

## What will be of Brazil and SUS?

O que será do Brasil e do SUS?

Que sera de Brasil y del SUS?

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### Abstract:

The note presents effects of the legal-parliamentary coup of 2016 and evaluates its reflections in the deep political, economic, and social crisis that plagues Brazil. It assumes the difficulty of projecting the future of the Sistema Único de Saúde (Unified Health System – SUS), which turns 30 years old in October, in this context. It reaffirms the impact of the freezing of public spending on social policies established in previous governments, and on how the reforms directly confront the Constitution of 1988, which had introduced the concept of health as a right and duty of the State. Finally, the note recalls the role of historical actors in building SUS and the importance of the mobilization of popular movements so that, before federal and state elections, it is possible to defend the SUS that is wanted.

**Keywords:** Brazil; Unified Health System; Democratic state; Public-private relationship; Austerity measures.

### Resumo

A nota apresenta efeitos do golpe jurídico-parlamentar de 2016 e avalia seus reflexos na profunda crise política, econômica e social que assola o Brasil. Assume a dificuldade de projetar o futuro do Sistema Único de Saúde (SUS), que completa 30 anos em outubro, nesse contexto. Reafirma o impacto do congelamento de gastos públicos nas políticas sociais estabelecidas em governos anteriores e em como as reformas confrontam diretamente com a Constituição de 1988, que introduziu o conceito de saúde como direito e dever do Estado. Por fim, relembra o papel dos atores históricos na construção do SUS e da importância da mobilização dos movimentos populares para que, perante as eleições federais e estaduais, seja possível defender o SUS que se quer.

**Palavras-chave:** Brasil; Sistema Único de Saúde; Estado Democrático de Direito; Relação público-privado; Política de austeridade.

### Resumen

La nota presenta efectos del golpe jurídico-parlamentar de 2016 y evalúa sus reflejos en la profunda crisis política, económica y social que asola a Brasil. Asume la dificultad de proyectar el futuro del Sistema Único de Salud (SUS), que cumple 30 años en octubre, en ese contexto. Reafirma el impacto de la congelación del

gasto público en las políticas sociales establecidas en gobiernos anteriores y en cómo las reformas confrontan directamente la Constitución de 1988, que introdujo el concepto de salud como derecho y deber del Estado. Por último, recuerda el papel de los actores históricos en la construcción del SUS y la importancia de la movilización de los movimientos populares para que, ante las elecciones federales y estatales, sea posible defender el SUS que se quiere.

**Palabras clave:** Brasil; Sistema Único de Salud (SUS); Estado democrático de derecho; relación público-privada; política de austeridad.

What happened to Brazil? This is the question asked by those who live abroad, stunned by the abrupt changes observed in the country that had become the sixth economic power and was emerging on the international stage as a nation with the potential to lead a new world order. What will happen to Brazil, we those who live in the country ask, regardless of whether or not we have supported the legal and parliamentary coup that deposed President Dilma and culminated in the arrest of Lula, who has been the best-evaluated president of history and public figure par excellence, with conditions to lead the resumption of the political-institutional normalcy, putting Brazil back on track?

The analysis of the Brazilian political situation and, in this complex context, that of what could happen with the Sistema Único de Saúde (Unified Health System – SUS), which turns 30 years old in October, is not an easy task. It is still not possible to understand the most structural roots of the coup of 2016. This coup was produced from political manipulation and sustained by the communications, business, and financial sectors; it was supported by broad segments of the population, particularly the middle class, influenced by the discourse of combating endemic corruption, which marks the public vs. private relationships and our political-electoral system since the days of yore. Nevertheless, we can already see its consequences. The country has plunged into a deep political, economic, and social crisis with deleterious effects on the population's quality of life and health.

