

## EDITOR'S NOTE

Dear Readers,

The 25th anniversary of Brazil's Unified Health System (Sistema Único de Saúde, SUS) was commemorated throughout all of 2013, in the form of numerous debates, news reports, and interviews. In our first issue of *História, Ciências, Saúde – Manguinhos* for 2014, we present some contributions to the many analyses that explore the directions taken by this major development in the history of Brazilian public health – analyses that generally convey a worrisome tone.

The so-called Brazilian miracle was coming to an end and our “lost decade” was dawning when General João Baptista Figueiredo took command as the last national president (1979-1985) under the military dictatorship (likewise the object of new historical evaluations as Brazil this year marks 50 years since the 1964 coup d'état). Rising oil prices, an unbridled foreign debt, skyrocketing inflation, and recessionary policies helped spur the broad movement known as the “Elections Now” campaign in 1982 and 1983. (It should be noted here that under the administration prior to Figueiredo, Geisel had inaugurated a “slow and gradual political liberalization.”) Notable among the various forms of popular mobilization seen back then were those that combined the fight for redemocratization with proposals to reform the health system. Under the auspices of the federal Chamber of Deputies, the top leaders of the public health reform movement came together in 1978 at the first Symposium on National Health Policy and approved a document containing the movement's key principles. These leaders were in step with the global trend in the health sector that put primary health care at the fore. At that time, prevailing thought in the medical field was drawing from the same sources that fed the demise of the cold war. The movements of students, workers, and intellectuals that had erupted in 1968 contested not just the capitalist system and bourgeois culture and ideology but also the medical establishment, accelerating the collapse both of vertical models for eradicating diseases and of the associated developmentalist ideology, according to which “underdeveloped” countries would follow the same path as the United States and Western Europe if they were equipped with sophisticated medical technologies.

Studies both inside and outside the field of medicine, including some from the realm of historiography, helped bury this view of the world and of health. On the international plane, the watershed moment came in September, 1978, at the International Conference on Primary Health Care, held in Alma-Ata, in the former Soviet Union. The basic principles of the Declaration of Alma-Ata included: emphasis on healthcare technology suited to the needs of the poor rather than on sophisticated technology consumed by an urban minority; an opposition to medical elitism and exaggerated specialization; and the valuing of community health agents, room for traditional knowledge, and health as a tool of socioeconomic development that can reach rural areas and the poor peripheries of large cities through horizontal, inter-sector initiatives.

In Brazil, it was some time before the social movements that were committed to similar agendas

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achieved their most substantial victories. On January 15, 1985, Senator Tancredo Neves was elected president by indirect vote. He passed away before being sworn in and his vice president, José Sarney, took office in his stead (1985-1990). Under pressure from what was then the leading opposition party, PMDB, and also from numerous medical and scientific institutions, the government appointed the chief leader of the public health reform movement to serve as president of Fiocruz. Sergio Arouca, professor at Brazil's National Public Health School (Ensp), took office on May 3, 1985, and in March of the following year he presided over Brazil's eighth National Health Conference. Its plenary meetings endorsed the concept that health is a right of all and a duty of the State and that health care should be implemented through the unification, democratization, and decentralization of the health system – with health understood not only as access to medical care but as a product of one's living conditions. Medical assistance and public health should be integrated into a single system that provides coverage to all citizens.

The federal deputies and senators who came into office in February 1987 stepped into dual roles, serving as members both of Congress and of a Constituent Assembly. Headed by Ulysses Guimarães (PMDB), the body was dominated by representatives of conservative sectors, which formed an informal coalition known as the *centrão* (big center). This Constituent Assembly nevertheless approved the establishment of SUS, thanks to skillful negotiations and the adoption of a popular amendment defended by Arouca, which received the support of a number of parties and groups.

The political and electoral rules inherited from the military regime lent a disproportionate weight to states with fewer votes in the electoral college, to the detriment of urbanized areas, and it is in these more rural regions that oligarchic interests still hold sway. These same rules also encouraged the proliferation of political parties, making it harder to constitute majority blocs in the legislature and forcing federal administrations to rely on support from conservative coalitions. This in part explains why the Constituent Assembly, and the coalitions that have governed Brazil since then, have maintained a private health sector, alongside SUS, that enjoys fiscal privileges and other perks and competes with and endangers the government system.

The articles and interviews published in this issue constitute valuable resources for those wanting to reflect further on these dilemmas.

In these pages you will also find a dossier of papers that came out of an international conference held at the Institute for Latin American Studies, of Freie Universität Berlin, in October 2011, entitled “Brazil in the Global Context, 1870-1945.”<sup>1</sup> Organized by Georg Fischer, Christina Peters, and Frederick Schulze – disciples of renowned historian Stefan Rinke (the dossier includes an interview with him) – the conference produced a book edited by the same researchers: *Brasilien in der Welt: Region, Nation und Globalisierung, 1870-1945* (Brazil in the world: region, nation, and globalization) (Frankfurt am Main: Campus, 2013). Not all of the papers in the book are found in this issue of HCSM, which contains articles that underwent peer review and that sometimes underwent significant modifications by their authors prior to publication in Portuguese.

In tune with the overall theme of the conference, the dossier features texts on topics that are not necessarily related to health. Since the 1990s, U.S., British, and, more recently, German historians, have engaged in a discussion about topics and methods in global and world history as well as transnational history. These approaches have endeavored to overcome past limitations that stem from the bond between historiography and nation-state. This effort at first focused on comparisons and the history of the transfer of knowledge but

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<sup>1</sup> The program in Portuguese can be viewed at [http://www.lai.fu-berlin.de/disziplinen/geschichte/Veranstaltungen/brasilglobal\\_programa.pdf](http://www.lai.fu-berlin.de/disziplinen/geschichte/Veranstaltungen/brasilglobal_programa.pdf)

current approaches have gone farther, researching how spaces of interaction are created through connections and interrelations, which includes the circulation of knowledge and actors. Focusing always on the Brazilian context, the dossier thus brings together papers that analyze global references in the national imagination; the role of regions and regionalisms in the Brazilian formation and its relation with global processes; the transformation of meanings of concepts like nationality and ethnicity in the context of global migratory processes; the transfer of knowledge related to the history of labor, economics, and consumption; and, lastly, the relations between Germany and Brazil from a transnational perspective.

We hope you will enjoy this issue.

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