

The Medicines Center and pharmaceutical care during the civil-military dictatorship (1970-1974)

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THEMATIC ARTICLE

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Abstract *The present article analyzes the formation of the first pharmaceutical care policies implemented by the Brazilian Federal Government between 1968 and 1974, during the civil-military dictatorship. It examines a set of measures adopted by the Costa e Silva and Médici governments to contain a continuous rise in the prices of raw materials and pharmaceutical specialties, with this context being essential to the creation of the Medicines Center (CEME) in 1971. The core argument of the article is that CEME represented, at the federal level, the consolidation of a policy carried out at the National Institute of Social Security (Instituto Nacional da Previdência Social - INPS) between 1968 and 1970, based on the production of inputs and medicines in public laboratories. Ended in 1970, this policy was resumed the following year with broad participation of military personnel and laboratories of the Armed Forces. The originality of this article lies in its explanation of how such support influenced the establishment of CEME in its early years. Until 1974, military members were the majority in the Board of Directors of CEME, with some of the agency's early missions being the supplier for Civil-Social Actions of the Armed Forces.*

Key words *History, Military Dictatorship, Pharmaceutical care, Social security, Public health*

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Introduction

This article analyzes how a policy of boosting the production of medicine conducted in 1968 by the laboratory of the Federal Hospital of Bonsucesso, at the time managed by the INPS, was incorporated by the Federal Government, carried out by military and civil laboratories, and collaborated for the beginning of the policies of pharmaceutical care in Brazil. The main focus of this study is the Medicines Center (*Central de Medicamentos* - CEME), an autarchy created in 1971 and that, according to this article's perspective, represented the consolidation of a policy of boosting the production of pharmaceutical raw materials and specialties, which was developed by Luiz Moura, assistant director of the INPS hospital. Moura gained notoriety after reactivating a laboratory for the production of medicine instead of acquiring it from the pharmaceutical companies, and he was promoted to president of the INPS for the success of his proposal. However, he met strong opposition from representatives of the private sector, which ended up contributing to his dismissal and the interruption of the policy by the same governmental department in 1970. The present article aims to explain how the return of the INPS production proposal, its expansion into military laboratories or laboratories connected to the Ministry of Health and Social Assistance, contributed to the structuring of the CEME and originated the first policies of pharmaceutical care in Brazil.

Three fundamental questions guide the conduction of this analysis: the first seeks to understand why a stimulus policy interrupted by the INPS in 1970 was rescued and expanded to a larger scale in the following year by the Médici administration? The second question seeks to understand why the civil-military dictatorship, known for being open to international capital, chose to have a state-owned company for pharmaceutical production and assistance? The answer to this inquiry requires the resolution of a third question: what was the level of involvement and interest of the Military in the creation of CEME? Considering the Médici administration as the peak of military intervention in national politics throughout the dictatorship, finding the answer to this last question help to shed light on the previous question, regarding the nationalization option of CEME.

This article follows the trajectory defined by previous studies which highlight new research paths about the civil-military dictatorship and

new issues regarding the participation of the military in the area of pharmaceutical care. To understand that regime, we start from the premise of an expanded State, as discussed by Antonio Gramsci and used by authors such as René Dreifuss¹, Sonia Mendonça², Pedro Campos³, and Elaine Bortone⁴, who agree that the civil-military dictatorship in Brazil was the result of a coup d'état which sought to defend the interests of different groups of national and international business, of the state bureaucracy, and of the high echelons of the military, which opposed the João Goulart administration. Based on this premise, the present article considers the policies implemented between 1964 and 1985, including pharmaceutical care policies, as interventions organized by the regime with the purpose of ensuring the political conditions for the reproduction of the workforce and for the maintenance of the social relationships of capitalist production in the country, thus ensuring the interests of a portion of the private groups that supported the coup d'état against Goulart.

The study also considered that the political actions of interventionist nature adopted by the regime during the Costa e Silva and Médici administrations, such as CEME, were the consequence of changes in specific demands from civil and military groups involved in the coup d'état and that, in a given context, began to have a direct influence on the State apparatus and public policies. As mentioned by Campos³, since the Castelo Branco administration, business groups organized in industrial entities "requested the reorientation of economic policies and created alliances with the most authoritarian military officers, who defended limits for the participation of foreign capital in the country" (p.339). Such an association between the military and the business sector had notable dominance over the political-economic agenda in Brazil between 1967 and 1974, during the tenure of Delfim Netto as Minister of the Treasury⁵. In that context, CEME came into being, as an autarchy organized with the purpose of mediating the interests of the State and the private sector through pharmaceutical production in public laboratories. However, some authors argued that the origin of CEME required a more expanded explanation, based on the interests of the military, which is the main focus of the present article.

