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The article socializes a few sectoral bonds as managed in an experience of the Extension Project Antonio Gramsci: fostering the activist conception of education, of the University of Vale do Itajaí. The experience took place in 2016 with elderly people from the Community Center for the Elderly from Itaipava section of Itajaí city, Brazil, in partnership with workers of a local Health Primary Care Unit and of the Local Health Council. The testimonies were analyzed dialectically by means of the category "We want to dance again, and we appreciate plants", while the narratives expressed a symbolic pain in view of the cut of municipal resources to guarantee the trips and balls that used to take place monthly and the willingness to make a community garden. The involved sectors recognized the extension program as an effective class and the locus to develop the praxis.

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Introduction

The academic education for the Brazilian Unique Health System (SUS) has required joined efforts of resistance, boldness, historical patience and creativity. Although the teaching-service integration and the continued education of teachers are contemplated in the educational design of Brazilian high education institutions, the staff training for the SUS still preserves the sectoral hegemonic character.

Brazil has conquered a universal health system, but it is far from conquering an expanded State (GRAMSCI, 2007) that, based on a national ethical and political consciousness, recognizes health as a public asset (LIMA et al., 2016). The System does not have economic, political and institutional sustainability because it lacks mainly: a) worthy funding; b) a clear design of the political and social forces that defend the conquered SUS and that disrupt its consolidation; and, c) a responsive comprehension about the importance of preserving what has been constructed, within change of management (PAIM, 2012). With exception of the historical dialogue with education and social assistance, the System has not matured dialogical relations organically yet with the remaining productive social sectors such as the media, commerce, industry, NGO, federal sectors like agriculture, environment and culture.

In the field of micropolitics of the educational process in the health area, there are several collective groups that are socially organized by a transforming image-objective of the society model, anchored in the conquest of health as a social right, within the legal-institutional and constitutional framework and in the need of acting about the social inequalities in health with base on the model of social determination of the health-disease process. These collective groups resist to the collective groups that have been historically hegemonized by the sectoral logics.

A "pedagogical alternative" (MANACORDA, 2012, p. 9) of resistance in the academic spaces has been the boost of extension projects. In this perspective, the University of Vale do Itajaí has invested on extension activities aimed at searching collective solutions for local issues through cooperative exchanges. By demonstrating its public nature within such initiatives, the institution has preserved the ethical nature of the three academic educational dimensions (teaching, research and extension), to provoke the student/researcher/agent about the importance of recognizing that his/her education occurs within the interface between cooperative interaction and the actual world.

One of the projects developed in the 2015-2018 triennium is entitled *Antonio Gramsci: fostering the activist conception of education.* The proposal aimed at performing an historical and political education upon a meeting between health academic students and the local community. Its ground is basically to contribute for the education of reflexive and critical citizens and to move emancipatory processes aiming at the construction of ethical-political knowledge in the reality where the life of the subjects of the health public policies imposes itself: beyond the walls of the university in dialogue with the most varied local sectoral branches.

The article socializes a few sectoral bonds as managed in an experience of the Project in 2016. It is linked to a research project approved by the Committee of Ethics in Research of UNIVALI on May 9, 2018 (opinion no. 2.643.843), entitled "Education relations in the process of the conquest of the right to health in the practices of teaching, research and extension in a community university in the south of Brazil". By selecting the dialectical approach as method and epistemic matrix, the methodology has been inspired in

the activist conception of education by Antonio Gramsci (GRAMSCI, 2007), set up as action-reflection-theory.

Brief historiographic journey about inter-sectorality in the SUS

The SUS System is a public policy of social security. It is a social, cultural and immaterial patrimony of the Brazilian society. Its conquest process has been managed by the Movement of the Sanitary Reform (MRS), that has been driven in a conjuncture of struggle for the country`s re-democratization in the middle of the 1970´s. Composed by various counter-hegemonic movements with "own flags" that sought the confrontation with the medical-industrial complex (DA ROS, 2000, p. 129), the MRS emerged from a broad project of Social Reform (PAIM, 2007): transformation of the social relations (DA ROS, 2000).

Those were times of Geisel government and the Sanitary Movement challenged the political situation. Health was immersed in a sectoral model privileged by the dictatorship: connected to the logics of liberal privatization and centralized in the medical-industrial complex (LIMA et al., 2009). The Movement arose like "a new collective actor, a new political force", because it did not fight directly for the change of the health care model, but instead for the change of the "political arena of health" (ESCOREL, 2008, p. 341). In this specific direction, the Movement managed the inter-sector nature for health.

