v. 3, n. 89, 2023

International Journal of Health Science

HEALTH, QUILOMBOLA COMMUNITIES, SOCIAL POLICY AND COVID 19[1]

Alexandre Miranda de Castro
Universidade Federal da Paraíba - UFPB
João Pessoa, PB
https://lattes.cnpq.br/3172196715324696

Emanuel Luiz Pereira da Silva
Universidade Federal da Paraíba - UFPB
João Pessoa, PB
http://lattes.cnpq.br/7708287586154448

José Adriano de Araújo Pereira
Universidade Federal da Paraíba - UFPB
João Pessoa, PB
http://lattes.cnpq.br/9434047880854510

1 This Article was published and is available in the Proceedings of the X International Conference on Public Policies: Alienated Labor, Destruction of Nature and Crisis of Hegemony. Class Consciousness and Social Struggles in Overcoming Barbarism. Held from November 16th to 19th, 2021, em Ambiente Virtual. Disponível em: https://www.joinpp.ufma.br/jornadas/joinpp2021/anais.htmland was also published, as a chapter of a book, in the book named:``Serviço Social e Política Social: desafios da intervenção profissional``. Organizer: Soraya Araujo Uchoa Cavalcante.Atena, 2023.

Abstract: The proposal that deals with health related to quilombola communities in Brazil has been little explored in scientific studies. The main objective of the current article is to report a brief relationship between health and quilombola communities, highlighting the precariousness of access to this right. The intention is to characterize some general aspects about racial issues in Brazil, linked to the issue of social policy and health care in these communities during the Covid-19 Pandemic.
Keywords: Health. Quilombola communities. Covid-19.

INTRODUCTION

Despite the importance of this topic, that is, the need to explore access to health for quilombola communities, especially during the pandemic, there is no major academic focus on the issue. Existing studies on access to goods and services by quilombola communities, carried out before the COVID-19 Pandemic, demonstrate that these groups live in very precarious contexts and in a total process of exclusion.

As Gomes et al. (2013), although the use of health services, the result of a broad and complex set of determinants that include factors related to the organization of supply, the sociodemographic characteristics of users, the epidemiological profile and aspects related to service providers, the use of These services still demonstrate extensive inequality, especially in relation to groups that, historically, experience complete exclusion from the provision of social services.

Access to healthcare by the Brazilian population is a subject of concern and constant examination by managers. There are many reasons responsible for the lack of adequate provision, such as: lack of places for care, intense demand, lack of adequate infrastructure, lack of planning and strategies linked to preventive medicine, a process known as bureaucratic insulation, etc.

As if that were not enough, the aforementioned difficulties are expanded in number and intensity when we are talking about access to health by Brazilian quilombola communities, since, added to the list of obstacles, is the existence of what is conventionally called "Structural Racism"., responsible for leading and keeping these communities apart, relegated to isolation from indispensable public policies, which ends up shamefully segregating even more a descendant group of people (ALMEIDA, 2020).

In this sense, this article was produced through documentary and bibliographical research. The analysis of the material found was based on the "historical-dialectical materialist" method, with the perspective of analyzing the phenomena based on the history of the subjects involved.

In addition to the Brazilian Federal Constitution, International Conventions brought the intention of eliminating any prejudice related to these groups, such as the 1965 Convention on the Elimination of all forms of Racial Discrimination which states, in its 3rd article: "The States Parties condemn the racial segregation and apartheid and undertake to prohibit and eliminate all practices of this nature in the territories under their jurisdiction" (GALHANO, 2012; UNITED NATIONS ORGANIZATION, 1965).

Regarding the aforementioned instrument, Galhano (2012, n.p.) adds that it "also seeks to eradicate all forms of discrimination based on race, color, descent or national or ethnic origin, to guarantee the full exercise of civil, political, social and economic, with the application of the principle of equality". Although we recognize the importance of advancing the debate on issues linked to

discrimination and racism at the legislative level, social inequalities generated by the issue of race are still a major public health problem, especially when related to access to healthcare for historically marginalized populations, as is the case with quilombolas (CASTRO et al., 2021, n.p.).

