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Thematic Dossier
HEALTH OF THE BLACK POPULATION: COUNTER-HEGEMONIC PRACTICES AND REFLECTIONS

EXPERIENCES IN SOUTH AND SOUTHEAST BRAZIL FROM THE PERSPECTIVE OF NURSING AND AD PSYCHOLOGY IN VIEW OF THE DECOLONIZATION IN BRAZILIAN PUBLIC HEALTH

AS VIVÊNCIAS NO SUL E NO SUDESTE DO BRASIL NA PERSPECTIVA DA ENFERMAGEM E DA PSICOLOGIA FRENTE À DESCOLONIZAÇÃO NA SAÚDE PÚBLICA BRASILEIRA

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Abstract
Introduction: This experience report highlights the fields of Nursing and Community Psychology in two Brazilian states during the pandemic period in 2021. **Methods**: Identifying the situation of the current government, public policies and structural racism in the necropolitical perspective. The definitions of science as biologizing are contradicted, without considering epidemiologically the social and economic determinants combined with aspects of colonialism and capitalism that cause limitations, risks, vulnerabilities and precarious living conditions through their power relations. **Results/Discussion**: The organization and management of the Brazilian Unified Health System (SUS) in the meanings that express universalization, equity, integrality and popular participation, as opposed to the privatization of health. The concept of necropolitics, by Achille Mbembe, allows us to reflect on the problems and health necessities of the population which is the majority user of public health services, that is, the black population. **Final Considerations**: This research lists the State's responsibility, which would be to guarantee opportunities, in the social and economic life of the population, ensuring the common interest of society in territories that it neglects, since there is no compliance with the laws, which effects the exclusion and marginalization of these bodies, without ensuring, minimally, the human rights. Thus, the experiences of a Psychologist, with a Community Social approach, working in the largest favela on stilts in the Municipality of Santos, Southeast Region, and a Nurse, on the front line of Covid-19, in the Municipality of Pelotas, South of Brazil. Black women who highlight the need for care in the presented scenarios.

Keywords: Necropolitics; Covid-19; Public Policy; Nursing; Community Social Psychology.

Resumo

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Introdução: Este relato de experiência evidencia os campos da Enfermagem e da Psicologia Comunitária em dois estados brasileiros, durante o período pandêmico em 2021. **Métodos**: Identificando a situação do atual governo, as políticas públicas e o racismo estrutural na perspectiva necropolítica. Contrariam-se as definições da ciência como biologizante, sem considerar epidemiologicamente os determinantes sociais e econômicos conjugados com os aspectos do colonialismo e capitalismo que provocam limitações, riscos, vulnerabilidades e precárias condições de vida através de suas relações de poder. **Resultados/Discussão**: A organização e a gestão do Sistema Único de Saúde nos significados que expressam a universalização, a equidade, a integralidade e a participação popular, contrapondo à privatização da saúde. O conceito de necropolítica, de Achille Mbembe, permite refletir acerca dos problemas e necessidades de saúde da população majoritariamente usuária dos serviços públicos de saúde, isto é, a população negra. **Considerações Finais**: Esta pesquisa elenca a responsabilidade do Estado, que seria garantir oportunidades, na vida social e econômica da população, assegurando o interesse comum da sociedade em territórios aos quais ele negligencia, haja vista que não há o cumprimento das leis, o que efetiva a exclusão e marginalização desses corpos, sem assegurar, minimamente, os direitos humanos. Destarte, as experiências de uma Psicóloga, com abordagem Social Comunitária, com atuação na maior favela de palafitas no Município de Santos, Região Sudeste, e de uma Enfermeira, na linha de frente da Covid-19, no Município de Pelotas, no Sul do Brasil. Mulheres negras que destacam a necessidade do cuidado nos cenários apresentados.

Palavras-chave: Necropolítica; Covid-19; Políticas Públicas; Enfermagem; Psicologia Social Comunitária.

INTRODUCTION

In view of the issues discussed at the E'léékò Studies and Research Center, linked to the Federal University of Pelotas (UFPel) and to the Graduate Program in Social and Institutional Psychology at the Federal University of Rio Grande do Sul (PPGPSI/UFRGS), we share the concerns that lead us here. Together with the research and readings covered in the works written by the authors Audre Lorde[1] and Beatriz Nascimento[2], and by the authors Frantz Fanon[3] and Achille Mbembe[4], we adhered to the theory of necropolitics to support these reports of experiences coming from the academic and professional trajectories, as well as from the commitment to the anti-racist struggle that drives this writing.

