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POLITICAL-ECONOMIC THINKING IN HEALTH BY NELSON RODRIGUES DOSSANTOS AND THE LOOK AT PUBLIC SPENDING BY THOMAS PORCHER

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Abstract

In this essay, with a look at political-economic thinking in health, the main contributions of Nelson Rodrigues dos Santos contained in one of his important works stand out: “The Statist Dilemma II: How the space of Public Policies is forged with examples from the Health Area”; author, Brazilian, professor, doctor and public health manager, was one of the main actors of the Brazilian Sanitary Reform. At the same time, an attempt is made to insert aspects of Thomas Porcher's article “Public Spending: why so much hate?”, a French economist and professor, critical of orthodox economics and fiscal austerity as pretexts for the lack of encouraging social policies in Europe. Our objective was to seek a link between the two authors. As a method, content analysis was used and, structurally, the text was divided into three parts: brief biography of the authors, presentation of the contributions to the field of economic policy contained in the pre-selected texts and final considerations.

Descriptors: Public policies; Public spending on health; Economics and health organizations.

EL PENSAMIENTO POLÍTICO-ECONÓMICO EN SALUD DE NELSON RODRIGUES DOS SANTOS Y LA MIRADA SOBRE EL GASTO PÚBLICO DE THOMAS PORCHER **Resumen:** En este ensayo, con una mirada al pensamiento político-económico en salud, se destacan los principales aportes		**PENSAMENTO POLÍTICO-ECONÔMICO EM SAÚDE DE NELSON RODRIGUES DOS SANTOS E O OLHAR PARA O GASTO PÚBLICO DE THOMAS PORCHER** **Resumo:** Neste ensaio, com olhar para o pensamento político-econômico em saúde, destacam-se as principais contribuições de Nelson

de Nelson Rodrigues dos Santos contenidos en una de sus importantes obras: “El Dilema Estatista II: Cómo se forja el espacio de las Políticas Públicas con ejemplos del Área de la Salud”; autor, brasileño, profesor, médico y gestor de salud pública, fue uno de los principales actores de la Reforma Sanitaria brasileña. Al mismo tiempo, se intenta insertar aspectos del artículo “Gasto público: ¿por qué tanto odio?” de Thomas Porcher, economista y profesor francés, crítico de la economía ortodoxa y la austeridad fiscal como pretextos para la falta de fomento de políticas sociales en Europa. Nuestro objetivo era buscar un vínculo entre los dos autores. Como método se utilizó el análisis de contenido y, estructuralmente, el texto se dividió en tres partes: breve biografía de los autores, presentación de los aportes al campo de la política económica contenidos en los textos preseleccionados y consideraciones finales. **Descriptores:** Políticas públicas; Gasto público en salud; Organizaciones de economía y salud.		Rodrigues dos Santos contidas em um de seus importantes trabalhos: “O Dilema Estatista II: Como é forjado o espaço das Políticas Públicas com exemplos da Área da Saúde”; autor, brasileiro, professor, médico e gestor público de saúde, foi um dos principais atores da Reforma Sanitária Brasileira. Ao mesmo tempo, procura-se inserir na análise de Santos, aspectos do artigo de Thomas Porcher “Gasto Público: por que tanto ódio?”, um economista e professor francês, crítico da economia ortodoxa e da austeridade fiscal como pretextos para a falta de incentivo às políticas sociais na Europa. O nosso objetivo foi buscar uma articulação entre os dois autores. Como método, foi utilizada a análise de conteúdo e, estruturalmente, dividiu-se o texto em três partes: breve biografia dos autores, apresentação propriamente dita das contribuições para o campo da política econômica contidas nos textos pré-selecionados e considerações finais. **Descritores:** Políticas públicas; Gastos públicos com saúde; Economia e organizações de saúde.

INTRODUCTION

For decades, Brazil has been living in a political and economic environment of constant attacks on social support programs. Among them is the Unified Health System - SUS, the largest social policy ever implemented in the country.

