

The Mata Cavalo/Brazil *quilombo* and the COVID-19 syndemic: racism and the right to (r)exist in question

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THEMATIC ARTICLE

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Abstract *Quilombola communities have felt the effects of racism deepened by COVID-19, whose repercussions are amplified in contexts of racial inequalities, characterizing it as a syndemic. The term refers to the synergy of biological, economic, environmental, political, and social elements that enhance coexisting conditions and states, impacting life and affecting health. Thus, our study seeks to analyze the repercussions of the COVID-19 syndemic based on the perceptions of quilombola community leaders in Mato Grosso, Brazil. In a qualitative study, three leaders were interviewed in May 2022, using a semi-structured script and treating the data through thematic analysis. The COVID-19 syndemic highlighted the structural precariousness of transport, roads, sanitation, and access to water, food, and health services. Isolation, deaths, and fears had psychosocial repercussions, but little attention was paid to mental health. Anti-racist proposals call for: repairing precariousness by recognizing the State's debt to the black population; valuing experiences, way of life, cosmovision, and Afro-centered ancestral civilizational values. Finally, the aim is to strengthen, reaffirm, and implement anti-racist actions, such as the Statute of Racial Equality and the PNSIPN, in all possible spaces, policies, and institutions.*

Key words *Quilombolas, COVID-19, Syndemic, Iniquities, Racism*

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Introduction

The present article aimed to analyze the repercussions of COVID-19 from the perspective of the syndemic, based on the perceptions of *quilombolas* in a community in Mato Grosso, Brazil. To achieve this, we provide a panoramic view of racism and ethnic-race relations through the mobilization of three *quilombola* voices, a body-place that, through the experiences of the COVID-19 syndemic, places us in their lives and, respectively, in the struggles for the right to exist/resist and the (re)knowledge of their rights.

Perceptions arise from the relationship with the world, mediated by corporeality and apprehended by the senses, that is, a body open to places, in tune with the things, events, and people that constantly request it in the continuous flow of Being-world¹. Talking about perception is considering the legitimacy of *looking from the inside*, of someone who tells us something with the authority of someone *who was there, present*, that is, *experienced* and tells us what is capable of being retained by memory and (always) situated sensitivities¹. The interlocutors inhabit, live the place, constitute a link between the community and public authorities, and collectively felt the repercussions of the syndemic, hence the relevance of their speech in approaching perceptions that are not limited to the individual.

Quilombola communities constitute ethnic-racial groups with their own trajectories, united in a unique temporality (past, present, future), endowed with specific territorial relationships, a feeling of people, of black ancestry, and carry a history of resistance, struggles, and actions against the persistent oppression suffered to achieve the guarantee of and access to rights². As Abdias do Nascimento claimed, “the *quilombo* does not mean an escaped slave. *Quilombo* means fraternal and free gathering, solidarity, coexistence, existential communion”³, so that, in addition to responding to the slavery system, the *quilombo* is also the right to exist in all its plenitude².

According to IBGE data from 2019, in Brazil, there were 1,674 municipalities with *quilombola* locations, 90 of which were in the Midwest region and 17 in the state of Mato Grosso⁴, where, in one of them, the research that led to this article⁵ was carried out. *Quilombola* communities have experienced the effects of structural racism⁶ materialized by barriers in access to fundamental public policies (health, education, transport, sanitation, territorial regularization), which have been reproduced for generations⁷. In this con-

text, vulnerability in *quilombos* deepens during serious crises, such as the COVID-19 pandemic⁷, whose repercussions do not operate alone in contexts of inequalities, mainly racial, leading one to understand this process as a syndemic, as claimed by Richard Horton⁸.

The notion of syndemic was conceived by Merrill Singer (American doctor and anthropologist) in the 1990s as an approach revealing biological, social, economic, and environmental interactions (synergism) that negatively affect prognosis, treatment, and health policies^{8,9}.

The relevance of considering COVID-19 as a syndemic is due to the blatant denunciation of its social origin and not a purely biological phenomenon, making it possible to understand the combined unfair and unequal repercussions aggravated by the overlapping burden of chronic diseases, racism, poverty, in short, by structural violence⁹. According to the syndemic theory, the synergism of biological, environmental, and social interactions between conditions and states feeds back on each other, increasing the susceptibility of a population, with expanded effects harming or worsening their health status⁸⁻¹⁰.