It is noteworthy that the themes addressed in this report outline the differences and inequalities in accordance with the historical, political, and cultural constructions caused, respectively, by colonialism, capitalism, and racism, which are legitimizing elements of oppression for the black population, the majority users of public health services. These issues are presented in the National Policy for Integral Health of the Black Population[5], which points out consistent data about the black and low-income population, who receive a

quarter and a half of a minimum wage, being SUS-dependent individuals. In turn, the SUS represents one of the best health systems in the world; however, it is suffering from privatization, management, and financing problems, which compromise its free and universal structure, which meets 67% of the needs of the black population[6].

In view of the foregoing, the experience reports presented here describe the articulations based on the experiences of the authors as black women, researchers and health professionals in their territories - in São Paulo, in the city of Santos, in the largest favela on stilts in Latin America, and in Rio Grande do Sul, in the city of Pelotas. Aurélia Maria Rios, a Psychologist working in the Community Social approach and a Master in Health Sciences from the Federal University of São Paulo, presents reports on the city of Santos/SP; and, about the city of Pelotas, Camila Trindade Coelho, who worked at the Teaching Hospital of the Federal University of Pelotas as a Nurse and is a Master's student in the Graduate Program in Nursing at UFPel, discusses her professional practices. Thus, there is a dialogue between the experiences of a psychologist in the largest favela on stilts in the northwestern part of the city of Santos and a nurse working in the front line of the Covid-19 pandemic in a public hospital in Southern Brazil. Both found similarities in their experiences, when identifying the hegemonic knowledge in health, and propose a discussion beyond the biomedical sense.

In this experience report, the objective is to understand the relevance of the construction of knowledge with the science of multiple methodological possibilities, of diverse modalities, to configure academic work. Therefore, the interventions used in the professional experiences of the authors were described, as well as scientific bases and critical problematizations[7-8], in order to support them. It is worth mentioning that this report is based on the concept of necropolitics, articulated to the decolonization of health, which reveals the eurocentrism in Brazilian public health services and in the practices of professionals. So, decolonization in health is based on foundations that support interculturality, which opens spaces for the inclusion of knowledge and care practices linked to indigenous, Chinese, homeopathic and African matrix medicines, for example. It is, in this way, unequal knowledge to Eurocentric knowledge, which has a perception of the body, health, and cure contrary to

the hegemonically biomedicalized health[9]. Assisting black communities in social vulnerability requires changes in the health and disease process, since, historically, it is necessary to look at these territories and to what goes through these bodies[9].

In 2021, a community leader called the Psychologist in the morning, to follow up an urgent and emergency case: a person had been admitted to the Emergency Care Unit, and had been diagnosed with a psychotic crisis, presenting symptoms of hallucinations and delusions. This patient was a 56-year-old black woman who worked collecting recyclable materials on the streets, and who was affected by the pandemic, contracting Covid-19. This illness made it impossible for her to work; her husband had tuberculosis and was undergoing medical treatment. Faced with this situation, hunger prevailed; due to the difficulty of access to basic food baskets, this woman consequently went a long time without eating. Neighbors in the community reported to the psychologist that they heard her outcry, which occurred at dawn. In this case, the focus of analysis was to understand the psychic suffering from the socioeconomic profile, which is part of the population in extreme poverty, a major problem to be faced in the community. The intervention took place when the Psychologist arrived at the Emergency Care Unit. By attributing the condition of deprivation of basic needs that configure the violation of social rights, it was necessary for the Psychologist to highlight to the team on duty that the crisis occurred because of hunger, since the patient's clinical picture was already being monitored during visits to the community.

A ccording to Mbembe[4], the State designates limits between rights, violence, and death for vulnerable populations, using its power as a discourse to create death zones, as well as to provoke the extermination of certain groups, subjecting them to living conditions - these the author calls the “living-deads”. Consequently, these biological groups are selected from racism, being verified as an enemy, without conceiving the socioeconomic reality as constituted and constituting the asymmetries of power in its structures of domination. Furthermore, the issues raised by the authors bring to the surface reflections implied by the inequalities, multiple produced by the necropolitics of the liberal

state. At the same time, they raise questions in order to illustrate the contexts in which racism often works in a subtle way, referred to as Brazilian racism, which, according to Lélia Gonzalez[10], is presented by stereotypes such as black women being seen naturally as cookers, cleaners, servants, or prostitutes.

