

## Social technologies

# Health and Democratic Management: a critical analysis of the Health Councils

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**Richelly Barbosa de Medeiros**

Ceara State University (Universidade Estadual do Ceará),  
Fortaleza, Brazil

[richellybarbosa@yahoo.com.br](mailto:richellybarbosa@yahoo.com.br)

**Abstract**

In this article we intend to structure a reflection on some contradictions inherent to the process of incorporation of the institutional spaces of social control in health care policy, identifying the counterarguments that pervade participation discourse in contemporaneity. For this, we emphasize the political ideology that guided redemocratization in the 1970-1980 decades, which broadened the basis of citizenship, understanding that as a protection and social control. Likewise, we analyze the changes in neoliberal thoughts and its consequences in dismantling of public policy and in consolidating the challenges saddle to their democratic management.

**Keywords**

social security; unified health system; social movements; participation; social control

Our goal is to contribute to a critical analysis of social control and democratic practices of social participation in Social Security policies in Brazil, especially in health policy.

To perform this, we conducted a bibliographic research on the social participation categories, social control and social security, focusing on discussions of several authors. Allied to this research, we also developed a documentary research on the above categories in Federal Constitution, in National Social Security and in the law which established the National Unified Health System (Sistema Único de Saúde – SUS).

We deal with the hypothesis that, understanding this system in its totality requires a dialogue with their antagonisms, in order to build a substantial critic regarding their real achievements as well as their challenges in contemporaneity without losing sight of the multiple determinations that circumscribe the subjects in this process.

Given the objective, methodology, and the hypothesis highlighted, the research is divided in three topics, namely: *Social Movements and the "Citizen Constitution" (1998): the struggle for social rights as a Democratic Expression*, where we address the historical context of Brazil's democratization and the collective subjects that contributed to build

democratic ideas associated to social participation, control and supervision of public policies. An ideology embraced by health workers movements which contributed to materialize a broadening health concept in 1998 Constitution, considered a citizen's right provided by the State under citizens' control.

In the topic *Social Security and the New Nuances of Right to Health in Brazil: Legal Achievements and Neoliberal Offensive*, we discussed the legal changes accomplished, with a constitutional incorporation of Social Security on its tripod: health, welfare, and social assistance. We learned the cyclical changes, under the aegis of state intervention, interested in trying to incorporate them to a critical analysis of the effects of counter reformulated offensive against the neoliberal policies, particularly in health policy. This characterization makes it possible to focus on social control challenges in a dimension closer to SUS issues, emphasizing some of its contradictions, in both micro and macro ways.

In the third and last topic, *Social Control in Health Policy: Achievements, Contradictions and Contemporary Challenges of the Participation Right*, we take responsibility to critically consider the central issue in this paper through a critical dialogue with other authors, posing questions, providing

allowances and placements for the fomentation of the contemporary debate on the subject.

### Social movements and “Citizen Constitution” (1998): the struggle for social rights as an expression of democracy

The late 1970s and early 1980s are marked by a confluence of new social actors in the Brazilian political scene which in line with working class movements become the greatest expression of Brazilian struggle for the (re) democratization<sup>1</sup>. Carvalho (2005, p.2) highlights that in this process (...) *the dominated classes started rebuild politics again, re-articulating State and Society, seeking new compromises and agreements aiming enlarging the democracy (...)*.

The desire for freedom, to break away from the authoritarianism imposed by the military regime, was rooted in the political imaginary of the population as something bigger than civil and political vote, but also as the expression of a desire for a protected democracy that could represent people through the wider dimension of citizenship and social endorsement.

The changes in Brazilian economy and in public policies management showing the government's effort to expand them between the years 1974 and 1979 (the beginning of a slow and gradual process of transition towards democracy) and the seeking in a macro way (...) *to raise Brazil to the category of an emerging power, had a very specific strategic goal: reconnect the state to society, especially the masses, to keep the rulers of an outworn system as 'viable political actors'* (Pereira, 2000, p.13). However, this perspective of controlling the masses, authoritarian, spreading a development ideology was marked by conservatism and social policies that, as highlighted by Abranches (*apud* MENDES, 2001, p.12), were (...) *constituted and deployed as personal decisions of bureaucrats and interest groups, based on privilege and privatization of public activities*, which have raised questioning the process of this policy distension, led to dissatisfaction among the masses and arouse anti-hegemonic manifestations.

