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## The authors reply

### Os autores respondem

Based on the declarations of the debaters, it is clear that the discussion of healthcare policies geared to men is, at the very least, controversial and open. It is controversial as it has provoked some dissent with distinct viewpoints being expressed. It is open because, more than merely finding answers seeking to (re)formulate principles of action, especially with respect to men and masculinities in the current gender agenda in public health policies, it raises many issues. This broad spectrum of approaches and queries highlights the fact that the debate on the subject, although it has been in existence for over a decade, is still under construction.

Pursuing the logic of ongoing debate, we took some important aspects raised by debaters that can serve as a starting point for future discussions about health policies geared at men. One of these aspects – raised in virtually every debate – refers to the need to redeem historically how the gender category was introduced and has been used in the production of knowledge in the health field in general and, in a particular and linked manner to this process, discuss the difficulties and mistakes made when transposing the concept to the scope of state intervention. In this campaign, either we find that reductionism can be exemplified by the immediate blurring of men and masculinities and the current reduction of masculinity related to that of heterosexuality, or we find ways to rethink relations between men and women seeking the emancipation of individuals and the subversion of historical and socially imposed hierarchies of power. For those measures to be successful, we stress some questions raised by our debaters: How to think about the health of men – and women too – without increasing oppression and exclusion? How can we look at the subjects – men and women – without them being included purely and simply in an in-

strumental manner in the political plan of medicalization? How do we avoid redefining gender models so that policies do not have a strong emphasis on hetero-normative standards, leaving aside other logics of sexual desires and practices? How can goals coexist that attempt to respond to the epidemiological reality and symbolic dimensions raised as much by institutional demands as by the subjects?

Along with these issues, we cannot help noticing that the debates taken as a whole, provide us with guidelines for a method for future discussions, namely problematization, rather than final conclusions. Accordingly, whatever the stance on health policies geared at men, one key point is the practice of submitting ideas to criticism, taking the historicity and the intentionalities of actions as a parameter.

Therefore, reverting to the argument of Wilza Villela and Pedro Paulo Pereira based on Joan Scott, which proposes to take gender as a useful category as long as it is dedicated to openness and questioning, we emphasize the need for more sophisticated analyses about the different forms of oppression and exclusion of gender in the health field. In this way, it will become possible to justify healthcare actions from a critical rather than a reductionist perspective.

Pivotaly, the questioning that Sérgio Carrara and Marcos Nascimento made on the preeminence of a 'generic man' in the text of PNAISH, which might foster interventions that disregard the inherent and undisputed linking of gender with other social markers (class, race/ethnicity, generation,

sexual orientation), takes us back to the debate, equally raised by Benedict Medrado and Jorge Lyra about gender mainstreaming and equality in the health field. Undoubtedly, if equality presupposes the acknowledgement of differences and the duty to redistribute power and resources in line with these differences, the effective implementation of this principle in the health of men (and women) would only be possible with other 'adjectivizations' for men and women.

The contributions made by Eduardo Schwarz and Tarcila Machado on the institutional process of formulation and implementation of PNAISH, suggest that it is through questioning and debate among groups, institutions and segments of Brazilian society that new directions for PNAISH can be found by working on the basis of affirmative action and the construction and defense of the autonomy of individuals and human rights. We emphasize, as the potential of this emerging debate in the country, the need for dialogue with groups (academics and activists) and policymakers beyond our borders, since other countries such as Ireland, Australia and Canada have come under this same historic process of implementation of policies guided by a gender perspective and focused on men's health.

For this legacy derived from the debates, we would like to thank Benedito Medrado, Eduardo Schwarz, Jorge Lyra Pedro, Marcos Nascimento, Pedro Paulo Gomes Pereira, Sérgio Carrara, Tarcila de Castro e Silva Machado and Wilza Vieira Villela for their seminal ideas.