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### A CAPITALIST PROJECT: THE DEUNIVERSALIZATION OF COLLECTIVE HEALTH AND THE INCIDENCE OF THE STATE ON INDIVIDUALS

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#### Abstract

The crisis of contemporary capitalism has its nature in two instances: the Marxist law of the tendential fall in the rate of profit and the predominance of interest-bearing capital. Understanding this fact becomes essential for advancing in the analysis of the significant impact of this crisis on universal public health in the Brazilian context, and, furthermore, of how this crisis also affects individuals. Also, this research has the purpose of analyzing and understanding the deuniversalization of collective health as a result of a capitalist socio-political-economic project. To do so, we did a brief literature review of articles that address the intersection of Public Health, Politics, and Economics identified that this pursuit of profit expansion manifests itself through the deuniversalization of health: in the financing of the Unified Health System (*Sistema Único de Saúde – SUS*) - and through Sílvio Almeida's thesis, it was also possible to highlight the incidence and neglect of the capitalist state towards individuals considered non-profitable for capital.

**Descriptors:** Capital crisis; Public health; Economy; Deuniversalization; Managerialism.

**UN PROYECTO CAPITALISTA: LA DESUNIVERSALIZACIÓN DE LA SALUD COLECTIVA Y LA INCIDENCIA DEL ESTADO SOBRE LOS SUJEITOS**

**Resumen:** La crisis del capitalismo contemporáneo tiene su origen en dos instancias: la ley marxista de la tendencia a la caída de la tasa de beneficio y la predominancia del capital productor de intereses. Comprender este hecho se vuelve fundamental para avanzar en el análisis del impacto significativo de esta crisis en la salud pública universal en el contexto brasileño. Además, cómo esta crisis también afecta a los individuos. Analizar y comprender la desuniversalización de la salud colectiva como resultado de un proyecto socio-político-económico capitalista. Se realizó una breve revisión bibliográfica de artículos que abordan la intersección de las áreas de Salud Pública, Política y Economía, lo que identificó que esta búsqueda de expansión de beneficios se manifiesta a través de la desuniversalización de la salud: en el financiamiento del Sistema Único de Salud – SUS – y a través de la tesis de Sílvio Almeida, también fue posible resaltar la incidencia y negligencia del Estado capitalista hacia los individuos considerados no rentables para el capital.

**Descriptor:** Crisis del capital; Salud pública; Economía; Desuniversalización; Gerencialismo.

**UM PROJETO CAPITALISTA: A DESUNIVERSALIZAÇÃO DA SAÚDE COLETIVA E A INCIDÊNCIA DO ESTADO SOBRE OS SUJEITOS**

**Resumo:** A crise do capitalismo contemporâneo tem sua natureza em duas instâncias: a lei marxiana da queda tendencial da taxa de lucro e o predomínio do capital portador de juros. Compreender esse fato, torna-se fundamental para avançarmos na análise do impacto significativo desta crise sobre a saúde pública universal no contexto brasileiro, e, para além, de como esta crise também recai sobre os sujeitos. Objetiva-se analisar e compreender a desuniversalização da saúde coletiva como resultado de um projeto sócio-político-econômico capitalista. Para tanto, foi realizada uma breve revisão bibliográfica dos artigos que abordam a interseção das áreas de Saúde Coletiva, Política e Economia. Identificou-se que essa busca pela ampliação do lucro se manifesta através da desuniversalização da saúde no âmbito do financiamento do Sistema Único de Saúde – SUS – e por meio da tese de Sílvio Almeida também foi possível evidenciar a incidência e a negligência do Estado capitalista sobre sujeitos considerados não rentáveis para o capital.

**Descriptor:** Crise do capital; Saúde pública; Economia; Desuniversalização; Gerencialismo.

**INTRODUCTION**

Gabriel Pensador<sup>a</sup> , in the song “Sem saúde”, emphasizes:

I'm going to die here at the hospital door; It would have been easier for me to go;  
Straight to the Forensic Medical Institute; Because it's depressing here, doctor;

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<sup>a</sup> “Sem saúde”, song lyrics of Gabriel, O Pensador from 1997.

This queue is a serious case; There are already patients giving up on being seen;  
And asking for a ride to the cemetery; What's up, doctor? Come on, doctor! If  
we're going to die, we want to die properly.