According to Nelson Rodrigues dos Santos, a historic leader in the struggle for democracy and the universal right to health in Brazil, the SUS was the public policy that made the most progress, was the most fierce and the most politicized at the end of the dictatorship and during the construction of the Federal Constitution.[1] In fact, one of the most important milestones in this conquest, if not the most important, was the 1988 Constitution of the Federative Republic of Brazil, which explicitly stated that health is a citizen's right and a duty of the State.

Despite this, according to Gastão Wagner de Sousa Campos,[2] no government or political party has taken on the financing and implementation of the SUS as a national priority; on the contrary, and as a consequence, the last 30 years have seen the commercialization of public health spaces and processes in the most diverse ways and supported, repeatedly and constantly, by the economic policy of the Brazilian State. In his view, universal health systems are non-market organizations inserted in capitalist nations in which the culture of social protection is kept alive in society and in state policies, regardless of economic growth, and that the concepts of effectiveness and efficiency should under no circumstances be dislocated from the public perspective of social inclusion.

Likewise, the sustainability of universal health systems must be permanently guaranteed by State policies that make financing a priority and that do not privilege private markets.[2] Despite this, the World Bank (WB), a financial institution that makes loans to developing countries, in its 2017 report, considered that Brazil should encourage privatization, outsourcing and the end of free health services. In addition, the WB states that Brazil spends too much on health, without delving into the fact that most of this spending on health (54%) goes to a minority of supplementary health (25%).[3]

Not only in the theoretical field, these recommendations are in fact part of a political and cultural movement towards the commercialization of health care in Brazil and abroad. The *National Health System* (NHS) in the United Kingdom, for example, has come under political pressure in the last decade which has profoundly altered the principles which governed its creation, although with different magnitudes in the different countries of the United Kingdom, i.e. more

intensely in England and less so in Scotland. In general terms, there was a considerable increase in the level of outsourcing of health services and professionals in the NHS between 2013 and 2020 - a system that did not aim to make a profit in its essence, was progressively replacing its network of services and public servants with multinational for-profit institutions. It should also be noted that a recent study showed a loss of efficiency, effectiveness and an increase in avoidable deaths in the UK during this period and as a result of these changes.[4]

In Brazil, in the same direction as the neoliberal wave, there is a progressive underfunding and de-funding of the SUS and tax incentives for the private system, with the participation of the major media in deteriorating the image of the SUS and favoring the propaganda of private health companies.[5] At the same time, there is a lack of a State intervention in tune with the guidelines for organizing the public system, generating permanent tension between the federal, state and municipal spheres and a lack of order in the decentralization and regionalization processes.[6]

Over the last 20 years, the waiver of tax revenue in Brazil has been a real incentive for private health plans, paradoxically sponsoring the economic activity and health spending of the least vulnerable social strata, i.e. those with the highest incomes. And one cannot imagine that the political measures that have sustained this condition were forged by chance. In fact, the core of the Brazilian State's decision-making power is covered by private health plans, and all sorts of pressures from the globalized market for private health companies and products fall on it (or are unlucky, for the most vulnerable sections of the population).

According to Ocké-Reis,[7]

> [...] it is not advisable to naturalize the waiver - to accept it as natural, since it resulted from human action, conditioned by economic and political interests, in a certain historical period - nor to keep its application unregulated - far removed from values, norms and practices that make it possible to exercise government control under the constitutional framework of the SUS. After all, the waiver can generate such a regressive situation from the point of view of public finances - by favoring the upper income strata and the health insurance market [...].[7(2037)]

Between 2003 and 2015, the sum of resources that the Brazilian State failed to collect due to tax waivers was approximately R$331.5 billions, an amount that could have been spent, for example, on primary health care and medium-complexity services.[7]

In the light of these findings, this critical essay aims to discuss the contributions of an important figure in the Brazilian health movement, Nelson Rodrigues dos Santos, in the field of health economics, using as a basis one of his important works, "*O Dilema Estatista II: Como é*

forjado o espaço das Políticas Públicas com exemplos da Área da Saúde", published in the journal *Saúde em Debate* in 1990.

This periodical, created in 1976, is a publication of the Brazilian Center for Health Studies - CEBES[5] and was an important vehicle for disseminating studies, research and reflections on collective health, including in the post-military dictatorship period. The article presents various figures and information from the areas of social sciences, economics and politics to denounce the relationship between society and the Brazilian State at the time and its consequences for the health sector.[5] It should be noted that much of what was pointed out is still intense in the current scenario and, for this reason, it is essential to revisit the subject today.

