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OPINION ARTICLE

Equity and comprehensiveness in the promotion of intercultural territories: Educational itineraries in the Cerrado

Equidade e integralidade na promoção de territorialidades interculturais: itinerâncias pedagógicas no Cerrado

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ABSTRACT This article analyzes how the principles of equity and comprehensiveness, when examined through the lenses of decoloniality and intersectionality, can generate critical shifts in professional training in health and in pedagogical reflection within the Brazilian Unified Health System (SUS), taking as reference the socio-political context of the Cerrado region of Mato Grosso do Sul. Grounded in Institutional Discourse Analysis, the study examines formative interventions conducted within Psychology internships, understanding them as pedagogical devices that can challenge colonial and normative rationalities embedded in public policies and spaces of social control. The analyses show that the so-called 'advances' are not limited to instrumental outcomes but are expressed in the production of critical reflexivity regarding discourses that sustain inequalities, abjection, and exclusion in intercultural contexts. By making discursive disputes and argumentative mechanisms mobilized in these spaces explicit, the article argues that problematizing equity and comprehensiveness constitutes, in itself, a pedagogical advance, as it fosters the education of professionals who are sensitive to differences, territories, and the ethical-political struggles that shape the production of care and public policies.

KEYWORDS Health equity. Integrality in health. Health personnel education. Health policy. Institutional analysis.

RESUMO *Este artigo analisa como os princípios de equidade e integralidade, quando problematizados a partir da decolonialidade e da interseccionalidade, podem produzir deslocamentos críticos na formação profissional em saúde e na reflexão pedagógica no âmbito do Sistema Único de Saúde, tomando como referência o contexto sociopolítico do Cerrado sul-mato-grossense. Com base na Análise Institucional do Discurso, o estudo examina intervenções formativas realizadas no contexto de estágios em psicologia, compreendendo-as como dispositivos pedagógicos capazes de tensionar racionalidades coloniais e normativas presentes nas políticas públicas e nos espaços de controle social. As análises evidenciam que os chamados 'avanços' não se restringem a resultados instrumentais, mas se expressam na produção de uma reflexividade crítica sobre discursos que sustentam desigualdades, abjeções e exclusões em contextos interculturais. Ao explicitar os embates discursivos e os mecanismos argumentativos mobilizados nesses espaços, o artigo sustenta que a problematização da equidade e da integralidade constitui, em si, um avanço pedagógico, ao favorecer a formação de profissionais sensíveis às diferenças, aos territórios e às disputas ético-políticas que atravessam a produção do cuidado e das políticas públicas.*

PALAVRAS-CHAVE *Equidade em saúde. Integralidade em saúde. Formação profissional em saúde. Políticas públicas de saúde. Análise institucional.*

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Preamble

This article discusses how the principles of equity and comprehensiveness can function as promoters of intercultural territorialities, especially within the Brazilian Unified Health System (SUS), considering the sociopolitical context of the Brazilian Cerrado. The analysis draws on the authors' experience as faculty members and researchers at a public university located in the inland Midwest, a region marked by multiple territorial, linguistic, and ethno-racial borders.

As analytical material, we shall select scenes and statements gathered during our participation, as service users, in public activities such as hearings, conferences, and municipal council meetings, and develop discursive interpretations and analyses informed by Latin American critical thought.

In contexts historically marked by colonial processes of inequality, the ideological support of the capitalist model of production depends, in part, on the notion of a receptive, protective state that regulates social relations for all individuals living in its territory. Yet this ideology erases difference by asserting formal equality before the law, thereby masking social divisions and their effects on the subjectivities that inhabit and traverse these spaces.

The institutionalization of the categories of 'individual', 'family', and 'nation' sustains discourses that shift responsibility for structural failures and inequalities to the personal and family spheres, concealing capitalist processes of exploitation and expropriation[1]. In the field of public policy, this logic is translated into the production of subjectivities marked by 'poor social conduct', the normalization of lives deemed productive or unproductive, and the categorization of families and populations as responsible or irresponsible, deserving of rights or subject to control and exclusion[2].

