

BLACK POPULATION HEALTH: RACE AND CLASS IN ACADEMIC POWER-KNOWLEDGE DISCOURSE

SAÚDE DA POPULAÇÃO NEGRA: RAÇA E CLASSE NO DISCURSO DE PODER-SABER

SALUD DE LA POBLACIÓN NEGRA: RAZA Y CLASE EN EL DISCURSO DE PODER-SABER
ACADÉMICO

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RESUMO: Esse artigo é resultado parcial de uma pesquisa de doutorado que buscou investigar e analisar o discurso institucional na UFRJ quanto aos temas relacionados a cotas raciais e à saúde da população negra. Com pressupostos foucaultianos, utiliza-se a análise de discurso a fim de entender como a Universidade tratou dos temas ao longo dos anos, através de um levantamento das notícias no *site* oficial, denominado: *Conexão UFRJ*, em um recorte temporal de 20 anos. Neste artigo, detém-se o olhar sobre o tema: Saúde da População Negra, entendendo-a como dimensão preponderante para discutir questões de raça e sabendo que se trata de política de ação afirmativa criada para diminuir desigualdades raciais com foco na melhoria das condições de saúde da população negra. Na busca realizada, encontraram-se oito notícias sobre o tema, a maioria delas tratava-se de divulgação de eventos, como palestras, cursos e debates. Como resultados, percebe-se que, apesar de ser uma política de extrema importância para os cursos da saúde, já que a maioria dos profissionais em formação trabalhará em contato com a população negra, o tema foi pouco discutido. Além disso, observa-se como os discursos circularam no meio acadêmico e como o dispositivo da racialidade operou no contexto institucional.

PALAVRAS-CHAVE: Saúde da população negra. Discurso. Dispositivo da racialidade.

ABSTRACT: This article brings partial results of a doctoral research that sought to investigate and analyze the institutional discourse at Federal University of Rio de Janeiro (UFRJ) regarding topics related to racial quotas and the health of the black

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population. With Foucauldian assumptions, we used discourse analysis to understand how the university has addressed issues over the years, through a research of news on the official website, called: “Conexão UFRJ”, over a 20-year time frame. For this article, we focused on the topic: Black Population Health, understanding it as a preponderant dimension for discussing race issues and knowing that it is an affirmative action policy created to reduce racial inequalities with a focus on improving the health conditions of the black population. In the research carried out, we found eight news items on the topic, most of which were about publicizing events, such as lectures, courses and debates. As a result, we realized that despite being an extremely important policy for academic courses in the health field such as medicine and nursing, for example, since most professionals in training will work in contact with the black population, the topic was little discussed. Furthermore, we observed that discourses on the health of the Black population have been circulating in the academic environment since the beginning of the century, and that it is possible to perceive the Racial Dispositif operating in the institutional context through the news.

KEYWORDS: Health of the black population. Discourse. Dispositif of raciality.

RESUMEN: Este artículo es el resultado parcial de una investigación de doctorado que buscó investigar y analizar el discurso institucional en la UFRJ en relación con temas como las cuotas raciales y la salud de la población negra. Partiendo de presupuestos foucaultianos, se emplea el análisis del discurso para comprender cómo la Universidad ha abordado estos temas a lo largo de los años, mediante un relevamiento de noticias publicadas en el sitio web oficial —denominado *Conexão UFRJ*— durante un periodo de 20 años. El artículo se centra específicamente en el tema de la salud de la población negra, considerándola una dimensión preponderante para debatir cuestiones raciales y reconociéndola como una política de acción afirmativa creada para reducir las desigualdades raciales, con el objetivo de mejorar las condiciones de salud de dicha población. La búsqueda arrojó ocho noticias sobre el tema; la mayoría de ellas consistía en la difusión de eventos, tales como conferencias, cursos y debates. Los resultados revelan que, a pesar de tratarse de una política de suma importancia para las carreras del área de la salud —dado que la mayoría de los profesionales en formación trabajarán en contacto con la población negra—, el tema ha sido poco debatido. Asimismo, se observa cómo circularon estos discursos en el ámbito académico y cómo operó el dispositivo de la racialidad en el contexto institucional.

PALABRAS CLAVE: Salud de la población negra. Discurso. Dispositivo de la racialidad.

1 INTRODUCTION

This article brings partial results of a doctoral research that seeks to study racial quotas and raciality in the context of the Federal University of Rio de Janeiro (UFRJ). During the research, we observed that the National Policy for Comprehensive Health of the Black population (PNSIPN) was one of the affirmative actions created to reduce racial inequalities in Brazil. Focused on improving the health conditions of the Black population, the PNSIPN includes actions for care, attention, health promotion, and disease prevention, as well as participatory management, popular participation, social control, and knowledge production aimed at the training and continuing education of health workers.