The above quote serves as a starting point for this essay, as it highlights the critical and political tone that will run throughout the work. The artist's verses instigate us to reflect on the precarious situation of the health system, especially portraying the difficulty of accessing medical services, the collapse of hospital institutions and the anguish of those who are confronted with the lack of adequate care.

This artistic approach invites us to analyze the challenges faced by public health and the need for in-depth reflection on the structures and political-economic projects that succumb collective health to a precarious state, since it is imperative to recognize the extent of the crisis in public health as an inseparable facet of the crisis of the capitalist system. The importance of this research therefore lies both in understanding the fragility of Brazilian public health and in the process of resistance by those whose bodies are under the influence of the State.

Thus, this study aims to analyze and understand the de-universalization of public health as a result of a capitalist political-economic project, led by an industrial capitalist State, which seeks to increase the rate of profit to the detriment of public policies, especially affecting the most vulnerable subjects. This last topic is a fundamental point in this debate, since we are trying to investigate whether the de-universalization of collective health, which refers to the reduction of equitable and comprehensive access to health services by the population, is seeking profit beyond capitalist managerialism, but also in the incidence of the State on bodies that are considered unprofitable.

It is worth noting that the State, as a central actor in this process, plays a significant role in adopting measures and policies that favor the expansion of capitalism to the detriment of guaranteeing social rights, showing the subordination of collective interests to the interests of the market.

In this context, we should briefly mention the model of public administration that has governed Brazil since the second half of the 1990s - managerialism - since it is in this model that the impact of the capitalist State on public policies becomes more evident. It should be noted that managerialism is based on the assumption that

The only way for the State to be effective - meeting the population's needs - would be to reduce its "size", making it more efficient. The way to put this into practice would be, among other initiatives, to transfer part of its structure and

consequently its services to the private sector (through concessions or sales) and/or to adopt private sector management practices in its processes.<sup>1(3)</sup>

This management model tends to have repercussions in the sphere of public health, due to two main factors: (i) investment in health, which has been found to be inadequate to achieve universality and ensure comprehensive care; (ii) the chronic underfunding of the Unified Health System - SUS, which jeopardizes its universal nature, while favoring increased profits in the private sector.<sup>2</sup>

From another perspective, in order to achieve the objectives of this essay, we will adopt the bibliographic review method, an approach that provides a brief investigation of available material on the subject under investigation. In this research context, our emphasis will be primarily on articles that address the intersection of the areas of Collective Health, Politics and Economics. As a product of this initial analysis, we focused our attention on the contributions of Áquilas Mendes and Leonardo Carnut, whose productions are relevant and pertinent to the scope of our study. In addition, in order to broaden and strengthen our review, we established connections with other relevant works, notably that of Silvio Almeida.

## **THE CRISIS OF CAPITAL AND PUBLIC HEALTH**

The title selected for this chapter, **the crisis of capital and public health**, inherently instigates our starting point: the capitalist system in its state of crisis. This initial approach is of paramount importance, as it will underpin the presentation of the factual elements that debate and highlight this crisis of capital. Based on this assumption, our intention is to present, in a first stage, the trends that underpin the understanding of the current crisis of capital, thus allowing the subsequent articulation about the advance of the capitalist State over individuals in the context of collective health. In this way, we will seek to explore the complex interrelationships between the crisis of capitalism and the sphere of public health, focusing especially on the influence of the State and its effects on the subjects involved in this multifaceted context.

According to the analyses of Mendes,<sup>2</sup> a professor at the School of Collective Health at the University of São Paulo, the crisis of contemporary capitalism is characterized by two fundamental trends: the Marxian law of the tendential fall in the rate of profit and the predominance of interest-bearing capital.

Considering that capitalism is intrinsically marked by contradictions, we highlight the persistent tendency for the rate of profit to fall, which materializes in the contradiction between constant capital (invested in means of production) and variable capital (invested in labor power).<sup>2</sup>

Thus, the equation involving the increase in capital invested in means of production - constant capital - and the reduction in capital invested in labor power - variable capital - leads to crises, since it is variable capital that is responsible for generating and increasing profits. This equation is a notorious feature of the capitalist system, in which labor has been exploited in order to increase variable capital, while investments are made in constant capital. In other words,

As profits come from the value added by the workforce, thus keeping the rate of exploitation constant, the rate of profit tends to fall. When this falls, there is a crisis of overaccumulation, which is explained not by insufficient effective demand, but by the absence of profits.<sup>2(70)</sup>

In this context, with the purpose of increasing profits, the capitalist system seeks new solutions to the crisis. These solutions include increasing the rate of exploitation of labour and, as previously mentioned, this is done in an attempt to reward non-investment in variable capital; the reorganization of new production lines and the devaluation and destruction of part of the accumulated stock of capital, as identified in periods of war.