The repercussions of COVID-19 follow this perspective due to the interaction between diseases and social markers that culminated in greater exposure of the black population to the virus, resulting in a higher mortality rate¹¹. This concept is well suited to thinking about the repercussions of COVID-19 in a context of racial inequalities, such as the Brazilian reality and, more specifically, in a *quilombola* community. It also encourages us to think synergistically about anti-racist confrontations, given that, in the contemporary world, episodes of racism are recurrent, whether in sport, in games (recreational racism), in entertainment (dramaturgy), in politics, or in institutions. Human relations are racialized and based on the difference of races, classes, and power, in which the principle of exclusion is based on racial hierarchization^{10,12}, representing a historical process in which a culture, through the discourse of truth, creates the interdict and rejects it.

This is institutional racism¹³ and necropolitics. The first induces, maintains, and conditions the organization and action of the State, its institutions, and public policies in order to (re)produce the racial hierarchy¹³ by updating colonial interests. Institutional racism is crystallized in institutions and acts in spite of an agent or individual actions¹⁴. It is discrimination based on race that arises not from someone’s concrete action, but from the way in which institutions are

organized, operating under an invisible racial framework that hinders or prevents the access of black people to places of power and social prestige, blocking access to rights and the exercise of citizenship¹²⁻¹⁴.

The second, a State policy that points to death, where it is chosen who will live and who can die¹⁴. The necrostate, through necropower, looks at social minorities and, bluntly, at black bodies, as disposable, not endowed with humanity, and creates a stereotype of a backward subject¹⁵, archaic, savage, bestialized, weakened, and vulnerable, whose most objective outcome is death. Thus, when humanity is denied, the practice of violence becomes possible and legitimized^{14,15}. In the syndemic, the extermination of the black population (Necropolitics!) was accelerated by a (mis)government that used politics to deny science, propagated fake news, implemented ineffective treatment, and delayed social protection and the fight against inequalities, concentrating the monopoly of violence, exclusion, and death upon the black population.

In the COVID-19 syndemic, we saw the State make the black body invisible and be animalized through the intentional selection of those who supposedly deserved or did not deserve to receive medical care and to be benefited by the National Plan to Combat COVID-19¹⁶. It is structural racism as an element of the social determination of health, the brutal idea that the black body does not need and does not deserve to be taken care of. To show how this happened in practice, we will lend an ear to the *quilombolas*.

Method

This study was conducted in 2022 in the *quilombola* community of Mata Cavalo, founded in the 19th century and, in part, recognized and titled by the Palmares Cultural Foundation in 2000¹⁷. It is located in the rural area of Nossa Senhora do Livramento, Mato Grosso, which is 52.2 km from the state capital of Cuiabá, and is made up of 6 (six) small communities, each with an association and respective leaders¹⁷.

In May/2022, interviews were conducted with three *quilombola* individuals, nominated by the State Coordination of Quilombola Communities of Mato Grosso (CONAQ). After formal authorization, a visit to the community was carried out, guided by an interlocutor to learn about the physical and organizational structure and local social facilities.

The interviews followed a thematic script, took place remotely, and were recorded. Through thematic analysis¹⁸, we searched for expressions of the syndemic in the empirical material, as interconnections of biological and social elements, using the concepts of repercussions, health, inequities, and necropolitics, always in the context of inequalities and racism so as to also contemplate anti-racist actions.

The project was approved by the Research Ethics Committee (CAAE no. 54707321.6.0000.8124). The people interviewed will not be characterized so as not to reveal their identity. In the excerpts of the speeches, African and unisex names were used, with the following meanings: Ayo (joy, happiness), Eno (gift, present), and Abayomi (born to bring joy and happiness). For the other names mentioned in our study, random letters were used. The results are presented in two articulated topics: the characterization of the *quilombo* and the repercussions on synergy.