THE DIFFICULTY OF ACCESSING HEALTHCARE FOR QUILOMBOLA COMMUNITIES IN BRAZIL: THROUGH THE BUREAUCRATIC MODEL OF THE CAPITALIST PRODUCTION SYSTEM

A false idea persists in the scope of social relations: that the availability of fundamental rights and guarantees in the constitutional sphere and in ordinary legislation would be sufficient for the full reach and enjoyment of citizens.

In Torrens' words, "public policies are a dynamic process, with negotiations, pressures, mobilizations, alliances or coalitions of interests" (TORRENS, 2013, p. 189).

Another author recalls that "Politics is conflict, opposition and contradiction of interests. It is also a power relationship; therefore, it often becomes an unbalanced game, between antagonistic social classes" (SANTOS, 2006, p. 42). In turn, the State, in an attempt to mediate between the very diverse interests of these social classes (which we usually call antagonistic), needs to propose measures that alleviate such gross inequalities, which occurs through public social policies as ways of guaranteeing social security (including social security and assistance for those who need it), access to education and health, housing, food and nutritional security, and all sectoral policies linked to the elderly, children, adolescents and families (CASTRO et al., 2021, n.p.).

In the words of Santos (2006), "The State [...] expresses social relations through confrontation, negotiation, co-optation, the search for consensus and agreement, but always under the hegemony of a certain societal project" (SANTOS, 2006, p.42-43; SILVA, 2004, p.33). And this "societal project" today is the protection of the "capitalist system of production".

It is not possible, under penalty of having an uncritical debate, to remove the figure of capitalism as the driving force of this antagonism of interests, this is because social policies emerge as a means of continuous intervention to repair the injustices and oppressions generated when only a tiny part of the The population has the means to produce and most of the financial resources.

In the words of one author:

> Social policies emerged in the capitalist world, from the second industrial revolution, as a strategy of continuous, systematic and structured intervention by the State in the social area, a consequence of the refunctionalization undergone by the State to respond to the monopoly phase of capitalism (SOUZA, 2006, p. 23).

With the expansion of the concept of health promotion, now seen not only as what aims to reduce risk, but rather as the set of actions that seek to prevent, recover, and must be perceived in its physiological, psychological dimension, etc., you know- It is clear that all these policies need to be coordinated with each other, meeting all human and social needs as the only way to achieve what is conventionally called good health.

According to Jaccould (2005), with the promulgation of the 1988 Federal Constitution, there was a guarantee of universal access to services offered by the State as a way of operationalizing the very idea of equity. In the words of the same author:

> The third pillar of social security is health policy. With universal access and governed by the principles of equity – serving each

> person and community, according to their health needs – and integrity, encompassing all types of necessary services, health policy began to be implemented through the Unified Health System. Health – SUS (JACCOULD, 2005, p. 65).

Even though the Federal Constitution has guaranteed universal access to health, this expansion process cannot be discussed without taking into consideration, all the social phenomena that accompany quilombola populations and which are an inseparable part of the exclusion of which they are victims when it comes to promotion of their rights. Exactly for this reason, Freitas et al. (2011) add that:

> Skin color can be seen as a biological manifestation in the human figure, but it can also mask itself as a racialized expression of biology, when exposed to segregating attitudes within society. The terms race and ethnicity are social categories, more than biological, referring to groups that have a common cultural heritage (FREITAS et al., 2011, p. 937).

What the authors intend, when they argue that "skin color" has a social connotation far beyond biology, is to demonstrate that it is no coincidence that these populations have precarious access to health services, both in basic units and in healthcare units. specialized, and that this marker (skin color) is connected throughout history with other cultural heritages, fruits of violence and abuse with current consequences.

Along the same lines:

> It is necessary to expand the discussion of the right to health, which is one of the basic premises of the SUS, taking into consideration, that access to it also depends on the social and economic conditions of the population and not just their ethnic condition. But without losing sight of the fact that the universality of the SUS, which would be full access to quality public health services for the entire Brazilian population, has not yet been implemented in practice (FREITAS et al., 2011, p. 938).

According to Rizzotti (2013, p.169): "The set of these aspects can only be understood and constituted in a totality, if articulated from the points of view of criticism and history".

In the author's words, it is right to mention that problems related to social issues in Brazil need to be seen and worked on in light of a conjunctural dimension, expressed through a concrete totality, in which the State has a primary role in acting in accordance with achieve the reduction of social inequalities imposed by capitalism.

