

## RACISM, THE BRAZILIAN BLACK MOVEMENT, AND THE HEALTH OF THE BLACK POPULATION



<https://doi.org/10.56238/arev7n1-154>

Submission date: 12/20/2024 Publication date: 01/20/2025

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### ABSTRACT

This article aims to understand how racism influences the health of the black population and, based on this, presents, through brief historical excerpts, the struggle of the Brazilian black movement for achievements in public health. This is a bibliographic and documentary research based on historical-dialectical materialism since it is understood that reality is dynamic and contradictory, and it is necessary to unravel the layers of immediacy that surround the topic. It is understood that, due to the health inequalities that affect black people, as a result of structural racism, the Brazilian black movement plays a fundamental role in the construction of public health policies aimed at reducing these disparities. However, it is essential to recognize that there is still much to be done, since, as indicated by certain health indicators, a significant portion of the black population continues to face racial discrimination promoted by institutional racism present in Brazilian health policy.

**Keywords:** Racism. Brazilian Black Movement. Health. Social Service.

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## INTRODUCTION

The article in question is a reflection of successive approaches by the researcher in the process of improving her theoretical research in development in the Postgraduate Program in Social Work at the Faculty of Human and Social Sciences - UNESP, Franca campus, whose main objective is to understand the relationship established between the health of the black population and structural racism, using the Unified Health System (SUS) as a reference.

The aim is to expand the repertoire and improve the bibliographic debate on the subject, reflecting the relationship between the health of the black population and structural racism and the struggles of the Brazilian black social movement to confront disparities in racial experience, that affect their existence, and health.

The study is justified based on data provided by the Brazilian Institute of Geography and Statistics (IBGE, 2022), which indicates that approximately 56% of the Brazilian population self-identifies as black (black and brown), thus representing the majority of the population in the country. Furthermore, as Almeida (2018, p. 44) points out: "In a world where race defines life and death, not considering it as an element of analysis of major contemporary issues demonstrates a lack of commitment to science and to solving the world's major problems".

The study is based on the concept that racism is a constitutive element of Brazilian capitalist society and its socio-historical formation, as stated by the Federal Council of Social Services (2020).

It is understood that the discussion presented is essential for the category of social workers and researchers since unraveling the socio-racial reality is essential for professional practice to be directed towards the viability of social rights and the guarantee of dignified care for users with anti-racist practices, as provided for in the Code of Professional Ethics for Social Workers (Brazil, 1993).

The article is initially structured around reflections on structural and institutional racism in the health of the black population, then briefly highlights historical notes on the fight for social rights of the black population in health, through the black social movement, and finally presents social indicators in health, to denounce, through certain cuts, the disparities in health for the black population and how much it is necessary to advance towards racial equity in the Unified Health System (SUS).

The black movement, in this work, is based on the definition presented by Domingues (2007), who describes it, in general, as the articulation of black people in the fight against racial discrimination in various spheres of society, including the educational, social, cultural areas, among others. Furthermore, Gomes (2011) also characterizes it as a social movement, as portrayed in his work. Thus, based on the definitions presented by both authors mentioned, the black movement will be addressed in this work both as a black social movement and as a Brazilian black movement.

Thus, the article will present, albeit objectively, brief historical excerpts on the participation of the black movement in the fight for equity in care for the black population in Brazil. These social struggles contributed to the achievement of advances in the legal-juridical sphere and, effectively, to the formulation of Public Policies in the country, with emphasis on the National Policy for Comprehensive Health of the Black Population (PNSIPN), a milestone in the Unified Health System (SUS), which serves mostly black people. In this sense, the scientific method used to discuss the theme is historical-dialectical materialism, because, as Prates (2016, p. 107) states: With a teleological perspective, the critical dialectical method contemplates in the investigative process the balance between subjective and objective conditions, the contradictory movement of the constitution of contextualized and interconnected social phenomena in the light of the totality and the articulation between quantitative and qualitative data, form and content, reason and sensitivity. To fulfill the proposed objectives, a bibliographic study was used, since, according to Gil (2008, p. 50), "Bibliographic research is developed from previously prepared material, consisting mainly of books and scientific articles". At the same time, documentary analysis was used, which "traditionally uses cursive records, which are persistent and continuous. Classic examples of this type of record are documents prepared by government agencies" Gil (2008, p. 147).