The National Policy for Comprehensive Health of the Black population (PNSIPN) published in May 2009, through Ordinance No. 992, of May 13, 2009, is an important affirmative action, created to reduce racial inequalities in Brazil. With this policy, it was possible to perceive the link between racism and health vulnerabilities, reaching the public management agenda with greater force after the *Zumbi dos Palmares* National March in 1995¹. In other words, this policy was an achievement of the new relations between the Black Movements and the State, after Brazil's redemocratization process, resulting in the establishment of a policy focused on the health of the Black population through the PNSIPN (Werneck, 2016; Brasil, 2013). Although the ordinance was only enacted in 2009, the PNSIPN was approved by the National Health Council (CNS) on November 10, 2006, after several seminars, meetings, technical and political meetings between 2005 and 2006, with emphasis on the II National Seminar on the

¹ The Zumbi dos Palmares March was a movement that took place on November 20, 1995, in Brasília, and involved organizations from Black movements throughout Brazil. On that occasion, activists presented the President of the Republic with demands addressing racial inequalities. This demonstration resulted in the recognition of Zumbi dos Palmares as a national hero, the creation of an Interministerial Working Group, and regulations concerning the empowerment of the Black population.

Health of the Black population, in which the Ministry of Health officially recognized the existence of institutional racism in the instances of the Unified Health System (SUS)² (Brasil, 2013).

The PNSIPN's guiding is "Recognition of racism, ethnic-racial inequalities and institutional racism as social determinants of health conditions, with a view to promoting health equity" (Brazil, 2013, p. 18), emphasizing among its general guidelines: promoting ethnic-racial equity in the SUS, combating institutional racism and ensuring qualified access of the Black population to health services. To this end, it proposes the inclusion of the themes of racism and the health of the Black population in the training of professionals, strengthening the participation of the black movement in instances of social control, encouraging scientific production and the appreciation of popular knowledge, especially that of African origin. (Brasil, 2013).

In summary, the PNSIPN focuses on improving the health conditions of the Black population and to this end includes actions of care, attention, health promotion and disease prevention, as well as participatory management, popular participation and social control, knowledge production, training and continuing education for health workers, aiming to promote health equity for the Black population (Brasil, 2013).

Although approved and enacted several years ago, this policy is not yet reflected in the curriculum of UFRJ's Medicine courses, nor is it included in the Faculty of Medicine's political-pedagogical project. Rizzo and Fonseca (2019, p 898) carried out an integrative review on the topic and realized that "[...] the scientific production of the theme of health education related to the health of the Black population has been occurring heterogeneously in recent years, in the different regions of the country and is dispersed among journals in the areas of education, health education and interdisciplinarity".

Thus, in this article, we seek to investigate and analyze how institutional discourses of the Federal University of Rio de Janeiro present and discuss the theme of the health of the Black population over time and in this theoretical-methodological commitment, one of the tasks would be to focus on the various dimensions of power, using the analytical lens of Foucauldian studies, as well as that of racial ethnic studies. Below, we briefly outline important concepts for this endeavor.

2 SOME IMPORTANT CONCEPTS AND POINTS

The term "Device of Raciality" was coined by researcher Sueli Carneiro in her doctoral work and later in the book "Device of Raciality": the author develops the perspective of understanding the construction of the other as not being" (Carneiro, 2023, p. 13) and defines as the objective of his study to demonstrate the potential of the concept of device in the work of Michel Foucault to understand the "dynamics of racial relations in Brazil". It highlights that Foucault's concept of device as a power for the "[...] understanding of the dynamics of racial relations in Brazil". The author argues in her work that there is a "[...] device of raciality operating in Brazilian society in such a way that, through the articulation of multiple elements, it configures raciality as a domain that produces powers, knowledge and subjectivities through the denial and prohibition of powers, knowledge and subjectivities" (Carneiro, 2023. p. 13). The author further states that:

It can be said that the device of raciality establishes, at the limit, an ontological division, since the affirmation of the being of white people occurs through the denial of the being of black people. Or, to put it another way, the superiority of the hegemonic, white Self is achieved by contrast with the Black Other (Carneiro, 2023. p. 13).

