On public health and policy in brazil

Opinion

Public health in Brazil is in a chaotic situation. Lack of resources, acute management problems and a complete disregard for the Brazilian population, which literally dies in search of care. To make it possible to understand the current situation, one must deal with social inequalities. After all, according to OXFAM data, eight (8) richer Brazilians have the equivalent of 50% of the poorest population, approximately 110 million pesos. As for public health, approximately 76% of the population depends exclusively on the public health system to obtain health care. Public health in Brazil is organized through the SUS (Unified Health System), characterized by universality, free service and responsibility to enforce the Brazilian Federal Constitution, which in its article 196 states that health is a right of everyone and duty of the state through public policies financed by taxes. It must be made clear that this system has never become a complete reality, since it has never guaranteed access to all and has lived with the private health system, where people and companies pay for assistance. Despite this, SUS, since its inception, 1990, has had considerable advances in terms of funding and policies aimed at health promotion and care of specific groups, being a reference in organ transplantation, in HIV policy, among others. These advances have been won through many community struggles and much effort from managers on a path full of advances and setbacks. However, the situation is now shaped by humanitarian disasters.

This is because, the Brazilian State is experiencing an accelerated process of dismantling its social policies in the current period. The current period is marked by the government Michel Temer, an illegitimate president and placed in power through a parliamentary coup, backed by the judiciary and the media. This government constitutes the purest version of what I call peripheral Neoliberalism. Governance characterized by the surrender of the riches and rights of the nation to international capital without concern for the well-being of the people or future generations. Peripheral neoliberalism offers all possibilities for companies to make a profit, even if it puts at risk the social and human rights of their population, including the right to health. A drastic cut in the financing of social policies is an emblematic mark of the Michel Temer government in Brazil. In addition to being an illegitimate government, imposed by a parliamentary legal coup, it has 97% of disapproval, according to a nationwide population-based opinion survey. This government has approved a constitutional amendment that freezes public spending in social areas in the country for 20 years. With its low level of approval, the Michel Temer government presents the most sordid in the neoliberal ideology: the supremacy of fiscal austerity and the need for labor and welfare reforms. I am talking about each of these elements and their impact on the health of people and populations.

i. Freezing of social expenditures for 20 years

This decision of the president was approved in December 2016 by parliament through Constitutional Amendment 95. It decreases funding for important sectors such as health, education, food, housing and policies to include vulnerable social groups. This measure brought immediate impacts on public health in Brazil, with closed hospitals, closed health units or working in precarious conditions, lacking health professionals. Delays in the payment of salaries are also frequent for health professionals. The damage goes beyond health, because teachers are missing, school meals, delays in the salaries of public servants and even in the closing of public universities, as is the case of the State University of Rio de Janeiro, not counting the strong increase in the number of street dwellers perceived in the cities.

ii. Labor reform

This reform was also proposed by the presidency and approved by the parliament and tries to reduce the direct or indirect salary of the workers. The labor reform made relations between employer and employee more flexible, which increased workers’ insecurity, withdrawing the guarantee of earnings equal to or greater than the minimum wage, and reducing unemployment insurance. The main loss for workers is the decision of the agreed upon between employer and employee to have greater value than labor legislation. That is, in a country where more than 12% of the economically active population is unemployed, negotiations are favorable to employers. This situation produces a picture of fear, uncertainty and submission of workers, who are forced to work in poor conditions, gaining little and passing great needs for food, housing and transportation. This situation breaks with social ties and produces widespread violence, where assaults, kidnappings, shootings in large Brazilian cities and domestic violence are common. So the basic health of people and their mental health are strongly shaken. Depression and suicides grow rapidly in the country.

iii. Pension reform

This proposal increases working time and decreases the salary of retirees, which can also lead to setbacks in people’s living conditions. But since this proposal has not yet been approved thanks to the popular pressure of the social movements.

Thus, the current government of Brazil follows the neoliberalism of peripheral capitalism, where the discourse of fiscal austerity is above all and keeps its back to the needs of the population. To fulfill this austerity, understood as the need to produce fiscal surplus, the government sacrifices fundamental rights of the population, charges heavy taxes, all in the name of paying the public debt. What is not said is that much of this debt is illegal. It is also not rumored that approximately $500 billion was paid in 2017 for public debt. I close...
this text of opinion concerned with the direction of Brazil’s public policy and public health. A popular reaction is happening and soon we will have good news from Brazil.

**Conflict of interest**

There is no conflict of interest.

**Acknowledgement**

None.

**References**