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Historicity, Historiography, and Hope: The Moral Economy of Health

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Abstract:
Historicity is a key epistemological component of the definition of "science" proposed by authors such as Gaston Bachelard, Georges Canguilhem and Michel Foucault, and partially accepted by the Brazilian Collective Health builders. What we call the "historicity awareness" of Collective Health is the field's recognition that there is no knowledge of health without history and that its history interferes with its results, with the conceptualization of its objects, its cognitive and technological practices, and the feasibility of its promises of enhancing the quality of life towards an equal society. This helps explain why Humanities in general and History, in particular, are ubiquitous to Health Education, where they are known as Health and Medical Humanities or, as is more usual in Brazil, Human and Social Sciences in Health. They helped to imagine an equitable health care system of which the concrete manifestation, however imperfect, is the Brazilian Unified National Health System, the SUS. Health Humanities, Medical Humanities, and History of Science and Technology are all interdisciplinary fields that challenge historiography and theory of history to look beyond the borders of our normative understanding of the historian's professional identity – which legitimacy is achieved through specific academic training – to properly evaluate the multiple expressions of society's relationships and engagements with history and time.

Keywords: Historicity; Canguilhem; Sigerist; Collective Health; Health and Medical Humanities

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> "*Collective Health* is a scientific field that contributes to the study of the process of health-disease-care as a social process in various groups and populations, concerned with geographical, historical and social distribution, and with the ways in which each society sets its demands on health and is organized to meet their needs in this field."
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The epistemological history of Brazilian Collective Health cannot be understood without reference to the political context of the American continent. Between the 1950s and the 1970s, there was a series of coups against democratically elected governments in different

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countries of Latin America, leading to the establishment of dictatorial regimes aligned with U.S. economic and political interests, supported by local capitalists and the high ranks of the armed forces.

It started in Paraguay, in 1954. Then, ten years later, came the coup in Brazil. In the same decade, imperialism took over Bolivia, Peru, and Argentina; in the 1970s, over Chile and Uruguay. Beyond South America, Governments of the Dominican Republic, Haiti, Panama, Nicaragua, Guatemala, El Salvador, and Honduras were also overthrown. Constant in this process, yet another proof of the class nature of these regimes, was the persecution, violence and even the murder of politicians and militants from the democratic opposition, not necessarily Marxists. And there were many forms of organized class resistance, from the construction of parties, unions and other clandestine organizations and movements to the *guerrillas*.

From this context emerged among health workers and researchers, mainly associated with Medical Education, Social Medicine, Preventive Medicine, and Epidemiology, a common struggle for democracy and the universal right to health. The Sanitary Reform Movement is considered, by those inspired by Gramsci, to be an expression of the political struggle and organization of specialized workers who attempt to understand and change social reality and sought to raise the class consciousness of the masses through the "sanitary consciousness", following a Leninist inspired revolutionary program: "*Damos el primer passo hacia la Revolución Socialista por el unico procedimiento posible, por la unica senda certera, a saber: por la senda de la república democrática*" [We take the first step towards the Socialist Revolution by the only possible procedure, by the only right path, namely: by way of the democratic republic]. (Lenin *apud* Teixeira 1980, 24).

According to Gilberto Hochman and Everardo Duarte Nunes, Collective Health "was constructed historically by a number of individuals, groups and institutions in various areas of knowledge and professional practice, located both within Brazil and outside it" (Hochman and Nunes 2015, 136). They listed a set of "individuals/actors who have contributed decisively, with ideas and actions, to the construction of the field": Juan César García, Samuel Pessoa, Ricardo Bruno Mendes Gonçalves, Rodolfo dos Santos Mascarenhas, Cecilia Donnangelo, Izabel dos Santos, Guilherme Rodrigues da Silva, Mário Magalhães, Walter Leser, Joaquim Alberto Cardoso de Melo, Maria Cecília Puntel de Almeida, Giovanni Berlinguer, and Hernán San Martin. They collaborate or actively participated in the construction of Collective Health as a field of practices and knowledge of health and also of their workers and researchers' organizations, such as CEBES – Brazilian Center for Health Studies, in 1976, or ABRASCO – Brazilian Association of Collective Health, in 1979. They worked together with a transnational network formed by Sergio Arouca, Juan César García, Miguel Márquez, Saul Franco Agudelo, Asa Cristina Laurell, Jaime Breihl, Everardo Duarte Nunes and Susana Belmartino, among many others that worked with PAHO – Pan American Health Organization or participated in the construction of ALAMES – Latin American Social Medicine Association, created in 1984, in Ouro Preto (MG), Brazil.

