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SCIENCE, GENEALOGY AND HISTORICAL NARRATIVE OF THE REFERENCE CENTER IN LEIHMSNIOSE DO BAIXO SUL DA BAHIA¹

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1. Result of a chapter of the Post-Graduation Doctorate Thesis in Education, Philosophy and History of Sciences of the Faculty of Education of the Federal University of Bahia.

Abstract: The objective of this work is to present a genealogy of the historical narratives of Leishmaniasis Tegumentary from the Reference Center of Baixo Sul da Bahia. This research consists of oral history from the Leishmaniasis Reference Center (CRL) and theoretical references on the history of Leishmaniasis, from the point of view of Foucault's genealogy. In the interviews, the importance of CRL and its relationship with science was evidenced, based on studies initiated by medical researchers from the University of Brasília (UnB) in 1983. These professional science professionals will guide the community and effectively participate in the movement and organization the association for the implantation of the CRL that makes it possible to serve the population affected by Tegumentary Leishmaniasis; At the time when SUS (Unified Health System) neither existed and people acclaimed for comprehensive health care. It was therefore concluded that the scientific research in the town of Corte de Pedra will allow us to understand genealogically or why the implementation of the CRL.

Keywords: Science; Reference Center; History of Leishmaniasis; Genealogy.

INTRODUCTION

This research is the result of an investigation based on the historical narrative the scientific process of researchers who explored Le Baixo Sul da Bahia to studyishmaniasis. This process evidences the history of science through research, methods, space-time facts, connecting, through the past, scientific actions; Caponi (2000) and Canguilhem (1989), state that the past/present process of science is validated when the reasons for its historical destruction are understood.

The processes of historical change, before the discovery of bacteriology and after it, will allow a better understanding of the

relationship between the history of science and the Reference Center for Leishmaniasis in Baixo Sul, through the introduction of genealogy.

Doing a critical history of the present and doing genealogy, not with a search for origins, but with an analysis of the emergence of a certain problem (FOUCAULT, 1979). For Foucault (1979), the genealogy is a tactic that makes it possible to intervene from these local discursivities, as well as described, the knowledge of disaffected people that is released. It would be a way to problematize a certain unit of discourse and its historical context, once it works with the dispersion of two data, diversity of sources and path accidents. The problematization part of a restlessness we thermos in which he is placed and tries to make his genealogy of him.

In the interviews, the leaders of the community (main authors) for the implantation of the Center will confirm, or that it was registered in the books of the Residents' Union, reaffirming the historical process of the existence of researchers, explorers of the geographical space, which will contribute to an understanding of the health process and for the implementation of the Reference Center in Leishmaniasis do Baixo Sul da Bahia.

The interviews were configured as semi-structured, because they follow a more spontaneous dynamic, leaving or interviewing more at ease to trace other historical narratives that were important in the process of construction of the Center. Each participant authorized the use of his/her name and surname in writing for employment. I had a participant who asked, apart from her name, to also use her last name (as it is known in the community). All signed the Term of Free and Clarified Consent in two ways. Therefore, the objective of this work is to present a genealogy of the historical narratives of Leishmaniasis

Tegumentary from the Reference Center of Corte de Pedra do Baixo Sul da Bahia.

SCIENCE THE GENEALOGY OF MICHEL FOUCAULT

For this work, the historical research was based on the analysis of interviews with community leaders, in addition to theoretical references on science and the Leishmaniasis Reference Center, from the point of view of Foucault's genealogy.

The starting point is the production of science through the Reference Center in Leishmaniasis Doctor Jackson Mauricio Lopes Costa, currently registered in the Ministry of Health as a reference health unit for the treatment of people affected by Leishmaniasis. This unit also includes researchers from various areas not related to American Cutaneous Leishmaniasis.

The ideas that people produce constitute the knowledge of something that expresses all or part of the material conditions in a given historical moment, these are complex conceptions for epistemology. Thus, or human knowledge appears in different forms, such as the common sense, scientific, theological, philosophical, aesthetic and others (HESSEN, 2000).

When we fail in knowledge, we can mention the act of knowing or the product of knowing. Firstly, it refers to the relationship that is established between the consciousness that knows the object to be known; as soon as the second is the result of the act of knowing, that is, or set of knowledge accumulated and received by the tradition (DUTRA, 2011).

In the understanding of Aranha and Martins (2004, p. 53), "it is true or not depending on how the thing appears to the subject it knows; for that we say that something is true when it is or what it seems to be". The authors explain, therefore, that all knowledge indicates the problem of truth,

that is, requires questioning whether or not it is being said that corresponding to reality.

Another restlessness around the problem of knowledge permeates the possibility of the human spirit reaching certainty; In this case, it is possible to report two tendencies: either dogmatism or skepticism. For Hessen (2000), dogmatism is an epistemological root for which knowledge problem cannot be raised. And skepticism is the opposite of dogma.