According to Hésio Cordeiro⁶, there is a lack of studies regarding the political groups that influenced the creation of CEME, and no studies had been conducted until 1980 as regards the

process of decision-making that resulted in the creation of the autarchy. Cordeiro⁶, however, suggested: “it is assumed that, considering the ideology of national security, the state and military bureaucracy took the initiative, which resulted in a government intervention in the area of production, research, and commerce of medicine” (p.144). Moreover, in 1980, Ana Maria Marquesini and Gerson Tavares⁷ conducted an analysis that even further highlighted the organization and evolution of the legal apparatus, which provided the legal basis for CEME; however, the authors did not discuss the political motivations that created and directed the company.

Peter Evans⁸, in turn, sought to understand CEME as a product of a triple relationship joining the State, the private sector and multinational companies, which, since the 1950's, was defined by constant State intervention to establish the limits of the participation of private business. Hence, the creation of CEME was considered mostly according to economic-political justifications of a structural nature. The study by Evans is not objective in relation to sources with comments and texts about the positions of CEME managers in its early years. Geraldo Lucchesi⁹, in 1991, was the first to analyze the cooperation between military and social welfare personnel in the creation of CEME, as well as the first to use interviews with Luiz Moura. However, his study did not offer an in-depth analysis of the positions of officers connected to CEME, focusing rather on agents connected to national politics or regional military commanders. The study also failed to consider the public pronouncements of the military involved in the management of the autarchy.

Following the analytical trail left by the studies mentioned above, the current study aims to discuss the authors, institutions, and interests connected to the creation of CEME, and is divided into two parts. The first is dedicated to the period of 1963 to 1970, and will discuss the initiatives of Luiz Moura in the INPS and the support provided by the dictatorial government to implement those actions. This section is based on statements and testimonies from representatives of the government and the private sector in the newspapers *Correio da manhã*, *O Globo*, *Jornal do Comércio*, *O Estado de São Paulo*, *O Previdenciário*, *Gazeta do Povo* (Curitiba), *A Gazeta de Florianópolis*, *Jornal O Povo* (Fortaleza), *Folha de Goiaz*, and *Gazeta da Farmácia*. Some of those periodicals were included in the dossier “Pharmaceutical Industry in Brazil - 1970-1976”

(*A Indústria Farmacêutica no Brasil - 1970-1976*), produced by Luiz Moura himself, including speeches, telegrams, and news by Moura or directed to him during his administration of the INPS. These sources and reports became available in the last years of the organization and were part of the collection, *Memória da Previdência e Assistência Social no Brasil*, kept at Casa de Oswaldo Cruz, are also included in the Scielo Data and in the doctoral dissertation on which this article is based¹⁰.

The second part of the study analyzes the pharmaceutical care policies conducted by CEME during the Médici administration. In this section, we focused on the work of CEME's Board of Directors in order to understand the strategy and the priorities of the coverage by the autarchy, using, for this purpose, the minutes of 200 meetings conducted by that Board between January 1972 and August 1973. In that period, the Board of Directors articulated the first contracts for supplying medicine established between CEME and public laboratories, and had an influence in the selection of the pharmaceutical formulas to be manufactured by the autarchy. Considering the influence of this Board, the analysis of such sources constitutes an interesting tool to achieve a more in-depth understanding of the decision-making processes, which resulted in the creation of CEME and the policies of pharmaceutical care in Brazil.

The last part of the article is dedicated to final considerations, where a brief outline will be presented about the considerations regarding the theme studied in the present article.

The issue of accessibility to medicine in Brazil in the 1960's

This study is based, initially, on the contributions by Oliveira *et al.*¹¹, who defined pharmaceutical care as a set of “services and activities related to medicine, designed to support the health actions demanded by the community, which must be carried out through the expeditious and timely delivery of medicines to hospitalized and outpatient patients” (p.13-14). Medicine or pharmaceutical specialty is, in turn, defined as a mixture of an innovative active principle with therapeutic effects together with other chemical or organic compounds which alter its absorption rate, physical-chemical state, and means of administration¹².