The implementation of the principles of equity and comprehensiveness in teaching and health practice requires an approach that recognizes the social markers of difference as fundamental social determinants of health conditions and access to public services[3]. Within SUS, community participation and dialogue between the state and social movements play a central role in the construction of public policies sensitive to territorial, ethno-racial, and gender diversities[4]. However, challenges persist, including the distance between representatives and those represented, partisan political influence, and, for example, the insufficient training of health councilors[5].

In this context, intersectionality becomes an essential analytical tool for problematizing the power relations that sustain structural inequalities, as well as for critical education in health, especially in regions historically marked by colonial processes, such as the Brazilian Cerrado. Teaching experience in health-related programs shows that the invisibilization of social markers and the normalization of certain subjectivities in deliberative and educational spaces reinforce the naturalization of inequality and hinder the implementation of care practices capable of encompassing different intercultural territorialities[3]. Thus, building public policies and comprehensive care networks that value sociocultural diversity and question the devices that legitimize exclusion and institutional violence is essential for promoting equity and defending sociobiodiversity in Collective Health[3,4].

Drawing on teaching experience in the Psychology Program of a federal public university located in a municipality in inland Mato Grosso do Sul, we highlight how Municipal, State, and National Health, Mental Health, and Social Assistance Conferences, as well as municipal councils and public hearings, are privileged spaces for observing and problematizing these dynamics. In these political arenas, the conflicts and interests of different stakeholders – managers, workers, and users of public services – are negotiated; at the same time, however, the erasure of social markers of difference becomes a discursive operator in the planning and oversight of sectoral policies[6].

Through Institutional Analysis of Discourse, we sought to deconstruct the production of abject bodies and socially 'ill-behaved' subjectivities as devices of social discrimination that sustain relations of exploitation and expropriation; or, in other words, the production of abject bodies within public policies. The selection of statements from these spaces, worked through with students in the classroom and in internship supervision, allow us to reflect on the articulations among equity, comprehensiveness, and intercultural territorialities, while also showing how ethno-racial relations operate as class-regulating devices in Collective Health. The minutes book from the Common Core internship project, Public Policies, was an especially important source for our analytical corpus.

We argued that strengthening Comprehensive Care Networks and constructing public policies sensitive to territorialities – in our case, in the southern Cerrado of Mato Grosso do Sul – are fundamental to promoting the right to health and defending socio-biodiversity[7-9].

In order to organize our argument, the article is divided into three parts. In the first, we problematized the concepts of equity and comprehensiveness from our pedagogical experiences at a public university located in the Brazilian Cerrado. In the second, in light of racial and decolonial debates, we analyzed the effects of tutelary and racist devices operating in political contexts in which subjects and minorities seek to make themselves present.

In the third, we point to conflicts within spaces of political participation in Collective Health, highlighting structural exclusions and power disputes that affect racialized groups. Following a decolonial approach, we emphasize not only discursive interdictions but also possibilities for resistance and equitable pathways in health management. Finally, we underscore the importance of equity and comprehensiveness in SUS from the standpoint of Cerrado realities, as well as pathways toward a more liberatory and less tutelary science and health policy.

When education, the Cerrado, equity, and comprehensiveness meet

The Federal University of Grande Dourados (Universidade Federal da Grande Dourados (UFGD), located in southern Mato Grosso do Sul, plays a central role in addressing the challenges posed by the region's multicultural and geopolitical setting. Situated in a territory marked by the hegemony of agribusiness and by intense land conflicts between Indigenous and non-Indigenous populations, UFGD has, throughout its history, served as a space of resistance, critical knowledge production, and social transformation.

The importance of intercultural and decolonial educational praxes[10,11] is situated within this context as a non-negotiable right and requires a commitment to valuing difference and recognizing the structural inequalities that traverse the region. It means producing and recognizing a form of teaching that breaks with traditional academicism by integrating local knowledges and promoting a dialogical pedagogy in which the experiences of students – many of them Indigenous, quilombola, and immigrant – are recognized as legitimate forms of knowledge.

Dourados, a border city, carries within its territoriality a complexity reflected both in political and social tensions and in the potential of a university that has served as a space for the articulation of different epistemologies. Producing knowledge in this region means resisting hegemonic narratives and expanding the notion of science to include Indigenous and traditional knowledge, thereby promoting a true practice of freedom, as bell hooks[12] and Paulo Freire[13] remind us. This fact becomes even more relevant in light of growing environmental vulnerability, manifested in the recurring fires in the Pantanal, the drying of rivers in the municipalities of Bonito and Jardim, and the precarious access to drinking water in Guarani and Kaiowá villages located

in the Indigenous reserves of Dourados and Itaporã, Mato Grosso do Sul.