However, the possibility and reality of the contact between the subject and the object are purely and simply assumptions. It is evident that the subject learns its object, that it is consciously capable of assimilating or knowing, that is, learns what is before it. This point of view is sustained by a self-confidence in human reason that has not yet been attacked by the dark child. It is worth remembering that dogmatism can be seen as another form of knowledge on various perspectives – theoretical, ethical, political and/or religious – (DUTRA, 2011; HESSEN, 2000).

Regarding the process of health and care not an aspect of dogmatism, two cases of leprosy did not arise in the late eleventh century, when the Church, strengthened by religious dogma, affirmed that people with suspected leprosy were impure, sinful, sem moral and, therefore, to disease was a punishment of Deus; all society excluded or sick of communities without questioning or presupposition. On the other hand, hair aspect of Saúde, we were seen as pure people and without sins (DUTRA, 2011; LEWINSOHN, 2003).

THE DIALOG OF THE GENEALOGY

Michel Foucault was a contemporary philosopher who studied and wrote about genealogy. We know that Foucault's ideas are quite productive, capable of creating a new conceptual framework that makes it possible to contribute to understand problems

experienced by society, allowing, as well, different answers to old questions, or better, make new questions to find other meanings and produce new senses (COSTA et al., 2008).

The emergence of the genealogy proposed by Foucault traces a historical process, different from his narrative of the foundation of identities. This history ends up showing that a plurality of souls inhabits a homogeneity that does not have its own. Even each one of us, several souls, is just a complex system of elements, also different, and that our power of synthesis. Therefore, Foucault affirms that, to genealogy, in turn, to the question of the language we speak or the laws that govern us, is to trace to light the heterogeneous systems that, under the mask of our self, interdict all identity (FOUCAULT, 2001; GALANTIN, 2019).

Likewise, the propagation of judging masks in genealogy prompts an analogous effect to that referred to by the famous excerpt from Rimbaud's letter to Georges Izambard, in which the disagreement between subject and verb leads to a non-subject fracture rather than to a grammatical error. In this case, we could affirm that the genealogy shows that "Eu é um outro" (RIMBAUD, 2006, p. 155).

For Galantin (2019), genealogy must not be demarcated as a producer of knowledge whose effect would be an accumulation of truths that, in turn, would lead to any form of progress. Diversely, in another way, genealogy is a disturbing knowledge that operates a modification as much as it knows how much in reality to be known.

Foucault, in an interview granted to Hubert Dreyfus and Paul Rabinow, presented three domains of genealogy that are possible: first, a historical ontology of ourselves in similitude to truth by means of which we constitute ourselves as individuals of knowledge; or second, the historical ontology of ourselves in relation to a field of power by means of which

we constitute ourselves as individuals of action over others; and the third, the historical ontology similar to ethics by means of which we constitute ourselves as moral agents. That is, knowledge-power-subjection, respectively (DREYFUS and RABINOW, 2010).

For Correio (2014, s/p), the genealogical view of the work of Michel Foucault is a constant. Precisely what the French thinker called "historical ontology of ourselves", understood "as a theoretical field, a sem-number of disciplines and subjects, plus an attitude, an 'ethos' before our present and two limits that were imposed." To work philosophically on History is nothing more than a way to say what we become, or better, to problematize what we are through an analysis of two limits of our field of experience and an opening for possibilities of overcoming it.

Foucault chose to make genealogies in the early 1970s as a way of escaping from the uniqueness of the traditional historical narrative and from the eternal search for origin, as well as the meta-historical unfolding of the meanings of ideas and the indefinite theologies that it animated. It means that it is an analysis that seeks to trace not here what we are, think and do but contingency (probability/perhaps) of what we produce or what we are, think and do (CORREIO, 2014).

For Foucault, the genealogist must focus on the analysis of the provenance and the emergence of a given object, as a way of showing or contingent character of its constitution. We perceive that the genealogy, based on these two concepts, is nothing more than a strategic piece, not a Foucauldian project of power analysis; Through the analysis of provenance, we can capture "the quality of an instinct, its intensity or its weaknesses and the mark that it leaves in a body", although through the analysis of the emergency, we can designate "a place of confrontation" of forces (FOUCAULT, 2010, p. 269).

Therefore, the genealogy emerges as a new strategy elaborated by Foucault in the heat of the fight, for the promotion of what the thinker called the insurrection of two knowledges, that is, the brigade inside the field of knowledge against the centralizing effects of power that are linked to the institution and to the functioning of an organized scientific discourse not internal to a society like us (FOUCAULT, 2005; CORREIO, 2014).

Saying here that we are not through the analysis of what we say or what we do, more, sim, clarifying through genealogies here that it will be possible to say and do something in a certain way. In this movement, or thought ends up building its own history (past), to free itself from what it thinks (present) and to be able, ultimately, to think in another way (future) (DELEUZE, 2006).