It is important to mention the historicity of the concept of health, and how it has changed

due to religion, social context, and time, as highlighted by Rosenberg¹³. Health and disease have gone through different conceptions in history, and since the end of the 19th century, two paradigms define these conceptions: (1) the biomedical model, whose premise is the uni-causality of disease and (2) the social determination doctrine, which considered the development of diseases as the combined results of social, economic, health, and nutritional factors¹⁴.

The interest of the United States (USA) in exerting hegemony in the Western World during the Cold War allowed for a re-interpretation of the concept of health, producing a debate in which access to pharmaceutical technology began to be considered as an indicator of health and economic development. The production of antibiotics with commercial purpose and the improvement of sanitary conditions resulted in the substitution of infectious diseases by chronic-degenerative diseases as the main cause of deaths in developed countries. From that point on, there has been a growing perception regarding how aspects like income and nutrition have influenced the development of diseases, given that such a concept was expanded and became official together with the creation of the World Health Organization (WHO) in 1948.

In the following year, the *Point IV* program was created in the Harry Truman administration with the purpose of providing economic aid and to contain the expansion of socialist ideals in Latin America, Africa, and Asia. The premise of *Point IV* was that poverty could be overcome by applying economic, political and technological models inspired in the Western capitalist way of life¹⁵. Based on this colonial view, which proposed changing the ways of life that were different from those of the USA, as defined by Packard and Cooper¹⁶, we can understand the diplomatic actions of Washington and its main ally in the health arena, the Pan-American Health Organization (PAHO), in relation to Latin America in the two following decades.

In the 1960's, technicians and administrators began to propose cooperation between the PAHO and the governments in the region, seeking to reform human resources, policies, healthcare services, and medical care¹⁷. The implementation of these projects was possible through the multilateral cooperation established between the PAHO, the Organization of American States (OAS) and the *Alliance for Progress* program¹⁸, funded by the USA and which established targets for the improvement of economic and social in-

dexes in 22 Latin-American countries. In April 1963, the Special Meeting of Health Ministers of the Americas (*Reunión Especial de Ministros de Salud de las Américas*)¹⁹ was held, aimed at discussing and adopting government practices to achieve the goals established in the Decennial Health Plan of the Alliance for Progress, among which were the access to medicine, seen as an indicator of development.

The guidelines of the Decennial Health Plan have been used by the Brazilian government since the 3rd National Health Conference²⁰, held in December 1963, with the main agenda of structuring a network of medical care that could reach the entire national territory. At that conference, the Minister of Health, Wilson Fadul, and the president at the time, João Goulart, emphasized access to medicine as a *sine qua non* factor for the improvement of health in the country. However, although trying to fit into the international discourse, the Goulart administration defended national autonomy in the sector and the creation of an industrial structure capable of supplying the domestic demand for medicine, thus placing the country against the interests of foreign laboratories. Gilbert²¹ stated that in the periods of 1962 and 1979, different governments and political groups in Latin-America resumed the Cold War debates according to their internal realities and interests, given that the position of the João Goulart government in this debate was an example of such a discursive resettlement.

The discourse in favor of state intervention in the pharmaceutical sector was interrupted with the civil-military coup; however, it reemerged with an initiative developed by the INPS. The agency was created by a reform imposed in 1966 by the 1964 military regime, joining the Retirement and Pensions Institutes (*Institutos de Aposentadorias e Pensões* - IAP's) and pension policies in the country²², which came under the direction of the Ministry of Labor and Pensions. Moreover, the services of medical, hospital, and pharmaceutical care previously offered by the IAPs were transferred to the INPS. Such changes centralized the demand for medicine by the Federal Government, influencing the adoption of measures aimed at expanding the availability of those products for the INPS²³.

One example of the efforts carried out by the INPS to meet the demands was the medicine laboratory established at Hospital General Manoel Vargas, located in Rio de Janeiro, later renamed Hospital Geral de Bonsucesso, and currently, Hospital Federal de Bonsucesso. Though created

in 1954, the laboratory was closed in 1955 and only re-opened in 1968. The hospital's assistant director at the time, Luiz Moura²⁴, emphasized in an interview that the competition by the laboratory displeased doctors and representatives of pharmaceutical companies, which profited with the prescription and commercialization of medicine with commercial names or "brand names" (p.21-22). Until 1967, the hospital acquired medicine using the criteria of brand names and overlooking the composition of the medicine, thus making acquisitions more expensive and burdening the budget.