Finally, it is worth mentioning that the research receives financial support from the Coordination for the Improvement of Higher Education Personnel (CAPES) - through a scholarship - Social Demand, essential for the dedication required to study the topic.

## **REFLECTIONS ON RACISM IN HEALTHCARE**

According to Almeida (2018), racism is characterized as a process of continuous, systematic discrimination racial and generational differences between racial groups,

favoring certain groups of people over others, in various spheres of society: political, economic, ideological, and legal.

It is, therefore, an expanded concept that rejects the notion that racism is limited to specific or isolated discriminatory acts. On the contrary, it is closely interconnected with the structure of capitalist society.

This statement is evidenced in the following excerpt,

[...] racism – which materializes as racial discrimination – is defined by its systemic nature. It is not, therefore, just a discriminatory act or even a set of acts, but a process in which conditions of subordination and privilege that are distributed among racial groups are reproduced in the spheres of politics, the economy, and everyday relationships (Almeida, 2018, p. 27).

Furthermore, the aforementioned author points out at various points the importance of understanding racism as a logical way of maintaining social order, which guarantees the structure of privileges to a certain social group, in this case, white men and women, and violence and oppression to another, in this case, black men and women. This can be seen in,

[...] racism is a consequence of the social structure itself, that is, of the 'normal' way in which political, economic, legal, and even family relations are constituted, and is not a social pathology or an institutional disorder. Racism is structural. Individual behaviors and institutional processes are derived from a society in which racism is the rule, not the exception. Racism is part of a social process that occurs 'behind individuals' backs and seems to them to be a legacy of tradition' (Almeida, 2018, p. 38-39).

It is understood, at this point, that racism constructs social relations in society in the most diverse spheres of human life. And therefore, it would be a mistake to believe that its influence occurs only at the individual or institutional level. It is, therefore, an “ideology of domination” (Moura, 1994) that is at the foundation of society but is expressed both institutionally and individually.

In line with this thinking, according to Rocha (2016, p. 10-11), racism:

Is the belief in the existence of races and their hierarchy. It is the idea that there are races and that they are naturally inferior or superior to others, in a relationship based on the ideology of domination. Phenotypic characteristics are used as justification for assigning positive or negative values, attributing to these differences the justification for the inferiority of one race over another.

The dissemination of the idea of “naturalness” to justify and hierarchize “inferiority” and “superiority” among human beings allowed, over time, the consolidation of an ideology that persists to this day, serving as an argument to justify the inequalities present in capitalist sociability. The excerpts presented demonstrate the construction, through scientific, social, and legal means, of an apparently “rational” discourse aimed at maintaining the current order and the privileges of the dominant class. Moura (1994) argues that racism functions as an ideological instrument of domination in capitalist societies, being used for its perpetuation. This analysis is relevant to the construction of this article, which is theoretical, as it deepens the understanding of the roots that sustain racism. It is important to highlight that several theoretical lines address the presented theme. However, just as science is not neutral, each theoretical choice starts from a conception that does not always converge with others. In this work, we sought, albeit succinctly, to present authors who discuss racism in its relationship with the capitalist mode of production. This starting point is fundamental for the research, as understanding the social and historical determinations of racism is essential for the formulation of effective strategies to confront its multiple forms of manifestation. From this point on, we seek to reflect on how, in Brazil, despite being a diverse territory with a continental extension, racism presents, in the context of health, convergent points in its institutional manifestation. Despite structuring social relations, its materiality translates into racist practices in institutions, directly impacting black people.

To do this, it is necessary to define the concept of institutional racism. The contributions of two intellectuals who address the topic in depth will be used: Werneck (2016) and Eurico (2013).