To deal with device we will use Foucault's understanding in "Microphysics of Power", understanding that the device is "[...] a decidedly heterogeneous set that encompasses discourses, institutions, architectural organizations, regulatory decisions, laws,

² The Unified Health System (SUS) is the name given to Brazil's public health system. It is considered one of the largest and most complex public health systems in the world. It encompasses everything from simple blood pressure checks to organ transplants, guaranteeing comprehensive, universal, and free access for the entire population of the country. With its creation, the SUS provided universal access to the public health system, without discrimination. Comprehensive health care, and not just medical assistance, became a right for all Brazilians, from gestation throughout life, focusing on health and quality of life, aiming at prevention and health promotion.

administrative measures, scientific utterances, philosophical, moral, philanthropic propositions”, that is, “[...] the said and the unsaid are the elements of the device” and “[...] the device is the network that can be established between these elements” (Foucault, 2023, p. 364).

Foucault states that “The device, therefore, is always inscribed in a power game, being always, however, linked to one or more configurations of knowledge that arise from it, but that equally condition it”, that is, linked to the “[...] strategies of force relations sustaining types of knowledge and being sustained by them” (Foucault, 2023, p. 367).

Returning to the concept coined by Carneiro (2023), we note that the author draws attention to the fact that in Brazilian society, there is unequal treatment of black people and several statistical research and academic studies demonstrate this on a daily basis throughout the country and across a wide range of fields, providing empirical evidence. Some areas of knowledge even recognize these discriminatory practices of a racial nature, but, despite recognizing “[...] they impose barriers to the adoption of measures capable of stopping the process of social exclusion of black people, especially with regard to access, permanence and success in the country's educational system” (p. 15) and which, therefore, among those that deny, those who admit and those who relatively accept that there is an issue of raciality, the author argues that there is a “scenario of disputes” “at the theoretical level and in that of political action” being more explicit in the polarization that permeates the implementation of public policies that have the potential to reverse unfavorable living conditions for the black Brazilian population (Carneiro, 2023. p. 15).

3 METHODOLOGY

Our methodological approach was consisted of an analysis of news published on the website “Conexão UFRJ”, responsible for disseminating events, official notes, ordinances, and news about the University to the community. Developed by Coordcom UFRJ, the website is currently coordinated by Sérgio Duque Estrada, communications and media advisor for the rector's office, but the available news dates back to January 2002. As it is a publication open to the general public, we examined the posts published from the beginning of the website's archive in 2002 through the date of data collection, in April 2022.

Our search aimed to identify news stories that addressed the topic of health among the Black population. On the site, news is listed by title and has a search tool. In the larger research we had other themes linked to quotas and other racial themes. In this section we focus on news with the theme: “Health of the Black population”. The pages were saved in chronological order, from the oldest to the most recent items, with the title of the website's own news articles.

News topic	Total	Years
Health of the Black population	08	2006 (1), 2010 (2), 2017 (1), 2019 (2), 2020 (1), 2021 (1).

Table 01: Quantity of news with a theme on Black population Health and year of publication

Table 1 shows the number of news articles on the topic of Black population Health published in institutional media over the years. There are eight articles in twenty years. We believe this is a small number considering the importance of the topic. Furthermore, there is a time gap between publications, with most being published more recently.

Thus, in this work we will discuss the category Health of the Black population, through the analysis of Foucault's discourse. We seek to observe the institutional discourse of UFRJ through news stories, as we understand that such institutional discourses are

present in the practices circulating in various sectors of the University; even if the official media is not a mirror of the practices professed by the institution's corridors, classrooms, and offices, such news stories signal the discourses present, highlighting intentions and trends.

The choice for discourse analysis is due to the fact that it allows us to dwell on the power relations that are intrinsic to our theme, and because it takes into account that the theme is not neutral and in this way, it is configured as an important political dimension of Brazilian society, with this, we believe that language is not exempt from power relations and the configurations in which the discursive plan is established are not either. Foucault (2014) shows that discourse is produced within a network of power relations, with double and mutual conditioning between discursive and non-discursive practices. Highlighting aspects of discursive production, the author points to procedures for excluding what can be said, the prohibitions would be produced in the discursive network, in the flow of power relations and production of truth.

Another important concept related to discourse is discursive formation, a central concept in *Archaeology of Knowledge* (1969), it refers to the set of rules that determine which utterances can be said, by whom, in which context and with which truth effects within a given field of knowledge. We understand the concept of utterance, as the function of existence in discourse, that which makes it possible for something to be said with meaning within a discursive formation. Foucault understands that the utterance is linked to specific conditions of production, for example, the historical context, institutions, the speaker, and knowledge. It is not just about linguistic content, but also its position in the field of knowledge. The utterance is within a network of relationships.