To add value to the discussion, we used the chapter "*El Gasto Público: ¿por qué tanto odio?*" from the book "*Tratado de economía herética: para poner fin al discurso dominante*", by French economist Thomas Porcher,[8] a university professor and critic of orthodox economics and fiscal austerity as a pretext for the lack of incentives for social policies in Europe.

As such, this work is divided into three parts: a summary of the authors' biographies; a description of the main topics of the Nelson Rodrigues dos Santos article,[5] incorporating, whenever possible, aspects of Thomas Porcher's work, seen above all through the chapter of his most recent book; and final considerations, summarizing the main contributions to the field of economic policy contained in the pre-selected texts.

BIOGRAPHY OF THE AUTHORS

Nelson Rodrigues dos Santos is a Brazilian doctor who graduated from the University of São Paulo - USP (1961), with a specialization in Public Health (1969) and a doctorate in Preventive Medicine (1967) from the same institution. One of the leaders in the struggle for democracy and health reform in Brazil, he was also a full-time professor of Collective Health at the State University of Londrina - UEL, an assistant professor at the School of Public Health at the University of São Paulo - FSP/USP and a collaborating professor at the State University of Campinas - Unicamp.[9]

"Nelsão", as he is called by his friends, began his approach to public health after being invited to be an assistant to the doctor Samuel Pessoa, having 'taken off' in the city of Londrina by coordinating the Community Health department at UEL in the 1970's, and was even arrested by the Information Operations Detachment - Internal Defense Operations Center - DOI-Codi due

to his militancy at the university and his former membership of the Brazilian Communist Party - PCB.[10]

After his release and feeling prevented from acting according to his ideology, in 1977 he accepted an invitation from the Pan American Health Organization - PAHO, in Brasília/DF, and took part in the Health Personnel Strategic Preparation Program - PPREPS/PAHO, a chapter prior to the II Symposium of the Chamber of Deputies in 1982 (convened by the Brazilian Center for Health Studies - CEBES and the Brazilian Association of Collective Health - ABRASCO) and the VIII National Health Conference in 1986, precursor movements of the SUS.[10]

Nelson has held various positions in public health management as well as being a PAHO consultant, including Executive Secretary of the National Health Council - CNS of the SUS, coordinator of the Interinstitutional Health Commission of the São Paulo State Health Secretariat, coordinator of the Municipalization Office of the São Paulo State Health Secretariat and member of the Coordination of the Campinas Municipal Health Secretariat.[9]

He is currently a member of the Superior and Fiscal Council (and one of the founders) of the Institute of Applied Health Law - IDISA, a private non-profit organization created in 1994, made up of specialists, professors and scholars of Health Law, Collective Health and Public Management of the SUS, whose mission is to protect and defend people's right to health and to value health law.[11]

Nelson Rodrigues dos Santos often participates in events, publishes articles and opinions in various media, such as on the 2018 Brazilian elections on the CEBES *website*, when he contextualizes that there has been a real neoliberal hegemony in the country for 30 years and that, until 2002, the counter-hegemony had developmental, democratic and popular forces; since 2003, it has been inert or only present in the discourse by preferring **governability** and opting for the assimilation of the state by financial capital.[12]

In 2021, through the Center for Strategic Studies of the Oswaldo Cruz Foundation - Fiocruz - CEE-Fiocruz, he published an article on the pandemic situation and the SUS, divided into four topics: pre-pandemic reference, pandemic period, unusual common sense and proposal. Throughout the text, he discusses the continued powerlessness of Primary Care to effect change in the SUS model, funding limitations, the public-private relationship and resistance to actions to weaken the health system. It then reports on the lack of integration between the federal, state and municipal spheres, the economic impact of the pandemic and, finally, presents a proposal for a

Strategic Priority for the assumption and construction of the constitutional guideline of Regionalization/Hierarchization.[13]