For Jurema Werneck (2016, p.541-542), institutional racism,

[...] is possibly the most neglected dimension of racism, moving from the individual dimension and establishing the structural dimension, corresponding to organizational forms, policies, practices, and norms that result in unequal treatments and results. It is also called systemic racism. Emic ensures the selective exclusion of

racially subordinated groups, acting as an important lever for the differentiated exclusion of different subjects in these groups.

Institutional racism manifests itself as one of how the Brazilian State, through its social institutions, carries out actions, omissions, and negligence directed at historically and socially racialized groups.

For Eurico (2013), when referring to institutional racism (IR) based on Cashmore et al. (2000) and DFID/UNDP (2005), he considers it as a systemic failure within social organizations. This failure perpetuates racist stereotypes through institutional practices and is not merely the result of individual or isolated actions. Instead, it reflects a broader mentality and perception about the black population. According to data from the Ministry of Health (2023, p. 7), "all the indexes analyzed from 2010 to 2020 are worse for black people. Deaths, maternal and infant mortality rates, the prevalence of chronic and infectious diseases, and violence rates are higher". This is just one of the many social health indicators available on the Ministry of Health (MS) portal and in research conducted by the Oswaldo Cruz Foundation (Fiocruz) and non-governmental organizations (NGOs), such as Criola and Geledés, among others, which corroborate this reasoning. The assumption is that such racial disparities in the context of Brazilian health result from the concept of "racial democracy" (Freyre, 2003) deeply rooted in society. According to the logic of the aforementioned author, Brazil, unlike countries such as the United States of America (USA), would have experienced a relatively harmonious coexistence between people of different races. Freyre (2003) supported the misogynistic and patriarchal idea that, due to miscegenation in Brazil, there would have been no segregation between whites and blacks. However, the author failed to emphasize that this miscegenation often resulted in rape, among other acts of violence committed by colonists against enslaved black women.

However, it is essential to highlight that, during the period of enslavement of African peoples, several revolts occurred, such as the Malê Revolt (1835); Organization and Integration of Quilombos as an alternative for captives to escape, among other insurgencies that characterized the conflict between captives and sugar mill owners.

These struggles resulted in historical and ongoing pressures, especially shaping new arrangements in the organization of state institutions, such as the creation of the

Secretariat for Policies to Promote Racial Equality.– SEPPIR<sup>3</sup>, The federal government's advisory body, created in 2003 based on demands from the black social movement, played a central role in the search for rights, even denouncing:

The inequities experienced by the black Brazilian population hurt their health. [...] Health indicators show that, although mortality and morbidity rates for most causes in the general population are falling, ethnic and racial inequalities have remained at the same levels over the years; some have even increased. Based on this information, managers and researchers engaged in the search for equity in health were able to identify or recognize the health problems that most severely affect the black population, whether due to genetic determination, as in the case of sickle cell disease, glucose 6-phosphate dehydrogenase deficiency, among others; due to acquisition under unfavorable conditions and in the presence of structural racism, racial discrimination, and institutional racism; or because, due to the contexts of vulnerability to which black men and women are subjected, they present a worsened evolution or difficult treatment (Brazil, 2011, p. 11-12).

Understanding that racism is a social determinant of health is essential to be able to carry out analyses committed to changing this scenario for this population. As detailed by the Secretariat for Policies to Promote Racial Equality (SEPPIR, 2011), recognizing this fact is crucial to changing the racist pattern in Brazilian society.

Acknowledging the particularities of the black population is to guarantee health equity for them, thus fulfilling one of the basic principles of the Unified Health System (SUS). Understanding the social ills that affect people from peripheral suburban areas that lack housing, sanitation, employment, and other issues that bear the historical weight of socio-racial inequality and affect the quality of life of these people is essential to addressing the racial inequalities present in capitalist society.

