

# VACCINE IN THE ARM AND FOOD ON THE PLATE

## QUILOMBOLA WOMEN RESISTING THE COVID-19 PANDEMIC

Roberth Steven Gutiérrez Murillo<sup>1</sup>

Simone Bohn<sup>2</sup>

Patricia Krieger Grossi<sup>3</sup>

Márcio Lima Grossi<sup>4</sup>

**Abstract:** This article examines a social group that is subjected to a multiplicity of forms of oppression: the Quilombolas of Brazil. Because of social isolation during the COVID-19 pandemic, which impeded their economic survival, they agitated for access to vaccines, thereby helping to bring healthcare to their communities. The documentary “We, Quilombola Wom-

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<sup>1</sup> Doutorando em Gerontologia Biomédica (Bolsista Programa de Excelência Acadêmica PROEX/CAPES) - Escola de Medicina da Pontifícia Universidade Católica do Rio Grande do Sul (PUCRS). Bacharel em Saúde Coletiva pela Universidade Federal da Integração Latino-Americana (UNILA), com período de Estágio na Secretaria Estadual da Saúde do Estado do Paraná (Linha de Cuidados em Saúde do Idoso). Mestre pelo Programa de Pós-graduação em Gerontologia pela Universidad Europea del Atlántico (UNEATLANTICO/Espanha) com Linha de Pesquisa em Intervenção Sanitária. Especialista em Saúde da Família pelo Programa de Residência Multiprofissional em Saúde da Família (UNILA). Diplomado Universitário em Gestão e Políticas de Saúde Internacional e Soberania Sanitária pelo Conselho Latino-Americano de Ciências Sociais - CLACSO/Argentina (2021).

**Email:** [roberth.murillo@edu.pucrs.br](mailto:roberth.murillo@edu.pucrs.br)

**Lattes:** <http://lattes.cnpq.br/5822737898214316>

**ORCID:** <https://orcid.org/0000-0003-2304-3241>

<sup>2</sup> Possui graduação em Ciências Sociais pela Universidade de São Paulo (1994), doutorado em Ciência Política pela Universidade de São Paulo (2000), Doutorado Sanduiche pela University of Pittsburgh (1999). Realizou estágio de Pós-Doutorado em Ciência Política na University of Chicago (2005). Atualmente é professora titular (tenure-track) na York University, Toronto, Canada.

**Email:** [sbohn@yorku.ca](mailto:sbohn@yorku.ca)

**Lattes:** <http://lattes.cnpq.br/6584994684897669>

**ORCID:** <https://orcid.org/0000-0002-1612-9947>

en” [Eu, nós, elas, Quilombolas], and YouTube lives were analyzed using Content Analysis. Women’s empowerment through digital technology has been instrumental in advocating for the fundamental rights of these communities, thereby exerting pressure on the state to respond to the health crisis. The creation of new virtual networks of resilience and the opening of avenues for collective empowerment demonstrated that, even during a pandemic crisis, community participation could enhance the efficacy of public health policies with a focus on communicable disease prevention.

**Keywords:** Community Engagement; Infectious Diseases; Quilombola; Pandemics; Public Health Management.

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<sup>3</sup> Possui graduação (1987) e mestrado em Serviço Social pela Pontifícia Universidade Católica do Rio Grande do Sul – PUCRS (1994). Ph.D. em Serviço Social, pela University of Toronto (1999). Especialista em Gerontologia Social pela PUCRS (2003). Realizou estágio de Pós-Doutorado na Universidade de Toronto, Canadá (2010). Atualmente é professora titular do curso de Serviço Social da Escola de Humanidades e professora do corpo docente permanente do Programa de Pós-Graduação em Serviço Social e do Programa de Pós-Graduação em Gerontologia Biomédica da Escola de Medicina da PUCRS.

**Email:** [pkgrossi@pucrs.br](mailto:pkgrossi@pucrs.br)

**Lattes:** <http://lattes.cnpq.br/4275343111687273>

**ORCID:** <https://orcid.org/0000-0002-0851-639X>

<sup>4</sup> Possui graduação em Odontologia (UFRGS, 1985), Mestrado em Oclusão (Master Of Science Restorative Dentistry-Occlusion, University of Michigan, 1991) e Doutorado em Epidemiologia Oral (Doctor of Philosophy- PhD, University of Toronto, 1998). Especialista pela CFO em Prótese Dentária e Disfunção Têmporo-Mandibular e Dor Orofacial, 2003. Estágio pós-doutoral na Universidade de Toronto em 2010. É professor titular da Pontifícia Universidade Católica do Rio Grande do Sul. É pesquisador líder do Núcleo de Pesquisa sobre Dor Orofacial e Desordens Têmporomandibulares desde março de 2000.