According to Rizzotti (2013, p. 169):

> It becomes essential to discuss economic development and the characteristics of the Brazilian State, having as a central element of the social issue in Brazil and the relationship between civil society and the State, the specificities of the national bourgeoisie outlined by the dependent economic structure.

When we talk about public policies, it is known that social measures still need to be better structured in order to abandon this model of bureaucratization, seen and recognized as a real obstacle to access to public health care in our country (CASTRO et al., 2021, n.p.).

Therefore, it is true to say that the difficulties in accessing fundamental rights do not only occur among the working class, but also among communities that, historically, live on the margins of society, sunk in poverty and social exclusion (among which are included Brazilian quilombola communities), fatally wounding what is called universal rights. This is all due to a centralized policy aimed at serving the interests of the capitalist production system (CASTRO et al., 2021, n.p.).

In the words of certain authors:

> The Brazilian State guarantees by law the

> right to health of its population, but there is a difficulty in accessing these services which, by analogy to Foucault's theoretical framework, are treated as "ordeals", not as a legal – political form which showed the maintenance in the 16th and 17th centuries but with evidence of the torture as a political and disciplinary agent that aims to control the power exercised by the Brazilian elite and the forms of resistance exercised by quilombola populations in this network of power (ALMEIDA et al., 2019, p. 95).

We can highlight, for the purpose of exemplifying bureaucratic actions, the enormous difficulty in scheduling appointments by basic health units for reference care, the long queues, the registrations, which are increasingly rigorous, excluding those who are not in the best of luck. of documentation, the division of units into a wide variety of sectors, so that it is difficult to reach the specialist doctor, the long queues for surgical procedures, so that people often die before undergoing surgery.

It is clear and necessary to explain that, as previously highlighted, when it comes to the difficulty in accessing quilombola communities to public health services offered by the SUS (unified health system), the process of bureaucratic insulation is not the only barrier, and it must be highlighted that race and color itself they are also considered obstacles (CASTRO et al., 2021, n.p.).

In the words of the author Silva et al. (2016, p. 2):

> Prejudice and discrimination are factors that impact health conditions. In North American literature, it is already clear that inadequacies regarding living conditions, social support, employability, access to food, lifestyle and access to health services are strongly associated with race.

According to Almeida et al. (2019), the network of bureaucratization of health services is not a mere technicality or fatality of the system for implementing social policies, but rather a way of guaranteeing the status quo, that is, a way of maintaining control over less vulnerable populations. favored and the power exercised by the elite (ALMEIDA et al., 2019).

In the same vein as Foucault pointed out, regarding torture as a political and disciplining agent that aims to control the power exercised by the elite, it is important to highlight that this population also became the target of disciplinary power (ALMEIDA et al., 2019). Bluntly, the same author states that:

> The health conditions and precariousness in which quilombola populations live, characterizing them as a poor population with poor health, refers to the thinking discussed by Foucault about the disciplines and forms of power exercised in the 17th, 18th and 19th centuries on formation of docile bodies that, simultaneously, are useful to the economic system, but are conditioned to less political participation (ALMEIDA, 2019, p. 97).

Following the Foucautian theory, the author still argues that the denial of access to health and other services that legislation has made the responsibility and obligation of the State, in a universal way, towards its citizens, imposes on quilombolas a new deprivation of their freedom, since there is suppression of acquired rights, which is a serious facet of racism in the health system and exposes social and racial inequality (ALMEIDA et al., 2019).

THE WORSENING OF ACCESS TO HEALTHCARE BY QUILOMBOLA COMMUNITIES DURING THE PERIOD OF THE COVID-19 PANDEMIC AND THE INCREASE IN CASES AND DEATHS

Although legislation has advanced to a certain extent in addressing the universal right to health, in recent years, access to this right by quilombola communities has been worsening and becoming more fragile. In this sense, it is important to remember the public spending freeze proposed and approved during Michel Temer's government, which completely nullified any prospect of future progress in the provision of health services (CASTRO et al., 2020).

