

Special editorial

Health for black and women populations as public policies and intellectual fields: supporting arguments for a case study on systemic institutional racism

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Woman, black, and peasant: these characteristics imply the mutually potentialized and overdetermination of the three biggest social and programmatic vulnerability conditions¹ that affect Brazilian population segments which are already very poor.

The state of Maranhão, Brazil, is estimated to have 6,714,314 inhabitants (data from 2012), among whom 25.19% are extremely poor; it has one of the largest concentrations of black people (around 74% of the population), the highest rural population concentration (61.90% of households), and the biggest number of quilombola communities in the country – currently, a total of 467 Palmares Foundation-certified communities, which are spread through 69 municipalities² (Comunidades Quilombolas, 2016), some of which have the worst Human Development Index in the state and in the country; it also has a large number of babaçu coconut female breakers, a number that might reach 200,000 women³.

The introduction, in Maranhão, especially in the 1980s, of several organized social movements

focused on women (for instance, peasants, female coconut breakers⁴, and traditional midwives⁵), as well as on black population and quilombola communities, motivated⁶ very dynamic political and social activism, and knowledge production and socialization in the state scenario. In the case of peasants, quilombolas, and female coconut breakers, the activism was initially mobilized around the land ownership issue and the protection of their territory and their material conditions of survival and work.

The recent consolidation of those movements allowed for the inclusion of new mobilization agenda and claiming to government powers, among which the access to health care policies and services and good quality education services which meet their needs and specificities.

The proposal from the Technical Women's Health Care Area (ASTM) of the Ministry of Health (MS) regarding the funding for a Black Women's Health Care Technical Specialization Course (CESMN) in the Health Care and Environment Graduate Program in the Federal University of Maranhão (PPGSA/UFMA), in 2009, intended on training and qualifying health care professionals in different fields to provide proper care to the black population, and more specifically to black women, in SUS (Brazilian Unified Health System) service network. CESMN's political project was conceived by Maria de Fátima Oliveira Ferreira (from the National Health Care, Sexual Rights, Reproductive Rights Feminist Network), and the political-pedagogical project was built and supervised by her and by István van Deursen Varga, Rosana Batista Monteiro, Antônio Henrique França Costa, and Luís Eduardo Batista.

It was not, therefore, about establishing a new academic specialty in the health care field, but about offering emergency responses (once the course was only expected to be given to two groups) to one of the largest and most serious social public health

1 On the meanings of vulnerability used here, see Ayres et al., 1999

2 COMUNIDADES QUILOMBOLAS. Palmares Fundação Cultural. 2016. Available: <http://www.palmares.gov.br/?page_id=88&estado=MA>. Accessed in: 1 set. 2016.

3 Conheça a rotina das quebradeiras de coco babaçu no Maranhão. *G1*, 2012. Available: <<http://g1.globo.com/ma/maranhao/noticia/2012/07/conheca-rotina-das-quebradeiras-de-coco-babacu-no-maranhao.html>>. Accessed in: 1 set. 2016.

4 See Rêgo; Andrade, 2006.

5 See Pereira, 2014.

6 The concept of “field” apply here two perspectives adopted by Bourdieu (1996): the “intellectual field” and the “field of power”.

care demands in the state.

Institutional racism is defined as an organization failing as a whole to provide proper and professional service to people due to their race, culture, or ethnic origins. It can be seen or detected in processes, actions, and behaviors which result in discrimination due to involuntary prejudice, ignorance, negligence, and racial stereotyping, which leads ethnic minority people to be in disadvantage (LÓPEZ, 2012, p. 127, translated by the authors).

It would not be possible to present the work in this supplement about health and society without at least a brief report and some thoughts about the countless, large, and very significant difficulties faced in the execution of CESMN, which are surely translated into a case of systemic, emblematic, and well-documented institutional racism - that will be seen throughout this Supplement - which deserved, and could still deserve, further investigation both in research programs that are in progress and in those which can be proposed in the future.

The first objections to the course were expressed by physicians - among them, faculty colleagues from UFMA itself⁷ in the presentation of the project to Maranhão State Health Care Council, as we had already reported in Varga (2007) - including the one defending that the creation of specific health care services to black people could not be justified as a new medical specialty; even in the collective public health care field - once the treatment and control of sickle-cell disease (which is the most easily recognized reason for a specific health care policy for the black population), for example, are responsibilities which allegedly have already been assigned to hematologists. Through those arguments, different professional categories reflecting on those issues are not seen as something worth being done.

