

Oral health advocating a planetary health: a reflexive report

Arisson Rocha da Rosa*

* Dental Surgeon, PhD candidate, Universidade do Vale do Rio do Sinos

Received: 06/30/2021. Approved: 12/13/2021.

ABSTRACT

This experience report aims to bring to reflection all the actors involved in the field of public health, especially oral health teams, on their actions and challenges in face of global changes. Realities of the last two years (2020-2021) have shown to be challenging for primary health care teams, which have focused on coping with COVID-19 and maintained clinical care, delivering the population's needs in continuity. In this scenario, the oral health team was able to transcend its technical core activities to join the front of the fight against the Sars-Cov-2 virus, and it also brought topics related to public health to be discussed and recognized/known by everyone who interacts in this first level of health care, whether users, internship students, or other co-workers. The pandemic has become the focus for the dental surgeon and his team to assume a leading role in planetary health. The influence of social determinants, the devastation of the environment and its implications, the broad population mobilizations and migrations, as well as the repercussions of international trade and linear economy on planetary health are not routine topics and refer to an important reflection in this period of international crisis. Apparently small actions taken by the team, such as turning off the light of empty workplaces, properly selecting dry garbage, or opting for healthy snacks proved to be relevant attitudes. These small achievements after moments of collective reflection carry the potential for great transformations necessary for a healthier world for all.

Descriptors: Health Education. Health Team. Primary Health Care. Environmental Health. Sustainable Development Indicators.

1 INTRODUCTION

Humanity was taken by surprise by the new coronavirus pandemic and its repercussions on the routine of individuals and collectivities caused a change in habits and triggered deep reflections on how to live life¹. This concerns from interpersonal relationships, when physical contact assumed an imminent risk of contagion and distancing became necessary, to even consumption habits, of which small decisions, when related to a collective amount, have repercussions on large social environmental impact³. Health teams, especially

those of primary health care (PHC), must be prepared for these repercussions, aiming at the correct management of patients care, as well as being aware of their role as protagonists in the face of global changes in favor of a planetary health^{3,4}.

The term 'syndemic', which refers to the interactions of infectious agents combined with social environmental conditions that maximize their morbidity, was brought to explain the magnitude of mortality by Sars-Cov-2 around the world⁵. Its epistemology is loaded with all the knowledge acquired in social epidemiology, full of

evidence of the consequences of all social inequities in health and adverse social conditions, whether hunger, poverty, violence, intolerance, adverse political regimes or incipient health systems⁶. Globalization joins the possible facilitating causes of this pandemic, both in its

It is undeniable that this complex web of factors coexists in our daily lives and we naturalize its results without the necessary distance in order to assume our role in face of all these repercussions. Self-indulgence? Immediacy? Lack of time to think about such things? Or do we simply succumb to the melodious ideologies of the financial and capital markets, which do not want us to think about the consequences of our routine habits? Based on these questions, the author systematized⁹ the dialogues of his memories during his experience as a dental surgeon in a PHC team in a large city in the state of Rio Grande do Sul, in the first year of the new coronavirus pandemic, as a way of illustrating the importance of dialogic action and the instrumentalization of information by health workers.

In an inconvenient and provocative way, this experience report aims to bring to reflection all the actors involved in the field of public health, especially the oral health teams, on their performance and challenges in face of global changes.

2 EXPERIENCE REPORT

Although the daily activities of assistance and health care take up most of the time of primary health care teams, it is proposed that they reserve the necessary time for planning and team meetings. Such reserve proves to be fundamental for solving complex cases, for aligning communication and internal processes, in addition to promoting integration and subjectivity exchanges among team members¹⁰. However, this space is often overlooked due to the manager's productivity requirements or the frequent urgent needs of

economic and social sense, since health supplies became scarce worldwide, values of services and products became greater, at the same time that the mobility of people and goods helped in the spread of the virus, as well as in the massive communication of fake news around the world^{7,8}. bureaucratic demands. However, in recent years, 2020-2021, and especially in the 1st year of the pandemic (when there were still no vaccines), this resource was subsumed by the imminent risk of COVID-19 contagion in closed environments with proximity between people.

