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The Guaicurus Street

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**The Student,
the Patient
and the Illness**

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The Guaicurus Street

Sarah Tavares Araújo Santos

One Monday in September, my Primary Health Care teacher proposed to the class that we change our day at the health center to go and help with a project known as “Todos por Elas” (All for Them). We agreed, and before we knew it, we were arriving at a popular market in the city center of Belo Horizonte in Minas Gerais, Brazil. At first, it took me a while to figure out if we were at the right address. Once we were allowed in, I understood that the market was organized in such a way that a specific and separate sector worked as an improvised health center, and was completely focused on promoting the health and well-being of everyone who came there with this need. Although Brazil may have many flaws that can be improved in social, political, and economic matters, if there is one thing that is extremely well structured and works surprisingly well, it is the public health system, which leaves no one without care.

When we entered the place, we were faced with simplicity, but with everything that a person, especially one in a vulnerable situation, might need to take care of their health. During that first moment, when we were organizing the room that had been allocated to us for the project to take place, thoughts kept coming up with new possibilities of what this experience would be like for us, and for me personally. There was a stretcher at each end of the room, in order to create improvised offices with screens forming the walls, each office set up should have all the necessary tools to treat, with all discretion and respect, the main patients we were expecting that day. Our aim was to promote sexual health first and foremost, and so we set up an initial screening section, so that anyone entering the room would first have to identify themselves. Additionally, they would have their vital data checked and, if they wanted to, they could take rapid tests for pregnancy and sexually transmitted infections (STIs).

Afterwards, each patient could either go to the Vaccination Center if they had any missing vaccines, or go to one of the clinics set up there to have a preventive examination. We arrived at the site at around 7.30 a. m. and by 8 a. m. everything was set up and ready to receive the patients. But the minutes went by ... and nothing, sometimes one or the other would show up and say “Oh no, I just want to get a vaccine, you don’t have to do everything else”, and so we did. After the first half an hour, without much adherence to our project, the teacher made a decision: active search, “Go!”.

It’s worth explaining how Primary Care works in Brazil: there are Health Centers all over the city, with all the structure, staff and supplies provided by SUS, our public health system. The entire population has access to SUS whenever and wherever they want or need it, but each Health Center serves a specific perimeter of the city, so each citizen is linked to a Health Center. Additionally, even though the Health Centers have all the facilities for medical, nursing, vaccination and pharmacy care, they don’t always serve all the citizens allocated to them, since there may be factors that prevent a patient from going to the Health Center. This includes anything ranging from mobility difficulties to homelessness.

Thus, each Health Center has a team of “Agentes Comunitários de Saúde” or ACS, who go out into the streets every day to bring access to health care to those who can’t get to the Health Center. During our weekly classes at the Health Center as medical students, we were always free to stay and help with consultations, deliver medication and vaccinations, or accompany these agents. I hadn’t done this before, so it was a new experience on this day. Some of the students remained on site in case any patients arrived and needed assistance. We then left in pairs: 2 ACS and 2 students. We headed towards our main focus with that project, the vulnerable population in a nearby street, Guaicurus. I had heard about Guaicurus Street, I knew it was famous, having been the setting for a successful Brazilian soap opera, but I still didn’t know why. I did research before coming to the project, but I admit I couldn’t believe it was real. There, before we left the street, an agent began to explain to us: “Guaicurus is part of the Carlos Chagas Health Center area, and that’s why it’s up to us to go there, from hotel to hotel, to take care of the girls.” Afterwards, I managed to understand that my previous research was true and what we were referring to: sex workers.

Guaicurus Street is known for a famous story on Brazilian television, in which the young socialite Hilda Furacão scandalizes the conservative Minas Gerais society of the 1960s by turning into a prostitute. The most famous bohemian street in Belo Horizonte, Guaicurus, is still marked by the presence of “up and down”

hotels, so named because they are all built next to each other, with a wide open door, a security guard at the door and staircases that are always full of men who go up and down stairs into a lapse in reality. I wasn't prepared to see how it is in reality. Remembering it was a regular Monday morning while we were walking to arrive there, I imagined it would be shocking for me, because of the simple fact that it is a situation definitely out of my comfort zone, but the most surprising thing was the number of customers present there when we arrived.