Considering the dispersed nature of the elements of the same discursive formation, as pointed out by Foucault (2008), We believe that observed objects gain conditions of existence through discursive practice, but considering mainly the historicity of the discourses.

Gregolin (2015), discussing discourse in Foucault, states that the aforementioned author treats discourse as a series of events, with the event being understood as something said by someone at a given moment. The main idea is to establish and describe the relationships that these discursive events maintain with other events belonging to the same ideological or scientific field. It would be a search, a commitment to understanding how the processes of subjectivation and truths are articulated within the scope of discursive production (Gregolin 2015). The author also reports that analyzing discourse according to Foucault entails constructing discursive objectives in a triple tension between the systematicity of language, the discontinuity of history, and the instability of the production of subjectivities. For Foucault, the relation between discourse, truth and subjectivity can only be understood in a historical field, making it possible to ask: who are we today? And thus allow a possible diagnosis of the current situation, understand how knowledge is arranged in society, how it is valued, distributed, apportioned and attributed.

For Foucault: "Discourse is linked to power, as it acts as a form of discipline, subjectifying a given way of thinking, acting, and positioning oneself. Multiple discourses - medical, pedagogical, scientific and political, among others - influence the construction of the identity of subjects such as men, women, citizens, students, teachers, future professionals, etc." (Siqueira et al. 2011).

Still on discourse, Fischer (2001, p 198) states that: "[...] to analyze discourses, according to Foucault's perspective, we need first of all to reject univocal explanations, easy interpretations and equally the insistent search for the ultimate meaning or the hidden meaning of practical things that are quite common when it comes to studying a discourse (Fisher, 2001, p. 198).

The author emphasizes the need to work hard with the discourse itself, letting it appear in the complexity that is peculiar to it, and avoid looking at discourses only as a "[...] set of signs, as signifiers that refer to certain contents, carrying such and such meaning, almost always hidden, disguised, distorted, intentionally distorted, full of real intentions, contents and representations, hidden in and by the texts, not immediately visible" (Fisher, 2001, p. 198).

We strongly agree with Fisher when she states that "[...] there are utterances and relationships, which the discourse itself puts into operation" and that "[...] analyzing the discourse would be to account for exactly that: historical relationships, very concrete practices, which are alive in the discourses", and it is this characteristic of discourse analysis that we seek in this research. Fisher

(2001) highlights: “Discourse goes beyond the simple reference to things, it exists beyond the mere use of letters, words and phrases, it cannot be understood as a phenomenon of mere expression of something: it presents regularities intrinsic to itself, through which it is possible to define a conceptual network that is its own” (Fisher, 2001, p. 200).

It is in this sense that the author carries out her analysis of the discourses and, inspired both by her and Foucault, we will analyze the discursive practices present in the news on the website Conexão of the Federal University of Rio de Janeiro, under the theme Health of the Black population.

In our search, on the website “Conexão UFRJ”, we found eight news stories about Black population Health in 20 years (2002-2022). The first news item dates from 2006, and is along with four other items, within the ones that deal with the dissemination of events on the topic, courses, seminars and lectures held by sectors of the university. They are: “Health of the Black population is discussed by a minister in Rio de Janeiro” from 2006; “Health program of the Black population aims to raise awareness” from 2008, “University Hospital receives seminar on health of the Black population” from 2010; “Health Course of the Black population at UFRJ” from 2011; “HESFA discusses on Health of the Black population in a cycle of debates” from 2017, “UFRJ discusses the 2019 Black population Health Policy”. The other 3 news items were excluded from this article due to the exclusion criterion of not dealing with event promotion. These three news items that will not be analyzed in this article are the most recent: 2019, 2020 and 2021 and correlate: race and care; race and nursing; and race and SUS, namely: “SUS, a universal system that has color and race”, “The color of nursing is black, says Luzia Araújo” from 2019; “Care is female and black” from 2021. These will be presented in future studies. In this article, we present the following analytical category with the six news items that deal with the dissemination of events and/or courses on the topic within an analytical category called “Black people are poor: race and class in the discourse of academic power-knowledge”. In this category, we will analyze the ways in which the topic of Black population Health appears in the institution's official media, observing how the topic is treated in its relations with raciality, in the unfolding of the device.

4 “BLACK PEOPLE ARE POOR”: RACE AND CLASS IN THE DISCOURSE OF ACADEMIC POWER-KNOWLEDGE

The first time the topic of Black population Health appeared on the website was with the announcement of the II National Seminar on Black population Health promoted in October by the Science and Culture Forum (FCC).