For us, as faculty members at a public university, the liberatory conception advanced by hooks[12] and Freire[13] becomes even more necessary in this context, because both defend an education that is not merely critical but also actively committed to the emancipation of subjects. Freire[13] emphasizes the need for situated knowledge that dialogues with learners' realities, promoting both an interpretation of the world and its transformation. hooks[12] complements this view by affirming that education should be a space of empowerment and resistance, where historically marginalized voices can find a place from which to speak and be recognized. In the Cerrado, and particularly in Mato Grosso do Sul, these conceptions become material when we consider Indigenous peoples' struggle for land rights, the invisibilization of their knowledge, and the structural violence they endure.

Against this backdrop, thinking in terms of equity and comprehensiveness becomes essential. In health education, these concepts are central to SUS and must be updated so as to encompass local specificities. Equity here means recognizing that Indigenous populations and other minority groups face disproportionate challenges and, therefore, require specific and differentiated policies. Comprehensiveness, in turn, requires an approach that transcends biomedical care, incorporating social, environmental, and cultural determinants of health and even epistemes subordinated by modern scientific knowledge.

However, these principles become ineffective when detached from a specific location, as Haraway argues in 'Situated Knowledge'[14]. The production of situated knowledge is fundamental if educational and health policies are not to reproduce colonial and exclusionary patterns, but instead respond to the concrete needs of the populations and subjects involved. When universities or public policies – whether in health, education, culture, or public security, among others – ignore their territorial and historical context, they risk reinforcing rather than mitigating inequalities.

Settings and strategies for legitimizing representativeness

In our scenes, strategies of legitimation appear as lines that render differences visible while at the same time indicating the presence of representatives of minority groups and producing a falsified place that disregards the subordinated position of the subjectivity being made visible. Inspired by Michel Foucault[15], here 'difference' means a subject position within a network of power relations, rather than an ontological position. Among the strategies to be analyzed, we identify: 1) A subject who, although originally belonging to the group represented, currently holds a social position in which they are the exception; 2) A subject legitimated by the community they represent but not by the surrounding society; 3) A subject whose presence signals merely formal compliance and upon whom an illusory visibility is imposed; 4) A subject discursively captured by the surrounding society who presents themselves as the legitimate representative of a community but is rejected by it; and finally 5) A subject who holds a speaking position recognized both by their own community and the surrounding society, but who, in a broader social context, is denied recognition. All of these discursive subjects were composed and analyzed because of our insertion, as users, at different levels and moments of encounter with social control spaces.

The lines of visibility and enunciability are not random constructions; at times, they occasionally are strategic, and some other times, they express institutionalized subjectivities and institutional practices. According to Albuquerque[16], institutions are practices repeated in action and become legitimized through repetition. Norms, valuations, and

how statements circulate are, thus, instituting forces of a field and of the rules for remaining within that field.

In the public scenes we analyzed, we perceived individualized social representations, erasing the class belonging and other social markers of difference of these subjectivities. Thus, a minority subject who reaches a prominent position ceases to be presented as an exception and comes to be regarded as a model, while those who did not achieve success are themselves considered deficient rather than products of social relations[1].

A subject who lacks political legitimacy yet is present and active in assemblies is taken as evidence of republican functioning, even though they are there only to legitimize supposed representativeness. This subject may speak but will not be heard – a voiceless subject present to fill a procedural place, as an expression of the majority's tolerance.

We have the subject displaced from their origin, attached to the hegemonic discourse, which the hegemonic community uses to point out fractures and divergences within the minority group. We also have the minority subject who is presented as the legitimate representative of a dissident body but is the last to speak because of a 'lack of time', occupying a position of 'regulated' silencing.