The guidelines for health workers were that they should preferably be minimally accompanied in internal care environments or be in highly ventilated and/or air exhausted environments, opting for external areas when possible, but always at a distance. A great challenge for oral health teams (OHT), fully accustomed to the dental clinical environment adapted to their needs of intimate contact with the patient, and, therefore, a highly contaminating place when using rotary instruments or ultrasound. Thus, in a first stage, the OHT was moved to face Sars-Cov-2 together with the other members of the PHC team, being called only when receiving urgent cases of dental care¹¹.

The pandemic has destabilized the *status quo* of the OHT and propelled it to learn about acute respiratory syndrome to contribute to the PHC team in screening reception, to handle test tube and swabs for polymerase chain reaction (PCR), in addition to carrying out quick tests when available. This instantaneous displacement, usually in scales, also impelled us to reflect on how we got there, a moment when humanity was suffering and science was struggling to understand a new virus. Panic stricken, in 2020, the population rarely looked for the dentist, allowing this professional to focus on scientific articles whose journals had free access, to search the international scene in recognizably reliable journals and to talk about it. Debates and dialogues properly protected under masks with the

Oral Hygienist, volunteers or interns from different programs who remained in field activities at intermittent times in the PHC teams (HEIS had to adapt at different times of the pandemic), nursing, with other dentists via WhatsApp, nurses, community health agents and, when they appeared, users. How did we get there, at that point of no return where an invisible enemy was decimating populations?

Although there are controversies about the biological origin of the new coronavirus, it is unequivocal that the initial outbreak occurred in southern China, and there are other viruses in this family capable of causing acute respiratory syndromes, which are found in Asia and the Middle East, having natural reservoirs: dromedaries and bats¹². It is estimated that a mutation that occurred in the seafood market in the province of Wuhan is the most likely origin of Sars-Cov-2, as its genotypic similarity has been identified in existing strains in Rhinolophus affinitis bats and Malayan pangolins (*Manis javanica*), exotic animals whose meat was also sold there, which suggests a zoonotic mutation¹³, that is, a leap from animals to humans. In addition, six other coronaviruses are already known to also cause disease in humans, four of which are endemic (HcoV) 229E, OC43, NL63, and ¹².

Based on the findings of scientific findings and their disclosure by the dentist to PHC members, a disturbing dialogue was provoked:

"People around the world eat the strangest animals that appear in the bush! And of course this has no sanitary control! (...) This packaged, refrigerated meat that we have is a luxury even in Brazil. And so expensive! (...) To put food on the table, people are capable of extreme things. Nothing hurts a mother more than seeing her child hungry!" — says the unit Nurse.

This debate was extended to other PHC co-workers, who made very enlightened

contributions:

"(...) On the other hand, the growth of cities over native areas and deforestation make animals adapt to these environments. Yes! They bring [with them] viruses capable of infecting us... see yellow fever and dengue... (...) But this thing about people traveling and bringing viruses is not new! Chikungunya and Zika came from the Caribbean and Africa and have now adapted [here in Brazil] with the mosquito [Aedes aegypti]. [community worker interrupts:] Yes, and Aedes is from Egypt, look at his surname: 'egypti'(...) [another PHC colleague is amazed:] Huh... the mosquito itself is from Egypt?!" — informal dialogues between PHC members

So, in the same way, the modern facilities of international travel caused the rapid spread of the new coronavirus all over the world, causing the pandemic. Following contagion routes that coincided with the great urban centers of airline connection and stopovers of distribution of goods^{14,15}. Once the entire human race suffered from the same disease, the resources for its prevention, confrontation and mitigation became scarce because there was no productive capacity in the same proportion of demand. Thus, the urgency and international interconnectivity meant that the values of basic inputs exceeded all expectations, from materials for surfaces disinfection to even personal protective equipment, such as gloves and masks, as rich countries used their economic power to sell off entire productions, and even intercept goods in transit^{14,16}. Fortunately, initiatives by philanthropic organizations, universities and international entities were fundamental in the strategic support to underprivileged countries and populations¹⁷. An example of this, on a global scale, was the consortium - Covax - established by the World Health Organization for the production and supply of vaccines¹⁸ aiming to distribute

vaccines to the populations of Central America and Africa in a timely manner, affording to minimize the risk of the appearance of variants and reinfections around the world.

