

Razor Blades and Comic Strips: Afro-Brazilian Religions and Public Health in Brazil

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Abstract

In this paper, I examine historical and contemporary aspects of the complex, constantly evolving relationship between Afro-Brazilian religions and the Brazilian state over issues of public health. Historically, Afro-Brazilian ritual healing practices were persecuted through infamous public health codes. Recent decades, however, have seen the rise of strategic partnerships between *terreiros* (temples) and public health departments in the area of community HIV prevention efforts. Beyond their practical contributions, these partnerships hold significant symbolic value. By collaborating with the state on health education campaigns around HIV/AIDS and other sexually transmitted infections, Afro-Brazilian religions gain official recognition in the public sphere as health-promoting institutions. They also receive public valorization of their centuries-old healing knowledge. At the level of everyday experience, however, conflicts persist between public health norms and certain ritual practices within the *terreiros*. I describe several examples of such conflicts that I documented over several years of ethnographic research in Brazil. I use these data and historical accounts to assess the changing relationship between Afro-Brazilian religions and the Brazilian public health apparatus over time. I argue that although explicit state regulation of Afro-Brazilian ritual practices has ended, its attempts at regulation are still perceptible through the paradigm of community-based prevention and the language of participatory citizenship.

Keywords: Afro-Brazilian religion. Public health. Political activism.

Since the inception of Brazil's First Republic, and the Constitution of 1891 that relegated religion to the private sphere, Brazil has officially been considered a lay state. In practice, however, various forms of cooperation and entanglement have persisted between the Brazilian state and religious institutions in Brazil over the last century (Birman & Oro, 2003; Giumbelli, 2008). Rather than retreating altogether into the private sphere (as envisioned by social theorists such as Jürgen Habermas and Max Weber), religious institutions in Brazil, as elsewhere, have firmly established themselves as civil society interlocutors. Religious participation in citizens' councils and social movements has increased dramatically as part of Brazil's re-democratization following a lengthy military dictatorship (1964-1985). Minority religious groups, in particular, have begun to emulate the Catholic Church's well-established tradition of social activism and cooperation with the state around the provision of education and health care. Afro-Brazilian religious institutions (e.g., Candomblé, Umbanda, Tambor-de-Mina) are a prime example of this trend; they have emerged in recent years as active community collaborators with Brazil's STD/AIDS Program (Garcia & Parker, 2011; Rios et al., 2011; Silva, 2007).

The involvement of Afro-Brazilian religions in public health initiatives is noteworthy given the way they were treated historically by the Brazilian public health apparatus. During the first part of the twentieth century, health codes were wielded as a tool of repression against these religions' traditional healing practices (Johnson, 2001; Maggie, 1992). In the last decade, however, health activists from Afro-Brazilian religions have been able to forge supportive partnerships with the Ministry of Health, as well as with state and municipal health departments. In this paper, I examine the historical and contemporary bases for the complex, constantly evolving relationship between Afro-Brazilian religions and the state over issues of public health.

Historical Context

Throughout much of Brazil's colonial period until the consolidation

of Western medicine in the mid-1800s, African and Afro-Brazilian ritual healers provided primary health care to various sectors of the Brazilian population, including elites (Sampaio, 2001). After Brazil's first public health department was instituted in 1850, proponents of the biomedical model of health care expressed decreasing tolerance for alternative forms of healing. As abolition drew nearer, public opinion also turned against Afro-Brazilian healers and they were viewed with increasing distaste and suspicion.

While slavery endured in Brazil, Afro-Brazilian religions were not systematically persecuted. Despite occasional police raids on their temples (*terreiros*), enslaved Africans were considered the responsibility of slave-owners (Reis, 1989). Although *terreiros* were maintained by freed Africans, they were relatively few in number and were so carefully hidden that the state rarely interfered with their worship. With abolition in 1888 and the formation of the First Republic the next year, all African Brazilians were officially incorporated into the Brazilian citizenry. Influenced by themes of positivism and scientific racism, Brazilian intellectuals agonized over how to protect civilized society against the supposedly degenerating, barbaric influence of Afro-Brazilian customs and people (Borges, 1995).

