



projeto Querino is supported by the Ibirapitanga Institute.

The podcast is produced by Rádio Novelo.

Episode 07: Every Man for Himself

Voice 01: Hello, residents! It's time for your second dose. On October 14th, 15th, and 16th, you'll be able to take your second dose of the COVID-19 vaccine, here in Maré. If you...

Tiago Rogero: When COVID-19 vaccination finally got started in Brazil, social media was flooded with posts celebrating the SUS, our Sistema Único de Saúde [Unified Health System].

Voice 02: Long live the SUS!

Voice 03: Long live the SUS!

Voice 04: Long live the SUS!

Tiago Rogero: After all, despite all the federal government's efforts to keep us from getting vaccinated,

it was our public healthcare professionals,

and the experience of a system that's used to carrying out national vaccination campaigns,

that kept things from being

even worse.

That kept even more people from dying.

And so many did die.

At the start of the pandemic, there was that idea that the virus was blind, right?

That it affected everyone, no matter their color, gender, or class.

In practice, in a country as unequal as Brazil,

that's not what happened.

<<<<< *TV flips on* >>>>>

Voice 05: During the pandemic, the state of São Paulo recorded more deaths of Black people than of whites in 2020.

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Voice 06: Black patients died more often of COVID-19 than whites, even in the wealthiest neighborhoods in the city of São Paulo.

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Jurema Werneck: What those numbers speak to is that structural inequalities influenced our high mortality rates.

Tiago Rogero: That's an excerpt from the senate inquiry into COVID. And the person talking is Jurema Werneck, an activist and the executive director of Amnesty International Brazil.

Jurema Werneck: And when you cross-reference different markers, what you see is that the majority of the people who died in Brazil were Black, Indigenous, people with low incomes and lower levels of education. We already knew that Brazil was unequal on that score, and we let it go. We let it happen.

Tiago Rogero: It was no accident that Brazil neglected to buy vaccines.

It was no accident that there was no investment in mass testing.

It was no accident that there was such resistance to science and everything that scientists were saying,

like the need for social distancing, the use of masks, and so on.

It was no accident that the authorities that ought to have guided us
invested time and money into spreading lies
about the virus, about the vaccine, about preventive treatments that were never real.

It was no accident, it wasn't by chance;

it was on purpose.

It was by design.

Jair Bolsonaro: There's the coronavirus issue, too. As I understand it, people are exaggerating the destructive potential of the virus.

I mean, Brazilians have got to be studied. They don't catch a thing! You see a guy jumping into a pool of sewage, and he comes out... Y'know? And nothing happens.

There's the idiots out there... The "stay at homers." The idiots, there are idiots who're at home to this day.

I'm sorry for the dead, but that's what's going to happen to all of us.

Tiago Rogero: It was no accident.

And neither was the dismantling of the SUS,

a process that began a while ago, even before Bolsonaro took office,

but which was made much worse by his administration.

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Voice 07: The result of a lack of investment in public health is often reflected in the poor service provided by the SUS, forcing many Brazilians to pay for health insurance.

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Tiago Rogero: And all that was made worse by the inefficiency of a Ministry of Health that allowed the system's budget to shrink, year after year.

In spite of a valiant team of professionals, who, in spite of everything, have kept things functioning at a minimum over the last few years,

we can't forget the kind of people that the president chose to head up his health department.

People who seem to miss the time,

the not-so-distant time,

when there was no free, public health care for everyone.

And the SUS is for everyone.

Of course it has its problems, and we're going to talk about them.

But before the creation of the SUS, which only came in 1988,

Black people,

Indigenous people,

poor people in Brazil,

were left to fend for themselves.

Left to die.

Before the SUS, that's how it was.

Jurema Werneck: Because before then, it was every man for himself. And Brazilian society said that wasn't acceptable.

Tiago Rogero: Here again is Jurema Werneck, now in a conversation I had with her.

Jurema Werneck: Brazilian society put up a fight, organized a social movement to make sure that our answer wasn't 'every man for himself.' If you were born after 1988, you've always had the SUS. But I was born in 1961, without that, as a kid with asthma. So before 1988, you've got the whole of Brazilian history without it.

Tiago Rogero: There was nothing.

Jurema Werneck: There was no public health care system. Where I came from, there was no public health care.

One day, my mom started getting bad headaches, which we dealt with at home as best we could. And my dad was the doorman at the Air Force hospital, which wasn't a public hospital.

Tiago Rogero: It's only for members of the army or their dependents.