More recently, in May 2022, at the launch of the book "*O longo amanhecer do Sistema Único de Saúde: reflexões para o SUS reexistir*" ("The long dawn of the Unified Health System: reflections for the SUS to re-exist"),[14] organized by Fabiano Tonaco Borges, Nelson, called as the man of hope, said that the SUS is a historical process that is getting off the ground, because there were dozens of activists in the 1970s, now there are thousands; and even if this dawn is long, the sun will rise, and it is up to everyone to fight with the same determination, coherence and intensity, because it is worth **re-existing**.[14]

Thomas Porcher, on the other hand, is a French economist, professor and essayist born in 1977 in the commune of Drancy - a suburb in the north-east of Paris, in the department of Seine-Saint-Denis - the son of a Vietnamese immigrant business school professor and a seamstress of major Italian brands. He completed his doctorate in economics at the *Université Paris-XIII Villetaneuse* with his thesis "*Recettes pétrolières et financement de la lutte contre la pauvreté: le cas de la République du Congo*", published in book form.[15]

From an intellectual movement in formation, Porcher aims to influence debates on the European elections and remove them from a game between 'progressives' and 'nationalists'. In addition to his constant presence in the media, he publishes articles in scientific journals, some among the 5% most cited in the world, and even though he teaches at a private business school - Associate Professor of Economics at the *Paris School of Business* - he sees no contradiction with his heterodox principles.[16]

Since 2016, Porcher has been a member of an association called *Les Économistes Atterrés*, which became visible in 2010 with a manifesto made up of 10 **false evidences**,[17] in order to demonstrate the inefficiency and injustice of orthodox proposals. The collective seeks to provoke joint reflection and propose alternatives to the austerity policies of the current governments, through publications and interventions at public meetings or in the media that request them.[17]

Among his articles, the most cited is "*Hedging strategies in energy markets: The case of electricity retailers*"[18] published in the journal *Energy Economics*, in which he discusses the activities of electricity retailers, the best portfolios according to specific times and the efficiency of intraday *hedge* portfolios.[18]

As for the books he has authored, the *best-known* is the *best-seller* "*Traité d'économie hérétique: en finir avec le discour dominant*"[8] (Treatise on Heretical Economics: to put an end to the dominant discourse), with more than 50,000 copies sold in several languages,[8] in which he presents a counter-argument so that readers do not accept the dominant discourse, the so-called **economic truths**, as inevitable.

In 2018, Thomas Porcher, Raphaël Glucksmann, Claire Nouvian and other French personalities created a political party called *Place Publique* - PP; however, in 2019, after the PP joined the campaign of the French Socialist Party - PS, Porcher announced his departure from the PP, declaring himself disappointed and saying that he didn't want to be a left-wing guarantor of the PS, nor did he want the PP to be a new packaging for an outdated product.

He also took part in various energy transition commissions at the French Ministry of Ecology, with studies included in reports by the French government and the National Assembly. As a frequent media speaker, he was ranked in the Top 50 most followed economists in the world in 2018, in the Top 50 personalities of the year in France in 2019 and in the Top 50 most influential economists in the world in 2020.[20]

Despite his anti-liberal profile and disbelief in the merits of market mechanisms that benefit society, Thomas has received a great deal of media exposure due to frequent invitations to promote his book and expose his **heresies**, and is considered brilliant in his mission to deconstruct the dominant discourses that aim to keep citizens in an increasingly liberal economy, in which the Stock Exchange no longer finances the company, but the company finances the Stock Exchange.[21]

Such exposure, however, has generated the most diverse attacks from mainstream media journalists: "scientist for telesales", "capable of anything to achieve success", "charlatan", "pseudo-economist". Porcher, on the other hand, in addition to responding to some attacks and *fake news*, says that it bothers him that he is not locked in a corner and that the fight must take place everywhere, including on social media and in debates.[22]

In a recent appearance on the "Le Media" YouTube channel, with around 150,000 views in a week, Thomas states that the discourse of French President Emmanuel Macron and the newspaper *Le Figaro* is dishonest, because France's public debt should be analyzed in a technical way, compared to other countries, and not in a political way with the aim of breaking public services.[23]

THE PUBLIC SPENDING DILEMMA: INTERSECTIONS OF NELSON AND PORCHER'S VISIONS

The Privatization Of The State And The Fall In Investment Capacity

Santos,[5] in his text published in the magazine *Saúde em Debate* (Health in Debate), issue 27, discusses the government's vision of giving priority to policies aimed at the privatization of health with the discourse that there is a budget deficit.