The metaphor of contamination also emerged in the new Brazilian public health paradigm and in elites' fear of blacks' full integration into society (which, of course, would not occur for decades). Indeed, Johnson (2001) argues that public health codes constituted the most powerful mode of state oppression of Afro-Brazilian religions during the First Republic. In 1890, the new republican government created a Penal Code with three new articles that were used to persecute Afro-Brazilian healers, among others: 156 (prohibiting the practice of illegal medicine such as homeopathy), 157 (prohibiting magic and sorcery), and 158 (prohibiting "curandeirismo" or the practice of false or questionable ritual healing). (Maggie, 1992). These articles were instituted at a time when elites were troubled by Brazil's seemingly limited capacity for progress and its reputation among developed nations; after all, Brazil was a predominantly black nation

whose population engaged in cultural practices viewed by many as backward and unsanitary. Given this context, Johnson argues that the articles introduced by the 1890 Penal Code allowed the state to continue controlling African Brazilians, who were now citizens rather than slaves.

Persecution of Afro-Brazilian ritual healing through the public health codes reached an apex in the early twentieth century but declined somewhat with the regime of populist dictator Getúlio Vargas. During the 1930s and 1940s, Vargas' administration acknowledged Afro-Brazilian cultural contributions as important elements of the national patrimony (Davis, 1999). Johnson (2002) observes that during the Vargas regime, state policy toward Afro-Brazilian religions shifted from "unpredictable house arrests and general harassment" to "accommodation and co-opting" (94). Umbanda became the most celebrated Afro-Brazilian religion due to its combination of elements from Catholicism, Amerindian religions, and African religions. This religion fit well with Vargas' promotion of mixed-race Brazilian nationality since its ritual represented the amalgamation of the three "founding races" of Brazil: Portuguese, indigenous, and African peoples. Brown (1994) contends that the de-Africanized character of Umbanda made it acceptable for state promotion at this time, whereas more explicitly "African" religions continued to be persecuted.

Despite Vargas' promotion of Umbanda, in 1934 he passed a decree requiring Afro-Brazilian religious temples to register with the recently created *Polícias de Jogos e Costumes* (Police of Gaming and Customs) prior to engaging in any public ritual activity. Registering with these police stations meant that Afro-Brazilian religions were not only denied recognition as legitimate religious institutions, but they were also placed on a legal par with casinos and brothels. In 1937, however, Vargas passed a presidential decree recognizing a few designated "traditional" *Candomblé terreiros* as legitimate and protecting them from police disturbance of their ritual practices and objects. Vargas' protection of those few *terreiros* represented more a strategic move to preserve the cultural patrimony of Brazil in a

museum-like fashion, than an actual recognition of their status as legitimate temples of worship (Johnson, 2002).

During Brazil's military dictatorship (1964-1985), the regime continued to promote the value of Afro-Brazilian cultural manifestations as a way of legitimizing Brazil's connection to Africa (Santos, 2005). As a result of this political stance and the regime's focus on economic modernization, state tourist boards began to include Afro-Brazilian religions in advertisements for international travel. This phenomenon was most visible in Salvador, traditionally deemed Brazil's "Black Rome" due to its high proportion of African descendants and practitioners of Afro-Brazilian religions (Bastide, 1978). State promotion of Afro-Brazilian culture continued upon Brazil's return to full democracy in 1985 and has increased ever since (Johnson, 2002). State support for Afro-Brazilian culture reached an all-time high during the administration of Luís Inácio "Lula" da Silva (2003-2010). Global trends that encouraged the Brazilian state's increasingly tolerant attitude toward Afro-Brazilian religion and culture include the UN's World Conference on Racism in 2001 and the World Health Organization's campaign to promote popular medicine and healing knowledge, which intensified around the same time.¹

Partnerships between Terreiros and SUS: Rehabilitating History

Since the late 1980s, members of Afro-Brazilian religions have actively sought out and organized formal and informal partnerships with SUS (Brazil's universal health care system). These partnerships began as community-based efforts to promote awareness and prevention of HIV/AIDS within terreiros. Early educational campaigns promoted condom use as well as "biosecurity" (*biosegurança*), or making ritual practices safer (Mott & Cerqueira, 1998). From top-down initiatives that delivered public health education to terreiro communities, partnerships slowly became more democratic as terreiro health activists began to assume the role of educators about their own cultural and religious beliefs concerning

health, illness, life, and death (Silva & Guimarães, 2000). They began to organize internally around issues such as experiencing prejudice in public clinics due to their religious and racial identities.