All democrats, some of them also socialists, there is no need to measure their individual levels of proximity or affiliation to Marxism. For us, suffice it to say that they shared a *conception du monde*, as Henri Lefebvre would describe it, that made all the new concepts and theories thought by and for Collective Health to be measured by their degrees of historicity and by their potential to promote changes. Considering historicity both as a concept and a "moral economy", we capture the epistemological meaning and practical (many times technological) effects of the references to history in key concepts and theories of the field responsible for the education of the *sanitarista*, the worker of the Brazilian Unified National Health System, the *Sistema Único de Saúde*, the SUS. We can see it in the very object of Collective Health, the *conceito amplo de saúde* [broad concept of health], a concept of health constructed at the 8th National Health Conference in 1986 (the first one to include

workers associations and leftist political organizations) and validated by the inclusion of the "right to health" in the 1988 Constitution and the construction of the SUS.

> 1 - In its most comprehensive sense, health is the result of the conditions of nutrition, housing, education, salary, environment, work, transport, employment, leisure, freedom and right to the land and access to health services. It is, above all, the result of the forms of social organization of the production, which can create great inequalities in life.
> 2 - Health is not an abstract concept. It is defined in the historical context of a certain society and at a certain moment of its development, and it must be conquered by the population in its daily struggles. (*Comissão Organizadora da 8ª Conferência Nacional de Saúde* 1986, 04)

Thinking in terms of what is called by Lorraine Daston (2017) "moral economies" and "epistemic virtues", historicity is revaluated within certain theoretical constructs of Collective Health, especially those marked by the reference – as an epistemological basis of the concept of health – to George Canguilhem's *Le normal et le pathologique*. Canguilhemian historical epistemology and historiography of medical thought are at the foundations of an original theory of health according to which, for instance, the objective value of technology is also measured by its attention to the concrete social-historical conditions of the population (especially the poor and uninsured) and for its potential to change them for better. In short, for its potential to create new normativities. Ricardo Bruno Mendes Gonçalves described it as the "historically verified and socially meaningful capacity to institute vital norms". The use of Canguilhemian theories is both epistemic – historicity awareness becomes a way of knowing health, against the omnipotence of the biomedical perspective – and *poiético-praxeológico* [poietic-praxeological], to quote Francisco Vázquez García, i.e., "*con fines de creación, de transformación práctica del mundo*" (García 2021, 37) [for creation, for the practical transformation of the world]. The readings and uses of *Le normal et le pathologique* in Latin-American medical theory, in the context of the Sanitary Reform, are both historical and historiographical evidence, evidence for a history of historicity in Collective Health.

Mendes Gonçalves thought of himself as part of a "school of thought, research and educational practices" (something "less than a paradigm", he said) whose initial concerns were raised by Maria Cecilia Ferro Donnangelo. The framework of the school's collective project, he explained, was formed by four "concepts" or "rational categories" – *historicity*, sociality, structure, and totality – organized "inside and around" two "values that through those concepts eager for objectification": *confidence in the rationality of human beings*, which he describes "as a power capable of reorganizing and reorienting their practical interventions in the world, in life, in society, in history, in knowledge", and *hope*, understood "as an objective historical value for human beings", meaning they "chose a path that pushes for the full realization of [their] values within the times of [their] individual lives and of the execution of [their] collective work" (Mendes-Gonçalves 1995, 139-140).

In *Le normal et le pathologique*, Canguilhem argues that health is more than normal – from a biological, statistical, or psychic point of view. Normality, in this all too narrow sense, produces health practices concerned only with preservation, incapable of helping the individuals to adapt to new situations imposed by their environment, a non-normative normality. For Canguilhem, health is normativity, that is, the ability to create norms, the ability to remain normative in face of environmental infidelities, from both nature and society. In *Práticas de saúde e tecnologia: reflexões teóricas* (1988), Mendes Gonçalves proposed a Canguilhemian philosophy of technology, waging against what he considered to be the purely ideological nature of certain theoretical perspective that, addressing the "technological issue" with an emphasis on technical efficacy, reestablished health as "normality" – a supposed biological, natural entity – instead of "normativity" – a social,

historical process. Mendes Gonçalves condemned *a priori* any theory of technologies of health care that saw medical practice as "the model that contains a 'professional' using certain work instruments to perform a 'diagnoses' circumscribed to the 'anatomic-physiological body' of a 'patient' to whom is proposed a 'therapeutic'" (Mendes-Gonçalves 2017, 219).