Many candidates took the admission exam for the course, which made it very competitive. The number of applicants was higher than the one of spots offered (28 for each group). Application and selection processes were coordinated by a Selection Committee comprising representatives from the Center for Research on Rural, Black, Quilombola, and Indigenous Communities (NuRunI) at the UFMA Health and Environment Graduate Program; from the Ministry of Health (through its Technical Women's Health Care Area); from Maranhão's Black Culture Center; from the National Health Care Network of African-Brazilian Religions; from Pedreira's Black Consciousness Center; from the Maranhão's Extraordinary Race Equality Office; from the Association of Rural, Black, Quilombola Communities; from Mãe Andresa Black Women's Group; from the African-Brazilian Studies Center of UFMA's Sociology and Anthropology Department.

CESMN's target public, according to its political-pedagogic project, was the staff from the Public Health Care Network. Due to the criteria in the admission process, however, most selected students were neither graduated nor active in the health care field, but composed of teachers in the public education network - a fact which by itself deserves discussion.

In addition to the fact the course has not had the expected impact to this segment, this project - which is a graduate course -, had to be exclusively limited to a public of undergraduate degree holders and failed to include social players and segments which, as we understand, are definitely important strategically for the implementation of The National Full Health Care Policy for the Black Population - for instance black movement activists, feminists, quilombola communities, traditional midwives,

7 The strongest resistance we faced to the implementation of this and other projects in the field of health care for black people, however, was the one coming from the very UFMA management (from 2007 to 2015), starting from its Consultancy for Agreements (ASCONV), which should formally register and supervise those projects, which involved on-lending of funds from the Ministry of Health. In regards to the arrival of the funds from the Ministry to UFMA for the course conduction, we had to listen to a long lecture from a technician from ASCONV, who declared herself against all those policies for promoting racial equality and said she would take all necessary measures for the course project to be executed, albeit being definitely disinclined to.

Readers would find it really dull and of little significance, however, if this editorial were filled with the long list of boycotts and attempted sabotage acts that followed at UFMA regarding the course submission, throughout its processes along different offices; in a nutshell, UFMA gave back the Ministry of Health the funds which were going to be used in the publication of the faculty members' research (which had been finished and was ready to be published) and the course students' final essays (which are part of this issue), as well as the funds for a project intending on qualifying quilombola midwives.

Umbanda temple communities, whose leaders, representatives, and agents frequently had no access to third-level education.

The course coordination and teaching staff are also reflecting and studying the causes of the large number of dropouts, mostly from students who, in spite of having finished all disciplines satisfactorily, have not conducted their field research or written their essays. There are several cases of students who, even after finishing their essays, have not defended their arguments before a public examination board, as required for graduate courses at UFMA.

We seek to rectify those situations by creating and submitting extension projects, which would not have the legal limitations of a specialization course, in order to share all information and products which are made available by UFMA's CESMN with the community. In the extension projects, the graduated alumni are stimulated to act as teaching members; the alumni with satisfactory performances who have not however finished their essays or who have missed deadlines to defend them would be given opportunities to receive Extension Course Certificates.

This issue comprises articles from teachers and students from CESM - researchers who are reference in the field of health care for the black population - and reports of racial bias experiences in health care services.

Some themes are focused on the articles: discrimination in the access to health care services; the Brazilian Unified Health System, its guidelines and National Policy on Full Health Care to the Black and Women Population; the field of health care to the black population; the relationship between health and education; the health care professional's training. Specifically on the race topic, the articles discuss the racism as a social determinant regarding health care; the female morbidity and mortality indices regarding races; vulnerability of black people; evidences of racism in health care.

Reminding us of the importance permanent training and education processes, the articles topics

make reference to the course modules and allow us to state the close relationship among this publication, the course, National Education Guidelines and Bases Act (LDB) - articles 26-A and 79-B (which were included by Act 10,639/03, from January, 9th, 2003), and National Syllabus Guidelines for Ethnic and Race Relationships (DCNERER) (CNE/CP Resolution no. 01/2004, from June, 17th, 2004).

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