The 1980s surpassed all the arguments that supported the ideals of “sharing the economic pie that had grown,” as a result of the enlargement of the margins of social exclusion, says Pereira (2000, p.147):

*(...)[The State emphasized] the adoption of anti-social measures such as a deeper cost containment in health care social security, restrictions on funding for 'social interest' habitational deployments and a reduction by half on investments in the public transport sector.*

It is the collapse of a State concept as an unwavering supremacy and highlights the weakness of a bankrupt system in their dictatorial form of an imposing policy and social protection.

Given the fragility of the established power to legitimate and reproduce itself, the effervescence of vast social movements on the political scene emerge in a process of “democratic transition” that, according to the author, is

*(...) characterized primarily by an institutional reorganization that culminated in calling for a Constituent Assembly in 1996, and secondly, by a conception of social protection in which both social rights and the assured policies of those rights were given special attention* (PEREIRA; 2000, p.148).

Sanitarian movements erupt in this process aiming at completing the reform in health policy, in opposition to the exclusionary model then in force<sup>2</sup>. The process to prepare and hold the 8th Conference of Health, occurs in 1986, mediated by the Ministry of Health, under the demands and political mobilization of the sanitary movement and multiples other social representations, Teixeira and Mendonça (1995, p.217-218) point out:

*(...)The event, at a national level, was in fact the outcome of a labor organization in all the federated units, concerning the health issue, by health professionals, intellectuals, trade unions and central labor, popular movements, and political parties. These social forces were represented in the Conference plenary, ensuring the proposal elaborated in the final report of the legitimacy and political support for a real program for Health Care Reform, in that it resulted from a thorough discussion of the specific demands of different social forces presented.*

Another key aspect was the definition of the “right to health and duty of the state,” enshrined in the text of the final report of the Conference, which highlights society's demand for universal health care and the establishment of a state basis for health system.

The conference gives precedent for further analysis of democratization and decentralization of political perspective that enter into discussions and fortify them in the midst of the National Constitutional Assembly (1987), marked by the alliance between the health movement and the parliamentary front connected to health.

In the Assembly the power relations circumscribed all the bases of political order which are related to education,

care, health, welfare, among others. Population, through their political representatives, sought to legitimize the social favorable rights while the dominant class was trying to validate their economic interests through the reassertion gaps in the law that assured them, in this situation, the space in private market.

The 1998 Federal Constitution, among other features, incorporates in the chapter of Social Order, the concept of Social Security.

### Social Security and nuances in the right to health in Brazil: legal achievements and legal neoliberal offensive

Social Security is mentioned in Article 194 of the Constitution as follows: *Social Security comprises an integrated set of actions from Public Authorities and society to ensure the rights to health, welfare and social assistance.*

Health is incorporated into Social Security in Articles 196-200 as *the right of everyone and a State duty*, as a reference to promote, protect, and recover the health system. Regionalization, hierarchy and a single system organized in three guidelines is established, in short: *I – decentralization with a single management in each government sphere, II – comprehensive care, with priority given to prevention, and III – community participation.* Financing will be through Social Security's budget and it is co-participatory and passive to private enterprise. The Organic Law of Health (8080/90) regulates the constitutional provisions defining the bases of organization and operation of the SUS, which has three fundamental pillars: **universalization**, to serve all free from any constraint; **integrity**<sup>3</sup>, see all the people and their needs in full, and **equity**, provide care to all considering the differences.

However, many authors point out that this legal achievement didn't mean to be fully effective in practice, as explained by Oliveira (2003, p.24):

*(...) The occurred universalization combined rationing mechanisms, that is, an increasing demand with no expansion of services, what consequently lead to a quality dropping. This universalization therefore didn't mean the inclusion of every social segment, but the expulsion of some groups that counted with a better earning power and begun to buy, in the market, services previously provided by the State. Even the poorest population that seeks SUS service is often not attended or is attended in a precarious way.*

It is worth of note that, despite the problems experienced by the SUS, it is a step forward in terms of accessibility,

through a network that allows care for low, medium and high complexity, as well as, sanitary and epidemiologic surveillance.

The discourse employed by many that the system is "completely failed" and it is unable to maintain quality of care, can also be tied to a strongly propagated ideology that legitimizes the need of population to invest in private markets for health plans.