Throughout my research in northeast and southeast Brazil between 2005 and 2009, I followed the activities of the most elaborate partnership between Afro-Brazilian religions and SUS to date: the National Network for Afro-Brazilian Religions and Health (Rede Nacional de Religiões Afro-Brasileiras e Saúde).² A meta-social movement, the Network comprises terreiro members, black movement activists, and public health workers in over 25 Brazilian cities who are interested in the official valorization of Afro-Brazilian ethno-religious identity and health knowledge. The Network is an outgrowth of an earlier terreiro health initiative called “Ató-Ire,” which was supported by the Ford Foundation (2001-2003) and based in São Luís and Rio de Janeiro. Ató-Ire trained members of Afro-Brazilian religions to be HIV-prevention educators in their own terreiros. When Ató-Ire’s funding period ended, its participants created the Network in order to maintain the project’s activities and expand them to a national level.³

The Network has smaller chapters called “nuclei” (*núcleos*) that operate in seventeen Brazilian states, and each nucleus has both state- and city-level coordinators who organize political meetings and health education events in their communities. Health education events take place in terreiros and usually take the form of health fairs, workshops, or lectures. Network activists also work with public health departments to create health education materials that incorporate concepts and symbols from Afro-Brazilian religions. Although their print newsletter became defunct following the end of the Ató-Ire project, Network activists have continued to circulate information online via a collective blog. The Network’s national coordinator, José Marmo da Silva, has also published articles in academic journals such as the *Journal of Health Communication* and *Saúde e Sociedade* (Silva, 2007; Silva & Guimarães, 2000). He is a public health dentist and a member of Candomblé in Rio de Janeiro.

The topics that emerge most frequently in Network publications

and meetings are religious intolerance and institutional racism in the public health system, as well as the benefits of the traditional medicine practiced in terreiros. The Network's main goal is to promote "knowledge exchange" (*troca de saberes*) between SUS and terreiros. Several Network activists whom I interviewed claimed, however, that the intended exchange continues to flow mostly from SUS to Afro-Brazilian religions. That is, SUS disseminates public health information to members of Afro-Brazilian religions and financially supports some of the Network's activities, but does not yet fully recognize traditional Afro-Brazilian medicine as a complementary healing practice.

Razor Blades and Comic Strips

Despite the improving relationship between Afro-Brazilian religions and the Brazilian state, the practice of ritual cutting within some Afro-Brazilian religions has remained a sticking point, so to speak, for SUS. This was especially true during the late 1980s, when the Ministry of Health identified members of Afro-Brazilian religions as a risk group for HIV/AIDS due to this practice, as well as to the large proportion of homosexual terreiro members. (Galvão, 1991; Mesquita, 2002).

In response, terreiros and civil society organizations in Rio de Janeiro partnered to create HIV/AIDS prevention campaigns for local Candomblé terreiros. In the early 1990s, the Institute for Religious Studies (ISER-Instituto de Estudos da Religião) and local terreiro leaders launched an initiative titled "*Odô-Yá*" (Galvão, 1991; Silva & Guimarães, 2000). In 1991, they produced a manual titled *Odô-Yá!* that featured Candomblé parables in comic strip form with HIV prevention messages. The manual discussed the tradition of using the "*navalha da casa*" (a ritually blessed razor belonging to a specific terreiro) on multiple initiates, and recommended modifications such as using disposable razors or disinfecting them with bleach before using them on another person. The *Odô-Yá* project was followed by "*Arayê*," a similar initiative carried out by the Interdisciplinary

Brazilian AIDS Association (Associação Brasileira Interdisciplinar de AIDS, or ABIA). Like Odô-Yá, Arayê's goal was to produce culturally competent HIV prevention materials for terreiro members.

