

Invisible Bodies: Institutional Racism and the Health of Black Female Teachers in Higher Education

Corpos Invisíveis: Racismo Institucional e Saúde de Docentes Negras no Ensino Superior

Cuerpos Invisibles: Racismo Institucional y Salud de Las Docentes Negras en la Enseñanza Superior

RESUMO

Objetivo: A docência no ensino superior brasileiro é atravessada por estruturas de racismo, colonialismo e desigualdades que impactam a representação, as condições de saúde e a permanência de mulheres negras na academia. Este estudo tem como objetivo analisar como a política institucional de saúde se manifesta ou se omite diante das desigualdades de raça e gênero na Universidade Federal de Alagoas. **Método:** O referencial teórico baseia-se em debates sobre interseccionalidade, gênero, raça e saúde do trabalhador no serviço público. Trata-se de pesquisa qualitativa, de caráter descritivo e documental, que examinou normativas, relatórios públicos, dados institucionais e informações disponíveis no Sistema Integrado de Gestão de Recursos Humanos, além da estrutura e ações do Subsistema Integrado de Atenção à Saúde do Servidor (SIASS/UFAL). **Resultados:** Os resultados indicam predominância do enfoque pericial, fragilidade na transparência ativa, ausência de dados racializados, inexistência de políticas interseccionais e invisibilidade das docentes negras no planejamento em saúde. Tais lacunas reforçam desigualdades estruturais e limitam o acesso ao cuidado integral. **Conclusão:** Conclui-se que é urgente instituir uma coordenação interseccional de saúde, aderir ao Programa Pró-Equidade e criar mecanismos permanentes de escuta racializada, contribuindo para a promoção da equidade e para ambientes de trabalho mais saudáveis no ensino superior.

DESCRIPTORIOS: Equidade em Saúde. Mulheres Negras. Saúde do Trabalhador. Racismo Institucional.

ABSTRACT

Objective: Teaching in Brazilian higher education is permeated by structures of racism, colonialism, and inequalities that impact the representation, health conditions, and retention of black women in academia. This study aims to analyze how institutional health policy manifests itself or is omitted in the face of race and gender inequalities at the Federal University of Alagoas. **Method:** The theoretical framework is based on debates about intersectionality, gender, race, and worker health in the public service. This is a qualitative, descriptive, and documentary study that examined regulations, public reports, institutional data, and information available in the Integrated Human Resources Management System, in addition to the structure and actions of the Integrated Health Care Subsystem for Civil Servants (SIASS/UFAL). **Results:** The results indicate a predominance of the expert approach, fragility in active transparency, absence of racialized data, lack of intersectional policies, and invisibility of black female teachers in health planning. These gaps reinforce structural inequalities and limit access to comprehensive care. **Conclusion:** It concludes that it is urgent to establish intersectional health coordination, adhere to the Pro-Equity Program, and create permanent mechanisms for racialized listening, contributing to the promotion of equity and healthier work environments in higher education.

DESCRIPTORS: Health Equity. Black Women. Worker Health. Institutional Racism.

RESUMEN

Objetivo: La docencia en la educación superior brasileña está atravesada por estructuras de racismo, colonialismo y desigualdades que afectan la representación, las condiciones de salud y la permanencia de las mujeres negras en el ámbito académico. El objetivo de este estudio es analizar cómo se manifiesta u omite la política institucional de salud ante las desigualdades de raza y género en la Universidad Federal de Alagoas. **Método:** El marco teórico se basa en debates sobre interseccionalidad, género, raza y salud del trabajador en el servicio público. Se trata de una investigación cualitativa, de carácter descriptivo y documental, que examinó normativas, informes públicos, datos institucionales e información disponible en el Sistema Integrado de Gestión de Recursos Humanos, además de la estructura y las acciones del Subsistema Integrado de Atención a la Salud del Servidor (SIASS/UFAL). **RESULTADOS:** Los resultados indican un predominio del enfoque pericial, fragilidad en la transparencia activa, ausencia de datos racializados, inexistencia de políticas interseccionales e invisibilidad de las docentes negras en la planificación de la salud. Estas lagunas

refuerzan las desigualdades estructurales y limitan el acceso a la atención integral. **CONCLUSIÓN:** Se concluye que es urgente instituir una coordinación interseccional de salud, adherirse al Programa Pró-Equidad y crear mecanismos permanentes de escucha racializada, contribuyendo a la promoción de la equidad y a entornos de trabajo más saludables en la educación superior.