Collective Health technologies should be intersubjective, patient-empowered, and oriented not to the past (restauration of the old normality) but to the future (creation of new normativities). Thanks to historicity, Mendes Gonçalves gave shape to a new idea of health technology through which the concept of health may offer, "in rupture with all verbalisms, the proof of its validity", as Canguilhem (1994) once wrote, referring to the phenomenotechnical history of the concept of reflex movement, from books to laboratory to medical practice. Mendes Gonçalves long engagement with history (and not only medical history) resulted in a theory of health that expresses the epistemological function of technologies (their mutually creative interactions with the object of Collective Health) and its role as instruments for emancipation regarding inequalities in Brazilian public health. "The fundamental basis of this possibility", he said, "can be found in Georges Canguilhem's *O normal e o patológico* [*Le normal et le pathologique*]" (Mendes-Gonçalves 2017, 218).

Ligia Maria Vieira da Silva, Jairnilson Paim and Lilia Blima Schraiber, in a seminal article entitled "*O que é Saúde Coletiva?*" [What is Collective Health?], proposed a "theoretical framework" directly related to historicity. Health, they say, "is linked to the structure of society through its economic and political-ideological instances, thus presenting a historicity". Health practices (promotion, prevention, rehabilitation etc.) "constitute a social practice and bring with them the influences of the relationship of social groups". The object of Collective Health "is constructed within the limits of the biological and social and comprises the investigation of the determinants of the social production of diseases and the organization of health services and the study of historicity of knowledge and practices on those determinants". Still on this point, the authors say, "the interdisciplinary character of this object suggests an integration in the level of knowledge (...), bringing together professionals with multiple backgrounds". Then, the idea that Health post-secondary education demands an attitude of permanent (and historical) criticism of "the successive projects and definitions of health practices that have emerged in capitalist countries and have influenced the reorganization of medical knowledge and the reformulation of models of healthcare" (Vieira da Silva, Paim and Schraiber 2014, 8).

This attitude of historicity in the *sanitarista* is the result of a transformation in medical education that made history of medicine part of the theory of medicine, as Henry Sigerist, founder of modern medical historiography, always prescribed. In fact, we notice the reception of two great historiographic affiliations in theoretical texts that, in the 1970s, set in motion revolutionary changes in the medical education, thought and practices in Latin America. The oldest, and closer to Marxism, is the German-American school of medical history, that of Sigerist, Erwin Ackerknecht, Owsei Tenkim, Charles Rosen, etc. The other is the so-called French school ("style" is more accurate, according to Jean-François Braunstein) of epistemological history/historical epistemology, represented by Georges Canguilhem and Michel Foucault, who, not being Marxists themselves, began to be read in Latin America with the blessings of Althusserism. In the works of Juan César García, Cecilia Donnangelo, and Sergio Arouca, Canguilhem's *Le normal et le pathologique* is quoted from the 1971 Argentine translation, from Siglo XXI publishing house. Dominique Lecourt wrote a preface that, he says, is meant as a testimony of the "priceless theoretical debt" of the "Marxist-Leninist philosophers grouped around Louis Althusser" (Lecourt 1971, vii) with the works of Canguilhem, who was himself *persona non grata* in the French Communist Party.

Although not always recognized by medical historiography, which is more inclined to see the differences between the two schools (the French one being more often approximated to the Polish school of Ludwik Fleck), Sigerist's works accompanied

Canguilhem's medical studies, teaching activities and publications since the late thirties. This is something often neglected by professional historiography, despite all the evidence provided by Canguilhem himself since the 1940s. This is clearly seen in Canguilhem's medical thesis, from 1943, which would form the first part of *Le normal et le pathologique*. It is an effect of Canguilhem's reading of the French translation of *Einführung in die Medizin* (1931), the most important work of Sigerist's European period, a handbook to medical students where all subjects are presented from a historical perspective.