After ten years of fight of the Sanitary Movement, the 8th National Health Conference produced the constitutional proposal of health which expressed the outcry of the Brazilian society by extending the concept of health and recognizing it as "a result of the forms of social organization of the production […] and defining itself within the historical context of a certain society". The Final Report of this Conference signaled further, that the universal right to health "does not become materialized just from its formulation in the constitutional text. There is simultaneously the need that the State takes over explicitly a health policy which is consequent and integrated to the remaining economic and social policies" (BRASIL, 1986, p. 4). Thus, an inter-sectoral health policy.

This social conquest is expressed in the Citizen Constitution. The Art. 196 of the Health Chapter provides that health is a right of everybody and a duty of the State (BRASIL, 1988). The implantation of the SUS started with the promulgation of the Health Organic Law no. 8.080/90, complemented by Law no. 8.142/90. Law 8.080/90 introduces the organization and the operation of the system as well as the doctrinal and organizational principles. The § 1st of Art. 2nd expresses "The duty of the State of guaranteeing health consists of the formulation and execution of the economic and social policies" […]. In its Art. 12, the Law determines clearly about the place of inter-sectorality in the SUS:

> Art. 12. Inter-sectoral commissions of national level will be created and subordinated to the National Council of Health, integrated by Ministries and competent agencies and by entities that represent the civil society.
> Sole paragraph. The inter-sectoral commissions will have the objective of articulating policies and programs of health interest and its execution involves areas

which are not contemplated in the field of the Brazilian Unique Health System (BRASIL, 1990).

However, the 12th National Conference on Health carried out in 2004, during the presidency of Lula, entitled *"Health as everybody`s right and a duty of the State. The health we have. The SUS we want"* recognized the inter-sectoral disarticulation of the System and blamed it for the low guarantee of the offer of services. The event called on the importance of effecting a concrete implementation of the inter-sectoral criteria as a strategic resource to materialize the SUS principles (BRASIL, 2004).

Two years later, Brazil achieved its National Policy of Primary Health Care (PNAB). In 2011 and in 2017, this Policy was revised and updated. Considering the Family Health as its main strategy and instituted as authorized office of the care in the SUS network, with a 40-hour weekly working regime for the staff, the rendered primary care would require the articulation with "community and social public inter-sector structures" (BRASIL, 2011).

In 2017, the second revision of the PNAB preserved the Family Health Strategy as the logics to handle the care flow in the SUS, but it opened new care modes, more flexible ones regarding the work load of the staff (BRASIL, 2017). Further processes will tell how this openness will impact the inter-sectoral actions. However, it has already been seen that in the practice, on the contrary, with such change the Policy breaks the centrality and becomes a rhetoric exercise. The undergoing processes – of progressive increase of the Family Health Strategy coverage that implies bond and responsibility of good clinic service, of continued and longitudinal territorial care, of social control – addressed to the construction, in the medium term, of a culture of Family Health Strategy for the Primary Health Care in Brazil make the new staff modes flow gradually.

Methodological Script

The report illustrates a workshop carried out with elderly people from the Center of Arts and Leisure (CAL), Itaipava, in October 2016. The participants were: academic students of Psychology and Dentistry; teachers of the Project; workers of the local primary health care unit; the coordinator of the Center of Reference of Social Assistance (CRAS); members of the Central Students Directorate (DCE/UNIVALI); and, the staff of another extension project of UNIVALI, carried out in association with the Agriculture and Farming Research and Rural Extension Company of Santa Catarina (EPAGRI), addressed to farming women.

By defending the importance of *Antonio Gramsci* Project of not getting apart from its emancipating intention, from its purpose of not generating dependence, of socializing responsibilities and organizing collectively the possibility of autonomy with partners, users of the SUS, communities by means of activities that are not specific but procedural, the Project performed a few previous meetings. Such meetings, carried out in association with EPAGRI, gathered people from the local community, the CRAS staff, members of

the DCE/UNIVALI and of the extension project. Such meetings enabled the participation of all actors in outlining the workshop.

The workshop took place in a very nice manner: with simplicity and engagement. Extensionists found themselves facing the daily life of people from the community and were instigated to construct relational strategies over the development of the workshop process. A warm and delicious afternoon coffee with pastries, cakes, coffee and milk was offered to welcome the actors who connected the participants in a pleasant interactive moment. Next, they sat in a circle in the wide local space. A teacher talked at first and introduced the objective of the Project: "working with health in Brazil involves pleasure and happiness. Meeting elderly women like you is an opportunity to join forces and to cooperate with your lives". Then, a Psychology academic student spoke: "You can give us some ideas [about how and what we could contribute], you are the locals".