In reference to the 1990 decade, Pereira (2006, p.3) indicates that *the Government of President Fernando Collor tried to deconstruct the universalized, distributives and non stigmatizing principles of Social Security, included in the 1998 Federal Constitution.*

Such disruption is marked by a previous period as a consequence of a long line with the interest of global capital, as highlights Couto (2004, p.144):

*It should be emphasized that in the middle of the effervescent Constitution promulgation process of 1988 and all critical discussions around their conquests, Brazil became a signatory in a financial agreement with international organizations such as World Bank and International Monetary Fund, through Washington Consensus guidelines.<sup>4</sup>*

Pereira (2006, p.5-6) refers to Barros (2004), in his analysis of health policy budget during Collor Government and also Fernando Henrique Cardoso, that states:

*(...)The height of the crisis [in Brazilian health system] occurred in 1993, still under the egis of Collor government (...) when the Finance Minister Fernando Henrique Cardoso and Antonio Brito, Minister of Social Security, signed an 'informal agreement' that allowed to face the Social Security deficit at the expense of health financing suspending the transfers of resources originating from the payroll provided in the budget of Health Ministry, which corresponded to 31% of the Ministry's budget (...).*

Larissa D. Pereira (2003, p.6) concludes that *(...) Many problems that public health system faces today are related to these factors. At the same time that occurred strong expansion in plans and health insurance (...).*

We understand that perceive this system as a whole requires a dialogue with their antagonisms, consolidating its real accomplishments in the contemporary context and we think that overcoming these challenges is to oppose to the logic established order, that legitimates the interest of the current capital and as the 1970-1980 decades participatively speak out for the supremacy of masses' interests, occupying

the spaces of social control and at the same time, if necessary, crossing such spaces.

### Social Control in health policy: achievements, contradictions and contemporary challenges of the right to participation

Law 8.142/90 regularizes the financing and social control in health policy establishing,

*(...) collegial and participatory proceedings, which are: The Conference of Health, that shall meet every four years with representation of various social sectors and Health Councils that have a permanent and deliberative character, a collegiate body composed of a tripartite participation (government representatives and services provides – 25%, health professions – 25% and users – 50%).*

Conferences also followed the same participatory nature of the Councils, with the same percentage. Both have the organization and operating standards defined in their regiment.

The conquest of laws that characterize the popular participation in monitoring the implementation of policies on Social Security was the result of political unrest in the 1970s and 1980s which was aware of the importance of doing this as a force of pressure on the eligibility of social rights, understanding that such presence would have to be constant, being legitimized by their support of the legal apparatus. So, when it comes to health policy, in Article 8.142, it is established, under penalty of losing transfer resources, the obligation of the Municipalities, States, and Federal District to have Health Councils". This legislative nature can also be interpreted, paradoxically, to inhibit an auto-suggestive nature of social movements due to the initiative of the establishing Councils through government, allowing population to lose the identity with the process, which could become a mechanism "imposed from above".

Cyclical changes in capital restructuring and redefinition of the state that Carvalho (2005) characterizes as permanence change, because in the words of the same (2005, p.5), (...) his interventionist nature is preserved, by effecting a intervention of a new type, functional requirements of capital in this new phase (...), harm the conduct of the historic councils possibilities to become entities that in line with the governments might guide the effectiveness of policies on ethics for citizenship, considering to serve in a democratic way, more consisted to social rights, the needs of users.

Bravo (2002, p.49) explains that *the affirmation of neoliberal hegemony in Brazil (...)tends to disable the spaces of collective representation and social control over the state.*

Another relevant discussion is established in questioning the contemporary pattern changes in individualities construction, seen here in a dimension theorized by Heller (2000), as a conscious construction closer to generality, in the interrelationship with generic human. How to make compromises with others in a society where more and more social bonds fray? In a society that social ties are ephemeral and that character building, as highlighted by Sennet (2005)<sup>5</sup>, undergoes to a process of "corrosion"? All these and other issues are cross-cutting dialogue with contemporary trends of social control in participatory dynamics, understanding this as a necessary means to compromises and effectuation "generic man for himself" in a scale that has strength to oppose and make a consolidated set of forces and interests that underlie the institutionalized spaces, and could even, if necessary, transpose them.

There are authors as Semionatto and Nogueira (2001), that analyze the dialectic of discourse and its relationship with participatory interests of international organizations, understanding that it incorporates *new and old at the same time*, weaving arguments about possible reuse by dominant classes in the ideals of participation, aiming to inhibit the "poor classes" to pursuit a revolutionary social transformation by a revolutionary glance.

