

Public Health delivery in Rio's favelas



Cody Kane
2017 McBurney Fellow
McGill Institute for Health and Social Policy

Project Overview

Student name: Cody Kane
 Department: Environment
 Organization: Iko Poran
 Location: Rio de Janeiro, Brazil
 Fellowship Duration: July 22 to September 1, 2017



About the McBurney Fellowship Program

Through McGill's Institute for Health and Social Policy, the McBurney Fellowship Program supports students in international service programs related to health and social policy in Latin America. McBurney Fellows serve abroad in organizations working to meet the basic needs of local populations. One key aspect of this fellowship is its mandate to make a significant contribution to improving the health and social conditions of poor and marginalized populations through the delivery of concrete and measurable interventions. Students and their mentors identify issues, make connections with local organizations, and develop a strategy for the fellowship. The views expressed in this document are the opinions of the fellow, and do not necessarily reflect the opinions of the IHSP.

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Fellowship Overview

Brazil has long been known as one of the most unequal countries in the world. Specifically, its second largest city, Rio de Janeiro, is just as infamous for its crushing poverty and homicide rates as it is renowned for its beautiful beaches and touristic vistas. In recent years, there has been a concerted effort to reduce the inequalities seen in the city and to integrate the "favelas" (informal settlements) into the fold of government control and administration. One of these efforts has been to establish primary care clinics in favelas across the city to augment access to healthcare. While great strides have been made in this arena, there is still a very long way to go. An economic and subsequent political crisis has crippled the entire country's ability to successfully fund and administrate itself. As well, there are still structural inequalities in Brazilian society that allow systemic poverty to regenerate, putting the question of the utility of these reforms to test until they can be resolved. The intent of this project was to embed in a health clinic to identify in what way these projects are succeeding and where they need to redouble their efforts. The clinic was located in Engenho da Rainha, a favela located in the North zone of Rio de Janeiro.

Objective

The primary objective of my fellowship was to gain an insight into how the Brazilian healthcare sector works, particularly in relation to its most disadvantaged residents, and how this can minimize and/or increase the disparity between the rich and poor, and affect cycles of poverty in these communities. The fellowship works towards this in two ways; firstly, by providing more man power to an underfunded clinic, which although I am not a certified health professional I can still do the more manual and routine activities that can free up the time of the nurses to do more applied work, and secondly lending my privilege as a foreigner from a respected university, adding my voice to the marginalized chorus of residents speaking out against the systemic institutional injustices that go on in Brazilian society generally, and in the neighbourhood specifically.

My secondary objectives were to learn about Brazilian culture, perfect the Portuguese language, and to generally understand the society that has generated the social problems that are described above.

Background/Context

The community of Engenho da Rainha is one of Rio's largest conglomerations of favelas. It is included in the area of Complexo do Alemão which is notorious in Brazil for its high level of gang related violence, giving it the nickname "the Gaza Strip". Numerous events in Brazilian history have led to the development of these communities. Initially founded by soldiers who were promised (but never received) land to settle on after suppressing a rebellion in the north, they were bolstered by the abolition of slavery in the late nineteenth century, and drought and economic depression in the northern states during the twentieth century. It was in the latter half of the twentieth century that gangs started to control these communities to protect themselves from the military junta who ruled Brazil for two decades. With the introduction of cocaine in the seventies, and crack in the eighties, the power and violence that these organizations yielded expanded exponentially. Since the government has long ignored these communities, these organized crime syndicates soon became the

de facto government of their respective territories, to the point that the police are unable to even enter.

In 2008, the government decided to implement policies to regain control over the favelas, where about one fifth of residents of Rio de Janeiro live. Their strategy was to invade the neighbourhoods with heavily armed police to clear out the gangsters, then to establish police outposts to maintain control over the newly conquered territory. Lastly, social assistance programs would be established in the communities to diminish the appeal of returning to cartel rule and to raise the standard of living to that of the rest of the city. This policy came to be known as "Pacification". While initially successful, there were criticisms levelled at the government for the amount of force used, which left a significant amount of innocent civilians dead, as well as an apparent lack of interest in the capture of traffickers, leading some observers to deem the pacifiers as death squads.