Characteristics of the Mata Cavalo *quilombo*: affections and precariousness

Mata Cavalo currently has 251 permanent households; most of the houses have straw roofs, dirt floors, and mud walls, 88.77% of which are standard structures¹⁹. Its history is full of struggles, resistance to the oppression suffered by colonial slavery, which crisscrosses time and is reconfigured today, as noted:

Today we are a free people who fight to keep our culture alive [...] left by our ancestors [...]. The challenges we have are many [...], (there is the) issue of regularizing the territory [...] because although we are within the quilombo, the territory of Mata Cavalo has not yet been (all) titled. So, we here in the quilombo live with lawsuits and at any moment we don't know what might happen. So, there is a lack of sensitivity; we still have to live with farmers within the quilombo, which ends up generating conflict [...] even illness [...] people [...] live in instability, in tension [...] (Abayomi).

The intense and continuous relationship that people have with the body-territory of Mata Cavalo makes us think of it as a space of *quilombola* identity, as it is physical-material, political, economic, and symbolic²⁰. So much so that the Mata-Cavalenses build, reaffirm, and perpetuate a strong emotional, physical, and cultural bond with their ancestral land. Let's listen:

For me, living in the quilombo is a gift from God [...] because here we have the opportunity to

have contact with the history of our ancestors, with the culture [...]. We live here as a family, right? Everyone knows each other, has ties of kinship and solidarity [...]. These people teach a lesson in life, in resilience, in resistance, this makes us very proud to belong to this place, right? Because we have a history, I know where I came from [...] I know the history of my people [...] of being in a place where my great-great-grandfather, my grandfather lived [...] (Abayomi).

The tranquility, the peace, you arrive [...] turn on a sound [...] our house is on the riverbank. At the edge of the tank, that delicious smell of nature, we fish. It's peaceful here. It's wonderful (Ayo).

However, in addition to the struggle for title and definitive possession of land, there are other necessary struggles given the structural conditions of life in Mata Cavalo, as witnessed by the visit⁵: unpaved roads, potholed stretches, others full of water (it was a rainy day), without lighting and signage, making *quilombolas* vulnerable to the risk of accidents and violence. It is a precariousness that makes it difficult to transport local products to be sold nearby or to reach emergency/ambulance care. Although the recognition of the rights of the *quilombola* is set forth in the constitution, the effective promotion of access and enjoyment of full citizenship faces challenges and barriers, as they claimed, showing the synergy of weakening aspects of existence:

There is no public transport to the communities, and you have to travel with your own vehicle, be it a motorcycle, car, buggy or horseback (Ayo).

We need to overcome the lack of many policies to make our people a people with dignity [...] the challenges we often face, for example, are in education, we still don't have the education we want, right, because of the structure that the government generally doesn't provide [...]. Access to healthcare is also something that concerns us a lot, because our municipality is prepared to deal with low-complexity diseases, you know, because we don't have an ICU [...]. In terms of health, we still don't have a health center, for example, within the community where we can receive specific, regular care; we generally have monthly services or we have to go to the city [...] If any of us (get sick) in a more serious way, we won't be able to get care because we don't have money to pay a private doctor [...]. Those who do not have the resources to pay privately still have to wait a long time for more complex procedures through SUS (Abayomi).

Another pre-existing structural condition refers to insufficient basic sanitation. It is known that in Brazil, 8 out of every 10 people living in

rural areas do not have access to it²¹, and there are about 31 million residents of rural areas in need of sanitation, especially access to water, which is associated with poverty and malnutrition, diarrhea, and other parasitic diseases²². In Mata Cavalo, it was mentioned that “*our difficulty here is water. We have a huge problem, not only in Mata Cavalo, but in the entire municipality, there is a problem with water [...]*” (Eno).

This data is important, as the WHO²³ established hand hygiene as a strategy to combat and control COVID-19 and provided guidance on basic sanitation. In addition, it is essential to promoting the health of the population and its absence, in a peripheral context, generally occupied by black and poor people, reveals structural racism. In this way, *quilombolas* have their phenotype and rurality “transformed both into the mark and the cause of their poverty, humiliation, oppression”²⁴, accentuated in the poorest regions where the black population is the majority³. These are not representations of isolated precariousness, but rather combined and intersected examples that synergistically enhance the weakening of life in a black territory. It is necropolitics operating through the social inequalities experienced by *quilombolas* in which the State, through the exercise of power and structural violence, has relegated the black population to the periphery of access and health care and decent living conditions.