Sigerist reappears already as the founder of the social history of medicine, and in the company of Ackerknecht, at the last years of Canguilhem's professor career, in his courses on history of scientific and medical ideologies in the XIX century, which resulted in the book *Idéologie et rationalité dans l'histoire des sciences de la vie*, from 1977, when he was already retired from the Sorbonne and had already left the direction of the *Institut d'histoire des sciences et des techniques*. Thus, Sigerist's investigations on the history of medical ideas and physiology and Ackerknecht's on the history of therapeutics and medical practices helped to form the historiographical basis of the concept of "medical ideology", which must be understood as something different from the very French concept of "scientific ideology": a theoretical distinction based not on the national accents of each concept but on Canguilhem's thesis on science and technique in medical epistemology.[2]

The many quotes from *Introduction à la médecine* and the many praises paid to Sigerist in *Lo normal y lo patológico* (*Le normal et le pathologique*) were not underestimated by Latin American researchers, and it was common to find references to Canguilhem and Sigerist in texts now recognized as classics of Collective Health. Nunes, who has important studies on Sigerist, attentive to the reception of his work in Latin American Social Medicine and Collective Health, especially in the works of García and Mendes-Gonçalves, says that the use of Canguilhem and Sigerist in mutual support served to the elaboration of a "theoretical [or conceptual] history of practice" and a "social history of practice" (Nunes 2017, 119). It is not clear at this point if Ackerknecht's criticisms towards Foucault on the history of the Paris hospital were noted. However, through the articulation of these two great schools, the history of medicine became one of the components of the consolidation of Collective Health in Brazilian universities, and historicity became a way of thinking medical education and epistemology of health.

According to Vieira da Silva (2018, 63), Cecilia Donnangelo's *Medicina e Sociedade* and García's *La educación médica en la América Latina* "contained the theoretical elements necessary to cause the rupture that would later be consolidated with Antônio Sérgio de Silva Arouca's thesis, *O dilema preventivista*, and with the Brazilian Sanitary Reform project". We have found in them direct and determinant references to Canguilhem's history and philosophy of medical thought. In Donnangelo and Arouca, we have also found references to Foucault's *Naissance de la clinique* and to the manuscript of one of the conferences he presented, in 1974, at the Institute of Social Medicine of the Universidade do Estado do Rio de Janeiro (IMS-UERJ) – three of them were translated and published twice each by PAHO journal *Educación médica y salud* between 1976 and 1978, before being published in Portuguese by Roberto Machado, in *Microfísica do poder*. That was the starting point for my research.

An exercise of epistemological history "desde nuestra América" (from within our America), to say with Marcela Renée Becerra Batán, for me, it is also about facing an old question, the cognitive status of historicity[3] and its role to the legitimation of scientific inquiry

[2] For a detailed analysis on this, see (Almeida 2018).

[3] See also (Condé 2017): "More than a history, science has historicity. Science necessarily constitutes itself through a historical process not only chronological, that is, which takes place in time, but also in the sense that the very history of knowledge becomes a constitutive element of this knowledge and

(Almeida 2018, 17), but from a new perspective. Developed simultaneously at the Faculty of History of the Universidade Federal de Goiás (PPGH-UFG) and at the Institute of Collective Health of the Universidade Federal da Bahia (ISC-UFBA), my research on historicity as moral economy follows with different instruments – such as the geo-history of knowledge, as proposed by Larissa Alves de Lira, the comparative approach to the history of humanities or, of course, Daston's historical epistemology – the lines of investigation opened by José Ricardo Ayres in "Georges Canguilhem et la construction du domaine de la Santé Collective brésilienne". It tends to focus on the uses of Canguilhem and Foucault in the history of Brazilian Collective Health and, thanks to Liliana Santos (ISC-UFBA) decisive collaboration, on the actuality of their works to critically thinking on current subjects of the field concerning medical education, and technologies and epistemology of health. The actuality of Canguilhem's accidental philosophical contribution to the epistemology of Collective Health is summarized by Silva, Schraiber and Mota in "The concept of Collective Health: contributions from social and historical critique of scientific production":

> Canguilhem's (2012) definition of health seeks to understand how life has been lived, articulating everyday life with society's rules. It seems to us to be the closest to our conception of what is a concept. It considers disease as prevented living with regard to the way life in society flows, that is, a practical (particular concrete) obstacle to the way in which, historically and socially, social relationships are occurring within the limited time and place; and health as permitted living that is living concretely exercised relative to that social normativity. Thus, there is no definition of health or disease outside of social normativity, as a generic, universal abstract that is independent of social and historical reality. Therefore, and at the same time, it is not possible to define health and disease only by considering the normal and the pathological based on the anatomical-functional irregularities of biomedicine. (Silva, Schraiber and Mota 2019, 11)

