A SOCIOLOGICAL LOOK AT HEALTH

FIOCRUZ researcher emeritus created methodologies for investigating how violence affects the lives of specific groups, such as elderly individuals and police officers

Christina Queiroz | PHOTO BY Ana Carolina Fernandes

aria Cecília de Souza Minayo is a sociologist who works on several fronts. With more than 60 years of experience as a teacher and three decades of experience as a researcher, she helped introduce the social sciences into medical and public health studies in Brazil. She observed specific groups, such as police officers and elderly individuals, and created methodologies for investigating how different types of violence impact people's health, thus pushing the debate beyond public security. Over the course of her academic career, Minayo led more than 40 studies on the relationship between violence and health, as well as supervising approximately 80 postgraduate students studying for their master's degrees, PhDs, or are postdocs.

Currently a professor emeritus at the National School of Public Health of the Oswaldo Cruz Foundation (ENSP-FIOCRUZ), Minayo, was the chair of the committee that formulated the Brazilian Ministry of Health's National Policy for Reducing Morbidity and Mortality from Violence and Accidents in the 1990s. The policy outlines protocols for different types of violence that affect health services, such as road traffic accidents and domestic attacks against women and children. Her most recent work, yet to be published, is a

survey of the living conditions of elderly people incarcerated in male and female prison systems in the state of Rio de Janeiro.

At 86 years of age, Minayo continues to teach, supervise students, and lead research. She is married to a chemist and sociologist Carlos Minayo, with whom she has two daughters and four grandchildren, and she was recently awarded the International Prize from The World Academy of Sciences (TWAS). The following interview was conducted in her apartment in Aterro do Flamengo, Rio de Janeiro.

What is your strongest memory of your child-hood?

I was born in 1938 in a small village called Caxambu, which is located in the interior of Minas Gerais. I started school at the age of 7, by which point my mother had already taught me how to read. Dona Ruth, my teacher, taught the first, second, and third years of education all together as one class. I have great respect and gratitude for Dona Ruth because all of the children in that village knew how to read, write, and do math due to her. It was extremely important to me that I received a quality basic education in my early life. However, rural schools teach only children until the third year, and most families in villages typically do not encourage

FIELD OF EXPERTISE

Sociology

INSTITUTION

Oswaldo Cruz Foundation (FIOCRUZ)

EDUCATIONAL BACKGROUND

Bachelor's degree in sociology from Queens College, City University of New York (1979); master's degree in social anthropology from the National Museum at UFRJ (1985), and PhD in public health from FIOCRUZ (1989)

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their children to continue with their studies. Fortunately, my parents were different. My mother was a postal worker, and my father was a versatile and intelligent salesman as well as a well-known local politician. They had a vision of what the future should be like for women, so they enrolled my younger sister and me in a school called Nossa Senhora das Dores in the city of Itabira. I was 9-years-old, and she was 8.

Did you travel all the way to Itabira every day?

From my house to the school, it was a nine-hour journey because we had to travel on horseback or in a cart and then take a train. Currently, however, you can get there in an hour and a half by car. Because it was so difficult to get there and back, we boarded at the school, only returning home twice a year, for the holidays. I quickly became one of the best students in my class and eventually did my teacher training at the same school. This was a common route for women seeking a profession to take at that time. I finished my studies in 1955 at the age of 17, and became a teacher at the same school. Today, this school is a high school.

Why did you move to Rio de Janeiro?

I worked as a teacher at the school in Itabira for 10 years, until 1965. The Catholic group that owned that school had another school in Rio de Janeiro, and I was invited to teach there. At the end of the 1950s, owing to the changes to the Church proposed by Pope John XXIII [1881-1963], the Instituto Superior de Pastoral Católica [ISPAC] was created in Rio de Janeiro. The institution offered courses in philosophy, theology, sociology, ethics, and morality and was inspired by the papal encyclicals of Pope John XXIII, which called on Catholics to take action against poverty and misery. I enrolled at the institute, and the classes completely altered my perspective. I began questioning the fact that the group I worked for served only middle-class students and did not seem to acknowledge the poverty surrounding us.