Luiz Moura became involved in the negotiation and acquisition of pharmaceutical raw materials, restarting production at the same location in 1968²⁴. His conduct was denounced by the Brazilian Pharmaceutical Industry Association, and Moura was accused of misuse of purpose and investigated by the federal courts and the National Information Service (*Serviço Nacional de Informações - SNI*)²⁵. Being a former student of the War College (*Escola Superior de Guerra*)²⁴, class of 1966, and involved in military circles, Moura was acquitted, gained notoriety in the government after the episode, and was later invited to assume the posts of Secretary of Medical Assistance of INPS in 1969, and president of the institute the following year²⁶.

His inauguration into office took place on February 24, 1970, the date when Moura affirmed his administration's commitment to the institution's pharmaceutical industry. He considered it innocuous to have medical appointments and prescriptions for patients who could not afford the medicines, resulting in non-treatment, in a persistence of health problems, in more medical appointments, and, consequently, an overburdening of the INPS healthcare system²⁷. In an interview ceded to *O Globo* newspaper, published in March 4, 1970²⁸, Moura announced that the expansion of hours of outpatient service was the main issue to be addressed by his administration:

It is pointless when the doctor writes a prescription and the patient cannot afford the medicine. However, by July the INPS will be able to provide all of the medicine prescribed. Or at least part of it, depending on the conditions of the user. [...] This is a major problem in the service. That is why it is receiving special attention.

*Hey, note this down: in July, all of the users with financial difficulties will have pharmaceutical care. We are putting together a complex scheme in order to achieve this goal. This issue is behind most of the poor services offered at outpatient clinics*²⁸.

And in fact, in the following months, the news media covered the creation of a system of distribution of 35 types of medicine provided for free by the INPS and produced in the factory of the Hospital de Bonsucesso. As mentioned in a recent study²⁹, the beginning of the distribution was announced by the newspaper, *Jornal da Bahia*, from Salvador, on July 7, 1970. On the same day, in the newspaper, *O Povo*, from Fortaleza, Luiz Moura declared that "despite the pressure from pharmaceutical companies, that agency is manufacturing and distributing 35 types of medicine" (p.206-209).

The work done by Moura interfered in the interests of the representatives of the pharmaceutical industry, resulting in public statements by the ABIF and other institutions in the news media. On March 18, 1970, a long interview was published by the newspaper, *O Estado de São Paulo*³⁰, in which the president of the ABIF at the time, Phillipe Guédon, a French national, revealed the opposition of the institution to Moura's proposals. Other representatives of private business and the medical class demonstrated significant dissatisfaction, as in the case of the Medical Association of Goiás and the Brazilian Medical Association²⁹, which published a joint note in April 20, 1970, with the purpose of manifesting their outrage and discussing how to fight the State industry managed by the INPS (p.210). In July 1970, with news that the INPS was expanding their equipment with the aim of producing medicine, the Federation of Pharmaceutical Industries of the State of Guanabara, a regional ABIF branch, published a long report in the monthly journal, *A Gazeta da Farmácia*, entitled "The reason why the pharmaceutical sector is against State involvement"³¹.

Luiz Moura was dismissed from the position of President of the INPS on August 4, 1970, and he made hard pronouncements²⁹ denouncing sabotage by representatives of pharmaceutical companies against his work as head of the institute (p.214). The production of medicine at the INPS laboratory was brought to a halt in the second semester of 1970, and was totally shut down in December of that year, under the justification of the transfer of machinery to new facilities.

The dismantling of the laboratory was denounced in the Chamber of Representatives by General Florim Coutinho²⁵, state representative of the MDB party, in a speech available in the Diary of the National Congress from May 18, 1971. Coutinho denounced the transfer of equipment as an excuse to interrupt the operation of a pub-

lic laboratory, thus favoring the interests of the private sector. Coutinho's speech apparently had some effect, since in June 1971, the INPS equipment was transferred to the Pharmaceutical Laboratory of the Brazilian Navy. In an interview in 1987, Luiz Moura³² stated that:

After I left, there was a backwards push, a regression, and in a few months, it stopped working. [...] That was until President Médici was informed by the speech of Florim Coutinho of what was going on with the pharmaceutical industry at INPS. [...] Then, he realized that he had been clearly fooled, and that his work – because it had been an initiative of the Médici administration – was being distorted, they were destroying that, destroying what had already been accomplished. Then, he created the Medicines Center, and took the pharmaceutical industry away from the INPS. In fact, the act predated the creation of the Medicines Center. Through an act, he determined the transfer of the pharmaceutical industry from the realms of the INPS to the Navy so that the Navy could take over that industrial sector. All of the equipment...