The Rio de Janeiro initiatives were followed by similar projects in Salvador and Recife. In Salvador, the Bahian Anti-AIDS Center (Centro Baiano Anti-AIDS-CBAA) promoted an HIV prevention campaign in the mid-1990s by holding educational meetings and distributing public health literature in terreiros. Like Odô-Yá and Arayê, the CBAA campaign called for ritual modifications such as disposable razors (or disinfection of a common razor) and the use of rubber gloves during ceremonies. In Salvador, however, CBAA's campaign was unpopular with some Candomblé practitioners who did not wish to be labeled a high-risk population for HIV/AIDS.⁴

Whenever I asked *pais-* and *mães-de-santo*, or terreiro leaders, about ritual cutting, all of them insisted that they used individual, disposable razors on their initiates. However, several also told me that they had witnessed communal razor ceremonies in other terreiros. Nonetheless, a large survey conducted by the CBAA in 1998 revealed that 87 percent of priests and priestesses approved of using disposable razors. As for wearing rubber gloves, however, nearly half the leaders felt it would compromise the ritual (Mott & Cerqueira, 1998:18-21).

In 2001, the Health Department of Pernambuco undertook a similar campaign against ritual cutting by producing and distributing a booklet titled *Atotô*. The booklet enjoined ritual practitioners to use disposable razors during healing and initiation rites that require ritual incisions in multiple people. It included a comic-strip depiction of a religious parable involving Obaluaiyê, who is the divinity or *orixá* of infectious diseases. The text calls for a "partnership" between health professionals and members of Afro-Brazilian religions. Healing practices in Afro-Brazilian religion are depicted as complementary to official medicine with the following phrases: "When we are ill it is very important that we seek the protection of Obaluaiyê... However, we cannot neglect to seek out medical assistance, because the orixás help with the suffering of the soul, but the medical professional is in charge of healing the wounds of the body." Although *Atotô* and

similar educational campaigns were designed as culturally sensitive tools for HIV prevention, some local practitioners bristled at their religious practices being characterized as potential vectors for HIV transmission.⁵ Other religious leaders felt that such campaigns were necessary given alleged continuing use of collective razors in some terreiros.

These stories of razor blades and comic strips reveal an enduring tension between terreiros and the state that is frequently obscured by official representations of Afro-Brazilian culture as an integral element of Brazilian nationhood. There is a fundamental conflict between the state's exaltation of Afro-Brazilian tradition, on the one hand, and its desire to regulate ritual practices it deems dangerous or barbaric, on the other. This conflict illustrates Johnson's (2005) observation that in many African diasporic religious contexts, the state endorses freedom of belief but not necessarily of practice.

Johnson (2001) and Maggie (1992) assert that the Brazilian state relied historically upon public health codes to regulate Afro-Brazilian religious practices. I argue that although these codes are rarely enforced nowadays, the regulation of "risky" practices such as ritual cutting and animal sacrifice continues more subtly through the application of public health norms by new actors and coalitions. These norms are applied using new techniques such as the language of health education. In the process, certain members of Afro-Brazilian religions receive the Ministry of Health's stamp of approval, but only on the condition that they modify their risky practices and cooperate with the public health apparatus. Terreiros are only recognized publicly as health-promoting institutions if they demonstrate their commitment to complying with public health norms, for example, by distributing public health literature in their terreiros.

This scenario is analogous to the one Hale (2002) describes in his analysis of neoliberal multiculturalism in Guatemala. He argues that neoliberalism embeds a cultural project in which the state extends cultural rights and recognition to marginalized ethnic groups while simultaneously denying them substantive citizenship equality. This

situation creates the “índio permitido,” often an elite member of the marginalized group who performs cultural authenticity for the state in exchange for recognition and resources.

In the case I describe here, practitioners of Afro-Brazilian religion who comply with the state’s ideals of healthy religiosity receive recognition in the public sphere. According to one *pai-de-santo* I interviewed, this recognition comes at the expense of systemic health care reform. The state feigns support of *terreiros*, he said, by occasionally sponsoring seminars on the value of their traditional medical practices. In this way, the state can avoid making more sweeping healthcare reforms, such as implementing more health care services within *terreiros’* communities, or taking serious measures to counteract the discrimination faced by *terreiro* members in public clinics.