With the 2014 economic crisis in Brazil, as well as subsequent corruption scandals at all levels of government, there has been regression due to a lack of organization and funding to maintain the areas secured during the initial phases of pacification. Due to this, many of the neighbourhoods are now back under gang control, while those that remain under municipal police supervision complain that the police often extort from the residents, as they are frequently underpaid, and that the promised public services are severely underserved, if they were ever delivered at all.

Activities

- Shadow nurses and doctors in the government family clinic.
- Shadow health agents on their visits of disadvantaged communities to collect data such as proper addresses, family size, number of population who are at risk for certain afflictions (diabetics, elderly, pregnant women etc.).
- Treatment follow-up with public house nurse to patients' houses to monitor how they are responding to medication, registering vitals, and scheduling appointments if necessary.
- Implement health promotion activities to spread the word about STIs, Dengue fever, Zika, Tuberculosis as well as join seminars and other meetings related to health promotion.

Challenges and Successes

The primary challenge was my own foreignness and pre-conceived notions of what Rio de Janeiro was and how their healthcare system worked. To be frank, I was woefully unprepared for the on the ground realities to life in Rio, let alone life in its favelas. Violence and crime are a part of everyday life for many people in Rio, and I had to quickly adapt to that reality for my own sake. Simple things that I take for granted in Canada, such as being to check my phone openly in public or to use an ATM machine whenever and wherever I liked, in Brazil, this is putting yourself at risk of robbery and/or kidnapping. Even when I was at the hostel I was staying at, I heard the "rat-tat-tat" of small arms fire,

and I first asked why people were shooting fireworks. This was received with a jovial amount of teasing from my Brazilian friends who worked there, as they explained that it was two drug factions fighting over territory. This highlighted another foreign concept to me, that in Rio the rich and poor live side by side. Even though we were situated in a relatively well-heeled area of Rio by Brazilian standards, there were favelas on either side of us. While we were never in immediate danger, most nights we would hear gunfire exchanges, less than a kilometer away. At night, we were limited to the hostel, unless we went by Taxi or Uber, as there were streets bordering the favelas which has recently been sites of robberies and assaults. While for the first week this terrified me, like the rest of its citizens, I learned to not think about it and go on living my life.

Similarly, the amount of inequality and suffering that I sometimes witnessed in and around the clinic was at times mind-boggling. Many afflictions that I had only envisioned in my grandparents' time were on full display. Tuberculosis patients were not uncommon, as were malnutrition, and dysentery. Particularly hard for me was to return after a day at the clinic and meet up with friends for beers or go to the beach. It seemed so surreal that in a half hour train ride I could go from a place of suffering and neglect to the posh beaches of Copacabana and Ipanema. Again, like that of the above, after a while I learned to not think of it, and to compartmentalize my work from my personal life. I think this may turn out to be one of the more important skills I learned in my time in Brazil. Many jobs, from police officers to doctors, require you to deal with and see some social realities that you have little to no control over. If you continue to let it affect you emotionally, there is no way for you to remain professional and not burn out, which in the long term would be the worst thing for the community you are serving.

In terms of successes, I really must stress the guidance and reassurance both my friends and colleagues at the clinic provided me with throughout the duration of my stay. Once my initial shock had worn off, I was inundated by questions about how this system actually works. My greatest asset towards this end were my newly developed Portuguese language skills and an open mind. I was quickly corrected that many in the favelas preferred living under the drug factions, as they were locals from the area, who for the most part wanted only to sell their wares undisturbed. Counter-intuitively, it was the police whom I was warned against, as they had a reputation for recklessly firing their rifles, which easily pierced the low-quality building materials of the informal housing. As well, they are generally very underpaid, and turn to extorting local businesses for protection money. I was also educated on the history of these communities, many of them being founded by former slaves after their freedom, and expanded from there by poor rural immigrants during the twentieth century. I came to understand the direct linkages in government policies to the poor outcomes seen in the communities. In the clinic itself there were shortages of medications used to treat hypertension; if the patient needed it, the clinic was unable to provide it to them and they would be redirected to a private pharmacy. Tuberculosis in the area can generally be attributed to the lack of appropriate housing policy, with as many as six members of a family sharing a two-room house. There was no waste treatment to be seen, as pipes emptied openly into the nearby creek, and it was not uncommon to see children playing on the creeks banks. Garbage disposal was variable, and some residents resorted to burning their trash or dumping it nearby. Reading about some of these problems versus talking at length to those affected has very much shifted my perspective on many development issues as well as increased my ability to empathize better with people.

