Editorial

Racism, Racial Iniquities, and Subjectivity – Seeing, Saying, and Doing

Racismo, Iniquidades Raciais e Subjetividade – Ver, dizer e fazer

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Reflecting on current issues on a global scale necessarily involves delving into how race, culture, and nation have shaped the concept of the modern individuals (Silva, 2022). In other words, any analysis that examines modernity and the production of social life must confront racial subjugation as central to the emergence and configuration of modernity and the capitalist state, where "since the end of the 19th century, race operates as an ethical arsenal in conjunction – within, alongside, and always-ready – before the juridical-economic architectures that constitute the State-Capital pair" (Silva, 1999, p. 33).

Silva (2022) and other authors have argued that the history of Brazil, its processes of political, social, and cultural development, must take into account the Brazilian ethnic-racial formation and, in a broader context, the Latin American context. Within this context, the global geographical expansion and resettlement were primarily based on the kidnapping and pillaging of African nations and communities, as well as the violent decimation of indigenous tribes in the continent that later was known as America.

Hence, the *plantation* system emerged as a political, juridical, and subjective model that classifies and organizes differences and social life through othering, marked by the violation and subordination of nations, communities, and groups. This model forges an inter-ethnic political project defined by "(...) the dynamics of social and political interests reflected in the ideas and concrete policies defined by central structures or local privileged groups" (Bethencourt, 2018, p. 281). This process is constitutive of our formation, as well as in the speeches and practices that reaffirm and reenact colonial classificatory models and subordination processes based on the racial inter-sectionality.

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Given its diverse sociocultural contexts, Brazil is deeply influenced by the experience of colonial domination and, consequently, by the prevailing coloniality. Capitalism and its whole machinery, as well as the conceptualization of a Brazilian nation and/or a national state, were forged through the racial subjugation of indigenous, black, rural, quilombola, and riverside communities, among others – predominantly a dark skinned population (black and mixed-race), marked by the miscegenation and whitening imperatives.

This process turned evident and expressible a clearly asymmetrical Brazil, marked by ethnic-racial inequality intersected with social class, gender and sexuality relations, territories, as well other axes of oppression. For decades, the myth of racial democracy, as a national project, attempted to uphold an image of a country characterized by ethnic-racial cordiality. This project, combined with the reflections that relied on explanations centered on the primacy of the social class category in understanding inequalities in Brazil, obscured, in various ways, ethnic-racial inequalities, and, primarily, the indigenous and black racist practices that are structurally, institutionally, daily, subjectively, and inter-subjectively present.

On the other hand, the presence of black individuals has increased in healthcare courses, which challenges hierarchical lines. We highlight here especially the field of Medicine, which currently has collectives of black medical students and doctors. Race and racism have been witnessed in various healthcare devices. The question "is your clinical encounter racially conscious?"(Borret, 2020) is now placed within the family and community medicine, primary care, and family health strategy concerns. In other words, addressing the debate on race, racism, and healthcare is urgent today, considering, not only social, but also racial inequities.

Therefore, we must raise concerns about racism, especially regarding the unique form of racism in Brazil, shedding light on how racism, intersectionalized by class, gender, sexuality, territory, and other social and dynamic markers of difference, is now the central problem that requires actions. This applies to citizens, teachers, workers, and managers in the broad field known as collective health. How can we think about collective life without considering the unrest of being born and living in a country marked by coloniality and racism? How can we keep on supporting formative processes while disregarding non-Eurocentric knowledge and practices that have always been active here? How are we supposed to sustain a field of knowledge by repeating and perpetuating epistemicide? How can we work in health services and management without addressing the racial inequities that have erased and violated everything outside or not in line with the racist cis-heteronormative framework?