By understanding the tendential fall in the rate of profit, we can move on to the historical analysis of the crisis of capitalism. Firstly, there was a significant growth of capitalism in the post-World War II period, since the scenario marked by increased demand and price inflation, which was driven by the scarcity of raw materials and the reduction of available labor after the conflict, resulted in a brief increase in the rate of profit.<sup>2</sup>

However, it is important to note that this scenario of economic growth also signaled the seeds of capitalism's crisis. As the economy grew, the contradictions inherent in the capitalist system, including the tendency for the rate of profit to fall, gradually began to manifest themselves. This was because, during the process of capital accumulation in the post-war period, it was observed that there was also a continuous decline in the rate of profit, which resulted in the gradual loss of economic growth.

The excerpt from Ederaldo Gentil's song - *Identidade* - shows us the precarious situations in which workers live under the capitalist model:

[...] 05342635 is my number, my name and my identity. Minimum wage is my salary. 12 hours of work. What happiness, what happiness. I wake up without sleeping, I make the signal. I listen to the little radio to find out the time. I prepare

almost nothing and take it in my lunchbox. I'm hanging on and the traffic lights are closing. I arrive late, my day is cut short, there are so many discounts that I don't even know about, I'm told about advantages that I'll never get.<sup>b</sup>

Although neoliberalism has been appropriated by the capitalist elites, it is essential to note that this model has not managed to restore the rise of capital, let alone the desired rate of profit.<sup>2</sup> This fact is essential if we are to understand, in the future, why capitalism has made incisive inroads into public policies and the maintenance of the capitalist industrial State.

At this point, we return to the discussion on the nature of the crisis of capitalism, specifically addressing the dominance of interest-bearing capital.

This concept refers to money that values itself, in other words, the growth and sovereignty of fictitious capital - public debt, share capital and banking capital - and of the financial sphere.

This phenomenon is called financialization, which is when the pattern of functioning of economies is characterized by the predominance of wealth accumulation through financial channels - fictitious capital - instead of being based on direct productive activities, such as industry, commerce and agriculture - productive capital. This means that the generation of profits and wealth is increasingly permeated by complex and speculative financial operations, to the detriment of the actual production of goods and services.

Marx<sup>3</sup> recognized this dominance in the fetish figure, since money, which is valued in itself, shows

[...] the empty form of capital, the perversion, to the highest degree, of the relations of production, reduced to a thing: the figure that earns interest, the simple figure of capital, in which it constitutes a precondition of its own process of reproduction; the capacity of money, or of merchandise, to increase its own value, without depending on production - the mystification of capital in its most blunt form.<sup>3(374)</sup>

Therefore, by analyzing the situation in which the crisis of capital arose, especially highlighting the interconnection between the dominance of interest-bearing capital and the downward trend in the rate of profit, it is possible to conclude that the capitalist model is facing an inevitable trajectory of decline. It is therefore worth pointing out that even before the crisis of the State is configured, the crisis is intrinsically a crisis of the capitalist system itself, as discussed above. This puts the nature of economic and social crises into perspective, pointing to the origin and deep roots of the imbalances and instabilities present in the capitalist model.

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<sup>b</sup> "Identidade", song lyrics of Ederaldo Gentil from 1984.

However, it is important to emphasize that, in the search for profit and/or the expansion of capital, the capitalist State has advanced over public policies, Mendes<sup>2</sup> identifies that the predominant effects of the crisis of capitalism on Brazilian public health have manifested themselves mainly in the “financialization of public resources and the appropriation of public funds by capital in search of its valorization”<sup>2(75)</sup>.

At this point, it is worth contextualizing managerialism as a neoliberal initiative which, “in line with the priorities of the heralds of financial capital, in order to guarantee the valorization of their capital in the face of the crisis”,<sup>2(76)</sup> uses practices aimed at private profit, such as the underfunding of public resources, which is presented in this model as the only possible justification for re-establishing **quality** and **efficiency** in access to health.

From this perspective, non-managerial public policies are often criticized and blamed for the economic imbalance, while other structural and systemic factors, *i.e.* the impacts of the crisis of capitalism, are ignored<sup>1</sup>.