Jurema Werneck: But my mom was getting really, really bad. Really bad. So he asked the doctor to him a favor and see her. And that doctor squeezed her in for an appointment at night. He agreed to see her. It was all makeshift. She had to take the bus. She was really sick, she had to take the bus, walk to the bus stop and back. All in terrible pain. And he gave her some basic painkillers.

A little while later, she died. And when she died, the death certificate said it was a subdural hemorrhage across nearly an entire hemisphere of her brain. Half of her head was bleeding. And when I was in medical school, in the neurology textbook, there's a description of the clinical presentation of the rupture of a cerebral aneurysm. That textbook case was identical to my mother's.

What does my mother's story say? First, that she had no chance. Because there was nowhere to go. Second, that doctor did her a favor. He did her a favor. But, I mean, it was written there in the book. Did he not read that page? Is that possible?

We can say that the SUS, today, is in really bad shape. And it is. There are people who still go through what my mother did. I was 14 when she died. There are people still going through what my mother did. There are people who have nowhere to go.

I'm not saying that she could have survived that aneurysm. If she'd had the correct diagnosis, if she'd been hospitalized, had surgery... I'm not saying that. But she'd have had a chance. But she didn't have the slightest chance. It's a story that makes you sick, sad, furious.

The population really demanded this. And Black people demanded it more than the rest, because they were forsaken. The SUS is a project designed by Brazilian society. It's a project by Brazilian society.

Tiago Rogero: A project by Brazilian society.

Which arose to fight another project, by the Brazilian state. By the "official" Brazil.

The story we're going to tell today, of how and why the SUS came to be, is all about something the legendary writer Conceição Evaristo, once said in a story of hers:

they decided to kill us

and we decided not to die.

I'm Tiago Rogero,
and this is the projeto Querino podcast,
produced by Rádio Novelo.

Episode Seven: Every Man for Himself.

Back when Brazil was a colony, before the royal family arrived, there were almost no doctors.

What few doctors there were had all studied in Europe, especially in Portugal, at Coimbra. But they couldn't treat the whole population.

After all, their services were all paid for privately, except for the odd charity case.

Poor people could only get treated through the church, at the Houses of Mercy.
The first House of Mercy was built in the 16th century, in the early days of the colony.

But then there was still the rest of the population:

those who weren't rich enough to pay to see a doctor,
and those who weren't poor enough to be treated at a House of Mercy.

This massive group was completely abandoned by the authorities,
who were quick to collect taxes,
but didn't offer any form of health care in exchange.

People left to fend for themselves.

Forsaken by the state,

but not by one another.

Jurema Werneck: We created and cultivated our own wisdom, our own knowledge, our own traditional health care system. And it was quite sophisticated. There's a sophisticated method for diagnosis, which spoke directly to a divine entity to find the answer; that answer would be a holistic one.

Tiago Rogero: Healing has never been the sole province of medicine.

Our native peoples, for example, took care of themselves,
and were doing just fine before the Portuguese invasion.

Just like the many peoples and cultures of Africa.

When they were kidnapped and brought to Brazil,
they carried their ancestral knowledge of healing with them.

Regina Xavier: The folk healers...

Tiago Rogero: This is the historian and professor Regina Xavier.

Regina Xavier: ...normally bloodletters, barbers, are mostly men, and mostly African men. They were usually called barbers because they did shave people's beards. So they were used to working with razors and, in addition to shaving your face, they could do small surgeries. They were also called bloodletters. They could extract teeth, perform little operations... they applied suction cups, leeches, and that would theoretically remove sickness from their patients' bodies.

Tiago Rogero: Above the barbers/bloodletters, in the social hierarchy of healing, were the surgeons.

That word is tricky because it makes us think of today's medicine.

But back then, surgeons didn't need a medical degree.

They just had to get a license from the Chief Surgeon of the Realm.

And most surgeons were white.

There were some free Black surgeons, here and there.

And within that hierarchy,
the barbers were at the bottom,
the surgeons were above them,
and waaaaay up top, above everybody else,
all the way at the top,
were the doctors with degrees.

Regina Xavier: Doctors increasingly wield their diplomas from medical schools as the necessary credentials for them to heal the population. Doctors gradually stake out an exclusive field of action, to the exclusion of other figures. So curandeiros and homeopaths, as well as all the rest, are put in tension, as doctors defend their wisdom and their scientific knowledge to the detriment of traditional knowledge.

Tiago Rogero: But as strong as the doctors' lobby was,

there wasn't enough of them to treat everyone.