For most *terreiro* health activists, however, a little recognition goes a long way given the history of state persecution under public health codes. For many of my interviewees, recognition was an end in itself, rather than a means to obtaining better public health services. Repeatedly, *terreiro* health activists told me that they wanted the state to “recognize the *terreiro* as a health-promoting institution” (*reconhecer o terreiro como instituição promotora da saúde*). Indeed, most activists seemed content with the state’s increasing sponsorship of their events, as well as its acknowledgement of Afro-Brazilian religions and their healing knowledge within state- and national-level health policies targeting the black population. Given their tortured history with the state, it seemed, they were content with gaining the human right to dignity.

Other Sources of Conflict

Although the razor blade controversy is arguably the most dramatic example of *conflict* between Afro-Brazilian religions and public health norms, other examples abound. For instance, in 2003, practitioners of *batuque* (an Afro-Brazilian religion practiced widely in the state of Rio Grande do Sul) and black movement activists successfully

lobbied the state legislature to get Afro-Brazilian religious worship exempted from the Animal Protection Code (Oro, 2005). This episode provoked impassioned reactions from both animal rights and human rights activists, the latter of whom defended the universal right to full religious freedom. Similar animal sacrifice/public health legal struggles have been documented in other Afro-diasporic religious contexts, including *santería* in the United States (Johnson, 2005).

Alongside these widely publicized controversies between Afro-Brazilian religions and public health are others that rarely make their way into the media. For instance, terreiro health activists in the four cities where I conducted fieldwork between 2005 and 2009 complained that community health workers (*agentes comunitários de saúde*) routinely avoided visiting their terreiros when making neighborhood rounds. In Brazil, primary care clinics send teams of community health workers, and sometimes also doctors and/or nurses, on household visits in the neighborhoods surrounding the clinics. These teams monitor pregnant women, the elderly, and patients with serious chronic and infectious diseases (e.g., diabetes, hypertension, leprosy, hepatitis). There are also specialized dengue fever workers who inspect people's homes for risk factors such as uncovered containers of water.

Since terreiros in northeastern Brazil are often located on relatively large land tracts with multiple family compounds, this means that many people living in the compounds, especially the elderly and disabled, may not receive primary health care if health workers avoid terreiros. In Salvador, activists partnered with the city's health department to organize a project called "Saúde nos Terreiros" (Health in the Terreiros). The project consisted of public debates and community health fairs held in terreiros all over the city. At these events, terreiro members and public health workers came together and discussed their areas of conflict. The goal was to find solutions that would be acceptable to both parties, such as placing anti-mosquito tablets in the water of ritual preparations rather than requiring terreiro members to cover the containers.

Terreiro health activists attribute community health workers'

avoidance of their terreiros to religious intolerance. According to them, many of these workers are evangelical Christians who believe Afro-Brazilian religions are diabolical (*coisa do diabo*). One pai-de-santo in São Luís reported that he returned to his terreiro one day to find a dengue inspector trying to destroy his statue of the orixá (deity) Exu:

My mother was in the terreiro. When I arrived, I found this scene unfolding. [The inspector was saying] that it was the devil, that it belonged to the devil, that it was Satan, and he wanted to take [the statue] out of my house. Then, he wanted to evangelize us, so I got mad and threatened him with four or five stones in my hand, I nearly threw them. I thought he was out of line, since he was there to work and not to tell me what's right and wrong with my life.

Following this incident, the pai-de-santo went to the police and pressed charges against the dengue inspector. He even began to file a lawsuit, but dropped both the charges and the suit after the inspector apologized.