Conceição Evaristo's short story and the articles in this volume of the "Saúde e Sociedade" Journal address the issue of racial and social inequities. Besides, even though not all texts consider race as a social operator in their analysis, they approach it from different perspectives and address fundamental issues that affect socially marginalized and subordinated groups. The discussed topics include: racism – and sexism – and their psychosocial effects, work, racism, and employability, contextualities and territorialities, participatory actions in rural sanitation, popular participation in mental health and autonomy construction, care network in the Unified Health System (SUS), uses and appropriations of the private health system by Chinese immigrants in Argentina, the everydayness of care, burden of care on women, impacts of precarity and social, economic, and gender inequalities on medical and scientific practices, social construction of older adults, analysis of public policies for people with disabilities, impact of the pandemic on transgender individuals' access to hormonal treatments in Argentina, impacts of the pandemic on the health of indigenous peoples, critiques of discourses that portray peripherical communities and favelas as threats, pain among women in a rural settlement, food in a world governed by neoliberal productivity, as well as investments in anti-capacitist epistemologies.

As we can notice, these are urgent topics that place marginalized groups and their lived experiences, which are marked by various precarious conditions, at the center of analysis. Butler (2009) is accurate in pointing out that, while precarity is common to all human beings, the specific conditions

of precarity are not. There are economic and social political injunctions that make certain lives less valued than others. In other words, certain lives matter less than others. Ergo, it is necessary that these conditions are *seen* and *spoken about*, and that any field of *knowledge/practice* guided by human rights take action for/with them.

Seeing, *saying* and *doing*. In this editorial, we emphasize the racial debate. As a fiction materialized in social relations, being black was something forged in absence, a zone of non-being, a possibility of being treated as a thing, as non-human. Marked by continuous processes of naming and questioning, black individuals are often positioned as spectators of a life they did not choose to live, marked by objectification (commodification). This infernal circle, as Kilomba (2019) points out, marks the experience of colonial trauma, marked by whiteness as hegemony and power, characterized by the timeless character of racism, translating the characteristic that founds black subjectivity through what he called the principle of absence, whose main characteristic is the fact that whoever exists can cease to exist. This *modus operandi* maintains the spaces of whiteness as a national norm.

We also ask: what are the possible prohibitions in the context of our racist cultural neurosis that prevents formulations on health care practices from having to, first and foremost, face this principle of absence, taking into account that a considerable part of health care policies within the SUS needs to be addressed towards the Brazilian black population crossed by classism, as well as genderization processes, among other axes of oppression?

It is important to emphasize that, in the construction and dynamics of the SUS, the racial debate has been made mainly from social movements, among them that of black women, evidencing that 'these footsteps come from afar' (Werneck; Mendonça; White, 2006) and making visible the relationship between institutional racism and the health of the black population (Werneck, 2016). In this movement, we can highlight the construction of comprehensive health care policy, focused on promoting the integral health of the black population. This policy prioritizes reducing ethnic and racial inequalities, combating racism in the SUS institutions and devices and, especially, the fight against sickle cell anemia.

However, despite shifting towards health care management and practices scope, racism is still present in the speeches and actions of health workers, directly affecting the black and poor population, the most served by SUS. It bears reminding that racism is insidious, often invisible, and that refusal and omission (Kilomba, 2019) are also configured as racism. Nanoracism, as pointed out by Achille Mbembe (2020), makes up our speech and actions, our gestures, our conscious and unconscious.

To understand mental and physical suffering, according to Frantz Fanon (2020a; 2020b), an ontogenesis and a phylogenesis of these states are not enough. Centered on what he called the lived experience of black people, he defended sociogenesis as a fundamental dimension in both diagnoses and prognoses regarding care for black populations, opposing the individualizing dimension.

Individual and collective dimensions intertwine in a complex way in the human subject, making the continuous displacement of the action field of collective health by singular and collective processes crucial. One of the basic concepts within the collective health field, circulating from a more individual perspective to the scope of populations, is the concept of *risk*.

Although we can criticize how the hyperpreventivist medical-epidemiological rationality based on risks is used and abused by collective health workers (Castiel, Xavier, Moraes, 2016), it would be frivolous to disregard the weight/risk that different social markers represent in the lives of some social groups. Under this perspective, we start from the understanding of racism in Brazil as a *risk* to health in two main and fundamental aspects for collective health. The first of them, which is more approached within the field itself, refers to unfair inequality in the distribution of health services and benefits and racist practices that occur in the daily functioning of institutions, including in the health services themselves – institutions of excellence in health care.

