

Health as State policy

IT IS A CONSENSUS THAT THE BRAZILIAN CONSTITUTION holds in the health department its most advanced point as to social and citizenship rights. In a synthetic and direct way, the 196th Article summarizes the proposals of the Sanitary Reform Movement taken to the constituent process. First, it sets health as a universal right and a State duty and, then, makes the economic, social and cultural policies responsible for the production of health. Thus, it articulates the concepts of quality of life and social determination of disease, affirming that such policies must turn to ‘disease risk and other grievances reduction’.

Underlying the utterance, the achievement of health, such as defined by the Constitution, requires for its sustenance and effectuation a model of State and development compromised to the improvement of the conditions of life, including, in this context, the offering of services for the entire population. Following the analysis of the referred constitutional article, the creation of a system of actions and services is announced, a system of universal nature, for the promotion, protection and recovery of health. The Magna Carta was not incoherent when including health in the social security system, reassuring its protective character. The legal basis, therefore, has pointed and is still pointing the social protection path, of the right allied to the primacy of the public interest of health.

The lack of collective consciousness about the ‘public’ has severe consequences that may be associated both to the permissivity to systemic corruption and the absence of a feeling of belonging to the public affairs by the individuals and the society. The re-framing of the public interest in health must focus on the myth of the efficiency of the private, which is installed under profit and supported on pragmatism and its alleged effectiveness.

Health, in the context of public interest, is associated to its social and subjective value and submitted to the guideline and necessity of being universalized. To do so, the Unified Health System (Sistema Único de Saúde, known as SUS) should be at the core of the republican structure of the National State and the conquest of this place should compose the menu of social fights in the demands for the consolidation of the right to health.

However, the object of the public interest in health is submitted to the culture of patrimonialism, which distorts the sense of such interest, reinforced by corporativism, the classical matrix of the asymmetry of rights and duties in society.

The debate and mobilization of the medical corporation around the More Doctors Program (Programa Mais Médicos) express wisely this situation of rupture of the compromise to the public interests of the population that did not have access to medical care.

In the current reality, all political parties and coalitions that compete for power through voting are hostages to the private funding of campaigns, whose interests of financiers groups are reinforced in the powerful lobbies that act in the National Congress and Executive Power, in distinct spheres of government.

The political party disputes occurred in electoral contexts and the patrimonialism culture mutilate the public interest of health and continuously massacre the SUS, diverting its character as State policy.

History testifies that the conquest of the universal social rights is always the result of popular and democratic fights and never a concession of the political elites. In such perspective, Cebes reasserts the radicalization of democracy, in which the institutions may survive free from the games of power, with real spaces of social rights effectuation.

Cebes National Board