DESCRIPTORES: Equidad en salud. Mujeres negras. Salud del trabajador. Racismo institucional.

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INTRODUCTION

In the federal public service, guidelines such as the Statute of Racial Equality and the Policy for Attention to the Health of Public Servants establish that institutional policies must incorporate race and gender perspectives in their planning. However, studies in public administration and occupational health indicate that the absence of racialized data, the weaknesses of active transparency, and the lack of intersectional policies deepen structural inequalities and make Black women more vulnerable to invisible illness processes, especially in the university environment^(1,2). In this context, understanding how the Federal University of Alagoas (UFAL) organizes its health and surveillance actions is fundamental to analyzing the institutional limits in the face of the effects of racism on the trajectory, well-being, and permanence of Black female professors in higher education.

Teaching in Brazilian higher education is traversed by historical structures of racism, colonialism, and capitalism that shape institutional practices and reproduce persistent inequalities^(3,4). One of its most ev-

ident expressions is the reduced presence of Black researchers in bibliographic references and teaching staff, a phenomenon associated with continuous processes of epistemic and symbolic erasure⁽⁵⁾. This configuration reveals universities formed from the values and expectations of the white middle class, frequently disregarding the racial diversity that makes up Brazilian society⁽⁶⁾. This mismatch is aggravated by the population data that more than half of the population self-identifies as brown or Black, according to the 2022 Demographic Census⁽⁷⁾.

Gender inequalities are linked to this scenario. Women in teaching face barriers produced by the sexual division of labor, which limits their access to spaces of recognition and academic prestige⁽⁸⁾. For black women, these challenges intensify. The intersection between race and gender produces work overload, limitations to career progression and greater exposure to symbolic and institutional violence, highlighting the continuity of discriminatory patterns that permeate academic life⁽⁹⁾.

At UFAL, which brings together more than 21,000 students and 1,825 teachers distributed across its campuses^(10,11), poli-

cies aimed at addressing racial and gender inequalities are still incipient. Although the university declares alignment with the goals of the 2030 Agenda, it is not part of the Pro-Equity Program for Gender and Race, a central government initiative to mitigate structural barriers faced by black women in public service⁽¹²⁾.

The National Policy for Comprehensive Health of the Black Population (PNSIPN), established in 2009, recognizes racism as a social determinant of health and guides the creation of specific actions to promote and prevent harm to black people. National studies show that black women have a higher prevalence of psychological distress, hypertension, anxiety, emotional exhaustion, and burnout, conditions associated with work overload and continuous racial stress^{(13) (14)}. International research reinforces this picture by characterizing toxic racial stress as a process of chronic exposure to racism that triggers neuroendocrine dysregulation, systemic inflammation, elevated cardiovascular risk, and persistent mental illness^(15,16).

The literature on Public Health and Occupational Health points out that work-related illness cannot be understood

without considering social determinants such as race, gender, and class, which directly affect working conditions, modes of institutional organization, and subjective experiences of workers^(1,2). For Black female teachers, these determinants manifest themselves in precarious working conditions, emotional overload, institutional isolation, and the absence of policies that recognize their specificities as a vulnerable group.

In the institutional context of UFAL, the Integrated Health Care Subsystem for Employees (SIASS), implemented in 2010, is responsible for actions related to expertise, surveillance, and health promotion⁽²⁾. However, it is still necessary to investigate to what extent this system recognizes and addresses the racial and gender inequalities that structure specific vulnerabilities in daily university life.