**Email:** [mlgrossi@pucrs.br](mailto:mlgrossi@pucrs.br)

**Lattes:** <http://lattes.cnpq.br/4968642608747296>

**ORCID:** <https://orcid.org/0000-0003-2896-3231>

## VACINA NO BRAÇO E COMIDA NO PRATO MULHERES QUILOMBOLAS RESISTINDO À PANDEMIA DA COVID-19

**Resumo:** O artigo examina um grupo social que está sujeito a uma multiplicidade de formas de opressão: os Quilombolas do Brasil. Devido ao isolamento social durante a pandemia da COVID-19, que impediu sua sobrevivência econômica, eles lutaram pelo acesso às vacinas, ajudando assim a levar a saúde para suas comunidades. O documentário “Eu, nós, elas, Quilombolas” e *lives* de YouTube foram analisados por meio de Análise de Conteúdo. O empoderamento das mulheres por meio da tecnologia digital tem sido fundamental na defesa dos direitos fundamentais dessas comunidades, exercendo assim pressão sobre o Estado para que responda à crise de saúde. A criação de novas redes virtuais de resiliência e a abertura de caminhos para o empoderamento coletivo demonstraram que, mesmo durante uma crise pandêmica, a participação da comunidade poderia aumentar a eficácia das políticas de saúde pública com foco na prevenção de doenças transmissíveis.

**Palavras-chave:** Empoderamento Comunitário; Doenças Infecciosas; Quilombola; Pandemias; Gestão de Saúde Pública.

### Background

This article examines the dual challenges faced by Brazil's Quilombola communities (QCs), with a particular focus on those in Rio Grande do Sul state, in accessing vaccines and ensuring their economic survival. This paper will examine how, despite facing multiple sources of oppression, QCs, especially their women activists, managed to overcome their collective action problems and stand for their needs amid the pandemic. The struggles of these communities highlight the importance of a public health system that, rather than viewing citizens as passive recipients of care, pro-

vides them with opportunities to engage in the co-creation of effective health policies.

Although conventional history textbooks in Brazil referred to them as direct descendants of runaway “slaves,” from their perspective, the Quilombola is an insurgent citizen who fought against a social order that legalized slavery (BOHN; GROSSI, 2018). These citizens established communities known as Quilombos, which continue to be inhabited by their descendants (MIKI, 2018). Approximately six thousand QCs have been identified in the contemporary Brazilian context, which received most transatlantic enslaved individuals and was the last country in the Americas to abolish slavery (BETHELL, 1970). However, the precise number of these individuals is uncertain, as the first official census of this population was conducted only in the 2022/23 national census. While the 1988 Constitution guarantees their fundamental rights to the ancestral territories they occupy, many QCs territories remain untitled. As of May 2022, only 342 communities had been granted titles (NATIONAL INSTITUTE FOR COLONIZATION AND AGRARIAN REFORM – INCRA, 2020).

It would be erroneous to assume that all QCs are rural. In some localities, the expansion of urban areas has placed pressure on the lands of these communities, which have been engulfed by ever-growing cities. In this regard, land insecurity represents a significant challenge for these communities (BOHN; GROSSI, 2018; BOWEN, 2021; KENNY, 2018). Titled quilombos tend to exhibit socioeconomic prosperity, as they engage in long-term communal economic planning. Furthermore, community involvement in the titling process fosters solidarity and enhances awareness and access

to existing state services, thereby reinforcing territorial, cultural, and citizen sovereignty (BOHN; GROSSI, 2021; GROSSI *et al.*, 2023).

The marginalization of QCs is evidenced by official reports on social vulnerability. For example, approximately 25% of Quilombola adults are illiterate, compared to the 7% national average (BRASIL, 2016; INSTITUTO BRASILEIRO DE GEOGRAFIA E ESTATÍSTICA – IBGE, 2017). Moreover, essential sanitation services, such as running water, are unavailable in most communities. It can be observed that the majority (59%) of the population relies on cesspits for sanitation, while nearly 27% have garbage collection (BRASIL, 2016). In terms of economic activity, QCs are primarily engaged in subsistence agriculture, family-based cattle raising, and craftwork (BOHN; GROSSI, 2018; GROSSI; GODOY; MURILLO, 2022; GROSSI; GODOY; MURILLO; GARCIA, 2023). Their average per capita income is considerably low, which can have a detrimental impact on their food sovereignty and nutritional security. Consequently, these suboptimal living conditions have a detrimental impact on overall health, resulting in a high prevalence of chronic degenerative diseases, hypertension, diabetes, infectious diseases, and elevated infant mortality rates (CARDOSO; MELO; FREITAS, 2018).

