RACISM AS SOCIAL DETERMINANT OF HEALTH

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Promotion of Racial Equality

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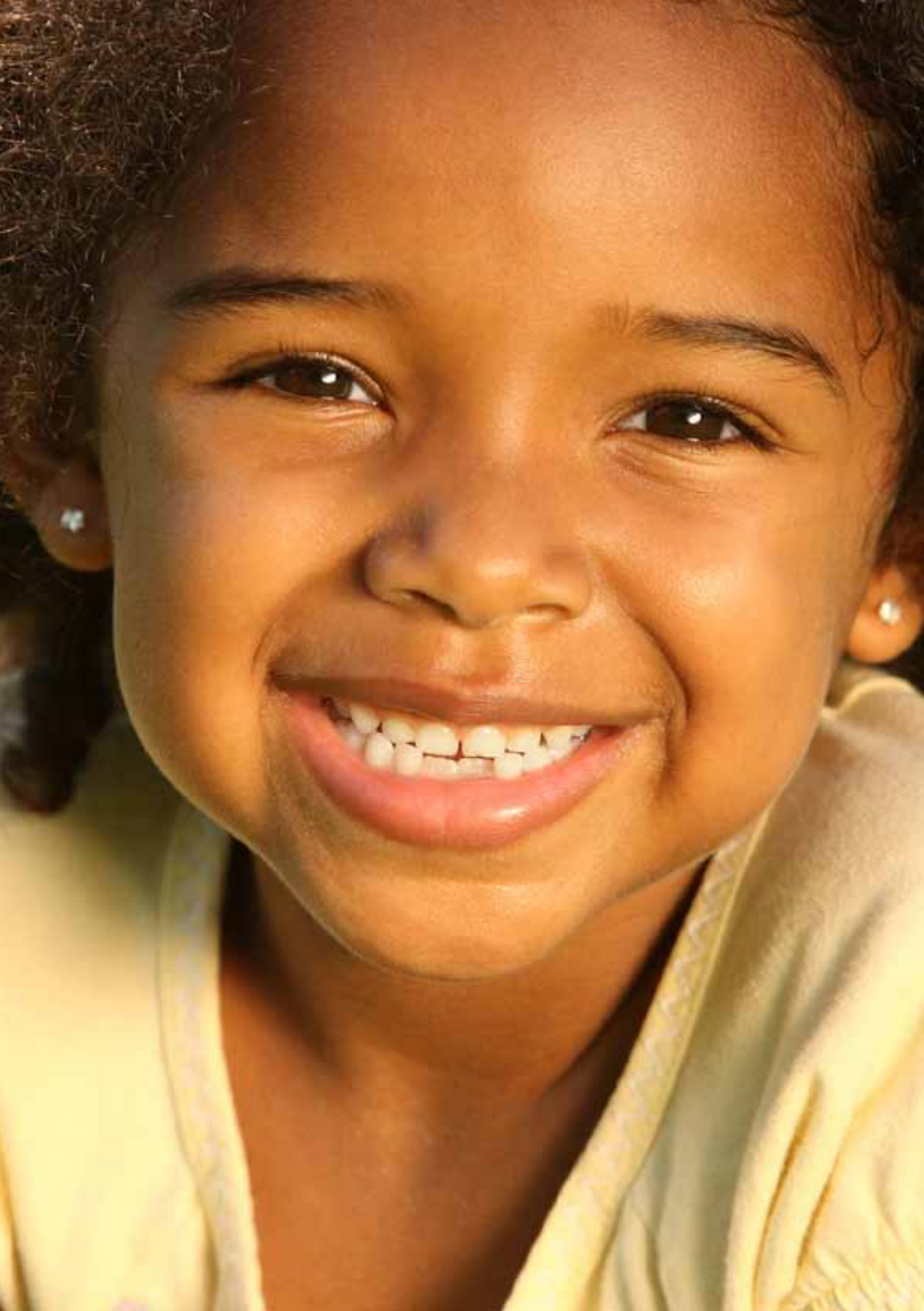

THE EQUITY IN HEALTH HAS TO BE FOR REAL

Health is a global public asset and a human fundamental right. It is a set of individual and collective conditions influenced and determined by economic, political, environmental and socio-cultural factors. This means that the persons have the right to have a healthy life, without preventable diseases, suffering or early death.