Thus, the influence of the capitalist State on public health is evident, as we have identified through measures that favor the private sector and the pursuit of profits. At the same time, it also reveals the financial vulnerability of the SUS, putting the principle of universalization and its very existence at risk.

Through insufficient resources and the low volume of spending with public resources; the lack of definition of its own sources for health; the lack of greater commitment by the Brazilian state to the allocation of resources and better distribution of resources within the Social Security Budget (health, social security and social assistance); the high transfers of resources to the private sector via resources directed to privatizing management modalities (OSs, Oscips, the Brazilian Hospital Services Company (Ebserrh) and Public/Private State Foundations with contractual contracts). All of them have been encouraged by the implementation of the Fiscal Responsibility Law (in force for 19 years), which limits the increase in spending on personnel, favoring an increase in spending on third-party services.<sup>4(24)</sup>

This situation becomes even more evident when we look at the growth of state incentives for private initiative in Brazil. In 2015, private spending on health accounted for 5.2% of Gross Domestic Product (GDP), while public spending accounted for only 3.9% of GDP. These figures reflect the significant risks to the basic principles of the SUS.<sup>4</sup>

The fact is that the SUS, throughout its existence, has shown a persistent lack of public resources, highlighting the structural underfunding of this system and, consequently, its fragility.

It is therefore extremely important to resist the managerialism model, since it is responsible for creating limitations on public spending, including in essential social areas, such as investments in health. According to Mendes,<sup>2</sup> a fundamental strategy to confront this model is to defend the rejection of the economic policy known as the **economic tripod** - which involves the implementation of high interest rates, inflation targets, primary surplus and overvaluation of the currency.

## **THE IMPACT OF THE STATE ON UNPROFITABLE BODIES**

After a preliminary analysis of the nature of the crisis of capitalism and its implications for a capitalist State that is advancing on public policies, we will now address the relationship between this State and the subjects, recognizing this interaction as part of a broader political-economic project. In particular, we will investigate how this relationship manifests itself in the de-universalization of public health, which seems to have the objective not only of seeking profits through health managerialism, but also of eliminating bodies considered unprofitable.

In the field of public health, it is possible to understand the Brazilian State as a structurally racist agent that seeks to maximize profits in two spheres. Firstly, this search is manifested by the adoption of managerialist policies in the sphere of public health, and secondly through the incidence on bodies considered unproductive. Historically, minority racial groups, particularly the black population, have been the target of violence, marginalization and neglect by the State.

This process often takes place in a subtle and systematic way, through a lack of access to adequate health services, quality education and employment, among other factors that directly influence the health and well-being of these populations.

In the sphere of socio-economic analysis, we can consider the significant impact of the predominance of interest-bearing capital on the civilian population. In this context, it is clear that the movement of the economy and politics is no longer centered on integration into the market, but on the financialization of the system itself. As a result of this scenario, individuals are excluded from the role of consumers and workers.

In this sense, Silvio Almeida<sup>5</sup> - philosopher, lawyer and current Minister of Human Rights and Citizenship of Brazil - in his main study on structural racism, presents this scenario by pointing out that:



Since they will not be integrated into the market, either as consumers or as workers, young black people, poor people, residents of the periphery and sexual minorities will be victimized by hunger, epidemics or by physical elimination promoted directly or indirectly by the State - an example of this is the cutting of social rights.<sup>5(127)</sup>

This exclusion occurs because, in the context of the capitalist system at the height of its fetishization, the subject ends up losing their value, since fictitious capital, based on self-sufficient financial gains, generates income on its own. This process of financialization leads to a reconfiguration of the economy and political priorities, putting financial profit at the forefront and pushing aside the needs and demands of the civilian population.

Furthermore, beyond the concept of interest-bearing capital, it is pertinent to recognize another topic from Marxian theory that is extremely relevant and contemporary in this analysis.

Based on the fetishism of capital, as the subject loses its value, it becomes relevant to analyze the concept of the **unproductive body**. For a more in-depth discussion of what constitutes an unproductive or unprofitable body in the context of capitalism, it is pertinent to highlight the concept of productive work according to Marx's ideas.

Santos Neto<sup>6</sup> states that the economic category of productive labor appears in various passages of Marx's work, being present in

Both in the manuscripts of 1857-1858, known as the *Grundrisse*, and in the manuscripts of 1861-1863, which eventually became *Theories of surplus value: a critical history of economic thought*.<sup>6(6)</sup>

In this way, productive labour in capitalism would be that which generates surplus value, unrelated to the nature of what is produced, generating profit for the capitalist system and producing more than is necessary for human need.