For Moraes (2018), the genealogical method appears as a question of metaphysical readings of history, second as a research on the origin of things that would as a result of their supra-historical essence, or that would allow both or recognition of their sole value, as to discovery of its hidden truth.

When the genealogist stops searching in history for the primary origin of things, his narrative radically changes. A genealogical history discovers that here what is not eating something is not its identity or a stage of its development, but rather a conflicting interaction between different things. Here we find at the historical beginning of things, and the identity is still preserved from its origin – it is the discord of other things, and the nonsense (FOUCAULT, 2001).

Therefore, the genealogical method consists of a research instrument aimed at understanding the emergence of singular configurations of subjects, objects and meanings in power relations, associating or examining discursive and non-discursive practices (MORAES, 2018). The genealogical

gaze implies a refusal to seek a certain methodological rigidity, such as a true genealogical task to the detriment of a false one, and the adoption of an analytical tool or as flexible as possible (CORREIO, 2014).

The genealogical method, which is the interconnection of the study, for its time, and understood as the analysis of why two knowledges, which aims to explain their existence and their transformations, situating them as a piece of power relations or including them in a device political There is the possibility of constituting a historical knowledge of the struggles, activating local, discontinuous knowledge, which may not be legitimized and/or against the effects of centralizing power linked to the institution of a single discourse (NARDI, et al., 2005; MARTA et al., 2016).

Genealogy opposes the traditional historical method; Its objective is to sign the singularity of two events, outside of any uniform purpose. Genealogical history works with discontinuity, gaps in fixed points, broken identities and introduction of the body in History. Genealogy is cautious and requires, therefore, to detail to know, avoiding to all cost or that is above history, its meanings idealis. It requires patience, because it requires a differentiated sense of smell, not of its essential secret and without data, but its essence built piece by piece from figures that were strange to us (AZEVEDO et al., 2003).

In short, the study of the genealogy of the Leishmaniasis Reference Center aims to understand its existence from the history of science, not that it concerns the field of health, so that it is immediately problematized with a view to building certain reading books, therefore, the genealogical historiographic practice. Thus, Foucault (1979) indicates that the work of the genealogist is to temporize on the documents that we disregard daily and the details considered trivial, which seemed

like no other history. That is, constitution of a historical knowledge of the struggles and use of this knowledge in current strategies.

HISTORICAL-GEOGRAPHICAL PROCESS DAS LEISHMANIOSES

The importance of knowing the history of Leishmaniasis makes it possible to contradict the narratives of the disease for the emergence of a social movement in the construction of a Reference Center to care for people affected by the profession. When we talk about the genealogy of a Center, we must know its origin, from an object, which was the initial point of this cycle, which is Leishmaniasis. Leishmaniasis are neglected, correlated to poverty with occurrences in geographically tropical and subtropical regions.

It is a work that accompanies the human being since antiquity, with stories and descriptions found in literature since the 1st century AD (CAMARGO, 2003). In the Americas, pre-Columbian ceramics were found, dating from 400 to 900 years AD, small Indian hairs from Peru, which showed deformations of lips and noses, spundia characteristics, known as American tegumentary leishmaniasis (LAINSON, 1988). Then, by means of paleomedicine studies, mummies with lesions of skin and mucous membranes characteristic of leishmaniasis have been discovered (SANTOS, 1994).

The first theories on the spread of American Tegumentary Leishmaniasis narrated by Benchimol and Jogas Junior (2020) were combined with the knowledge produced in the field of microbiology and tropical medicine that made us think about the intake of fruits, geographical determination and climates and hygiene conditions and water consumption, all is correlated to an endemic region. Subsequently, it also won forced to be suspected for being a tropical disease and having its origin in an insect, vector or

intermediary host.

For Benchimol and Jogas Junior (2020), the American Tegumentary Leishmaniasis has presented, since 1940, a wide geographic distribution from Mexico to the north of Argentina, Peru and Brazil, the latter being the countries with the highest incidence of disease.

The first literature on the history of American Tegumentary Leishmaniasis (LTA) in Brazil is not a document from the Political-Geographic Religious Pastoral of 1827, cited in the book by Tello entitled "Antiquity of the Syphilis in Peru", which recounts the journey of Frei Dom Hipólito Sanches de Fayas and Quiros from Tabatinga (AM) to Peru, traveling through the regions of the Amazon valley (PESSÔA, 1982).

In 1898, a study by Patrick Manson related to the etiology of Leishmaniasis to a certain environment and geographic space. The biological cycle, not precarious knowledge of the causal agent at the time, made it difficult to identify the organism of the possible intermediate host. There was no consensus on which parasite to look for (BENCHIMOL and JOGAS JR., 2020).