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<sup>3</sup> A Secretaria de Políticas de Promoção da Igualdade Racial (SEPPIR) foi criada com status de ministério no primeiro governo Lula, tendo um papel central na formulação e implementação de políticas públicas e programas voltados à promoção da igualdade racial. Além disso, se destacou na mobilização e articulação com entidades, conselhos e coletivos negros, formulando agendas para o combate ao racismo. A SEPPIR foi extinta no governo Temer, em 2016, foi instaurada em 2023, com a criação do Ministério da Igualdade Racial, no terceiro governo de Luiz Inácio Lula da Silva.



## THE BRAZILIAN BLACK MOVEMENT AND ITS CONTRIBUTION TO PUBLIC HEALTH

In line with the intellectuals Domingues (2007) and Gomes (2011), Faustino and Spiassi (2010) emphasize that the black movement in Brazil is a social movement historically recognized for its diversity and the social strength of black men and women who sought better living conditions for the black population, understanding the impacts of racial relations on the health of these people.

Such social organization has, to this day, repercussions on the construction of public policies in the health sector, as we will present later. The articulation of the black movement, due to its plurality, made it possible to reflect on Brazilian racist sociability through denunciations and mobilizations.

Among the most notable actions that demonstrate this social organization, the Zumbi dos Palmares March, held in 1995, stands out, with the fight against Racism, for Citizenship and for Life as its banner, in which, according to Gomes (2011), the capacity of the social movement to organize large-scale actions and present demands to the government of the time was demonstrated, such as the Program to Overcome Racism and Racial Inequality.

According to Batista, Werneck and Lopes (2012, p.10), the Ministry of Health,

[...] began to consider the need for affirmative actions to promote equity and did so: it instituted the Neonatal Screening Program, including the diagnosis of sickle cell disease; it highlighted the importance of the Color Question as a management tool in the National Health Plan; established the Technical Committee on the Health of the Black Population; held the 1st and 2nd National Seminars on the Health of the Black Population; adopted the policy of disaggregating data in the Annual Report on Health Conditions in Brazil (Atlas Saúde Brasil) and the Epidemiological Bulletins on AIDS, among others.

Understanding that the actions developed by these federal and international bodies occur due to the pressure and articulation of the black social movement, together with other actors in civil society, is essential to not make the struggle, which has always characterized these groups, invisible.



The previously highlighted sentence is confirmed when analyzing the document on the 3rd World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance, in which Carneiro (2002) states:

[...] The 3rd World Conference against Racism, Racial Discrimination, Xenophobia, and Related Intolerance was a reason for great expectations and hopes for the Black Movement in Brazil and the black population as a whole.

Such expectations were reflected in the intense engagement of Brazilian black organizations in the construction and implementation of the World Conference against Racism. At the national level, this process began in April 2000, with the establishment of a Pro-Conference Steering Committee, formed by leaders of black organizations and trade unions, which took on the task of carrying out numerous organizational tasks. Among them, the Committee formulated a complaint about the 'non-compliance and systematic violation of the International Convention on the Elimination of All Forms of Racial Discrimination, resulting from direct actions and omissions by the Brazilian State' in the implementation of public policies to combat racism and discrimination and promote racial equality; it also made contacts with international organizations involved in the Conference process, such as the International Law Group. The Committee was responsible for establishing the National Forum of Black Entities for the III Conference against Racism, from which a document was prepared by black entities on the effects of racism in Brazil, and delegations were formed to participate in the Conference process (Carneiro, 2002, p. 209-210).

The emphasis given to the III World Conference against Racism, held in South Africa, highlights what Domingues (2007) highlights about the social and racial injustices faced by the black population throughout history. In this work, in particular, after the abolition in 1888, there were several forms of protests and mobilizations against this reality.

In line with the ideas of the aforementioned author, the Brazilian black movement changed over the years, approaching Marxist ideals between the late 1970s and the 2000s. This period was also marked by the formation of the Unified Black Movement (MNU), which played a crucial role in uniting the demands of black organizations, collectives, and entities in the face of racial discrimination and its repercussions in society. Strong pressure was put on Brazilian institutions and parliament to establish social programs and address the differences that affect the black population in its various

aspects. Within this trajectory, the role of black women has proven to be fundamental, as Carneiro (2002) points out, including for the final proposals of the document prepared at this meeting. The fact is that organized black women undoubtedly carry within themselves the mark of resistance from their ancestry.