This subject gets to international guidelines as a strategy to combat poverty, explicit Semionatto and Nogueira (2001, p.159) citing the statement of James Wolfensohn<sup>6</sup> to the newspaper Folha de São Paulo:

*IBRD concerns has grown recently since 1990 to note that poverty represents a threat in terms of "social fracture", caused by the big gap between rich and poor, it is able to destabilize the world (...).*

Thus, "the poor" in the argument of those bodies, become responsible, strategically, to build means to confront social inequality, which should be effective by planning and monitoring policies for poverty reduction. According to the authors (2001), such conceptions are linked to the strengthening of capitalism accumulation dynamics, since there is no evidence between the relationship of social inequalities, structural policy and the role of State, which is based in an attempting of rationalizing the social helplessness that were conducted in all peripheral countries. Thus, from this point of view,

(...) *The discourse of the multilateral lending agencies on the participation of the poor, community participation and joint participation is reduced, so the minimalism of social practices, the weak mechanisms of political representation, a participation 'in retail' (SOARES, 2000) and not that full citizenship resulted from a radically democratic process (IDEM; 2001, p.162)*

Referenced that, despite a multitude of contradictions and advances, participatory processes are triggered by social historical subjects, which may introduce initiatives such as nurturing a democratic project, which has in the institutional participatory spaces only a point of departure rather than arrival.

Semionatto and Nogueira (2001, p.153) address questions that we can list in order to problematize assumptions that guide the dialogue on the subject and that we cannot despise under the penalty of not understanding the range of analysis suggested by the theme, for example:

(...) *What is the real importance of participation in that period? Which were the consequences for civil society? Has the participation provided a bigger democratization and social control or has society assumed a simple role losing a possible leading figure? To what extent the influence of multilateral agencies have shaped the participation according to its interest. How to express the relationship between participation and the propositions in the realms of public policies?*

These reflections arise, as well as other questions, indicate the need to take into account the links that encompass the full complexity of their nets, without, however, to isolate ourselves in abstract categorization that prevents us from recognizing the legal locus of policy making, as well as possibilities of building a mass democracy.

Today is another historical moment, different from the period which marked the return to democracy in times of dictatorship, where political ideas of social movements were confused with collective interests. But to think about the dynamics of humanity is to think in its possibility of making a revolutionary course of history, as in the Dialectic Poetry of Bertolt Brecht:

(...)  
*And among the oppressed many say:  
 Do not ever realize what we want!  
 What still lives do not say: never!  
 Insurance is not insurance. How it is, it will not be.  
 When the rulers speak  
 also will speak the dominated.*

*Who dares to say: never?  
 Who depends on the continuation of this domain?  
 Who depends on its destruction?  
 It depends on us.  
 The fallen ones stand!  
 Those who are lost, fight!  
 Who recognizes the situation, how can it shut up?  
 The losers of now will be the winners of tomorrow.  
 And the "Today" will be born of "Never."*

## Final Considerations

The social movements that emerged in the political and social scenes of the 1970s and 1980s were important actors in democratic achievement and social protection, culminating in "Citizen Constitution". The package of social policies covering health, welfare and social framework of rights became never before reached by the lower classes in Brazilian history, but the international dynamics of a new capitalism phase that is management imposes limits on the objectification of those real achievements. All these features are folded in the formulation and implementation of a social control system of social, in its achievements and challenges, characterizing it as a conflicting mechanism of popular participation.

## Notes

1. Sader (1991:35) says to be in the late 1970s that several texts have come to refer to the emergence of workers and popular movements that emerged to mark the autonomy and challenge the established order. The author reiterates that: "(...) it was the 'new unionism' which was intended to be independent from the State and from the parties: they were 'neighborhood movements' constituted of a self organization process, claiming for rights and not exchanging favors like those in the past, it was the emergence of a "new socialization" in community associations where solidarity and self-help went against the values of an inclusive society, were the 'new social movements', that politicized spaces before silenced in the private sphere. Where nobody expected new collective subjects appeared, they created their own space and required new categories to its comprehensibility. "

2. Medical Welfare

3. More informations regarding the integrity concept cf.: MATTOS, Ruben Araújo de; PINHEIRO, Roseni. (Orgs.) *Integrity in the population's health care programs - Os sentidos da integralidade na atenção e no cuidado à saúde*. 6. ed. Rio de Janeiro: IMS/UERJ - CEPESC - ABRASCO, 2006.

4. Among the guidelines are inspired by the neoliberal precepts indication for the destruction of the social protection systems linked to the structures and guidance so that they start to be gestated by private initiative.

5. Sennit (2005) in his book *Corrosion of Character* it is made an analysis of the changes in work world and its consequences in the construction of “ethos of individuals” in contemporaneity. This and other analysis are contextualized by Sennett, in other books also: *The fall of Public Man* (1988); *Authority* (2001); *Respect, In a age of Inequality* (2004) and by other authors as Lach: *The culture of narcissism* (1981); *The Minimal Self: Psychic Survival in Troubled Times* (1990); Pietro Barcelona: *O Egoísmo Maduro e a Insensatez do Capital* (1995), among others.

6 In the time mentioned by the authors, James Wolfensohn was the president of IBRD (International Bank for Reconstruction and Development).

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