In addition, although the expansion of social policy coverage has had an important impact on reducing racial inequalities with regard to access to

services (Jaccoud, 2008), the conceptions of care that permeate public policies can re-update and reinvent new racist speeches and practices, which Passos (2020) named as colonial care. In this sense, racism as the structuring foundation of social relations in Brazil is a social determinant that presents itself as a health risk, insofar as the supposed care offered to the black population is often its reverse. Instead of a policy of care, we see a policy of exclusion and, borderline, of extermination – bio-necropolitics (Lima, 2018)

According to the dossier "Black Women and Reproductive Justice 2020-2021"[1], published by the non-governmental organization Criola, regarding the population living in extreme poverty (less than US$ 1.90 per day), 76.7% are black and, of these, 39.8% are women. With regard to social vulnerability in Rio de Janeiro, taking into account family income of up to one minimum wage, black women represent the largest contingent. Within the scope of public health, of the total deaths of childbearing age women (64,250), 56.47% of the women were black and 40.38% were white. Regarding maternal mortality, of the 1,576 deaths, 65.93% were black women and 30.14% were white women.

The difference is staggering, especially in relation to maternal mortality, deaths that are largely preventable when there is adequate care for pregnancy, childbirth and the puerperium. The expressive maternal death of black women is configured as social injustice, discriminatory practice and serious violation of rights related to life. Racism causes illness and death through genderized bio-necropolitics, which acts preferentially on the bodies and subjectivities of black and indigenous women, mostly crossed by class, gender and territorial oppressions.

The data presented expose the features of racism in Brazil and allow us to understand it as a health problem. In other terms, it presents itself as an evil or damage to the health of one or more individuals, of a collectivity or population. These are circumstances that harm the individuals' health, and may damage their physical, mental or social integrity (Tauil, 1998). Here, we enter the second aspect referred to as racism risk in health: the harmful subjective effects of racism.

As indicated earlier, an important manifestation of Brazilian-style racism, which has harmful effects on the subjectivity of Black Brazilians, stems from the myth of racial democracy invented by Gilberto Freyre. The idea that there were no racial differences in Brazil became so consolidated that discussing race in Brazil turned into a taboo. Thus, this ideology emerged as a powerful mechanism for sustaining the so-called Brazilian-style racism. The false assertion that there is no racism in Brazil hides the unfair differences between the black and white individuals' life experiences, even erasing their resistance manifestations and their specific practices of healthcare. Furthermore, it supposedly renders the need for historical reparations to the black population unnecessary. However, we know that there is a multitude of necessary reparations, invariably requiring the recognition of racism as a national practice.

Despite the current social recognition of Brazil as a racist country, the refusal, denial, and silence are characteristics of this national practice – a "subtle" and extremely complex racism that emerges in multifaceted ways on a daily basis. The near invisibility of racism in Brazilian society leads to the internalization and uncritical reproduction of discriminatory values, reinforcing the everyday violence to which we subject others (Kon, 2017). In addition to contributing to the reproduction of violence, the perverse practice of denying racial violence has an extremely harmful effect on those who experience it. Those who suffer racism, when pointing it out and having their voice discredited, are also denied as a individuals. In this sense, according to Gondar (2018), the trauma mainly arises from the denial of suffering, an emotional experience that causes the victim of violence to lose trust in others and even in themselves.

The subjective effects of racism are less explored in collective health when compared to issues related to access to healthcare services and care practices. In an attempt of *doing*, *seeing* and *saying*, we point out here this fundamental aspect. The limited assessment

1 DOSSIER BLACK WOMEN AND REPRODUCTIVE JUSTICE 2020 – 2021. Available (in Portuguese) on <https://assets-dossies-ipg-v2.nyc3.digitaloceanspaces.com/sites/3/2021/10/DossieCriolaJusticaReprodutiva_compressed-1.pdf>. Accessed on: Jun 07, 2023.

of social suffering within collective health studies deserves careful and appropriate analysis, as it is a seminal issue in the field for two main reasons: (1) due to the magnitude of the problem, which can be understood as a public health issue; (2) because subjectivity is constituted at the intersection of psychological and social aspects, as an expression of the symbolic body shaped by culture.