The black social movement has achieved countless achievements. We are condensing some important moments related to political participation in the late 1990s and early 2000s, highlighting the organization of this social movement, so that this historical process can be understood in a way that reiterates the strength of the collective struggle.

This highlights the statement by Faustino and Spiassi (2010, p. 163): "It is in response to the organized action of this social movement in health conferences and councils and other spaces of social control that the State begins, albeit timidly, to absorb this social demand."

Once again, the idea is reinforced that the government actions carried out during this period were possible due to resistance to the reality of black people in Brazil. Therefore, the importance of the black movement is reinforced not only for the construction of public health policies but also for confronting racism through these public policies.

As a result of the Durban Conference, Dominguez (2021), the Special Secretariat for Policies to Promote Racial Equality - SEPPIR, by Law No. 10,678, of March 23, 2003,

[..] was born as a special secretariat, with the task of holding a discussion within the government about issues related to the black population to promote public policies, in the most diverse areas, aimed at promoting racial equality, necessarily involving confronting racism, but also creating mechanisms that ensure the access of the black population to the various spheres of social life (Brasil, 2016, p. 13).

The SEPPIR, which was dissolved in 2015 during Temer's illegitimate government, was one of the historic milestones in the achievement of a social movement that demonstrated the need for racial equality in the country, bringing with it advances in the development of public policies for historical reparations. Currently, actions aimed at

promoting racial equality are included in the Ministry of Racial Equality, created during the third term of the Lula government.

Based on the Report of the 11th National Health Conference (CNS), it is clear how important social control is for the implementation of the Unified Health System (SUS), given that the country is continent-sized. Also noteworthy are the discussions held by the 2,500 delegates present at the CNS, despite the specificities of health and the equitable provision of care within the system.

It can be seen in the formulation of the 108-A proposal:

a) Implement the Policies for Assistance to Women's and Adolescent Health, from basic actions, prioritizing prevention – including diagnosis –, to emergency and hospitalization levels; that such actions respect the specificities arising from issues of gender, race/ethnicity, and sexual orientation; and that, in the Federal Budget, resources be guaranteed for the execution of these actions. In this sense, we propose that the Unified Health System assume the implementation of Law 92.623, regarding family planning, with the introduction of reliable information, safe methods, and adequate monitoring, always respecting the right of people to decide about their offspring (Brazil, 2000, p. 134).

The richness of this document is undeniable, with the demands of the various segments of civil society, social movements, and health professionals, among other actors, for the promotion of actions directed at the current deficiencies being noticeable. What draws our attention, in this sense, is the fundamental role of the participation of the black movement in this space of decision-making and power in Brazilian public health, the National Health Conference, since it is from this organized force that the demands arising from concrete reality are put on the table to break actions that are contrary to those requested.

The 216th proposal of the final report of the 11th CNS is also highlighted since its composition addresses the need for educational materials directed at specific groups, the black population is one of them, constructed based on their experience reports, as can be seen in the excerpt:

The media should broadcast mass and targeted campaigns, in addition to educational materials that consider the diversity of race/ethnicity, class, gender, regional and cultural aspects. They must be prepared by qualified human resources, with the participation of government technical areas and representatives of the target audience, addressing the real health problems of the population, such as organ donation, alcoholism, drugs, obesity, sedentary lifestyle, and others (Brazil, 2000, p. 176).

The highlights presented are important to highlight the discussions held in the 2000s, that is, more than twenty years ago, on the joint construction with the population to which this action will be directed. This element is of utmost importance, presented as a guiding axis of the National Policy for Comprehensive Health of the Black Population (PNSIPN) to strengthen social control in the SUS.