Given this scenario, the objective of this study is to analyze how UFAL's institutional health policy manifests itself, or omits itself, in the face of racial and gender inequalities, focusing on the health of black female professors. The analysis encompasses institutional documents, public data, and practices related to SIASS, seeking to identify limitations, omissions, and possibilities for progress in addressing institutional racism.

METHOD

This study is qualitative, descriptive in nature, and based on document analysis. The approach was chosen because it allows us to examine how institutional practices and norms can reproduce racial and gender inequalities in the field of occupational health, especially in the daily lives of Black female professors at the Federal University of Alagoas (UFAL). This type of investigation is recommended when the objective is to understand power relations, institutional gaps, and processes of invisibility present in official documents and forms of management.

The research was conducted at UFAL, using exclusively documents available on institutional portals and public platforms.

The sources included:

- Portal of the Integrated Health Care System for Public Servants (SIASS);
- UFAL institutional website and pages of the Pro-Rectorates;
- Integrated Personnel Administration System (SIAPENet);
- Integrated Human Resources Management System (SIGRH);
- Institutional reports, internal regulations, management plans and public documents of active transparency;
- Institutional social media pages and publications (when available).

Data collection took place between June and July 2025. The documents were downloaded, organized, and cataloged according to year, responsible body, format, and content.

Regarding the inclusion of documents, we have: institutional normative documents (resolutions, ordinances, plans, reports); informational materials on employee health, surveillance, and health promotion; publications related to welcoming actions, campaigns, training activities, and quality of life at work programs; public data on faculty and on active transparency practices; institutional records that mentioned race, gender, health, equity, or affirmative action policies.

The following were excluded: documents without a date, without identifiable authorship, or without a link to employee health policies; materials with inconsistencies in description or without the possibility of verification; exclusively administrative content unrelated to health, equity, or institutional surveillance.

Regarding the document analysis procedure, this followed the steps of:

1. Initial floating reading for general content recognition;
2. Thematic coding guided by three theoretical axes: (intersectionality, social determinants of health, institutional racism)
3. Classification of documents into predefined categories (mental health, QWL, surveillance, expertise, affirmative action policies, active transparency, racialized data, etc.);

4. Identification of institutional gaps, absences, and silences, a fundamental strategy for studies investigating racism and structural inequalities;

5. Interpretative analysis, relating the findings to the frameworks of Public Health and Occupational Health.

The investigation, using different documentary sources, sought to strengthen the internal consistency of the analysis, considering the impossibility of using primary data.

Although the research exclusively uses public documents and does not involve direct interaction with participants, the project was submitted to the Research Ethics Committee of the Federal University of Alagoas, and approved according to opinion no. 7,509,616, in accordance with Resolution no. 466/12. Submission to the CEP reinforces the commitment to scientific integrity, transparency, and respect for the ethical standards of health research.

RESULTS

The results were organized from a document analysis conducted on the institutional portals of the Federal University of Alagoas (UFAL), in normative documents, public reports, and official pages of the Integrated Health Care System for Public Servants (SIASS). The systematic reading of this material allowed for the identification of patterns of action, structural gaps, and limitations in the incorporation of social markers of race and gender in the institution's health policies. Six central axes of analysis emerged: (1) structure and focus of SIASS actions; (2) health promotion and the absence of intersectional approaches; (3) weaknesses in active transparency and communication; (4) lack of racialized data on illness; (5) insufficient institutional policies aimed at Black female professors; and (6) comparison with federal institutions that have more consolidated intersectional policies. These findings converge on the understanding that UFAL reproduces universalist practices that do not recognize specific vulnerabilities arising from racism and

sexism.

1. Structure and focus of SIASS/UFAL's actions

The documents analyzed show that SIASS/UFAL is organized into two main axes: official health expertise and health surveillance and promotion. The expertise axis presents greater detail and a higher frequency of public records, which includes licenses, medical examinations, return-to-work assessments, and normative guidelines. In contrast, there is less systematization of actions aimed at health promotion, with fragmented, discontinued, or unupdated content.