The first wave of the Latin-American reception of Canguilhem formed a style of historical reasoning to Collective Health shared by authors of theoretical works in the field, such as Cecilia Donnangelo, Sergio Arouca, Ricardo Bruno Mendes Gonçalves, Naomar de Almeida Filho, Ricardo Lafetá Novaes, Sandra Caponi, Dina Czeresnia, José Ricardo Ayres, Lilia Blima Schraiber, and many others from different teaching and research institutes, such as the IMS-UERJ, the Sergio Arouca National School of Public Health/Fiocruz and the Institute of Collective Health of the Universidade Federal da Bahia, for example. Perceived as products of a "school", Canguilhem's *Lo normal y lo patológico* (*Le normal et le pathologique*) and Foucault's *El nacimiento de la clínica* (*Naissance de la Clinique*) helped not only to raise historicity awareness in Social Medicine, Epidemiology, Public Health and Preventive Medicine, helping to pave the way for Collective Health, but also to create, within the health and medical humanities, a modernist, or futuristic historiographical style (see Almeida, 2019) that, far from the eyes of historians' professional identity, marks with a certain *air de famille* books as different as *O dilema preventivista* (Arouca), *Danação da norma* (Machado *et al*) and *Epidemiologia e emancipação* (Ayres).

According to Ayres, his book reveals "the concern with the development of Collective Health" shared by those who look at it "from within" and at a moment of sudden transformation. "For a certain methodological affinity, and even for expressive thematic proximity", he wrote, "let us begin the explanation of the epistemological perspective to be developed, taking as a starting point its relationship with the French school, the so-called historical epistemology" (Ayres 1995, 28). And it was "to build rigorously and precisely an epistemology that is subsidiary to the Canguilhemian-based historical epistemology" that,

thus interferes with its final result. There is no knowledge without history, and its history interferes with its results: what I call the historicity of science here" (Condé 2017, 21).

according to Almeida Filho, Mendes-Gonçalves "formulated this central hypothesis: the historical development of a body of abstract scientific knowledge occurs as a response to the need for a social practice that seeks to respond to concrete situations and problems" (Almeida Filho 2017, 18-19). This has everything to do with that "confidence in rationality" shared by the members of their school. Critical investigation concerning the relations that modern societies established with the truth was one of the significant tasks undertaken by the historiography of science in the second half of the 20th century, in order to understand how certain discourses and practices that were producers, even if collaterally, of different forms of violence and inequities could be accepted as true, and, more important, to find out how to do things differently, without abandoning scientific reason.

"In the history of science in France", Foucault wrote in the preface to *The normal and the pathological*, "what we are to examine essentially is a reason whose autonomy of structures carries with itself the history of dogmatisms and despotisms – a reason which, consequently, has the effect of emancipation only on the condition that it succeeds in freeing itself of itself" (Foucault 1978, 24). To Collective Health, it meant the ability to reflect at the same time historically, epistemologically, and politically about the knowledge of health and healthcare practices socially adopted at the present moment. A unique way of incorporating history of medicine into the theory of medicine, which characterizes a certain form of critical take on norms, education, technology, and healthcare models in capitalist societies. A political gesture of those who, from within Brazilian Collective Health, make a historical and epistemological critique of scientific rationality not to "relativize" it, but to put science and technology in the service of certain democratic and emancipatory values, to produce new healthcare practices and knowledge, to produce new normativities.

Since the 1980's, the epistemological construction, academic institutionalization, educational policies, and curricula of the field of Collective Health are opened and constrained by the hinge effect between the Sanitary Reform Movement and a long background of privatizing political reasoning towards public health. It is one of the many expressions of the capitalist nature of the 1964-1985 dictatorship and the 2016 coup against elected president Dilma Rousseff, which was followed by a fraudulent *tribunal d'exception*, only recently invalidated by the Supreme Court, to demoralize and criminalize the Worker's Party (PT) and to arrest former president Lula, who was on the road to a secure victory in the presidential elections of 2018. This led first to Michel Temer and later to Jair Messias Bolsonaro, who together put under siege the *Sistema Único de Saúde*. Since Constitutional Amendment 95 was approved in December 2016, the federal budget for Health has been decreasing more and more. In 2019 alone, the cuts of public investments in health care reached R$ 20 billion. In Brazil, from January 2020 to November 2021, there have been 22.030.182 confirmed cases of COVID-19 with more than 613.000 deaths, reported to World Health Organization. The real numbers are considerably higher.