Figure 01: News from 2006 under the utterance “Health of the Black population is discussed by a minister in Rio de Janeiro”

The previous event: the first National meeting on Black population Health was held in 2004 in Brasília, about this first seminar, Santos (2005) states that:

The Seminar played an important role in implementing the race/color framework in the National Health Plan. The dialogue established between health system managers and technicians, with researchers on the health of the Black population and with representatives of the Black Social Movement generated not only proposals for improving the Unified Health System, but also technical, political and human commitments (Santos, 2005).

The news utterance is “Health of the Black population is discussed by a minister in Rio de Janeiro”. And in the body of the news, we find the following:

Based on the National Health Policy for the Black population, still being formulated by the Ministry of Health, the Seminar proposes a debate on the issue of the health of the country's Black population.

The short article presents the understanding of the Minister of Health at the time (José Agenor Álvares da Silva) that the “[...] national policy is based on the recognition that racism still exists in the country, on the observation of discrimination that exists in the care and assistance to the health of the Black population”. And he transcribes the minister's words:

Our work will only be complete on the day **when policies of this kind are not needed**. We must **recognize the racism in our society**, suppress this culture, and create new **values of tolerance and solidarity toward the Black Brazilian population**. (emphasis added).

The article states that the National Health Policy for the Black population is “[...] a product of coordination between federal, state and municipal institutions of the Unified Health System (SUS) and social movements” which aims to: “[...] improve the health conditions of this portion of the population, developing care and attention actions, through professional training of workers in the area, of actions against injuries and diseases with the highest prevalence among the Black population and research, with support from CNPq”. The article also considers that:

[...] solving problems related to genetic diseases is not enough to achieve the objectives; another major challenge is **solving issues related to social determinants**, which affect the health of the Black population in Brazil, such as **poverty and low education**. (emphasis added).

And then there's a speech by the president of the Oswaldo Cruz Foundation (FIOCRUZ)³ at the time (Paulo Marchiori Buss): “[...] it's not just a genetic problem for the Black population, but a broader issue, a social issue. Black people are poor. The fight against social inequality is the great fight that the Black population has to fight with all its efforts”.

Here we have the utterance that links class and race when it comes to anti-racist policies or social reparations, referring to the discourse of racial democracy that defended that in our country, so mixed, there would be no racial discrimination, and in this sense the issue of inequalities in Brazil would be due only to the social issue, economic inequality, that is, the issue of class. However, the president of Fiocruz himself states that “black people are poor”, correlating the two conditions, but then states that the big fight is against social inequality.

Another important point to understand is who delivers the speech: the Minister of Health, president of Fiocruz. According to Foucault, in his book *The Order of Discourse* (2014), the “power” to speak on certain subjects is not equal in our society, certain individuals or groups have the authority to speak, while others are excluded or have their speech delegitimized. He states that “[...] every educational system is a political way of maintaining or modifying the appropriation of discourses, with the knowledge and powers they bring with them” (Foucault, 2014, p. 44), that is, institutions function as filters that legitimize certain discourses and

³ Fiocruz (Oswaldo Cruz Foundation) is the largest biomedical research, teaching, and health supply production institution in Latin America, linked to the Ministry of Health. Its main function is to promote public health, technological development, and science, producing vaccines (such as those for COVID-19) and medicines for the Brazilian public health system (SUS).

exclude others, showing that power is not only in the content of what is said, but also in whom it has the right to say, and in what contexts this saying is authorized.

Credibility in discussing certain topics is linked to social position, in this specific case to the position held, as well as their academic background. Foucault calls this the privileged or exclusive right of the speaking subject. Thus, historical subjects emerge, highlighting discursive materialities of an era.

When the president of Fiocruz says that “the fight against social inequality is the great fight that the Black population has to fight with all its efforts” he could be reinforcing the idea that the Brazilian problem is class and not race, we believe and defend in this research the perspective offered by the concept of intersectionality (Crenshaw, 2004) and thus, we recognize that the social inequalities faced by the Black population are related to class, race and gender. In the field of health, it is no different, access to health is different depending on a person's social class, as well as race and gender.

And thinking that, according to Foucault, “[...] discourse is not simply that which translates struggles or systems of domination, but that because, for what we fight, the power we want to seize” (Foucault, 2014, p. 10), discourse is configured in a field of disputes, including as an instrument of power. In this sense we can problematize about certain groups being silenced: controlling discourse is controlling social reality.

In the following news, we have more examples of how institutionalized discourse, or more precisely medical power / knowledge, is used to justify the need to discuss and promote the health of the Black population. It was published in 2008, and states: “Black population health program aims to raise awareness”. It talks about a project that was being proposed at Clementino Fraga Filho Hospital.