When questioned about: a) How are you doing in your life? and, b) How is your experience in this Center? the women reported a few wishes represented in the category *"We want to dance again, and we love plants".* The analysis of the category was made by adapting the dialectic method anchored in the word "because", proposed by Gramsci that takes as grounds the interlocution between the historicity of the object and its contradictory trends. Moving in between this interlocution, a new question arises waiting for new answers (LIMA et al., 2016).

The problematization was guided by the following reflection: considering that these women make handicrafts and embroideries twice a week what at the first sight, gives the impression that they are happy and satisfied with their activities; considering that in previous meetings, it emerged that these activities have a trajectory historically constructed in that Center; considering, further, that they expressed the wish to resume a former activity (dance in balls in neighboring cities, that was excluded by the recent financial cuts of municipal funds) and to start an activity with plants (the suggestion given was a community garden), the Project members and the partners understood that they could expand the daily horizon of the collective of women through the proposal of a community garden and contacts with municipal sectors involved inn the cut of resources for the Center.

Within the dialogue between elements collected from the history of the local culture (handicraft and embroideries as activities) and the silence established till then about other wishes (that the actual report expressed contradictorily) a new question emerged to be problematized in the future: what other paths could be covered by the extension activities to strengthen the citizenship of elderly people?

Results and Discussion

The Extension Project members and partners extended the daily horizon of the women with the proposal of a community garden and with the commitment to contact the municipal sectors involved in the cut of resources for the Center of Arts and Leisure from Itaipava.

Based on the category *"We want to dance again, and we love plants",* narratives exposed a peculiar portrait: although the activities of handicraft and embroideries therein instituted historically were in progress and generated pleasure among part of the collective of women, the recent block of municipal

resources for monthly trips and balls produced a vacuum reflected in the expression of a symbolic pain. The photography had also evidenced that the women would like to be producing a community garden

From the analysis of these wishes, Project members and local partners (UBS workers, coordinator of the Reference Center of Social Assistance/CRAS, members of the DCE/UNIVALI and of the other UNIVALI extension project) outlined a proposal of community garden in the area of the CRAS/Itaipava which is free and extensive. It has also been agreed upon the need of searching for strategies to rescue the trips and balls in a contact with the municipal public administration. The reports highlighted one of the mentioned wishes – to produce a community garden.

> *[...] I love to be in touch with plants, at home where I live alone, when I get up, I immediately go to talk with my plants (lm 2)*
> *[...] Practice is worth more than theory; theory without practice is worthless [...] you must know the land; for each type of land, there is a plant; there are plants for wet land, other plants for dry land (lm1).*

The testimonies reveal the human character attributed to the plants as a strategy of facing the absence of people at home and they reaffirm the academic struggle invested by the Project: theories apart from practice do not hold up in health education The speech of woman lm1 demonstrates that the knowledge about production of a garden is not in rhetoric and/or theories of the academic world, instead in the world of those who experience and know activities with land.

The motivation for a community garden has been interpreted as a social need and the garden itself as an instrument for citizenship production.

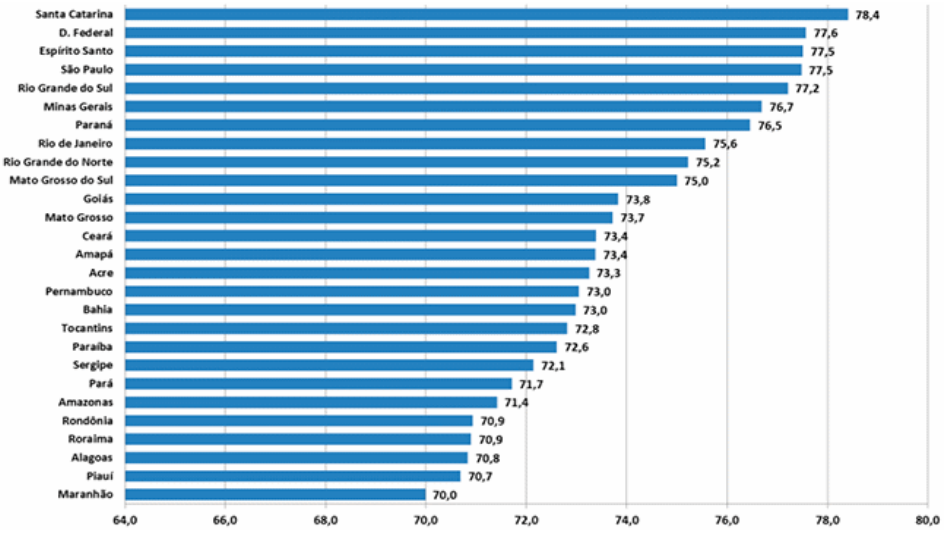
According to Art. 1st of Law no. 8.842/1994 that disposes about the National Policy of the Elderly, "The national policy of the elderly has the objective to ensure the social rights of the elderly by creating conditions to foster their autonomy, integration and effective participation in society" (BRASIL, 1994). Accordingly, one reads that "the elderly is a subject of rights and must be attended in a differentiated way on each of his needs: physical, social, economic and political" (CAMARANO, PASINATO, p. 269). From the Decree no. 1.948/96 on, the social rights of the elderly began to contemplate the promotion of the citizenship from the boost to autonomy, integration and effective participation of the elderly in their

(BRASIL, 1996). Therefore, the academy while State, civil society (GRAMSCI, 2007) has a fundamental role in movements to promote citizenship of elderly people.