With regard to access to health services for the quilombola population, including the elderly, studies indicate that:

> Geographic isolation, service hours, long queues and waiting times have been identified as factors that explain, at least partially, the lower prevalence of use of health services. Likewise, the problems faced in the functioning of the PSF in these communities, such as the high turnover of higher education professionals in rural regions and the precarious infrastructure for providing care, prejudice and dehumanized care on the part of health professionals, can constitute barriers access and use of health services by this population group (GOMES et al., 2013, p. 1837).

On this subject, Silva et al. (2020) brought into their studies recent research from ABRASCO that demonstrated a huge reduction in the action of Community Health Agents in municipalities during the Pandemic, and, for many quilombos, this contact with the aforementioned professional is the only health service they can access. have.

The author goes on to point out that:

> In response to the pandemic, across the country, communities have opted for self-isolation and have adopted autonomous health barriers. People who need to get food, medicine or take relatives to hospitals are advised to follow World health organization guidelines. However, the situation has worsened since Primary Care has always been precarious, with minimal coverage by the ESF Quilombola and the presence of doctors in most communities, where there are many people with chronic diseases such as hypertension, diabetes and sickle cell disease, is sporadic., which require regular monitoring. These people are in the risk group for COVID-19, which increases their chance of dying when having to seek health services in urban areas (SILVA et al., 2020, n. p.).

Isolation, as an essential trait in many of these communities, is the result of the context of escape, recognition and belonging of their peers who, together, formed true protection networks against the hunting operation institutionalized by the Brazilian State for many years. In the words of Freitas et al. (2011):

> In quilombola communities, they raise a series of socioeconomic, spatial, legal and cultural issues that are part of the discussion about what contemporary quilombos represent today regarding effective citizenship insertion (FREITAS et al., 2011, p. 937-938; KRIEGER, 1962).

In other words, it is necessary to recognize that the Pandemic increased the isolation of these communities, worsened their access to health services, caused a greater lack of professional turnover in family health strategy units, "which expanded the history of social vulnerability to which they have always been subjected, making them especially affected by the effects of the pandemic" (SILVA et al., 2020 n.p.).

Although there is no official data on the real situation of quilombola communities during the period of the COVID-19 Pandemic in urban Brazil, which only confirms the

state of institutional abandonment of these communities, it is already known that there was a large process of underreporting of cases and deaths (ARUTTI et al., 2021).

However, "despite the lack of knowledge about the real impacts of the COVID-19 Pandemic, a partnership was signed between the Articulation of Black and Quilombola Communities (CONAQ) and the ``Instituto Sócio Ambiental`` (ISA) in the creation of the COVID-19 platform" (ARUTTI et al., 2021 p. 15), brought important data, for example, that, in the month of July of the year two thousand and twenty, there was a period of sharp growth in identified notifications (ARUTTI et al., 2021, p. 18). This assertion is demonstrated in Graph 1, below.

Despite all the health problems faced by these communities in non-pandemic times, according to the graph above, an increase in cases and deaths from COVID-19 in quilombola communities can be seen during the most critical periods of the pandemic.

"Some studies indicate that the black population in Brazil dies more from COVID-19 than the white population" (PECHIM, 2020, n.p.). According to Professor Unaí Tupinanbás, "the explanation for this difference is social and economic inequality. During the pandemic, inequality was exposed.

Mortality among the black population is much higher, not only in Brazil, but also in Europe and the USA" (PECHIM, 2020, n.p.). An example of these supports is shown in Graph 2, below, which has the State of São Paulo – SP as a reference, and provides a comparison between excess mortality by race/color in SP.