The PHC began to consider the insertion of news in the daily work as very valid, which it started to call “scientific reports”, mainly because central coordination sectors usually took a long time to publish their guides for action and it was necessary due to we must stay updated to the maximum in the field concerning this new disease. In addition, these data countered the wave of fake news that emerged in social media groups that demobilized important initiatives, such as the adoption of non-pharmacological preventive measures. Therefore, at the core moments of the OHT, when there were no specific demands, the dentist would be in charge of compiling information to later take it to different spaces for informal and extemporaneous PHC meetings: kitchen, reception room and outdoor screening area for symptomatic patients.

In view of this, and under the increased interest of the global consequences of human interference in the environment and its global interrelationships, the OHT, in an internal debate with the presence of some resistant-resilient interns, arrived at the theme of planetary health:

planetary health concerns to the interdependencies between the health of human civilization and the status of natural systems. In the first dimension, it studies human health within the framework of social determinants, having health, equity and social justice as guides. Specifically, it includes chronic and infectious diseases, climate change, ocean acidification, chemical pollution, among others. Secondly, it studies connections with the natural systems in which we live, the health and diversity of the biosphere. It starts from the understanding that we live in a safe

global operating space and that if its boundaries are breached, the conditions for our survival will be affected (Sirena et al., 2017) ¹⁹.

The concept of planetary health underpins the great complexity of this topic and the important and fundamental role of all of us, as members and actors on planet Earth. It points out that we are protagonists of an intricate and complex arrangement of natural, social and economic systems that resonate in reciprocity according to our models of acting in the world, affecting our conditions and ways of living life.

The monitoring of the relationship between public health actions and climate change carried out by thirty-five international institutions is consolidated in *Lancet Countdown on Health and Climate Change*, annually. In its 2018 edition, it points out necessary interventions in public policies and medical societies in order to circumvent the perverse course of climate change in Brazil (and worldwide). Such changes are reflected in diseases transmitted by mosquitoes and air pollution, receiving a large contribution from the burning and devastation of forests and the use of coal, as well as carbon emissions from the health care sector ²⁰.

In its most recent edition, it reports the increase in extreme weather waves in the world, causing damage at the population level due to fires, floods and storms, which catalyze inequities through individual and collective losses ²¹. It also reports that the health sector, which was responsible for 4.6% of global greenhouse gas emissions in 2017, is taking initial but important steps to reduce its own emissions. In the United Kingdom, the NHS has declared its ambition to offer a zero-emissions healthcare service as quickly as possible, and has made impressive progress: it has reduced emissions from 57% in 1990 to 22% today, by carrying out extensive control of the service supply chain and expand

responsibilities. Other examples of national measures are the Western Australian Department of Health, which used its Public Health Act 2016 to conduct Australia's first climate and health investigation, and the Federal Ministry of Health of Germany, which established a department dedicated to protecting of health and sustainability responsible for climate-related issues ²¹.

OHTs share these responsibilities related to carbon emissions, the so-called "carbon footprint" (an allegory of the mark that would be left by these emissions). A Scottish study, of 2012 ²² estimated that carbon emissions from dental services would be 1798.9 tonCO₂eq, annually, adding direct and indirect causes. Where 'transport' (the comings and goings of the patient) corresponds to the highest burden of responsibility, 45.1%, followed by 'purchasing' (search and delivery of materials), 35.9%, and building energy, 18.3% . In this regard, the Pan-European Working Group on Sustainability in Dental Education informs the consensus on the need to emphasize the matter of sustainability in Dentistry. They state that Dentistry professors must be informed about sustainable clinical practices and that the training curriculum for dentists must indicate content related to environmental sustainability. In addition, they reiterate that there are gaps in instructional materials on this subject ²³ .

At this point, Brazil is at the forefront when it comes to offering educational means on sustainability, climate change and the social determinants related to planetary health. The Institute for Advanced Studies (IEA) of the University of the State of São Paulo (USP), in partnership with the Faculty of Medicine of the Federal University of Rio Grande do Sul (UFRGS), made the program "Planetary Health" available in its educational repository on health, called TelessaúdeRS. The program has versions in Portuguese and in English, with an edition focused on Family Medicine and another one for other

professions in the area. It uses the Moodle platform and is fully self-instructive, in internal modules, whose sections have basic texts, references and access to external support content in video and podcast format ²⁴.