Much less enough people who could actually pay.

But that wasn't the only reason that people sought out other forms of healing.

Regina Xavier: The way that these doctors look at healers, and the way they look at their potential clients, is shot through with prejudice based on the way that society organized its social hierarchy. So when you have epidemics, what do the doctors say? That certain populations are more affected because they're ignorant, because they aren't hygienic, so they're more likely to fall ill.

Tiago Rogero: This strain of thought was called hygienism. It was really influential in Brazil.

Regina Xavier: That makes them more resistant to doctors' treatments, because from the point of view of these enslaved people, based on African culture, if sickness is caused by wrongdoing in the cosmos, it's important to have a healer who can understand that the imbalance between good and evil, between the supernatural and the natural, someone closer to your culture and your way of life, and will thus be better placed to intervene.

Tiago Rogero: Regina is the biographer of a fascinating character who lived in Campinas in the 19th century.

Regina Xavier: He's an extremely skillful, extremely talented African, who despite having suffered the hardships of slavery, was able to take the reins of his own story. He was able to deal with this world, with its violence, in a variety of creative ways, and was able to eke out a degree of autonomy and a better life for himself.

Tiago Rogero: We don't know what his name was before he was brought to Brazil. His African name.

Here, he was baptized as

Tito.

Regina Xavier: We know that he was African, and that he was enslaved as a child. And we know, Tiago, that the slave trade brought many African children to Brazil.

Tiago Rogero: The first time he shows up in the records, as a slave of one of the richest masters in Campinas, Floriano de Camargo Penteado,

Tito was just 11 years old.

Regina Xavier: But we don't know what part of Africa he came from, specifically. What we do know is, the region saw a large influx of slaves from West-Central Africa, especially the region of Congo and Angola. So we believe that he was enslaved in that region, came over as a child, and was enslaved on a plantation which, at the time, cultivated sugar.

Tiago Rogero: Tito worked as a pajem [page], in the plantation house.

Regina Xavier: The pajem, alongside the butlers, the cooks, the female house slaves, and the wet nurses, was a slave who worked in the domestic sphere. He worked in the masters' house, caring for the master and his family. A pajem was generally the master's personal servant.

Tiago Rogero: But when he grew up, he developed another profession.

And that's the one that'll be key to our story here.

Tito was a curandeiro.

Regina Xavier: And what a curandeiro did in Tito's case, was...

Tiago Rogero: At times, the work of a bloodletter and that of a healer overlapped.

Regina Xavier: In addition to bloodletting, and carrying out those specific activities, Tito was also known as an herbalist, someone who knows the ways of plants and uses them to make draughts, or unguents, or medications to treat a whole variety of illnesses of the time.

Tiago Rogero: The curandeiro was the equivalent, in popular medicine, to the pharmacist, or apothecary, who took care of medications.

Curandeiros weren't just connected to nature,
they were in tune with the spiritual realm.

Regina Xavier: Doctors, on one hand, will say, 'In order to fight diseases, we have to deal with their causes in nature.' They believed that contaminated soil, or vapors in the air, was what caused disease. So you had to urbanize and organize cities to avoid illness. Africans, meanwhile, believed that diseases were caused by evil energies in the cosmos, and that they were interfering in material life. It's a perception that's spiritualized, religious, which is part of the African vision of sickness and cures, and which provides an alternative to a form of medicine that neglects the religious side of things in favor of a more nature-based perception of disease.

Tiago Rogero: Back then, in the 19th century, Campinas was hit by two major epidemics.

Regina Xavier: The first in 1858 and the second in 1862, both smallpox epidemics, which were really frightening. And he's still enslaved at this point. But it's quite likely that, in light of the scourge of smallpox, as they called it, he might have been given permission by the missus to help out with healing. Because shortly thereafter, he has a considerable sum that he uses to buy his and his wife's freedoms. So it's quite likely that his work allowed him to buy his freedom.

Tiago Rogero: Tito bought his freedom and kept on working as a curandeiro.

And it wasn't just poorer folks, enslaved or free,
who valued his work.

For example: there was a doctor in Campinas, Ricardo Daudt, who was an ardent defender of the idea that medical knowledge was the only conceivable kind.

He even called for laws that would keep curandeiros from seeing patients.

Regina Xavier: But even he grows close to Mestre Tito. And he recognizes that, in certain cases, with certain diseases, medicine isn't the answer, and that his knowledge falls short. He even refers patients of his to be cured by Mestre Tito. So that shows you a bit of the ambiguity of the period.