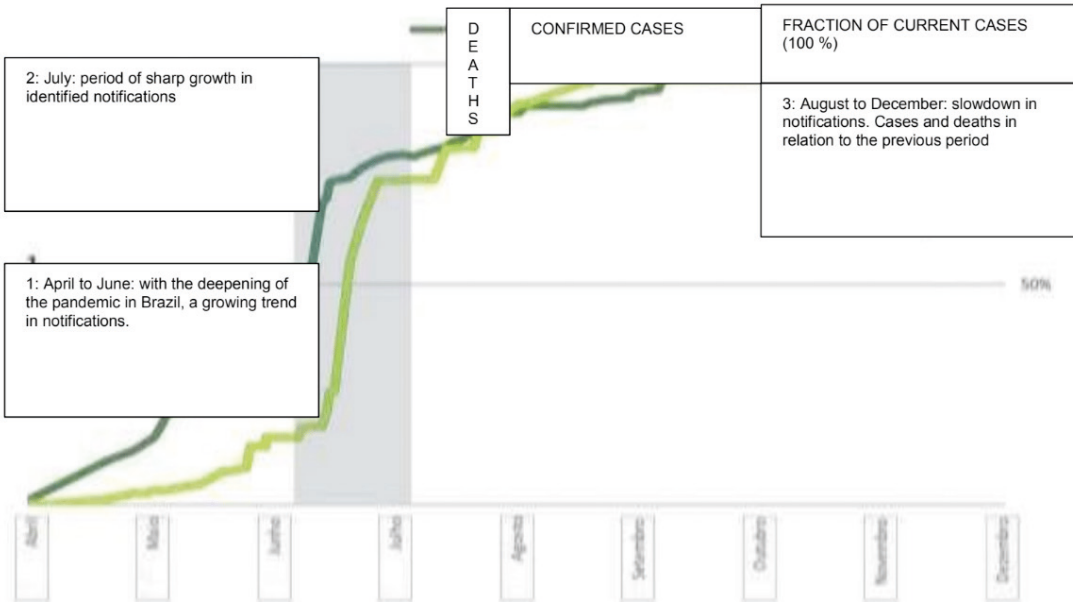
CONCLUSION

Access to healthcare for quilombola communities continues to be a challenge for the Brazilian State. Racial discrimination, perceived as a multifaceted phenomenon, with complex and countless social consequences, forms the backdrop that explains (not in a simple way) how the power structure of the Brazilian State operates by excluding groups like these.

Especially during the COVID-19 Pandemic, as is to be expected in times of crisis, the harmful consequences of racial issues became even more evident when we noticed a significant increase in deaths in Brazilian quilombola communities when compared to the general public. Numbers objectively show that this pandemic has affected more black people than white people and this is not the result of mere chance. Black Brazilians live in a situation of greater social vulnerability, which implies recognizing that they are the majority in Brazilian prisons awaiting trial, they are the biggest victims of police and State violence, they have a lower per capita income rate, less access to education, and they are more likely to die. Due to preventable causes, they have greater difficulties in accessing healthcare.

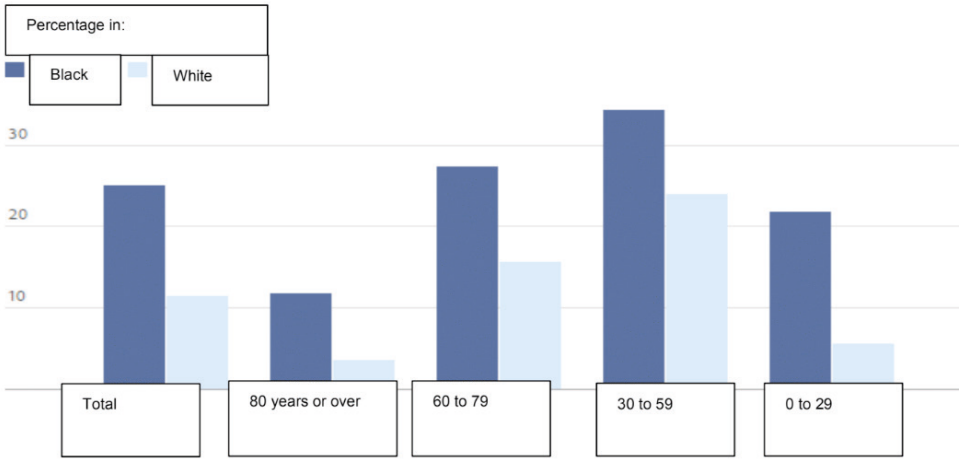
Although we see advances in the treatment of the issue by legislation, with the Federal Constitution of 1988 bringing the precept of universal access to health, with the reception of ordinary legislation that reinforces it, we have not yet found effective official protocols to put this notion into practice, in order to make it possible and fully viable to serve communities historically disadvantaged by the Brazilian State, such as the quilombola community.

It is necessary to take health as a broad meaning, without it being perceived as isolated from other dimensions of human care (such as education, housing, security, leisure, work), it is urgent to focus on parallel and



Graph 1 - Percentage growth in quilombola cases and deaths

Source: Data from the National Coordination of Quilombos Coordination – CONAQ – 2020.