One aspect to highlight is the mobilization of knowledge from other therapeutic systems, which becomes problematic when imposed by the insufficiency of official health services and access problems, as reports suggest. Ethnobiology²⁵ encompasses knowledge and ways of knowing how to perform certain actions that are transmitted orally and culturally characterize a traditional community. This is the case with the use of plants, herbs, roots, medicinal oils, and even practices by healing specialists (healers, herbalists, *pais-de-santo*, healers), not restricted to rural, traditional, isolated, or backward areas²⁶, as they occur of comprehensive understanding of the health-disease-life-territory process that does not dissociate Nature/Culture:

We have a tradition of using homemade medicine; there are some teas, some homemade medicines that are always good if you are taking them [...] (Eno).

Healing comes through blessing. Through medicinal herbs. That's why this range of knowledge in relation to herbs, because we really don't (have) the conditions and we don't (have) the public authori-

ties. [...] with this lack of precise support regarding health issues, we resort a lot to medicinal plants, you know. There are a lot of medicinal plants in the community, right? This is even lucky because we don't have the money to buy the medicine at the pharmacy and we can turn to our backyards, our neighbors, you know, to have access to this, despite everything (Abayomi).

Another ancestral practice is family farming, which is key to the economy of Mata Cavalo for subsistence and commercialization at fairs, on the roadside, or in small intermediate establishments. This contrasts with the logic of large-scale agriculture and monoculture, which prevails in Mato Grosso. The first guarantees food on citizens' tables, while the second turns products into commodities and intensifies the environmental impacts that result, primarily from human action linked to agriculture guided by the agribusiness model, hegemonic in Mato Grosso²⁷. State institutional support for these two models is historically disproportionate (it has color!), expresses neglect, and, with the black population being the most affected by environmental degradation, reverberates as environmental racism, as discussed by Tavares *et al.*²⁸, correlating it with forgetfulness and state selectivity. Our interlocutors provide clues about a more sustainable local relationship with natural resources:

We also have our small farm that we plant, even with the fires burning our fields, our plantations, burning pastures, burning our savanna [...] we had to plant so we could keep eating, to this day we are still doing that, right, planting (Eno).

Many families live off of family farming. Specifically selling your products, cassava, bananas, sweets [...] in rural areas there is no incentive for you to earn your daily bread, right? Either you plant cassava or bananas to sell on the side of the road in Livramento (municipality) or there's no way you can live in rural areas, you know? (Ayo).

With few job opportunities in the rural area, in Mata Cavalo there are inhabitants who live in the community and in larger municipalities, with older people remaining in the area, as Ayo explains: “the majority of those who live here are elderly”. Rural work demands difficult physical efforts as people age, generating dependence on social programs, as Abayomi said: “there are those who live on retirement, you know. There are those who live on family grants (Bolsa Família)”.

Under these conditions, COVID-19 will arrive, configuring the syndemic discussed below.

Repercussions in synergy: the coronavirus syndemic in Quilombo Mata Cavalo

Colonial interests and entrails led the Brazilian State to anchor the Policy for Combating COVID-19 in biological and individualized factors. Disregarding the social inequalities that make COVID-19 operate differently in social groups makes the intentional extermination of the poor, black, and rural population explicit (Necropolitics!).

It is necessary to first consider social and biological processes in order to understand the production of diseases in the community, analyzing the determining elements, expanding the causal explanation^{9,29}. In this sense, we agree that race/color, social class, gender and generation are structuring factors in society, interfering in the outcomes of health, illness, care, and deaths^{13,30,31}. It thus allows us to affirm that COVID-19 is not a democratic disease, and it is not a pandemic (biological, common to all), but rather a syndemic, in which conditions and states combine and enhance that have an impact on the health-disease process^{8,9}. The deaths related to COVID-19 mentioned below are attributed to comorbidities; however, we understand that there are synergistic interactions with living conditions in the context of racial inequalities, showing a production of meanings about those deaths that borders on naturalization.