In terms of the state responses to the needs of QCs, a historical pattern of neglect can be observed. In the wake of the abolition of slavery in 1888, no public policies were enacted with the aim of integrating the formerly enslaved population into society (FERNANDES, 2008). From this perspective, the presidencies of the Workers' Party (or PT, Partido dos Trabalhadores) marked a significant turning point. The Lula da Silva I presidency initiated the Brazil Quilombola Plan in 2004, the PT governments (Lula da Silva II and President Dilma

Rousseff I and II) expanded the number of titled lands, and Lula III (since 2023) launched another plan targeting the QCs.

In contrast, the Bolsonaro presidency (2019-2022) made a commitment not to allocate any land to Quilombola or Indigenous communities, and it fulfilled this pledge (MAISONNAVE *et al.*, 2021). Similarly, the implementation of some of the Quilombola Plan's public policies encountered delays during the Bolsonaro phase, primarily due to a lack of governmental investment (MARTELLO, 2022). In addition to the challenges posed by the health crisis, the Bolsonaro presidency also confronted significant environmental issues, including deforestation and fires in Brazil's primary biomes, as documented by Missiatto *et al.*, (2021, p. 86). Consequently, the QCs were confronted with a dual challenge: to cope with the pandemic and to protect their lands and the natural resources with which they maintain a dualistic relationship of historical and existential significance.

## Methods

This is a descriptive type of research, with a qualitative analysis carried out in the arenas of the Internet. Social changes, such as the use of digital technologies in the appropriation and advocacy of human rights, have led Quilombola women to qualify themselves and now claim their spaces for participation and digital activism. Thus, through the analysis of digital networks, we seek to highlight how Quilombola women approached digital technologies to enable their struggles and echo their demands. In fact, the appropriation of cyberspace has been gradually occurring in other Brazilian or-

ganized social movements, as has been narrated in the literature for indigenous women's groups, which also sought to articulate forces to ensure their welfare and demand a properly targeted positioning by the State during the COVID-19 pandemic (SUÁREZ-MUTIS *et al.*, 2021; ESTEVES; CAL, 2023).

Primarily, we rely on the content analysis of two social artifacts. The first was a documentary intitled “*Eu, nós, elas, Quilombolas*” [We, Quilombola Women], which interviewed several Quilombola leaders to understand and give voice to their experiences during the pandemic. It was produced by the Federal University of Rio Grande do Sul and aired in 2023 (GERHARDT *et al.*, 2024, p. 3). The second artifact was live online discussion forums that took place in 2020. During the pandemic, Quilombola women from urban communities organized themselves to discuss in live online sessions the impact of the pandemic on their lives. This study analyzed the contents of two of these live broadcasts, namely: “*Desigualdades: Comunidades Quilombolas frente à pandemia*” (Inequalities: QCs vis-à-vis the pandemic), which Oxfam Brasil promoted, and “*Live: Corona Virus em Terras Quilombolas*” (The Coronavirus in Quilombola Lands), supported by Intercept Brazil.

These broadcasts are in the Internet public domain, available on YouTube. All contents can be accessed through the links provided in Chart 1, below. According to Madathil *et al.*, (2015, p. 173) “video-sharing sites are popular sources of information. YouTube, the most well-known of these sites, exceeds two billion views per day, with a new video being uploaded on average every minute and users spending 15 minutes a day on it”.