This pattern is consistent with national studies on the Federal Public Servant Health Care Policy, which identify a historical concentration of SIASS in the expertise axis to the detriment of continuous actions of health promotion, prevention, and surveillance⁽¹⁷⁾. This centrality hinders the expanded approach to worker health advocated by Collective Health, especially with regard to social markers, the work environment, and structural inequalities.

2. Health promotion initiatives: absence of racial and gender breakdowns.

The identified health promotion actions include psychological support, educational campaigns, institutional integration projects, psychological safety workshops, and health education practices. However, none of these initiatives present planning, execution, or evaluation with racial or gender breakdowns. Nor were indicators found on the participation of black teachers, the prevalence of illnesses, or the impacts of institutional racism on work processes.

This absence reinforces a universalist model of care, which does not recognize specific vulnerabilities and operates as a mechanism for making inequalities invisible. The literature highlights that actions without an intersectional focus tend to perpetuate existing inequalities, since they do not capture the effects of racism

and sexism on the health of black women^(17,18,19,20).

3. Weaknesses in active transparency and institutional communication

The analysis of institutional portals revealed inconsistencies in the updating of content, especially on the Arapiraca campus, whose last available post was from April 2023. This discontinuity compromises community access to health actions, reduces the circulation of information, and limits social control over established policies.

In addition, no public data were found on the racial and gender profile or on indicators of illness among faculty. The absence of active transparency contradicts the recommendations of the Access to Information Law and weakens the monitoring of institutional policies^(18,20). This gap prevents accurate diagnoses of internal inequalities, hindering the planning of specific actions for black faculty.

4. Lack of racialized data on illness

None of the systems analyzed (SIASS, SIGRH, SIAPE) present reports with racialized data on absences, work-related illnesses, medical leave, or prevalence of injuries. The lack of these records constitutes a significant barrier to worker health surveillance and to addressing inequalities.

Studies recognize that the absence of data is an institutional technology that maintains inequalities, as it prevents the identification of specific demands and makes invisible the impact of racism on the health conditions of the black population⁽¹⁸⁾.

5. Institutional policies without an intersectional focus

The Institutional Development Plan (PDI - *Plano de Desenvolvimento Institucional*) of UFAL presents general health measures and affirmative actions aimed primarily at the student body. However, there are no specific strategies for the health of black female teachers, nor guidelines that articulate race and gender in

people management and occupational health practices.

This mismatch between discourse and practice reveals important limitations: the institution does not recognize black female teachers as a vulnerable group, does not identify specific risks related to structural racism, and does not produce mechanisms to address internal inequalities⁽¹⁹⁾.

6. Interinstitutional comparisons: experiences from other Federal Institutions of Higher Education

Federal institutions such as the Federal Institute of Alagoas (IFAL) and the Federal University of Paraná (UFPR) demonstrate that it is possible to develop consistent intersectional policies in the federal public service. IFAL joined the Pro-Equity Program for Gender and Race, implemented training, discussion groups, leave mapping and institutional diagnosis⁽¹⁸⁾. UFPR maintains a specific coordination for intersectional equity, permanent institutional support, mandatory anti-racist training and initiatives aimed at black women, such as the Black Academics seminar^(19,20).

These experiences show that intersectional racial equity and health policies do not depend exclusively on resources, but on political decision, institutional continuity and commitment to tackling inequalities.

DISCUSSION

The results of this study show that UFAL's health policy remains anchored in a predominantly expert-based model, concentrating efforts and information on sick leave, expert assessments, and returns to work, with less investment and systematization in health surveillance and promotion. This institutional arrangement limits the capacity to recognize and act on social determinants of health that permeate the working conditions of Black female professors, such as racism, gender, and class—central elements for analysis in Public Health. By operating almost exclusively through administrative logic, the policy

fails to achieve comprehensive care or the creation of healthy work environments.

When we observe this scenario through an intersectional lens, the gaps become more evident. Brazilian and international literature demonstrates that racism is a social determinant of health that produces cumulative damage, both physically and psychologically, and that it also manifests itself through institutional practices and omissions that restrict rights, hinder access, and naturalize inequities⁽²¹⁾. Chronic exposure to racial stressors is associated with physiological dysregulation, increased cardiovascular risk, and persistent mental suffering, which the literature has described as chronic racial stress or toxic racial stress⁽²²⁾. In academic work, such effects combine with high productivity demands, institutional isolation, and emotional overload, amplifying psychosocial risks for Black women professors^(21,22,23).