The ACS were already well known in the region and were treated with such respect and kindness. When we arrived at the first hotel, the agents I was accompanying, Maria and Fernando, started chatting and laughing with the man at the door, who I later found out was the owner of the establishment. He spoke so that the other student and I could hear, "These guys are very special, they look after the girls here. You can go upstairs, they'll be happy to see you!". That was the start of my first experience at Guaicurus: my mind was filled with various thoughts, from shock at seeing the place so full on a Monday morning, to fear at being stared at by some customers as if I worked there. However, my biggest and most important thought was not to prejudge the place, the customers, or the girls who worked there.

When I was still at the beginning of medical school, I often found myself in situations where I made opinions or judgments about patients or even colleagues. This, of course, is inherent in human beings, but we have to work to ensure that, as professionals who ensure people's well-being, we don't infer thoughts based on our outlook on life, that could jeopardize the quality of care and attention we give to patients. This was one of the most challenging moments for me, putting myself in the position of someone who was there to bring equal access to health (the principle on which the SUS is based) to the people who need it most, and not to try to understand why each person was there.

Our role there was simple: we accompanied the agents, with bags full of condoms that are given out by the SUS, and with some paper invitations, with the date and times of our project, describing everything they would have access to there. I think it's important to describe what the hotels were like and how I felt: there were 2 or 3 floors, little lighting or ventilation, and long corridors with several rooms. As we passed through these corridors, with several men around, I felt like I was in a supermarket, a butcher's shop: the rooms were kept with the doors open, there was little distance between them, and the girls were either standing at the door – perhaps in a desperate act to be more inviting to customers – or lying on the bed inside the room, just waiting for the next offer. The girls wore lingerie or perhaps nothing at all, and the men went from door to door, analyzing each

one down to the smallest detail, asking prices, and acting as if they were choosing the meat they were going to take today.

As we walked, we had to focus on not “getting in the way of business”, targeting the girls who weren’t trying to win a customer at the moment. I was extremely surprised at how the agents were greeted by them, calling them by name, chatting about other matters, always with a smile. We were instructed to offer the free condoms, with no limit on the quantity, and then to give them the card and invite them to come and take care of themselves at the project. Most of them volunteered to go, saying that they knew it was important, but they kept saying that “one or two hours going there to take care of myself are clients and money I’m not earning”. Maria, the agent I accompanied, was ready to schedule a time for the girls to go to the project, writing down the name and time in her notebook so she could go back and pick up the girls, and with this attitude I could see how she really cared. Later that day it came to my knowledge that Maria had once been a worker in those hotels, perhaps that’s why she had so much empathy.

At that first hotel we were welcomed with open arms by all the girls, which calmed my anxiety a little about the experience. I admit that, as much as this made me feel a little more comfortable in that situation, I couldn’t help but notice the up and down looks on me and the other student who accompanied me, making us extremely uncomfortable and in a way feeling vulnerable. This made me wonder for a while how these sex workers feel in the environment in which they work, do they feel as I did, an object of consumption in the eyes of those men? After going from room to room, three floors full, we left and, curiously, the security guard asked, “Are you of age? You look like an angel, if I’d noticed I wouldn’t have let you in,” which prompted me to show my ID and smile a little awkwardly. This also made me think: an environment like that, in a way so hostile, with terrible working conditions, girls almost struggling to scrape together enough money to pay the rent for the rooms they use and have some money left over to support themselves, and what mattered to that security guard at that moment was whether I was of legal age or not.

