariath Belloc)

The Oxygen Blackout in the Amazon and the deaths by asphyxiation in patients with Covid-19 - Psychological sequelae

O apagão do oxigênio na Amazônia e as mortes por asfixia em pacientes com Covid-19 - sequelas psicológicas

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Abstract:

Article reporting situations of psychological demands in the middle of the pandemic, in the epicenter of Manaus.

Keywords: mental health, COVID-19, psychological sequelae

Resumo:

Artigo relatando situações de demandas psicológicas no meio da pandemia, no epicentro de Manaus.

Palavras-chave: saúde mental, COVID-19, sequelas psicológicas.

The world is experiencing a historic pandemic, and the scenario in Brazil has been devastating since the beginning¹. As a clinical psychologist, professor, and researcher residing in the national epicenter of the tragedy² - Manaus, Amazon - I have had experiences that even my 15 years of clinical psychology practice would not prepare me for. I was not trained to work in a war zone.

Manaus was the first city in Brazil to collapse (health system), still in April 2020. Even with thousands of deaths and many new cases, the population and politicians did not learn. How could they do it? If even the president insists that masks are unnecessary and continues to provide medications without scientific evidence? Why would they listen to the scientist if their leader tells the contrary and attacks them publicly?

Even with all the warnings from epidemiologists, the Christmas and New Year's Eve celebrations caused agglomerations. Scientists warned of a new, more dangerous P.1 variant of the virus and asked for the

strict lockdown to be adopted. The local government accepted the pressure from the businessmen who went to the streets to protest for the malls to remain open.

Two weeks after that incident, the hospitals' demands initiated, and a second wave³, much bigger than the first one, started. Oxygen in hospitals was not enough to meet the demand from new inpatients⁴. The local production was less than 30% of the new demand. The politicians were warned, but the city's geographic location, in the middle of the Amazon rainforest and without roads to access it quickly, made the logistics complex.

This neglect of politicians and the great demand generated by the second wave caused a collapse in the oxygen supply, and many people died of asphyxiation. In January, more people died in Manaus than in the whole year of 2020 by Covid-19.

The oxygen blackout generated a face-to-face demand for assistance in clinical psychology. My patients are these victims' relatives, people with pulmonary sequelae undergoing physical therapy, and frontline professionals, utterly exhausted in emotional conditions that surpass all medical manuals diagnosis for any burnout disorder. While the health system collapsed and oxygen was short, hundreds of citizens were removed to cities miles away to receive treatment. Some returned in coffins, and some returned alive, traumatized because of the whole experience of being removed, and taken care of in a city thousand miles away from their relatives. The demands are varied, but there is something that unites them: an unbearable and unimaginable pain that may have been experienced only in the scenarios of wars, periods when I was not alive to be able to compare. It is a pain that causes people to leave their homes in the middle of a pandemic, seeking psychological assistance in their eagerness to alleviate it.

I have been working with metaphors and various techniques from the approaches developed after the Second World War. I always explain to patients that we are at war, but we do not have planes and bombs, and the sounds of the siren of ambulances have replaced these noises. Those are the ones who announce through the city that people are being removed and getting sick.

It is common in the psychology clinic that patients asked for a "name," a technical term for what they are feeling. They want this so that suffering has definition and form. However, how can we talk about Post-Traumatic Stress Disorder (PTSD) if the phenomenon still happening? I use the assault metaphor. A person is mugged and develops an anxiety disorder, but the same person is being attacked every day. The assault is the virus, and it has not stopped. It is tough to work when we are all experiencing about 3 thousand deaths per day, and our city loses dozens of lives daily. There is always someone we know, a friend's relative or colleagues from work.

How can I work in the clinic with Personal Protection Equipment (PPE) for which I have not been trained? How can I not see my patient's faces and only hear their crying? We adapted the techniques and created mechanisms to ask them to bring a spare mask to sessions since crying may leave the first one unusable. We learn to read the eyes when they are expressing pain or a slight smile from someone who is in the process of healing.

I repeat with them my daily mantra, "we are all not ok, and it is ok not to be ok emotionally. It will soon pass". I usually advise everyone we are all sad and anxious, and these are normal reactions of our psyche to an extreme situation such as this we are facing. We have reached a point here in Manaus where death has already kissed almost all families and circles of friends. We all lost someone.

Furthermore, how do we work on mourning when it arrives in large numbers and without the possibility of rituals? Families that have lost half of their members, people who have lost parents and children all at once. People who were hospitalized and when they left the hospital, they found out their loved ones had died and were buried, without saying goodbye? Those are not specific or single stories. Those are stories re-occurring daily.

I then remembered those soldiers who went to war and died, but their bodies were not found and brought back, and their mothers received a letter and a visit, as in the American movies. How did these mothers elaborate their mourning? I went after the most used mourning techniques so I could help those who came to me. We had to adapt to children, the elderly, young people, and everyone since there is no mourning closure to all ages. Some Children lost ALL their grandparents and were unable to say goodbye. And there is always a possibility of losing another family member, and it starts all over again.

I have witnessed what some are informally calling "Pandemic Blue." A collective sadness, medium-level anxiety, but nothing that reaches the pathological level. Those who have not been contaminated yet, or those who have had it and are afraid of going through it again. The fear of touching people, the fear of hugging, the constant fixation always to be wearing masks and using alcohol gel. A necessary process of psychoeducation that this is not something pathological. On the contrary, this is correct and expected, but we live in such a surreal moment in Brazil where the right has turned the wrong and vice versa. People feel guilty for not crowding and think they are obsessed or ill because they insist on wearing masks and protecting themselves from the virus.

In addition to all the emotional sequelae that everyone ends up experiencing, we also have cognitive sequelae, such as memory lapses, minor absences, loss of focus, and so many others already reported by recent researches⁵⁻⁸. However, this has been of limited access to academics. A large part of the population only knows Covid-19 from television, which attacks the lungs and leaves them with shortness of breath. How many of that known Covid-19 has these psychological, neurological, and cognitive conditions? There is a feeling of relief when I explain that these are also possible sequels to the Covid1-9; I always hear the same expression, "I thought I was going crazy," No, you are not crazy, and you are not alone.

We are very concerned about Covid-19's third or fourth, or fifth wave, as our leaders have not effectively dealt with the pandemic. We forget, however, that pandemics are considered mental health catastrophes⁹ and leave sequelae that last for years. Perhaps we should also look now at not just another wave but a mental health Tsunami to come¹⁰.

How can we alleviate this? Perhaps disseminating among the entire population some guidelines on how to better work our mental health now, from exercise tips, breathing techniques, social contacts, even, how to LISTEN. Isolated people need to be HEARD, which is an act that not everyone has the habit of doing. We need to try to safeguard what little we have left of our mental health.

I declare no competing interests.

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