Eyes on the Brazilian Unified National Health System, Collective Health, today, goes through a painful experience of noncoincidence with itself, also a form of historicity awareness. If forty years ago historicity established as a moral economy to the knowledge of health and as the engine of Brazilian Collective Health revolutionary *impetus*, now it has a more contained note which helps to maintain a reflective look at the field itself, a methodological precaution towards its promises but also its ideals and practices of rationality. Looking from a historical standpoint at its own epistemological foundations and achievements in the face of the capitalist drive towards the production of health inequalities, Collective Health kept historicity entangled with confidence in rationality and with hope, the value that calls to action. "Collective Health on the move", that was the tone of the 12th Brazilian Congress of Collective Health, in 2018, two years after the *coup d'état*, two years before the COVID-19 pandemic:

> These are troubled times in Brazil's history: political instability, legal uncertainty, economic crisis, a systematic assault on social and labor rights, public policies, and public universities, growing market privileges, and budget slashes (including in science and technology). The champions of this backward, nearsighted movement, which attempts to repeal the 1988 Federal Constitution and further oppress the underprivileged classes and social groups, are the same ones that have always opposed fairer income distribution and democratic progress in Brazil.
> Hope and despair are socially produced in tandem. (…) In order to rethink Brazil, we need to reflect on the organization and practices of the health reform movement, representative organizations, and social movements as a whole.
> In recent years, the Brazilian Collective Health Association (Abrasco) has based its action on this understanding, seeking to radically democratize the Brazilian state and society, and thus our own association. Inspired by the expression that "Hope is in us... and in others", we say that resistance and social changes will depend on the people, on our capacity for activism and collaboration. Whatever the fate of the powers-that-be, no matter how serious the country's crisis, we must do our part to defend the SUS, our proposals, the right to health, and public university. (Campos 2018, 2)

Conclusion

Collective Health is the product of the struggle of health workers and researchers for democracy and universal health care in Latin America. The "Collective Health builders" are intellectual and political protagonists of the history of a health reform and of the creation of the Brazilian Unified National Health System (SUS). They were "men and women who, in different ways, thought, wrote, spoke, acted, organized, administered and essentially desired and imagined institutions, associations, policies and health systems which were more public, national, inclusive and egalitarian" (Hochman and Nunes 2015, 38). They also set the foundational stones of the "right to health" inscribed in the 1988 Constitution, after the two decades period of dictatorship (1964-1985). As a field of scientific practices and knowledge, Collective Health is based on a nonbiomedical concept of health and rejects the idea of the hospital as the privileged *locus* of care. Instead of a natural, biological concept, health is seen as geographically, socially, and historically determined, both as a scientific object and human value. Collective Health students should be critically informed about previous models of health care system, in order to exercise constant vigilance towards their own practices, and Collective Health technologies should be intersubjective, patient-empowered, and oriented not to the past (restauration of the old normality, prior to the disease) but to the future (creation of new normativities). And, as an objective way of knowing and intervening, Brazilian Collective Health is not only compatible, but requires a moral economy: historicity.

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References

Almeida, Tiago Santos. 2018. *Canguilhem e a gênese do possível. Estudo sobre a historicização das ciências*. São Paulo: Liber Ars.

Almeida, Tiago Santos. 2019. Sobre o papel da história na formação e transformação do pensamento médico. *Ponta De Lança: Revista Eletrônica De História, Memória & Cultura* 13 (25), 81-105. https://seer.ufs.br/index.php/pontadelanca/article/view/12965.

Almeida, Tiago Santos. 2019. Erguendo barreiras contra o irracionalismo: História das Ciências e diagnóstico da atualidade em Gaston Bachelard. *Tempo* [online]. 25 (3): 715-736. Disponível em: <https://doi.org/10.1590/TEM-1980-542X2019v250310>.

Almeida Filho, Naomar de. 2017. Por uma epistemologia bruniana: dilemas de um prefácio. In Mendes-Gonçalves, Ricardo Bruno. *Saúde, Sociedade e História*, edited by Liliana Santos e José Ricardo Ayres, 15-38. São Paulo: Hucitec; Porto Alegre: Rede Unida.

Ayres, José Ricardo de C. M. 1995. *Epidemiologia e emancipação.* Rio de Janeiro: Hucitec/ABRASCO.