Figure 02: News from 2008 under the utterance Black population health program aims to raise awareness

This project was proposed within the scope of the Institutional Humanization Policies Coordination of HUCFF; the following section provides information about who coordinates the project:

It is a job like the patient rights booklet. We are beginning to explore this discussion about the health of the Black population and, although it is a new project, the topic has been circulating in health environments for some time.

According to the group, **there are some pathologies**, the incidence of which **is higher in the Black population** and it **is necessary to alert and transmit information** about these diseases so that the doctor follows appropriate treatment and the patient knows about their own physiological structure. In the US, for example, there is a significant educational initiative aimed at Black women, through advertising and educational campaigns, says the coordinator. (emphasis added)

The article then presents an example of a disease that affects the Black population the most: sickle cell anemia. The article also justifies the program's focus on the Black population with the speech of one of the program's researchers:

According to Luciene Lacerda, a researcher at the Institute of Studies in Public Health (IESC), the program deals with something so specific – the health of the Black population – firstly, because **half of the national population is made up of black people**; and **care is differentiated between races, for there being an erroneous credibility** (inheritance of a historical past of the race) **that black people are more resistant**. Thus, there is **a concern with transporting this discussion within the academic institution**. (emphasis added)

In this excerpt, the utterances highlight the need to establish differentiated health measures aimed at the black Brazilian population. The speaker uses statistical data to support the study, highlighting the discussion and adoption of measures to make health education more sensitive to racial issues. When she talks about bringing this discussion within the academic institution, she argues that it already exists outside academia and should be incorporated into it. We know that this discussion originates within the scope of black movements, but the validation of these issues seems to be linked to academic support, as we see below, the concern with situating research in the scientific field due to the lack of acceptance of the measure in a political sphere:

The organization emphasizes that there is, in the first instance, no political issue, but rather a scientific and social interest. "It's a topic that gets very confusing and doesn't gain rapid adoption, as people quickly relate it to quota issues, with **possible privileges for Black patients** in exams and care –which is not our intention", Luciene points out. (emphasis added)

The institutional context surrounding racial quotas in universities at the time the news broke was turbulent and controversial. The simple association of discussing the health of the Black population with the issue of racial quotas would be enough for some people to undermine the issue. Another discourse that appears in this excerpt is related to the rhetoric of privileges, in which by adopting compensatory measures or only aimed at the Black population, they would be privileged to the detriment of white people. However, we observe precisely the opposite in the social fabric: white privilege has persisted over time and uses this discourse to maintain its social position. We know that "[...] discourse production is controlled, selected, organized, and redistributed through procedures aimed at determining what can be said at a given historical moment. (Gregolin, 2007, p. 15).

The news article concludes by outlining possible actions of the proposed program: "[...] the use of a website, as a way to convey ideas and generate debate in forums" [...] "Public Health Week, with a round table and workshop, which takes place in May, consisting of video screenings and distribution of disease promotional material".

We realized that among the measures, there is no proposal to take this debate into the curricula of health courses. In fact, none of the events discussed in the news have proposed such a development. We know that the black collective Negrex exists at the university, a National collective that has groups at several Brazilian universities. This collective offers workshops on Black population Health, where students themselves present the topic to each other. However, these workshops are not fixed in curricula or in broader institutional actions.

In 2010, the news also talks about the University Hospital, but makes no mention of the program (figure 03). This news is brief and only serves to publicize a seminar.



Figure 03: News from 2010 under the utterance University Hospital receives seminar on Health of the Black population

The full article is described below:

The Patient Rights Commission of the Clementino Fraga Filho University Hospital (HUCFF/UFRJ) is holding the 1st Seminar on Health Equity for the Black population on October 19th. The event, which takes place at 9 am in the Alice Rosa auditorium at HUCFF, offers lectures, workshops, debates among other activities.

Although it was presented as the First Seminar, there is no subsequent news about subsequent seminars, it was probably an event that did not continue. However, the following year a course entitled “Health of the Black population” was offered, not within the scope of the University Hospital, this was offered by the Institute of Studies in Public Health of UFRJ (IESC).

