

Forum on race, racism, and health in Brazil

On all continents of the world, it is frequently possible to identify the socio-political processes in which issues of an ethnic/racial nature are present, nearly always mixed with other issues of a religious and/or national type. What changes historically is the nature of this intersection (Fredrickson GM. *Racism: A Short History*. Princeton: Princeton University Press; 2002). There is a growing international academic literature on this area: in the bibliographic reference bases *Web of Science*, the annual average number of articles indexed under the term “racism” has increased steadily in the last three five-year periods, from 159 in 1990-1994 to 286 in 1995-1999 and 321 in 2000-2004. There is less research concerning the effects of this phenomenon on the population’s health, for example in Brazil, where the debate has intensified concerning racial inequalities and affirmative actions to overcome them. The articles in this Forum bring relevant evidence to this debate and identify elements for a research agenda that can increasingly support public health concerns in the country.

Chor & Lima highlight conceptual and methodological issues related to research in the field. They also present instigating empirical evidence: indigenous and black individuals die proportionally at earlier ages, but the analysis of mortality by causes recommends the search for more specific hypotheses. For example, among young males (15-29 years of age), racial inequalities in mortality were attributable primarily to aggressions, and brown individuals (*pardos*) occupied an intermediate position between blacks and whites. However, among men and women in the 40-69-year age bracket, although mortality due to cerebrovascular diseases was also greater among blacks, among brown individuals it was lower than among whites. What do these facts (or artifacts) reveal?

Cardoso et al. provide an important contribution to researchers and managers of the national databases on mortality (SIM) and live births (SINASC) in Brazil. They emphasize that after race/color began to be recorded in these systems in the mid-1990s, there was a rapid decrease in the proportion of missing data; however, these authors note, the situation is still unsatisfactory (with broad regional and intra-regional inequalities in data quality) and is subject to relapses. Even so, by conducting creative sensitivity analyses and varying the premises as to the distribution of missing data, the authors produce robust evidence of the unfavorable situation of the indigenous and black populations in relation to infant mortality.

Finally, Lopes gives us an overview of recent academic output in the fields of demography, sociology, and economics, as well as papers by activists from the black social movement and others, available on government agency websites. The author thus expands the documentation of the widespread social disadvantages of the Brazilian black population in employment, income, housing, and education, in addition to gathering additional evidence in the area of health disadvantages, e.g., in life expectancy at birth and external causes of death. Lopes highlights the range and complexity of actions needed to overcome racial inequalities in Brazilian society, while emphasizing the pertinence of more direct and contextualized measurement of the effects of racial discrimination on health. In this sense, Chor & Lima underscore the existing empirical evidence in countries like the United States and England (and the first Brazilian efforts in this direction) that adverse socioeconomic circumstances only partially explain the unfavorable health situation of non-white ethnic/racial groups, a situation influenced by the more direct effects of racial discrimination.

Eduardo Faerstein

*Instituto de Medicina Social, Universidade do Estado do Rio de Janeiro, Rio de Janeiro, Brasil.
eduardof@umich.edu*