An associate had uric acid, tested positive, couldn't take it and died (Ayo).

X (name) was 50-60 years old and caught COVID. He passed away, but he had a heart problem and had diabetes (Abayomi).

He already had a health problem, he underwent heart surgery, had a pacemaker, valve pressure [...] he was admitted to the ICU, but he got the worst of it and died (Eno).

The black population has a higher prevalence of pre-existing chronic illnesses, such as high blood pressure and diabetes³², which are most related to deaths from the new coronavirus. Remembering that in Mata Cavalo “the majority of those who live here are elderly”, the susceptibility is compounded by the fact that black people compulsorily hold the monopoly on social marginalization, suffering, exclusion, deprivation of rights, and fundamental freedoms³³. Hence, synergies.

Faced with the conditions that render the population vulnerable, CONAQ, the Government, and the Mata Cavalo Associations, in alliances, political and social solidarity, and mutual

aid joined forces to mitigate the consequences of the syndemic, as they explain:

We had to join together, be supportive, so that we could get through this moment without people dying of hunger [...] (Ayo).

As there was no one to sell it to, because everything was closed, not working [...] people were left without income, right. Living on a basic food basket that arrived from the solidarity of the neighbor who shared it, you know? I would exchange, I have the chicken, you have the corn and we can exchange [...] (Abayomi).

Through several NGOs, we were able to meet some of the food needs of some families. We received many food donations from NGOs, even from the state and Federal Governments [...] (Eno).

We reiterate that Mato Grosso stands out in soybean planting and has the largest cattle herd in Brazil³⁴. However, such crops are not intended to feed the people, as they are goods, commodities²⁷. The food shortage, evident in Mata Cavalo, has always been a colonial enterprise linked to the private interests of agribusiness and the economy, aggravated and made visible by the COVID-19 syndemic. It is an exacerbation of chronic problems that go beyond the scope of health, reaching economic, political, and structural situations, overlapping racial inequalities, accentuating a place of shortcoming for the black population, on the margins of public policies³⁵.

The rates of illness and death from COVID-19 have been higher in the black population than in the white population, explained by the social determination of the health-disease binomial, the interaction with prevalent chronic diseases, and differences in access to appropriate services³⁶ – a clear expression of institutional racism!

And then the virus arrived in Mata Cavalo. The uncertainties and poor scientific knowledge about the disease, the presence of positive cases in the community, combined with structural and service difficulties, generated insecurity, fear, and despair, that is, it had an impact on the mental and emotional health of the people of Mata-Cavalo, as can be seen in the following testimonials:

This disease is scary [...] especially at the beginning, when we didn't have more information about it, then we found out, we are aware that the poorest population is always affected, unfortunately. So, we were left like this, helpless [...] watching the deaths on television [...]. And then we saw people dying initially outside of Brazil, it was scary for a hundred or so deaths and then it arrived in Brazil with 600 and 700 cases of deaths per day [...],

moments of great despair [...] that was the moment of greatest panic in the community because we had already taken the first dose and still there were deaths due to COVID [...], but here everyone really isolated themselves because they were very afraid, knowing that we wouldn't have open access to the hospital, since it was an unknown disease (Abayomi).

I don't know how it came about, in what way or why it came about, [...], but this disease is terrible, right [...] it took a lot of people, a lot of friends, a lot of community residents, you know. Lovely people, people who fought for the quilombola community, who were there from the beginning and caught COVID (ENO).

In this context of syndemic, the fear of becoming ill and dying, anguish and sadness, feelings of impotence and fear of losing subsistence conditions are common³⁷. In Abayomi's speech, it is clear that symptoms are heightened when social markers of (in)difference make subjects and groups more or less vulnerable to illness; therefore, psychological suffering reverberates singularly in the lives of the black population.