The concept of health brings in itself a long process of discussion and negotiation, which has occurredaccordingto what has been understood as citizenship. In the XIX century, there was the association between health and social conditions, which included work conditions, housing and education, among others. Parallel to that, the concept of collective health started to be used. But only in the middle of XX century, with the experience of the World War II and with the creation of the United Nation Organizations (UN) which was possible to establish a concept universally accepted understanding health as “the more complete state of physical, mental, and social well-being and not only the absence of disease” (WHO, 1946). Although broad, this concept of health as a human right is the postmark forthe notion of primary health care was taken—the entrance to the guarantee of this right (Scliar, 2007).

A big part of the causes of diseases and health inequalities come from, mainly, the conditions in which the person is born; family and individual trajectories; inequalities of race and ethnicity, gender and age, local and conditions of life and housing; work conditions, employment and income; access to information and to benefits and services potentially available.

The socioeconomic, racial and gender issues are associated with health inequities. Although in the last decades, the mortality rates of the general population have been reduced and increased the life expectancy, though the Black population still presents high rates of morbidity and mortality in all age ranges, when compared to the general population.

Below is the table which demonstrate the concept of Social Determinants of Health used by WHO[1]:

Sources: Adapted from the Report of the Global Commission on Social Determinants of health, 2007.

[1]Comissão para os Determinantes Sociais da Saúde. Relatório Final. OMS. 2010.

SOCIAL DETERMINANTS OF HEALTH AND HEALTH INEQUALITIES

The main point in this discussion is the positive association among the conditions of life of men and women of all ages, races and social classes and the state of health; the concentration of power and wealth impacts the health of the general population, and more specifically the Black population who mostly live in the worse condition of life.

It is important to consider that racism is an ideology which has been maintained by the privilege of self-defined sectors as racially superiors. Such advantages confer to these groups power to maneuver and control materials and symbolic public resources and tend to become extremely difficult its engagement in the rupture of prerogative resultants from inequity and the ethic necessary agreement.

One of the main attributes of ideologies is to establish beyond the individualities, wants or opinions, fixing internally to mechanisms of sociability and groupings.

According to the Declaration of UNESCO about Race and Racial Prejudices, of November 27th 1978, racism manifest through legal or regimental dispositions and by discriminatory practices, as well as by beliefs and anti-social acts; impedes the development of its victims, corrupts those who practice it, divide the nations within, constitute an obstacle to international cooperation and creates political tensions among peoples; it is contrary to the fundamental principles of international right, as a result, severely disturb the peace and the international safety.)[2]

The International Convention for the Elimination of all forms of Racial Discrimination adopted by the General Assembly of United Nations in December 21st 1965, declare in its preamble that all countries that were participating in the Assembly “are resolved to adopt all measures to quickly eliminate all forms of all manifestations of racial discrimination and to prevent

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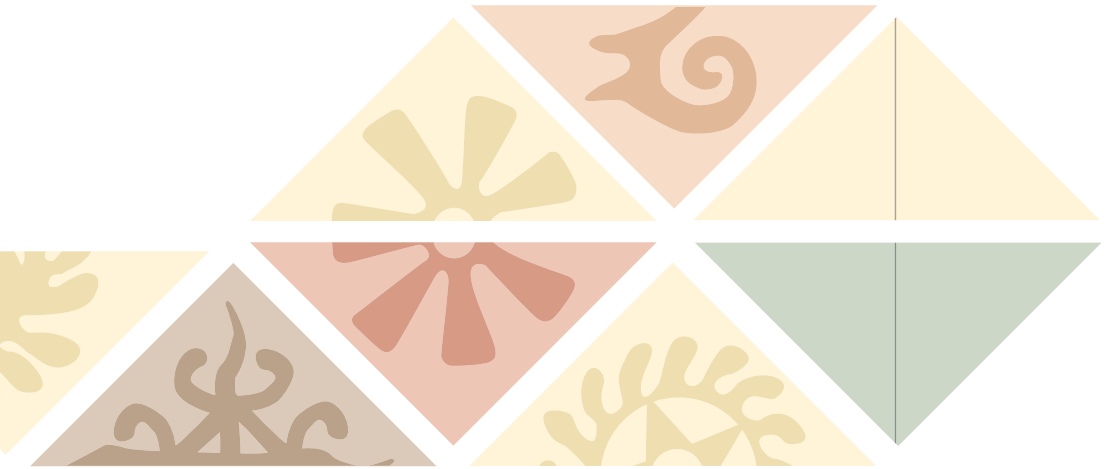
and to fight racist doctrines to favor the good understanding among races and conceive an international community free from all forms of segregation and racial discrimination." Besides, in its article 1, paragraph IV declares that "special measures taken with the objective of conveniently ensure the progress of certain social or ethnic groups or individuals who need protection to enjoy and exercise the human rights and fundamental freedom in equal conditions, will not be considered measures of racial discrimination, as long as it does not lead to the maintenance of separate rights to different racial groups and are not continued after they reach their objectives.