In terms of the magnitude of the current psychological suffering, although we have numerous forms of expression, the data from the World Health Organization (WHO) on depression illustrate the ongoing situation. According to the WHO (2023), depression is a highly prevalent issue in the general population, ranking first in Brazil when considering the years lived with disability throughout one's life (11.9%). Based on a study conducted in the urban area of São Paulo, Santos et al. (2019) reassure the high prevalence of common mental disorders – the presence of symptoms such as insomnia, fatigue, irritability, among others. However, these symptoms are not sufficient to diagnose depression or anxiety – and their relationship with social vulnerability situations.

Considering the presented numbers and understanding collective health as a field of knowledge and practices ultimately committed to health production, it is undeniable that psychological suffering is – or should be – one of the targets of intervention in the field. Nevertheless, we can see that this area tends to remain distant from the subjectivity realm, focusing almost exclusively on the mental health services management within a perspective of health planning and policy. Humanities and Social Sciences in health, which are notably critical of the health and illness processes, explore the complexities involved in building fragmented subjectivities in contemporary times in a very limited way.

In this issue of the journal, however, the field of mental health was highly considered, as well as the reflection on racism, inequality, and subjectivity. In this way, the different authors took the field of collective health as a privileged locus to *act*, *observe*, *speak*, and perhaps *influence* the power under which racial relations are established and reproduced. It is necessary, therefore, to *see* and *speak* about racism. And what to *do*? The great challenge of the field of collective health is, as Broide (2016, p. 144) states, to deal with "the individual case, without the collectivist disregard".

We will end this editorial by reflecting on the beautiful short story by Conceição Evaristo, which will come afterwards.

We will start by acknowledging the power of literature in addressing topics that are important to the field of public health, such as racism, subjectivity, and healthcare. In 2021, Editora Rede Unida published two volumes of a book titled "Literature and Public Health" (Machado, Carvalho & Liberali, 2021). The first volume is subtitled *"Narrative between Intimacy, Care, and Politics"*, while the second volume is titled *"Territories and Care: Gender, Family, Life, and Death"*. Both volumes, the first with 273 pages and the second with 220 pages, contain literary writings on the mentioned themes, including chronicles, short stories, poems, or experiential reports.

It is important to acknowledge the movement of Rede Unida – "a network that articulates projects, institutions, and people interested in the collective construction of public health systems, according to the principles of universalization, equity, social participation, respect for difference, preservation of nature, and defense of democracy"[2] – in affirming literature – *the art of words* as Conceição Evaristo said in the inaugural lecture of COC/Fiocruz in 2022 – as a legitimate way to address fundamental topics in the field of collective health.

In the preface of volume 2 of the aforementioned book, Ricardo Braga states – *Literature as fiction, public health as reality*. We take this statement as a provocation to develop our bet on literary texts as a fruitful form of writing for reflecting on topics relevant to collective health. We could delve into the discussion of to what extent *public health is a reality*, as Braga suggests when questioning whether there is a way to tell a non-fictional story about

2 Rede Unida Website – Available (in Portuguese) on http://www.redeunida.org.br/pt-br/institucional/apresentacao/. Accessed on: Jun 07, 2023.

Brazilian public health. However, at this moment, it seems more appropriate to reflect on the fictional aspect of literature, on the possibility of literary texts producing and operating fundamental intercessory concepts for the field of education, care, and health management.

In the literary text that will be presented after this writing, fiction and reality intertwine fearlessly. After all, how can we separate what is created from what is lived? How can we separate imagination from experience? Is there a pure state of experience? Is there a disembodied creation? Would there be a public and collective health banished from life and, consequently, from artistic and literary expressions?