Therefore, productive workers are those who produce immediate, material wealth, consisting of commodities and surplus value.<sup>7</sup> Marx, in "Capital"<sup>3</sup>, takes up the debate in a more consistent way:

Capitalist production is not just the production of merchandise, it is essentially the production of surplus value. The worker produces not for himself, but for capital. He has to produce surplus value. Only the worker who produces surplus value for the capitalist or serves the self-valorization of capital is productive. If we may choose an example outside the sphere of material production, then a schoolmaster is a productive worker if he doesn't just work the children's heads off, but extenuates himself in order to enrich the entrepreneur. The fact that the latter has invested his capital in a teaching factory instead of a sausage factory doesn't change anything in the relationship. The concept of productive work,

therefore, in no way contains only a relationship between activity and useful effect, between worker and work product, but also a specifically social, historically formed production relationship, which marks out the worker as a direct means of valorizing capital.<sup>3(106)</sup>

Based on these concepts, as fictitious capital becomes more relevant and permeates society, the number of bodies and individuals that become unprofitable for the state also increases, as they are no longer profitable for capital.

This tendency occurs because fictitious capital prioritizes investments that generate speculative profits. Consequently, this affects the most marginalized layer of society, since they are not considered productive or profitable according to the logic of fictitious capital.

At this point, we will focus our analysis on other profitable possibilities for capitalism through the de-universalization of public health, namely the exclusion of the marginalized population through denial and neglect of access to health services. This neglect can be seen, for example, in two studies carried out during the last year of the pandemic. The first, conducted by the PUC-Rio Health Operations and Intelligence Center,<sup>8</sup> and the second, carried out by the Pólis Institute<sup>9</sup>, revealed that the black population living in peripheral regions was the most affected and recorded the highest number of deaths in the COVID-19 pandemic.

This scenario reflects a reality of social and racial inequalities, where the State, by failing to offer proper care and protection to these populations, has profited from the higher incidence of deaths among marginalized groups. Almeida<sup>5</sup> sheds light on the possibility of profiting from the death of people in situations of social vulnerability by pointing out that

According to the utilitarian ethic adopted by neoclassical economists, individuals act with a view to the rational optimization of available resources. A racist discriminates against a black person because he simply sees them as a disutility, that is, something that will not give him a return in productivity - or even worse, that results in an expense.<sup>5(98)</sup>

In this sense, Mbembe<sup>10</sup> interchanges with Almeida<sup>5</sup> as he develops the concept of Necropolitics as a socio-political-economic project of institutionalized death that is established in the dichotomy between the lives that deserve to be preserved and those that should perish, this dichotomy being linked to a management of lives that are considered disposable or expendable by the state.

This logic is not restricted to negligence in relation to the health of vulnerable populations, but also extends to projects of genocide and incarceration of the black population, through police

violence - the police being the maximum representation of the capitalist State. In this context, Almeida<sup>5</sup> argues that this project also has a capitalist objective, seeking to profit through the extermination of those who are not considered valuable to capital.

## **FINAL CONSIDERATIONS**

This essay has addressed the crisis of contemporary capitalism and its relationship with public health, highlighting the trends that underpin this crisis, such as the tendential fall in the rate of profit and the predominance of interest-bearing capital. Understanding the nature of the crisis and how it implies managerialism in public health was fundamental to identifying the unbridled advance of capitalism in search of new profit possibilities.

In this sense, to the extent that the capitalist State prioritizes the private sector to the detriment of the public sector, there is an economic gain resulting from underfunding and, additionally, from the neglect of subjects understood to be unprofitable for capital.

This neglect, which could even be called genocide, does not happen directly, but indirectly, by reducing spending on health, education and security, by subjecting these people to precarious housing conditions, scarcity of resources and limited access to basic services, implying greater vulnerability and social exclusion. As such, these systemic practices can be understood as a form of genocide, insofar as they contribute to the deterioration of living conditions and the reduction in life expectancy of these marginalized populations.

It is therefore important to recognize that this situation is not the result of chance, but rather a manifestation of the logic of the capitalist system, which places profit as its main objective, even if this means the neglect and suffering of certain social groups. In this context, it is essential to emphasize the need to resist managerialism and neoliberalism as a way of confronting this political-economic project, in order to guarantee, in addition to universal and equal access to health, the struggle for life.

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