Special Presentation

Exclusion, Insecurity, Vulnerabilities: include with the access to health?

The magazine *Saúde e Sociedade* starts a theme cycle on debates focusing on the problems of social differences and iniquities, observed from thematic discussion emergency as the ones nowadays presented by conceptual constructions (like race/ethnical layers, gender, generational status, sexuality, identity), and their relationship with population dynamics, disease distribution, service and equity policy access, special attention and empowerment. Focusing that has been given to different cleavages in Society has a share of State policy, or of international intervention or research agencies, has obtained distinction in the Public Health/Collective Health field.

This task - discussing relations that involve health and contemporary society - is of a complex order, but on the other hand execute an endeavor to contextualize health in society. If on the one hand equity notion displays as a public policy concern (in the governmental aspect, and in the international agency agenda) a tendency to focus has led public health discussion, in fragmentary and specific studies that doubtlessly add to technical recommendation economy (that achieve an also shared bond to social contexts where they are).

To start this debate, this number presents a discussion about the theme "social exclusion". It has also been widely used, and applied to many situations and places. Discussion start, having *social exclusion* as a basis, makes it possible to have a first step in this theme cycle, visiting social situations and processes from which we can think – in a contextualized and dynamic manner – policy process, social description, the daily work relationship (that involve precariousness, dissociation, intervention and conquest situations in the life of population groups that are distant from decision, and social, political, and economical control mechanism).

Thinking about the thematic "social exclusion", in a perspective of critically reading of the intervention relation history done by the State in Public Health's name, and the State and workforce relation constitution situation, in the developing capitalist system since the XIX century, we can situate the theme's discussion in two initial "steps":

Firstly, the historical relation of public health with poverty and domination situations. Secondly, the historical process of market capitalist economy versus class conflict, inside which right notion construction and conflict appeared.

At a first moment, in historical public health and National States relation, we have watched the articulation of the state power over the populations, in the sense of controlling their "health", in the name of the state's health. This construction does not operate without an exclusion of diseases, duly recognized, from this public health that is necessary to the sanitation of the populations, in the name of the market and the production.

Three forms of this exclusion process have been reported, making the classical reference to Foucault: exclusion in the name of urban sanitation; social investigation and the division into sick and healthy persons; work confinement model (poor or proletarian people were predominantly the target of this kind); using the XIX century social and political reference, the ones who needed to sell their workforce, and the ones who could not even sell their workforce. There are many registers of this kind of exclusion during the XX century, including confinement and internment in isolation colonies; and the construction of social " imaginary " where parts of the population (immigrants) represent the threat. In the same way it happens nowadays, in night shelters and among street dwellers in São Paulo city, tuberculosis is a disease which name is not pronounced.

Social movements were the ones that historically placed themselves in the opposite direction, that is, *inclusion.* Based on social transformation or on right recognition and conquest change, presented poverty

elimination strategies. Health/disease gets note depending on the place, or at least the central place where fights, workforce work and claims reduction of the physical wear due to working day reduction, women's and children's work protection, and retirement, insurance and pension system claim were created. These issues belong to this contraposition to the poor exclusion as a workforce, developing a compensatory working class wear system. Body notion and recovery as a productive instrument from which living means were obtained required a protection system for situations when body was unproductive: disease, age, sequels, and benefits being extended to the family, if it were impossible to have a productive use of the family head's body. This universe was also composed of an ideological and moral universe, consolidating so traditional gender relations; for instance, to be questioned by women's and XX century feminist movement.

Populations that were not in this conflict center: capital and work, industry and industrial corporation workers and owners, solidarity, support and indictment network constructions, had a especial role. So socially the discussion about poverty around labor and worker movement organized itself. This conquest occurred along the XIX century and the XX century first decades, together with war and postwar situations, and they are in the origin of the Social Welfare State.

Exclusion discussion starts almost at this process moment of inflexion and rupture. As it is outstood in this number, the article about social exclusion concept, this discussion has its origin in France and starts to be doubted based on dwelling precariousness situation. This model does not question workers' rights before benefits acquired from market and big corporations, or from worker organizations giving a logic to this market; it is from the state that policies, now not compensatory but "inclusive", start, searching initially for a question of moral order ("excluded people are excluded because they are mal-adapted?"). This inquiry gives body to all the XX century last decades' discussion (that revisit the classificatory orders that put entrepreneurs - Europeans/North Americans and other peoples, immigrants, poor people – inside these countries). For example, the classificatory system divided Whites, Negroes, and Latin people. Right extension through the state occurs only with an arm wrestling between moralizing conceptions and social movements. Theoretical discussion development about this notion also follows the line to show these views limitations.

On their turn, social movements have faced this classificatory system, searching to inscribe rights as antidotes to social exclusion or to positions and places in these classificatory orders. These claims, at least in their right conquest do not fight against international corporations or economic processes to explore workforce, but they go to the state, which grows more sensitive to "inclusive" policies, that may have their limit in the relation with the "market" (of which the state is creditor/debtor), regulates economical means and resource availability, political logic of "power elites" or of "political means" that orients scheduling speculation and implementation of these resources.