Episodes like this one have prompted Network activists in many Brazilian cities to hold “sensitivity training” (*sensibilização*) sessions with public health care providers. Such activities took place within selected terreiros every few months during my fieldwork in Salvador (2006), São Luís (2007-08), and São Paulo (2008-09). During these sessions, members of Afro-Brazilian religions strived to “demystify” (*desmistificar*) their religious beliefs and practices by teaching the health professionals basic facts about orixá worship and about how they treat spiritual and physical health problems in the terreiro. They also encouraged health professionals to openly discuss their own fears and prejudices concerning Afro-Brazilian religions during the workshops. During a sensitivity training session in São Paulo in 2008, a mental health provider admitted that she had furtively prayed three rosaries before entering the terreiro that day in order to seek spiritual protection from the demonic forces that she was certain of encountering there.

I heard many other such fears and fantasies about Afro-Brazilian

religions from health professionals during fieldwork. One afternoon, I was seated in a waiting room at São Luís's municipal health department, waiting to obtain permission to conduct research at a local clinic. Having overheard my conversation with the secretary, two white, middle-aged female employees approached me and asked about my research. When I told them I was studying Afro-Brazilian religions and health, one woman nodded knowingly and said, "Yes, those people don't like to get vaccines, and during their rituals they all use the same razor blade which can spread HIV. They do whatever the pai-de-santo commands them to do. Plus, they sacrifice animals."

I heard this kind of commentary more frequently in São Luís than in São Paulo. Over the course of fieldwork, only one public health employee, Cleide, expressed her own negative impressions of Afro-Brazilian religious practices during a taped interview. Even so, she kept asking me to stop the recording so she could think carefully about her responses to my questions before taping them. At the time, Cleide was a 55-year-old project administrator at São Luís's STD/AIDS department. She identified as white and as an evangelical Christian. I interviewed her at her home in a middle-class, centrally located neighborhood. When Cleide stated that the municipal STD/AIDS Program had classified terreiro members as a vulnerable group, I asked her why. She replied that the members' rituals, which she had heard involved cutting, expose them to HIV. She added that members of these religions have no access to public health information about the prevention of HIV transmission.

Cleide's comments led us into a discussion about her perception of the public health implications of other Afro-Brazilian religious practices. She was dubious about the safety of the herbs, teas, and "those mixtures" that members ingest. "Nobody's in the laboratory testing to see what products they use," she remarked. Cleide also echoed the employee at the municipal health department who had told me that terreiro members refused vaccines.

Members believe that their rituals guarantee their own immunity. They have this idea. Therefore, they negate [public] health. They negate everything that's

outside [the religion]. So when Public Health goes there...[health professionals] can't just show up and impose things, can they? They have to go peacefully, sensitively. It's like taking the Indian out of the woods where he lives...he has a whole lifestyle, customs, values, which are totally different.

Although Cleide emphasized the need for public health employees to be mindful of terreiro members' cultural specificities, her comments revealed the extent to which she viewed terreiro members as fundamentally "other" vis-à-vis the general Brazilian population. She also presented an image of Afro-Brazilian religions as a counterculture by suggesting their members believed in spiritual immunity and rejected the germ theory of disease - as if they could not believe in both simultaneously. By contrast, the terreiro health activists whose work I followed in various cities were adamant about the fact that the ritual healing practiced in terreiros is not a "cure-all" medicine; they claimed to advise members and clients (*clientes*) who sought out the terreiro for healing to consult a medical doctor as well. During my own fieldwork in terreiros, I also witnessed mães- and pais-de-santo counseling filhos and clients to go to a *posto de saúde* (SUS clinic) while they were undergoing ritual healing. Often, the mãe- or pai-de-santo would be "incorporated" (*incorporado/a*) at the time with a healing spirit. On the three occasions that I sought ritual healing for a chronic health condition, the mãe- or pai-de-santo told me to visit a doctor because my problem was physical, not spiritual—but they also gave me herbal concoctions to drink and, in one case, conducted an *ebó*, or offering, to my orixá.

Of course, it is likely that the leaders of the terreiros in which I conducted fieldwork were more careful to recommend simultaneous biomedical treatment to clients, because the leaders were terreiro health activists. In addition, years of being accused of charlatanism have presumably rendered terreiro members more apt to characterize their healing as complementary to biomedicine, rather than as a substitute for it. It follows that my presence as an outsider also could have influenced terreiro members' behavior in this regard.

