

and depressive and anxiety symptoms were the most common psychological problems among nurses during the COVID-19 pandemic.³ However, there are few reports on the coping strategies for nurses who have had their mental health affected by COVID-19.

First, during the pandemic, nurses were the closest contacts to patients with COVID-19, often helping them with sputum drainage, which put them at high risk of infection. Nurses also helped with handling deceased patient's bodies. To constantly observe changes in the patient's condition, most nurses were reluctant to even drink water or go to the toilet during work hours. Some nurses reportedly resorted to wearing adult nappies at work⁴. Unfortunately, during the process, some nurses contracted COVID-19 and even experienced sudden death. Second, nurses played a key role in administering COVID-19 vaccinations, with more than 3.4 billion doses of COVID-19 vaccinations administered in China alone. When nurses were notified of any COVID-19 vaccination demands, they travelled to different vaccination locations without hesitation to vaccinate residents as soon as possible. For older people with less mobility, nurses went to residents' homes to vaccinate them.

Of note, even now, sporadic local cases of COVID-19 appear after long domestic holidays. Therefore, local governments have proposed expanded RNA screening, hoping to detect positive cases and asymptomatic infections.⁵ Among these screening methods, the collection of throat swab specimens is also performed by nurses. Since the temporary RNA testing points are all outdoors, no matter how the weather changes, nurses are required to complete the collection of throat swab specimens from community residents. Unfortunately, some nurses have fainted due to long hours of work.⁶ Due to the influence of traditional Chinese culture, nurses

are reluctant to tell others about their psychological problems.⁷ Even if nurses are insulted and attacked at work, many will internalise this experience and endure it without seeking support.⁸ Although a special psychological counselling helpline and clinics were established after the start of the COVID-19 pandemic,⁹ face-to-face counselling could not be provided to all nurses, resulting in some unable to cope with psychological problems. Therefore, it is necessary for medical authorities and hospitals to provide coping strategies for nurses facing mental health problems.

I declare no competing interests.

Hong Zhang
731416692@qq.com

Department of Neurology, Zhongnan Hospital of Wuhan University, Wuhan, Hubei 430071, China

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Bolsonaro's Ministry of Health's response to COVID-19 and other health challenges

As former Minister of Health and former National Secretary of Primary Care of the Brazilian Ministry of Health, we have notes to make regarding Massuda and colleagues' Comment.¹ To begin, we are surprised that this Comment was published in such a prestigious journal. The authors demonstrate bias towards the subject when they use the pejorative "far-right" in the title.¹ It is a manifestation of partisan political nature. This Comment is a demonstration of the narrative being used by the current government to justify the future chaos in Brazilian health care that is about to take place.

Jair Bolsonaro's government faced one of the most substantial health emergencies that the world has ever seen. More than R\$500 billion was spent by the Government in handling the pandemic to support the health system.² The Sistema Único de Saúde (Brazil's Unified Health System) strengthened health care by adopting a set of interventions that provided increased financing to tackle the COVID-19 pandemic—eg, hiring more than 20 000 additional beds for intensive care units (ICUs).³ More than \$100 billion in additional credit spending was distributed evenly among the country's states and municipalities.⁴ Notably, by the end of December, 2021, more than \$30 billion of this credit was left unspent, showing that they received budgets greater than was required.⁵ Our Government faced a weak health-care system that was marked by a scarcity of ICU beds, where patients with low incomes were only granted vacant beds by a court decision.⁶ Additionally, it was Bolsonaro's Government, not the Workers' Party, that created the Primary Health Care Secretariat.⁷ Furthermore, we increased the primary care budget

from \$18 billion in 2018 to \$26 billion in 2022, achieving \$32 billion in 2023. In our opinion, in the face of great challenges, the Ministry of Health during Bolsonaro's Government did more than any other in the history of Brazil. The benefits of our actions will be felt for decades if the current Government does not undermine or reverse them, which we believe has already been happening.

Readers of this Correspondence might be stunned to realise that they have been the victim of fake news, which hid a great deal of positive information about our work for the past 4 years. Mortality from COVID-19 in Brazil was very similar to that in the USA regarding the rate per million of the population.⁸ To help mothers and newborns during the pandemic, we launched a decree of around \$1 billion to act against the increased maternal mortality. We launched the Cuida Mais Brasil programme to place paediatricians and obstetricians in primary care and created the Mother and Child Care Network, which doubled the budget for caring for mothers and newborns, in replacement of the Workers' Party's Rede Cegonha programme, which managed to double maternal mortality during its term and was one of the culprits for the high maternal mortality in Brazil during the pandemic.⁹ The Workers' Party's policies were focused on abortion and decreasing caesarean sections, disregarding the decision-making power of women in childbirth, with the sole objective of making care cheaper at the expense of Brazilian women with low incomes' lives. On the contrary, Bolsonaro's Government defended lives from the point of conception. The improvement compared with what was done in the past is clear. Massuda and colleagues' Comment serves simply to justify the horrors that will come and are already arising since, in almost 9 months of the current Government, no health policy has been announced, just the repeal of several of our policies.

RCMP was the National Secretary of Primary Care of the Brazilian Ministry of Health from 2020 to 2022. MQ was the Brazilian Minister of Health from 2021 to 2022.

**Raphael C M Parente,*
Marcelo Queiroga
raphaelcmparente@hotmail.com

Federal University of Rio de Janeiro, Rio de Janeiro 21941-630, Brazil (RCMP); Brazilian Society of Cardiology, Rio de Janeiro, Brazil (MQ)

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Authors' reply

The response from Jair Bolsonaro's former Minister of Health, Marcelo Queiroga, and former National Secretary of Primary Care, Raphael

Parente, to our Comment¹ is a clear demonstration of the method systematically used by Brazil's previous federal Government—the dissemination of lies and fake news to evade the facts and to construct a distorted reality. Rebutting the far-right rhetoric is a current challenge for health and democracy.

In our Comment,¹ we emphasised that rebuilding the Sistema Único de Saúde (SUS [ie, Brazil's Unified Health System]) after COVID-19 and tackling the major setbacks left behind by Jair Bolsonaro's administration must be a priority of the new Government of Luiz Inácio Lula da Silva and Brazil's civil society. Supported by official data, we presented the deteriorating health indicators of Brazil from the past 4 years—eg, Brazil accounted for 10.4% of global COVID-19 deaths, had its lowest vaccination coverage for all vaccines since 1995, and had a sharp increase in unmet health needs and maternal mortality rates. Based on Brazil's 2022 Health Governmental Transition report,² we listed priorities for the new federal administration, highlighting the importance of restoring the authority of the Ministry of Health in the SUS governance, dismantled by Bolsonaro's government.

Instead of contesting our data or refuting our arguments, Bolsonaro's former Minister of Health and former National Secretary of Primary Care created their own narrative. First, the authors argue that labelling the previous Government as far-right reflects a biased and partisan perspective. Commonly used as a political category,³ the term was used to describe the political landscape in which the Brazilian health system operated in the previous Government.

Second, the authors argue that given the increase in expenditures to respond to the COVID-19 pandemic, the Ministry of Health during Bolsonaro's Government was the one that did the most in the history of Brazil. Indeed, it was a historical fiasco, as shown