Those who have supported the impeachment and are rejoicing in Lula's arrest, sought after since the late 1970s, can no longer conceal the failure of the coup and the real intentions of the conservative alliance that led it. The absence, just a few months from the next presidential election, of any candidate from the center or right-wing, who is an explicit or enrobed supporter of the coup and with chances of representing the maintenance of the coup plot, is an expression of this. Without Lula and the unification of the left-wing, we run the risk of a fascist ex-military to ascend to the Presidency, supported by the most backward sectors of society represented by those who came 'out of the closet' after the demonstrations of 2013. These individuals became strengthened by the refusal to recognize the election's result expressed by the opposition candidate defeated by Dilma in the second round of elections; the recognition of an election's result is the basic primacy of democracy, and thus, this confrontation to the elections' result opened space for the 'plan B' of the elites to establish a conservative norm into practice in a hallucinating rhythm.

The result is translated into an increase in urban violence, criminalization of social movements and their leaders, lack of control of indexes that have a drastic impact on the poorest, such as increased unemployment (14%), strengthening of the dollar value (R\$ 4.00), and increased costs of cooking gas (R\$ 75.00), gasoline (R\$ 5.00), and diesel, which led to the strike of truck drivers (in whose service are they for really?). This is only the most visible face of the misfortune that falls upon Brazilians. Many of those who took to the streets 'in the name of morality and good manners', bragging about the fight against corruption (with Fiesp's symbol – little yellow ducks, CBF's<sup>ii</sup> t-shirts, and under the sound of beating pots and pans) already realize that the coup was led by the sectors involved with corruption, and question the course Brazil will take.

i Federation of Industries of the State of São Paulo..

ii Brazilian Football Confederation.

Brazilian democracy has never been so threatened since the end of the military regime. There are those in the social media who cry out for the suspension of the 2018 elections and the establishment of a legal-military government able to “restore social order.” The latest manifestations of the military sector and the relations established by agents of the Public Prosecutor’s Office, the judiciary system, and the Federal Police, which have guided the country’s directions in a selective manner, in a hallucinating rhythm, trampling on the most elementary principles that govern the Democratic State of Law, indicate that this thesis needs to be carefully considered. Furthermore, it is necessary to understand that the coup was conceived and supported for the “restoration of the conservative order,” such as Bourdieu pointed out when analyzing the neoliberal guideline being implemented in Western Europe decades before.<sup>1</sup>

It is as if the ‘dammed doors of hell’ had suddenly been opened and the anti-popular agenda, only feasible in times of coup and exception regimes, could be carried out against the interests of the vast majority of the population. The Labor laws’ reform, the delivery of the pre-salt to multinational companies, the Constitutional Amendment 95 (EC-95) that limits public spending for 20 years (but maintains payment to banks), and the proposal of Social Security reform among others, are examples of the voluptuousness of the Temer administration, which tends to the interests of those who support it and count on the docility of a physiological majority built on the basis of a public office ‘fanfare’ and parliamentary amendments – having the Ministry of Health (MS) as the guarantor. This administration has been destroying the achievements of decades of struggles for citizenship and social justice in record times.

The governments of Lula and Dilma have had successes and limits. I had the opportunity to experience them from within, first as a director and later as the Minister of Health. We did not make the necessary political reform (the mother of all reforms); nor that of the justice system. We owe an administrative reform (our management structure is still inherited from the dictatorship, only modified by the creation of executive agencies such as the Organizações da Sociedade Civil de Interesse Público (Civil Society Organizations of Public Interest – Oscip) and Organizações Sociais (Social Organizations – OS) in the FHC<sup>iii</sup>’s government. We did not democratize the media. We did not make a tax reform to tax great fortunes and inheritances. We disregarded the need to politicize society and build a new political culture. We did not face the scourge of the endemic corruption that ravages our country (and is still around, free, light, and loose). The right-wing was underestimated, and the option of producing inclusion by the logic of consumption and production of a robust new middle class did not survive the first economic crisis. In recent years, the financial system, the business elite, and the latifundia have enriched as much as they could. However, it must also be acknowledged that the undertaken inclusive public policies allowed millions of Brazilians to live longer and better, own their homes, and have electricity and opportunities to study in technical schools and attend universities, all of which were privileges of the elites before. We elected Lula and Dilma, but we did not constitute a majority among the progressive and democratic forces in the National Congress to produce the necessary governability, and therefore, yielded opportunities to alliances with conservative, clientelistic, and physiological sectors that, under the leadership of Eduardo Cunha & Cia, dared to do more.