Returning to the informal meetings of scientific reports with the PHC teams at a time of closer approximation between colleagues, after a digression about on care of livestock herds and making a parallel to the preventive care to diseases for populations in different countries around the world, now under the prism of planetary health, the following was criticized:

"(...) we see so much demand from abroad to buy chicken from here, and they make a big deal when they deny the export certificate because there was no vaccine or they gave it a different ration, or they killed it without the right ritual... but for people, when it's for the health of Brazilian people, we don't see them talking so much! [dentist interrupts:] Brazilians are very peaceful! And the media does not disclose them in the same intensity if they are things that interfere with the sponsors' interests, so, as the people have little education, they don't really know. Look how much pesticide released in these years! [nursing technician amends:] The real problem is knowing how to choose: from what you consume to even who you vote for." — informal dialogues between PHC team members.

These speeches bring crucial elements to the sustainability debate: economy, media and politics. These are interconnected when we analyze society and the productive environment in which we are inserted: capitalism ⁸. Far from extolling other productive means, this criticism exists because PHC teams deal with the worst pain of humanity, of those who are on the margins or maintain contact with the marginalized. Therefore, they also

feel intensely the hardships of this system, when inequities are greater in vulnerable populations.

The training of the PHC team professional, in addition to technicality, needs to emphasize ethics and humanism in the profile of health workers, so that they know how to identify, dialogue and prepare at-risk and vulnerable populations for global events, or even local ones, that cause collective upheavals, such as the novel coronavirus pandemic or extreme climate change, geological cataclysms, wars and ethnic-political conflicts^{7,21,25,26}. The focus team of this report engaged in the maximum dialogue with the community, clarifying the importance of nonpharmacological protection measures, such as physical distancing, hand hygiene and the use of masks, even having a group of community health agents who made and distributed fabric masks. Unfortunately, many users did not have the possibility to stay at home, performing strictly remote activities, they had to go outside, circulate, enter the informal economy, until there was some government assistance, which, even so, required going to a bank or lottery agency to make the cash withdrawal. The population, by necessity, was exposed to the virus, and the knowledge and help that we could pass on would be important for individual and collective prevention.

The comment about the difficulty of making the right choices deserves a separate paragraph, because in this act lies one of the most important tools for the promotion of planetary health: conscious and informed consumption, i.e., the purchase of products free from impulse and minimally aware of the reflexes of its production. Some developed countries, such as the Netherlands, promote production chains with less environmental impact using machines that receive discarded glass bottles and generate financial bonuses, facilitate credit for the implementation of clean energy generators by individuals or legal entities²⁷⁻²⁹. In addition, environmental education

and sustainability are part of the curriculum since school. These initiatives tend to encourage the adoption of habits for a circular economy and choices of products from smaller production chains, in which there is the least possible waste of inputs at the same time that there is the least possible emission of pollutants³⁰. Concomitantly with environmental care, responsible consumption emerges, which is related to the choice of brands and products that are identified with inclusive production practices and that have the mission of reducing social inequalities and advocating Human Rights².

3 FINAL CONSIDERATIONS

The series of excerpts from dialogues reported here will certainly find an echo in several PHC teams in the country, as they are part of the daily relationship of its members. However, using these moments of meetings to reflect on our contemporaneity related to the world of work is not always possible due to the exacerbated productive emphasis on procedures and consultations.

Small interventions by the dentist armed with information acquired on electronic portals of scientific journals or traditional journalistic media, in partnership with the OHT, proved to be important to mitigate the fake news infodemic during the first year of the Sars-Cov-2 pandemic, bringing up at the same time relevant matters of interest to health care. "Planetary Health" was a new topic for most of the employees of the health unit, although most already had some knowledge about the subjects related to it. However, it was from the provocation during the "scientific reports" that the PHC team began to adopt new habits. Namely: turning off the lights in empty spaces, opting for healthier foods produced in the neighborhood and properly selecting the dry garbage, although on several occasions the cleaning person would mix them up at the end of

the day.

The extractive-productivist and linear economy system in which we are used to living is not sustainable and has been causing intense harmful changes to the environment and labor relations. Small achievements in micro-politics that are triggered by methods of collective reflection present the potential for major transformations necessary for a healthier world for all.