We then headed towards the second hotel, separated from the previous one by the distance of a garage. It was exactly the same environment, the same situation, the same vulnerability. However, this second hotel brought something new that I wouldn’t have imagined: diversity. This hotel, which the community worker later explained was one of the oldest in the area, had a huge variety of girls, from girls who looked like they had dropped out of high school, to ladies who could be grandmothers, as well as trans women, black women, and one of them was even pregnant. I had to work hard on my non-judgmental skills at that moment. In a

later conversation with the agents, it was possible to understand that, at least in a situation like that, of such vulnerability and need, which the prostitutes found themselves in, our work as health promoters ended up being more corrective than preventive, our role was to try to stop the situation from deteriorating even further.

Additionally, this second hotel had a bigger impact on me. At one point, the community worker I was accompanying started talking to the owner of the establishment, between explaining about the project and asking him to encourage the girls there, to relaxed conversations as if they were old friends. While I was waiting, I heard “Hey girl, do you have any condoms?”. I looked in the direction of the corridor from which the voice had come, and reached into my bag for the packet of free condoms. “Yes, yes, of course, you can take as many as you want” (I had been taught by the agents: sexual protection is a right, if you want to take all the condoms, take them all. We’ll bring more later).

The woman thanked me with a huge smile on her face. She was beautiful, and there was a colleague at the door of the room opposite hers, so you could tell they were friends. Two women in their 40s, with pale skin and long, straight black hair. For one lousy second before I thought about leaving, I remembered one of the principles of primary health care that my teacher ALWAYS encouraged us to practice, at the Health Center or anywhere else, which was proactivity. I admit that I’ve always thought of myself as a very shy and introverted person, and I don’t tend to take the lead in things, but at that moment I saw an opportunity to work on this characteristic that I lack and that I believe is crucial for health professionals.

So I asked for their names – another crucial factor that the teacher always taught about making the doctor-patient relationship as personal as possible – then I took the project leaflets, handed them out and explained how it worked. I wondered if they would take what I was saying so seriously, on their own, or if perhaps the lack of the ACS with me would take away my credibility. Then one of them said, “You study medicine, do you? Wow, because I have a vaccine to take, but I can’t remember what it is. I also had a test, I don’t remember when, and I got a diagnosis of x”. Suddenly, my active search for patients for our free primary care project turned into a consultation for that girl. She told me everything she knew or remembered about the diagnosis she had received, and tried to get me to help her remember which vaccine she hadn’t had. It was the most complicated 30 seconds of the day so far, until the agent arrived, joined the conversation and told her what the vaccine was that the girl was describing, saying that she would be able to get it at the project. From then on, for a long time I kept thinking

about how much more I needed to study, how much more I needed to learn and be prepared for the demands of the patients. And that was stimulating, in a way, knowing that I was there, having that opportunity, even though I knew so little, alongside people who knew much more than I did, and that I should feel encouraged to learn as they did.

As we left the second hotel, the third was just a few steps away, but Maria told us, “This is a new one, I haven’t talked to it yet to see if we can get in, let’s go to the next one”. But, surprisingly, the security guard at the door, a huge, bald man in his 40s, asked us what it was all about as we walked straight past the hotel he looked after. The ACS then quickly explained who they were and what we were doing, and the security guard promptly said, “Get up there too, you can go,” which made us look at each other with a little sign of enthusiasm. There, in that small gesture, I finally realized that, even in such a simple way, the role of primary health care really did have an effect (perhaps in the long term, but it did). That man, who looked angry and serious, observed what we were doing, going in and out of nearby hotels, and when he found out why, he thought it was valid for us to do the same in his own hotel, guaranteeing the care of the girls who worked there.

This third and new hotel was totally different from the previous ones, an impeccable and extremely new structure, rooms with electronic locks, and not as many girls as in the others – Maria explained that the price of renting one of the rooms there was probably much higher than in the other hotels – so we introduced ourselves to the owners, chatted to the girls and headed for the last hotel on our list.

This last hotel was a little further away, on the next block. As we walked down the street to it, I realized how dirty and perhaps even grotesque the environment seemed to me, one of the countless moments when social inequality in Brazil infuriated me. I didn’t understand how a country so rich in nature, people and cultures could have settled for being so unequal, to have people who have enough food to feed 20 people in one meal, while there are people who struggle to get a simple meal every day. In that simple street, I could see garbage thrown on the sidewalk, homeless people in every corner, people with tired looks on their faces. I don’t know for sure, but perhaps because of this, perhaps because of the environment and reality that those people live in every day, the lapse of reality that a hotel “up and down” can bring is the only moment of pleasure or happiness in such a tiring day-to-day life.