Referring back to the 1970s in Brazil, he mentions the **economic miracle** and the increase in external dependence due to the increase in imports and financing, compounded in the 1980s by capital flight - the transfer of assets abroad - and cases of misuse of the import system by banks. In addition, the domestic public debt associated with private banks and financial agencies with high interest rates promoted by the Central Bank in order to meet the demands of the Brazilian elite.[5,24]

In the 1990s, there was an intensification of the concentration of income in the world, a decrease in the consumer market, a flight from productive investment and a large circulation of money in the private sector, with a restriction of the state's attention to the poor and middle classes and cuts by the Brazilian government in social resources.[5]

In this respect, Thomas Porcher deepens the discussion by highlighting the false evidence that public spending means taking money out of the Gross Domestic Product (GDP) and that its reduction is positive for society. For Thomas, the magnitudes must be compared, i.e. saying that a country spends, for example, 55% of its GDP on the public sector does not mean that only the rest (45%) goes to the private sector. According to economist Christophe Ramaux,[20] if the same calculation method were used, private spending would exceed 200% of GDP. On the other hand, even when public spending is considered high, as in France, decision-making is socially determined, financed by the community, resulting in one of the lowest poverty rates in the world among pensioners.[20]

In Brazil, however, the opposite is true. Santos[5] describes a transfer from public to private capital with: Subsidies to credit and raw materials - mainly to the agricultural sector -, and expenditure estimated at 3% of GDP per year; tax incentives and exemptions; sale of products from state-owned companies below the stipulated market value, such as fuels by Petrobras; privatization of procedures and decisions of public institutions; absorption of private companies through public banks; highest profit rates of the business sector in the world.

For Porcher,[20] when the State function is replaced by the private sector, there may be a relief in the tax burden, but a portion of the population will be excluded from enjoying the service, and the privatization of public services may produce a price fixing that will not be refundable, leading to increased inequality - as in the model adopted by the United States of America.

Furthermore, in the Brazilian scenario there has been a vertiginous fall in state investment due to the payment of internal and external debts and the demodernization of State companies for a number of reasons: failure to update prices and tariffs; high interest rates set by the Central Bank.[5]

At the beginning of the 21st century, this vertical decline still persists, especially with the rise of neoliberalism, and we are experiencing a social health situation in which there is a dismantling of the Brazilian State that leads to a demodernization of State companies and, with this, a lack of responsibility on the part of the federal government for its attributions.[25]

Along these lines, inflation is the main instrument/argument used by the ruling class and the privileged class, who appropriate income, since national income is made up of: profits, interest, real estate speculation, interest, public spending, among others. In addition, the pressure of inflation falls on those who use the domestic currency, i.e. the salaried class, small business owners and the self-employed, since a large portion of the Brazilian elite have their income banked abroad (capital flight), and one of the major reasons for the permanence of inflation is the government policy that adopts public spending and salaries as the only components of income.[5]

Public debt, then, would carry a burden for future generations who would feel the increase in the interest rate that makes it difficult to borrow, i.e. a stagnation in the turnover of circulating money; however, Porcher[20] states that there is no relationship between the amount of public spending and the amount of public debt, suggesting an increase in public spending in order to reduce public debt and a consequent increase in GDP, i.e. turnover of circulating money internally.

Finally, there are various attempts by the ruling class to reduce public spending with the aim of attacking the sphere of the State in order to privatize services and make a profit,[20] in which the big loser is the citizen who is socially excluded because they are not guaranteed the right to health by the State.