RESUMO

Saúde bucal defendendo uma saúde planetária: relato reflexivo

Este relato de experiência visa trazer à reflexão todos os atores envolvidos no campo da saúde coletiva, em especial as equipes de saúde bucal, sobre sua atuação e desafios diante das mudanças globais. As realidades dos dois últimos anos (2020-2021) apresentaram-se desafiadoras para as equipes de atenção primária em saúde, as quais se alinharam ao enfrentamento à COVID-19 e mantiveram atenção clínica dando continuidade ao atendimento das necessidades da população. Nesse cenário, a equipe de saúde bucal foi capaz de transcender suas atividades de núcleo técnico para integrar-se ao frente de combate ao vírus Sars-Cov-2, e, igualmente, proporcionou que temas próprios da saúde coletiva fossem debatidos e (re)conhecidos por todos que interagem nesse primeiro nível de atenção em saúde, sejam usuários, estudantes em estágio, ou demais colegas de trabalho. A pandemia tornou-se o fulcro para que o cirurgião-dentista e sua equipe assumissem protagonismo pela saúde planetária. A influência dos determinantes sociais, a devastação do meio ambiente e suas implicações, as grandes mobilizações populacionais e migrações, assim como as repercussões do comércio internacional e da economia linear na saúde planetária não são temas rotineiros e remetem a uma importante reflexão nesse período de crise internacional. Atitudes aparentemente pequenas tomadas pela equipe, como apagar a luz de ambientes vazios, selecionar o lixo seco adequadamente, ou optar por lanches saudáveis se mostraram posturas relevantes. Esses pequenos feitos posteriormente a

momentos de reflexão coletiva carregam a potencialidade das grandes transformações necessárias para um mundo de mais saúde para todos.

Descritores: Educação em Saúde. Equipe de Saúde. Atenção Primária em Saúde. Saúde Ambiental. Indicadores de Desenvolvimento Sustentável.

REFERENCES

1. Bansal P. The Ravaged Psyche: Impact of the COVID-19 Pandemic on the Human Mind. [Internet] Human Arenas (2021) [Cited June 30, 2021]. Available from: <https://doi.org/10.1007/s42087-021-00190-6>.
2. Saleh AM, Saleh PBO. Consumo responsável: um passo além do aspecto ambiental. *Educ Rev.* 2012;(44):167-79.
3. Fan S, Headey D, Rue C, Thomas T. Food systems for human and planetary health: Economic perspectives and challenges. *Ann Rev Res Econ.* 2021;13:131-56.
4. Floss M, Barros EF. Saúde planetária: conclamação para a ação dos médicos de família de todo o mundo. *Rev Bras Med Fam Comunidade.* 2019;14(41):1992.
5. Horton R. Offline: Covid-19 is not a pandemic. *Lancet.* 2020;396(26):874.
6. Lores AM. Epidemiología, Ciencias Sociales y Sindemia. *Espacio Abierto,* 2021;30(2):10-23.
7. Ventura D. Pandemias e estado de exceção. In: Catoni M, Machado F. (Org.). *Constituição e processo: a resposta do constitucionalismo à banalização do terror.* Belo Horizonte, MG: Del Rey/IHJ, 2009, p. 159-181.
8. De Bolle M, Obstfeld M, Posen AS. Economic Policy for a Pandemic Age. Peterson Institute for International Economics. *PIIE BRIEFING 2021,* apr.21-2.