This last one, apparently the oldest in the whole of Guaicurus, was the most deplorable, passing from room to room I could only imagine how many diseases

and infections could be transmitted there, a place that didn't seem to be so clean, with such a large flow of people, no ventilation and dim lights. Perhaps I was already tired, but that last hotel was the one that left me with the greatest feeling of revolt and a desire to do something more, to improve the living conditions of those people, to feel more useful as a medical student in that place for those people.

We then return to the project area. When we arrived, all the improvised offices that we had set up were open. The other student who hadn't gone out to actively look for patients, seeing my surprise, looked at me and said "They came, believe me." At that moment, even if quickly, I realized that perhaps the principle of primary health care is there, doing it little by little, and even if we don't see results immediately, they come.

Even though I was tired, I helped there as much as I could with the screening, routine questions and blood pressure measurement. Afterwards, I was assigned to the vaccination area with another student. Our first patient was Marina, 38 years old, a charming woman. Tall, slender, long straight black hair, full of jewelry, a dress and high heels. The smile between the red lipstick lips only disappeared when the vaccine was administered. While the nurse who would administer the vaccine took care of the bureaucracy, we talked to Marina, who started by asking our names and where we came from. As soon as we talked about where we studied, she began to excitedly talk about how her daughter had done at university, how proud she was and how she worked hard to give her everything she could. The conversation continued the entire time, until she said to us before leaving "It may not be viewed favorably by most people, but it's giving my daughter the opportunity to do better than me, right?" Yes, Marina was a sex worker, and I would never have guessed.

Yes, they were really going to the project, taking care of themselves, even if it meant a momentary loss of customers. I was happy to see it happen, but I wondered how. How were these women really prioritizing health care over financial gain? Perhaps the prejudice rooted in me did not make me see how medical care could be constructed in such diverse ways, and that, in this case, it was constructed based on the respect and trust we gave them when going to their workplace, without offering the judgment that society already offered, but rather to offer support.

We then ended that day of the project like this, receiving them one by one, taking care of their demands, carrying out exams and tests. They all loved being who they were, they were not ashamed, they were proud to go after their money as best they could. Some came from other cities, states, and worked there to be

able to send money to their families elsewhere. Without a doubt, this experience impacted me in an extraordinary way, it made me reflect on myself, on patients, on how medicine is experienced in Brazil.

Approximately one month after the project, we were back at the Health Center, assisting with care and other necessary procedures. That day, I watched the bandage change. I felt touched again, like I had never felt before except on the day of the project. That day, 2 bandages were changed, one on José's forearm, and one on Manoel's heel. They chatted outside the room waiting to be called and left the Health Center together. José and Manoel were homeless, each with their own story, both from other states, but somehow life had brought them there. And as we changed the bandages and cleaned the wounds, I couldn't stop thinking about how it showed me what the purpose of becoming a doctor was: to serve. Linked to the fact that I am a Christian, I looked at that moment in front of me, and I remembered the project with the prostitutes, and I felt the extreme certainty that I was doing what I should do in medicine, which is caring.

When we finished the bandages, I still had time, so I decided to go up to the triage and ask if I could follow. Pedro was there, a nurse responsible for the patient's first contact at the Health Center. As soon as I arrived and joined another student, we treated the first patient, Fernando. He claimed to be living in the nearby hostel – which allows homeless people to stay free of charge for 3 months – and that it had been a week since he had not stopped feeling a “stabbing sensation in the chest”. Referred to the acute complaints doctor.