"The Opaque Mirror of Seni", by Conceição Evaristo, was authored by a black woman who experienced the oppressions commonly faced by this social group in post-abolition Brazil. The presented literary text can be read as a flame, part of the great fire sparked by generational racism that, by intersecting race, gender, sexuality, class, generation, territory, and other dynamic markers of difference, daily inflicts illness and death upon women, especially black women. Concrete death and symbolic death are common experiences for many Brazilian black women, whose bodies are subjected to material and immaterial destruction through different forms of oppression, and through the denial of such acts, as eloquently expressed by Lélia Gonzalez (2018) in *"Racism and sexism in Brazilian culture"*.

The following text is fictional, but at the same time, it is an attempt to express reality. The author, we would say, fictionalizes reality. It does not claim to present facts supported by numbers, it does not have scientific pretensions, but it is committed to *doing*, *seeing*, and *saying* an experience that is not the same, but shares the commonality of being impacted by racial violence. "The Opaque Mirror of Seni" is a fictional work that illustrates the experiences of black women in Brazilian society, marked by the African diaspora, colonial brutality, racial violence, and the immeasurable ability to not fully submit to processes of subjugation. It does not seek to construct an essential idea or a truth about the lives of black women, but by exposing the multiplicity of their lives, it moves away from the transparency of the Westernized individual and claims what the Caribbean thinker Édouard Glissant (2008) called "the right to opacity".

Therefore, the title of Conceição Evaristo's short story "The Opaque Mirror of Seni" translates what Glissant, Costa and Groke (2008) provoke us, when they claim that it is not enough just to recognize the right to difference, that is, "agree not merely to the right to difference but, carrying this further, agree also to the right to opacity that is not enclosure within an impenetrable autarchy, but subsistence within an irreducible singularity. Opacities can coexist and converge, weaving fabrics. To understand these truly one must focus on the texture of the weave and not on the nature of its components" (p. 53)

Hence, the short story by Conceição Evaristo is not an essentialist statement about the lives of Black women in current Brazilian contexts. Rather, it highlights their singularities, which is crucial for the development, management, and care in the field of health. It is literature that is committed to life, it **is** for life; a literature that is rebellious, just like the title of one of Conceição Evaristo's books (2016) "Insubmissive Tears of Women". Literature that springs from life, experiences, memories, persistence, and the resilience of black women. It is, as Evaristo (2020) states, an "escrevivência" (a "write-experience" or a "writing-lived experience").

"Escrevivência", a term coined in Conceição Evaristo's literary machine, has transcended the boundaries of literature, engaging with and finding a home in other fields of knowledge, including public health. It constitutes an epistemic and methodological tool in scientific endeavors. For Evaristo, "escrevivência" constitutes a phenomenon that she defines as both diasporic and universal. It roots its foundational image on the "Mãe Preta" figures - enslaved women who served the "Casa Grande" (the plantation owner's house) and their children. It is universal in the sense of belonging to humanity as the right of all. It is not self-writing. It is not an orally told story. It is not an autobiography. "Escrevivência" is a form of writing marked by a collective experience: enslavement and all its related violence processes, inflicted upon black bodies and subjectivities, particularly those of women.

Following this movement, "escrevivência" has surpassed the boundaries of the literary field and engaged in dialogues and provocations with other fields of knowledge. It serves as an essential theoretical and methodological principle for the production, storage, and circulation of narratives, as aptly stated by Rosane Borges (2020). Following these paths, Conceição Evaristo's "escrevivência" proves to be fruitful in terms of the history and memory of marginalized groups, particularly due to processes of racialization and racism in Brazil. Some "escrevivências" point to regimes of *visibility* and *'sayability'*, in the issues that animate the field of collective health and public health. These include pain, suffering, subjectivity, illness, diagnosis, therapy, management, and especially what we try, in different ways, to define as health care.