**Chart 1** - YouTube lives that addressed Quilombola women roles in the fight against the COVID-19 pandemic

Airing Dates	YouTube links	Titles
Mars 21, 2020	<a href="https://youtu.be/dDbe8z_RSss">https://youtu.be/dDbe8z_RSss</a>	COVID-19: CONAQ discusses immunization logistics for the Quilombola population
May 8, 2020	<a href="https://youtu.be/wd4y2j_EPAg">https://youtu.be/wd4y2j_EPAg</a>	Quilombos, COVID-19 and the Institutional Crisis
May 13, 2020	<a href="https://youtu.be/AN_fm3AXwFQ">https://youtu.be/AN_fm3AXwFQ</a>	Dialogues: Quilombola women in the pandemic
May 22, 2020	<a href="https://youtu.be/e143CxGYEVQ">https://youtu.be/e143CxGYEVQ</a>	Vulnerabilities: Quilombola populations in the North and Northeast of Brazil in the face of the COVID19 pandemic
May 23, 2020	<a href="https://youtu.be/mEY5Xatekq8">https://youtu.be/mEY5Xatekq8</a>	Implications for QCs health in times of COVID-19
May 28, 2020	<a href="https://youtu.be/0ISsie9IGaE">https://youtu.be/0ISsie9IGaE</a>	#VidasQuilombolasImportam (#QuilombolaLivesMatter): Live launch of the COVID-19 Observatory in QCs
June 4, 2020	<a href="https://youtu.be/d3Ea5YUqBdE">https://youtu.be/d3Ea5YUqBdE</a>	Inequalities: QCs facing the pandemic
June 25, 2020	<a href="https://youtu.be/EyFRGXv-jyg">https://youtu.be/EyFRGXv-jyg</a>	IRID Virtual Seminar - COVID-19 in the Countryside, Quilombos and Indigenous Lands (part 1)
July 9, 2020	<a href="https://youtu.be/ZPRWx78m5m8">https://youtu.be/ZPRWx78m5m8</a>	Without support, Quilombolas suffer from the advance of the pandemic
July 16, 2020	<a href="https://youtu.be/BKA2c-Pj3uk">https://youtu.be/BKA2c-Pj3uk</a>	Quilombolas: matriarchal roots and forest feminisms
July 29, 2020	<a href="https://youtu.be/PEwG8stgiD4">https://youtu.be/PEwG8stgiD4</a>	Webinar #13 Impacts of COVID-19 on Black women lives
August 27, 2020	<a href="https://youtu.be/O6U6-PnTMmc">https://youtu.be/O6U6-PnTMmc</a>	COVID-19: Black and Quilombola activists are concerned about access to vaccine
November 10, 2020	<a href="https://youtu.be/vvd6oMfh3Y">https://youtu.be/vvd6oMfh3Y</a>	COVID-19 in QCs
November 23, 2020	<a href="https://youtu.be/ecj5k8lmc5s">https://youtu.be/ecj5k8lmc5s</a>	Quilombola Women: Territories of Black Female Existences
January 28, 2021	<a href="https://youtu.be/s2e58fMrQlw">https://youtu.be/s2e58fMrQlw</a>	COVID-19 and Vaccination: Racism Takes Quilombolas Out of Priority Group
April 13, 2021	<a href="https://youtu.be/k0iE_cHSTHc">https://youtu.be/k0iE_cHSTHc</a>	QCs, the pandemic, and the fight for rights
July 27, 2021	<a href="https://youtu.be/OcUEkZ7WrGw">https://youtu.be/OcUEkZ7WrGw</a>	Black Women Facing the COVID-19 Pandemic

**Source:** The authors (2024).



The speeches from the documentary and the live broadcasts were transcribed in accordance with Bardin's content analysis methodology (BARDIN, 1977) for the purpose of examination. During the transcription phases, the objective was to distinguish content pertaining to the strategies of resistance and advocacy of human rights during the health crisis.

The transcribed speeches allowed us to delve into two categories of analysis. The first concerns the general impacts suffered by QCs compared to the general population, notably on barriers to access to basic services. Emphasis is placed on social and health particularities that increased the risk of death in these communities. In the second, the organization's path chosen by these communities is outlined, which in the long term drew the path to strategies of collective resistance, which meant not only a greater adherence to the imposed health guidelines, but also had a noticeable outcome on the strengthening of existential ties to overcome the crisis. The discussion and presentation of the results are inclined in this same order.

Regarding ethical issues, the data that allowed the study to be carried out are of secondary origin, open to general consultation on YouTube and without restrictions. Therefore, it was not necessary to request the approval of an Ethics Committee since there was no direct interaction with the individuals. However, during all stages of the study, the identity was respected and identified as mentioned by the participants of the lives, with the respective name and the institution of which they are part.

## Results and Discussion

### COVID-19 in Brazil and among QCs

President Bolsonaro's initial denial of the severity of the COVID-19 outbreak was followed by a series of inadequate responses to the pandemic, including his insistence on the efficacy of hydroxychloroquine (CASARÕES; MAGALHÃES, 2021). Furthermore, there was a notable reluctance and delay in the general public's pursuit of vaccination (MENDES; CARNUT; MELO, 2023, coupled with the administration's inability to provide essential medical resources such as oxygen and ventilators to specific regions within Brazil. About the number of deaths and infected, there were notable regional disparities, rural-urban contrasts, and racial-ethnic disparities (PAULA; PEREIRA; GIORDANI, 2023).