In our practical settings, we saw a Black male judicial authority presented as a member of an institution as though this were commonplace, when in fact his presence was an exception that gave the impression that the system to which he belongs is not racist; an Indigenous woman taking part in a sectoral social control council as the legitimate representative of her group but being silenced because she did not speak in academic discourse; the opening panel of a municipal conference including an Indigenous leader, in which political and university authorities each had five minutes to speak, while the Indigenous leader was not even granted that much time – she was merely introduced, after which the chair thanked her for her presence and dismissed her on the grounds of the late hour; a subject presenting himself as an Indigenous leader and making demands on behalf of his group that were in fact the political positions of a legislator for whom he serves as an aide, and who is, therefore, rejected by part of his community; and a nighttime public hearing on local land conflicts that received an Indigenous leader and gave him a good introduction, but called him to the podium only at 10 p.m., a time when there is no transportation for his group, who live in an Indigenous reserve, and when the chamber was already nearly empty.

We also saw the marginal presence of subalternized subjects. We witnessed a cultural activity featuring a Venezuelan immigrant singer and Indigenous prayers, as though these were folkloric performances. Such cultural presentations indicate that society does perceive the presence of non-hegemonic subjectivities, but the marginality to which they are subjected in these processes of 'inclusion' reveals tutelary and racist logics and devices[17].

In our accounts, we repeatedly use the numeral 'one'. As in the expression "*I'm not racist; I even have a Black friend*", this 'one' carries a double effect of meaning in discourse. The first is ideological: it sustains the idea that society is composed of a set of isolated individuals whose relations are shaped by individual forces rather than by class struggle. This effect opens space for neoliberal and meritocratic discourses. The presence of one representative at the opening panel of a conference, one council member from a discriminated minority, or one subalternized leader with a voice – even if lacking community support –becomes enough to deny structural racism and reduce it to an occasional occurrence. The second effect is psychoanalytic and appears in language as a defense mechanism. The statement "I'm not racist" functions as a negation, and the subsequent justification seeks to legitimate it: "I even have a Black friend"[18].

The discursive settings described above point to the dilemmas of policies of inclusion and recognition and their effects on policies

of equity and comprehensiveness; they can be analyzed and articulated with reflections by Lélia Gonzalez[17], Cida Bento[19], and Aníbal Quijano[20,21]. These authors help us understand how representativeness can be instrumentalized to reproduce structural inequalities rather than effectively transform power relations.

In theorizing the concept of '*amefricanity*', Gonzalez[17] shows how racism and sexism structure social relations and create hierarchies that hinder the recognition of the full citizenship of racialized subjects. When inclusion policies are structured in an individualized rather than collective manner, they can reaffirm the logic of exceptionality: a Black or Indigenous subject who ascends to a position of power does not represent a structural change but rather a strategic concession that serves to uphold a meritocratic ideal that renders invisible the historical barriers imposed on others.

Bento[18], in turn, by discussing the 'narcissistic pact of whiteness', exposes the mechanisms that ensure the maintenance of structural exclusion, even in the presence of apparent advances in representativeness. The process of including minority subjects often occurs under a tutelary logic in which these subjects must adapt to dominant norms and discourses in order to be accepted. In this way, representativeness occurs under imposed conditions rather than as a full and unquestionable right. This event can be observed in the scenes described above, in which Indigenous or Black leaders are included in institutional spaces but have their voices silenced, their speeches regulated, or their speaking positions subordinated to the time and logic of hegemonic groups.

In developing the concept of the coloniality of power, Quijano[20,21] deepens this analysis by showing that the racial and epistemic hierarchization imposed by colonialism persists in modernity. Because inclusion policies do not challenge the coloniality underlying institutions and social thought, they ultimately sustain racist and exclusionary structures. This situation is manifested, for example, in the requirement that Indigenous representatives express themselves in academic terms in order to be legitimized, or in the reduction of minority groups' cultural practices to folklorized performances, thereby reinforcing the logic of subalternization.

The effects of these dynamics on policies of equity and comprehensiveness are profound. Symbolic inclusion without structural transformation perpetuates inequality and reduces equity policies to empty gestures devoid of real efficacy. In addition, the marginalization of minority voices within public policies themselves reinforces distrust in the ability of these initiatives to produce concrete change.

Thus, for policies of equity and comprehensiveness to be effective, it is necessary to break with the logic of exception and with representativeness as mere illustration, ensuring not only the presence of historically marginalized subjects but also the full recognition of their knowledge, ways of life, and forms of resistance. To this end, the construction of truly transformative policies must begin with a critique of the coloniality of power and with the dismantling of the racist and patriarchal structures that sustain historical and systemic inequalities[2,11].