Over roughly three years of fieldwork in terreiros, I met only one

pai-de-santo who claimed to have cured a client of cancer through ritual healing. No one claimed to have cured HIV/AIDS. I met terreiro members who said they had been cured of leprosy and epilepsy, as well as a host of chronic pain and mental health disorders, through spiritual treatment and religious study in the terreiro. As for Cleide's idea that terreiro members believe their religion confers immunity, there is a concept of the "corpo fechado" (closed body) within Afro-Brazilian religions. When a member's spiritual obligations are up to date, and/or when she undergoes a special ritual, her body is said to be "closed" (*fechado*) to external threats. In some cases, these threats might include illnesses that manifest physically. However, this belief generally does not preclude terreiro members from getting vaccines—in fact, in most cities I visited, a few terreiros served as community vaccination locales (*pólos de vacina*). At certain times of the year, members of the terreiro and its surrounding community would line up to be inoculated by SUS nurses. Furthermore, my observations and interviews with terreiro members indicated that they rarely, if ever, chose ritual healing in place of biomedical treatment.

As terreiro members increasingly push the boundaries of their relationship to the public health apparatus, additional sources of conflict appear—particularly when terreiro members attempt to bring their practices into biomedical spaces. In São Paulo, terreiro health activists frequently complained that public hospitals would not allow them to attend to their faithful. Furthermore, hospitals routinely excluded them from participating in chaplaincy and lay visitation programs, unlike Catholics, evangelical Christians, and Kardecist Spiritists.

In *Orixás da Metrópole (Orixás of the Metropolis)*, Silva (1995) discusses the conflicts that ensue when mães- and pais-de-santo attempt to conduct healing rituals for their members at public hospitals in São Paulo. He views these conflicts as symptomatic of fundamental differences in conceptions of health, illness, life, and death between Afro-Brazilian religions and medical science. He observes that Christian rites do not produce conflict in the biomedical setting because they are "aseptic" and bring only words to patients,

rather than herbs or ritual incisions (p. 238).

During fieldwork, however, I found significant variation between terreiro health activists' public and private claims of discrimination during hospital visits to religious "family" members. Mãe Laura, for example, a Candomblé priestess in São Paulo, told me during an interview that although *sacerdotes* (priests) declare they do not have access to their hospitalized faithful, this is not true: they simply do not go to the hospitals dressed in their ritual clothing because they believe they will be barred from entering.

Pai Carlos and Mãe Bianca, both Candomblé leaders in São Paulo, gave firsthand reports of having visited their *filhos* in the hospital and conducted religious rites. In Pai Carlos' words, he simply used the *jeitinho brasileiro* to gain entrance to hospitals. He once paid an attendant at the Heliópolis Hospital ten *reais* to ensure that he would not be disturbed while conducting funereal rites for his filho who had just expired from AIDS-related complications. When he told me this story, I assumed it must have been easier to get persuade hospital staff to let him conduct rites on a dead body than would be the case with a live patient. Mãe Bianca's story, however, made me question my assumption.

When her own pai-de-santo ended up in a public hospital following a serious health crisis, Mãe Bianca and some other members of his terreiro visited him regularly, unbeknownst to his disapproving family. At first, they only dared to sing prayers to orixás whenever they found themselves alone at his bedside. Eventually, however, the orixás told them they needed to give him *banhos* (ritual herb baths), perform an *ebó* (ritual offering to the orixás), and feed him the ritual foods of his own orixá, Obaluaiyê-coincidentally, the orixá associated with health and illness. They decided to approach the nurses and explain the situation. To Mãe Bianca's surprise, the nurses did not dismiss their request. Instead, they sent in a psychologist and a social worker to ask Mãe Bianca and her *irmãos-de-santo* exactly what would ensue, and to decide whether any of the rites could harm the patient. They settled on involving the nurses in the whole process. The nurses administered the herbal baths to the patient using a sponge, spoon-fed

him the herbal concoctions (after obtaining a list of the ingredients and making sure they had been prepared with filtered water), and incorporated his orixá's ritual foods into his hospital meals.