The accessibility of responsive and qualified health services across the country's regions exhibited variability during periods of increased contagion. Brazil is comprised of five distinct geographical regions. The North and Northeast have considerably lower Human Development Indices than the South, where Rio Grande do Sul is located. During the pandemic, the Northern and Northeastern regions experienced an exponential increase in mortality and morbidity rates associated with social and health vulnerability (Orellana *et al.*, 2020). The states in the southern region were able to respond more rapidly and effectively to the spontaneous demands that arose, whereas the northern and northeast states were slower to provide specialized equipment and personnel for intra- and interhospital care (BACQUI *et al.*, 2020; MENDONÇA; ROCHA; PINHEIRO; OLIVEIRA, 2020).

The prevalence of social inequality and extreme poverty among rural populations drew the attention of health authorities. However, the lack of transportation for emergency referrals and the limited availability of hospital beds resulted in several avoidable deaths. The situation for the rural poor became even more dire when it became apparent that basic hygiene practices such as hand-washing and produce sanitation for human consumption, as well as the continuous use of hand sanitizer to avoid contagions, were not accessible to all members of the population. Race and ethnicity were significant predictors of mortality. Non-white patients (predominantly Black and Indigenous individuals) exhibited a six- to eight-fold reduction in survival to the first emergency department visit for acute severe respiratory syndrome (SOARES *et al.*, 2021; APOLONIO *et al.*, 2022).

Rather than examining each determinant in isolation (region, rural vs. urban dwelling, and race-ethnicity), it is crucial to adopt an intersectional approach and recognize that certain social groups occupy a nexus of all these factors. Indeed, the protective factors identified in the national literature indicate that having private health insurance, owning a vehicle, and residing less than five kilometers from healthcare facilities were decisive variables for the survival of pneumonia crises in patients with chronic non-communicable diseases (REIS *et al.*, 2021). Unfortunately, these determinants did not bode well for vulnerable Black individuals, particularly those with limited purchasing power, residing in more remote areas and in precarious conditions, and specifically those with chronic conditions sensitive to COVID-19 (GOES; RAMOS; FERREIRA, 2020). The scenario prompted the inquiry: “How did

these determinants affect the QCs, particularly those from Rio Grande do Sul?” To respond to this question, it is necessary to consider several interrelated and multidimensional aspects to gain a comprehensive understanding of the problem.

Long distances and inaccessible routes posed significant challenges for Quilombola healthcare users seeking specialized medical care. Despite the implementation of digital inclusion programs by recent Brazilian governments, access to fixed/wired Internet service remains a significant challenge for QCs, where it is not yet part of daily life. This lack of basic service impeded the implementation of e-Health strategies by the Ministry of Health, which aimed to facilitate longitudinal follow-up in suspected and/or confirmed cases, including in-home isolation (FREIRE *et al.*, 2023). The lack of Internet access for health monitoring during the pandemic contravened the fundamental right to healthcare of QCs and exposed the state’s inability to provide medical care in accordance with its own principle of equal treatment. Consequently, the circumstances have led to a significant divergence between Brazil’s public Unified Health System (or SUS, its Portuguese acronym) and its foundational principles, which include comprehensiveness, universality, and equity in health (WANG; MORIBE; ARRUDA, 2021).

Moreover, while the pandemic affected all social groups, race and ethnicity generated profound asymmetries among the Brazilian population. For non-White individuals who are disproportionately represented amongst those with social vulnerability, in addition to the health difficulties resulting from the pandemic, social inequities conditioned the ways of fighting and protecting against the virus (BACQUI *et al.*, 2020). As this Quilombola woman leader articulat-

ed “[...] *many of these people have no water, so how do I ask them to wash their hands, if they don't have soap and water, if they don't have money to buy them*” <Givânia da Silva, Live: Coronavírus em terras Quilombolas> (THE INTERCEPT BRASIL, 2020).