What changed for you after this experience?

My parents had very few books at home, but they did subscribe to a newsletter called *São Geraldo*, which discussed the issue of poverty and reported on the suf-

fering of people in Africa. As an avid reader, this newsletter compelled me to dream. From a young age, I wanted to become a missionary. Although the coursework I studied at the Instituto Superior de Pastoral Católica opened my mind, I did not deny Catholicism nor did I lose my faith. However, I did begin to question the relatively easy life of the group of teachers who worked at the institution, a group that included me. In the late 1960s, I became involved in various social movements. While I was teaching popular education classes at the school, I also began working in the Penha favela (slum), and I took students and colleagues to see what life was like in the slums and shantytowns outside of the city. I started to do the same in other communities in Rio, such as the Guaporé housing complex in the north of the city.

Was that when you met your husband?

Yes. Carlos came to Brazil from Spain in the late 1960s to head the Chemistry Department at the Pontifical Catholic University of Rio de Janeiro [PUC-Rio]. When he saw the level of poverty in Rio de Janeiro, he, too, decided to become involved in social work. At that time, several popular education courses in Brazil

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were taught in informal spaces outside of the universities. In mid-1969, while working in Guaporé, I met Carlos. He told me he was there because of the negative experience he and three of his friends had in the Rocinha favela (slum). They were living in the community so they could teach there, but with Brazil under the rule of a dictatorship, the police began causing them much trouble. Eventually, they decided that they could not stay in Rocinha, so they moved somewhere less conspicuous and slightly more under the radar. However, as the months passed, the level of repression became heavier, and one of the military's main targets was popular educators. Many were arrested.

How did military dictatorship [1964–1985] impact your life?

At the Catholic school where I taught, there was a child whose father was a federal police officer. He liked me, but he did not know that I was also working in popular education. One day, when I arrived at school, he was there to pick up his daughter, so I asked to speak to him. Being totally naïve, I told him that several of my colleagues involved in popular education were being arrested, and I asked for his advice. He asked me for their names, so I mentioned two people. At that point, he advised me to stay away from them, calling them 'dangerous.' He then told me I should go into hiding before they arrested me, too. I was terrified and decided to do as he suggested, but I could not go to my parents' house in Minas Gerais because I did not want to put them at risk.

What did you do?

A friend of mine was married to one of the sons of the publisher José Olympio [1902–1990]. She also worked in popular education. I called her and explained my situation. She told me that she felt like she was being followed at all times. She lived in a large house in Lagoa Rodrigo de Freitas and invited me to stay with her family for a while. I moved in with her and decided to ask the National Conference of Brazilian Bishops [CNBB] for assistance to free my friends who had been imprisoned. However, the political situation worsened. I soon left the school where I was teaching and moved to Nova Iguaçu in Baixada Fluminense, where a bishop named Dom Adriano Hipólito

[1918–1996] protected people working in popular education who were being persecuted by the authorities. A friend from the school accompanied me on this adventure, and we stayed there for a while under the protection of the bishop, each of us receiving minimum wage to work as part of a collective movement created by students and intellectuals to educate people in that vulnerable region.

How did you end up going to university?

In 1974, I enrolled in a sociology course at the Institute of Philosophy and Social Sciences of the Federal University of Rio de Janeiro [UFRJ]. Because of the dictatorship, it was an environment where one always had to talk in code because one never knew what other teachers and students were thinking. Despite this, I learned so much. I received good grades in every discipline and helped my friends read complex books, such as works by the German philosopher Karl Marx [1818–1883].

Were you already married at that time?

