Democracy, human rights, inequality and health: which paths do we walk?

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THE CAPITALIST CRISIS OF 1929, after the crash of the New York Stock Exchange, rocked virtually the entire world, with corporate failures, unemployment, and serious social impact. One of its outcomes was the tragedy of World War II, which left 50 million dead, some other millions mutilated, and dozens of countries destroyed. It was the recipe of the capital for its own contradictions.

The widespread crisis in the world today has been considered by experts in various fields of knowledge to be the most serious since 1929. In 2008, approximately US$ 40 trillion in global wealth and US$ 14 trillion in household wealth suddenly evaporated. Four million people lost their jobs; and from 2008 to 2011, every three months, 250,000 families had to leave their homes only in the US[1]. The crisis took over Europe and the rest of the world. One of its most cruel traits is the increase in inequality in an already uneven world. Today, around the world, 800 million people are starving in a scenario where, between 1988 and 2011, the income of the poorest 10% increased by US$ 65.00, while that of the richest 1% increased by US$ 11,800, 00, that is, 182 times[2].

That concentration of wealth is not only due to the deregulated financialization imposed by the hegemonic forces of neoliberalism, but its participation is dominant. While the world's Gross Domestic Product (GDP) has grown between 1% and 2.5%, financial investments yield more than 5%. This creates a dynamic in which productive capacity, linked to social needs, is transformed into financial assets, appropriated by monopolized transnational groups. In other words, money producing money without any social commitment, such that in the US alone, in 2008, the volume of credit was 365% of GDP. It was the bursting of the bubble that contradictorily made that country's national congress approve US$ 800 billion to save Wall Street in October 2018[1].

The global effects did not take long. In Brazil, a country without universal policies for social protection, the economic impact reaches mainly the most needy populations. The judiciary-parliamentary-media coup of 2016 opened the door to increasing inequality. The approval of PEC 95, which freezes state investments for 20 years, and the approval of the Labor Reform, which refines the institutional instruments for increasing the exploitation of workers, are components of that process which points to an even more worrying scenario. Increasing unemployment and falling income, with rapid consequences on social conditions, expressed in the escalation of violence, the return of the country to the hunger map, the return of measles, and the growth of infant mortality rate, just to name a few components of the current situation. That is, we enter a point of bifurcation between civilization and barbarism. A nation of

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solidarity, engaged in facing its inequalities, can never be at the service of the richest 1%.

These are difficult times that kill us 60,000 times a year, most of it young, poor and black. We are attacked for being women, for being LGBTI+, and for defending human rights. We beat all records of crimes against specific sectors of the population. Brazilian violence is superior to many places at war.

All this setback has also hit the health system at all levels of care. It begins with the change in the National Policy of Primary Care (PNAB), in which standardization of the number of Community Health Agents (ACS) by the Family Health Strategy (ESF) team is withdrawn in order to reduce costs in the sector; as well as the reformulation of the PNAB in 2017, which put into question the integrality, the work of the ACS, and important advances of the ESF[3].

Since its creation, the Unified Health System (SUS) has undergone chronic underfunding, which is now aggravated, and is experiencing an unprecedented shortage of health supplies that condemns the country to a health, sanitary, and social collapse. To illustrate that, if PEC 95 were in force between 2003 and 2015, the State would have spent 42% less ($ 257 billion) on public health actions and services. The public funds invested in health by the federal government in 2017, the post-coup year, were only R$ 101.134 billion, an increase of 2.23% compared to 2016, when inflation for the year was 2.95%. What is vaunted by the authorities as economizing, in fact, represents the subtraction of rights in public health[4].

We need public investments that can overcome social inequalities with a severe impact on health. For example, the life expectancy at birth among those living in the richest region and those living in the poorest region of the country may vary up to 26 years. Child mortality in areas of the North and Northeast is always higher than the national average – and is likely to increase with the withdrawal of social policies. There was a deceleration in the basic sanitation policy, which contributed to the return of health emergencies with the recurrence of diseases, as was also the case with yellow fever. Not to mention the socio-environmental impacts of a development model that favors mining and agribusiness, causing the country to consume one million tons of pesticides per year and to lead the world's largest environmental crime resulting from mining, as was the case of the disruption of the Samarco dam in Mariana (MG).

The Mais Médicos (More Doctors) Program has helped address a historical shortage of primary care physicians in different municipalities in the country, but has remained far from solving the issue of the training of doctors and other health professionals who serve the rural and urban population that are far from the great centers of Brazil. The State needs to retake the role of regulation and staff training for the SUS, taking health actions to the most precarious places. One of the proposals in course in the country is the promotion of a policy for health insurances for the poor, which precarizes the SUS even more and accentuates the commodification of the Brazilian health system. Resistance to ending the privatization and underfinancing cycle is essential. The population needs comprehensive health care, which, for this, needs to count on an increase in healthcare resources. It is important that we advance in the construction of a policy for the country that makes primary care strong, qualified, comprehensive, longitudinal, and resolutive, with the universalization of coverage at all levels of care[5].

The possibility of restraining the setbacks in course will only be possible with the broad participation of all sectors of society, committed to a different conception of the world, in which respect for the various forms of expression of life such as race, gender, and sexuality prevail, as well as the emancipation of workers from all forms of oppression, in a world where the spirit of solidarity supplants the ongoing violence and exclusion. The construction of the SUS was only possible due to the wide social participation of health professionals, health institutions and entities, the city and countryside workers' unions, the various professional

councils, the women's movement, the residents' associations, the *quilombolas* and a series of other movements in a vigorous democratic process. In the rescue of that process, there is hope of containing the accentuation of the serious scenario that is already under way.

At the moment, it is fundamental to strengthen our Constitution of 1988, the national sovereignty, and the universal rights!

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