As seen, the nature of their working conditions meant that many families had to take risks and go against measures imposed by local health authorities – as a day of home isolation often meant *one less plate of food on their tables*. That effect convinced some authors to describe home isolation as a form of necropolitical intervention by the Brazilian government, one that ignores the exorbitant social inequalities between White and non-White people (REIS *et al.*, 2021; GOES *et al.*, 2020). Thereof, it seems that the pandemic had and continues to exert a socio-pathological selection, as the Oxfam Director expressed:

“What we are living today in the country is a serious moment of food insecurity. It is one of the consequences of the pandemic because you need social distancing as the only way now to reduce the increase of contaminated people and not pressure the healthcare system. And the people, those millions of people who work to earn their daily bread? These people really need strong support, economic support, and a support for food insecurity” <Katia Maia, Oxfam Brasil's Executive Director, Live *Desigualdades: comunidades Quilombolas frente à pandemia*> (OXFAM BRASIL, 2020).

The consequences of home isolation were detrimental for Quilombola families and their children, particularly in rural areas (CAMPOS *et al.*, 2024). With the closure of public schools, children were unable to access the school meal programs, which constituted the sole source of a nutritious meal for some during the day. As a result, Quilombola children and adolescents were at an

elevated risk of food insecurity and malnutrition, a concern that their parents also highlighted:

“[...] We were denied water, food in the school, [...] all our rights were violated, not even the basic right, which is the right for food. We, myself, I believe that the major crime is the stealing of school lunches by the municipalities. [...] They are taking from those who have nothing. Sometimes, the child only has that meal for the whole day” <Selma Dealdina, Executive Secretary of the National Coordination of the Articulation of the Rural Quilombola Black Communities – CONAQ, Live: Desigualdades: comunidades Quilombolas frente à pandemia> (OXFAM BRASIL, 2020).

The closure of schools due to the pandemic placed a significant burden on Quilombola women, who were largely ill-prepared for the role of educator. This resulted in an overwhelming number of women having to assume the responsibility of providing care for their children, which included domestic duties, home-schooling, and employment when necessary. (GROSSI *et al.*, 2022; GONZAGA; MACEDO; FERREIRA; LEITE, 2022) The pandemic placed a significant burden on these individuals, exacerbating their vulnerabilities. Low wages or unemployment, contact with pesticides and other carcinogen substances (due to their work as seasoned agricultural workers in nearby farms), malnutrition, and drinking contaminated water all contributed to their difficulties. The pandemic intensified the stress associated with unemployment, whether seasonal, structural, or permanent. This served to reiterate the racial division of labor as a manifestation of structural racism, which is already evident in this social group (ALVES, 2022). It is notable that this situation had a significant impact not only on women but also on the entire family unit. The population was compelled to contend with social

isolation, school closures, the unavailability of public transportation, and the inability to commercialize their subsistence products due to the closure of farmers' markets.

Perhaps the most consequential obstacle to QCs successfully addressing the pandemic was anti-black racism. Racism is a form of violence that reproduces itself in the social fabric, both culturally and institutionally. By shaping social relations, it transcends the individual and institutional spheres and creates a kind of normalization of social and racial inequalities (ALMEIDA, 2018). Noteworthy, White privilege, even in the so-called racial democracy (as Brazil is known for), is historically, culturally, and politically constructed, resulting from both the phenotype and the circumstances that have allowed the White population access to and control over material and symbolic goods. Anti-Black racism impacted the Quilombolas' access to vaccines during the COVID-19 pandemic, as the federal government determined that they were a priority group for vaccinations.

Ensuring an equitable distribution of vaccines to the most vulnerable populations became a public management hurdle, which preoccupied the national health authorities, as well as their state and municipal counterparts, which have shared jurisdiction over public health. In this regard, Brazil's National Immunization Program is a reference for the Americas and was no different in the design, implementation, and execution of national vaccination strategies against COVID-19 (MACEDO; STRUCHINER; MACIEL, 2021). Although the SUS differed from the rest of the Latin American public health systems, almost all acted similarly, in that vulnerable groups received priority in the first-hand application and booster doses to

comply with the principle of social justice and the bioethical precepts that guide medical practice (GUTIÉRREZ-MURILLO, 2022; BORTOLI *et al.*, 2023).

The QCs ranked tenth among the priority groups in the national vaccination scheme, according to the National Operationalization Plan for Vaccination Against COVID-19 (BRASIL, 2020). This instrument estimated a population of 1,184,383 Quilombola citizens, covering about 1.55% of the vaccinations planned in the first round. Quilombola individuals between 75 and 90 years of age or older received the vaccine earlier, mainly due to their immune frailty (BRASIL, 2020). Although the Quilombolas were a priority group for vaccination against COVID-19, public health professionals received complaints from citizens who were dissatisfied with the placement of the QCs in the priority pool. The narratives of a nurse and a community health worker, who participated in the vaccination drive and were interviewed in the documentary, expressed this challenge:

“Some people accepted it well, yet others questioned it. “Why were they (Quilombolas) prioritized? Why did they have privileges? And we explained that it was a decision of the Ministry of Health and that it was their right, so they received (the vaccine) prior to the general population <Nurse, Primary Care Health Unit, Maquiné, RS> (GERHARDT *et al.*, 2022).

