

Acknowledging racism to build comprehensive, equitable and universal care effectively

This thematic issue is based on the understanding that it is imperative to resolutely incorporate the analysis about racism in the field of Public Health – strongly imbued with the notion of health as a social right, with citizenship and dignity of the human individual – since racism is an important factor in the violation of rights and the production of inequities. Considering racialized subjectivity and health care for black people is the core issue of the thematic issue presented here, based on the understanding that care is not restricted to formal healthcare practices, but also incorporates all the creative ways of being in the world that result in a well-lived existence.

In recent decades, the ideas of universality, comprehensiveness and equity have become more complex to be closer to the reality and the needs of people in the various territories where life exists. Thus, universality does not dispense with a singular look at social and regional inequalities. Comprehensiveness is increasingly linked to analyses of the meaning of care, seeking to defragment health practices and place the person back at the center. Equity ratifies that lifestyles and access to citizenship rights are built upon the processes of social determination.

According to the Atlas of Violence (2021)¹, in 2019, black people accounted for 77% of homicide victims and the chance of a black person being murdered is 2.6 times higher than that of a non-black person. These and other data expose the features of racism in Brazil and allow us to understand it as a health problem. In Brazilian culture, racism is structural, institutional and intersubjective, affecting access to health services and comprehensive care, as well as producing negative symbolic dimensions of the black body that inflict harm upon the mental health of black people.

The processes – both of institutionalization of the SUS and of the theoretical-political deepening of its foundations – were not/are not without tensions and disputes. Despite the contributions of the Black and Black Women's Movement to the conception of the SUS, the mobilizations for the institutionalization and implementation of the National Comprehensive Health Policy for the Black Population (PNSIPN) and the effective presence of the black population as users and workers in the system, the racism that is present in its modus operandi and establishes numerous barriers to access to health for black women and men in the country has not been sufficiently recognized or addressed².

Despite the increase in the production of evidence regarding the relationship between race/ethnicity and gender markers in the quality of health care received, or otherwise, and in negative outcomes in cases of illness and/or in situations of disasters and health emergencies, it is understood that there is still much to be done.

Acknowledging that racism impacts access to public policies, the processes of subjectivation, illness and death, the therapeutic itineraries and care relationships, to name a few aspects, is fundamental for the improvement of health production in Brazil, so that the SUS ideology is experienced in the daily lives of its users and workers, such that Public Health is more plural in its references, methodologies and reflections. Recognizing that racism is present in the relationships that are established in Public Health and in the SUS is to glimpse the possibility of deconstructing it in a consistent and sustainable way, since anti-racism is a path to be taken, not a place to be reached³.

This Thematic Issue is a small contribution to the various processes of mobilization, construction, and uncompromising defense of anti-racist public health.

Paula Gaudenzi (<https://orcid.org/0000-0003-4039-1088>)¹

Adriana Miranda de Castro (<https://orcid.org/0000-0003-1190-5828>)²

Andrea Chagas (<https://orcid.org/0000-0001-8213-4042>)³

¹Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente (IFF-Fiocruz). Rio de Janeiro RJ Brasil.

²Coordenação de Promoção da Saúde, Vice-Presidência de Ambiente, Atenção e Promoção da Saúde, Fundação Oswaldo Cruz. Rio de Janeiro RJ Brasil.

³Médicos Sem Fronteiras-Brasil. Rio de Janeiro RJ Brasil.

References

1. Cerqueira D, Ferreira H, Bueno S, coordenadores. *Atlas da Violência 2021*. São Paulo: FBSP; 2021.
2. Werneck J. Racismo institucional e saúde da população negra. *Saude Soc* 2016; 25(3):535-549.
3. Santos YL. *Racismo Brasileiro. Uma história da formação do país*. São Paulo: Todavia; 2022.