The Convention on Elimination of all Forms of Discrimination against Women (CEDAW) adopted by the General Assembly of UN in December 18th, 1979, declares in the 4tharticle, paragraph 1, that the adoption by the member States of temporary measures is not considered as an act of discrimination, such as defined in the present Convention, but by no means should have as consequence the maintenance of unequal or different norms; these measures should be putaside when the objectives of equality of opportunities and treatment have been reached.



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Declarations, treated, and international agreement signed by Brazil which discussesthe fight against inequality:

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17. Declaration and Action Plan of Durban (2001)
18. Final Document of the Conference of Revision of Durban (Geneve, 2009)

The perseverance of racism on health in the international plan, as well as the necessary paths to solve the problems, acquire a compatible relevance –or greater—with more than 20 paragraphs which treat specifically the theme of health in the Final Document of III World Conference Against Racism, Xenophobia, and Correlate Intolerances/CMR, called by the General Assembly of United Nation Organization, happened in 2001, Durban, South Africa, in the part, not only related to the Declaration as in the purposed Action Plan (almost 10% from the total). This final document indicates racism as an important factor which produces inequities in health which are exposed African and Afro-descendant populations. It highlights for the states of African Diaspora, the need to take measures to reduce inequities which affect them as a results.Without taking in consideration more generic approaches which bring consequences to health.

The utilization of the concept of race in the analysis of inequality verified through the health of persons and groups does not avoid other important factors in the production of differences and injustice in this field. Among them, it is necessary to highlight the socioeconomic factors, gender, age, environment, among others, which operate simultaneously with race and go to determine the increase or reduction of presented differences. But, it is important to mention that in many studies, of diverse areas of knowledge, the control of variables demonstrate the persistence of race—or racism—as an important factor in the production of inequality.

The manifestations of racism in the institutions are verified through norms, practices and discriminatory behaviors naturalized in the daily work resulting from the ignorance, lack of attention, prejudice, or racist stereotypes. In any situation, institutional racism limits the access of persons, of racial or ethnic groups discriminated through benefits created by the State and by institutions that represent them.

In general terms, the programmatic dimension of institutional racism is characterized by the difficulty to

recognize the problem as one of the determinants of inequity in the process health-disease-care and death, lack of investment in actions and specific programs of identification of discriminatory practices, difficult to adopt mechanisms and strategies of no discrimination, fighting and prevention of racism; absence of adequate information about the theme; lack of investments in the specific formation of professionals; difficult to prioritize and implement mechanisms and strategies of reduction of disparities and promotion of equity.

From this point of view, there is anunquestionable need for a continued process to highlight and to eliminate racism; as well as of elaboration and application of legal and social instruments of repression and reparation to actions of racism wherever it is installed.

TO REACH EQUITY, IT IS NECESSARY TO OVERCOME RACISM

The concept of inequity is indicated by the Pan American Health Organization (PAHO) as “the basic principle of human development and social justice” (Viana et al., 2001, p.16). Differently from the principle of equality, based on the concept of citizenship which indicates the equality of rights, the principle of equity is based in the idea of justice; it recognizes that the inequalities among individuals and groups require diversified approaches as the condition to the reduction of existing differences. Davidson R. Gwatkin (2002) calls attention to normative aspect of the concept of equity, understood in the perspective of valuation. For this author, its utilization in the field of health traditionallyrelates it to the reduction of inequalities.