The absence of racialized data, the lack of regular reports, and the absence of indicators on participation, illness, and access to institutional health services suggest a governance and surveillance problem in worker health⁽²⁴⁾. In Public Health, the production and use of information are conditions for equity. Without data, there is no diagnosis; without diagnosis, there is no effective policy. The literature points out that informational opacity operates as a technology for maintaining inequalities, as it prevents the recognition of the problem, absolves management of responsibility, and renders invisible the specific demands of vulnerable groups⁽²²⁾.

In the context of work and care, gender inequalities and the sexual division of labor continue to structure professional trajectories and institutional arrangements. For Black women, this means facing additional barriers to career advancement, greater performance demands, and greater exposure to symbolic and institutional violence, with direct impacts on health and well-being⁽²²⁾. These dimensions cannot be treated as individual issues, but as problems of work organization and institutional policy.

The experiences of other Federal In-

stitutions of Higher Education (IFES) indicate possible paths. Where there are permanent equity commissions, mandatory anti-racist training, intersectional coordination bodies, and support channels, management is able to identify patterns of vulnerability and design specific responses. These practices are in dialogue with principles of health promotion, such as social participation, healthy environments, and reorientation of services, and bring institutional policy closer to fairer and more effective care.

In light of these results, advancing the health promotion of Black female teachers requires expanding health surveillance and promotion beyond the expert dimension. It implies producing data disaggregated by race and gender, establishing intersectional governance bodies, offering continuing education to teams, creating permanent listening spaces, and building indicators that monitor access, adherence, and health outcomes. Such measures are not merely administrative. They materialize the principle of equity that guides the Brazilian Unified Health System (SUS) and bring institutional policy closer to the university's public mission: to guarantee dignified working conditions, reduce inequalities, and recognize historically invisible subjects.

CONCLUSION

The aspects raised by this study indicate that the institutional health policy of UFAL remains centered on expert analysis and is poorly oriented towards surveillance and health promotion with a focus on race and gender. This arrangement restricts the ability to recognize the specific risks and needs of Black female professors, limits comprehensive care, and keeps invisible processes of illness related to racism in academic work.

From a Public Health perspective, ensuring equity requires producing quality information, monitoring social determinants, expanding participation, and re-orienting services. In the field of Occupational Health, this implies considering the

work process and organization, mapping psychosocial risks, addressing suffering related to racism, and improving surveillance beyond mere expertise. Without data disaggregated by race and gender, without indicators, and without permanent listening mechanisms, management cannot see who gets sick more often, why, and in what contexts..

To move forward, the university needs to institutionalize intersectional health governance, with defined responsibilities, goals, and budget, and integrate these guidelines into strategic planning. It is essential to create racialized information routines, train teams for racism-sensitive reception and care, strengthen actions to promote mental health and workplace relationships, and establish clear channels for reporting and protection. Experiences already consolidated in other federal higher education institutions show that political decisions, permanent commissions, and continuing education make it possible to transform intentions into practice.

As a concrete agenda, it is recommended to: produce and publish health indicators disaggregated by race and gender; implement occupational health surveillance focusing on psychosocial risks; create an intersectional health coordination and equity commission with the participation of Black female teachers; offer anti-racist training and welcoming protocols to SI-ASS teams; include goals, deadlines, and evaluation in the Institutional Development Plan (PDI); and establish permanent spaces for listening and participation.

More than a regulatory requirement, it is about aligning institutional policy with the principles of the Brazilian Unified Health System (SUS) – universality, comprehensiveness, and equity – guaranteeing dignified working conditions, recognition, and the retention of Black women in public universities. When management incorporates intersectionality as a central axis, health ceases to be a bureaucratic act and becomes an effective commitment to social justice and care.

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