The discussion on the health of the black population remains relevant, as evidenced during the 12th Conference, in which the need was defended to:

Establish, together with the National Health Council, the Intersectoral Commission for the Health of the Black Population, following the example of those already existing for other themes and population groups, and create, within the Ministry of Health, in the state and municipal health departments, technical commissions to study and evaluate the health of the black population with the participation of civil society, aiming to formulate policies and define basic action protocols, by the Statute of Racial Equality (Brazil, 2003, p. 29).

The implementation of basic actions at the municipal and regional levels was fundamental for the construction of an equitable SUS, which seeks to guarantee dignified care for this target audience. This is evidenced in the final reports of both the 11th and 12th Conferences.

According to the National Policy for Comprehensive Health for the Black Population:

The actions of the Brazilian Black Social Movement at the 11th and 12th National Health Conferences held in 2000 and 2003 respectively, strengthened and expanded its social participation in the SUS. As a result of this coordinated action, proposals were

approved to establish standards of ethnic-racial and gender equity in the country's health policy. The creation of the Special Secretariat for Policies to Promote Racial Equality (SEPPIR), by Law No. 10,678 of March 23, 2003, as a direct advisory body to the Presidency of the Republic, with the status of a ministry, represents an emblematic achievement of the Black Social Movement (Brazil, 2007, p.20).

According to Lopes (2008), the participation of the black movement in the health conferences was undoubtedly fundamental to the requests approved in the final report, a great victory, since it is in this space of social control that the directions for action and intervention that will be carried out at the national, state and municipal levels of the Unified Health System are drawn.

Given this entire context, the institution of the National Policy for Comprehensive Health of the Black Population (PNSIPN), instituted by Ordinance No. 992/2009, undoubtedly arose from the imposed reality, not due to the benevolence of the Brazilian State, but due to the organization of civil society, activists and researchers who, faced with health inequalities, strengthened themselves to seek proposals to eliminate racism in health promotion, prevention, and recovery practices for the black population.

The cohesion of the arguments presented so far about the objectives of the National Policy for Comprehensive Health of the Black Population is noteworthy, where:

[...] the National Policy for Comprehensive Health for the Black Population, an instrument that aims to combat ethnic-racial discrimination in the services and care provided by the Unified Health System, as well as to promote equity in health for the black population. The construction of this policy is the result of the historical struggle for the democratization of health, led by social movements, especially the black movement (Brazil, 2007, p. 9).

The concept of combating discrimination against the black population is once again reinforced and, in its construction, it categorically presents as a structuring axis one of the fundamental principles of the Unified Health System (SUS): equity, essential for understanding the historical and social particularities of the black population, guaranteeing them dignity from the direct care of these subjects in health units to the understanding of the difficulty of black people's access to these spaces of power.

This statement is found in the general objective of its ordinance, which seeks to “Promote the comprehensive health of the black population, prioritizing the reduction of ethnic-racial inequalities, the fight against racism and discrimination in SUS institutions and services” (Brazil, 2007, p. 38). Therefore, it means that racist practices occur in the health spheres of this country and that, therefore, it is necessary to combat them.

Another interesting and innovative aspect of the PNSIPN is its structure that delves into the dilemmas faced by these social subjects, this can be seen in the general guidelines, which propose: “Inclusion of the themes of Racism and Health of the Black Population in the processes of training and continuing education of health workers and in the exercise of social control in health” (Brazil, 2007, p. 37).

Understanding racism as a factor that makes most of the Brazilian population sick, and discussing it in the training of health professionals and within universities is essential so that the stigmas and prejudiced ideas constructed by this racist society are the beginning of changing violence against black people.

Based on the arguments presented in this article, albeit briefly, it is believed that the importance of the black movement in building the health of the black population has become evident. Therefore, the next topic will present recent data on the health of the black population and from which perspective we understand the concept of Health.