According to Whitehead (1990), equity in relation to health should mean:

- Equal access to equal need;
- Equal utilization to equal need;
- Equal quality for all.

We do not consider proper to categorize as inequality the results of a giving action or policy which presents significant differences among groups that should get benefits or demonstrate a clear prejudice for one of the groups. In those situations there is no inequality; what exist is inequity, described as difference, full of injustice because, in general, it results from a situation which could be avoided by those who own the power to decide. Thus, the same manager who defends the principle of equality is also one who refuses to support policies to reduce racial inequalities.

Although the variable race/color is operationally incorporated by researchers and demographers it is not used as a basic health indicator, even though the social exclusion for belonging to an ethnic group is a social determinant of health according to WHO.

It is just in the clinic areas, in which a person is subject to subjective evaluation of the health professional which verify the most elevated mortality rates to the Blacks as a whole, and, in special, to Black women, who besides the unfavorable conditions of life still they suffer with the intersections between sexism and racism.

Inequities experienced by the Black population cause negative impact in their health. But, institutional racism stimulates the human rights violation. At an individual plan, discriminatory ideologies, such as racism and sexism generate psychological strategies of defense built culturally, such as: somatization, negation, rationalization and the invisibility of their struggle. Racism regulates the relations among users, professionals, and managers of public government and non-government services, as well as imposes extra-biological risk factors to survivors of the process of exclusion.

The health indicators demonstrate that although to the general population the mortality or morbidity rates for the majority of causes is reducing, the ethnic and racial inequalities have been maintained in the same levels throughout the years; and some even increased.

Based on this information, it was possible for managers and researchers to engage in the search for equity in health, to identify or recognize health problems which affect more strongly the Black population, whether for genetic determination, as in the case of sickle cell disease, the deficiency of glucose-6-phosfate dehydrogenase among others; by acquiring in unfavorable conditions and in the experience of structural racism, racial discrimination and institutional racism; or because of the contexts of vulnerability to which

Black men and women are subjected, present a severe evolution or difficult treatment.

From the perspective of organizational and planningprogram, integrality is the fundamental principle of SUS;becauseit guaranteesfor all persons an attention which encompasses the actions of promotion, prevention, treatment and rehabilitation, with access to all levels of complexity within the System. It also presupposes attention with focus in the individual, family and community (social insertion), and not pieces of actions or ailments (Brasil, 2009).

It is an ethic imperative for the promotion of human rights, including human right to health, as well as to the consecution of development with equity, to consider the social determinants as the complex and interrelated set of factors. In dealing with social determinants, it is necessary to have complex and multi-sector responses. The isolation of factors, although they permit the simplification of diagnosis, actions and policies, they end not only excluding persons and groups. It primarily, privileges, within these groups, those sub-groups which already are in the vantage positions (Brasil, 2005).

These actions should be realized through the coordinated interventions of different sectors, seeking the improvement of public policies as a way to generate positive changes in the state of health of the Black population, reducing the disparities and inequities. These measures should be directed to the production and utilization of specificdata for the decision-making; promotion of health; guarantee the active and effective participation of Black men and women; adolescents and young adults in all stage of the process of management; in the development of institutional capabilities to guarantee resolution in the management, equity and integrality in the attention to health (formation and permanent education of professional); research the technological development and management of knowledge.

Facts as these indicate the need that this World Conference of Social Determinants of Health, whose theme is “ALL FOR EQUITY”, be seen as an opportunity to review this historic error for the Brazilian population, in special, and for all other peoples of the world, who live under racist structures, in general.

BOX 2:

Three principles of actions suggested by WHO to reach health equality:

- To improve the daily life conditions – the circumstances in which the person is born, grow up, live, work and age.
- To approach the unequal distribution of power, wealth and resources—the structural agents of these conditions of daily life—global, national and locally.
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Works Cited

1. CDSS (2010). Redução das desigualdades no período de uma geração. Igualdade na saúde através da acção sobre os seus determinantes sociais. Relatório Final da Comissão para os Determinantes Sociais da Saúde. Portugal, Organização Mundial da Saúde.

2. Van Ryn M e Fu SS. Paved with good intentions: do public health and human service providers contribute to racial/ethnic disparities in health? American Journal of Public Health 2003; 93(2):248-255.