To *Leishmania* sp. It is transmitted to the host (human being and animal, for example during the bite of a female insect of the phlebotomine genus that, when faced with blood, causes regurgitation of saliva in the form of a promastigote of *Leishmania* sp. in a blood lake formed by the proboscis of the insect in the skin. do host (BENCHIMOL and JOGAS JR., 2020).

Visceral Leishmaniasis (LV) and American Tegumentary Leishmaniasis (LTA) are considered endemic in 88 countries, two of which 16 are developed and 72 are developing; In the majority, it is considered a disease of low social class and poverty and malnutrition are important factors that do not increase susceptibility to disease. The World

Health Organization (WHO) considers LTA as one of the six most important infectious diseases in the world due to its capacity to cause disfigurement; For this reason, it is predominantly a serious public health problem, according to an estimate of 2.3 thousand people, it is present in Africa, Europe, North and South America, and it is a rural population (WHO, 1010; 2011). In 1898, the study by Patrick Manson did not determine the most susceptible population in relation to race, sex, age or occupation (BENCHIMOL and JOGAS JR., 2020). In contexts, specific to temperate climates between the end of winter and the beginning of summer, there is a variation in incidence that is sometimes high and sometimes low (BENCHIMOL and JOGAS JR., 2020).

In the Americas, LTA is considered a primary zoonosis of wild mammals, yet humans are part of this circle due to a disharmonious heterotopic relationship. This way, it can acquire the infection from or come into contact with forested areas or in environments modified by individuals where sandflies are present.

American Tegumentary Leishmaniasis (ATL) or Human Tegumental Leishmaniasis (HLT) in Brazil is popularly known as sore brava, most of the time it presents a single or multiple ulcerated skin lesion. An ulcerated lesion is more common, characterized by raised ridges in moldings with a granular fundus with no discharge. Differently from what happens in the world, not Brazil reaches or human being of any social class, identity, gender, race and color; LTA occurs more frequently in men than in women and also in malnourished individuals when compared to younger and better nourished people. This way, the risk of LTA significantly increases as the nutritional 'status' decreases and the age of two individuals increases. Included here is another factor that would be more exposed

to two farmers in labor areas because it is their work environment, making them more exposed to the vector (MACHADO et al., 2014).

The geographical distribution of leishmaniasis in Brazil is restricted to tropical and temperate regions where there is a natural habitat of two sandflies such as the Amazon Forest and the Atlantic Forest, which are located in the humid and predominantly with little light, as well as little air circulation. These elements jointly create a favorable environment for the proliferation of these vectors. In Brazil, in the middle of 1939 to 1940, Cruz (2008) discredited the LTA as a professional teacher of the margin of the kill. American Tegumentary Leishmaniasis has been reported in all the states of Brazil and currently presents an extensive geographic expansion with case records in all Brazilian regions, with various clinical manifestations that include localized cutaneous leishmaniasis, mucosal cutaneous leishmaniasis and diffuse cutaneous leishmaniasis (COSTA et al., 1988).

In Brazil there are currently six species of Leishmaniasp. responsible for infection in human beings. In the Northeast Region, or surveillance manual of American Tegumentary Leishmaniasis (BRAZIL, 2019), on the number of registered cases of ATL in the period from 1995 to 2014, it registers an annual average of 25,763 new registered cases and a mean detection coefficient of 14, 7 cases/100 thousand inhabitants.

In Bahia, the existence of LTA foci is 25 of 29 Health Regions (86.2%). According to the classification of two municipalities by Detection Coefficient of 2016, 137 municipalities have transmission risk, representing 8% of the total. The highest incidences of disease in 2016 are registered in the Núcleos Regionales de Saúde (NRS) South (46.2), West (4.1) and North Center (4.0). On the other hand, we highlight the

municipalities with the most incidents in the last three years: Taperoá, Wenceslau Guimarães, Nilo Peçanha, Teolândia and Presidente Tancredo Neves (BAHIA, 2018). All these municipalities with the highest notifications are located in the territory of Baixo Sul da Bahia, or else, it is the largest endemic area of Bahia.

The Territory of Identity of the Baixo Sul da Bahia concentrates the largest number of people infected by the LTA in the State, and may be influenced by poverty, level of education, work environment – since the majority is linked to agriculture, making it more exposed to the vector.

In the municipality of Presidente Tancredo Neves, we found two species of Leishmania: Leishmania (Viannia) brasiliensis; and rarely to Leishmania (Leishmania) amazonensis (ANDRADE, 2011). These species can adapt to agricultural environments, which in their majority reproduce favorable conditions equal to their natural habitat. Under President Tancredo Neves there are several areas for planting cocoa crops, in addition to the presence of domestic animals in the rural area of the municipality that can contribute to an increase in the number of sandflies, resulting in a risk for the local population.