I do not know why he gave it to the Navy. Maybe because... [...] I denounced what was happening to the Navy Information Center (Centro de Informações da Marinha - CENIMAR). [...] I went there, took the case to Commander Valdez, who was the second in command at CENIMAR [...] And all of it was registered there, hence his idea of transferring this industry to the Navy. I think so...

Gilberto Hochman: Do you believe that, after going to a military organization, the industry became more protected...

Luiz Moura: Completely protected.

The concept of “military parties” discussed by Rouquié³³ and Martins Filho³⁴, lays the groundwork to understanding the reasons that made military groups position themselves and interfere in such a strategic industrial sector, as in the case of the pharmaceuticals sector. The authors agreed that political disputes between groups of civil society have historically influenced the Armed Forces, organizing the military in subgroups defined as “military parties”. For Rouquié³³, Brazilian Republican history is marked by the presence of a military power which deems itself to be the “moderator” of political life, and by a “praetorian logic”, a tendency of the civilians to seek support for political discourse within the military, thus expanding their power. Martins Filho³⁴ indicated that the military party is based on an ideology founded on the repugnance for civil politics and in the lack of trust that it would be able to guarantee social and economic stability. The au-

thor also characterized the Costa e Silva and the Médici administrations as representatives of a conservative military party, interventionist and in favor of state intervention into the productive and technological sectors.

The progression of Luiz Moura in his career at the INPS, with the approval of government members, the denouncement by a general and state representative of the opposition party regarding the dismantling of the INPS laboratory, the transference of the equipment to the Navy Laboratory, and the creation of CEME, are only a few of the indications of the relevance of the pharmaceuticals industry for the military party in power in the late 1960's and early 1970's. In summary, this tendency of involvement of the military may be summarized as their positioning regarding State participation in the national pharmaceuticals industry through civilian and military laboratories, a policy that was consolidated with the creation of the CEME.

CEME, pharmaceutical care policies and the military

Created by Decree 68,806³⁵ on June 25, 1971, CEME was a public federal autarchy with the purpose of creating a nationwide offer of medicine in “conditions adequate to the purchasing power of the users”³⁵. On that day, President Médici³⁶ made a pronouncement in a ministerial meeting in which he highlighted that CEME aimed to contribute so that medicine could reach “everyone's hands, at accessible prices, or even freely for those who could not afford it – herein lies the purpose of this government initiative, guided by the responsibility of not depriving the Brazilian population of their due State protection”³⁶. Regarding CEME, Colonel Weaver Moraes de Barros³⁶, director of the Army Laboratory, said that the humblest ones would again receive “medicine to cure their diseases, which could not be defeated because of the robbery in terms of prices charged by drugstores”. The officer concluded his speech complimenting the president of the INPS, Kleber Gallart, for the work of the institute in the improvement of the health conditions of the population, which, from his point of view, suffered in the previous situation for “having the obligation of making the drugstore and private laboratory owners richer”.

CEME's attributions and functions were defined by Decree 69,451, from November 1971, which defined the position of the president and the ministries, which were part of the Board of

Directors of the agency. The Board of Directors had five directors from the Ministries of the Navy, Army, Air Force, Health, and Labor and Social Welfare, and was responsible for CEME's strategy of production and service and the establishment of partnerships with public and private institutions. Although the President's Agreement was mandated for the execution of the budget for such projects, the interviews and the selection of partner laboratories was an attribution of the Board of Directors, a reason that ensured the relevance of the group in the creation of the directives of pharmaceutical care between 1971 and 1974.

In its first year, CEME's Board of Directors held 127 meetings between January 5th and December 22nd, 1972, when priority areas, as well as the partner laboratories and the strategy of medicine distribution adopted by the autarchy, were defined³⁷. The main objective that guided the work of the board during the period was to articulate a network of public laboratories with the purpose of expanding the national production of medicine and pharmaceutical raw materials³⁷. With partnerships for production created with the official laboratories of the National Institute of Social Welfare (*Instituto Nacional da Previdência Social*), the Ministry of Health, and the Ministries of the Navy, Army, and Air Force, the CEME sought to build a production policy establishing the lowest price for a group of medicines, thus granting bargaining power to the Federal Government in its negotiations with the pharmaceutical companies³⁸.