Thus the ongoing progress in dismantling the Brazilian State must be understood. It is a misconception to think that only SUS is in danger. The reduction of resources for education and public universities, for the S&T policies, and the insidious dismantling of the Bolsa Família Program (BFP) – a conditional cash transfer program among others, shows that the conservative action in progress is aggressive and radical. These are times of ‘all or nothing’ for coup supporters.

It is in this complex and murky context that SUS completes 30 years of existence. Never before has the force-idea produced since the struggle for redemocratization, which culminated in the constitutional guarantee of health as a universal, public, and free right, and as a duty of the state, has been so threatened.

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iii Former President Fernando Henrique Cardoso.

The disastrous economic policy of the Temer-Meirelles administration has led to a worsening social crisis, and its health impacts are already evident such as the closing or reduction of services. The austerity policy will criminally raise child mortality by 8.6% by 2030. This represents more than 20,000 deaths in the next 12 years, with an impact on poorer municipalities driven by increased poverty and reduced coverage of social programs, particularly the BFP and Estratégia de Saúde da Família (ESF) – the nationwide primary healthcare strategy<sup>2</sup>. The childhood mortality has already increased from 14.3 deaths per one thousand inhabitants in 2015 to 14.9 in 2016. The number of avoidable deaths among children between 1 and 5 years of age increased by 11% in 2016. The infant mortality rate increased after a sustained downward trend and went from 12.4 deaths of children under one year of age for every 1,000 live births in 2015 to 12.7 in 2016.<sup>3</sup>

After three decades of struggle for the implantation and financing of SUS, for the municipalization of health (1980s), regionalization with integrality (1990s), and guaranteed access to quality service (2003-2015) we return to the pre-SUS agenda: fighting to ensure the existence of a universal health system in our country.

Health as a public policy has always been strongly associated with the role assumed by the State in the model of economic and social development. The successive periods of economic and political crisis have interfered significantly in its direction. The SUS, created in a scenario of redemocratization and expansion of social rights, is a political achievement of the Brazilian society. Since its creation, there has been a constant tension between the economic sectors of different governments (Collor, Itamar, FHC, Lula, and Dilma) and official health representatives (ministers and management teams). In the Temer administration, for the first time, official health agents enunciate a speech in agreement with the economic area. This phenomenon reveals the pretension of a new social order in which the SUS is directed to marginal urban peripheries and to rural poverty, through an extensive network of low-cost services. The movement of a clientelistic stratification, already rehearsed in the 1990s in the Collor and FHC administration, is now taken up again explicitly and aggressively.

The rhetoric of reforms centered on changes in the fiscal model, uncontrolled spending, improved controls, and a “smaller SUS” is a fallacy. The proposal to create popular health plans confronts the universality and imposes a reduction of rights.

The constitutional Amendment 95/16 freezes public spending for twenty years without considering demographic and epidemiological changes and the need for the technological incorporation of SUS. It inflicts death on the SUS and disregards the health needs of the population including the expansion of the network to fulfill welfare gaps and the sector’s own inflation. Worse still, it dissociates social spending from any revenue growth over the next 20 years<sup>4</sup>. It makes programs such as Mais Médicos (More Doctors), Unidades de Pronto Atendimento (Emergency Care Units – UPA), Serviço de Atendimento Móvel de Urgência (Mobile Emergency Service – Samu), Farmácia Popular (Popular Pharmacy – FP), Estratégia de Saúde da Família (ESF), and Programa Nacional de Imunizações (National Immunization Program) among others, inviable. The imposed reforms destroy universalization and inclusive policies that have been built in recent years; these reforms are the result of the interest groups that support the coup under the auspices of the country’s most backward sectors in alliance with the capital front.