HISTORICAL NARRATIVES TWO DESBRAVADORES OF THE LEISHMANIOSE REFERENCE CENTER

The narratives by means of the interviews will evidence the oral history of the CRL, through a walk, of discovering and registering various possibilities that give meaning to forms in the community. Or that brings us back to Alberti (2010; 2003); Pereira Neto et al. (2007) when they affirm that the oral testimonies allow the construction of a historical identity in the perspective of the re-signification and reconstruction of the past.

With the expansion of the areas affected by Leishmaniasis, health assistance, before 1980, was almost non-existent, there was no health care in the Corte de Pedra community; The people seek assistance in another municipality, specifically in a community known as Três Braços. In an interview with the coordinator of the Edinaldo Lago Reference Center, who was the first laboratory technician to work at the CRL, he states:

[...] I went to Três Braços (community) which was an endemic area. This time, the people of Corte de Pedra walked the Chegave community. At that moment the team saw the need not to take these patients to Três Braços, because besides the cliff that they ran into, the road was dangerous. People are better served or treated in Corte de Pedra (LE, 2019).

The coordinator recounts how his life was given to Corte de Pedra and the first movements in the process of implantation of the Reference Center. The community of Três Braços had a health post that served the local population; The attention to this population was carried out by medical researchers of the Post-Graduation Program in Tropical Medicine of the University of Brasília. With the growing demand of the Corte de Pedra community seeking help and treatment of the crime, the investigators will decide to attend to the demand in Corte de Pedra. The community of Três Braços is located in the municipality of Cravolândia; It is known as the bearer because it borders three municipalities (Cravolândia, Ubaíra and Wenceslau Guimarães) that are difficult to access for the population around Corte de Pedra.

In the decade of 1984, the Povoado de Corte de Pedra welcomed the medical researchers who attended the community health post and the expansion of American Tegumental Leishmaniasis throughout the territory. The district is not a choice for partisan politics,

but, yes, for the necessity and for the ease of access, as reported by the coordinator of the CRL:

[...] the need for vim for Corte de Pedra is that in the community of Três Braços the cases of Leishmaniasis have been decreasing. I had an opinion to build a post in Cocão (community of the municipality of Wenceslau Guimarães) also, in any way, or access was bad. I saw people for Corte de Pedra, not because of the political question, not by indication of anything. People saw the lack and it was on the margin of BR 101 that facilitated or accessed two patients. There I saw people here, along with Jackson at the time and some students (LE, 2019).

Still lacking in health care, another positive point for the community was or access by BR 101, ideal for the future implantation of the Reference Center. At the time, the health post of the village was very small, known as a postinho. The coordinator tells the difficulties encountered by the hair researchers:

The conditions were very difficult, or since there was no physical structure, there was no way to provide assistance. So, people joined with the population, from the beginning who supported people at the time, it was Seu Vadinho, or delegate of the time, he sold products, biscuits we traded at the time. He saw our work, he already knew. He helped people and the rest of the people who came back, assuming that we were explorers, he wanted some goal, that whole thing. But, there we went to people and we showed that it was not that, we slept in school, at the time Seu Posedonio was a merchant who gave you mattresses. We slept at school, not another day, we threw away our mattresses and we kept no trade and we would work at the postinho. Seu Vadinho gives food for people at the house of him. There we saw the need to explain to the community or our work and the community were trusting (LE, 2019).

This report evidences the difficulties in the process of permanence and strengthening

for the construction of the Center and also the recognition of the community for the researchers, who will hold a meeting with the local leaders to provide a solution and improvements for the access to health. Or coordinator says:

So, do we have to unite, do we have to do or what? So, we are going to make a union of residents and a group of young people. There, at the time, we found a Valença raptor that explained everything to the community to raise a residents' union (association) was at the time the first residents' union of the region. From there, thermos how to build a post, then we build. At the time or first president of the team was Negão (Antônio) then it was Vadinho (Lourival) then it was me and then Senhora Nina (Maria das Graças) (LE, 2019).

With this movement organized by the community, the process began with the implantation of an Association of Residents with the objective of collecting health benefits for the governments (municipal, state and federal). The creation of the Union of Residents of Corte de Pedra was the basis for the creation of the Reference Center. This movement saw the participation of Researcher Dr. Jackson; (cited above), Edinaldo Lago, Maria das Graças (Dona Nina), Antônio (Negão) and Lourival (Vadinho), among others.