The second patient, Ana, a smiling trans woman, arrives complaining of lice in her wig, but “never throw it away, I paid dearly for that hair”, referred to another doctor. Until Luzia arrived, a little lady of about 70 years old, 1.50m, simple clothes and talkative. It was clear from the way they talked to Pedro that they had known each other for a long time, he was joking and she was laughing. She had no new complaints, she just said (ashamed of me and the other student) that the dysuria she had complained about in another consultation still persisted. Pedro then told her that she had to take better care of herself, pay attention to her medication, and that it might be necessary to do more tests. That consultation was more like a conversation between friends. Pedro told Luzia that he was going on vacation next week and that she would have to be looked after by someone else. She was unhappy, she just liked him. He asked what day she could bring him some cheese, cheese made at home, by her, just for him, it wasn't to be shared at the Health Center.

After several laughs and catch-up conversations, Luzia went out to the waiting room to wait to be called by the doctor. Before calling the next patient, Pedro

looked at us and said “Super nice, right?,” we agreed, and he added “She still works there at Guaicurus, can you believe it?”

At that moment, I stopped and reflected for the next few seconds on how that statement had surprised me, and how, in fact, it shouldn't have. The fact that I had gone and met that reality just a few days ago didn't in any way make me deduce where Luzia came from; on the contrary, I was stunned to associate that little old lady with that reality. That thought stayed with me for the rest of the day, as I went back to college and saw other patients at the pediatric clinic in the afternoon. In fact, that “clinical case” I had witnessed and lived through brought up many questions.

I first thought about what my attitude should be towards those patients, who even though they weren't in a doctor's office to be cared for by us, were still my patients. I wondered if I made them feel comfortable and respected, or if my way of speaking or acting could have made them feel judged or less deserving of that care. I tried to understand whether being in that place, living that reality, having that life was really a choice, or a consequence of society; and if it was a choice, was it wrong?

Since I began my path of construction within Medicine, I have found myself in various situations that put me to the test, testing my values, my altruism, my capacity for empathy. And this moment in particular was by far the one that touched me the most. From that day on, after meeting Guaicurus Street, I didn't experience medicine in the same way.

Being a doctor in Brazil is challenging. A country so beautiful but so unequal, so diverse but so prejudiced, so rich but also so poor. And when it comes to health, everything matters: social life, the economy, even the country's political situation influences health. UFMG, the institution to which I am referring, is the largest federal university in the country, and being public, its medical training program is totally linked to the SUS. As such, all the care we students receive at the outpatient clinic is free of charge. It's an annual event, and a date at the beginning of the year is always set as “Forms Release Day”. The release of forms for free medical care, for THE WHOLE YEAR, starts at 7 a. m., and the queue has already formed three or four hours earlier. Anguish and despair seize me whenever I imagine this situation, what must be the state of health of someone, without private health insurance, who comes at the beginning of the year to wait in a queue, hoping to get a place for, who knows, some month of the year (maybe September, December? The important thing is to get it, otherwise there's no way).

The weekly appointments, every semester at university, always end up becoming routine and we start to live them on autopilot, sometimes even forgetting to do

more than just attend to the patient's main complaint. We forget everything that person has been through to get there. And when, in one of the countless consultations, perhaps in a doctor's clinic or pediatrician's office, the patient sometimes says "Oh, because I spent hours queuing here to get an appointment, it was hard, but I did it.", a flash of reality comes to the surface to remind me of the reason for medicine.

I believe that my career in medicine began long before I was literally in medical school. I feel privileged to come from such a diverse family and with such different realities, being able to experience different ways of seeing life and being. It took me a while to really understand my purpose in choosing to be a doctor. I don't feel good enough at many times and I wonder if I should really be there, seeing and caring for those patients. But in moments like the one I'm describing here, I'm reminded of the purpose of the journey I've chosen, which is to be a better person.

Brazil, with its uniqueness and so many flaws, makes up the best of Brazilians, and I believe it has also made me better at always trying to see the good side of situations or looking for the lesser evil. The social inequality that plagues the country ends up dictating how life is lived and how we are formed as people and as professionals.