Another repercussion on the mental health of *quilombolas* was the isolation and distancing measures. This clashes with the way of life there, which cultivates relationships, the collective, consistent with ancestral practices²⁰. Abayomi spoke of the decision that “*we are going to enclose ourselves, we are going to close our houses even to relatives who come from the city*”, and Eno explained, “*we tried to avoid the presence of our relatives and our daughter as much as possible. We were isolated*”. Isolation had an impact on the commercialization of local products, affecting mental health due to the threat to material survival because, as Abayomi said, “*many families live specifically by selling their products and without leaving the community, without receiving people in the community, how would they produce?*”

Symptoms of confinement, such as anxiety, depression, the harmful use of alcohol, lower mental well-being, and quarantine, including boredom, loneliness, and anger³⁸, result from the interaction of factors experienced by everyone during the syndemic, such as human finitude, the severity of the disease, misinformation, fake news, the fragility of life, and the precariousness of health services. However, with the insufficiency of health services, vulnerability and aggression due to pre-existing cultural prejudices, the psychosocial repercussions were exacerbated in Mata Cavalo, causing them to experience pandemonium, a climate of tension, fear, and horror,

as can be seen. In other words, the health, social, and economic effects impact the entire population of the syndemic, but some groups experience it more acutely³⁷:

This fear affected us day and night, because when we saw the death of children with COVID, worsening the number of hospitalizations, infections, and then a lot of people ended up getting sick and even aggravating a certain type of disease due to the fear of getting sick, of getting serious due to fear, of not having service, because most people don't have the resources for private care. I think this fear made us more sick than COVID itself [...] we couldn't have that contact, and the children here come in and hug, they want to give blessings, there's a lot of this issue of touch, it was a lot of suffering to see the child and not being able to touch her, get close, having to wear a mask [...] it was a very tense, very difficult moment [...] here everyone really isolated themselves because they were very afraid [...] we suffered from this fear (Abayomi).

The above scenario reveals the relevance of mental health care during the syndemic, concomitant with its absence in the actions of the National Policy to Combat COVID-19¹⁷:

There was a lack [...] of providing care to calm us down [...] I think it left [...] something to be desired [...] in terms of more effective work, I think awareness, with a psychologist, with support to calm families down in this sense [...] fear caused anxiety; I myself had to undergo stomach treatment because of this temporary period (Abayomi).

Body and mind are inseparable. In the narratives, there is a lack of massive actions to embrace the feelings raised in/by the syndemic, without using psychiatry on them, converging with the principles of integrality and equity provided for in SUS and the Brazilian Psychiatric Reform.

Another extreme repercussion was death from complications due to COVID-19:

These people who passed away, they passed away when we were still taking the first dose [...] at the time that RR (name) died, that Mr SS passed away, and that Mr TT passed away. This was the moment of greatest panic in the community. We had already taken the first dose and still there were deaths due to COVID. Then no one trusted anyone, because it's not written on their foreheads who's infected or not, right? So, this beginning of the pandemic when we didn't know it well and these deaths [...] (Abayomi).

First we lost Mr X, then Y, then W, and then Mr Z (Eno).

The death of a *quilombola* individual has qualitative importance, going beyond physical

death, as it is replete with meaning, symbolism, powerful meanings, especially of elderly people who carry the story in their memory, (re)told orally in intergenerational sociability. Such deaths mean the political, cultural, linguistic, religious, and ancestral extermination of a people³⁵:

These people who passed away [...] were very active people in the community, very loved. So, it was a very sad moment, each one of them [...] was very shocking [...]. With each death of a quilombola member, it is a piece of history, of the Quilombo tradition that dies, because, although we learn every day, we are always dependent on the knowledge of these people, right. It's a tea, Mr RR for example, he took the sap from the Jatobá which is very good for those with lung problems, he was the one who used the association's tractor, he knew a lot of stories, he knew where the landmark of the territory was, you know? Mr SS helped us to strengthen the issue of capoeira culture. [...] This year we had, this month now, we had on the 13th, an activity here in the community and when capoeira appeared [...] we missed him, we felt his presence, and we felt, his presence here in the community will be missed. So, certainly every death that passes, not only from COVID, but from each of our elders is certainly a part of history. My great-grandfather, for example, he died at 113 years old, so our confidence in telling the community's history was because he was born in 1905. He lived with people who were enslaved, so he had access to people who lived, you know, this cruelty. He knew how to tell us this whole story. When my grandmother passed away, she was a community leader, she knew a lot of stories and there are things she took with her that we didn't have time to learn, right? She died at the age of 75. So, there are a lot of things that we were unable to learn from her (deceased) and from these people that COVID, unfortunately, took away too. There were many things for us to learn from them, many contributions they could bring to the people, to the struggle, but unfortunately it was interrupted by COVID, and we were orphaned, you know, of this knowledge (Abayomi).