Brazil is getting old. The process of demographic transition has brought a new age design and longevity as an historical fact of the civilizing process. Annually, 650,000 new elderly people are incorporated to the Brazilian population quantitative (BRASIL, 2006).

According with data of the Brazilian Institute of Geography and Statistics (IBGE), the live expectancy of Brazilians rose to 75,2 years in 2014, while the people born in Santa Catarina presented the higher one: 78,4 years (Graphic 1) (BRASIL, 2014).

Graphic 1 – Life Expectancy at Birth – Both Sexes – Federation Units - 2014



(Reproduction/IBGE)

The Graphic points out to higher longevity in Santa Catarina in comparison to the other Brazilian states, what could be interpreted as an effect of the guarantee of public policies. Nevertheless, it does not mean that the living process of the long-living people from Santa Catarina is of quality. It is not the quantitative index that grants good living, instead, it is the quality of the lived years. Good living of a collectivity depends on effective public policies to guarantee decent living conditions for everybody and the quality of social relations. Good life or not that good is materialized under this guarantee and within the social relations of the current time, in the social structure.

Vygotsky (1929/89 apud SMOLKA, 2000) opens the discussion about the way how people perceive, feel and see the world (higher psychological processes), are formed from outside (culture) to inside (psychic), i.e., it is from the social experiences that everyone´s personality is developed. Thus, the person that interacts with the other, utilizes his/her life experiences and his ways of acting, thinking, producing are continuously linked to what he/she had previous contact. Therefore, it is possible to align the author´s thought by looking back to the lack of social support in the most diverse spheres of live and, necessarily,

the one that is the theme of this article, the health care. Thus, the human suffering is understood from the conception of Sawaia (2001) as "[…] the pain mediated by social injustices" (SAWAIA, 2001, p. 102).

In this scenario, the perspective of the ethical and political suffering concerns the "daily experience of social issues that are dominant in each historic age, especially when the pain emerges from the social situation of being treated as inferior, subordinate, worthless, a useless appendix of society" (SAWAIA, 2001, p.104). In other words, the pain produced in different historical and social contexts guide the relations of social living that materialize as suffering in the people´s daily lives.

Considering the need of strategies for the participation of elderly in practices that promote citizenship, a study of cross-sectional case carried out in Embu das Artes (SP) about the cultivation of a community garden at primary health care services has demonstrated that urban agriculture contributes for the promotion of the collectivities´ health, over a dialogue with guidelines and practical fields of health promotion (COSTA et al., 2015). According to Grascia (1997), community equipment and social networks confer an important social support to the daily life of the elderly and strengthen their personal resources in life management.

The experience, facilitated by the workshop, reaffirmed the importance of the dialectic approach and collective wish, method and category analyzed brilliantly by Gramsci in the production of reflexive and critical subjects and of emancipating processes. It also reinforced that the meeting between the scientific and the popular knowledge (with its pains, discoveries, meetings and flavors) produces citizenship and that the extension corresponds to a fertile democratic experience.

Reflections

Since the beginning of the activities, *Antonio Gramsci* Project showed a rich organic capacity for inter-sectoral articulation. Anchored in its emancipating intention, it searched to develop its activities with engagement and hope. Engagement, an historical need of collective mobilization. Hope, a nurture-value in health education in Brazil. The experienced process generated the understanding that it is outside the walls of the university where the effective ´class` occurs and the academic students succeed to develop the praxis.

The experience with elderly people reaffirmed that the activities beyond the *campi* walls have the power to produce an inter-sectoral political and pedagogical culture for the practices, especially in the education for the Family Health Strategy of the Primary Health Care of the SUS.

It is in the social cohesion between sectoral bodies that the expression "inter-sectorality in the SUS" finds the conditions to be recognized. It is not in the idealism, but in combined efforts of historical subjects that one day it will be possible to break down the subordinate condition and, with effect, the citizenship

condition for a few, as exposed in the Brazilian cities. The meeting with productive sectors of the community is an opportune choice.

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