Conflicts: interdictions and equitable proposals

We begin our reflections and analyses by presenting political and pedagogical advances and forms of resistance in the promotion of intercultural territorialities. In our practice, we have taken students to public hearings, municipal council meetings, and municipal conferences as listeners or accredited participants acting as users of SUS or of the Unified Social Assistance System (SUAS).

We have had students elected as delegates to state and national conferences, making these experiences meaningful both professionally and civically. For us, such participation represents an advance in professional training that

moves beyond the classroom and integrates with the broader community through activities such as assisting in conference organization, reception, reporting, thematic working group coordination, plenary support, and citizenship development.

Understanding how social control bodies operate, as provided for in the legislation governing each sector, introduces students to the dynamics of political project management in public policy. Through the free and critical participation characteristic of academia, they perceive the relevance of knowledge built in the classroom, as well as the marks of circulating discourses, which are analyzed in internship supervision groups or in class. Below, we present three excerpts from group analyses to indicate how we understand discourses and practices in public policy in the territory we inhabit.

At a public hearing on 'Women's Rights', after a victim of physical abuse had spoken, a judicial authority stated: "*We are all victims of aggressors. Sometimes a woman does not even have a husband...*". This authority was facing a group of Indigenous women who were strongly represented at the hearing. The session – whose topic was cross-cutting, as it addressed issues of rights, health, and public safety, among others – was held in the City Council Chamber, and the political context of its realization was intended to highlight inequities[22] in gender relations, especially among women. The mark of intersectionality[23] was palpable, with the massive presence of Indigenous, Black, and working-class women.

At the very opening of the event, one speaker presented statistical data, among which was an indicator showing that seven out of every ten sexual abuse cases involved girls under 13. Data on femicide and on the disparity between women's and men's average incomes were also presented. The floor was then passed to each member of the opening panel, with both appropriate and inappropriate remarks, until one authority declared: "*We are all victims of abusers*". Immediately, a student reacted: "*All?*".

Once again, we witnessed the mechanism of negation in action, which, now made explicit, provoked murmured reactions. By stating that "*We are all victims of abusers*", the speaker – a white man invested with judicial authority – placed himself on the same level of vulnerability as women, Black people, Indigenous people, and those with low income and low educational attainment. This statement refers to the concept of the Pact of Whiteness[18], because it silences the position of privilege of someone who has incomparable resources for self-protection, is far less likely to be targeted by violence than women are.

The next part further aggravates the sexism of the statement: "*Sometimes a woman does not even have a husband...*", suggesting that female protection depends on the presence of a man at her side. Although this assertion would merit deeper analysis, what matters here is a key aggravating point so that we may continue the discussion: beyond denying reality and distorting the data presented, the statement naturalizes abuse as a universal event and reaffirms a sexist solution to women's protection. During the speeches, another judicial authority corrected his predecessor.

In another context, during a Municipal Health Council meeting, after an Indigenous Health Worker (AIS) declared that "*Health is everyone's right and the State's duty*", a municipal authority stated: "*It was audacious of the Constitution to have guaranteed this right; no other country did so, not even England was that audacious*". This statement prompted the approval of a motion of repudiation proposed by the representative of the local federal university faculty union, who holds one of the seats representing the forum of service users on the Council.

By mentioning England, the statement suggests an ideological linkage to neoliberalism, whose historical origins are associated with that country. Yet a psychoanalytic reading allows us to interpret that the true audacity was neither English nor constitutional. The audacity lay in the act of an Indigenous woman,

without formal higher education, claiming her rights and asserting that the state had a duty to guarantee them – to her and to her people.

The third scene concerns the statement of a young white woman who, upon hearing the request for affirmative action measures to include Indigenous people in the commission of municipal delegates to the State Conference, declared: *"One person, one vote. I also worked hard to be here; no one is better than anyone else..."*. The conditions of production of this statement are directly related to transportation difficulties to the Indigenous reserve at night, when delegates were elected, because the debates at the conference's final assembly had run late.