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Questions Raised

What I soon discovered after working in the clinic was that I did not even know what I didn't know. Every time I had one of my many questions answered, there were immediately two more questions posed by the answer. The problems of inequality in Brazil broadly and Rio specifically, can be, and have been studied in various disciplines, from geography to music. Many assemblages and feedback loops make up the institutions of power in Brazil, and it is hard to derive who controls what and how much. With such deep rooted social ills, the biggest and first concern is where to begin. That and delineating where your interests are, so as to not get bogged down in the complexity of Brazilian society, were the most pressing questions I asked myself after my time in Rio.

Training and Mentoring

This project was really special because it gave me the ability to interact with a lot of natives of Rio and become very close to many of them. Not only was I able to spend a lot of time with doctors while they attended clients, I was also able to get to know some patients, administrators, nurses and specialists who made this clinic work. Another extremely enlightening component is that the public outreach workers had all been hired from the area served by the clinic. This made their jobs easier because they knew the winding streets and their inhabitants well, often being invited in for tea. Of course, this gave me a more intimate experience with the favela that I could ever possibly have had on my own. Walking block to block allowed me a chance to rapid fire all of my questions onto the outreach workers, who would patiently explain and give me their take on the situation. I can say that it was lunchtime when I learned the most. I often went to lunch with a group from clinic composed of all strata of people, doctors, outreach workers, nurses, who would talk openly about the local happenings around the city as well as in the city.



What did you learn?

The biggest "hard" skill that I took away from this experience was the ability to tune my Portuguese and reach a conversational level of fluency. After that, gaining insight into a society that I knew next to nothing about when I arrived. Also, beginning to realize the complexities of public policy on entire communities was fascinating and eye opening, but I feel that I am even more unsure of what proper action would look like. Outside of work, it was spending time with the incredible Brazilian people, who enthusiastically shared their culture and history with me, and taught me how diverse and special a country Brazil truly is. If I had to do it again, I would want to work in some time to compare health facilities in other parts of Rio de Janeiro or Brazil. My only experience with the healthcare system outside of my clinic was a fellow volunteer who fell ill and was treated in a private hospital in the downtown area. I can't emphasize enough how much my Portuguese language skills improved my ability to take advantage of this internship, as for many Brazilians it was their first time speaking

to a foreigner in Portuguese. I would say I should have been more social right from the beginning, even if I was still unsure about my Portuguese ability.

Community Implications and Further Work

There remains much work to be done to alleviate the growing pains of rapidly developing countries and to lessen the blows of inequality. Sadly, there is a specific lack of both will and institutional power to tackle the problems head on in Brazil. The political class is infamous worldwide for their graft and extortion, and there are basic legal rights being breached every day, so it is hard to put forth possible solutions. This is the further work that is taken on by the community, which is generating grassroots solutions to these problems, and creating more accessible public institutions. There is also little research into quantitative numbers of health indicators and how they are changed



through different policy in these communities. Sadly, many programs are tangent with a politician's career, so there is opportunity for more streamlined, popular approach to health care deliver and management. I would enjoy one day to be able to come back to delve further into these issues as a master's student.

Program Evaluation

I would recommend Iko Poran as a internship host, but with some reservations. While you will probably have a lot of fun, this is not voluntourism, and it's imperative that you put work into the clinic for you to get anything out of the experience. I don't think I could recommend this internship to anyone without an intermediate grasp of Portuguese, which in my case was two semesters' worth of classes at the university of Montréal, as few people in the clinic speak English, and it will only irritate and limit the Brazilian colleagues who are mentoring you to have to stop to explain things in

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English. I would also not make a recommendation to those who have not travelled much or at least who are not able to be out of their comfort zone for extended periods of time. Luckily, I was never robbed or assaulted, so it is important to remember that there is that possibility when you are there. Lastly the accommodations were quite far from the clinic, to the point of spending about an hour each way commuting. I think this program was excellent for me, because I initially didn't have well set goals of what I wanted to achieve with my time there, other than begin to understand the city of Rio and understand how it's healthcare system is run, so I was free to work independently on whatever interested me at the time.