The United Health System (SUS) Between the Tradition of the National System and the Organization of Private-Liberal Health Care

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Campos GWS. O SUS entre a tradição dos Sistemas Nacionais e o modo liberal-privado para organizar o cuidado a saúde. [The United Health System (SUS) Between the Tradition of the National System and the Organization of Private-Liberal Health Care] Ciência & Saúde Coletiva (Rio de Janeiro, Brasil) 2007 noviembre; 12(supl.): 1865-1874.

Objectives: To reflect on the relations between the Brazilian state, the health reform process and social actors who participate in the construction of the United Health System.

Methodology: Analytical and descriptive

Results: The author identifies two ways of organizing health care: the liberal-privatization and a system adopted by national systems and public health. These are apparently conflicting traditions, but in discourses and practices they often mix.

The author presents an overview of the health reform process in Brazil, paying particular attention to the United Health System. The author identifies as its relevant social actors as doctors, activists, researchers, teachers and students from various institutions, such as the Oswaldo Cruz Foundation, the Butantã Institute, schools of public health, universities and public hospitals, which together formed the basis for the creation of that system. The concepts of communitarian medicine, public education and primary health care were the weapons used by some of these players. From these roots, emerged an innovative idea to be compared to other health systems: participative management with social control over the state. The health movement that came about starting in the 1980s carried important initiatives on health reform to political parties and government authorities. For the author, it could be possible that the health movement had had a political background; the search for the cure and prevention of diseases has been used as a vehicle for politics with the public and within institutions—all used as tactics to confront the dictatorship of the time.

In this sense, the triumph of the Brazilian “universal” health system against the neo-capitalist ideology and the dominant tradition of governance has not been easy. On the contrary, the fight is full of difficulties and tensions between the two models competing for health care.

The author points out that the Brazilian United Health System still faces significant challenges, such as poor integration and coordination among municipalities, states and the Union. Likewise, there are societal difficulties to meeting the legally recognized co-management, or to access the program in certain areas that historically have little infrastructure.

Conclusions: For the author it is necessary to build an enlarged vision on health and health work, in addition to resolving a series of discursive and pragmatic ambiguities that have allowed the main opponents of the United Health System to become stronger and more influential.