## **BRIEF SOCIAL INDICATORS ON THE HEALTH OF THE BLACK POPULATION**

According to the Ministry of Health (2023), in its Bulletin on the Health of the Black Population, the aforementioned institution states,

For the first time in history, the health of the black population will be one of the priorities of the department, understanding the magnitude of the social determinants that are obstacles to access to health. Racial prejudice, in addition to being a crime, prevents access to comprehensive care and a dignified life. In the reconstruction of the Unified Health System, confronting racism is essential to guarantee the right to health for all people (Brasil, 2023, p.5). In other words, the debate on racism in health is not only current but also urgent, given that twenty years have passed since the 12th National Health Conference (CNS), held in 2003, which brought, for the first time, more than seventy propositions in its final report, as Lopes (2008) highlights. The author states that both the 11th and 12th CNS deliberated on the organization of events, and municipal and state

seminars to discuss the health of the black population. According to the epidemiological bulletin (2023), maternal mortality, according to race/color, increased in the period from 2010 to 2020 for black women, compared to other races/colors. In this sense, it is clear how important it is to systematize the filling out of the race/color question in the services offered by the Unified Health System, as highlighted by the Ministry of Health in its first epidemiological bulletin: "One of the main mechanisms for confronting racism is the visibility of indicators and the production of information about the impact of racism on the health of the population" (Brasil, 2023, p. 9).

At another point, the aforementioned document tells us about the need for these actions to become continuous and systematized due to the complexity of racism in the health sector and its need for monitoring by the entire society, as observed in this excerpt:

[...] It is urgent to analyze the epidemiological scenarios of the black Brazilian population to support managers, health professionals, researchers, and social movements in the planning, implementation, monitoring, and evaluation of public policies that focus on confronting racism in the health sector. The analysis of data related to the race/color of individuals exposes health inequalities, present in the data collection instruments of the main health surveillance information systems (Brazil, 2023, p. 9).

It should be noted that filling out the question The inclusion of race/color in the SUS information systems became mandatory with the enactment of Ordinance No. 344, of February 1, 2017, resulting from one of the effects of racism in this country.

Finally, in addition to the data provided by the Ministry of Health, according to the National Immunization Plan (PNI), it was found that:

In routine activities, at the national level, the completeness of the race/color variable was low – 107.5 million records of doses administered of 14 vaccines from the national child vaccination schedule in the period from 2020 to 2023. Of the total records, the race/color item was informed in only 7.8 million (7.3%) (Brazil, 2023, p. 31).

Routine vaccination doses, which are essential for the first years of life of the Brazilian population, have shown low identification of the race/color item in their computer systems. This factor cannot be considered irrelevant, since if there is no data on the profile



of the population being vaccinated at the national level, how will it be possible to identify which populations have not been vaccinated?

This gap, which is not properly filled, contributes to the maintenance of ignorance about the public that can guarantee the right to protection from numerous diseases through vaccination. It is necessary to reflect that one of the main points of the Comprehensive Health Policy for the Black Population is the self-declared filling of the race/color item in the SUS information systems.

This agenda occurs because it is conceived that based on this data, actions are planned to prevent infant mortality and the occurrence of new epidemics in society. Without this data, how can we be sure that the black population is reaching these services? These are questions that we need to ask ourselves, since whose lives are at stake in the capitalist and racist society in which we currently live?

## **FINAL CONSIDERATIONS**

This article sought, a priori, to demonstrate how necessary it is to discuss the health of the black population and the consequences of structural racism, which, when expressed in health institutions, causes inequalities and inequities in health for this population in Brazil.

On the other hand, it was concerned with presenting how the organization of the black social movement, in the face of this scenario of discrimination, the result of racism that builds social relations in this country, although diverse and plural, has been combative in the face of the atrocities experienced by this population.

Understanding the dilemmas that racism presents to the health of the black population starts from the assumption of recognizing that racism exists and that, to maintain it, there are tools such as whiteness, which guarantee privileges to certain social groups.

Reporting racist practices in healthcare is essential for creating actions to combat these disparities, as demonstrated by some social indicators provided by the Ministry of Health.

It is also worth highlighting the need to delve deeper into the topic in postgraduate studies, due to the limited amount of material found in scientific article databases.

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