No. In 1971, Carlos went back to Spain to take care of his mother, who was very ill and died soon after his arrival. He had planned to come back to Brazil, but his friends warned him not to given the fact that if he returned, there was a risk that he would be arrested. One of our peers who was in prison at the time had been interrogated and pressured into giving names, and he told them about Carlos because he knew that Carlos was out of the country. However, as a result, Carlos was in the military's sights. Around this same time, a lawyer who defended political prisoners warned me that my name was also being mentioned in interrogations. That was when I decided to leave the country and meet up with Carlos, even though I had not finished my degree. We already had a close relationship, and in 1976, we were married in New York. We have now been married for 48 years.

What was life in exile like?

There were several renowned Brazilianists in New York who supported Brazilians. One of them was historian and anthropologist Ralph Della Cava of Queens College at City University of New York. He managed to get me a place on a course at the college. At that time, there was a group based in France, composed of intellectuals and members

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of the Catholic Church, that was financially supporting people exiled in various parts of the world. This group was chaired by the pedagogue and educator Paulo Freire [1921–1997], who was exiled in Paris. My husband and I would periodically receive US\$500, which allowed us to stay in the US.

And when did you return to Brazil?

In 1979, the Amnesty Law was passed. I was already pregnant with my second daughter. We were so afraid that we were going to be arrested that Carlos spent the entire plane journey back tearing up documents, worried that the police might find something to incriminate him. However, we passed through customs without any problems.

How did you reorganize your life after exile, with two young daughters and no job?

We were in the US for three years, during which time PUC-Rio canceled Carlos's employment contract. When we came back, I spent 10 years working as a translator and engaging in some activities with the United Nations Children's Fund [UNICEF], such as helping create

a community center in Rocinha. I also started my academic career. Carlos was rehired by PUC-Rio two years after we returned, and he also began teaching at Fundação Getulio Vargas [FGV] and was later invited to work at FIOCRUZ.

What was the topic of your master's degree?

My dissertation was in social anthropology at the National Museum, UFRJ, between 1981 and 1985. My advisor was Victor Vincent Valla [1937-2009], an educator with a PhD in history. I studied the living conditions of workers in the iron ore mining industry in Itabira. After defending my thesis, I started teaching at PUC-Rio and joined a research team that was investigating different situations of poverty that existed in Brazil. The project was funded by Brazil's Ministry of Planning. For three years, we conducted fieldwork in five poor areas of Rio de Janeiro, including the Rocinha and Roquete Pinto favelas, the latter of which is built on stilts. I finished my master's degree and began my PhD studies at FIOCRUZ the same year.

What was it like for a sociologist arriving at an institution that focuses on research in medicine and public health? When I joined FIOCRUZ, I felt like I had found my place—somewhere I could combine my concern for social issues with my academic ambitions. During my PhD studies, which I defended in 1989, I created a methodology for qualitative social research in health. The approach looks at subjective aspects of social phenomena and human behavior through methods such as individual and group interviews, document analysis, and observation. I created it on the basis of my theoretical knowledge of the topic but also the various issues I was working on at that time. At FIOCRUZ, for example, I was teaching sociological research classes to postgraduate doctors who were studying for a master's or doctorate. They were used to studying epidemiological public health in large groups, but they did not know how to look at people from a more individual perspective. In class, I showed them the importance of more individual analyses, and I was faced with questions that forced me to rethink how to explain the impact health problems can have on a person's social life. On the basis of these experiences, my PhD thesis addressed

theories, methodologies, strategies, techniques, and practical examples for carrying out social research in the field of medicine. It was published as a book titled *O desafio do conhecimento* [The challenge of knowledge; Hucitec Editora, 1992], which is now in its 15th edition.

And how did violence come to be the topic of your research?