Dona Nina, as she is known and as she likes to be called, was one of the first leaders of the Corte de Pedra community and continues to be a reference for all the residents, because she exercises a religious leadership – linked to the Catholic Church. Ms. Nina was also interviewed, since she was over 70 years old; Going through his memories of her, he recounted how the community began, how his participation ele was for the emergence of the Center:

I was born church. In truth, I had already worked without postinho. When I saw

the people from Brasília, Dr. Jackson, Dr. Felipe, they had the idea of tracing the people for cá (Stone Court), because the people were going for lá (Três Braços), so they saw them for cá. In that time, Dr. Jackson saw the need for a post, because the old post was too small. In this time, or prefect of Valença, in which we belong, was Joao Cardoso, and he was interested, and there he raised a union of residents. The prefect appointed a person to help, Marcelo Campelo, brother of Ramiro Campelo (former prefect of Valença). We formed the organization or Statute to create the União dos Residentes, being the first association of the region. It is the mother of all (associations). I didn't even know it existed. That's where he oriented and organized everything and grew up the association. And via this association we started to acquire resources. We got either land, or lots new at the time, João Cardoso gave up or space. And he started in the fight to build. It had Leto (ex-Alderman assassinated) who helped a lot. He worked in Maricoaba at a business house and managed to trace better quality material that tied the continuous sheet or floor and continuous coating. I have the support of the community and the prefecture, there (or Reference Center) has one egg from chicken, a thousand, two thousand blocks of donations. Always lots of giving (G.M, 2019).

Mrs Nina evidences important historical milestones for the emergence of the Reference Center, not only from the articulation of researchers and politicians, but rather from the population in favor of quality health care, from the creation of small things (which are essential) at donations of greater resources. Little by little I managed to build a unit. The Associação União de Inhabitants stands tall, with its headquarters in front of the Reference Center.

When questioning Senhora Nina about whether this Union of Residents was a direct health movement at the time, she replies:

Yes, it was a movement. She has medical care once a week, not after. It was very precarious. In truth, I had the idea, in some of the meetings, it was my husband, when Dr. Jackson declared the need for a post. My husband failed "why not build a big post to serve the people." Dr. Jackson said: "there is a community for good, we are going to fight for this." And where are we going to build? That's where we formed João Cardoso, then he gave in or land. Then it started there (G.M, 2019).

The movement was essential for the creation of the CRL and the articulation with the community and with the researchers was decisive for its implantation. Senhora Nina recounts how proud she was to implement the Center for the community, saying: "But, it was a fight to build the Center, now it is there, a Reference Center only in Brazil, but not abroad" (G. M, 2019).

Senhora Nina reports that the creation of the União de Residentes had a positive impact on the region; The construction process continued with several more and with the political support of the President of the Republic, at the time. It was from this association that there was funding for the maintenance of the Center, as she relates:

For construction it was helped by the Union, after it was built, it was when the channel was opened to go to the President of the Republic. João Cardoso (prefect) was the first prefect to be the president, José Sarney, was the secretary of state where he gave material to the president signed something to help the Center. The money passed to the Union of Residents that paid the officials (G. M, 2019).

With the implantation of the Center, Senhora Nina was one of the first officials to work in the Unit, because of her experience in the public health post. She stayed at the Center in her room and recounted in an interview that she very much wanted to continue as a volunteer, rather than the team, it was better

to rest. She complements that the creation of the Center is due to “strength and unity two residents, the governor, the prefect and Dr. Jackson who was the right arm” (GM, 2019).

The Union of Residents of the Povoado de Corte de Pedra decided to pay homage to Dr. Jackson, placing the name of the Reference Center, since at the time living people were allowed to be honored with names in monuments and entities. As Senhora Nina affirms, above, he was the right arm for the implantation of the Center.

Doctor Jackson Mauricio Lopes Costa, after whom the Center is named, is a doctor trained at the Federal University of Maranhão (1979), with a master's degree in Tropical Medicine at the University of Brasília (1986) and a doctorate in Infectious and Parasitic Medicine at the Federal University of São Paulo (1998). He was one of two people responsible, together with the local community, for the implementation of the Reference Center in Leishmaniasis of Baixo Sul da Bahia. At that time, he conducted a clinical-epidemiological study of an epidemic outbreak of Leishmaniasis that occurred in the area of Corte Pedra in the year from 1985 to 1986.

Dr. Jackson Maurício Lopes Costa is currently a Senior Researcher at the Oswaldo Cruz Foundation (awaiting tenure), former coordinator, former permanent professor of the Post-Graduation course in Biotechnology and Investigative Medicine at the Gonçalo Moniz Research Center - Oswaldo Cruz Foundation - FIOCRUZ - Bay. He was also responsible for the creation and implantation of two Reference Centers for Non-Diagnosis and Treatment of Tegumentary Leishmaniasis of Vale do Jiquiriçá in Bahia (which is disabled) and the Service of Reference for Non-Diagnosis and Treatment of Leishmaniasis in São Luís from Maranhão.