“Yes, we saw people who participated in the vaccination ask “why Quilombolas, - blacks, are given this priority?” There was much questioning in relation to that. I answered that it did not depend only on us, that we must understand everything that they went through (...) but people have no understanding, there is still a lot of prejudice <Community Health Worker, Prainha Basic Health Unit, Maquiné, RS> (GERHARDT *et al.*, 2022).



Some in society at large did not tolerate QCs being placed on the priority list, by ignoring that they are a more vulnerable population with less access to health services and with subpar social determinants of health. According to the Observatory on the COVID-19 in QCs, created and monitored by the Nacional Council for the Articulation of Black Rural Quilombola Communities – CONAQ, there were 5,666 confirmed cases amongst Quilombolas in Brazil (data from January 12, 2022) and 301 deaths. In the state of Rio Grande do Sul, the estimated Quilombola population was 11,377,239 individuals, spread across 83 out of 497 municipalities. There are 195 Quilombola territories in the state (CONAQ, 2020). Although there were 38,985 deaths in Rio Grande do Sul, there were no records of deaths among QCs. One of the possible reasons for these figures is that the deaths of black people were generally not reported, as at the beginning of the pandemic the racial/ethnic variable was not recorded in the SUS reporting forms (Interview with the Minister of Health, Department of Health Equality of the Black Population in RS, July 2023).

## Strategies of Resistance

The geographical, cultural, social, and health factors of the communities were overlooked by the health authorities, which resulted in numerous communities voicing their concerns and demanding an ethical commitment from the government. The claims presented by the QCs were largely due to the precarious and limited conditions that endangered the health and well-being of the inhabitants, in a situation that was further aggravated by poor public health

management. From a broader social perspective, the establishment of the Observatory on COVID-19 in the Quilombos represented a significant resistance milestone and a by-product of the networking of Quilombola individuals and groups.

The monitoring and publicization of contagions among QCs brought attention to this social group. Likewise, another strategy of resistance was the social mobilization for the implementation of ADPF 742 (Arguição de Descumprimento de Preceito Fundamental), which is a legal tool that acknowledges the non-compliance with a constitutional precept (in this case, the right to healthcare), and mandates state action. The ADPF was issued, given that in the early stages of the pandemic that there was no plan of action that considered the specific vulnerabilities of QCs (SILVA; SOUZA, 2021). This was a historical achievement for these communities, as it reaffirmed their legal right to immunization and specific measures to combat COVID-19 due to their social vulnerability.

To resist the toll of the pandemic on QCs in the state of Rio Grande do Sul was the setup of a Quilombola Permanent Forum on a WhatsApp® group formed by Quilombolas, members of universities, representatives of the Secretariat of Health, human rights activists, black movement representatives, and Quilombola allies. The group's goal was to exchange information about immunization schedules, prevention measures, public meetings with government representatives, and other issues concerning their citizenship rights and ways to access them. It is noteworthy that this digital space was constructed by Quilombola women with an infodemiology perspective in mind. This approach was employed to combat the proliferation of fake news that rapidly became embedded within social networks.

The actions of filtering and promoting reliable information had a positive impact on the strategies proposed by the health authorities, which aided in the implementation of a preventive approach within and among the Quilombola communities.

Thus, Quilombolas women had a starring role in the vaccination campaigns. Once the Ministry of Health from the federal government determined that the QCs were in the priority pool for vaccines, one key challenge was to gauge the number of doses needed to immunize that social group. As part of the absence of public policies targeting this population, the Brazilian national censuses never counted this population (the first count took place with the 2022/23 Census). Consequently, it was imperative for the communities themselves to create lists with the names of all QCs members. In most QCs, older women, who are the leaders of their Quilombola associations, dealt with this first stumbling block. They wrote down by hand all the names of Quilombola people who had the right to immunization, as per the request of the Secretariat of Health from the state of Rio Grande do Sul, Brazil. Interestingly, in the Morro Alto QC the young Quilombola women were the ones who typed the names into Excel sheets and provided the list to the Secretariat of Health. The documentary *We, Quilombola Women [Eu, nós, elas, Quilombolas]* registers this kind of intergenerational work and the effort to produce the listings, which senior and young women handled in different ways (GERHARDT *et al.*, 2022).