In the following literary writing, the author addresses powerfully through literature themes such as violence, racism, sexism, generational issues, psychic transmission, patriarchy, psychological illness, and care. "The Opaque Mirror of Seni" portrays the story of a young black woman who is both remarkably beautiful and extremely poor. Racism and sexism intertwine in the description of Seni and her experiences. Social and dynamic markers of difference such as class, territory, and generation are present in the tensions portrayed and experienced by the character. The short story begins with a deep psychological suffering: Seni's feeling that she is blind. This 'delirious' dimension follows the whole trajectory of the character, highlighting how Seni's suffering and illness are interconnected with what Frantz Fanon (2020b) defined as sociogenesis. As we mentioned earlier, it challenges explanatory models of psychological suffering and 'mental disturbances' based solely on phylogeny and ontogeny, emphasizing the sociogenic dimension as crucial to understanding them. The emphasis on the sociogenic dimension *reveals* and *speaks out* about the violence and brutality of white hegemony in the processes of othering those marked as black.

The story of Seni encompasses elements such as the hypersexualization of female black bodies, the imperative of miscegenation and whitening of black individuals, patriarchy, the unequal access experienced by white and black men, the humiliation, judgment, fear, self-alienation, psychological suffering and ilnesses, and forms of care, particularly collective and familial care. These elements highlight how gendered, class-based, territorial, and age-based racism is structural, recurrent, subjective, and intersubjective. Ergo, this story serves as a literary device and a tool for reflection. Publishing it in a collective health journal opens space for debates and pedagogical possibilities to think about and transform the field of health care, really committing to confronting racism, especially as it has crossed the lives of black women and deeply committing to the dimension of a well-lived life, or as black women say, through movements and struggles, a well-living.

Lastly, it is important to point out that the story that follows is not "merely" the account of a singular experience. On the contrary, it can be understood as a story-device and a story-denunciation, as it is a tool that illustrates/reveals the commonality of experiences of black women in Brazil. Seni's story does not symbolize only her own memory, or that of the author who wrote it. Other black women find themselves in the text. And others – non-black individuals – read it and can be affected by the stories of many of these women, contributing, in one of its dimensions, to the very production of care for them.

References

BETHENCOURT, F. *Racismos*: das cruzadas até o século XX. São Paulo: Companhia das Letras, 2018.

BORGES, R. Escrevivência em Conceição Evaristo: armazenamento e circulação dos saberes silenciados. In: DUARTE, C. L.; NUNES, I. R. (Org.). *Escrevivência*: a escrita de nós – reflexões sobre a obra de Conceição Evaristo. Rio de Janeiro: Mina Comunicação e Arte, 2020.

BORRET, R. H. et. al. "A sua consulta tem cor?" Incorporando o debate racial na Medicina de Família e Comunidade - um relato de experiência. *Revista Brasileira de Medicina de Família e Comunidade*. Rio de Janeiro, v. 15, n. 42, p. 1-18, 2020. DOI: 10.5712/rbmfc15(42)2255

BROIDE, E. E. Porosidades clínicas: diálogos entre a Psicanálise e a Saúde Coletiva. In: BROIDE, J.;

BROIDE, E. E. *A psicanálise em situações sociais críticas*. 2. ed. São Paulo: Escuta, 2016.

BUTLER, J. *Vida precaria*: el poder del duelo y la violencia. Buenos Aires: Paidós, 2009.

CASTIEL, L. D.; XAVIER, C.; MORAES, D. R. *À procura de um mundo melhor*: apontamentos sobre o cinismo em saúde. Rio de Janeiro: Fiocruz, 2016.

EVARISTO, C. *Insubmissas lágrimas de mulheres*. Rio de Janeiro: Malê, 2016.

EVARISTO, C. A escrevivência e seus subtextos. In: DUARTE C. L.; NUNES, I. R. *Escrevivência*: a escrita de nós – reflexões sobre a obra de Conceição Evaristo. Rio de Janeiro: Mina Comunicação e Arte; 2020. p. 26-47.

FANON, F. *Pele negra, máscaras brancas*. São Paulo: UBU Editora, 2020a.

FANON, F. *Alienação e liberdade*: escritos psiquiátricos. São Paulo: Ubu; 2020b.

