

There are stumbling blocks in the way of the SUS!

I was invited to organize this thematic issue of *Science & Collective Health* about the Unified Health System (SUS) of the Brazilian Government. The choice of the topic is timely; indeed we need to rethink the SUS - objectively, systematically and scientifically. We must not let our wishes and utopian desires become blinds veiling the obvious: there are stumbling blocks in our way!

That is why this issue is so important. It aims at updating and disseminating different interpretations about the SUS. It focuses on the practical reality of the system. It attempts to place its problems into the historical context of social policies in Brazil.

We live in a time with tremendous structural obstacles in the way, hindering the development of social welfare. Maybe this is the mark that will characterize the current moment in the future: the impossibility, despite an exponential growth in the production of wealth, to ensure the welfare of the people. An excuse has been constructed, widely spread and repeated like a sinister chant.

The SUS is a decentralized public system with a participating management structure, at the same time composed by an intricate network of services and civil servants, while well penetrated by members of the civil society: advisors, service providers, NGOs and public opinion. Good part of suggestions on how to organize and manage this system arise from one single rhetoric, as a result, being impoverished and restricting, the rhetoric of building an “agenda”, “regulations” and “assessments”, believing that these concepts can signify good governance. Unfortunately, these technocratic terms are unable to cope with a public system that has not been privatized although there are important interactions with many private organizations. Vital elements are missing; personnel policies are lacking, administrative accountability needs to be incorporated and assessments must be designed to meet the aims and goals of the system.

We need to find a new management structure for the SUS: continue to bring political reform into the system, establish a new legislation for its organizations and decide on how they should relate to each other. There is the problem of funding, there are unfinished projects, but above all, there is a flaw among ourselves, social stakeholders, users, officials and even subjects or victims of this procedure: in the end, at the bottom-line, we do not think nor do we act as if the SUS were a vital space of ours, in charge of helping to produce health. The middle class and the organizations escape from this reality by using supplementary health care programs, the governing class seeks focal programs; the media rarely mention the SUS: they report about people standing in line at hospital doors, however they ignore the system, the social control and participative management; researchers are pushed towards fashionable topics: governance, assessment, integrality, promotion, humanization. Rarely do we carry out any “meta-analysis”, capable of bringing things together.

Despite all this, there is this issue of *Science & Collective Health*, there was the 12th Collective Health Care Conference and there is the “re-establishment” of CEBES. The stumbling blocks in the way must be bypassed if we desire to follow the track of nonviolence, solidarity and to protect life and the planet.

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