Exclusion, as Zioni's article shows, indicates its conceptual weakness in its generalization: and in the lack of its articulation with an ampler and more consistent theory of society. We observe that exactly in the model class claims and social welfare status crisis that the exclusion question poses, focusing as social process the solidarity network crisis, and the work system "excluded" population relation with the state compensatory policies. The presented articles describe processes showing that at the same time that the state promotes dissolution, insecurity; settled people movements try to build new solidarity networks. In the presented question - cane industry workers - the work that attracts migrants in the search of an inclusion in the market from a waged work relation, continue in their exclusion site, and healthcare services, as they help and put to disposition of the workers palliative care to daily repair of a physical intense wear process, participate in a work process that excludes health and adds value to capital, almost representing the classical description of 1970 works that related capitalism to health services. Report of this capitalist logic in cane production focuses a process more and more distant and covered by all the discussion about contemporary economy and societies.

In Africa Aids epidemic cannot be seen as a context-free phenomenon of primary good production integration to world market economy and the pro-

motion of "development" by the state (that as it is indicated in the case of Ivory Coast), shows the conflicts brought by traditional solidarity networks, with displacement, immigration, and changes in extensive familiar units intensification . We surely speak of an exclusion production by disorganization of familiar forms of integration and production by the increase of people circulation (that disseminate Aids, creating another impact factor for society).

As described in Soares' article, rural settlement in conquered territory by the Movimento dos Sem Terra ("Without Land Movement") represents a movement towards the right recognition inclusion. In this case we observe that inclusion strategies through a collective movement activates the formation of a network that articulates civil, governmental, religious, university organizations, and necessary question list to implement this project in a conquered space; it also needs provision of many orders (water, sanitation, medical services in UBS – "HBU", alimentary security etc). Service rendering to these needs is done by the state, like rendering in HBU, school presence; but also mobilizing resources, in a cooperation network to face neighborhood of big production units that may cause pollution and difficult access to water. In this case, also the environmental question becomes evident, and its more direct consequences on the groups that want to be "included". Interesting in this cooperation process is also the doubting of the health service order through a biomedical model and the recovering of medicinal herbs and plants that refers to traditional knowledge.

Insecurity analysis done by Parry Scott seeks to show relation risks with policy and state intervention and solidarity network limit (in the intervention or state project moment), brings risk society dimension, again more efficient over the poorest people. It is the insecurity question producing vulnerabilities that transform in ailing processes, challenge to health care, because its etiology as well as the other etiologies refers to changes and social displacements, and so depend on the "reconstruction" of their own lives, in a society in the displacement situation. If daily state presence brings a structural insecurity (that is, big Brazilian population parts "exclusion" situation is a historical fact) intervention brings new expectation and demand orders, generating new "insecurities".

Finally, the article of Carneiro Jr and col. describes an experience of health care service to different urban groups (taken in the condition of excluded: sex professionals, street people, slum dwellers and Bolivian immigrants) pointing equity theme followed in the primary attention to these groups and pointing to action integrality challenge.

Presented articles also represent what would be called a "quality" version in Public Health field, that has been incorporated and sometimes may have lost its context, reporting to a social science, and description and social process interpretation method, competent to understand and show subject logic, without the danger to identify itself with these subjects, but of absorbing its perspective or the perspective in which they are placed by economy institution power to politics.

Ethnography seems to show a context and processes (present in reality places) methodological anchor instrument, because conflicts among state service actors and population groups occur: class, generational, ethnical conflicts. These places, on their turn, are not disconnected from one another; thus, we must not attribute to them the idea of especial or isolated cases, or case studies – the mere case study, in its classical methodological conception, presented itself like a case to be analyzed from an ideal type, referring to social historical processes. So, process logics here presented, if called "exclusion" ones, belong to market, production, financial speculation history in the world capitalist and political elites in the state power process.

Social classes, gender, generation situation, race/ethnic individuals, identities have participated not only as transversal categories in the disease/health distribution analysis, but also service and policy demands (in the equity and right recognition sense; this aspect reflects in research field and represents itself also in the democracy and social contemporary conflict perspective).

Social and state movements focus the need for inclusive agendas in the policy order. From the public health point of view inclusion principles can win either a technical dimension or measure equity, integrality or participation – like discussing through an expanded health concept, like "WHO" health

concept, bringing to discussion state capacity and limits conflict and demands of the big population contingent (that seeks strategies to be better included in an extremely unequal state resource and income distribution system); reflecting different places and different society views by positions and by political-ideological views. Doubtlessly these and other questions have been part of practical daily discussions among infinity of groups and social actors of Public Health, and of experiences trying to make this field into inclusion spaces.

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