In the 1980s, the renowned Colombian scientist Saul Franco took a position at FIOCRUZ, fleeing the dangers of drug trafficking. Sérgio Arouca [1941-2003] was president of the institution at the time. He and Saul believed that FIOCRUZ needed to establish lines of research investigating how violence affects health, a subject the Colombian researcher had been studying in his home country. Franco has spent more than 40 years researching violence and armed conflict in Colombia and its impacts on people's lives and health. Violence is a sociohistorical phenomenon and is not, in and of itself, a public health issue or a medical problem. However, it does impact health in various ways. It can cause death, injury, physical trauma, and mental and emotional problems. It reduces people's quality of life and has consequences for health care systems, raising new problems for preventive and curative medical care. Arouca asked me to lead this line of studies at FIOCRUZ. I accepted the challenge, together with two colleagues who remain my research partners to this day, the epidemiologist Simone Gonçalves de Assis and psychologist Ednilza Ramos de Souza. They are wonderful colleagues, and we support each other in all that we do.

What did you do next?

We began investigating the situation in the municipality of Duque de Caxias, Baixada Fluminense, which had the highest violent death rate in the state of Rio. Since then, very few people have studied violence and health in Brazil. Maria Helena Prado de Mello Jorge, a jurist from USP [University of São Paulo] who specializes in public health, was one of them. Our research in Caxias demonstrated that not only did violence impact people's health, but the health system itself was often violent. The study served as the basis for the creation of ENSP's Latin American Center for Violence and Health Studies (CLAVES) in the late 1980s.

Your research on violence and health has played an important role in the formulation of several public policies. Can you tell us about any of them?

In 1998, the Brazilian Ministry of Health invited me to chair the committee formulating the National Policy for Reducing Morbidity and Mortality from Violence and Accidents. The policy establishes protocols for different types of violence that affect health services, but it is a difficult initiative to put into practice. Many professionals do not believe it, do not like it, or do not want to know about it. For example, when an injured child arrives at a health center or a woman comes in with a broken arm, someone needs to identify whether the case is the result of domestic violence. Doctors treat broken arms and other injuries, but rarely do they ask what happened. They need to know this information so they can to refer these individuals to a psychologist, social services, or the police.

Was this policy implemented in the 1990s?

No. It was enacted in 2001, and it took some time for it to be formalized by the government; it was named the National Policy for Reducing Morbidity and Mortality from Violence. The measures re-

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Violence against the elderly has historically been normalized. Elderly people have always been mistreated in our society

lated to accidents were adopted first. It was one of the elements that contributed to the creation of the mobile emergency care service (SAMU) in 2003. Between 2003 and 2016, the policy was developed in greater depth. Training centers were set up in major cities to implement the protocols in every state. These training courses, aimed at health workers nominated by state and municipal health departments, are provided by CLAVES in partnership with the Ministry of Health. The objective is to train professionals to deal properly with this problem. However, since 2016, the process of instituting the policy has stagnated.

What is the status of the policy now?

We are seeing a recovery, but there is still much to do. At the Ministry of Health's request, we are currently finalizing a review of the policy. We identified the area that best adopted the policy as primary health care, which is the main gateway to Brazil's public health system [SUS]. According to the ministry's definition, primary care encompasses a set of actions that aim to promote and protect health; prevent illness; and diagnose, treat, and rehabilitate patients. However, there is still a long way to go before the policy is fully instituted.

Could you tell us about the research bias you have encountered in terms of looking at violence beyond crime?

I always say that my research is not about public security. I seek to understand how violence and aggression impact the health of children, adolescents, women, elderly individuals, and workers. This happens both at the individual level, in every person's life, and in the system as a whole, to the extent that this violence ends up overflowing into health services.

Was it through this approach that you studied police organizations?

Yes. Together with my colleagues, I completed two studies on police officers. The first was with civil police, and the second was with the military police. The study revealed how the police officers suffer from the effects of the violence they experience on a daily basis. Many officers complained that society tends to generalize the police force, assuming that all of them behave badly. They bemoaned the lack of recognition they

receive from society and from within the institution itself.

What challenges do police officers in Brazil face today?