Ayres, José Ricardo de C. M. 2016. Georges Canguilhem e a construção do campo da Saúde Coletiva brasileira. *Intelligere*, v. 2, n. 1, 139-155.

Campos, Gastão Wagner de Souza. 2018. A Saúde Coletiva em movimento: XII Congresso Brasileiro de Saúde Coletiva (Abrascão 2018). *Cadernos de Saúde Pública* [online], v. 34, n. 2. Available from: <https://doi.org/10.1590/0102-311X00019418>.

Canguilhem, Georges. 2000. *Idéologie et rationalité dans l'histoire des sciences de la vie*. Paris: Librairie Philosophique J. Vrin.

Canguilhem, Georges. 1994. *La formation du concept de réflexe aux XVIIe et XVIIIe siècles*. Paris: PUF.

Canguilhem, Georges. 2006. *Le normal et le pathologique*. Paris: PUF.

Condé, Mauro L. 2017. *Um papel para a história*: *o problema da historicidade da ciência.* Curitiba: Ed. UFPR.

Comissão Organizadora da 8ª Conferência Nacional de Saúde. 1986. *Relatório final*. Brasília.

Daston, Lorraine. 2017. *Historicidade e objetividade*, edited by Tiago Santos Almeida (transl. by Derley M. Alves and F. Iegelski). São Paulo: Liber Ars.

Foucault, Michel. 1978. Introduction. In Canguilhem, Georges. *On the normal and the pathological*, 7-24. New York: Zone Books.

García, Francisco Vázquez. 2021. *Cómo hacer cosas con Foucault. Instrucciones de uso.* Madrid: Dado Ediciones.

Hochman, Gilberto and Nunes, Everardo Duarte. 2015. Presentation of a new section in RC&SC. *Ciência & Saúde Coletiva* [online], v. 20, n. 1, 137. Available from: <https://doi.org/10.1590/1413-81232014201.00202014>.

Lecourt, Dominique. 1971. La historia epistemológica de Georges Canguilhem. In Canguilhem, Georges. *Lo normal y lo patológico*. Buenos Aires: Siglo Veintiuno.

Lenin, V. I. Dos tácticas de la social democracia en la revolución democrática. In *Obras escogidas*, Editorial Progresso, Moscou.

Mendes-Gonçalves, Ricardo Bruno. 1995. Epidemiologia e emancipação. *História, Ciências, Saúde-Manguinhos* [online], v. 2, n. 2, 138-141. Available from: <https://doi.org/10.1590/S0104-59701995000300011>.

Mendes-Gonçalves, Ricardo Bruno. 2017. Prática de saúde e tecnologia: contribuição para a reflexão teórica. In *Saúde, Sociedade e História*, edited by Liliana Santos e José Ricardo Ayres, 192-250. São Paulo: Hucitec; Porto Alegre: Rede Unida.

Nunes, Everardo Duarte. 2017. Texto e contexto: a prática médica como trabalho. A narrative de RB Mendes-Gonçalves. In Mendes-Gonçalves, Ricardo Bruno. *Saúde, Sociedade e História*, edited by Liliana Santos e José Ricardo Ayres, 115-126. São Paulo: Hucitec; Porto Alegre: Rede Unida.

Silva, Marcelo José de Souza e, Schraiber, Lilia Blima and Mota, André. 2019. The concept of health in Collective Health: contributions from social and historical critique of scientific production. *Physis: Revista de Saúde Coletiva*, v. 29, n. 01. Available from: <https://doi.org/10.1590/S0103-73312019290102>.

Teixeira, Sonia Fleury, 1980, *Reforma Sanitária: em busca de uma teoria*. 4th ed. Rio de Janeiro: ABRASCO – Associação Brasileira de Saúde Coletiva.

Vieira-da-Silva, Ligia Maria. 2018. *O campo da Saúde Coletiva. Gênese, transformações e articulações com a Reforma Sanitária Brasileira*. Salvador: UFBA; Rio de Janeiro: Editora Fiocruz.

Vieira-da-Silva, Ligia Maria; Paim, Jairnilson Silva; Schraiber, Lilia Blima. 2014. O que é Saúde Coletiva? In: Paim, Jairnilson Silva; Almeida-Filho, Naomar de (eds.). *Saúde Coletiva: Teoria e Prática.* Rio de Janeiro: Medbooks.