A Context Of Marginalization Of Social Programs And The Paternalistic Reality Of The State

The proposals for health as a right in Brazil have their historical development based on the country's re-democratization movements, especially the health reform, which included a project in favour of collective interests as a response to the health crisis during the period of the Brazilian military dictatorship, more specifically as a movement for the right to health or even a revolution in the way of life.[26]

Still on the subject of health reform, Paim[25] outlines three modalities depending on the correlation of forces in the context of the democratic transition: revolutionary, agreed and by collapse. The format and content of the reform, in turn, would be related to **invariant** characteristics, such as social control of the health system, the creation of democratic management instruments and the building of political alliances for the right to health. The use of these propositions made it possible to build the proposal for a health reform included in the 1988 Federal Constitution, recognizing health as a fundamental right and a duty of the Brazilian State, linking its attainment to social and economic policies to reduce the risk of illness and access to recovery, promotion and protection actions.

Despite the progress made with the promulgation of the constitutional charter in defining social rights, such as health, these did not ensure the effectiveness of the rights and duties constituted.[26]

Santos[5] brings to the debate the scenario of the development of Brazil's productive forces in the 1980s and 1990s, when the country was ranked eighth in the world in GDP, despite the significant contrast with the size of the accumulated social debt, with only 40% of the population making up the consumer market of an industrial society, leaving the rest of the population in backward conditions in the socio-economic context of the State.

This scenario is part of a well-established project to accumulate capital in the economic activities of the Treasury, which meant that the country's own wage bill was only 38% of national income in 1988, with a housing deficit of at least 11 million homes, as well as a high rate of illiteracy and absolute poverty. As a result, the same doctrine that social development only comes from economic development allowed for the increasing marginalization of social activities, a role that was intensified and consolidated from the years of the military dictatorship project onwards, persisting in the neoliberal context that we still live in today.

Porcher[19,20] states that economists all over the world tend to see the reduction of public spending as a goal to be pursued, because it is seen as ineffective from an economic point of view,

putting future generations at risk in the context of an unpayable fiscal debt. In this context, for Santos[5], the crystallization of a discourse in which public policies in the social area should be exercised in a low supply of services for a small portion of the population gives social axes - such as health, welfare and social assistance - a merely paternalistic exercise by the state, a characteristic historically imposed by the ruling classes.

The intense dependence of the Brazilian state on external interests and internal dominant groups has its roots in the founding process of colonial Brazil, marked by the absolute centralization of State power in the federal government, with centralization of the decision-making process; by the identification of the central state as the main proponent of public policies and promoter of the development of productive forces; and by the formulation of social castes with a relationship based on the parasitism of public services by the state, which assumes the role of investor in the activities of the detriment and the transfer of profits.[5]

In the same vein, Porcher[19,20] discusses how the format of public spending determines how a society intends to entrust the public service with goods and services that return to society, such as the quality of social protection and the reduction of inequalities. For the author, the mere comparison of divergent economies by means of indicators such as the amount of public spending in relation to GDP would not be enough to indicate greater public debt and, consequently, limit public sector investment.

For both authors, reducing public spending on social services only serves to maintain old anti-social public policies. What's more, reducing services such as social security payments or investments in education and health say a lot about the place human beings occupy in their societies. In general, the effect of reducing public spending has a direct effect on the middle classes and the poor, since, in the absence of these services, they are the ones who have no possibility of any other form of social protection.[5,18]

With regard to the health consumption model, Santos[5] exemplifies the historical characterization of a State segmented into **subsystems** according to the social stratum it serves: the economically passive population; rural workers in recent production relationships; urban workers with lower and higher qualifications; small urban landowners; medium-sized urban landowners; and large landowners and investors. The economically passive population and rural workers are served by public institutions with very low budgets, with outpatient and practical activities in union halls and holy houses. In the case of urban workers and small and medium-sized

landowners, the National Institute of Medical Assistance of the Social Security (INAMPS) was added to the offer as a financier of hospital medical services, mainly through the private health network, or consumption of liberal practice in its various forms of presentation. Following the stratum up to large landowners, we see the intensification of **accumulated coverage** with consumption of medium and high cost diagnostic and therapeutic services. The system's classism in the provision of services reveals in this context the lack of recognition by society and the State of fundamental rights such as access to health and its generators.

It is not a historical anachronism, however, to reflect that the criticisms highlighted by Santos[5] regarding the marginalization of social programs in the Brazilian state still hold true today. The definition of an **operational SUS**[27]dialogues with Chauí's concept of the **operational university**,[28] which deals with an extract of ultra-liberal policies based on permanent fiscal adjustment and the propagation of counter-reforms of social rights in the context of the crisis of capitalism. In this context, education, health and other social rights services are anchored in the state criticized by Santos,[5] where the basic ideological assumption of the market as the central axis of modernization and rationalization of state activities persists to this day.