The Constitution of 1988, by introducing the concept of health as a right and duty of the State, established a new civilizing order with an extension of social rights. This is a great achievement of the Brazilian society. The SUS is indispensable, and everyone benefits from it. Even though it has been chronically underfunded and have had several problems in its implementation, it guaranteed progress evidenced by the improvement of health indicators such as infant mortality and life expectancy at birth. Its destruction will mean barbarism for millions of Brazilians who depend on it and who will never have access to private services based on the market’s logic. This dismantling is already underway and can be exemplified by the recent changes in the Política Nacional de Atenção Básica (National Primary Care Policy), FP, and the ending of funding blocks (which will reduce resources for basic care and health surveillance in a scenario of financial constraint). The

process also undergoes the resignation of competent and committed managers and technicians from the SUS, many working in the MS since the administration of Adib Jatene, and the appointment of individuals, without any technical capacity or experience, based on political favoritism.

Moreover, the MS has turned into a business counter. In the area of information technology, the Tribunal de Contas da União (Union Accounting Court – TCU) suspended a 15.1 billion reais program in the MS for the informatization of more than 29 thousand Unidades Básicas de Saúde (Basic Health Units – UBS) based on evidence of facilitation and manipulation on the free choice of providers by municipalities<sup>5</sup>. The TCU will also audit the Fundo Nacional de Saúde (National Health Fund) because 71% of the resources assigned to the reporting parliamentary amendments would have been anomalously distributed among six states, all of them ruled by Progressive Party chiefs (PP), the party that controls the MS<sup>6</sup>.

Hence, in this fragilization and dismantling context, the private market starts to publicly dispute its projects of expansion of the control of public funds. According to Gastão Wagner, president of the Associação Brasileira de Saúde Coletiva (Brazilian Association of Collective Health – Abrasco), “The MS has become an advertising boy and incentivizer for the health market”<sup>7</sup>. The population’s ability to buy health insurance plans, however, never surpassed 22%, which is the apparent ceiling of consumption. The market knows this and is actually looking forward to a return to the past when they operated without any government regulation.

It will be necessary to guarantee sufficient and permanent financing in order to make the SUS viable. It is impossible to maintain a universal and integral system with public expenditure in the range of R\$ 3.20 inhabitant/day. The EC-95 prevents the expansion in terms of real expenditures, including the reduction (in nominal and real terms) of federal health expenditures already observed in 2018.

We still have to deal with a crisis of legitimacy. After decades of funding and granting privileges for the private sector, the idea sold to the society was that the access to health insurance would solve its problems. This became the consuming dream of the new middle class, which in the meantime, is faced with the tragedy of supplementary health offered to it.

However, we have the strength and ability to resist. Actors historically present in the formulation and construction of the SUS have been acting in its defense such as the Conselho Nacional de Saúde (National Health Council – CNS), Abrasco, the Centro Brasileiro de Estudos de Saúde (Brazilian Center for Health Studies – Cebes), unions, left-wing political parties, and social movements. These forces will need to mobilize other segments and the society in general for the electoral battle of 2018. For the first time in the history of the post-redemocratization presidential elections, we will have in dispute different health projects and proposals aimed at ending or disfiguring the SUS to favor the market. Until then, to a greater or lesser extent, all candidates have reaffirmed their commitment to SUS. Therefore, this will be a strategic moment of contention for the SUS that we want. Likewise, the election of federal deputies and senators committed to the SUS is very important because the game to change the Constitution will have to be played in the Parliament (and on the streets).

The construction of a broad, left-wing, and democratic political front, successfully tried out in other countries, committed to a project in defense of SUS, and along with other Republican and popular interests, is fundamental in this historical moment we are crossing.

Not everything is lost. However, it is not given if SUS will be maintained and perfected. We have the possibility of resuming the construction of a country for all. I remember, however, what David Capistrano told us. In these hours, we must mobilize our capacity for indignation and fight with all our might for democracy and social justice. The SUS is much more than an organizational-institutional framework. It is also a space of struggle, an ethical-political civilizing project that joins other fights for a just and fraternal society. Hence, we need to link ourselves to other democratic agendas of the society and make the necessary

alliances for health to be included in the central agenda of the national political debate. Then, perhaps, it will be possible to tell a beautiful story when SUS turns 40 years old ...

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