A firm intervention by a university professor was required to clarify the difference between equality and equity, while also revisiting the concepts of comprehensiveness and universality. After all, the woman's argument – "*no one is better than anyone else*" – erased the privileges of those who were present through their own means and discussing professional issues, whereas the Indigenous demand concerned comprehensiveness in primary care, including access to a fundamental right: the provision of drinking water in the Indigenous reserve. Moreover, asserting that "*no one is better than anyone else*" produces the effect of meaning that affirmative action is a way of privileging the portion of the population that benefits from it, thereby inverting discursive positions: the privileged person becomes the victim, and the historically exploited and expropriated subject becomes, in this discourse, an opportunist.

The dynamics of conflicts within spaces of political participation in collective health thus reveal asymmetric power disputes that directly affect the formulation and implementation of public policies aimed at equity and comprehensiveness in SUS. In the context of the southern Cerrado of Mato Grosso do Sul, a region marked by intense historical processes of territorialization and deterritorialization of peoples and traditional communities, these conflicts are traversed by mechanisms of racial and epistemic exclusion that prohibit the effective participation of certain subjects in deliberative arenas.

Thus, racial and decolonial debates contribute to understanding how these interdiction processes operate within the discursive practices of health policies, configuring dynamics of silencing and erasure of racialized groups. As Quijano[18] and Grosfoguel[24] argue, the coloniality of power and knowledge sustains hierarchies that restrict the enunciation of local and community knowledge, naturalizing forms of exclusion and marginalization. In the context of the Conferences and Health Councils we observed, these dynamics are manifested in the difficulty of recognizing the specific demands of quilombola, riverine, Indigenous, and peasant communities whose existence and forms of territorial organization challenge state normativity.

Discursive interdictions, however, are not absolute, and conflicts also configure spaces of dispute and possibilities for equitable proposals. Following Fanon's[25] reflections on the structural violence of colonialism and the need for rupture, we argue that problematizing racializing devices in public policies is essential to building proposals that effectively promote equity. Experiences such as the incorporation of health practices grounded in ancestral knowledges and the work of community councilors linked to racial resistance communities point to the importance of considering other rationalities in the management of Collective Health.

Thus, the intersection among equity, comprehensiveness, and intercultural territorialities requires a critical confrontation with the power structures that regulate SUS political spaces. Recognizing conflicts as mechanisms for the emergence of new possibilities of social and political organization can strengthen comprehensive care networks that engage with the territorial diversity of the Cerrado, promoting pathways that mitigate inequalities and challenge their underpinning colonial and racist rationale.

Some brief (in)conclusions

Reflecting on equity and comprehensiveness in SUS, while considering local and regional realities, is crucial to building more democratic and inclusive health policies. In the Brazilian Cerrado, a territory marked by intense historical disputes and various forms of resistance, political and epistemological conflicts reveal that the struggle for access and recognition far exceeds the dimension of material resources. It also concerns the affirmation of existence and the enunciation of other ways of living, caring, and organizing social life.

The historical invisibilization of health knowledge and practices originating in racialized populations and traditional communities must be confronted. The imposition of a biomedical and technocratic model ignores the plurality of conceptions of well-being and care that structure different peoples and communities. In light of this, it becomes urgent to build a science and an epistemology that break with state and colonial tutelage, promoting a libertarian model of health grounded in the self-determination of subjects and peoples, as well as in the recognition of their practices and knowledge.

By analyzing different discursive scenes that produce racist and tutelary processes of subjectivation, we sought to highlight not only the complexity of the territories that dispute equity and comprehensiveness in a multifaceted region such as the Cerrado of Mato Grosso do Sul, but above all the limits of multiculturalist and neoliberal logics and identity policies[2]. The challenge, as we have tried to show, lies in recognizing the traps of inclusion and recognition policies, which are often marked by a hollow and apolitical representativeness.

To this end, it is essential to broaden the active participation of communities in decision-making processes, foster health care networks that engage with territorialities, and strengthen health education on the basis of critical and decolonial training. Only from this perspective will it be possible to build both a SUS and a SUAS that not only provide services but also recognize and value the diversity of existences and sets of knowledge that constitute the Cerrado and Brazil. As a result, we reaffirm the presence of students at social control events as a pedagogical gesture of value in the training of prepared professionals, as well as of citizens aware of their place vis-à-vis the state and their community.

Authorship contributions

Sathler CN (0000-0003-0091-1042)* and Oliveira EA (0000-0002-9235-5938)* equally contributed to the preparation of the manuscript. ■

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