9. Holliday OJ. Sistematização de Experiências: aprender a dialogar com os processos. CIDAC. 2017. [Cited Oct 25, 2021]. Available from: https://www.cidac.pt/files/4513/8497/5266/Aprendizagens_1_v_ligth.pdf.
10. Voltolini BC, Andrade SR, Piccoli T, Pedebôs A, Andrade V. Estratégia saúde da família meetings: an indispensable tool for local planning. *Texto Contexto Enferm*. 2019;28:e20170477.
11. Fernandez MS, Silva NRJ, Viana VS, Oliveira CCC. Doença por Coronavírus 2019: desafios emergentes e o ensino odontológico brasileiro. *Rev ABENO*. 2020;20(2):2-15.
12. Park SE. Epidemiology, virology, and clinical features of severe acute respiratory syndrome -coronavirus-2 (SARS-CoV-2; Coronavirus Disease-19). *Clin Exp Pediatr*. 2020; 63:119-24.
13. Andersen KG, Rambaut A, Lipkin WI, Holmes EC, Garry RF. The proximal origin of SARS-CoV-2. *Nature Med*. 2020; 26:450-5.
14. Barlow P, van Schalkwyk MCI, McKee M, Labonté R, Stuckler D. COVID-19 and the collapse of global trade: building an effective public health response. *Lancet Planet Health* 2021;5: e102-7.
15. Nicolelis MAL, Raimundo RLG, Peixoto PS, Andreazzi CS. The impact of super-spreader cities, highways, and intensive care availability in the early stages of the COVID-19 epidemic in Brazil. *Sci Rep*. 2021; 11:13001.
16. BBC News/Brasil. Coronavírus: EUA são acusados de 'pirataria' e 'desvio' de equipamentos que iriam para Alemanha, França e Brasil. 2020. [Cited June 30, 2021]. Available from: <https://www.bbc.com/portuguese/internacional-52166245>.
17. G1/Jornal Nacional. Solidariedade S/A: empresas doam equipamentos para profissionais de saúde. 2020 [Cited June 30, 2021]. Available from: <https://g1.globo.com/jornal-nacional/noticia/2020/05/19/solidariedade-sa-empresas-doam-equipamentos-para-profissionais-de-saude.ghtml>.
18. WHO. World Health Organization. Covax. [Cited June 30, 2021]. Available from: <https://www.who.int/initiatives/act-accelerator/covax>.
19. Sirena SA, Baldisserotto J, Stein AT, Dora C, Barros E, Jotz GP. Carta de Porto Alegre sobre Saúde Planetária (1º Simpósio Internacional de Saúde Planetária, Porto Alegre, 2017) *Rev Bras Med Fam Comun*. 2019; 14(41):1899.
20. Floss M, Barros EF, Fajardo AP, Bressel M, Hacon S, Nobre C, et al. Lancet Countdown: briefing para Políticas de Saúde no Brasil. *Rev Bras Med Fam Comun*. 2019;14(41):2286.
21. Nick Watts N, Markus Amann M, Arnell N, Ayeb-Karlsson S, Beagley J, Belesova K, et al. The 2020 report of The Lancet Countdown on health and climate change: responding to converging crises. *Lancet*. 2021; 397(10269):129-70.
22. Duane B, Hyland J, Rowan JS, Archibald B. Taking a bite out of Scotland's dental carbon emissions in the transition to a low carbon future. *Public Health*. 2012;126:770-7.
23. Duane B, Dixon J, Ambibola G, Aldana C, Coughlan J, et al. Embedding environmental sustainability within the modern dental curriculum - Exploring current practice and developing a shared understanding. *Eur J Dent Educ*. 2021;25(3):541-9.
24. UFRGS. Telessaúde/Cursos. [Cited June 30, 2021]. Available from: <https://www.ufrgs.br/telessaunders/cursos/>.
25. Sobral ILL, Machado LDS, Gomes SHP,

- Pequeno AMC, Nuto SAS, Machado MFAS. Conhecimento de profissionais da atenção básica sobre as competências de promoção da saúde. Rev Bras Promoc Saúde. 2018;31(2):6653.
26. Souza MGR, Souza PC, Lima RCGS. Realidade e esforços de cirurgiões-dentistas em Odontologia Comunitária. Rev ABENO. 2020;20(2):80-92.
27. Expats Netherlands. Recycling & waste management in the Netherlands. [Cited June 30, 2021]. Available from: <https://www.xpat.nl/expat-netherlands/living-in-holland/recycling-and-waste-management/>.
28. Balch O. The Guardian. Going Dutch: why the country is leading the way on sustainable business. 2013 [Cited June 30, 2021]. Available from: <https://www.theguardian.com/sustainable-business/blog/dutch-companies-leading-sustainable-business>.
29. Euronews. A Europa começa a girar em torno da economia circular - real economy. 2016 [Cited June 30, 2021]. Available from: <https://www.youtube.com/watch?v=IPBqAUgDntQ>.
30. Metabolic Institute. The paper financing circular economy innovation in the Netherlands - The need for an ecosystem approach. Goldschmeding Foundation, 2021 [Cited June 30, 2021]. Available from: <https://www.metabolic.nl/publications/financing-circular-economy-innovation-netherlands/>.

Correspondence to:

Arisson Rocha da Rosa
e-mail: arisson78@gmail.com
Acesso Terra Nova, 502/345
94.857-550 Alvorada/RS Brazil