> Do they still talk about racism in Brazil? I have never seen it! Here it is different, we are all equal and we don't have colors, so much so that we manage to get ahead in life by "merit". And whiteness exemplifies the discourse as "I know a doctor, educated, cultured and elegant, and with fine features, he doesn't even look black"[10].

These actions foment the domestication and subjectivation of black subjects, hiding the true look at Afro-Brazilian culture through its manifestations, which reveals the marks of racism.

The capitalist way of existing in global society ratifies the status quo as an attribute of those who strive to achieve goals through commitment, especially from the nuances of narratives that intend to attest to the nonexistence of racial barriers. This framework favors the quality of biopsychosocial life, resulting in the demarcation of the white subject to privileges and access to spaces of power, regulated and submitted by codes of morality. Such codes, in turn, are articulated with devices that incorporate voices and discourses that highlight inequalities and oppression as a lack of commitment to life. The exercise of power is succeeded by groups that compose the State, which appropriates from particular interests, producing deaths, looking at economic and social circumstances, eliminating some people in detriment of others. In this sense, there is a selection of bodies that establishes who should live or die, establishing what is called necropolitics[4].

This experience report also concerns the discussion of the changes in the structure of the SUS and its characteristics, when considering that the private sector has appropriated the organizational configurations of the services and the forms of political action. The scarcity of public policies that aim to improve the healthcare services is a factor that affects the SUS, concomitantly, the black population. In May 2021, the Nurse witnessed, at the height of the second wave of Covid-19, the huge demand for hospital beds, the collapse in health, which made death become a routine present in the shifts on a large scale. In view of this, the authors refute the clashes between public and private, which have become imbricated rivalries in the services and their provision to the user

population, a stratification in the supply and performance of the teams. It is worth pondering that the public and universal health policies are corrupted from effective strategies of privatizations, which give continuity to a hegemonic and conservative white knowledge that meets the current governmental management of Brazilian society.

Another contribution of the experience reports lies in understanding the necropolitical phenomenon to explicit the challenges of the Brazilian Unified Health System. Thus, it is necessary to problematize the device of capitalism and structural racism, which operates in the commodification of health, and which is persistent and recurrent to exploit the material and financial resources, the market spaces of the health sector, without meeting the needs of the user population. In considering the dialogues in the E'lékò Studies and Research Center, about the privatization bias in times of pandemic, it is worth pointing out that the studies and research have fostered reflections about these scenarios that take us back to colonial times in Brazil, when the land structures, slave labor, severe torture and necropolis of black and indigenous bodies were not considered as meanings of care.

It is also worth noting the health needs in the pandemic period: there was neglect of factors related to social determinants, which reflected in the death, as a target, of the black and ghetto population. This experience report is based on this premise, endorsing the exchanges in front of the nurse's assistance performance in the front line of Covid-19 and in Community Social Psychology. The interdisciplinary relationship between the Psychology professional and the Nursing professional aims at the responsibility of the integration, so that the humanization is, in fact, the role of the welcoming and, therefore, of the satisfaction in doing public health in the parameters of the Law 8.080/1990. Following, therefore, the precepts of the SUS guidelines and enabling Brazilians to have universal, full, and equal access to care, constituting the ethical-political axis[11].

METHODS

SUS is currently suffering weaknesses with the transitions of governments, parties, and managers, requiring alternatives to protect it and ensure its public

character, but not to be confused with the State, without turning to the purposes of profit and privatization[12]. SUS's biggest problem, according to Paim[12], is not corruption and management, but financing, since countries with universal health care systems get 60% of public spending, unlike Brazil, where more than half of health care spending is made by families and companies, without proper responsibility from the federal, state, and municipal governments. In turn, the vulnerably precarious communities represent an opportunity for SUS immersion from primary care to the tertiary level of health care.

Community Social Psychology, in Santos/SP, accompanies the health services network through the commissions of the Municipal Health Council and visits to the equipment, inspecting and intervening in the SUS investment. The community leaders take part in the meetings of the local councils and in the plenary sessions of the Municipal Health Council of the municipality, bringing the demands, seeking improvements in the health services, denouncing the precariousness of human resources, the physical structures of the equipment, and the lack of medicines. They also collaborate with actions/interventions with the Council, by mobilizing popular participation to assume the instances of the councils and the conferences, which are the democratic social control in the management of SUS. In these meetings, the Psychologist and the leaders establish bonds. When the workday is over, the care and socialization are strictly conducted by the community leaders, allocated through their bonds and responsibilities during the welcome, listening, visits, and sometimes in-depth interventions in some local circumstances.