Graph 2 - Excess mortality by race/color in SP

Source: Social Inequalities and Covid-19 Newsletter. (Graph taken from ``Folha de São Paulo``).

complementary public policies that guarantee better living conditions for the quilombola population.

Regarding the preventive health model, there is an urgency to improve access, increase teams of professionals visiting these places, create new Family Health Strategy Units (UESF), new medium and high complexity care hospitals intended for these populations, increase the number of places available for all medical specialties in the outpatient clinics of public hospitals, in the three spheres of government (CASTRO et al., 2021, n.p.).

The pandemic period showed a reality ignored by many: that the black population (and especially quilombola people) is more subject to the adverse events of life. If we do not have serious public policies that address the social dimensions in which the concepts of race and class are entangled, we will continue contributing to a historical debt with no end date.

REFERENCES

ALMEIDA, C.; SANTOS, A.; VILELA, A.; CASOTI, C. Reflexão sobre o controle do acesso de quilombolas à saúde pública brasileira. **Rev. Enferm.,** v. 37, n. 1, p. 92-103, 2019. Disponível em: <http://www.scielo.org.co/pdf/aven/v 37n1/0121-4500-aven-37-01-92.pdf>. Acesso em: 13 jun. 2021.

ALMEIDA, S.L. **Racismo Estrutural**. São Paulo: Sueli Carneiro; Editora Jandaíra, 2020, 264 p. (Feminismos Plurais / Coordenação de Djamila Ribeiro) ISBN: 978-85-98349-74-9. 1. Racismo 2. Racismo – História. 3. Racismo – Teoria, etc. I. Título. II. Ribeiro. III. Série. 19-00703. CDD 305.8.

ARRUTI, J.; CRUZ, C.; PEREIRA, A. et al. O impacto da COVID 19 sobre as comunidades quilombolas. Informativos Desigualdades Raciais e Covid-19, AFRO - **CEBRAP**, n. 6, 2021. Disponível em: <https://www.socioambiental.org/sites/blog.socioambiental.org/files/nsa/arquivos/informativo-6-o-impacto-da-covid-19-sobre-as-comunidades-quilombolas_1.pdf>. Acesso em: 18 jul. 2021.

BRASIL. Constituição da República Federativa do Brasil, promulgada em 5 de outubro de 1988. **Diário Oficial da União,** Poder Executivo, Brasília, DF, 05 out. 1988. Disponível em: <http://www.planalto.gov.br/ccivil_03/constituicao/consti tuicao.htm>. Acesso em: 01 jun. 2021.

BRASIL. **Decreto nº 65.810**, de 8 de dezembro de 1969. A Convenção Internacional sobre a eliminação de todas as formas de discriminação racial. Disponível em: <http://www.planalto.gov.br/ccivil_03/decreto/1950-1969/D65 810.html>. Acesso em: 01 jun. 2021.

CASTRO, D.; SENO, D.; PROCHMAN, M. (orgs.). Bem-estar social dos brasileiros e a pandemia do coronavírus: Ruim e vai ficar pior. In: CASTRO, J. A. **Capitalismo e a COVID 19:** um debate urgente. São Paulo-SP 2020: 1v.: gráfs.,tabs. Inclui bibliografia ISBN 978-65-00-02193-6, 2020. p. 56 – 64.

CASTRO, A.M.; SILVA, E.L.P. Território Quilombola e a Saúde Pública no Brasil. JORNADA NORDESTE DE SERVIÇO SOCIAL, 6., 2021. Evento Eletrônico. **Anais eletrônicos...** Cachoeira: UFRB, 2021. Disponível em: <https://www.even3.com.br/vijnss2021/>. Acesso em: 01 jun. 2021.

CASTRO, A.M.; SILVA, E.L.P. PEREIRA, J.A.A. Saúde, comunidades quilombolas, política social e COVID 19. In: JORNADA NORDESTE DE SERVIÇO SOCIAL, 6., 2021. **Anais eletrônicos…** Cachoeira: UFRB, 2021. Disponível em: <http://www.joinpp.ufma.br/jornadas/joinpp2021/images/traba lhos/trabalho_submissaoId_671_671612c6c44d901b.pdf>. Acesso em: 18 nov. 2021.