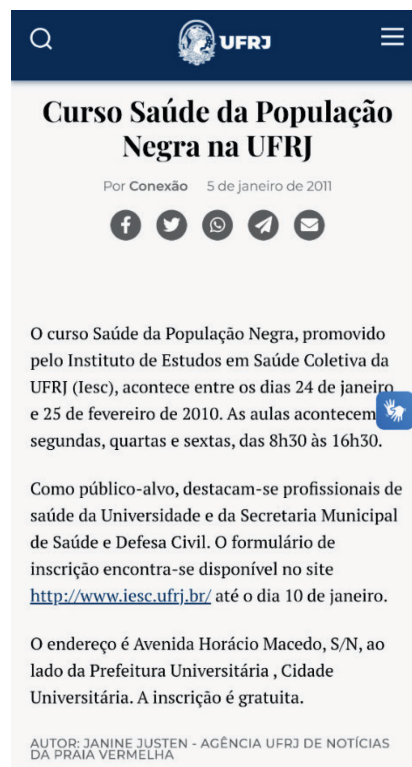


Figure 04: Full text of the 2011 news promoting the Black population Health course at UFRJ

The target audience for this course was not students in health courses, but employees in the University's health sector, as well as in other sectors of society, and we do not have information about the course's program content. After this news we have a period of 6 years of silencing and the next news appears in 2017, under utterance: “HESFA discusses the Health of the Black population in a cycle of debates”.



Figure 05: News from 2017 under the utterance Hesfa discusses the Health of the Black population in a cycle of debates

In the subheading of the article, we have: “Speakers discussed the topic from a historical perspective and in the context of the Unified Health System (SUS)”.

The São Francisco de Assis Health Care Institute (Hesfa/UFRJ) hosted the IV cycle of debates of the year last Wednesday (26/7). With four speakers, those present discussed the topic of Black population Health from a historical perspective and in the context of the Unified Health System (SUS). The event is free and aimed at professionals, students, teachers and managers working in the field of Health and related areas.

This news brings a discursive shift, now the Health of the Black population is addressed together with other related themes. Another change is the presence of a photo of the speaker, a Black woman. Representativeness finally appears. Other discourses remain, such as the emphasis on the speakers’ academic qualifications, which validates their discourse as scientific/academic knowledge, as well as the intersectionality of race – class when talking about SUS.

The article reports statements made by two speakers at the event. The first speaker was Celso Vergne, PhD in Psychology, who “[...] presented data on the daily construction of black genocide in Rio de Janeiro”. The article then brings the discussion to health with the speech of speaker Joice Aragão who “[...] sees the SUS as a great achievement”.

The pediatrician and public health doctor worked on implementing the System in the state of Rio de Janeiro and states that the service was built from the perspective of Brazilian diversity. **“There is no doubt that we die, get sick and recover according to our bank account. We don’t have to make any concessions, we always have to take a stand. Being mindful is an incredibly wonderful thing for each of us.”**(emphasis added)

The 2019 news item provides an interesting historical retrospective, the utterance: “UFRJ discusses Black population Health Policy”, followed by the subheading “Debate on the topic began at the university in 2006 and resumed during the 10th Siac (Academic Integration Week)”. In addition to rescuing the 2006 news, it highlights the “ten years of invisibility” of the PNSIPN.



Figure 06: 2019 news item under the UFRJ utterance discusses Black population Health policy

The 10th Academic Integration Week (Siac) brought on 10/25 a debate on the “**10 Years of Invisibility of the National Policy for Comprehensive Health of the Black population**”. The panel featured university students from **black collectives** and was moderated by Richarlls Martins. Among the participants were Joyce da Silva (Nursing student at UFRJ), Mykaella dos Anjos (Psychology), Roberta Mariano (Medicine) and Thaila dos Santos (Nutrition). (emphasis added)

Mentioning the first news about Black population Health, the II Seminar held in 2006, the news describes some moments of the debate:

Joyce da Silva presented the National Policy for Comprehensive Health of the Black population, a policy of the Unified Health System (SUS) that completes a decade in 2019. According to Silva, the Health of the Black population is based mainly on three elements – confronting racism in society as a whole and in the SUS, respect for the religions of Afro-Brazilian culture and attention to the diseases that affect black people in greater numbers.

The article then presents the Ministry of Health's understanding of the Policy: “[...] the objective of the policy is to promote the health of the Black population in a comprehensive manner, prioritizing the reduction of ethnic-racial inequalities and the fight against racism and discrimination in SUS institutions and services”. Here, there is a focus on political discourse in defining the objective of the PNSIPN; public policy enacted in 2009, ten years before this news. This political discourse continues throughout the news item. With the subtopic “Old public policies still generate effects on the Black population”, the article begins to talk about mental health, with the speech of Mykaella dos Anjos who “related the whitening process in Brazil – post-slavery State policy that, through techniques of attracting white European people, promoted miscegenation – with the formation of the subjectivation of black people”.