The Board meetings required the presence of the President of CEME, Wilson de Souza Aguiar; of Paulo Barragat, appointed by the Ministry of Health to the Board of Directors; of Colonel Weaver Moraes e Barros, representing the Ministry of the Army; of Colonel Milton José de Paula Carlet, representing the Ministry of the Air Force; of Heraldo Considera, director of the Pharmaceutical Laboratory of the Brazilian Navy and representing this armed force at the CEME; and of Moacélio Verânio Silva, Army Colonel, director of the INPS Medicine Factory and representing the Ministry of Labor and Social Welfare at the Board.

The *modus operandi* of the Board, of establishing partnerships, was maintained throughout 1972 and 1973. Initially, the group went in entourage to meetings with regional and state level political leaderships with the purpose of discussing the health situation of each location and the willingness of those leaders to join forces with

CEME. Next, the Board routinely performed inspection visits to state, university, and military laboratories, which were candidates for partnerships with CEME. The approval of the partnerships occurred at the end of those inspections, and was often announced by the directors of the Board themselves in the final meeting with the state Secretaries of Health.

Although the provision of medical care in Social Welfare had been preponderant in the creation of CEME, between 1972 and 1973, the entity was not dedicated exclusively to the INPS. In general, the distribution strategy of the autarchy during that period was related to supplying different programs managed by the Federal Government, hence several medical care projects were contemplated. During the Médici government, CEME played a key role in providing pharmaceutical specialties for care actions performed by the Brazilian Army, such as Civic-Social campaigns and the Rondon Project in the North and South regions of the country. The autarchy also cooperated in the financing of partner laboratories, as in the case of the laboratory of the Military Engineering Institute (*Instituto Militar de Engenharia - IME*), the Chemical-Pharmaceutical Laboratory of the Army (*Laboratório Químico-Farmacêutico do Exército - LQFEx*) and the Pharmaceutical Laboratory of the Navy (*Laboratório Farmacêutico da Marinha - LFM*), given that this attribution had not been discussed previously in the historiography about the company²⁹.

The close proximity between CEME and the Armed Forces lasted until May 1974, when the Geisel administration rearranged the grounds of the alliance joining government capital, national private capital, and foreign capital, with the creation of the 2nd National Development Plan. That plan established an administrative reform which restructured welfare politics, and transferred CEME from the sphere of the Presidency to the sphere of the Ministry of Social Welfare and Assistance, also created by the 2nd PND. From then on, the INPS became the biggest client and source of resources for the company, and the number of directors on the Board was expanded, diluting the influence that the military had on the board; moreover, there was a drastic reduction in funds received by the autarchy aimed at modernizing the equipment and conducting research.

The following decade witnessed the decline of CEME, also affected by the changes in health policies brought about by the creation of the National Health System, in 1975, when the Ministry of Health took on an essential role in the coor-

dination of public health actions throughout the country. As highlighted by the authors, Escorel³⁹ and Torres⁴⁰, the attributions defined in that plan resulted in a demand for new professionals in the Ministry of Health, who defended the resolution of the dichotomy between public health and welfare politics through the creation of a universalized, decentralized, and democratic health-care system managed by the Ministry of Health. Hence, the very articulation of the current Unified Health System (*Sistema Único de Saúde - SUS*) and its proposal of decentralized primary care ended up reducing the demand for pharmaceutical products by the INPS and CEME.

However, as discussed by Paiva and Teixeira⁴¹, the narratives about health reform are not univocal, but instead, show a dispute in terms of their meaning and legacy. It is thus important to consider the experience of CEME as a company which, despite its autonomous perspective, gradually lost space until it was finally shut down, in 1997, becoming an example of underuse in the context of health policies, which later led to the consolidation of SUS in Brazil.

Final considerations

CEME was an experiment that explains how the Médici administration built a policy of pharmaceutical production and care, with a strong influence from the military, and how that contributed to the development of the first health policies in Brazil at the federal level. Such a hypothesis had been previously mentioned by such authors as Hésio Cordeiro and Geraldo Lucchesi and is now strengthened by the analysis of sources conducted in the present study.

The examination of the meeting reports of CEME's Board of directors between 1972 and 1973 indicates that, during that period, the strategy of the autarchy was based on the selection of civil public and military laboratories, in such a way that these would produce pharmaceutical raw materials and specialties. CEME also organized medicine shipments for Civic-Military Actions carried out by the Army and the Navy in the most remote parts of the North and South regions, considering that it is a partnership that addressed not only military interests, but also contributed to legitimizing the existence of CEME in face of criticism by the private sector.

In short, the involvement of the military helped to protect CEME from interference attempts by private groups at a time that was rather crucial for the company, during its first years of operation, and contributed to the establishment of the first pharmaceutical care policies in Brazil.

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