COLLUCCI, C. Com pandemia, SP registra 25% de mortes a mais entre negros e 11,5% entre brancos em 2020. Estudo mostra que excesso de óbito atingiu os mais vulneráveis; pesquisadores propõe priorizá-los na vacinação. **Folha de São Paulo**, mar. 2021. Disponível em: <https://www1.folha.uol.com.br/cotidiano /2021/03/com-pandemia-sp-registra-25-de-mortes-a-mais-entre-negros-e-115-entre-brancos-em- 2020.shtml>. Acesso em: 19 jul. 2021.

FREITAS, D.; CABALLERO, A.; MARQUES, A. et al. Saúde e comunidades quilombolas: Uma revisão da literatura. 2011. **Revista CEFAC [online].** v. 13, n. 5, 2011. Disponível em: <https://doi.org/10.1590/S1516-18462011005000033>. Acesso em: 01 jun. 2021.

GALHANO, F. **Direitos humanos:** descomplicados. São Paulo: Rideel, 2012.

GOMES, K. de O.; REIS, E. A. et al. Utilização de serviços de saúde por população quilombola do Sudoeste da Bahia, Brasil. **Cad. Saúde Pública**, Rio de Janeiro, v. 29, n. 9, pp. 1829-1842, set. 2013.

JACCOULD, L. **Questão Social e Políticas Sociais no Brasil Contemporâneo.** Brasília: IPEA, 2005, p. 57–86.

KRIEGER, N. Does racism harm health? Did child abuse exist before 1962? On explicit questions, critical science, and current controversies: an ecosocial perspective. **Am J Public Health**, v.93, p.194-9, 2003.

ORGANIZAÇÃO DAS NAÇÕES UNIDAS. **Convenção internacional sobre a eliminação de todas as formas de discriminação racial.** 1965. Disponível em: <www2.Ohchr.org/english/law/pdf/cerd.pdf>. Acesso em: 29 ago. 2011.

PECHIM, L. Negros morrem mais pela covid – 19. **Faculdade de medicina (UFMG)**, 2020. Disponível em: <https://www.medicina.ufmg.br/negros-morrem-mais- pela-covid-19/>. Acesso em: 19 jul. 2021.

RIZZOTTI, M. L. A. Aspectos econômicos e políticos determinantes da política social brasileira. **Argumentum**, v. 5, n.1, p. 165- 179, jan./jun. 2013.

SANTOS, H. P. O. **O Programa Bolsa Família:** entre a lógica do direito e a concepção do favor. Dissertação (Mestrado) – Programa de Política Social do Curso de Assistência Social da Universidade Federal da Paraíba (UFPB), João Pessoa, 2006.

SILVA, A.; ROSA, T.; BATISTA, L. et al. Iniquidades raciais e envelhecimento: análise da coorte 2010 do Estudo Saúde, Bem-Estar e Envelhecimento (SABE). **Revista brasileira de epidemiologia,** v. 21, n. 2, p. 1- 14, Dezembro de 2016. Disponível em: <https://doi.org/10.1590/1980- 549720180004.supl.2>. Acesso em: 13 jun. 2021.

SILVA, H.; SILVA, G. A situação dos quilombos no Brasil e o enfrentamento àpandemia do COVID 19. **ABRASCO**, v. 1, 2020. Disponível em: <https://www.abrasco.org.br/site/noticias/a-situacao-dos-quilombos-do-brasil-e-o- enfrentamento-a-pandemia-da-covid-19-artigo-de-hilton-p-silva-e-givania-m-silva/52 116/>. Acesso em: 13 jul. 2021.

SOUZA, R. **Estado, burocracia e patrimonialismo no desenvolvimento da administração pública brasileira.** Tese (Doutorado) – Programa de Pós-Graduação em Serviço Social, Escola de Serviço Social da Universidade Federal do Rio de Janeiro (UFRJ), Rio de Janeiro, 2006.

TORRENS, C. Poder legislativo e políticas públicas, uma abordagem preliminar. **Senado Federal**, 2013. Disponível em: <https://www12.senado.leg.br/ril/edicoes /50/197/ril _v50_n197_p189.pdf>. Acesso em: 19 jul. 2021.