

# No step back in conquest of the right to health

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**BRAZIL HAS EXPERIENCED IN RECENT MONTHS** an economic and, above all, a political crisis, with impact on various sectors of society, intensifying the contradictions and conflicts of classes, with fraying of the social fabric.

The Brazilian Center for Health Studies (Cebes), which from its origins defends health as democracy, once again wields the same flag in the face of the threats to the young Brazilian democracy. Threats expressed in a coup disguised as an impeachment process, questionable from a legal point of view and not recognized by most of society.

The ongoing process of impeachment/coup shows that Florestan Fernandes (1980) was right. In societies of antagonistic classes, democracy is not disentailed from the classes interests, assuming different meanings and senses. Understanding this is crucial to be clear that democracy is being said, for the place from which we talk explicit which democracy is defended and for which democracy we fight.

The Cebes, through its board and dozens of existing centers in the country, joins the other entities of the Movement of Health Reform (MRS) and the progressive forces, denouncing and resisting the huge setback in workers' rights field, represented by program of the interim government that had no support in the polls and therefore is illegitimate and undemocratic.

In the health field, the proposals of the interim government/coup, who acts as definitive one, deeply affect the Unified Health System (SUS), endangering its survival as a universal system, constitutionally guaranteed and that represents an important civilizational milestone in our historical trajectory.

The program in progress, A Bridge to the Future, intends to make a Brazil for less than 1% of the population and to transform the SUS into a residual system for the very poor since, according to the adjustment operators, the SUS and the Citizen Constitution of 1988 fall outside the public budget, so for them, the universal right to health must be limited. It is a clear return to the neoliberal policies of the 1990s, which both then and now was aimed at the dismantling of the public SUS to benefit the private sector that treats health as a highly profitable merchandise.

From the point of view of Public funding, they want to transform the constitutional minimum into maximum, that is, to limit health spending correcting them only on the basis of annual inflation. It disregards the increase in population, changes in the demographic and epidemiological profile, such as the aging of the population, the emergence of new diseases or even the possibility of epidemics.

Programs that expand access, such as the More Doctors, the Emergency Attendance Medical Service (Samu) and even the Family Health Strategy (ESF), will be reviewed. Regarding the first, the restriction on the participation of foreign doctors is the first measure announced. Regarding the latter, a more flexible form of employment of community health workers and not requiring their participation in the minimum composition of the teams were presented in the form of ministerial decrees (958/2016 and 959/2016) (BRAZIL, 2016TH, 2016B).

But times have changed! Faced with the dismantling of measures announced by the interim/coup government, society is not silent, forcing him to retreats such as the suspension of the

decrees mentioned above, without even having left the paper. At each restrictive measure announced, broad sectors rise in a clear demonstration that they will not accept sacrifices on behalf of an economic model that exploits the employee and favors those who always benefited from the work and concentrated wealth.

The SUS, although still a project under construction, is a strategic policy of confrontation of the ancestral inequalities in the country and one of the leading universal rights policies. It is our heritage, and as such, incorporated subjectively by health workers, users, health counselors, SUS managers and society itself. It is the SUS who provides not only access to health care services, but also health surveillance, epidemiological surveillance, production and marketing of pharmaceuticals, food, control of epidemics, among others. We all know that it needs to be improved and 'tweaked', but always for more, never less.

The Cebes and the periodic 'Saúde em Debate', in their 40<sup>th</sup> anniversary, are positioned in the uncompromising defense of the right to health, the SUS, substantive democracy, and the interests of the working class of this country. For us, the SUS does fit the public budget, and that choice involves the prioritization in the allocation of resources, whether in policies that guarantee social rights for all or that favor the richest minority in the country and the national and international financial capital.

We will take no step back!

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