A quilombo leader, when she passed away... My God! When a quilombola member dies, it is a brother, a member of the family. Here we are united, what happens to one person worries everyone, when one is evicted everyone sticks together, when you lose a person who is here with you every day, it's a brother, it's a loss, only God can explain, huh. There's no explanation. When a quilombola member dies, it is a relative of mine, a member of my family, a brother that we are losing. They leave memories, memories and knowledge (Eno).

We thus noted the reflection of how the colonial system is ingrained in Brazilian structural relations so that *quilombolas* continue their struggles for existence and promotion of the right to a dignified life. To paraphrase Millôr Fernandes, “Quilombo Mata Cavalo has a long past ahead of it”, so it is necessary to resist. Diffuse and persistent racism, its consequences and repercussions, is not a finished process; therefore, non-passivity mobilizes anti-racist confrontations. We need to follow the abolitionists!

Final considerations

Considering the COVID-19 syndemic and its repercussions made it possible to understand part of the fight against the coronavirus, unmasking the underlying values of the State in treating the phenomenon as a pandemic and a democratic disease. This understanding was based on reports with all the strength, authority, and legitimacy of the experience of interlocutors who echo voices.

Quilombolas consist of the black population and were uniquely exposed to the virus, with emphasis on the psychosocial repercussions, explained by the historical awareness that precariousness and racial prejudice are important filters for access to care, materializing the institutionalized face of racism.

It is the present/future repeating the past. For 523 years, racism and the extermination of the black population have been part of our reality. In the end, Brazil was built through/on the blood and sweat of the black people spilled on this ground. Enslaved Africans arrived in the land of gold and brazilwood without luggage, without accommodation, without rights, and without health care. Health disparities and racial/social inequality are historic, and the black population has been engaged in a situation of poverty and vulnerability – a process that the new coronavirus syndemic has highlighted and heightened.

In Brazil, the abolition of slavery was incomplete, as “freed” black bodies remained outside

the focus of the State, lacking public actions and services in areas considered key to human development.

The syndemic perspective is appropriate for a non-fragmented understanding of complex and structuring problems, such as racism and racial inequalities with the intersectionalities placed in micro, meso, and macrosocial interactions, and are reflected in the existence of the black population. In coherence, it can support comprehensive, multisectoral, and integrated responses that are, above all, anti-racist.

An anti-racist and counter-hegemonic proposal in health policy basically consists of two aspects. First, repair rural sanitation, and the precarious infrastructure of homes, roads, and the economy, that is, pay off the State’s historic debt to the black population. Second, overcome the historical absence of dialogue with the *quilombola* peoples, given the sepulchral silencing imposed upon their experiences, way of life, and worldview. This movement intends to transform them from poor and peasants into valuable people, where their civilizing values, experiences, and collective ways of organizing and dynamizing life, as well as their medical knowledge and ancestral practices, are respected and valued in an attempt to contemplate and implement health actions in its territory.

It is necessary to strengthen and implement existing actions, such as the Statute of Racial Equality and the National Policy for Comprehensive Health of the Black Population (*Política Nacional de Saúde Integral da População Negra*, PNSIPN), as well as to develop policies and create institutions based on social and cognitive (epistemic) justice – a universe of dialogue where silenced voices can be heard, an alternative to westernized and colonized knowledge. In health, this requires producing white-centered, black-centered, indigenous-centered, and *quilombola*-centered knowledge, that is, knowledge from specific points of view and the promotion of worthwhile encounters.

Collaborations

KG Madureira researched the literature and was responsible for conceiving the study method and design. He also collected, transcribed, organized, and analyzed the data, and wrote the manuscript. R Barsaglini participated critically in the review and validation of data, supervision, and editing of the text (intellectual content) until the final version of the manuscript. Both had full access to all the study data and, together, submitted the article for publication.

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