I believe that medical training in Brazil has this as its strong point, that it allows you to experience the most diverse situations, in which you need to put yourself in the most empathetic way possible, even though you bring with you all your personal baggage. It makes you reflect on your life, on the lives of others, it makes you rethink some preconceptions and ways of acting, it's a constant seeing life with new eyes every day.

As it was shown by those cases I've been able to experience, SUS, Brazil's healthcare system, grapples with lots of challenges and at the same time possesses notable strengths. One of its prominent flaws is the unequal distribution of healthcare resources across regions, leading to disparities in access and quality of care. Furthermore, insufficient funding and overcrowded public hospitals often result in long wait times for medical procedures and consultations, as I was able to see in person during my medical training.

However, it is notable that SUS stands out for its comprehensive coverage, providing free healthcare services to all the population, including medications and surgeries. Its focus on community-based care and public health initiatives, like vaccination campaigns and disease prevention programs, which shows the commitment to addressing broader health concerns. Despite all the problems, SUS remains a crucial lifeline for millions and reflects Brazil's dedication to

ensuring healthcare access for its populace, even though in such a poor way sometimes.

Brazil is exactly as it is portrayed, life is not easy, people work hard and are full of character. Some starve, some do okay. We all live under the same problems that plague other nations, class struggle, political rifts, poverty, racism and corruption. The Political instability of Brazil has been its biggest shortcoming, not having an effective central government continuous like other nations has really had some terrible effects on society here. However there is prosperity and growth in many parts of Brazil, its not all Favelas, Crime and poverty. We have farmers markets, we have beach bars, we have national parks, strong social medicine, dedicated teachers even when underfunded, we have skyscrapers and hydro electric dams, and nature conservancies and so much more.

This experience as a whole shaped my perspective as a future health professional so that, in every one of my appointments from that day on, I have tried extremely hard to be there for my patient. Often we are too bogged down in the daily routine, stressed out by other situations or people, and we end up arriving at the office to see patients as if it were just another check on a "To do list". When I arrive at the clinic these days, I always pass the queue of patients outside and try not to be impersonal, I do my best to convey empathy by the way I look at them and the way I act and treat them. It's very common to see groups of medical students, often even myself, entering the hospital outpatient clinic with total randomness, talking about different subjects, with a variety of language and tones of voice, perhaps not even remembering to look at any of the patients waiting outside. For those of us who have worked so hard to get to where we are now, the process of studying medicine in Brazil can be so long and tortuous, that sometimes the monotony of always doing the same thing brings with it the failure to do it well. My approach to patient care has completely transformed. This does not mean that before I did not act with zeal and care with my patients, but today I pay more attention to details: looking them in the eyes, asking their name, even listening to stories that may have nothing related to the complaint, but at that moment, THAT person, THAT patient may need to express themselves, talk to someone, have someone who sees more than just their pain or needs.

Finally, I feel that what changed most in me from this unique case, which I could never have imagined I would experience and that I would benefit so much, was my perception of the doctor-patient relationship. I was always completely sure about its importance, I was outraged when I saw classmates who treated their patients with total coldness and without establishing a real connection with those they were caring for. I always looked at situations like this and thought about how

much I wanted to do better, how much I wanted my patients to remember me, maybe not my name or when they met me, but if they crossed paths with me they would know that one day I took care of them.

The health professional's relationship with their patient must be professional but one of complicity. From the lady who wanted to take some cheese to the nurse who always attends to her, to the patient who arrives at the outpatient clinic, waits for hours in line and will have a two-hour appointment because he tells the doctor about his entire family and how this relates to your going to that appointment. I believe we need to stop racing against time and/or treating our patients like products. There are doctors out there who boast about seeing a patient every half hour. Is this serious? What level of importance do we give to those who make us who we are? And when one of those we love becomes the patient? We wouldn't accept a cold, quick consultation without paying attention to the amount of pain we are feeling, would we?

The Guaicurus street changed my medical training life. As I embark on the journey towards becoming a physician, I became more sensitive, more attentive to people and the pain of others. I don't want to become a 30-minute appointment doctor. I'm going to be the doctor my patients remember.

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