GLISSANT, É.; COSTA, K. P.; GROKE, H. T. Pela opacidade. *Revista Criação & Crítica*, São Paulo, n. 1, p. 53-55, 2008. DOI: 10.11606/issn.1984-1124.voi1p53-55

GONDAR, J. Um racismo desmentido. In: ARREGUY, M. E.; COELHO, M. B.; CABRAL, S. (Org.). *Racismo, capitalismo e subjetividade*: leituras psicanalíticas e filosóficas. Niterói: Eduff, 2018. p. 47-58.

GONZALEZ, L. Racismo e Sexismo na Cultura Brasileira. In: GONZALEZ, L. *Primavera para as rosas negras* - Lélia Gonzalez em primeira pessoa. São Paulo: Diáspora Africana, 2018.

JACCOUD, L. Racismo e República: o debate sobre o branqueamento e a discriminação racial no Brasil. In: THEODORO, M. (Org.). As políticas públicas e as desigualdades raciais no Brasil 120 anos após a abolição. Brasília, DF: IPEA, 2008. p. 49-68.

KILOMBA, G. *Memórias da plantação*: episódios de racismo cotidiano. Rio de Janeiro: Cobogó, 2019.

KON, N.M. À guisa de apresentação: por uma psicanálise brasileira. In: KON et al. (Org.). *O racismo e o negro no Brasil*: questões para a psicanálise. São Paulo: Perspectiva, 2017. p.15-29.

LIMA, F. Bio-necropolítica: diálogos entre Michel Foucault e Achille Mbembe. *Arquivos Brasileiros de Psicologia*, Rio de Janeiro, v. 70, n. spe, p. 20-33, 2018.

MBEMBE, A. *Políticas da Inimizade*. São Paulo: N-1 Edições, 2020.

MACHADO, F. V.; CARVALHO, I. C. M.; LIBERALI, J. *Literatura e Saúde Pública:* a narrativa entre a intimidade, o cuidado e a política. Porto Alegre: Rede Unida, 2021. v. 1.

MACHADO, F. V.; CARVALHO, I. C. M.; LIBERALI, J. *Literatura e Saúde Pública*: Territórios e cuidado: Gênero, família, vida e morte. *Porto Alegre: Editora Rede Unida;* 2021. v. 2.

OMS – ORGANIZAÇÃO MUNDIAL DE SAÚDE. Depressão. Brasília, DF: Ministério da Saúde, [2020]. Disponível em: <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/d/depressao#:~:text=Segundo%20a%20OMS%2C%20a%20preval%C3%AAncia,as%20doen%C3%A7as%20durante%20a%20vida>. Acesso em 20 abr. 2023

PASSOS, R. G. Mulheres negras, sofrimento e cuidado colonial. *Em Pauta*, Rio de Janeiro, n. 45, v. 18, p. 116-129, 2020. DOI: 10.12957/rep.2020.47219

SANTOS, G. B. V. et al. Prevalência de transtornos mentais comuns e fatores associados em moradores da área urbana de São Paulo, Brasil. *Cadernos de Saúde Pública*, Rio de Janeiro, v. 35, n. 11, p. 1-11, 2019. DOI: 10.1590/0102-311X00236318

SILVA, D. F. Homo modernus: para uma ideia global de raça. Rio de Janeiro: Cobogó, 2022.

SILVA, D. F. A Dívida Impagável. São Paulo: Oficina de Imaginação Política e Living Commons, 2019.

TAUIL, P. L. Controle de agravos à saúde: consistência entre objetivos e medidas preventivas. *Informe Epidemiológico do Sus*, Brasília, DF, v. 7, n. 2, p. 55-58, 1998. DOI: 10.5123/S0104-16731998000200006

WERNECK, J. Racismo institucional e saúde da população negra. Saúde e Sociedade, São Paulo, v. 25, n. 3, p. 535-549, 2016. DOI 10.1590/S0104-129020162610

WERNECK, J; MENDONÇA, M; WHITE, E. C. *O livro da saúde das mulheres negras*: nossos passos vêm de longe Instituto Nacional de Saúde da Mulher, da Criança e do Adolescente Fernandes Figueira (IFF/Fiocruz). Rio de Janeiro: Pallas: Criola, 2006.

Authors' contribution

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