Tiago Rogero: That reminds me of the story about Tia Ciata and a president of the Republic.

Tia Ciata – her name was Hilária Batista de Almeida – she did all sorts of things.

She sold food on the streets, she was one of the matriarchs of samba...

And she was also a curandeira.

And once, when Venceslau Brás was president, she was called to the Catete Palace, in Rio, which was the headquarters of the federal government.

The president had a wound on his leg that no doctor could heal.

He asked Tia Ciata to help,

and she left his leg like new.

Regina Xavier: Now, Tiago, I'm not about to tell you that this way of looking at disease is the exclusive province of Africans. They're just slightly different intellectual frameworks. Because if you think about the population of Campinas, which was basically Catholic, they also had a spiritual view of sickness. The church itself made unguents to protect the bodies of the sick.

Tiago Rogero: And it's still that way today.

Just look at all the people, of all different faiths, who ask for prayers when they're sick.

Regina Xavier: So there's an affinity with the religious understanding of sickness and healing, they're just different frameworks.

Tiago Rogero: Tito was such a well-known figure in Campinas that he came to be known as Mestre [Master] Tito.

Regina Xavier: It's recognition of his wisdom, as a folk healer, and there's also a religious sense to it. Because those two things were built alongside one another. He makes a name for himself as a healer while doing the same as a religious leader.

Tiago Rogero: Mestre Tito's faith was what you might call Afro-Catholicism.

Because he was Catholic, and worshipped Saint Benedict...

Regina Xavier: ...who's a Black saint, seen as the protector of Africans and their descendants. His work as a healer is in parallel to his work as a religious master, a religious leader. The saint helps him cure people, the saint helps keep him healthy, and in return, he builds a church dedicated to the saint.

Tiago Rogero: Mestre Tito was able to raise the money to build a church in honor of Saint Benedict. And it still stands today, in downtown Campinas.

Regina Xavier: So Tito, he's where the streams meet: he's Catholic, but he's very much an heir to the African tradition in the way he positions himself as a healer in relation to the church, and so on.

Tiago Rogero: As time went by,
the tension between so-called folk healers and doctors
only grew.

Even more so as the medical establishment came into being,
as doctors started getting their education here.

Brazil's first medical schools were only founded after the Portuguese royal family came here
in 1808.

They wound up being the country's first institutions of higher education:
first in Salvador, then in Rio.

And that goes to show just how much Portugal cared about developing its colony, right? It
took them over 300 years after the invasion to build a college over here.

And these medical schools weren't even really colleges.
At the start, they were just surgical schools, really basic training.

To be admitted, besides, obviously, being free, you had to know how to read and write,
and understand French and English.

Ah, and you had to be a man. They only started admitting women in 1879.

Just 10 years after independence,
they became real medical schools,
along the lines of the one in Paris.

That's when they upped the requirements.
Now, in addition to English and French, you had to understand Latin
and turn in a certificate of good conduct.
And there was a hefty entrance fee:
20 contos de réis, which was a lot of money at the time.

Unsurprisingly, these schools were extremely elitist,
and ridiculously white.

That's not to say that there were no Black doctors getting degrees back then.

Of course there were.
Many of them were prominent, and disruptive.

Like Maria Odília Teixeira, for example,
the first Black woman to get a medical degree in Bahia,
and also the first Black professor at the state medical school.

Or Juliano Moreira, another alumnus of the Bahia medical school, who revolutionized the
field of psychiatry in Brazil.

But to this day, Black doctors are underrepresented, in comparison to the general
population.

According to the IBGE, just 20% of Brazilian doctors are Black.

And that's changed thanks to affirmative action policies, thanks to quotas,

but there's still a long road ahead.

Black doctors are still the exception to the rule.

Jurema Werneck: The Brazilian state's policy toward Black people, after we brought down... it didn't just go away, we took down slavery... the policy was elimination. Killing. If you can't kill them, let them die. Kill them or let them die, which is another form of killing. Racism is annihilation, y'all.

Tiago Rogero: Here again is Jurema Werneck.

Jurema Werneck: Why did I become an activist for health care, because I wanted to? Not exactly. Because I went over to health care, I studied medicine, and I practiced for a while, but not for long. But the movement wouldn't let me put my diploma away...

Tiago Rogero: "The movement" is the Movimento Negro, the Black movement in Brazil.

Jurema Werneck: ...the Movimento Negro has always denounced extermination, genocide, and killing, and demanded that we do something. Wherever there's racism, it expresses itself through death. Physical death, and all the other sorts...