Furthermore, the contributions of Quilombola women were instrumental in the formation of one of the social artifacts that serves as the foundation for this article. In response to the challenges posed by the pandemic, Quilombola women from urban communities orga-

nized themselves to discuss the impact of the crisis on their lives in live online forums. The discussions focused on the impact of school closures, food and nutritional insecurity, and the lack of water in their territories. The live broadcasts were conducted on numerous occasions at irregular intervals. It is noteworthy that these live broadcasts were utilized as a means of making demands. In addition to utilizing the Internet as a means of advocating for their rights, the Quilombola women employed a strategic approach by developing catchy slogans to effectively disseminate their primary concerns.

For example, one of their slogans, “Quilombo Lives Matter,” demonstrated their awareness of and solidarity with the Black struggle in other contexts. Similarly, the phrase “Not One Fewer QCs” translated to their own communities the motto of the Latin American feminist movement to curb femicides and violence against women in general, which is expressed in the slogan “Not One Less.” Ultimately, the phrase “Vaccine in the Arm and Food on the Plate” encapsulated their dual challenge of survival during the pandemic. Their struggle is twofold: to combat a lethal virus and to secure the most fundamental social rights. The Head of the Health Equity Division for the Black Population in the Secretariat of Health of Rio Grande do Sul eloquently summarized the role of Quilombola women in resisting COVID-19:

“Being a Quilombola is much more than living in a territory. It is related to religion. It is related to culture. So, it transcends this relationship to land, of belonging to a land. This [the leading role of women] is not just an experience of the Quilombo Morro Alto. I noticed the same in the state as a whole: The leading role of Black women in this process. It is not because I am a Black woman at the head of management. But mainly because of [the efforts of] the Black Quilombola women at the head of the Quilombo [associations]... They were leaders in this process, they moved this process forward. This happened in 90% of the Quilombos in the state. They managed

and took charge of this responsibility...I understand that, at the same time, it was a very big process of responsibility and, as a Black woman, a slightly unfair process to place the responsibility for health on Quilombola leaders. The responsibility for health lies with the health service and not with them. The responsibility for health is ours, the health professionals, not theirs. And in this process, in order [for the vaccination to] happen, they had to be the leaders and take responsibility for it. I think that if they had not played a leading role in this process, it would not have come out, it would not have been so successful, because the majority of the Quilombola population was vaccinated here in the state of Rio Grande do Sul <Documentary: “Eu, nós, elas, Quilombolas”> (GERHARDT *et al.*, 2022).

Although the preceding account underscores the pivotal role of Quilombola women in navigating the challenges of the pandemic, it also illuminates the persisting health disparities, particularly among the non-White population in Brazil that underscore the necessity for affirmative measures to ensure equitable access to citizenship rights. Yet not foreseen as a potential limitation in the realization of this study, the involvement of the authors in the lives of the Quilombola representatives at the time of their participation could have facilitated direct interaction with the Quilombola representatives, thereby enriching the discussions presented here. Nevertheless, the fact that the lives in question have been recorded and are available for unlimited reproduction on digital platforms enabled us to revisit the narratives of these women and elucidate all the aspects involved in their social causes.

## Final remarks

The management of public health care in Brazil was flawed due to a lack of consideration for the specific needs and circumstances of its traditional populations, particularly the QCs. The

response to the pandemic was predicated on an overvaluation of conventional, white, and classist health care, which is replete with the vestiges of colonial violence. Quilombola women from urban communities were compelled to assume responsibility for their own well-being and employ a range of strategies to combat the spread of the COVID-19 pandemic. Some of these strategies have been examined in this study. In response to the pandemic, they established physical barriers to prevent the spread of the virus, organized online forums to advocate for their rights, collected food and sewed masks together, created catchy slogans to disseminate their demands, and collected donations.

In the absence of effective policies, especially at the federal government level, traditional peoples have spontaneously created a variety of means to cope with the pandemic, including crisis offices, popular committees, solidarity articulations, platforms, academic-popular observatories, popular health barriers, and Internet portals for participatory monitoring (CARNEIRO; SOUZA, 2020). It is therefore proposed that methods, strategies, and initiatives be created which enable the resolution of health-care problems in a horizontal, participatory, democratic, and scientifically qualified manner.

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