It is a difficult profession worldwide, but the challenges here are even greater than those in the USA or Europe. Police officers receive insufficient training on human rights, and their salaries are very low. The world has modernized, administrations have modernized, but the police force has not. They continue to follow the same rules of command, discipline, and order as they always have. This is especially true of the military police, which is the largest branch. In São Paulo alone, there are more than 90,000 military police officers, and in Rio, there are more than 40,000 people.

How do these problems impact the mental health of these professionals?

Several commanders told me about how lonely they feel because they have to give orders and bear the consequences alone, with no support from the institution. Those in higher positions generally have more mental health problems than officers in the lower ranks. This is because officers in the lower ranks, despite earning less money, generally only follow orders, whereas those in higher positions carry the great weight of having to make decisions that can impact the lives of all police officers. They have to attend the funerals of their colleagues, which affects them greatly, often making them feel like they are confronting their own mortality. Moreover, many refuse to seek psychological care. During my research, several of them told me that they were neither women nor crazy. Often, the only person they listen to is the chaplain. If the only person they listen to is the chaplain, then the solution is for the chaplain to also be a psychologist. I follow this issue closely not only in academia but also within my family. My son-in-law is a shooting instructor and kidnapping specialist with Rio de Janeiro's civil police. The area of training that police trainees spend the most hours on is shooting. He teaches both civil and military police officers and often says that one of the most important things about being a police officer is learning not to shoot everything you see. But what about the human issues, including their own?

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During the dictatorship, I asked a student's father, who was a police officer, to help me find some friends who had been imprisoned. He told me to go into hiding before they arrested me, too

With so many topics of interest in your work, do you have any time for hobbies?

I exercise once a week, and I truly enjoy reading. During the January holidays, for example, I read five works of literary fiction. I am also very close to my daughters. I have one grandson, two grand-daughters, and another granddaughter due to arrive any day now. They are the joy of my life, and they are all so intelligent. One of my granddaughters, who is 9-years-old, is writing a book for her soon-to-be-born younger sister.

What are you researching at the moment?

Recently, I have been studying the issue of dependent elderly people, who are the ones who suffer the most in this age group, regardless of social class. Be-

cause they do not have the autonomy required to lead their lives alone, they are frequently forgotten. Having conducted empirical research, I have already observed several cases of people going to work and leaving an elderly person alone, in bed, unclean, and with nothing to eat. I am committed to gathering the data necessary so Brazil can create a specific policy for dependent elderly people. Canada, the US, and Europe have policies of this type that have been implemented by central governments and that coordinate the participation of the local governments, the private sector, and the civil society. In this way, the family is not abandoned and is not left to struggle alone. I am also finalizing a study on elderly people in prisons in Rio de Janeiro. My research partner, FIOCRUZ psychologist Patrícia Constantino, has collected statements from people in every prison in the state and has conducted additional fieldwork. Her reports and findings are quite interesting. For example, the majority of elderly people incarcerated in the state left school before the fifth grade, and 15% did not know how to read or write; however, 81% of them had positive expectations for their social life in the future. Despite being a very modern research topic, I have been investigating violence against the elderly since 1995 and found that such violence has historically been normalized. In other words, the elderly have always been mistreated in our society. Decades ago, they were simply pushed aside and left without food. Thus, the notion that they were treated better in the past is a myth. Currently, Brazil has adopted the Statute for the Elderly [2003], which is an important milestone in protecting the older people in the country of Brazil

What are your plans for the future?

Because of my research regarding elderly prisoners in the state of Rio de Janeiro, Brazil' Ministry of Health invited me to study the health conditions of the prison population as a whole in Brazil. It is an enormous challenge, but I accepted it. Although I am getting older, I continue to conduct research, teach classes, supervise students, and publish books. It is important for me to have a sense of purpose, and it gives me hope for the future. I am grateful for the things that I have in life and for the generosity of those around me.