Tiago Rogero: Not to mention the impact racism has on mental health, for example.

Jurema Werneck: ...so, if there's racism, how can we still be here? Because we took action. In the face of annihilation, I give you back your history, I give you back a connection to your past and your ancestors. And we made Brazil. We proposed a different Brazil. Not the Brazil that kills, but a Brazil that offers us everything we've given to it, which offers something in return.

Tiago Rogero: Here, again, I'd recall the episode about education.

It wasn't Black people wanting whites-only and Blacks-only schools.

It wasn't Black people keeping white kids out.

Quite the opposite.

Through university quotas, the fruits of the Black movements' struggle today benefit people who weren't able to pay for private school, and who attended the public system.

And healthcare was the same: the fight was always about including everyone.

Jurema Werneck: We made Brazil, we didn't make the healthcare system. Healthcare, education, housing... For a long time, all the way back to slavery, we've been offering up a vision of Brazil. Before it was Brazil, when it was the empire, the kingdom, a colony, whatever. But ever since we understood we were staying here, we knew this place had to be ours. And it has to reflect who we are.

Tiago Rogero: In the Brazil of Black people's dreams, nobody is left out.

In 1911, more than 50 countries took part in the First Universal Races Congress, in London.

Europe was in yet another stage of imperialist expansion, on the eve of World War I, and a group of anthropologists and activists decided to hold this event to debate ways for the world's races to peacefully coexist, to try to put an end to prejudice.

This was a time when people still believed in the biological concept of race. That there was a biological difference between a white person and a Black person, for example.

Today we know, and science has proven, that that doesn't exist. When you're talking about human beings, race, biologically, doesn't exist. Biologically speaking, it does not exist.

Race only exists as a social construct: social and economic relations that were built over decades, centuries, around the idea that one group is better than another. Based on aspects like skin color, ethnicity, geographical origin, religion...

And at that congress, there were people who were starting to come around to that idea and there was the "scientific racism" team.

More than 50 countries sent representatives.

And Brazil, which by that time was a republic, led by Hermes da Fonseca, sent a white man, the anthropologist João Baptista de Lacerda, who was the head of the Museu Nacional in Rio.

As the Brazilian government's representative, Lacerda made a speech about how miscegenation, racial mixing, between whites and Blacks, was going to make Black people disappear from Brazilian soil by the 20th century, making it possible to turn the population white.

He was predicting, he was promising that there would be no Black Brazilians by about 1911. That was the goal.

And he explained why and how that was going to happen:

one of the reasons was growing European immigration to Brazil, which the government had already been planning since the final years of slavery.

You know that story about how they "swapped" the African workforce for a European one? To attract European laborers, the Brazilian government offered a bunch of perks. Like making it easier for them to buy land, for example.

D'you think that any former slave had any help when it came to working the land, making a life for themselves?

Well, according to Lacerda, another reason that the Black part of the population was fated to disappear was the combination of social ills and neglect that Black Brazilians had been dealing with since abolition.

Let me just repeat, the person saying this in front of representatives from the whole world was a man chosen by the Brazilian government to represent their country.

So when Jurema says that, after Black folks brought down slavery, and that's what happened, Black folks brought down slavery, it wasn't given out of the goodness of a princess's heart – and we'll talk about that in the next episode...

but when Jurema says that afterwards, the Brazilian state's policy toward Black people was elimination,

"if you can't kill them, let them die,"

she's not exaggerating. Not even a little bit.

She's being precise.

And if you think that's something that was confined to the early days of the Republic, just listen to this.

In 1982, when Paulo Maluf was the governor of São Paulo, the state financed the production of a report.

The title was:

"The 1980 Census in the State of São Paulo: Interesting Facts and Concerns."

The report included figures about the increase in the numbers of people identifying as *preto* or *pardo* –

in other words, the Black population –

and it included a warning:

"If this trend keeps up, by the year 2000 the population of *pardos* and *pretos* will be around 60%, hence far outstripping whites, and will have the electoral potential to control politics and take over key positions."

This was in an official document produced by the São Paulo state government.

And in it's just one more example – and I could spend hours here laying out why and how

the Brazilian state has worked

since the end of slavery to this day

to do away with its Black population.

And until then, at least deprive them of political participation.

And that's directly tied to the complete and utter absence of public healthcare.

Jurema Werneck: Post-slavery, formal work wasn't within our reach. What was left for us was government neglect. We had no access, and we kept on calling for it.