Bringing light to the territory, the accidents due to the lack of basic sanitation provide practical elements through the way they present themselves in the daily lives of the target audience, in which the conditions of lack of access, difficulty of urban mobility and spatial delimitation, previously determined by necropolitics, cause a health and disease relationship that cannot be considered with the same biologizing understanding. This space emerges from a historical, demographic, epidemiological, political, cultural, social, capitalist, and racist project. Genocide, domestic and obstetric violence, infant mortality, and abortions directly affect the actions of community leaders[13]. The advances and challenges,

from the perspective of the reality of SUS, need to be guided and discussed in an interdisciplinary approach on issues related to community health and deepening the knowledge discussed at the university. This is to broaden the understanding about the resources and functioning of popular participation and the dialogue with local management in search of agreements, in order to bring people closer and engage them in the struggle for the guarantee of the universal right to health and in defense of the SUS.

RESULTS AND DISCUSSION

The survival strategies, even with all the evils caused by racism, are imbricated in the community's own dynamics, in which suffering, hunger, and violence are similar difficulties. In this way, the welcoming always happens without delay, because support and solidarity make people feel truly human, in which “little becomes much”, nothing is neglected or seen, because the history of community life has no privacity, and this generates a circle of experiences in which the “pain of the other becomes mine”. The leaders help strengthen this participatory network. It is worth focusing on the difficulties, potentialities, and results of this structuring, since the actions need to be continuous and permanent in order not to lose or slacken the bond in the territories, recognizing the authorizations for procedures and guarantees of access to home visits, based on treatments agreed upon with the community.

It is clear that health agents recognize the proximity and involvement with users where they live and work, because our social representations in the health area must not reproduce discrimination, stereotypes, and prejudices. In turn, the inclusion of the race/color item in the forms of the SUS health information systems became mandatory from the publication of Ordinance n. 344 of the Ministry of Health in 2017[14]. Faced with the health crisis that hit the country due to the Covid-19 pandemic, this data contributes to research and public policies that address social and racial issues in the pandemic context[6].

The Nurse visualized in the hospital environment, specifically in the triage service of the Teaching Hospital of the Federal University of Pelotas, the insertion of the race/color item in the notification forms for Flu-like Syndrome and Severe Acute Respiratory Syndrome (SARS), both used as instruments of registration, monitoring and evaluation of suspected, mild and severe cases of Covid-19. The intervention started from the Nurse, who collected the data and explained to the patients how to fill out the forms and the necessity of filling them out. It was notorious the difficulties of people to self-declare and of professionals to understand the formulation of the race/color item as a tool to help the struggle that everyone was facing at that moment. Here, it was necessary to reflect on the importance of thinking about health beyond the biomedical with the bias of decolonization, in order to guide these issues, whether in the hospital environment, in basic health units, or in urgency and emergency services. Such strategy also reflects on the work of other health professionals, such as the Psychologist, who understands the needs that go through the social determinants, which must be looked at and identified socially for the improvement in the quality of life. Even in the midst of a health crisis, health is linked to the environment in which we live and how we live.

Given this, Nursing is one of the professions responsible for the care of the population and has a significant contingent in different contexts and functions. In this sense, in the hospital environment, according to the experience of the report of the Nurse in question, an important role is developed in health services, which can contribute to optimize the execution of the work and to qualify the assistance in the public sphere, thinking about the possible privatization, seeking to meet the transversal, heterogeneous dimension of the problem that is observed. The knowledge and professional experience in the assistance practice present positive and negative aspects, with difficulties in their preliminary results, faced during the pandemic. This occurred, mainly, in hospital institutions, for not problematizing the reflection process for the implementation of new services.

In 2020, at the beginning of the Covid-19 pandemic, the SUS faced abrupt changes and needed emergency work. The action of the Nurse in the South of the country started from this moment of calamity in the services. It is worth noting

that the demands of people affected by other pathologies took a back seat due to the difficulty of preparation, SUS financing, and the absence of professionals to deal with the pluralities and adversities in the services. The minimal state of the current government emphasized the dire problems of the pandemic, which reflected on the black population, who died not only from the coronavirus, but also from the precariousness of the health system, work, and the lack of basic sanitation in the ghettos. The lack of access to basic sanitation made it difficult to wash hands with soap and water, protective measures recommended by the World Health Organization (WHO) to prevent the spread of the virus, as well as the crowding in households and dwellings[15].