In search of more evidence, we interviewed Doctor Jackson who told about his professional life story. He tells that he was trained in medicine and, after the conclusion of the course, at the Residence in the city of Rio de Janeiro at Cardoso Fontes Hospital. Later, he specialized in Tropical Medicine at the University of São Paulo, immediately returning to his native city, São Luiz - Maranhão. But, as he himself stated, “he has the intention of pursuing a university career in infectious and parasitic studies” (L, M, J, 2021); then he was looking for the Master. Jackson reports that he has three options: to the University of Goiás, UnB and USP. However, their interest in him was in UnB, because the Program had a line of endemic studies with field research practice.

Not taught at UnB Jackson was oriented, at the time, by English Philip Davis Marsden ; and his trip to Bahia, specifically to the communities of Três Braços and Corte de Pedra, must undergo field research mediated by his counselor. Jackson reports that all the professors of the Tropical Medicine Program at UnB worked in the field. He said that his interest in him at the time was to develop his research on Visceral Leishmaniasis in Maranhão; but, his course was redirected after going to the community of Três Braços in Bahia.

When asked about the change of the research site from the community of Três Braços to the community of Corte de Pedra, Jackson reports:

I spent a month working there (Three Arms community) and I ended up enjoying it, and Philip convinced me to work only with Cutaneous Leishmaniasis. At the time, there was a lot of difficulty in obtaining resources to develop a research project and I changed my mind to Leishmaniasis Tegumentary and began to work in Três Braços. I went there for the month of April and stayed until December 1982 and 1983. We went practically three times a year: the fairs in

June and Half in September, December and January [...]. So that one day, we receive from Corte de Pedra a truck full of patients, that was on Saturday, we attend to all the patients and ask where they came from, and everyone answered: Corte de Pedra. Here we come to get our attention. That day, after the appointment, I called Lago and said: are we going to see Corte de Pedra? And, so, we went to meet on Sunday. We know that Vadinho, who was a delegate (of the Corte de Pedra district), and one of the community leaders. And, day, now, we transferred to Corte de Pedra, because Seu Vadinho got all the basic structure to serve people. He gave up a delegation room for care and we slept not at the community school. Well, at the time, there was an outbreak of Brazilian Tegumentary Leishmaniasis, we began to work from these circumstances (L, M, J, 2021).

The move of the research community to Corte de Pedra made possible a step for the development of public health assistance. Jackson states that the research carried out in both communities involved clinical and epidemiological aspects, both in humans and in wild animals. The samples for immunological analysis collected in the research were directed to UFBA. Initiation, as well as the participation of this institution in the opinion of UnB and CRL.

The contact of Dr. Jackson with the researchers from UFBA must be his permanence for a period in the Reference Center. Jackson recounts his career as a researcher and the difficulties he faced: “he would take the bus from Brasília to Feira de Santana and from Feira to Corte de Pedra with support material for the Center. It was an intense period, because at the time it was happening or outbreak of the disease” (L, M, J, 2021).

At this time, Dr. Jackson began to live, for a period in the current District of Corte de Pedra, where he lived in a house, because the community of Três Braços was dedicated

solely to the investigation of wild animals. The community of Corte de Pedra remained with the study of human beings. He was also the first community doctor to set up residence to care for patients. From then on, I began to better understand the problems related to public health and the social questions of the population that belonged, at the time, to the municipality of Valença. This way, we know more about the leadership of the community, as well as mobilizing frequent meetings to discuss local problems.

On the way to and from Brasília for the Corte de Pedra community, Dr. Jackson met with the leaders to seek solutions on health assistance. He recounts that he carried out training for midwives: “looking for better care during childbirth, I created a kit of material with the aim of avoiding neonatal tetanus. In addition to practical theoretical training for people who applied injections and curative phases in farms (rural areas) far from village” (L, M, J, 2021). He revealed that since he had no experience in community medicine, he began to study the matter in order to help the community more, with the aim of improving health care in Corte de Pedra, which at the time was scarce. But I also learned with the local people about the cultural, social and care relations with the health of non-scientists.

About the construction of the Reference Center, Dr. Jackson reported that everything was discussed with the community, from the selection of the land donated by the Prefecture of Valença to the purpose of the service that would be offered. Apart from caring for patients affected by Leishmaniasis, it was also good care for oral health. He remembers:

We put together a team, and we were in a team, we had a special day to visit the merchants of the region, the people who work with wood, the people who work with some type of material. Everybody knew me, they didn't know, there was my name, because I was the only doctor present in the

area. We begin to receive donations of tile, cement, for da or tip foot initial [...] we were also in other municipalities. From that day on, we saw the need for a document for the Residents' Union [...]. We have the support of the Prefect of Valença who was a relative of Vadinho (delegate) [...]. We have the support of a UnB Medicine student who was the nephew of the President of the Republic, José Sarney. She managed to help us a lot, mainly because of the inauguration for permanent materials, within this structure [...]. Everything was initially coordinated by Brasília (UnB), a small group assistant from Salvador (UFBA) initially. The Residents' Union was an important framework for penetrating the neighboring municipalities of Tancredo Neves [...] The Residents' Union did not accept the political management of Valença (L, M, J, 2021).