3. UNESCO. Declaração sobre Raça e os Preconceitos Raciais. Disponível em: http://www.dhnet.org.br/direitos/sip/onu/discrimina/dec78.htm

4. Brasil. Fundação Nacional de Saúde. Saúde da população negra no Brasil: contribuições para a promoção da equidade / Fundação Nacional de Saúde. - Brasília: Funasa, 2005. 446 p.: il. Disponível em: http://bvsms.saude.gov.br/bvs/pop_negra/pdf/saudepopneg.pdf

5. BRASIL. Ministério da Saúde. Conselho Nacional das Secretarias Municipais de Saúde. O SUS de A a Z: garantindo saúde nos municípios. 3. ed. Brasília: 2009.

6. Brasil. Presidência da República. Direitos humanos : percepções da opinião pública: análises de pesquisa nacional / organização Gustavo Venturi. – Brasília : Secretaria de Direitos Humanos, 2010. 272 p. : il. Disponível em: http://portal.mj.gov.br/sedh/biblioteca/livro_percepcoes/percepcoes.pdf

7. SCLIAR, Moacy. História do conceito de saúde. Physis – Revista da Saúde Coletiva, v. 17, n.1, p. 29-41, 2007.

8. Organização Mundial de Saúde. Constituição da Assembléia Mundial de Saúde. Nova York, 22 de julho. 1946.

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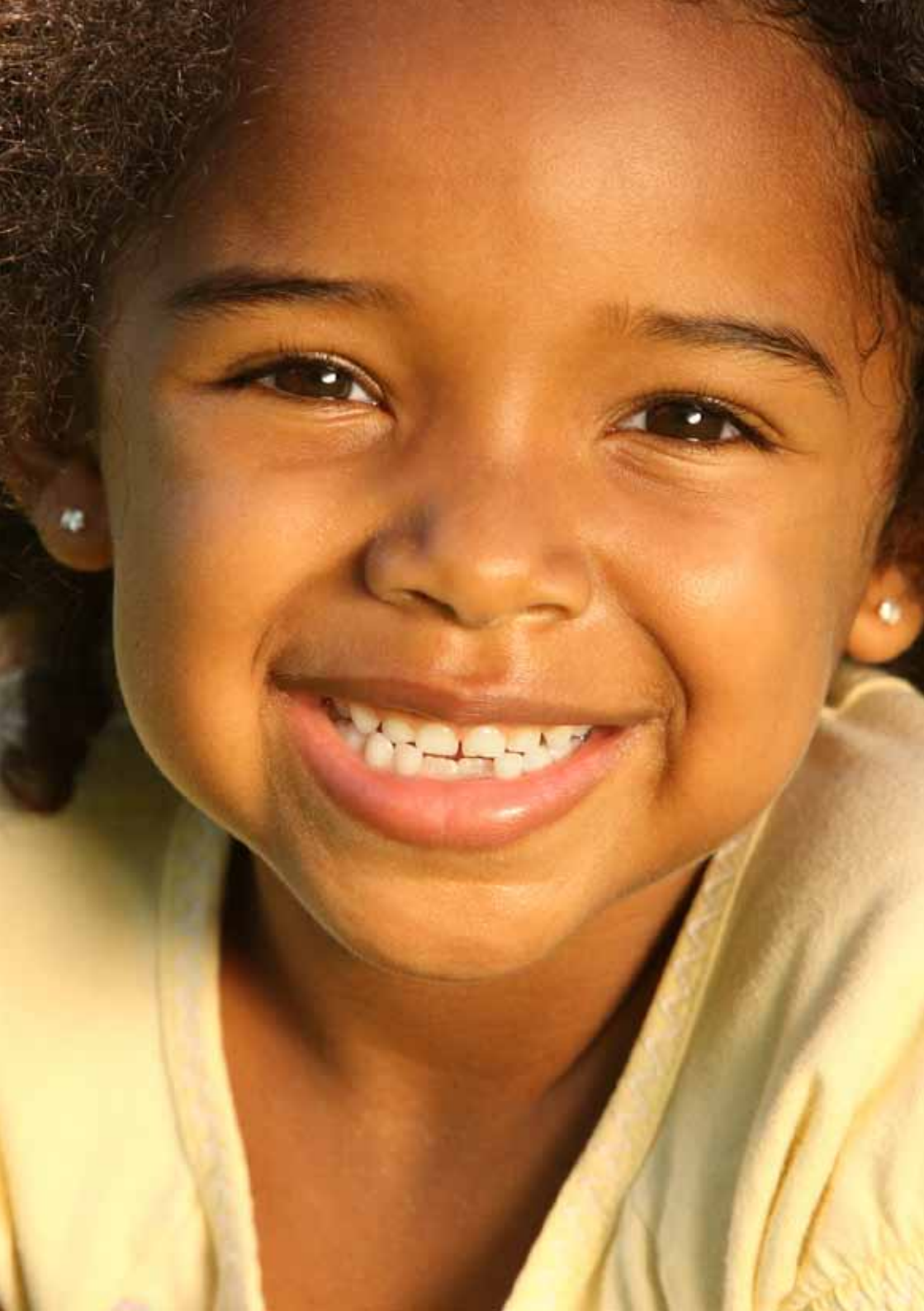