Mãe Bianca's experience, however, appears to be uncommon. Most of the terreiro health activists I interviewed told me the more usual scenario is to conduct rituals in secret (*às escondidas*), or not to conduct them at all inside the hospital. They believe, however, that skipping the rituals jeopardizes the patient's health and relationship to his or her orixá. Meanwhile, despite some individuals' success with negotiating hospital norms, terreiro health activists continue to be excluded from patient visitation programs in hospitals.

Conclusion

As shown by the examples discussed above, the relationship between Afro-Brazilian religions and the Brazilian public health apparatus is constantly being negotiated and re-negotiated. Although members of Afro-Brazilian religions have made substantial inroads in gaining official recognition of terreiros as health-promoting institutions, the public health apparatus continues to subtly regulate their ritual healing practices. Although some SUS employees are blatant in their attempts to normalize the terreiros' ritual space, like the dengue inspector in São Luís, they are now the exception rather than the rule. Indeed, the state's contemporary approach is a de facto rewards system that encourages terreiro practitioners to regulate each other's ritual practices when they enter into conflict with dominant public health norms. Terreiro members who agree to become health education disseminators (*multiplicadores*) in their communities are rewarded with recognition in the public sphere. In this way, participation in public health efforts becomes a strategic "path to legitimacy" (Johnson, 2005) for Afro-Brazilian religions.

In this paper, I have examined changes over time in the state's regulation of Afro-Brazilian religions' ritual practices. I have argued that, although the state has adopted a public discourse of celebrating Afro-Brazilian religions for their cultural patrimony, the relationship

between these religions and the state still tends to break down over issues such as healing practices. Over the last decade, the state has been remarkably responsive to efforts on the part of Afro-Brazilian religious practitioners to mobilize politically, as seen in the case of the National Network for Afro-Brazilian Religions and Health. At the same time, there is evidence of continuing tension between principles of religious freedom and public health interventionism. To what extent should the state be able to interfere in religious practices? Who should be the ultimate arbiter of which religious practices are “healthy” or “unhealthy”? Once-unlikely partnerships between terreiro health activists and public health departments have produced a political opportunity structure and forums for public discourse in which these questions can be raised and negotiated in novel ways.

Notes

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¹ World Health Organization, 2002 (<http://www.who.int/mediacentre/news/releases/release38/en/>). Last accessed August 30, 2010.

² Also see Garcia and Parker (2011) and Rios et al. (2011).

³ For more information about Ató-Ire, see Silva (2007).

⁴ Personal communication, J.P., public health administrator; Salvador, 2006.

⁵ Personal communication, various, Fifth National Seminar for Afro-Brazilian Religions and Health (April 18-20, 2006, João Pessoa, Brazil).

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Resumo

Neste artigo examino as bases históricas e contemporâneas desta relação complexa, sempre em transformação, entre as religiões afro-brasileiras e o Estado acerca da saúde pública. Historicamente, práticas rituais afro-brasileiras de cura foram perseguidas por meio de infames códigos de saúde. Nas últimas décadas, percebe-se a emergência de parcerias estratégicas entre os terreiros e departamentos de saúde pública acerca da prevenção comunitária de HIV/AIDS. Além das contribuições práticas, estas parcerias possuem significativo valor simbólico. Colaborando com o Estado nas companhias educativas de prevenção à HIV/AIDS e outras doenças sexualmente transmissíveis, as religiões afro-brasileiras conseguiram reconhecimento oficial na esfera pública, como instituições promotoras de saúde. Elas também foram valorizadas publicamente pelo seu secular conhecimento de cura. Cotidianamente, persistem conflitos entre as normas de saúde pública e certas práticas rituais dos terreiros. Eu descrevo alguns exemplos de tais conflitos, documentados durante vários anos de pesquisa etnográfica no Brasil. Uso estes dados e relatos históricos para analisar as mudanças na relação entre as religiões afro-brasileiras e o sistema de saúde pública no Brasil. Demonstro que, apesar do término da regulação estatal explícita das práticas rituais afro-brasileiras, ainda pode-se perceber tentativas de regulação, por meio do paradigma da prevenção nas comunidades e pela linguagem da cidadania participativa.

Palavras-chave: Religiões Afro-brasileiras. Saúde pública. Ativismo político.