Tiago Rogero: Under the Republic, healthcare was more often dealt with by the police. The whole idea of public hygiene, of cleaning up society.

Which we know was a racist idea to begin with, too.

Religions of African origin, as we heard last episode, were also treated, for decades under the Republic, as crimes against public health.

There were vaccination campaigns, for example, but almost always in response to some epidemic. There was no prior planning, no preventive care, nothing like that.

Healthcare initiatives remained isolated.

Sporadic.

Then a few companies realized that all this was making them lose money. Because their employees kept getting sick and having to miss work.

So factories started to offer medical services to employees and charging them a percentage of their salary.

In the 1930s, the government set up Retirement and Pensions Institutes, which meant that people who were formally employed could have access to medical aid.

But that was it.

The rest of the population had to pay for care, or seek it out in charity hospitals or the very few municipal and state hospitals there were back then.

Jurema Werneck: We said, 'That's not enough.' They built it up a little more, but then we said, 'It's still not good enough. We need more.' Not some skimpy service where some get in and others don't. Not just for people who could pay. But something that could treat everyone.

Tiago Rogero: The Ministry of Health was only created in the 1950s.

There was some investment early on, but under the military dictatorship, spending plummeted.

Down to less than 1% of the federal budget.

And meanwhile, what was gaining strength was...
the private sector.

In the late '70s and early '80s, private health care plans started taking hold.

Fernanda Lopes: Black people had a leading role, played an extremely active part in the conception of healthcare as a universal right...

Tiago Rogero: This is Fernanda Lopes.

Fernanda Lopes: ...an anti-racist activist, a feminist, an independent researcher, with a master's and PhD in public health.

Tiago Rogero: As the public system was hollowed out, in the 1980s, during the return to democracy, pressure for health reform started to build.

Fernanda Lopes: For Black women, it was the starting point for discussions about well-being and the need to recognize racism, prejudice of origin, prejudice around gender identity, or sex, which was what was being discussed back then; around

age, or any other form of discrimination, and how that affected public health, and Black people's health in particular.

Tiago Rogero: When the military dictatorship finally came to an end, they held elections to choose the constituents who'd help write Brazil's new Constitution.

Fernanda Lopes: And in the Constituent Assembly, Black participation in the groups that were dedicated to discussing racial issues and policies to combat racism, led by Benedita da Silva, by Abdias, by Caó, they were also debating the right to health care. In 1988, when the Constitution is ratified, healthcare is recognized as a fundamental right for all Brazilian citizens, and all those living here.

Tiago Rogero: Healthcare was finally enshrined as a basic right.
In other words: there is no citizenship without healthcare.

That only happened in 1988.
It's still so recent.

Fernanda Lopes: It was all built with significant participation from Black leaders, from Black women leaders, who, ever since the late '80s and early '90s, had placed healthcare as one of the key planks in their strategy of combating racism and sexism and promoting well-being.

Jurema Werneck: The SUS was designed to be not only an answer in terms of healthcare, which people demanded and helped to build. It's also an answer in terms of the redistribution of income and wealth that we all produce, in public policy and healthcare policy. You've got to distribute it in other forms, including money, but the SUS is also redistribution of income and wealth.

Tiago Rogero: Jurema Werneck and Fernanda Lopes were the first two representatives of Black movements on Brazil's National Council of Health.

Jurema Werneck: First it was Fernanda. I stepped in for Fernanda. Fernanda was there for a year. And in that year, she made the biggest contribution that anyone could have made to the health of Black Brazilians: she took a proposal that we'd all built together, not just her, not just me, but a group of researchers and health professionals and the Black movement, the Black women's movement. We put

together a proposal for a national policy designed to address the health of the Black population. So that the Ministry of Health's proposal would be along the lines of what people, what we were demanding...

Tiago Rogero: The National Policy for the Health of the Black Population recognizes that racism exists in the care provided by the SUS, and it lays out strategies to fight it.

For example, it makes it mandatory to register the color or race of people being treated.

Fernanda Lopes: Without that, it's impossible have policy that's committed to the life and well-being of all people. Discriminatory practices impact the way Black people are born, live, fall ill, and die. And that's what we need to understand, to dig into, to publicize, and to demand that policies be implemented and that the SUS be consolidated as a system – not the way it is today, but the system we want, the system we need, not just the system that people say is possible.

Tiago Rogero: Nobody here is saying that the SUS is perfect. Because it's obviously not.

Jurema Werneck: First, we have to be accommodating of the view of those who call the SUS a piece of crap. Because it is. In other words, the SUS that's in practice today is indefensible.