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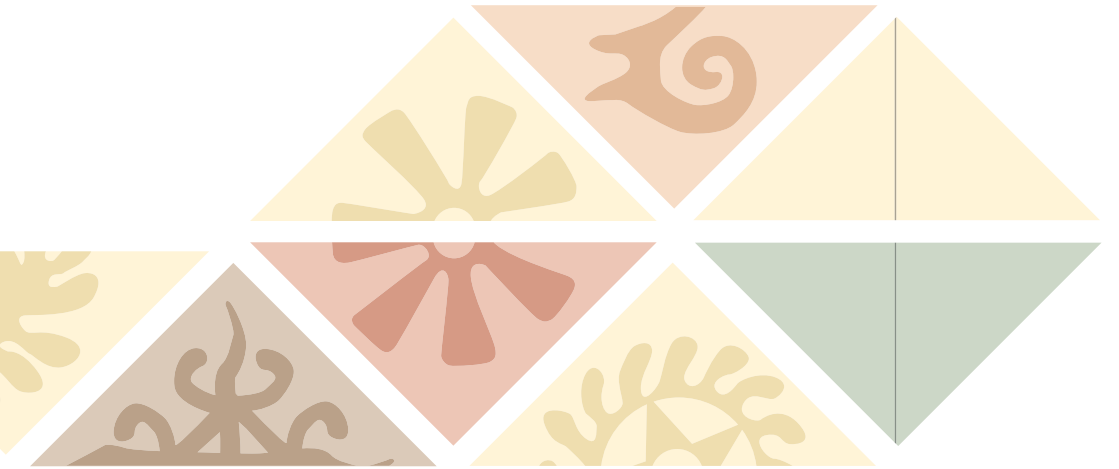

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Works Cited

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3. UNESCO. Declaração sobre Raça e os Preconceitos Raciais. Disponível em: http://www.dhnet.org.br/direitos/sip/onu/discrimina/dec78.htm

4. Brasil. Fundação Nacional de Saúde. Saúde da população negra no Brasil: contribuições para a promoção da equidade / Fundação Nacional de Saúde. - Brasília: Funasa, 2005. 446 p.: il. Disponível em: http://bvsms.saude.gov.br/bvs/pop_negra/pdf/saudepopneg.pdf

5. BRASIL. Ministério da Saúde. Conselho Nacional das Secretarias Municipais de Saúde. O SUS de A a Z: garantindo saúde nos municípios. 3. ed. Brasília: 2009.

6. Brasil. Presidência da República. Direitos humanos : percepções da opinião pública: análises de pesquisa nacional / organização Gustavo Venturi. – Brasília : Secretaria de Direitos Humanos, 2010. 272 p. : il. Disponível em: http://portal.mj.gov.br/sedh/biblioteca/livro_percepcoes/percepcoes.pdf

7. SCLIAR, Moacy. História do conceito de saúde. Physis – Revista da Saúde Coletiva, v. 17, n.1, p. 29-41, 2007.

8. Organização Mundial de Saúde. Constituição da Assembléia Mundial de Saúde. Nova York, 22 de julho. 1946.