WAYS OUT FOR COEXISTENCE IN SOCIETY AND THE ROLE OF THE STATE

The existence of the SUS began in a social context during the period of the Military Dictatorship, in the mid-1970s, when there was a population exodus, concentrating the low-income population on the outskirts of large and medium-sized cities, which intensified income concentration and social inequality, with an increase in social tension.[5]

The State's response was to expand the provision of health and sanitation services for this population, albeit with limited resources. At the same time, university centers began a movement to study and promote policies that would guarantee public health more effectively. Thus, in the mid-1980s, several municipalities already had Basic Units in their territory, anticipating what would be achieved in 1988 through the Constitution.[5]

In 1990, laws No. 8.080[29] and No. 8.142,[30] inspired by the European public health system, were enacted after various studies by academic teaching centers and debates by specialists in the field, demonstrating the effective results of expanding the public care network, with an improvement in the cases of various illnesses. The SUS was then guaranteed by law, dramatically

increasing health care for a broader section of the population, while at the same time making adjustments to tax collection in order to raise funds to guarantee this right.[5]

Since then, the unquestionable advances made by the SUS in favor of the needs and rights of the population constitute an unquestionable level of achievement, knowledge and practice. Within the scope of primary care (PHC), the integration of actions to promote, protect and recover health has increased, supported by epidemiological and social diagnoses, professional training and teamwork processes, showing in practice that resoluteness can reach 80% of health needs.[5]

The excellence of the SUS, therefore, proven over the last 30 years of service, has several obstacles to increasing its effectiveness, such as insufficient spending in the public health sector, which amounts to just 3.9% of the national GDP - far below the 8.0% recommended by various public health systems around the world. Of these already meager resources, part is directed to other areas, in addition to the "shelving" of various proposals aimed at increasing the share of income earmarked for public health.[5]

There is a clear prioritization of private health, encouraged by various mechanisms, to the detriment of public health, given that the state does not allocate sufficient resources to effectively fulfill the duties of the SUS. Furthermore, the government has no representatives to promote debates and public policies to put on the agenda the allocation of resources to optimize the service provided by the SUS to the population.[5]

On this point, Porcher[18] argues that for any economist today there is a belief that countries that have reduced public spending have had excellent results with low unemployment rates, given that high public spending means inefficiency from an economic point of view and jeopardizes the financial security of future generations by generating a public debt that is impossible to pay off; on the other hand, it is not remembered that this same spending is closely related to sectors such as education, security and health, which implies a guarantee of a dignified and safe life for citizens.

Public spending is then treated as an amount of investment that must be reduced at any cost, for the sake of economic indicators, and not as essential for the social security of a society, being used strategically to maximize the usefulness of public services. Reducing this spending translates into a succinct attack on the poor and middle classes who do not have the breadth of resources necessary to purchase quality services in the private sector.[20]

As a reflection of society's trust in the State, public spending is essential for guaranteeing citizens' rights in a country where the effectiveness of public services, however criticized, is offered to all and promotes a healthy environment for the democratic rule of law.[20]

On the other hand, the issue of public debt is used to justify reductions in the national budget, on the grounds that countries should offer greater protection to citizens, but do not have the means. It is understood, on the other hand, that at present, the harm and aggravation caused by debt situations is not felt as intensely as it will be in the future. However, there is no direct correlation between the amount of public debt and the amount of public spending, breaking the paradigm that public debt and public investment are closely linked. In this way, the State must adopt a role of expansionary fiscal policies in order to guarantee the rights of the population, using resources efficiently and effectively to ensure the proper functioning of the public apparatus.[20]

Therefore, in a scenario that is not conducive to the growth of the public health system, reforms are needed that focus on building a public apparatus that is favorable to the SUS, that governs primarily on the basis of public interests and regulates the private sector, so that the existence of these two sectors is harmonious, complementary and that citizens' rights are the focus of the economy.[5,20]

NEOLIBERALISM

Nelson Rodrigues' "The Statist Dilemma II"[5] also provides an important reflection on the legitimacy of the public policy space involving the health area and the impacts of readjustments in the society-State relationship.