<<<<< *TV flips on* >>>>>

Voice 08: For very ten cancer patients in the Sistema Único de Saúde, four aren't able to get treatment in within the legally stipulated deadlines.

<<<<< *channel changes* >>>>>

Voice 09: We talk almost every day about problems that Brazilians face in the healthcare arena. And today, the sad news comes from Rio de Janeiro, where a 54-year-old woman died without receiving treatment at a public hospital.

<<<<< *TV flips off* >>>>>

Jurema Werneck: The system is the people making the system and the people making the decisions, right? You've got to get right up in the face of the people who did that. But why's that important? Because it's our project. We can toss this SUS out if we've got another proposal. But a single, public, universal, all-around, equitable system is essential. It's essential for the existence we want, for the country we want. For the society we want. And it's essential in our daily lives.

Tiago Rogero: I don't know if you like graphic novels, but the SUS is what you might call an anti-hero.

It's not the hero the Brazilian people deserve, by a long shot.
But it's what they need.
Even though there's still so much to be improved.

Fernanda Lopes: We've lost over 600,000 lives to COVID. If we didn't have a universal, public system, we'd have lost many more. We also wouldn't have the vaccines, we wouldn't have the response system... as hard as it's been, as terrible as the management has been, we would have been completely on our own. Even though the situation could have been completely different.

<<<<< TV flips on >>>>>

Voice 10: Well, President Jair Bolsonaro said today that he doesn't know of any children dying of coronavirus.

Jair Bolsonaro: Anvisa, unfortunately, approved the vaccine for children ages 5 to 11. My opinion, I want to let you know: my 11-year-old daughter isn't getting the vaccine. Are you going to vaccinate your kid? Let me ask you: do you know of any kid between the ages of 5 and 11 that's died of COVID? I don't.

Voice 10: If he doesn't know of any, he needs to read up. Because they do exist.

<<<<< TV flips off >>>>>

Fernanda Lopes: At least half of those lives could have been spared, of those we lost in the pandemic. At the very least, half of those lives could have been spared. But it would have been so much worse if we didn't have the SUS.

Jurema Werneck: You may not want to defend what we've got now, because it is indefensible. But the pandemic made us see... if this thing really worked, it'd be amazing, right? Because if it's a piece of crap now and it helped so many people... just think if it really worked? I think it's worth investing in because it's a worldview. It takes us out of 'every man for himself.' Today, that idea still has a strong foothold. But I think that for us, the Black population, it's important to break away one and for all from 'every man for himself' and make sure that there's something for everyone.

Ever since it was created, it's been under attack. So a person who was born in 1988 and thinks that this... that the SUS that exists, but is a piece of crap, they have to know that it wasn't supposed to be a piece of crap. It was supposed to be something else entirely. It was supposed to be what it is in Spain, what it is in Cuba, what it is in the United Kingdom, in England. That's what it was supposed to be. But here, the greed of the wealthy, the greed of those who were already covered, was too strong. And we lost out. We weren't supposed to have all these private plans, all these cutting-edge hospitals – which the SUS supports, incidentally – which only treat a minority. It was supposed to be a single public system. And in the Constituent Assembly, that vision of a single public system lost out.

We've fought all this time to make sure that the SUS can really exist, doing everything it should do – and it hasn't been. And what does that mean for the Black population? The Black population only has two healthcare systems, basically. The traditional system of prayer and so-called folk medicine, the medicines of the terreiros, the medicines our grandmothers made. There's that system, which should never be underestimated because before the SUS, that's what took care of us, because there was nothing else. So it was effective. And there's the SUS. Healthcare plans are accessible for a minority. They're extremely expensive and they don't deliver on what they promise, not even for the wealthy. But the majority of the Black population, when they seek healthcare, turn to the SUS. We know they're not treated like they should be. But that's where they go. So it's absolutely key.

Tiago Rogero: And even after the SUS was created, Black folks kept on caring for one another.

Not just with ancestral cures,
 but with coordinated public health campaigns, too.

Voice 01: ...it's time for your second dose. On October 14, 15, and 16, you can get your second dose of the COVID-19 vaccine early, here in Maré...

Eduardo da Silva: My name is Eduardo da Silva, I'm 54, and I've been living in the Complexo da Maré ever since I was born, in the same house. I'm participating in Redes da Maré via their Health Connection project, making sure people are safely isolated. I'm a local coordinator. I help out by mobilizing residents. My day yesterday was pretty intense. We went out canvassing to let people know that we bumped up the Maré vaccination campaign, so we went to neighborhood associations, family clinics, leaving pamphlets, flyers, putting up posters, banners, so folks will come out and get vaccinated during this 3-day campaign. Thank goodness, people have really turned out. They've really gotten on board.

