SEMINÁRIO INTERNACIONAL – QUESTÕES DO TRABALHO, AMBIENTAIS E DA SAÚDE DO TRABALHADOR

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CETAS

CENTRO DE ESTUDOS DO TRABALHO, AMBIENTE E SAÚDE

Inequalities in Health: Public and Private Healthcare in High Complexity Oséias da Silva Martinuci, Doctorate, oseiasmartinuci@yahoo.com.br Raul Borges Guimarães/ Laboratório de Biogeografia e Geografia da Saúde

Introduction: Even to-day, Brazil is one of the most unequal countries in Latin America and, indeed, the world. However, the UN report (UNDP, 2011, p42) points out that Brazil has made important advances in reducing inequalities. One of the results of reducing inequality is the strengthening of the internal market. According to Silveira's arguments (2002, 2004, 2007, 2008, 2009, 2010), however, how the contemporary variables affect the regions of the country can be taken as a new form of violence establishing itself across the land through the draining of wealth and the social purse. In many regions more modern benefits have arrived while elsewhere the most basic social rights, such as basic sanitation and access to health services, are still precarious. The problem becomes yet more complex when we bear in mind that, depending on the political choices made for various social policies, particularly health, during the twentieth century (Almeida, 2005) the most basic social rights have become very dependent on market forces. In this context, in areas where the market is still depressed, the State has to take a more active role to guarantee that those things that sustain access to basic rights are, indeed, present. The case of services of high complexity is an emblematic example of what is happening across the country. Methodology and development: To assess this issue, we would mention diagnosticimaging equipment as among the most sophisticated: Nuclear Magnetic Resonance and computerized tomographs. To consider its distribution across Brazil, we will use information from the National Register of Health Facilities (CNES) of the Ministry of Heath, as well as DATASUL. As this is very highly sophisticated technological equipment, one of the symbols of modern medicine, its use in the community is selective. Consequently, referring to Silveira's ideas, it creates even more imbalances in an unevenly structured urban network. In this context, the brightest spots in the country, in other words, those with a relatively greater technical, economic and demographic density, have their centrality enhanced by the availability of these modern items, a situation being set up through State intervention. On one hand we have the reinforcement of inequalities within the urban network, on the other, the state itself has been responsible for the installation of modern collective benefits in regions that have not yet caught the attention of the leaders of the global economy. Final thoughts: In general, an analysis of the data reveals that, in less densely populated regions, and the inner cities, State intervention to provide services of high complexity is very strong. Thus, we can conclude, as are sult of this work, that this ongoing policy is still the only alternative to counteract dynamic market forces. In this way we find hope for a future with equitable access to social rights for all Brazilian citizens, regardless of where they live.

Key words: Inequalities, land, health, diagnostic-imaging equipment.

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