According to Anjos, the knowledge that the collective could – and can – be killed at any time contributes to the mental illness of this group. She highlights that it is important to think about the psychological issue not only at the individual level, but as a matter specific to society.

The raciality device operates in the historical process of the presence of African peoples in our country. Since their kidnapping, enslavement, dehumanization and ultimately social exclusion, black people in Brazil have always been considered inferior, even if

the discourse of racial democracy wants to convince us otherwise. Likewise, miscegenation functioned as yet another of the countless forms of violence suffered through the project of whitening the Brazilian population.

In this sense, Carneiro (2023) states that “[...] in the context of Western modernity, raciality has been constituting a device” and can be understood “as a notion producing an ontological field, an epistemological field and a field of power” all of these “conforming knowledge, powers and modes of subjectivation whose articulation institutes a device of power” (Carneiro, 2023. p. 44). In this sense, “combined with racism, biopower promotes the life of the race considered healthier and purer and promotes the death of the race considered inferior” (Carneiro, 2023). State power, which is responsible for training health professionals, thus holds medical knowledge and offers it to the population, but not everyone has access to these services in the same way.

This establishes the discussion of the National Health Policy for the Black population, since black people are the majority of the users, should not the SUS be prepared to serve this population and be sensitive to its particularities? Biopolitics is part of this discussion when the State has the power to define “who will live and who can die”, and according to Foucault, racism is an essential element in making this choice (Foucault, 2021). All of this within a historical context in which it is possible “[...] to identify, in the constitution and trajectory of the field of health education, educational conceptions and strategies that [...] were at the service of deepening ethnic-racial discrimination and distancing the Black population from official health services (Rizzo and Fonseca, 2019, p. 898).

We also have the speech by Roberta Mariano who “[...] brought reflection on the reasons that make the Black population more affected by certain diseases”. The news says:

For her, the relationship is due to **the social, individual and programmatic vulnerability** to which this group is exposed. The diseases listed by the National Health Policy as the most common among the Black population are sickle cell anemia, diabetes mellitus (type II), glucose-6-phosphate dehydrogenase deficiency, and high blood pressure. (emphasis added)

At the end of the news, it is highlighted that there was also talk about food security “with the racial focus focused on the Black population”. Next, there’s Thaila dos Santos’s speech: “[...] there’s a lot of talk about nutritional education, about balancing one’s diet, but none of that is useful if one doesn’t have access to food because it’s not economically viable. It’s no use just thinking about education; it’s much more than that. They are public policies”. Again, the race-class intersection appears here, related to the issue of health education when talking about nutritional education.

At the end of the news, we are informed that the panel’s mediator, Richarlls Martins, highlighted that in 2004 the National Seminar on the Health of the Black population “initiated the national SUS policy” and stated that “[...] it is very significant to have this debate in the house that initiated the entire process”. In this excerpt we have the historical recovery of the first news, but there is a mistake because the 2004 event to which he refers did not occur at UFRJ, furthermore, when he speaks “the house that initiated the entire process” he gives the reader the false idea that politics arises from academia, the origins of this policy lie in Black movements through intense collective struggles, and, since the 20th century, organizations such as the Unified Black Movement (MNU) and the National Network of Afro-Brazilian Religions and Health (Renafro) have pressured the government to recognize and confront institutional racism in the SUS (Araujo and Teixeira, 2022).

We can see through the news presented so far that, over the twenty-year period, the intersectional discourse of race and class emerges at different moments and is delivered by different subjects. There is a clear link between the health of the Black population, the SUS and health education. I highlight here that none of these events even mention the Faculty of Medicine.

6 SOME CONCLUSIONS

In general, we find that, despite being an extremely important topic for courses related to the health-related programs, in which the majority of professionals in training will probably work serving the Black population - the majority both of the Brazilian population as a whole, and of users of the Unified Health System (SUS) – we noticed that this topic was little discussed in the official news vehicle of the university. We have noticed the evolution of the discussion on the topic in recent years, but we believe that greater attention is needed on the subject, including within the curricula of health-related courses, one possible approach would be the expansion of the workshops offered by the collective Negrex, or even incorporate them into the formal curriculum. We realize that the discursive analysis of the topic, in light of the raciality device, is promising in the task of understanding and problematizing the absence of the National Health Policy for the Black population in the curricula. Another point highlights how the raciality device operated through the knowledge-power present in the news, through the speeches of academic authorities validating the importance of the topic, in addition to the evident low number of times this topic appears in 20 years of news. Another aspect that was silenced or little commented on was the role, the importance of social movements in advocating for public health policies that are sensitive to the specificities of the Black population, the majority of the Brazilian population.

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