Voice 01: ...c'mon! Get vaccinated, Maré!

Tiago Rogero: I wanted to check out the mass vaccination campaign in Maré, which is a complex of favelas in Rio,

after watching a video.

A video you might have seen, too, because it was a huge hit...

Raphael Vicente: Hey. Y'all already know, the vaccination campaign is underway...

Tiago Rogero: ...by an amazing influencer who was born and raised in Maré, Raphael Vicente, who always shoots his videos with his family members.

Raphael Vicente: First of all, it's really important to get vaccinated.

Voice 11: Ah, but AstraZeneca has side effects, right?

Raphael Vicente: They're mild symptoms that last one or two days. Like a wise man once said: "You get the living daylight's beat out of you for a night, but immunity comes with the morning." And remember: the best vaccine is the one you can get.

Voices: Ooh, slay! Yas, queen! Look at you, breaking taboos! Oooh!

Voice 11: And remember, if you got the first dose, you've got to get the second!

Voice 12: How 'bout you, Luciene, you got your second dose?

Voice 11: Looking like this!

Tiago Rogero: First of all, since it's a podcast, I'd like you to introduce yourself, please, with your name and whatever other words you'd like.

Raphael Vicente: Hi, Raph..., hi, guys, I'm Pequena Lô, something like that?

Tiago Rogero: (laughs) Something like that.

Raphael Vicente: Hey, guys! I'm Raphael Vicente, I'm from right here in Maré, I've been here my whole life and I plan on staying. I'm a digital influencer, I make content with my family, I got big during the pandemic, and that's it, I'm living my life.

Tiago Rogero: What I like about his video about the vaccines, apart from just being good content, a fun way to communicate a really important message,

is that for me, it exemplifies Black people's role, their community action,

in promoting public health in Brazil.

A Black family making a video and calling on everyone to get vaccinated.

Raphael Vicente: I was really happy, because we were just trying to reach people here in Maré, but when we started talking about mass vaccination, the things we said wound up applying to everyone, not just people here in Maré. And I used humor. I think that whenever there's humor, people appreciate that. And in the end, it reached an audience that I never imagined. It reached so many people...

Tiago Rogero: Even with all the campaigning against it,

with all the disinformation out there,

and coming from the people who ought to be leading us,

people went to get vaccinated.

Raphael Vicente: The people around me all got vaccinated. They're people who post, who support the vaccine, who promote it. So I think I'm good, in terms of the people around me.

Tiago Rogero: Of course, in a country with a history of successful vaccination campaigns, the coverage rate could have been even higher.

Because, unfortunately, some people fell for anti-vaccine propaganda.

And the vaccination could have begun a whole lot earlier, too. That would have spared countless lives.

But when the vaccine finally did come, people went to get vaccinated.

Despite their plans for us,

despite "every man for himself,"
despite the goal of doing away with Brazil's Black population,

we're still here.

We decided to live.

Jurema Werneck: There was mobilization, there was struggle. And the game's not over until racism is. If you were born in 1988, you were born into a racist country. So there's going to be a lot of racism in the SUS. So you've got to keep fighting. I think that's something that has to be said, so people don't think things just grow on trees. There's plenty of fighting. And the enemy's fighting, too. That means we always have to stay on our feet.

Tiago Rogero: projeto Querino is supported by the Ibirapitanga Institute.

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On our website, projetoquerino.com.br, you can find all the information about the project, as well as additional content. Website design by Àiyé.

And I'd like to invite you to read the full suite of material for projeto Querino that's being published in *piauí* Magazine, on newsstands and on the magazine's website.

This episode drew on research by Gilberto Porcidonio, Rafael Domingos Oliveira, and Angélica Paulo, who also ran production for the series.

The episode was edited by Lucca Mendes, with sound design by Júlia Matos, mixed by Pipoca Sound.

Fact-checking by Gilberto Porcidonio,
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The visual identity is by Draco Imagem.

The interviews were transcribed by Guilherme Póvoas and Rodolfo Vianna.

The narration was recorded in the studios of Pipoca Sound and engineered by João Muniz. Script consultation by Mariana Jaspe, Paula Scarpin, and Flora Thomson-DeVeaux, with additional editing by Natália Silva.

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See you next time!