The path followed by the Nurse in the Municipality of Pelotas elucidates the scenario found, that is, the need to implement work processes that aim at the optimization and integration of services to qualify health care and ensure access to users, thus providing practices focused on integrality and equity. Discussing and problematizing aspects related to the integration between the statutory team and the privatization is a path to be followed by professionals in the process of planning and implementing the service, centered on co-participation and affective construction with the goal of increasing the resoluteness of the practices in the hospital sphere.

One of the great challenges encountered from the exchanges of our professional performances, in the scope of Nursing and Community Social Psychology, was the search for strategies for the permanence of the SUS principles, and not privatization, which leads to demands that communities and users suffer for not being assisted by the State. In this scenario, it is presented the agenda of the importance of the formation of more critical and reflexive subjects, who problematize the state denialism and the biologizing, mechanicist health, since these do not guarantee the care and the access to public services from the conditions of socioeconomic vulnerability.

FINAL CONSIDERATIONS

Achille Mbembe[4] contextualizes the sovereignty of the State as a device for the demise (death) of another (someone else) as a power imposing mechanism. Therefore, Mbembe assures that it is up to sovereignty to make a threshold between right, violence, and demise, the death. In the immediacy of the rupture, a new understanding of politics emerges, which is not the advance of a dialectical movement of reason. “Politics can only be traced as a spiraling transgression, as that difference which disorients the very idea of the limit. More specifically, politics is the difference put into play by the violation of the taboo”[4].

To elucidate, Mbembe mentions that politics is “the most successful form of necropower”[4], at the moment that entire populations are criteria of sovereignty, over them it is defined to live and live in pain. Undeniably, it is an apparatus of control over disciplined and violated bodies with the subtlety of State racism, as previously discussed about its functioning. About this theme, the author puts it this way:

> That “race” (or, indeed, “racism”) has a prominent place in the very rationality of biopower is entirely justifiable. After all, more than class thinking (the ideology that defines history as an economic class struggle), race has been the ever-present shadow over the thinking and practice of Western policies, especially when it comes to imagining the inhumanity of foreign peoples - or dominating them[1].

Racism is responsible for assuming, in an intense way, at the base of society, the nourishment of the social imaginary to put into practice the annihilations of discriminated, segregated and stigmatized black populations on the periphery of capitalism, and these territories, since the colonial period, attested and perfected to expand their capacity for perfection that results from that act. Historically, until the political structure took the form of republican government, the political participation and protagonism of the subjects, inserted in contexts of wide vulnerability, were invisible and derisory. They were substantially putrefied and annihilated in order to feed social relations and power dynamics. Still according to Mbembe[4], with regard to the development and maintenance of the exploitation of slave labor as an instrument of labor, slavery has

> a price. As property, it has a value. Its labor responds to a need and is used. The slave, therefore, is kept alive, but in a "state of injury," in a spectral world of

> intense horrors, cruelty, and profanity. The violent course of slave life is manifested in the willingness of his foreman to behave in cruel and uncontrolled ways or in the spectacle of suffering imposed on the slave's body[4].

Currently, slave labor is defined in Article 149 of the Brazilian Penal Code; however, this phenomenon has not been extinguished, as it is still rooted with the same aspects since the slave system of the colonial and imperial periods, when the victims were imprisoned, tortured, raped, mutilated in their bodies, and taken to death. According to the following legal definition:

> Reduce someone to a condition analogous to that of a slave, either by subjecting him/her to forced labor or exhausting working hours, or by subjecting him/her to degrading working conditions, or by restricting, by any means, his/her locomotion due to a debt contracted with the employer or agent. Penalty - confinement, from two to eight years, and fine, in addition to the penalty corresponding to the violence[16].