According to Santos,[5] the political-economic thinking behind liberalism envisages a minimal State, repressing any state intervention, with the laws of the market above moral laws and democracy. This set of thoughts led to the great depression of the 1930s and from the 1980s onwards, the Latin American continent was the scene of so-called **neoliberalism**, considered to be an undoubted **ideological farce**. The signs of this **farce** would be: the creation of subsidies to reach resources still tied to the State; a modern and subtle format to facilitate income transfers; the weakening and demoralization of the underdeveloped state; and the intention to influence socialist democratic movements.

Along these lines, Santos[5] concludes that: a) central countries become stronger through the deregulation of sectors and privatization; b) underdeveloped countries need to modernize their

industries in order to compete internationally; c) the lack of efficiency of the state facilitates the scenario for the private sector. In other words, those who advocate reducing public spending want to attack the sphere of the welfare state in order to privatize it and reap benefits of their own.[20]

In relation to the health sector, Santos[5] highlights in his text the flows of public funding in the years prior to the publication of his work, especially the dynamics concerning university hospitals, where development and investment were generated by the private sector, despite the resources coming from the public authorities. For high-cost health services such as transplants, CT scans, saphenous vein grafts, pacemakers, cardiac catheterization and chemotherapy, among others, the National Institute of Social Security Medicine/Single Decentralized Health System (INAMPS/SUDS) agreement provided for compensatory price lists, with hospital performance indexes up to 230% higher than normal expenditure. These highly modern services use more than 30% of total funding and, despite their advantages, because they are financed by public funds, they should be available to the entire population, including those on lower incomes.

According to Santos,[5] while these services do not suffer the impacts of inflation, shrinking federal transfers and payment delays for months, Primary Health Care (PHC) suffers a brutal reduction in its funding.

Therefore, the serious consequences of this policy are evident, such as the pressure of the public system itself on the working population to pay for health care out of their own pockets, the use of most public resources to pay for more complex services - paradoxically headed by private system institutions, which remain in favorable profit positions.[5]

Still in this vein, Porcher[18] makes a similar provocation about the replacement of public services by private ones - the user becomes the client - and questions how it can be surprising when entire sectors of the population, previously unprofitable, are left to fend for themselves.

Finally, in Santos' view,[5] the groups linked to high-cost services are working to keep the highest level of service dominant, focusing only on the most qualified workers and abandoning the rest of the population - the liberal farce.

FINAL CONSIDERATIONS

Nelson's text, published in 1990 (the period after the Federal Constitution), discusses Brazil's political, economic and social scenario in the 1970s and 1980s, addressing the mechanisms of the ruling classes to further concentrate income and create the conditions for maintaining their

own privileges. While Porcher, in a book published some 30 years later in the European context, argues that even the reduction in public spending has the purpose of privatizing services and generating more profits for the elite, socially excluding the citizen.

The repercussions of these mechanisms cover the most diverse aspects, under the justification that public spending increases the country's debt and impacts future generations, in a discourse allied to subsidies for the private sector and a drastic reduction in socially earmarked resources - education, health, social security and social assistance - showing an attempt to dismantle State services, which now only have a paternalistic function for the poor and middle classes.

In health, specifically, there is a panorama segmented by **subsystems** that feed the classicism of service provision and make it difficult for society to perceive fundamental rights, further strengthening social inequality and tension. In addition, the concentration of health resources on highly complex procedures, bought directly from the private sector, weakens the actions of inclusive primary care.

Nelson and Porcher, however, take the opposite view, warning that there is no relationship between the amount of public debt and public spending, and that this should be defined socially according to its essentiality in the strategy of maximizing the utility of State services and guaranteeing the rights of the population, given that they are financed collectively.

Therefore, the format of public spending determines what society can expect from the State in terms of the quality of social protection, the reduction of inequalities and the guarantee of a dignified and secure life for its citizens.

AUTHORIAL CONTRIBUTION

All the authors contributed equally to the preparation of the text.

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