The doctor's words tell us that we cannot ignore that the Center's construction process involves social and political actors; therefore, the relationship of Power is necessary for the realization of this dream Health Unit. The involvement of people indirectly linked to legislative politics contributed to, in understanding it.

After the inauguration of the Reference Center, Dr. Jackson reports that he obtained a project to finance the CRL; and, based on that support, I was able to set up a dental office, hire a doctor who I saw in Brasília to provide assistance and also to carry out research. Employers were generated for the local population, especially a vaccination campaign at the time supported by CRL that required the hiring of collaborators. The Reference Center attended to the various demands of the community as well as for the development of research; I attached a leaf to a unit a laboratory equipped for researchers.

About his experience in the community of Corte de Pedra, Dr. Jackson expresses the importance of scientific production and his participation in the social area, since he

has produced numerous articles published in national and international journals, especially on the outbreak of Tegumentary Leishmaniasis in Corte de Pedra, theme gives his thesis; He says that his coexistence of him in the locality was fundamental for his training of him "as a person, as a doctor and as a humanist individual [...] We have a bond of friendship with everyone from Corte de Pedra" (L, M, J, 2021). Thus, the relation of scientific and social production is experienced by a researcher who unites scientific, cultural and social aspects for the benefit of a common good.

When asked about the relationship of the Tropical Medicine Program, about its object of study and its relationship with medical geography, Jackson says:

The Program of Tropical Medicine of UnB had the discipline of Medical Geography in which points and important aspects of the geographic factor in the influence of diseases were discussed, mainly infectious diseases. And we have opportunities to work with professors who have worked with infectious diseases in Brazil and in the world. Professor Filipe has lived in Africa for a long time, so Felipe had all the experience he had worked in Africa with the community, with the geographical aspects and the influences of his teachers [...] this discipline was very important for me, to throw doubts and learn people. Teachers make a great contribution to the activities we do at Corte de Pedra (L, M, J, 2021).

Likewise, Dr. Jackson considers important the study of Geography and its relationship with women, involving factors of physical and social geography for the understanding of individual behavior in the face of disease.

The narratives, the experiences and experiences revealed in the demonstrate the slow process of a historical evolution not found in different dinners where community actors and researchers play different and

unique roles in the implementation of the Reference Center in search of a worthy assistance to health. It is worth emphasizing that the Foucauldian genealogy aims to mark the singular aspects of two events, “long of all monotonous finality; expect the ones where you were least expected in what is like no other history – the sentiments, or love, consciousness, the instincts” (FOUCAULT, 1979, p.15).

The Reference Center was founded in 1986 and its new headquarters opened on September 27, 1987, currently it is a registered unit in the Unified Health System, since 2004, in partnership with the Federal University of Bahia and the Associação de Residentes do Povoado de Corte of stone.

As I have said before, the Reference Center has the objective of caring for patients who are affected by Leishmaniasis. It is a question of a disease that accompanies people since remote times and that has been presented in the last 35 years in an endemic area in the municipalities of Baixo Sul da Bahia, being currently found in all communities with different epidemiological profiles, such as leishmaniasis of the cutaneous type, mucosal and disseminated. The Center currently serves patients from 18 surrounding municipalities.

FINAL CONSIDERATIONS

The contributions of two researchers from UnB in the articulation with the residents of Povoado de Corte de Pedra (who founded an association) was essential for the existence of the Leishmaniasis Reference Center. A historical framework that is possible, for further research, or access to health before the creation of SUS.

It is legitimate to highlight that local knowledge, dominated the strategies of struggle against the effects of two centralizing powers, linked to the institutions and the functioning of two scientific discourses, are

important for the relationship between the space-power-subjectivity of genealogy.

While researchers disseminate vast knowledge about Leishmaniasis, there is little addition to the population with information on prevention of disease such as: avoiding peridomicile habitation (next to crops), management of animal breeding (next to the house), among others. However, this relationship is known as the power, which is exercised by both, directly influences the evolutionary process of teaching.

We must address that the entire formation process of the CRL started with two local leaders of Corte de Pedra, through two Researchers, especially Dr. Jackson Maurício, as narrated in the interviews. The objective of the researcher at the time was to enable health assistance for all those affected by Leishmaniasis, giving support to the initial organization, from the creation of the association, to legitimacy to raise funds, as well as the creation of the CRL.

Over the past 30 years, many things have changed, since the population growth of the region linked to political emancipation and its economic, social and power relations for the CRL. This was a tactical process, instigated by Dr. Jackson, from a local discursivity, which enabled a genealogy by means of two free knowledge traced and evidenced in his scientific and personal trajectory for the concretization of CRL, we will take as the basis or concept of Foucault (1979) on genealogy.

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