The Brazilian myth of racial democracy, in a refined way, seeks to present a scenario of a country that is antiracist and free of prejudice and racial discrimination. This instigates us to think about being a nation project founded by a system of exploitation, violence, mutilation, and extermination of the black and indigenous populations, due to the negligence of the State, which does not respond to the urgent demands of racialized subjects who, for more than four centuries, have been the target of violent necropolitical actions. Even, as mentioned above, the Brazilian Penal Code encompasses slave labor, which remains present in our society today. Taking into account the expression "slave" as a historical and social discursive creation, anchored in the peacefulness of the blacks, considered passive voices, does not embrace the achievement of legal freedom of a population that never admitted slave labor. Racism produces discourses that normalize the pluralities among subjects, transferring to them the responsibility for the inequalities suffered. This way, prescriptions and norms are disseminated to the black population, which exercises them as machines for the agency of homogeneous and subjugated identities and subjectivities[17]. In this paradigm, Mbembe enumerates violence as a component of etiquette:

> [...] like whipping or taking the life of the slave: a whim or an act of sheer destruction aiming to instill terror. The life of the slave, in many ways, is a form of death-in-life. [...] the condition of slave produces a contradiction between the freedom of property and the freedom of the person. An unequal relationship is established at the

> same time that the inequality of power over life is affirmed. This power over the life of the other takes the form of commerce: the humanity of a person is dissolved to the point where it becomes possible to say that the slave's life is the property of his master[4].

Henceforth, the work Necropolitics, by the Cameroonian philosopher Achille Mbembe, is increasingly necessary. Especially in Brazil, which lacks a different look, which reformulates the mechanisms of power originating from colonialism, which operate as precursors of control over the death of the black population, the macrostructure of the country until the present moment. In turn, the area of health knowledge surrounds the thought of Mbembe[4] in a society that was raised by violence against racialized and enslaved bodies, in an extensive production that no other continent carries in its history. It is essential to consider that the author leads us to reflect on the context of the pandemic, due to the modus operandi with which the State treated “staying at home” as a legal normative of the confrontation structure; however, those who circulated “outside the home” were vulnerable to death. In this aspect, it is worth highlighting the false idea of choice over care itself, since the meaning of care was beyond a threshold between the right to life and death.

This limit, when broken, provoked a new perception about Nursing in the perspectives of public health in the pandemic period. Moreover, it represented the promotion, prevention, guidance, and encouragement in the face of a denialist scenario, with antivaccine groups, through the possible privatization of the public service, fomenting erroneous ideals with discourses that are incorporated through fake news, which oppose science, method, and research. In this period of the Covid-19 pandemic, the relative urgent and emergency measures, such as lockdown and precautionary measures to combat the disease, totally changed the ways of life[15]. This caused a scientific revolution in health care, through critical, problematizing, and questioning attitudes towards this field of ideological conflicts.

Another fundamental point was the pragmatism strictly linked to the preservation of life and the new ways of working of the health professionals who worked in the frontline, such as personal protective equipment (EPIs) and hygienization, totally changing the reality of the health teams. This included the queues to take a shower, the fear of taking the virus to family members and

social networks, the loss of affective bonds due to isolation in hotels, increasing the occurrence of anxiety and anguish aroused in the work environment. In view of this, the psychic sufferings took a rampant proportion, demanding a new social organization, despite the speeches of the president, who was compact with the end of the social detachment and the resumption of the economy, an unconcussed example of necropolitics[15].

Therefore, the decolonization of health involves an integration, like these experience reports, that problematizes the dichotomy of health and disease as a confrontation with the social structures that capitalism, versed with racist colonialist roots, imposes. These establish the dominant power aligned with the knowledge of a health that does not validate the socioeconomic determinants. In this way, configured in misery and hunger, as well as in the aggravating of disorders and pathologies resulting from a society built by the western bias, in which invisibilizing, suppressing, neglecting, and killing are domains of a particular character, directed only to guarantee its existence nourished with the blood of black bodies.

In short, anti-racist epistemologies list the exclusion and segregation of bodies massacred for over four centuries in Brazil. These are caused by a decisional science, in which marginalization and vulnerability of ghetto territories are ways of existing, and the responsibilities are of the people in these conditions, and not of the State. As pointed out, we have a State in which everyone is equal and opportunities are accessible, following the premise that life conditions and quality of life are not based on world divisions, much less on race/color, as the colonial, capitalist, patriarchal, racist history shows. In this sense, these are the pillars that sustain the ways of caring based on the necropolitics of the bodies that were enslaved, on the exclusions that reverberate until the present moment, on the diseases, on the lack of access to health services, and on the awareness that needs to be present in the training of professionals, which does not correspond to a large part of the social injustices.

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